

# The Minnesota Initial Refugee Health Assessment

In Minnesota, the *Minnesota Initial Refugee Health Assessment* exam fulfills the requirements for the Domestic Refugee Health Assessment described in the “Refugee Health Program” section. This exam differs significantly from the medical examination completed overseas in both its purpose and scope. The overseas examination is intended to identify medical conditions which will exclude a person from coming to the U.S. The domestic refugee health assessment is designed to reduce health-related barriers to successful resettlement, while protecting the health of Minnesota residents and the U.S. population.

The overseas examination is typically valid for up to six months, if there are no Class A or Class B TB conditions, so there is potential for a lengthy lag period between medical clearance and arrival in Minnesota. The possibility exists for an individual to develop medical conditions, such as active tuberculosis, after the overseas exam, which may remain undetected until the *Minnesota Initial Refugee Health Assessment* is administered.

Obtaining the results of this health assessment on new refugees is crucial to the development of appropriate public health responses to health issues. For example, when the Minnesota Department of Health (MDH) determined that a large number of Somali refugees were arriving with positive TST results, the MDH Tuberculosis Program sought and obtained funding to create a video about TB in Somali.



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# Components of the Minnesota Initial Refugee Health Assessment

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As the previous section described, every state that resettles refugees designs the parameters for its state refugee health examination. The components of the examination in Minnesota, based upon the recommendations of the Immigrant and Nationality Act of 1980 and the Revised Refugee Medical Screening Guidelines issued in 2012 by the Office of Refugee Resettlement, include:

- Health history and physical examination, including nutritional and growth assessment, pregnancy
- Immunization assessment and update
- Tuberculosis screening
- Hepatitis B screening and vaccination
- Intestinal parasites screening and/or presumptive treatment
- Sexually transmitted diseases screening, including HIV
- Malaria screening, if history or symptoms warrant
- Lead screening for children age 17 years and younger
- Complete blood count with differential
- Assessment and referral for other health problems, including dental, vision, and mental health

Also, consider these general lab tests:

- Glucose and serum chemistries
- Urinalysis

Any board-certified health care provider in Minnesota can perform this examination and document findings on the *Minnesota Initial Refugee Health Assessment* form. When completed, this form should be returned to the local county public health department. Providers who perform the *Minnesota Initial Refugee Health Assessment* within the first 90 days of the refugee's arrival can receive reimbursement from MDH providing no other source of reimbursement is available, as described later in this section.

A copy of the *Minnesota Initial Refugee Health Assessment* and instructions for completing it are found in the appendix at the end of this chapter. In addition, the chapters that follow describe each section of the *Minnesota Initial Refugee Health Assessment* in detail.

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## Special Considerations: Children and Cultural Differences

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When performing a history and physical exam on refugee children, it is important to remember that they will have the same level of fear and anxiety encountered in U.S. children of the same ages. Attention should be paid to reassuring and calming the child as best as possible during the exam. In addition, because refugee children are at high risk for developmental delay and behavioral issues, the provider should incorporate an assessment of the child's developmental stage using standardized historical and exam milestones, such as the Denver Developmental Screening Test, whenever possible. Lastly, it is known that refugee children have a high prevalence of malnutrition and growth retardation. Providers should use standardized growth charts and refer families to WIC and other nutritional support programs as needed.

During the exam, providers should be considerate of refugees' cultural and religious beliefs and accommodate them as much as possible. For example, an Islamic woman may not wish to be examined by a male physician. If using interpreters, bear in mind that the gender of the interpreter should similarly be considered. Interpreters of the opposite gender from the patient may need to stand behind a curtain or screen, and in some instances the patient may not speak freely in front of an interpreter of a different gender.



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## Reportable Diagnoses

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Minnesota law requires that physicians, health care facilities, and laboratories report certain diseases to the Minnesota Department of Health. A copy of this law, the requirements for reporting, and the form used to report are included in the appendix at the end of this section. For more information about mandatory reporting or to report a case, call 651-201-5414 or 877-676-5414 (toll free) or contact MDH by fax at 1-800-311-9194.

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## Reimbursement for the Minnesota Initial Refugee Health Assessment

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Several methods of reimbursement are available to refugees and providers to cover the cost of the *Minnesota Initial Refugee Health Assessment*.

### Straight Medical Assistance (MA) or Pre-Paid Medical Assistance (PMAP) Program

Most refugees are eligible for state-sponsored medical assistance programs and are often tracked into managed care plans through PMAP. Clinics and health care providers may seek reimbursement for the initial health screening, including immunizations.



- For refugees with straight MA, bill each service provided as you would for any other MA patient.
- Managed-care enrollees must receive services from designated providers who are in their health plan network. Providers are encouraged to verify individual eligibility and health plan enrollment status by calling the Eligibility Verification System (EVS) at 651-282-5354 in the Twin Cities metro area, or outside the metro area, at 800-657-3613, or by using MN-ITS, which is the DHS online billing system.
- A guide to utilizing services for managed care plans serving refugees is found in the appendix at the end of this section.

## Minnesota Department of Health Refugee Health Program Flat Fee Reimbursement

MDH offers a flat fee reimbursement (\$505.32 per assessment) to health care providers performing the *Minnesota Initial Refugee Health Assessment* exam for refugees who do not have health care coverage for these services. This fee is contingent upon refugees being seen for the exam within 90 days of arrival to the U.S. The reimbursement rate is based on Medicaid-approved laboratory and examination rates and provides partial payment for interpreter services incurred as part of the assessment.

### To access the flat fee reimbursement, the provider should:

- Verify with the MDH Refugee Health Program (651-201-5414 or 877-676-5414) that the patient is a primary refugee, has lived in the U.S. less than 90 days, has not had a health assessment, and does not qualify for MA.
- Conduct the exam and document findings on the *Minnesota Initial Refugee Health Assessment* form.
- Submit the completed *Minnesota Initial Refugee Health Assessment* form to the local public health department and check on the form that you will be requesting flat-fee reimbursement, as shown in the example below.
- Contact the Refugee Health Program by phone (651-201-5414 or 877-676-5414) to arrange an annual plan agreement between MDH and your clinic for the reimbursement.

#### How will your clinic be reimbursed for this screening?

Straight MA or PMAP (specify health plan): \_\_\_\_\_

Private third party payer No Insurance

Other (specify): \_\_\_\_\_ Flat Fee\*

\*A flat fee reimbursement is available to clinics that screen refugees without health insurance. Must be a primary refugee, screened within 90 days of arrival, and with complete exam. Call (651) 201-5414 for more information. Revised 03/11

# The Role of Voluntary Resettlement Agencies and Mutual Assistance Associations

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The U.S. Department of State has cooperative agreements with voluntary resettlement agencies (VOLAGs) to deliver refugee reception and placement services. Thus, all primary refugees will have a sponsoring organization working with them upon arrival to Minnesota. The local affiliates of national VOLAGs are responsible for refugee resettlement throughout the state as well as assisting refugees in achieving self-sufficiency. VOLAG staff work with all newly arriving refugees on issues such as employment, English-language training, health service referrals, and housing. A complete listing of VOLAGs in Minnesota can be found in the “Refugee Health Program” section, appendix 1:E. These agencies are located in the Twin Cities and may or may not have community-based chapters outside of the metropolitan area.

A broad range of Mutual Assistance Associations (MAA) exist in Minnesota. These are programs created by immigrants and refugees to provide an array of social and support services for people from their own country. State-sanctioned MAAs receive limited funding from both the federal and state governments.

## The Role of Local Health Departments

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The following steps summarize local county health departments’ roles and responsibilities in assuring that new refugee arrivals receive the *Minnesota Initial Refugee Health Assessment*.

### Locate new arrivals

Upon receipt of refugee arrival forms from MDH or the VOLAG, contact the refugee or sponsor by phone to explain that the initial health assessment is strongly recommended for their own personal health and well-being, as well as for public health concerns.

- If phone contact fails, contact the local sponsor, DHS, or VOLAG resettlement case manager to assist in locating the new arrival. The identified VOLAG maintains a file for each refugee they help resettle, including a current address and phone number.
- If the refugee has moved out of the agency’s jurisdiction before they are screened,

write their new address and phone number (if available) on the MDH Refugee Health Assessment Outcome Report. A sample is included in the appendix at the end of this section.

- If the forwarding address is known, mail the entire packet to the LPH refugee contact in the appropriate county (get the contact name and address from MDH) and send the outcome form to MDH stating what has been done.
- If the forwarding address is unknown, return the outcome form to MDH stating that the refugee has moved to an unknown location.
- Mail all completed forms to the Refugee Health Program at MDH within three months of the refugee's arrival.





### Assist refugees in accessing health assessment

- Determine the new arrival's health coverage. Many have Medical Assistance (through state-sponsored programs such as PMAP) or other coverage. Health screening costs may be covered by a health plan. If there is no insurance coverage and the exam is completed within 90 days, the clinic may apply for MDH flat-fee reimbursement for the exam (see page 2:5).
- Assess what the new arrivals may need to present for the appointment and collaborate with the identified VOLAG/sponsor and health plan to provide assistance as indicated (e.g., information concerning clinic location, transportation arrangements, interpreter services, if necessary). Make sure the refugee/sponsor has copies of all pertinent medical forms to take to the clinic, especially any record of immunizations or Class A or B tuberculosis information.

### Assist in educating medical providers concerning current refugee health assessment protocols

- Determine if the medical provider assigned to the new arrival is aware of current refugee health screening protocols.
- Provide the medical provider with a copy of the MDH *Minnesota Initial Refugee Health Assessment* form, which includes testing recommendations for screening.

### Verify completion of the Minnesota Initial Refugee Health Assessment form

- Ask the health care provider to return the completed form to the LPH agency.
- Review the returned form for completion and determine if any follow-up is needed on the part of the LPH agency (e.g., TB treatment, follow-up on pending lab results, immunizations).

### Submit Minnesota Initial Refugee Health Assessment Form to MDH

- Send completed assessment forms to the Refugee Health Program at MDH within one week of receipt from the medical provider; or
- Enter data into MDH's electronic online database (eSHARE), if your facility has rights for remote access.
- If the assigned clinic has not returned the screening forms, call the clinic staff to verify that the screening was done and remind them to send completed forms to the LPH agency.