Waiver Support Application

MI CARE TEAM HEALTH HOME (MIC)

USER TRAINING MANUAL

MDHHS
Michigan Department of Health & Human Services

State of Michigan
Department of Health and Human Services

Last Updated: June 2016

Table of Contents

1 Introduction

1.1 About the Application

The Waiver Support Application (WSA) is the management tool for MI Care Team Health Home (MIC), Autism (AUT), Children's Waiver Program (CWP), Habilitation Support (HAB), Health Home Benefit (HHB), Integrated Care Organization (ICO), and Serious Emotional Disturbance (SED) enrollment and maintenance. The MIC program is housed within the WSA.

Security roles determine a user's access level, and are dependent upon whether the user is a health center worker or a Michigan Department of Health and Human Services (MDHHS) worker:

- MICPlan = health center user
- MICDHHS = MDHHS administrator

Users enroll MI Care Team Health Home-qualified individuals from a list generated within the application; the WSA uses the State of Michigan's (SOM's) algorithm to identify the eligible population. Once identified, the user creates the case and records the ***Consent Opt-In Date*** and ***Care Plan Date***, then enrolls the individual in the MI Care Team Health Home.

Four cases statuses exist to identify the current state of enrollment:

- Qualified = Individual is eligible*, case is not open
- Pending = Case is being created, individual not enrolled
- Open = Individual is enrolled, case is ongoing
- Closed = Individual has been disenrolled, case is closed

> *Note*: As a component of disenrollment, the MIC program allows users to temporarily suspend an individual for a period of time (1, 3, 6, 12, 18, or 24 months).

* Individual must meet the qualification criteria and currently be assigned one of the following benefit plans: MA (Fee-for-Service Medicaid) or MA-MC (Medicaid Managed Care), MA-MICHILD (MIChild Program – CHIP), MA-HMP (Healthy Michigan Plan) or MA-HMP-MC (Healthy Michigan Plan Managed Care), or HK-EXP (Fee-for-Service Healthy Kids Expansion).

1.2 Requesting MIC Access

All users access the MIC application through the SOM single sign-on portal, called MILogin. The MIC program is housed within the WSA; to request access to the WSA, perform the MILogin **Request Application Access** steps**. Once approved, you will receive an email notification from MILogin and the <u>WSA Waivers</u> link will display on your MILogin Home page (*Figure 1.2.1*).

If the <u>WSA Waivers</u> link already appears on your MILogin Home page, simply contact the MDHHS administrator to request your MIC security role assignment.

If experiencing any issues with MILogin, **please contact the SOM Client Service Center: 517-241-9700** *-or-* **800-968-2644**.

Note: Users access MILogin one of two ways.
★MDHHS users/contractors with a michigan.gov email use https://miloginworker.michigan.gov
★All others use https://milogintp.michigan.gov

** Please reference the State of Michigan (SOM) MILogin training materials for additional instruction.
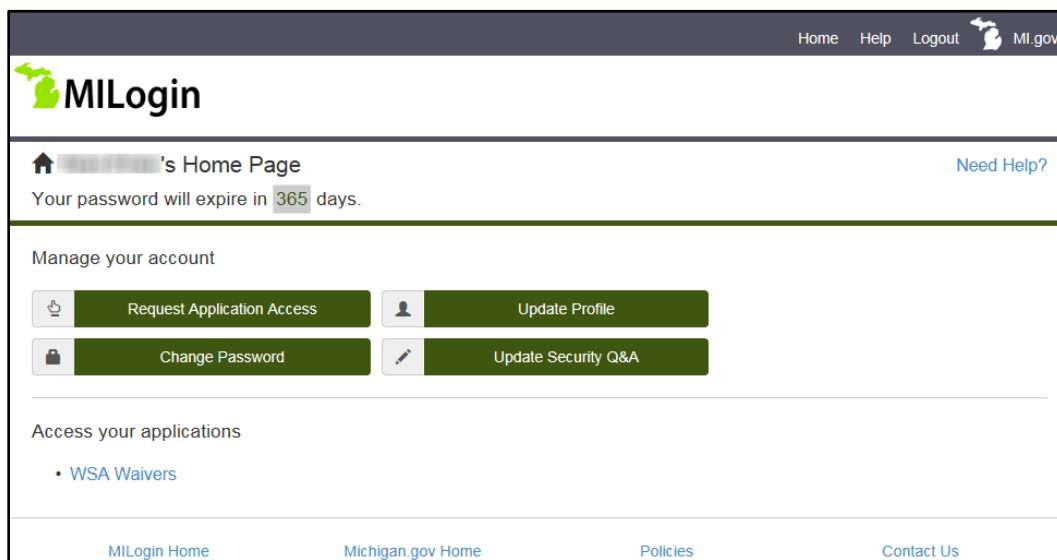

Figure 1.2.1: MILogin Home

1.3 Accessing the MIC Application

Complete the following steps to access the MIC application:

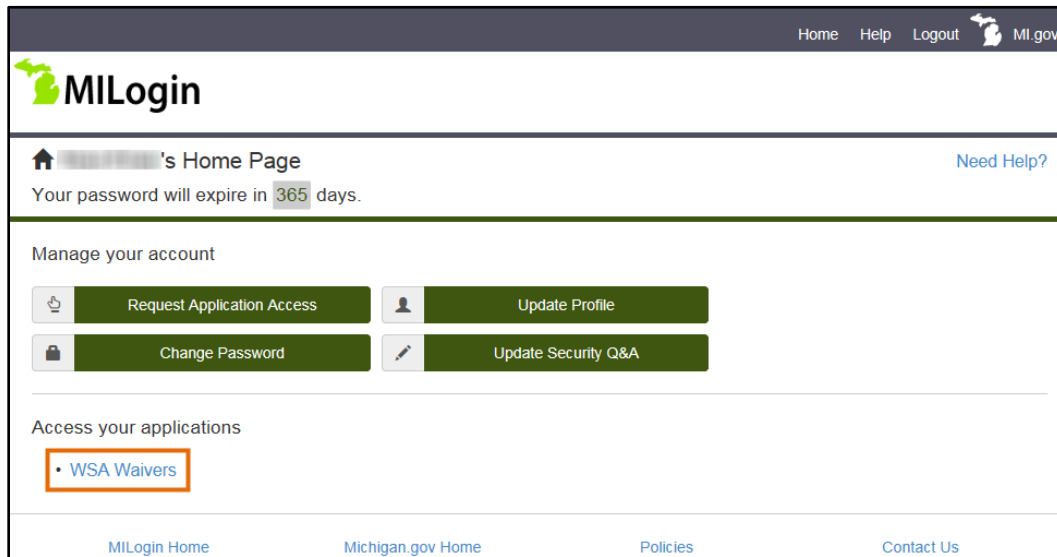1. Log into MILogin. The MILogin Home page displays (*Figure 1.3.1*).

Figure 1.3.1: MILogin Home

> *Note*: Users access MILogin one of two ways.
>
> ★MDHHS users/contractors with a michigan.gov email use https://miloginworker.michigan.gov
>
> ★All others use https://milogintp.michigan.gov

2. Click <u>WSA Waivers</u>. The WSA Waivers Terms & Conditions display (*Figure 1.3.2*).

Terms & Conditions :WSA Waivers   ✕

The Michigan Department of Health & Human Services (MDHHS) computer
information system (systems) are the property of the State Of Michigan and
subject to state and federal laws, rules and regulations. The systems are
intended for use only by authorized persons and only for official state business.
Systems users are prohibited from using any assigned or entrusted access
control mechanisms for any purposes other than those required to perform
authorized data exchange with MDHHS. Logon IDs and passwords are never
to be shared. Systems users must not disclose any confidential, restricted or
sensitive data to unauthorized persons. Systems users will only access
information on the systems for which they have authorization. Systems users
will not use MDHHS systems for commercial or partisan political purposes.
Following industry standards, systems users must securely maintain any
information downloaded, printed, or removed in any format from the systems.
When no longer needed, this information must be destroyed in an appropriate
manner specific to the format type. All users of the systems give their
expressed consent to the monitoring of their activities on the systems. If such
monitoring reveals possible evidence of unauthorized or criminal activity, the
evidence may be provided to administrative or law enforcement officials for
disciplinary action and /or prosecution. By accessing information provided by
the Michigan Department of Health & Human Services computer information
systems and clicking on the button below, I acknowledge and agree to abide by
all governing privacy and security terms, conditions, policies and restrictions for
each authorized application.

[Acknowledge/Agree]   [Cancel]
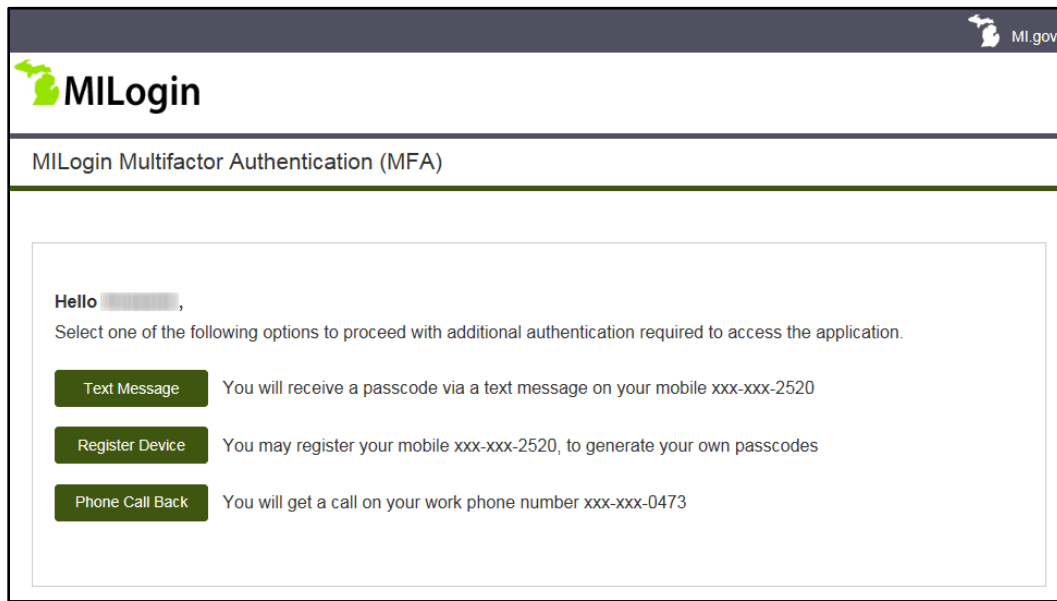
Figure 1.3.2: WSA Waivers Terms & Conditions

3. Review the WSA Waivers Terms & Conditions and click **Acknowledge/Agree**.

4. (***Non-MDHHS users***) The Multi-Factor Authentication page displays (*Figure 1.3.3*). Every 24
hours, users outside the SOM network are required to perform an additional security measure
called multi-factor authentication (MFA).

> *Note*: MFA lasts for 24 hours.
>
> If a user logs into WSA at 9am on a Tuesday, the MFA will last until 8:59am Wednesday. If the
> user logs out or "times out" of WSA and logs back in prior to the end of that 24-hour period,
> MFA <u>will</u> <u>not</u> need to be performed again.
>
> However, if the user logs out or "times out" of WSA and does not log back in prior to the end of
> that 24-hour period, MFA <u>will</u> need to be performed again.
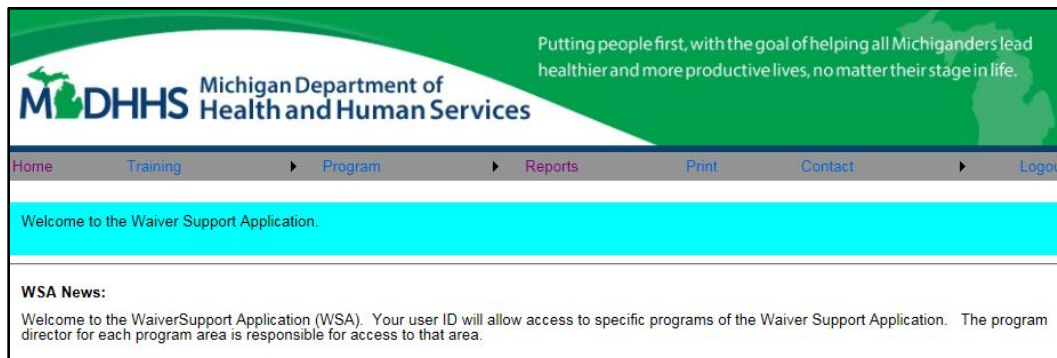
Figure 1.3.3: Multi-Factor Authentication (non-MDHHS users only)

    a. (***Non-MDHHS users***) Perform one of the following three actions:

        i. Click **Text Message**. MILogin texts a passcode to the mobile phone number you provided when you created your MILogin account. Enter the code in the **Passcode** field that displays, and click **Submit**.

        ii. Click **Register Device**. MILogin texts instructions to the mobile phone number you provided. Follow the instructions to register your mobile phone and begin generating your own passcodes. Enter your generated code into the **Passcode** field that displays, and click **Submit**.

        iii. Click **Phone Call Back**. MILogin calls you at the work phone number you provided. Answer the call, listen to the brief message, and press any key on your phone keypad.

    b. Upon completion, MILogin automatically continues to log you in.

5. The WSA Home page displays (*Figure 1.3.4*).

Figure 1.3.4: WSA Home

Note: The **first time** you click the WSA Waivers link, the Demographic Form displays (*Figure 1.3.5*). Complete the fields and click Update; an email is sent to the MDHHS administrator prompting them to assign your MIC security role. Appropriate system functionality is not enabled until your security role has been manually assigned.

Figure 1.3.5: Demographic Form

1.4 Mozilla Firefox Warning

ATTENTION Mozilla Firefox users: To ensure optimal MIC application performance, complete the following.

1. Access Mozilla Firefox.
2. In the address bar, enter **about:config**.
3. Press the keyboard **Enter** key.

> *Note*: A "This might void your warranty!" message may display. Click **I'll be careful, I promise!** to continue.

4. Locate **dom.allow_scripts_to_close_windows** in the *Preference Name* list.

> *Note*: Enter "dom.allow" in the *Search* field to easily locate.

5. Double-click the **dom.allow_scripts_to_close_windows** line to update the *Value* to 'true'; the default *Value* is 'false'.

> *Note*: The use of Internet Explorer is highly recommended for accessing the MIC application; even after performing the above steps, some application links may not work with Mozilla Firefox.

2   Searching for a Beneficiary

Most actions within the MIC application begin with searching for a beneficiary. User actions include identifying qualified individuals, creating a case, enrolling/disenrolling individuals, and entering case notes.

Complete the following steps to search for an individual:

1. Perform the steps in 1.3 Accessing the MIC Application.
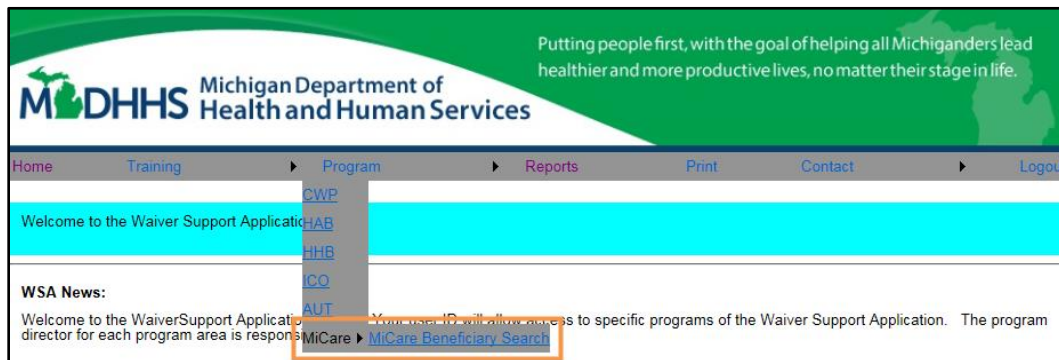
Figure 2.1: Program – MiCare – MiCare Beneficiary Search

2. In the **Program** main menu, select **MiCare** > **MiCare Beneficiary Search** from the sub-menu (*Figure 2.1*). The Beneficiary Search page displays (*Figure 2.2*).

Figure 2.2: Beneficiary Search

3. Enter the individual's Medicaid ID in the **Beneficiary Search** field, or enter a combination of other search criteria.

4. Click Search. Matching results display (*Figure 2.3*).

Note: Simply clicking Search returns all MI Care Team Health Home cases for your organization (see *Figure 2.3*).

The ***Beneficiary ID*** value takes precedence; if populated, the search is performed solely on the Medicaid ID regardless of any additional criteria selected/entered.

The ***IP Visits*** (inpatient visits) and ***ED Visits*** (emergency department visits) fields use 'greater than or equal to' functionality. Enter a value to return individuals with that number or greater inpatient and/or emergency department visits.

Figure 2.3: Beneficiary Search

3   Creating a Case

The MIC application identifies MI Care Team Health Home-qualified individuals using the SOM's algorithm. Once identified, the user creates a case, records the ***Consent Opt-In Date*** and ***Care Plan Date***, and enrolls the individual in the MI Care Team Health Home. To be eligible for enrollment, the individual must meet <u>all</u> of the following conditions.

Have at least one of two mental health conditions:
- ✓ Depression
- ✓ Anxiety

Have at least one of five physical health conditions:
- ✓ Asthma
- ✓ COPD (chronic obstructive pulmonary disease)
- ✓ Diabetes
- ✓ Heart Disease
- ✓ Hypertension

Be currently assigned one of the following benefit plans:
- ✓ MA (Fee-for-Service Medicaid) or MA-MC (Medicaid Managed Care)
- ✓ MA-MICHILD (MIChild Program - CHIP)
- ✓ MA-HMP (Healthy Michigan Plan) or MA-HMP-MC (Healthy Michigan Plan Managed Care)
- ✓ HK-EXP (Fee-for-Service Healthy Kids Expansion)

> *Note*: Please contact the MDHHS administrator for a list of exclusionary benefit plans.

Complete the following steps to create a MIC case:

1. Perform steps 1-2 in 2 Searching for a Beneficiary. The Beneficiary Search page displays (*Figure 3.1*).

Figure 3.1: Beneficiary Search

2. To generate a list of qualified individuals, select 'Qualified' in the *Status* list.

> *Note*: You can also locate a qualified individual by entering the ***Beneficiary ID*** or a combination of other search criteria. Please reference 2 Searching for a Beneficiary for more information.

3. Click Search. Matching results display (*Figure 3.2*).

Figure 3.2: Beneficiary Search

4. Click <u>View</u> beside the individual to view additional details, including the individual's counts for each mental and physical health condition for the past eighteen (18) months. The Additional Information window displays (*Figure 3.3*).

Figure 3.3: Additional Information

5. Click **Close** to exit the Additional Information window.

Figure 3.4: Beneficiary Search

6. Click <u>Add-Case</u> beside the individual to create a case (*Figure 3.4*). The message, "This action will add a new case in the MI Care Team program. Do you wish to continue?" displays.

7. Click **OK**. The case is created and the Beneficiary Management page displays (*Figure 3.5*).

Figure 3.5: Beneficiary Management

8. Continue with the steps in 4 Enrolling an Individual to complete the MI Care Team Health Home enrollment.

4 Enrolling an Individual

To enroll an individual in the MI Care Team Health Home, the user records the *Consent Opt-in Date* and *Care Plan Date*, and selects the appropriate option(s) in the *Mental Health Bucket* and *Physical Health Bucket* fields. To be eligible for enrollment, the individual must meet <u>all</u> of the conditions listed in 3 Creating a Case.

Enrollment information must be entered and saved by 6pm on the 25th of the month. The information is sent from the MIC application to the Community Health Automated Medicaid Processing System (CHAMPS) on the 26th for enrollment in the MI Care Team Health Home benefit plan.

Note: Four data elements are required for enrollment; however they do not have to be entered all at once. For example, users can enter the *Consent Opt-in Date*, click <u>Save</u>, and return to complete the enrollment once the other values are known.

Complete the following steps to enroll an individual:

1. Perform the steps in 3 Creating a Case. The Beneficiary Management page displays (*Figure 4.1*).
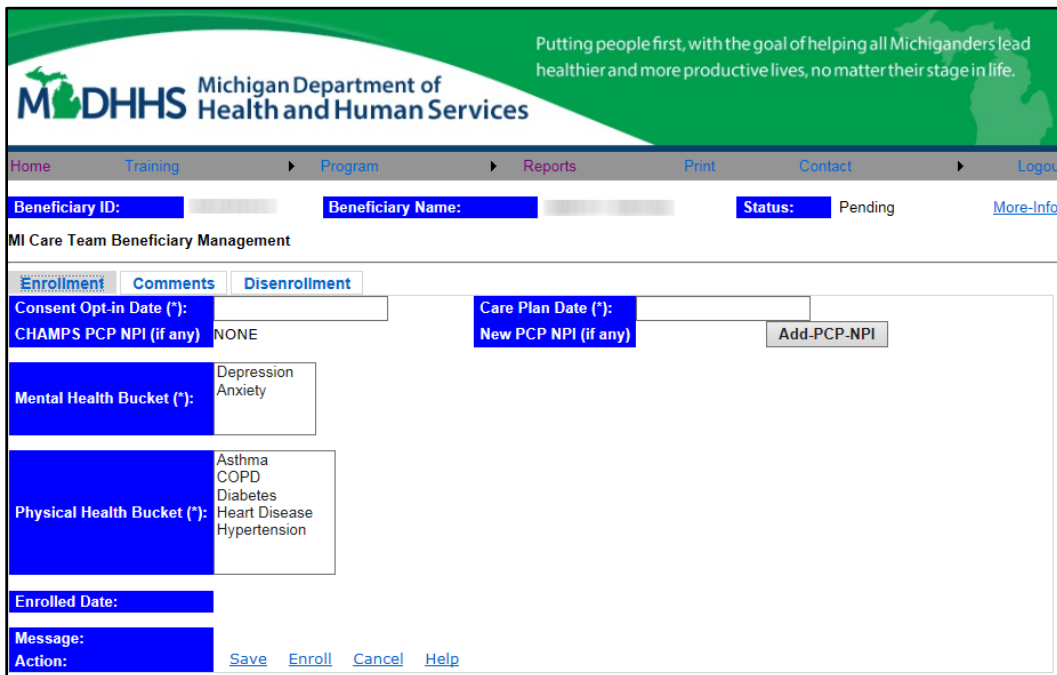
Figure 4.1: Beneficiary Management

2. Enter the date the individual consented to being enrolled in the *Consent Opt-in Date* field.
3. Enter the date the care plan was created for the individual in the *Care Plan Date* field.
4. Select at least one *Mental Health Bucket* condition. To select both mental health conditions, depress the **Ctrl** keyboard key while selecting the second condition.

5. Select at least one *Physical Health Bucket* condition. To select multiple physical health conditions, depress the **Ctrl** keyboard key while individually selecting the other condition(s).

Figure 4.2: Beneficiary Management

6. Once all required values have been entered (*Figure 4.2*), click Enroll. The Enrollment Disclaimer window displays (*Figure 4.3*).

Figure 4.3: Enrollment Disclaimer

7. Review the Enrollment Request agreement and select the ***I agree that I am responsible for enrolling this beneficiary into the MI Care Team Health Home*** check box.

8. Click Enroll. The "Data saved successfully." message displays.

> *Note*: In the Enrollment Request window, the <u>Enroll</u> link is disabled until the Enrollment Request agreement check box is selected.

9. Click <u>Close</u>. Upon enrollment, the case ***Status*** updates to 'Open', and the <u>Enroll</u> link disables on the Beneficiary Management page (*Figure 4.4*).

Figure 4.4: Beneficiary Management

5   Adding a PCP NPI

As the Primary Care Provider (PCP) National Provider Identifier (NPI) associated to an individual may be missing or change, the MIC application allows users to add a new PCP NPI to a 'Pending' or 'Open' case.

Note: Adding a PCP to the WSA *does not change* the PCP record in CHAMPS, or with the applicable Medicaid Health Plan (MHP). It remains the beneficiary's responsibility to follow standard procedures for notifying their health plan about a PCP change.

Complete the following steps to add a new PCP NPI:

1. Perform the steps in 2 Searching for a Beneficiary.

    Note: To generate a list of individuals with pending cases, select 'Pending' in the *Status* list. To generate a list of individuals with open cases, select 'Open' in the *Status* list*.*

Figure 5.1: Beneficiary Search

2. Click Case-Details beside the individual (*Figure 5.1*). The Beneficiary Management page displays (*Figure 5.2*).

    Note: A case may have a **CHAMPS PCP NPI** value of 'NONE' (*see Figure 5.2*).

Figure 5.2: Beneficiary Management

3. Click **Add-PCP-NPI**. The Add Primary Care Provider window displays (*Figure 5.3*).

Figure 5.3: Add Primary Care Provider

4. Enter the new *NPI*.

5. Click **Verify**. The MIC application verifies the entered NPI against active NPIs per CHAMPS.

Figure 5.4: Add Primary Care Provider – verified

6. Click Submit. The **New PCP NPI** displays on the Beneficiary Management page (*Figure 5.5*).

Figure 5.5: Beneficiary Management

7. Click <u>Save</u>. The "Data saved successfully." message displays.

6   Manually Adding a Case

Users can add cases for individuals who do not already have an active MIC case. When manually adding a case, the user is attesting to the individual's eligibility for the MI Care Team Health Home. In addition, the individual must meet the benefit plan conditions identified in 3 Creating a Case.

Complete the following steps to manually add a case:

1. Perform the steps in 1.3 Accessing the MIC Application.
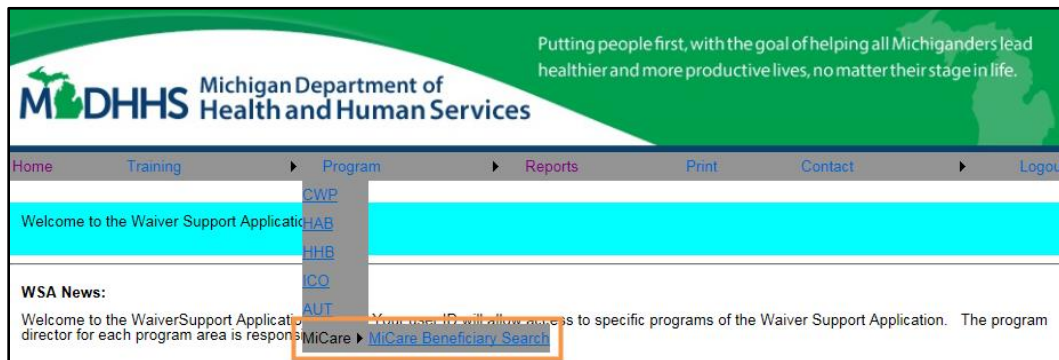
Figure 6.1: Program – MiCare – MiCare Beneficiary Search

2. In the **Program** main menu, select **MiCare** > **MiCare Beneficiary Search** from the sub-menu (*Figure 6.1*). The Beneficiary Search page displays (*Figure 6.2*).

Figure 6.2: Beneficiary Search

3. Click Add-New-Case. The Add New Case page displays (*Figure 6.3*).

Figure 6.3: Add New Case

4. Search for the individual by either entering the Medicaid ID in the ***Beneficiary ID*** field, or by entering the ***Legal First Name***, ***Legal Last Name***, and ***Date of Birth***.

5. Click Search. Matching results display (*Figure 6.4*).

> *Note*: The MIC application first searches the WSA and then the Data Warehouse for a person match.

Figure 6.4: Add New Case – results

6. Click Add-Case. The message "This will add a new case for this person. Are you sure this is what you wish to do?" displays.

7. Click **OK**. The Beneficiary Management page displays (*Figure 6.5*).

OPTUM™

Figure 6.5: Beneficiary Management

8. To enroll the individual in the MI Care Team Health Home, proceed with the steps in 4 Enrolling an Individual.
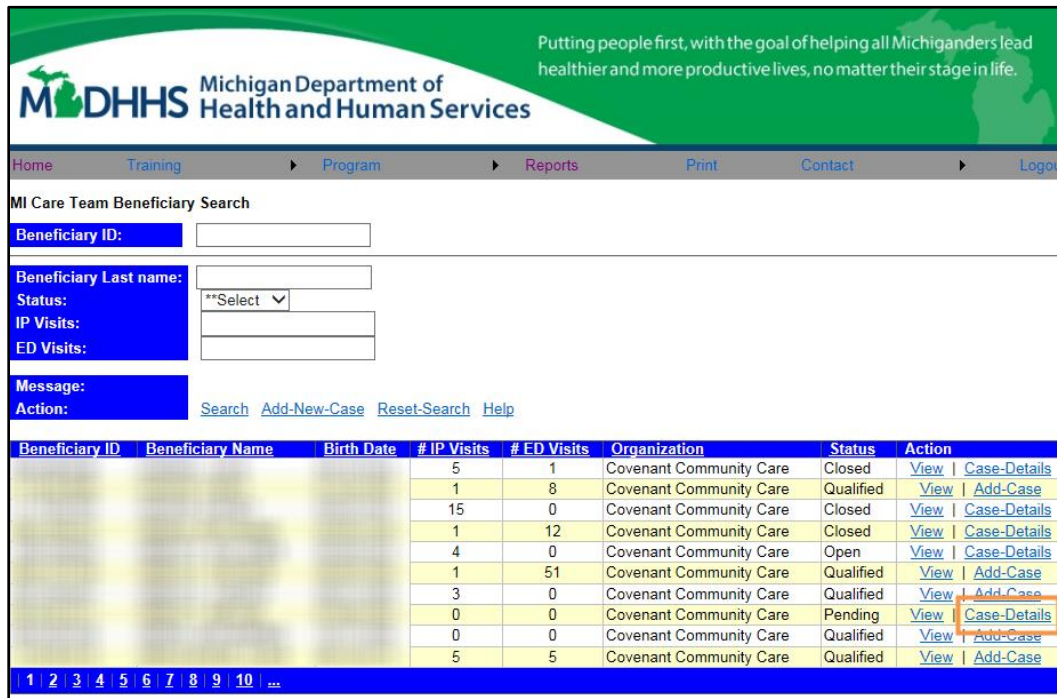
7 Entering Case Comments

Case comments entered on the **Comments** tab are a permanent part of the case record; *they cannot be modified or deleted*. Comments can be entered on 'Pending', 'Open', and 'Closed' cases.

Complete the following steps to enter a case comment:

1. Perform the steps in 2 Searching for a Beneficiary.

Figure 7.1: Beneficiary Search

2. Click Case-Details beside the individual (*Figure 7.1*). The Beneficiary Management page displays (*Figure 7.2*).

Figure 7.2: Beneficiary Management

3. Click the **Comments** tab.

Figure 7.3: Comments

4. Click Add-Comment (*Figure 7.3*). The Add New Comment window displays (*Figure 7.4*).

Figure 7.4: Add New Comment

5. Enter a detailed *Comment*.

6. Click Add-Comment. The most recent comment displays at the top of the list (*Figure 7.5*).
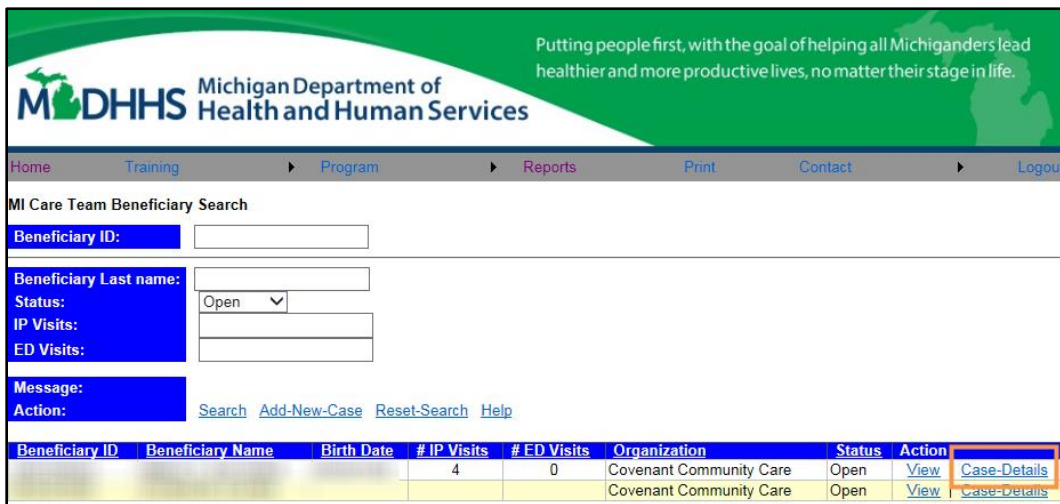

Figure 7.5: Comments

8 Disenrolling an Individual

Users disenroll individuals from the MI Care Team Health Home when the beneficiary is deceased or has moved. Users can also record a voluntary disenrollment or temporary suspension; a defined inactivity period can be associated to either, but is required for temporary suspensions. Inactivity period options are 1, 3, 6, 12, 18, or 24 months.

Complete the following steps to disenroll an individual from the MI Care Team Health Home:

1. Perform the steps in 2 Searching for a Beneficiary.

> *Note*: To generate a list of individuals with open cases, select 'Open' in the **Status** list.

Figure 8.1: Beneficiary Search

2. Click Case-Details (*Figure 8.1*). The Beneficiary Management page displays (*Figure 8.2*).

Figure 8.2: Beneficiary Management

3. Click the **Disenrollment** tab (*Figure 8.3*).

Figure 8.3: Disenrollment

4. Enter the *Disenrollment Date*.
5. Select the *Disenrollment Reason*.

6. Select the ***Inactivity Period*** if appropriate; required if ***Disenrollment Reason*** is 'Temporary Suspension'.

7. Enter a detailed ***Comment*** about the disenrollment.

8. Click <u>Disenroll</u>. The "Beneficiary Disenrolled successfully." message displays.

9 Generating Reports

The MIC application offers a variety of reports, including 'Active Enrollees by Month' and 'Enrollments Pending'. The application also offers the 'Potential Monthly Recoupments' report and the 'Provider Mismatch' report.

Complete the following steps to generate reports:

1. Perform the steps in 1.3 Accessing the MIC Application.

Figure 9.1: Home – Reports

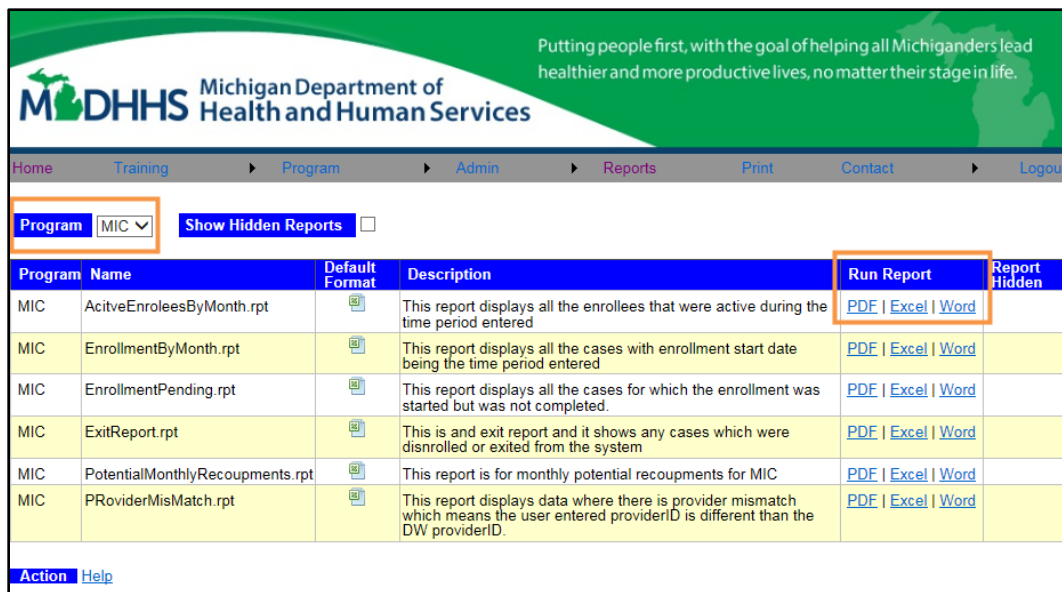2. Select **Reports** in the main menu (*Figure 9.1*). The Reports page displays (*Figure 9.2*).

Figure 9.2: Reports

3. If necessary, select 'MIC' in the **Program** list. The application displays only MIC reports.
4. Click PDF, Excel, or Word beside the report (each report can be generated in multiple formats). The parameter page displays (*Figure 9.3*).

Figure 9.3: Example report parameters

5. Enter the required information per the parameter prompts.

Note: For parameters, a value of 'undefined' equals 'all' (per user's security access).

6. Click Generate Report. The Report Disclaimer displays (*Figure 9.4*).

Figure 9.4: Report Disclaimer

7. Review the Report Disclaimer and click Agree. The report displays in a separate window (*Figure 9.5*).

Figure 9.5: Example report

8. Follow standard procedures to save and/or print the report.

Note: If running multiple reports, *it is important to close the Report Disclaimer window after running each report (by clicking Cancel)*. If left open, it may adversely affect the generation of additional reports.

10 Performing MIC Administrative Functions

The **MDHHS Administrator** role has the ability to manage MIC administrative functions. MIC administrative functionality includes user assignments and case transfers. Please reference the **Waiver Support Application Administrative Functions** training manual for instruction regarding general WSA administrative functions.

10.1 Managing User Assignments

In the MIC application, a user's security role defines *what* they can access, while the user's assigned organization defines *who* they can access.

Complete the following steps to manage user assignments:

1. Perform the steps in 1.3 Accessing the MIC Application.

Figure 10.1.1: Admin – MIC – MIC User Assign

2. In the **Admin** main menu, select **MIC > MIC User Assign** from the sub-menu (*Figure 10.1.1*). The User Assignment page displays (*Figure 10.1.2*).
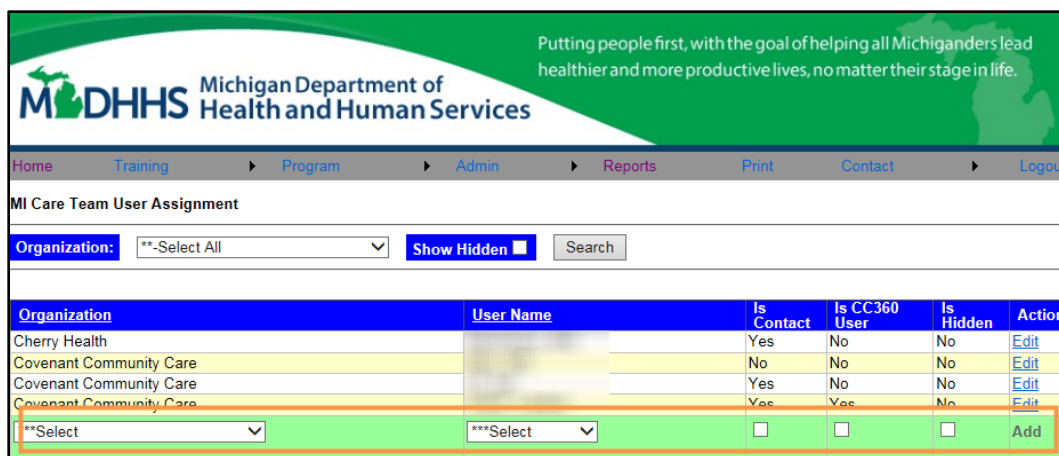

Figure 10.1.2: User Assignment

3. To assign a user to an organization:

   a. In the bottom (green) row, select the ***Organization*** to which the user is assigned.

   b. Select the ***User Name***.

   c. If the user is a contact for their organization, select the ***Is Contact*** check box.

   d. If the user is also a CareConnect360 user, select the ***Is CC360 User*** check box.

   e. Click **Add**.

Figure 10.1.3: User Assignment

4. To update an existing user assignment:

   a. Click Edit beside the record (*Figure 10.1.3*). The associated check boxes become enabled (*Figure 10.1.4*).

Figure 10.1.4: User Assignment – Edit mode

   b. Select or deselect the ***Is Contact*** check box as appropriate (checked = Yes).

   c. Select or deselect the ***Is CC360 User*** check box as appropriate.

   d. If the user is no longer assigned to the organization, select the ***Is Hidden*** check box.

   e. Click **Save**.

10.2 Managing Case Transfers

Complete the following steps to transfer a case:

1. Perform the steps in 1.3 Accessing the MIC Application.

Figure 10.2.1: Admin – MIC – MIC Case Transfer

2. In the *Admin* main menu, select *MIC* > *MIC Case Transfer* from the sub-menu (*Figure 10.2.1*). The Case Transfer page displays (*Figure 10.2.2*).

Figure 10.2.2: Case Transfer

3. Search for the case by entering the *Case Id* or *Beneficiary Id*, and/or by selecting an *Organization*.
4. Click **Submit**. Matching results display (*Figure 10.2.3*).

Figure 10.2.3: Case Transfer

5. Click Transfer Case beside the case to be transferred. The Case Transfer History page displays (*Figure 10.2.4*).

Figure 10.2.4: Case Transfer History

6. Select the ***Organization*** to which the case is being transferred.

7. Enter the date the transfer is to occur in the ***Begin Date*** field.

> *Note*: The ***End Date*** defaults to 12/31/9999, but can be updated as necessary.

8. Enter a detailed ***Comment*** regarding the case transfer.

9. Click **Add**. The "Are you sure you wish to add the data?" message displays.

10. Click **OK**. The original organization's ***End Date*** updates to one day prior to the transfer organization's ***Begin Date***.