



CYNTHIA A. HARDING, MPH
Interim Director

JEFFREY D. GUNZENHAUSER, MD, MPH
Interim Health Officer

Division of HIV and STD Programs
Mario J. Pérez, Director
600 South Commonwealth Avenue, 10th floor
Los Angeles, California 90005
TEL (213) 351-8000 • FAX (213) 387-0912

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

April 1, 2015

Dear Medical Care Coordination Service Provider:

PROGRAM GUIDANCE 2015-01: REVISIONS TO MEDICAL CARE COORDINATION PROGRAM DOCUMENTS

This program guidance is to inform you that the Division of HIV and STD Programs (DHSP) has updated several documents for the Medical Care Coordination (MCC) Program. These updates became effective on **March 1, 2015**. These updates are in response to feedback provided by our MCC partners, and consist of refinements to the Monthly Service Report, MCC Guidelines, and the Program Flow Chart. Also attached are the “Casewatch Data Flow Companion” and “Frequently Asked Questions.”

Monthly Service Report

Changes made to the monthly service report mainly affect the way the report looks once it is printed. The changes to the monthly report will not affect the way contractors enter client data. Contractors do not need to do anything different to compile, view, or print the monthly reports. These revisions are to better capture service delivery. Note that Brief Interventions have been changed to capture **ONLY** the following: Medication Adherence Counseling, Risk Reduction Counseling, Disclosure Assistance, Engagement in Care, and Behavioral Health. **No additional Brief Interventions will be tracked.**

Patient Data Flow – Casewatch Data Flow Companion

A document entitled “Casewatch Data Flow Companion” has been developed to accompany the Patient Data Flow Chart, which provides details on the expected flow of information in the Casewatch data system. There are no changes to the way data is **supposed** to flow in Casewatch. There have, however, been rules put in place to limit what patient data can be entered based on a patient’s MCC status. These refinements were made due to inconsistencies in data flow tracked in the Casewatch system. The new parameters do not change service provision and shall ensure a logical flow of patient data. For instance, it is expected that all patients that are provided MCC services are Screened. Therefore, no other service encounters can be entered into Casewatch unless a Screener is entered for that patient.

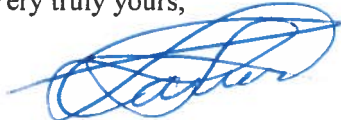
So, the Screener is Step 1. Likewise, a patient’s Enrollment status must be tracked. This, the Enrollment Tracker status is Step 2. Rules have been put in place to block entry of Enrollment Tracker for patients without Screener data entered in Casewatch, and so forth. Additional rules such as these are now enforced in Casewatch so please **carefully review** the Patient Flow Chart and MCC Data Flow Chart Companion for more details.

MCC Service Guidelines

The revisions to the MCC Guidelines will provide more clarity on service provision. They have been reorganized to provide a better flow of information. There are NO changes to the way the program is designed or operationalized. DHSP incorporated feedback received from our MCC partners to reorganize the information so that it flows more consistently. The revised guidelines will be available no later than April 30, 2015.

Upon review of the attached documents, contact your respective DHSP Program Manager with any questions. If you have additional questions or need more information, please contact Angela Boger, Section Manager, at (213) 351-8057 or aboger@ph.lacounty.gov.

Very truly yours,



Carlos Vega-Matos, Chief
Care Services

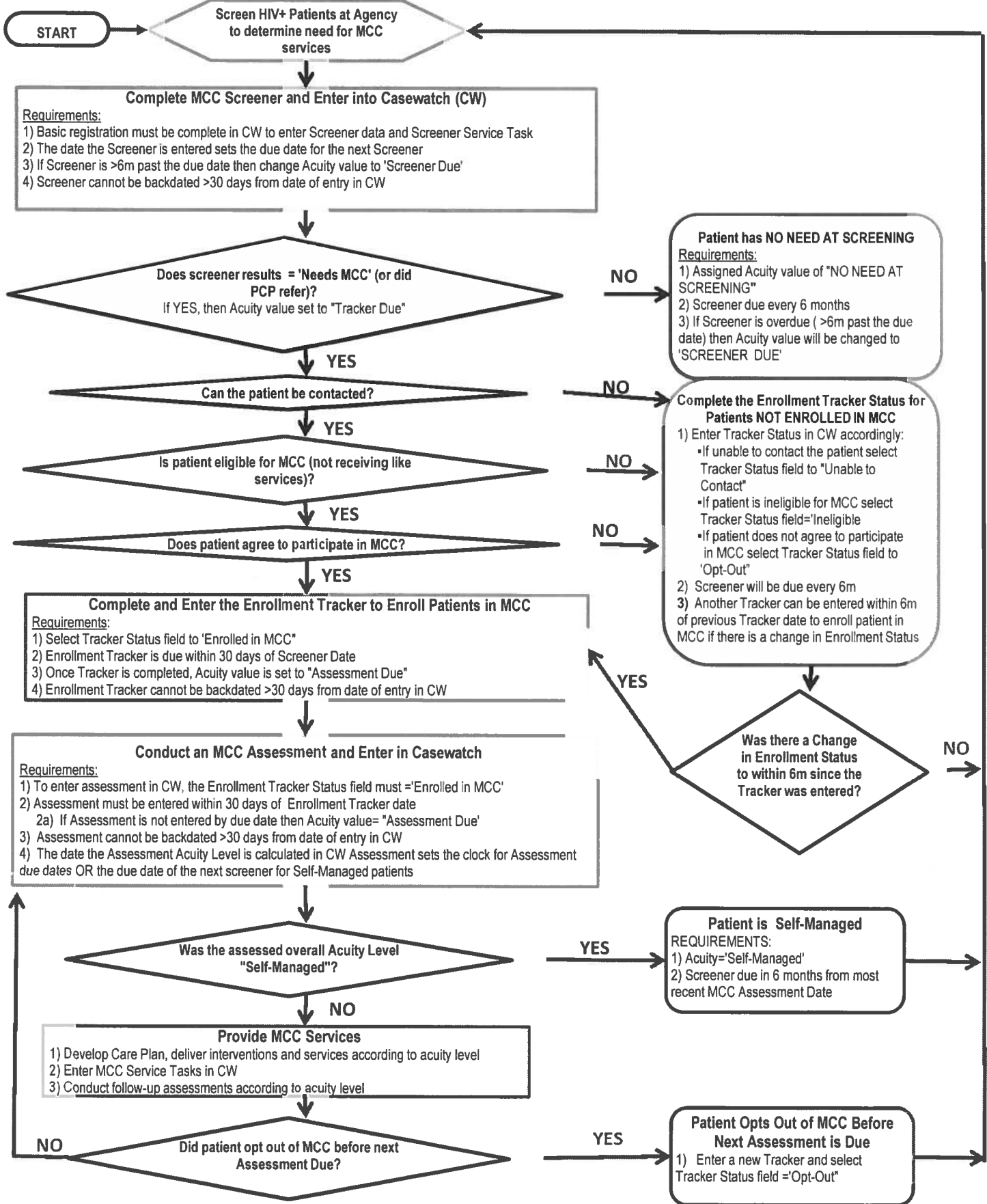
Enclosures (4)

CVM:ab

R:\Care Services\SOS\Medical Care Coordination\Letters\Updates.doc

c: Andy Corrigan (ACMS)
Mario J. Pérez
Wendy Garland
Mike Janson
Sonali Kulkarni
Chron (CVM)

MCC Provider Patient Flow Chart (Revised 03-26-15)



This document describes the tasks and rules for data entry and monthly reporting for the MCC program.

Casewatch Tasks:

The following are service **Tasks** in Casewatch available for data entry for tracking service encounter time spent and clients served:

- **Screener and Outcomes – Casewatch Data Code 7432**

Contractors will screen patients to determine their need for MCC services. Screener data **MUST** be entered into Casewatch for all patients before any service data can be entered. This is a CHANGE.

- The date the Screener is entered sets due date for next Screener for all patients that are NOT currently enrolled in MCC.
 - Screeners for Non-Enrolled patients need to be entered into Casewatch every 6 months, otherwise they are considered “Overdue”, which shall give an Acuity Status = “Screener Overdue”
 - Acuity value is updated when Screener is completed
 - Entry of all service tasks are Blocked if NO screener is entered
 - "Screener" service task can only be entered with a 'Screener and Outcomes' data entered into Casewatch with the same date.
 - Screener cannot be backdated >30 days from date of entry in Casewatch
- ❖ Patient has NO NEED AT SCREENING
 - If Screener Results= ‘No’, then patient is effectively NOT ENROLLED IN MCC and Acuity="NO NEED AT SCREENING"
 - Data entry of Enrollment Tracker and Assessment are BLOCKED for these patients
 - All service tasks except 'Screener' and 'Referral' are BLOCKED including Case Conference for these patients also.
 - Entry of additional Screeners will be blocked until <1 month from next Screener due date
 - ❖ Patient NEEDS MCC at Screening
 - If Screener Results=NEEDS MCC, then Acuity=" " (blank)
 - Entry of MCC Assessment is BLOCKED until Enrollment Tracker is set to “Enrolled in MCC”
 - Block entry all service tasks except 'Screener' and ‘Enrollment Tracker’
 - Complete Enrollment Tracker

The total patients screened will be noted in Part A of the monthly report.

- **Enrollment Tracker Status - Electronic Data Service Code: 7426**

This is the mechanism to track the patient’s enrollment status in the MCC Program. Patients **must be screened** to be tracked for enrollment status. There are two enrollment status classifications: **Enrolled in MCC** and **Not-Enrolled in MCC**. A patient can only be considered Enrolled or Not Enrolled if they have been screened.

- Not-Enrolled in MCC (Previously “Non-Active” Patients) includes patients who:
 - ✓ Do not need Active MCC per the Screener or,
 - ✓ Are identified as needing MCC but Opt Out,
 - ✓ Are Ineligible for MCC,
 - ✓ Unable to be contacted,
- Enrolled in MCC (Previously “Active MCC” Patients) include patients who:
 - ✓ Patients who are identified as needing Active MCC through Screener AND
 - ✓ Have choose to participate in MCC

- **MCC Care Plan**
- **MCC Assessment**
- **Brief Interventions** –The following are now the only Brief Interventions Tracked
 - Medication Adherence Counseling
 - Risk Reduction Counseling
 - Disclosure Assistance
 - Engagement In Care
 - Behavioral Health
- **Follow-Up/Monitoring**
- **Referrals**
- **Case Conference**

Part A. Screener Outcomes and Enrollment Tracker Status								
Screener Outcomes				Enrollment Tracker Status				
A.1 Screening		A.2 # Needing MCC	A.3 No Need at Screening	A.4 Total Patients Tracked		A.5 Opt Out, Ineligible	A.6 Unable to Contact	A.7 Enrolled in MCC
Total # of Patients	Total # of Hours	# of Patients	# Patients	# of Patients	# of Hours	# Patients	# Patients	# Patients
This Month								
Year-to-Date								

Part A – Screener Outcomes and Enrollment Tracker Status: This Part captures the results of MCC Screener Outcomes and Tracker Status by patient

Screener Outcomes

A.1 - Screening: All patients screened and amount of time spent conducting screening tasks. This is the sum of A.2 – A.3

A.2 - Needing Active MCC: This captures the results of the screener where the Screener Results = “Yes”, Needs MCC”

A.3 - No Need at Screening: This captures the results of the screener where the Screener Results = No, “No Need at Screening”

Enrollment Tracker Status

A.4 – Total Patients Tracked— Represents the total number of patients whose Enrollment Status was Tracked in Casewatch and hours spent by staff conducting tracking activities. This is the sum of A.5 – A.7

A.5 – Opt Out, Ineligible: These are patients where the Enrollment Status was set to ‘Opt Out’ or ‘Ineligible’ because the patient did not want to participate in MCC or was ineligible for MCC services

A.6 – Unable to Contact: These are patients where the Enrollment Status was set to ‘Unable to Contact’ because staff could not contact the patient

A.7 – Enrolled in MCC: These are patients where the Enrollment Status was set to Enrolled in MCC because the patient chose to participate in MCC

Enrollment Tracker -

The enrollment tracker task (Changed from "Tracker) shall be completed for ALL patients where the Screener result='Yes'

UNTIL THE ENROLLMENT TRACKER IS ENTERED:

- Data can only be entered into Enrollment Tracker screen if patient has a current 'Screener and Outcomes' and Screener result='Yes
- Enrollment Tracker data is due within 30 days of Screener Date
- Acuity='Enrollment Tracker Due' until Enrollment Tracker data is entered into Casewatch
- Enrollment Tracker data cannot be backdated >30 days from date of entry in Casewatch
- The 'Enrollment Tracker' service encounter task can only be entered with the same date of the 'Enrollment Tracker' entered into Casewatch
 - 'Enrollment Tracker' cannot be backdated >30 days from date of entry in Casewatch

WHEN THE ENROLLMENT TRACKER IS ENTERED:

The Enrollment Tracker is used to 'set' the enrollment status of patients identified as needing MCC

- Setting Enrollment Tracker Status for Patients Not Enrolled in MCC
 - If patient is eligible for MCC but:
 - Cannot be contacted by the MCC team then set enrollment tracker ="Unable to Contact"
 - Does not want to participate in MCC OR was in MCC and is now declining services then set enrollment tracker ='Opt-Out"
 - Receiving like services then set enrollment tracker to='Ineligible'
 - Another Tracker can be entered within 6m of previous Tracker date to enroll patient in Active MCC
 - If patient was eligible for MCC but did not enroll and now wants to be in MCC, allow a new Enrollment Tracker to be entered if it is within 6 months of the Screener due date
 - Entry of all service tasks are BLOCKED except for 'Screener' and 'Referral'
 - Entry of 'MCC Assessment' data is BLOCKED
- Setting Enrollment Tracker Status for Patients Enrolled in MCC
 - If patient is eligible and agrees to participate in MCC
 - Set the Enrollment Tracker Status to "Enrolled in MCC"
 - Entry of all service tasks are BLOCKED except for 'Enrollment Tracker' and 'Assessment' tasks
 - Entry of "Screener and Outcomes' data is BLOCKED
 - Only allowable service task is "MCC Assessment' data entry

The total number of patients by Enrollment Status will be noted in Part A of the monthly report as noted below.

Part A. Screener Outcomes and Enrollment Tracker Status									
	Screener Outcomes				Enrollment Tracker Status				
	A.1 Screening		A.2 # Needing MCC	A.3 No Need at Screening	A.4 Total Patients Tracked		A.5 Opt Out, Ineligible	A.6 Unable to Contact	A.7 Enrolled in MCC
	Total # of Patients	Total # of Hours	# of Patients	# Patients	# of Patients	# of Hours	# Patients	# Patients	# Patients
This Month									
Year-to-Date									

Part A – Screener Outcomes and Enrollment Tracker Status. This Part captures the results of MCC Screener Outcomes and Tracker Status by patient.

Screener Outcomes

A.1 - Screening: All patients screened and amount of time spent conducting screening tasks. This is the sum of A.2 – A.3

A.2 - Needing Active MCC: This captures the results of the screener where the Screener Results = "Yes", Needs MCC"

A.3 - No Need at Screening: This captures the results of the screener where the Screener Results = No, "No Need at Screening"

Enrollment Tracker Status

A.4 – Total Patients Tracked – Represents the total number of patients whose Enrollment Status was Tracked in Casewatch and hours spent by staff conducting tracking activities. This is the sum of A.5 – A.7

A.5 – Opt Out, Ineligible: These are patients where the Enrollment Status was set to 'Opt Out' or 'Ineligible' because the patient did not want to participate in MCC or was ineligible for MCC services.

A.6 – Unable to Contact: These are patients where the Enrollment Status was set to 'Unable to Contact' because staff could not contact the patient

A.7 – Enrolled in MCC: These are patients where the Enrollment Status was set to Enrolled in MCC because the patient chose to participate in MCC

Assessment - Electronic Data Service Code: 7434

- Enrollment Tracker Status field must='Enrolled in MCC' required to enter MCC Assessment data
- Acuity='Assessment Due' until Assessment data is entered into Casewatch
- Entry of MCC Assessment data in Casewatch is due within 30 days of Tracker date.
 - If Assessment is not entered by due date then Acuity='Assessment Due'
 - If Assessment Assigned Acuity is within 30 days of due date then clear out the date
- Assessment cannot be backdated >30 days from date of entry in Casewatch
- The Assessment Assigned Acuity Date sets the clock for Assessment due dates or the next Screener for self-managed patients
- Allow entry of "Assessment", 'Care Plan', 'Implementation and Monitoring" and Brief intervention service tasks only if Assessment is current

Care Plan - Electronic Data Service Code: 7433

The 'Care Plan' service task can only be entered if Assessment is entered by the due date

Brief Interventions - See Below for the Electronic Data Service Codes

The 'Brief intervention' service tasks are now the following: Engagement in Care, Medication Adherence Counseling, Disclosure Assistance, and Behavioral Health. These tasks can only be entered if Assessment is entered by the due date.

Electronic Data Service Codes for Brief Interventions are as follows:

- Risk Reduction Counseling - 7298
- Behavioral Health - 7435
- Disclosure Assistance - 7301
- Engagement in Care - 7296
- Medication Adherence Counseling - 7299

Follow-Up/Monitoring - Electronic Data Service Code: 7436

The 'Implementation and Monitoring' service task can only be entered if Assessment is entered by the due date

Referrals – NEW Service Task - Electronic Data Service Code: 7427

The 'Referral' service task refers to the amount of time spent providing referrals to MCC patients. Data can be entered with a current 'Screener' for patients Not-Enrolled or for Enrolled patients with a current Assessment.

Case Conference – Electronic Data Service Code: 142

Case conference Task can only be entered for Patients Enrolled in MCC.

Agency Name: _____ Report Month/Year: _____
 Program Name: Medical Care Coordination Contract Number: _____ SPA: _____

Medical Care Coordination Monthly Service Report Section III

The Monthly Services Report, Section III includes four parts: Part A – Screener Outcomes and Enrollment Tracker Status; Part B – Patient Acuity Summary; Part C – Intervention and Follow-Up Activities; and Part D – Referrals and Linkages.

		Screener Outcomes			Enrollment Tracker Status		
A.1 Screening		A.2 Needs MCC	A.3 No Need at Screening	A.4 Total Patients Tracked	A.5 Opt Out, Ineligible	A.6 Unable to Contact	A.7 Enrolled in MCC
Total # of Patients	Total # of Hours	# of Patients	# Patients	# of Patients	# Patients	# Patients	# Patients
This Month							
Year-to-Date:							

Part A – Screener Outcomes and Enrollment Tracker Status. This Part captures the results of MCC Screener Outcomes and Tracker Status by patient.

Screener Outcomes

A.1 - Screening: All patients screened and amount of time spent conducting screening tasks. This is the sum of A.2 – A.3

A.2 - Needing MCC: This captures the results of the screener where the **Screener Results = “Yes, Needs MCC”**

A.3 - No Need at Screening: This captures the results of the screener where the **Screener Results = No, “No Need at Screening”**

Enrollment Tracker Status

A.4 – Total Patients Tracked – Represents the total number of patients whose Enrollment Status was Tracked in Casewatch and hours spent by staff conducting tracking activities. This is the sum of A.5 – A.7.

A.5 – Opt Out, Ineligible: These are patients where the Enrollment Status was set to ‘Opt Out’ or ‘Ineligible’ because the patient did not want to participate in MCC or was ineligible for MCC services.

A.6 – Unable to Contact: These are patients where the Enrollment Status was set to ‘Unable to Contact’ because staff could not contact the patient

A.7 – Enrolled in MCC: These are patients where the Enrollment Status was set to Enrolled in MCC because the patient chose to participate in MCC

Monthly Service Report Section III

Part C. Monitoring, Brief Interventions and Follow-Up Activities for Enrolled Patients

Staff Name, Position	Brief Interventions												C.8 Total			
	C.1 Implementation, Monitoring & Follow Up Activities		C.2 Medication Adherence Counseling		C.3 Risk Reduction Counseling		C.4 Disclosure Assistance		C.5 Engagement in Care		C.6 Behavioral Health		C.7 Total Patients Receiving Brief Interventions		Patients	Hours
	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours	Patients	Hours		
MCM																
PCM																
CW																
MCM																
PCM																
CW																
MCM																
PCM																
CW																
Monthly Total:																
Year-to-Date Total:																

This part of the report still captures the total number of all patients served and direct service hours delivered by patient encounter type (columns) Implementation, Monitoring & Follow Up and Brief Interventions (Medication Adherence Counseling; Risk Reduction Counseling; Disclosure Assistance; Engagement in Care; and Behavioral Health) for "This Month" and "Year-to-Date"

Column C.1 includes all patients where the Enrollment Status = Enrolled in MCC that have an assessment in Casewatch and who had hours reported for the 'Implementation, Monitoring and Follow Up' task

Columns C.2-C.6 includes all patients where the Enrollment Status = Enrolled in MCC that have an assessment in Casewatch and who had hours reported for the Brief Interventions (Medication Adherence Counseling; Risk Reduction Counseling; Disclosure Assistance; Engagement in Care; and Behavioral Health) tasks

Column C.7 is the sum of all patients and all hours in Columns C.2 through C.6 to reflect total enrolled patients receiving Brief Interventions and the total hours of Brief Interventions during the reporting period

Column C.8 is the sum of all patients and all direct service hours in Columns C.1 and C.7 and represents ALL enrolled patients and hours

Part D. Referrals And Linkages

	D.1 Housing Services		D.2 Mental Health Services		D.3 Addiction Treatment		D.4 Totals		D.5 Percentage
	Number of Patients Referred	Number of Patients Linked	Number of Patients Referred	Number of Patients Linked	Number of Patients Referred	Number of Patients Linked	Number of Patients Referred	Number of Patients Linked	% Patients Linked
This Month:									
Year-to-Date:									

This part of the report captures the number of unduplicated patients from Part A, Column A.1 that were referred and linked to services in the reporting period.

Row This Month is the Monthly Program Total for reporting period

Row Year-to-Date is the Program Total annual reporting period

Column D.1 is the number of patients in A.1 that were referred and linked to Housing Services in the reporting period

Column D.2 is the number of patients in A.1 that were referred and linked to Mental Health Services in the reporting period

Column D.3 is the number of patients in A.1 that were referred and linked to Housing services in the reporting period

Column D.4 is the sum of patients in Columns D.1 through D.3 that were referred and linked in the reporting period

Column D.5 is the number of patients linked in Column D.4 divided by the number of patients referred in Column D.4

Note: Addiction Treatment Services: "Addiction Treatment Services" is a revised label for the "Substance Abuse" category included in the previous report template. "Addiction Treatment Services" refers to the same type of referrals as "Substance Abuse."

Part E. Overdue Item Status

Part E. Overdue Item Status			
	E.1 Overdue Screener	E.2 Overdue Enrollment Tracker	E.3 Overdue Assessment
	# of Patients	Total # of Patients	# of Patients
This Month			
Year-to-Date:			

Column E.1 identifies patients who were initially Screened, where their 6 month Screener is Overdue in Casewatch

Column E.2 includes unduplicated patients where the Screener Status = 'Needs MCC' that DO NOT have a current Enrollment Tracker entered in Casewatch

Column E.3 includes patients where the Enrollment Status = Enrolled in MCC that DO NOT have a current assessment entered in Casewatch

I. Enrollment Status

Question 1: Will there now be two enrollment statuses (Enrolled and Not-Enrolled)?

Answer 1: Yes, there are now two different enrollment statuses: **Enrolled** and **Not-Enrolled** patients.

Question 2: Do all enrolled patients require an assessment?

Answer 2: Yes, all enrolled patients require an assessment.

Question 2a: Based on the assessment will a patient's acuity either be "active acuity" or "self-managed acuity?"

Answer 2a: Enrolled Patients shall be assessed and as a result of the assessment, will have an acuity of either of the following: Sever, High, Moderate, or Self-Managed

Question 3: Will the enrolled self-managed patients require a follow up screener in 6 months?

Answer 3: Yes, Self-Managed Patients will require a screener in 6 months.

Question 4: What services are available to patients that are Not-Enrolled in MCC?

Answer 4: Patients Not Enrolled in MCC can receive the following: Screener; Enrollment tracker, and Referrals. **Other services cannot be billed for patients not enrolled in MCC because they are not enrolled, thus do not need MCC.**

Question 5: Can we enroll the patient into the MCC program if they are not due for their screener?

Answer 5: No you cannot. If there is special circumstance, please contact your DHSP Program Manager for internal review. **Please refer to the Companion document for more information.**

II. Screener and tracker

Question 1: Is there a new option included in #12 "override by provider referral" which is used for any patient referred to MCC by the provider for follow up and targeted CM?

Answer 1: Override by Provider Referral is not a new option. Override by provider referral means that the Primary Care Physician may refer a patient in MCC to receive MCC Brief

Interventions when the Screener results determined that the patient does not need MCC. **MCC is not for Targeted Case Management.**

Question 2: Will these patients also need an assessment?

Answer 2: All patients enrolled in MCC require an assessment.

III. **Billing and Reporting (Capturing Service Provision)**

Scenario 1: Patients are able to see the MCC team member on a walk in basis for a number of issues i.e., forms, access to community resources, diagnosis forms for RW funded services including dental care. Many of these walk in appointments will be once time per year and the patient may not need to be enrolled but need brief session with the MCC team member for services.

Question 1: How do we bill for these services?

- Providing patients with forms, including diagnosis forms, is not a function of MCC, therefore this should not be tracked as MCC work.

Answer 1: The scenarios described above are not MCC services, thus are not billable as such. What you have described above are not “Brief Intervention Sessions.” Please refer to the Program Guidance for a full description of a Brief Intervention Session for MCC.

Question 2: How do we capture/ bill for the intervention provided to the not-enrolled patient?

Answer 2: You do not bill for interventions for the **Non-Enrolled patient** because they are **Not Enrolled in MCC**. If a patient **Opts out of MCC**, then they **Opt Out**. This is their right to do so.

Question 3: How do we bill for services if the not enrolled patient Opts out?

Answer 3: You **cannot** bill for or **report services** for patients that Opt Out. They Opted Out of the program, thus your agency must respect their request **NOT** to be in MCC.

Question 4: How do we bill if the patient decides to enroll in MCC services but is not due for a screener?

Answer 4: Patients can be enrolled in MCC services if determined eligible by the MCC screener (Needs MCC = Yes) or through a provider referral, not by self-referral. If a patient was eligible for MCC but did not enroll and now wants to be in MCC, a new Enrollment Tracker can be entered if it is within 6 months of the screener due date. Entry of additional screeners will be blocked until <1 month from screener due date.

Question 5) if the patient is not due for their screener may we change their status to enroll?

Answer 5: You **cannot** arbitrarily change someone’s status to enroll when the screener identified them as NOT needing MCC. These patients would need to be referred by the patient’s Primary Care Physician **at the time the screener is conducted** in order for the screener to be

overridden. Additionally, there **MUST** be a progress note **justifying** why the Primary Care Physician conducted an override for these patients.

Question 6: Since we have such a large volume of patients diagnosed with STIs, will there be an abbreviated assessment for these patients?

Answer 6: An abbreviated assessment is not available. For patients **needing and agreeing to participate in MCC**, the full assessment is required.

Question 7: Additionally changes include new billing codes e.g., Behavioral health, MCC Assessment (only). Since we send our billing units to ACMS electronically, what are the new Casewatch codes so we may make the appropriate changes in our EHR?

Answer 7: Those codes are listed in the Companion document. Please refer to it.

IV. Retention in care for Patients Not Enrolled in MCC:

*We outreach to patients that have not been in to see their (Primary Care) **provider for follow up care**. Additionally, we meet with retention navigators to review and case conference for patients that they have identified that are out of care.*

Question 1: How do we bill for services if a patient, who is Not Enrolled in MCC, (doesn't come in for HIV treatment) and we continue to provide outreach?

Answer 1: First, you must distinguish between patients that have **NEVER BEEN SCREENED FOR MCC, who are not eligible to receive any MCC service**; from patient who were Screened and either 1) had No Need at Screening or 2) had a need at Screening but Opted Out of MCC. **Please review the Companion document along with the Patient Flow for MCC for more details.**

Question 2: Why can't we bill for Engagement in Care for patients that are Not Enrolled in MCC?

Answer 2: First, you must distinguish between patients that have **NEVER BEEN SCREENED FOR MCC, who are not eligible to receive any MCC service**; from patient who were Screened and either 1) had No Need at Screening or 2) had a need at Screening but Opted Out of MCC.

"Engagement in Care" is a Brief Intervention session for patients Enrolled in MCC. This is a **Brief Intervention**, not an **outreach** event. **Please review the Companion document along with the Patient Flow for MCC for more details.**

Question 3: Why can't we bill for Case Conferencing for patients that are Not Enrolled in MCC?

Answer 3: First, you must distinguish between patients that have **NEVER BEEN SCREENED FOR MCC, who are not eligible to receive any MCC service**; from patient who were Screened and either 1) had No Need at Screening or 2) had a need at Screening but Opted Out of MCC.

Additional Response: These sound like your agency's Medical Outpatient clinic patients that your agency is trying to get back into medical service, which is the task of your agency's Medical Outpatient staff.

V. Non-Enrolled versus Self-Managed Patients

Question 1: Will we only be able to bill for referrals, enrollment trackers, screeners and outcomes for Non-Enrolled and Self-Managed Patients?

Answer 1: There is now a distinct difference between Self-Managed and Non-Enrolled patients. Your agency must be clear about who is now actually “Self-Managed” versus those that have Never Been Screened, versus those that are Not-Enrolled in MCC because they did not want to participate. Please read the Companion document and. Beginning March 1, 2015:

- A **Self-Managed Patient**” is one that has been screened, enrolled in MCC and assessed.
- Patients that have **Never Been Screened** are not eligible for MCC services.
- Patients that are **Not Enrolled in MCC** are those that opted out or did not want to participate in MCC and are not eligible for MCC services.

VI. Other Items

Acute interventions for the not enrolled - self-managed patient: Many of our patients are referred to the program for a one time intervention. How do we capture service for these items noted below?

- *Care coordination for all hospital discharges*
 - **Response: MCC is not a hospital discharge program. Those should be handled by the Hospital’s Patient Discharge staff.**
- *Transportation services including TAP cards (patients that will be not enrolled and self-managed).*
 - **Response: TAP Card distribution is not an MCC service or intervention.**
- *The medical provider will refer the patient to the MCM and ask they call the patient to discuss abnormal lab results i.e., viral load blip, changes in kidney or liver function test. The MCM will call the not enrolled self-managed patients to assess and schedule a follow up visit with their PCP and or lab visit. Many of these calls may require medication adherence counseling, nutritional counseling, or medical care coordination to a specialist.*
 - **Response: MCC is not a Clinical Nursing Intervention. Those should items should be handled by the Clinic’s Clinical Nursing staff in the AOM Program. If the AOM Provider wishes to speak with the patient regarding lab results, that should be assigned to the AOM program, not MCC. If a patient is then determined to need MCC services, then they should be enrolled in the program. But if the patient Opts Out, then they should not be Enrolled in MCC.**

Additionally, please see above in Section V Non-Enrolled versus Self-Managed Patients for more details on MCC patient definitions.