

Question & Answer (Q&A): Innovations in Member Engagement in Rural Areas

Webinar participants asked these questions during the *Innovations in Member Engagement in Rural Areas* webinar held on November 27, 2018. We have edited speakers' responses for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

[https://resourcesforintegratedcare.com/MemberEngagement/2018 ME Webinar/Rural Health](https://resourcesforintegratedcare.com/MemberEngagement/2018_ME_Webinar/Rural_Health)

Featured Webinar Speakers:

- Teresa Cumpton, Regional Rural Health Coordinator, CMS Seattle Regional Office
- Jamie Hanes, Clinical Service Assistant Manager for Case Management, Upper Peninsula Health Plan (UPHP)
- Jen Bundy, RN, MSN, Director of Care Management and Elizabeth Warfield, RN, Manager of Special Needs Plan Care Management, PrimeWest Health

Case Management

Q1: What is a typical caseload for case/care managers?

Jamie Hanes: A typical caseload for UPHP care managers assisting our dually eligible members is one care manager to 250 members. If a care manager has a caseload with many members in high risk categories, the ratio may be slightly lower.

Elizabeth Warfield and Jen Bundy: PrimeWest Health county case managers typically have caseloads of one case manager to 50 members living in the community or one case manager to 75 members living in skilled nursing facilities.

Q2: Do you have any issues with UPHP case management services overlapping with services provided by community organizations? If so, have you found ways to reduce overlap?

Jamie Hanes: UPHP care managers diligently monitor for overlap of services provided by community organizations and work with service providers to ensure that there is no duplication of services and no gap in care. UPHP's initial member assessment includes a question aimed at identifying services that the member is already receiving. In addition, we use claims data and service notification requirements to identify service utilization (e.g., home health services, hospice services), which also assists the care manager in determining any potential overlap or gaps in care.

Q3: What licensure or certification do you require for case/care managers?

Jamie Hanes: We require all care managers working with UPHP’s dually eligible population to be either a Michigan licensed registered nurse, a licensed nurse practitioner, a licensed physician’s assistant, a licensed social worker with a bachelor’s degree, a limited license social worker with a master’s degree, or a licensed social worker with a master’s degree.

Elizabeth Warfield and Jen Bundy: All of PrimeWest Health’s case managers are registered nurses or social workers. Some social workers currently working as case managers went through the merit system, and so are unlicensed, but we currently only hire licensed social workers.

Partnerships with Community-Based Organizations and Primary Care Providers

Q4: Can you describe UPHP’s partnership with your local Area Agency on Aging for care management?

Jamie Hanes: UPHP contracts with the Area Agency on Aging (AAA) because of their strong established presence in the 15 Upper Peninsula counties where our members live. The AAA is also well versed in home- and community-based services and manages programs similar to the ones we offer. UPHP works in tandem with the AAA case managers. Their case managers often help UPHP identify members’ needs and build case plans with members.

Q5: Do you run into HIPAA compliance issues when reaching out to primary care providers to connect with a member?

Jamie Hanes: We do not run into HIPAA compliance issues when UPHP does outreach to the primary care provider listed in the enrollment file. Communication with members’ primary care providers is included as a core health care activity within HIPAA’s Treatment, Payment, and Health Care Operations definitions.¹

Q6: What recommendations can you share with other plans looking to engage with community-based organizations serving older adults?

Teresa Cumpton: I would recommend starting with an introductory call with the county director or supervisor of the county aging department to explain your goals in meaningfully engaging members. Plans may also want to reach out to Senior Health Benefit Programs (SHIPs) or Statewide Health Insurance Benefit Advisors (SHIBAs) to explain the benefits of the plan for

¹ For more information on Treatment, Payment, and Health Care Operations, please see the Department of Health and Human Services Guidelines at <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html>

dually eligible beneficiaries. While SHIP and SHIBA volunteers do not advise people about specific plans to choose, they support each person to make an informed enrollment decision. Retired Senior Volunteer Programs (RSVPs) are groups that also make good partners. Linking with the local chapter in a county or state and making an introduction may be helpful. The focus of their work is different in each area, and may include health or financial issues. You can learn more at this link: <https://www.nationalservice.gov/programs/senior-corps/senior-corps-programs/rsvp>.

Transportation

Q7: How do you recruit volunteer drivers? How do you vet drivers?

Jamie Hanes: At UPHP, our transportation department is in-house. We advertise through the local papers, word of mouth, and social media to recruit volunteer drivers. When they apply, volunteer drivers complete a driver packet, which includes a background check.

Jen Bundy and Elizabeth Warfield: PrimeWest delegates the recruiting and vetting of volunteer drivers to county transportation coordinators.

Q8: Do you contract with outside transportation or ride share companies such as Uber or Lyft?

Jamie Hanes: Due the rurality of our service area, Lyft and Uber services are not available. We work with local transportation services and taxi services to provide members with transportation.

Jen Bundy and Elizabeth Warfield: Similar to Upper Peninsula, we do not contract with ride share companies due to the rurality of our service area.

Q9: How do you reimburse volunteer drivers?

Jamie Hanes: Under Medicaid non-emergency transportation benefits, UPHP reimburses drivers at the current Michigan Department of Health and Human Services rate.

Jen Bundy and Elizabeth Warfield: PrimeWest reimburses volunteer drivers at the IRS mileage reimbursement rate. We also reimburse for “no load” miles, which are miles traveled without a passenger to and from picking up and dropping off a member.

Other Topics

Q10: How do you address literacy or language barriers for outreach materials?

Jamie Hanes: We write all our correspondence at a sixth grade reading level. Our standardized

letters go through literacy checks to ensure all our members can understand the materials.

Jen Bundy and Elizabeth Warfield: We run our correspondence through literacy checks as well, and we write all materials at a seventh grade reading level or below. Our Communications team also reviews all member communications to make sure we are using the most accessible language possible in terms of word choices, sentence and paragraph length, overall structure (e.g., helpful headers), organization, and avoiding jargon.

Q11: Can you elaborate on some of the strategies plans and providers can use for honoring members' voices?

Teresa Cumpton: It is essential to listen to members and their families and seek to understand their experiences. To do so, it is important to learn about cultural differences. For example, if you are working with American Indian or Alaskan Native populations, it is important to understand the health care environment in their tribal community and how it may be different from care environments outside the tribal community. Learning about the culture, visiting the community, and meeting people can provide context for better understanding members' experiences.