

All Products



Auditors Corner: Transition of Care (TOC) medication review

Has a medication review been completed with member?

Medication review and medication therapy management (MTM) have been proven to improve transitions of care. These services assist in building an accurate and safe medication profile as a member moves across settings. Medication reviews are especially important for members taking multiple medications and seeing multiple providers. As you know, transitions can be stressful and are often unplanned. It is possible that a member may not have shared some of their medications or inaccurately reported dosages or other details. Multiple medication changes during hospitalizations can be confusing to members, caregivers, and providers and may lead to medication errors.

Transitions of care have also been associated with increased likelihood of polypharmacy when medications are continued that are no longer indicated, therapeutic drug duplication, risk of adverse drug reactions, and poor adherence related to complexity of a medication plan. Medication reviews are an opportunity to identify and address these concerns. Medication review is Win-Win-Win for the Member and Medica.

Care Coordinator (CC) Responsibility:

- ✓ Determine if a medication review has been completed with the member.

Suggested conversations:

- ✓ Has someone reviewed your medications with you since your discharge?

Potential CC Action:

- ✓ Assist member in contacting pharmacist or Primary Care Physician (PCP) to review medications.
- ✓ Encourage members to bring in ALL meds to medication reviews and PCP visits.
- ✓ Assess need for referral to home health services for initiation of home care nurse for medication management.
- ✓ Assess the need for referral for Medication Therapy Management Services (MTM) to review safety/effectiveness of medications as well as identify and reduce medication problems.
 - ✓ Minnesota Senior Care Plus (MSC+) /Special Needs Basic Care (SNBC) members without Medicare
 - MTM is provided by a Department of Human Services (DHS) Minnesota Health Care Programs (MHCP) credentialed provider or DHS credentialed MTM pharmacist.

- The member calls a Medica participating pharmacy to make an appointment to meet with a pharmacist.
 - The member brings their Medica ID card along with all their prescription medications, over the counter (OTC) medications, and herbals/supplements.
 - The pharmacist reviews the medications with the member to identify any areas of concern, duplication, and cost savings for the member.
 - Only pay for 1 per year, can't be institutional.
- ✓ If member resides in nursing facility or residential services, nursing staff at facility should complete a medication review upon return to the facility.
 - ✓ All Minnesota Senior Health Options (MSHO)/Integrated Special Needs Basic Care (I-SNBC) members with Medicare
 - If a member has complex health needs and meets eligibility criteria, MTM may be provided through their Medicare Part D benefit. These members are automatically enrolled in this program by Medica. There is not an option for the CC to create a referral for MTM services for members that have Medicare.
 - ✓ Assess need for referral for additional services/supports to address barriers (arranging transportation)

A personal Medication List Template is available at: https://www.medica.com/-/media/Documents/Pharmacy/Medicare/Personal-Medication-List.pdf?sc_lang=en&hash=F331607EDDF8985548CFAB11E531917A

If you have questions about Medica's Transition Process, please reach out to your auditor or email MedicaSPPRegQuality@Medica.com

Community engagement team - July planned events

Our County and Community Engagement Team is excited to sponsor and participate in community events throughout Minnesota. Below is a list of upcoming events.

- 7/9/2024: **Farmer's Market** (Crystal)
- 7/10/2024: **CEAP Farm Fresh Wednesdays** (Brooklyn Center)
- 7/11/2024: **CAPI Fresh Produce Distribution** (Brooklyn Center)
- 7/13/2024: **Hmong Community Parks Day** (Brooklyn Center)
- 7/16/2024: **People Inc. Community Conversation Panel** (St. Paul)
- 7/17/2024: **CEAP Farm Fresh Wednesdays** (Brooklyn Center)
- 7/18/2024: **Farmer's Market** (Brooklyn Center)
- 7/24/2024: **CEAP Farm Fresh Wednesdays** (Brooklyn Center)
- 7/24/2024: **Farmer's Market** (Brooklyn Center)
- 7/25/2024: **CAPI Fresh Produce Distribution** (Brooklyn Center)
- 7/27/2024: **V-Fest Live Your Best Life Health Fair** (St. Paul)
- 7/30/2024-8/1/2024: **MinnCAP Conference** (Duluth)
- 7/31/2024: **Resiliency Conference** (Monticello)

We always welcome referrals for events happening in your community (metro or regional!) that we may sponsor or participate in – please let us know. If you are at one of these events, please stop by to say hello! Contact us at communityengagement@medica.com

Date of Death (DOD) Report is now posted on the **Care Coordination HUB**

Department of Human Services (DHS) pilot program: **Complex Transition Team**

The Complex Transitions Team at DHS supports Medicaid recipients who might benefit from DHS technical assistance to move from hospital or other institutional settings back into the community. The DHS team connects with subject matter experts across departments and divisions within the state to be a single point of contact for people who need to navigate the supports available through DHS.

The Complex Transitions Team technical assistance is not a substitute or waiver of requirements, nor a substitute for regular communication channels and processes.

The hospital must continue to collaborate with the lead agency, Care Coordinator and the support team working with the member.

Currently, the only way a member can be referred into this program is by one of the hospitals currently participating in the pilot. Care Coordinator cannot make referrals into this program.

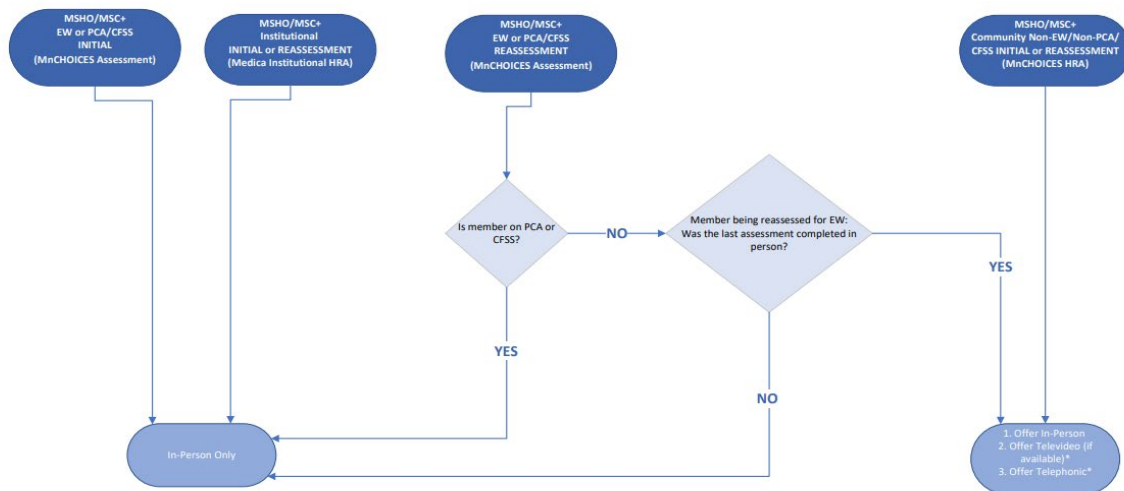
Care Coordinators who have a member referred into this program may hear from the DHS Complex Transition team when collaboration is needed. We ask that you fully collaborate with this team to support the members discharge back into a community setting.

In-Person Assessment Guidelines

For all members, first step is to offer in-person visit. Always document the assessment method, including if the member declined to meet face-to face.



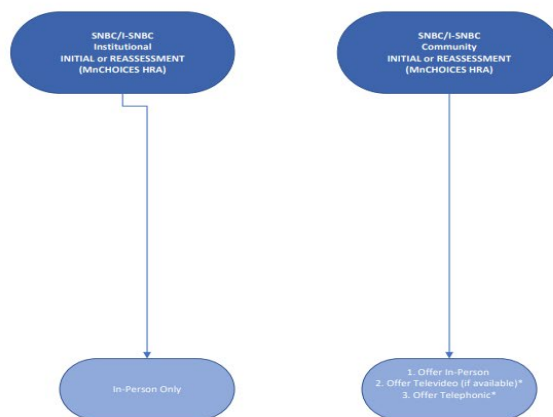
MSHO AND MSC+ ASSESSMENT METHODS



*Annual in-person visit requirement applies to MSHO EW members even if a remote reassessment is permitted in a given year. Also, Care Coordinators must document the assessment method, including the member's refusal to complete the assessment in-person, if applicable

See Medica's MSHO/MSC+ Assessment Schedule Policy for Additional Guidance

SNBC and I-SNBC ASSESSMENT METHODS



*Care Coordinator must document the assessment method, including the member's refusal to complete the assessment in-person, if applicable
See Medica's SNBC/I-SNBC Assessment Schedule Policy for Additional Guidance

July is Ultraviolet (UV) Safety Awareness Month



July is recognized as a UV safety awareness month and serves as a reminder that exposure to ultraviolet rays is the most important preventable risk factor for skin cancer period.

Exposure to ultraviolet rays is the most important preventable risk factor for skin cancer. UV rays come not only from the sun but from sun lamps and tanning beds. There are two types of UV rays that can reach and damage your skin: UVA and UVB.

How you can help reduce your risk of skin cancer:

- Minimize your exposure to the sun between 10:00 AM and 4:00 PM; The hours when UV rays are the strongest apply a generous amount of sunscreen before you go outside.
- Use a water-resistant broad-spectrum sunscreen with a sun protection factor or SPF of at least 30.
- Reapply sunscreen every two hours even on cloudy days period reapply after swimming or sweating.
- Wear clothing that covers your body and shades your face. Wear a long sleeve shirt, pants, and a wide brimmed hat. Hats should provide shade for the face, ears, and back of the neck.
- Wear sunglasses with a UV coating. This will reduce the amount of UV rays that reach the eye and protect your eyelids and the eye itself.
- Don't use sun lamps or tanning beds.

Medica Sales Team

If you have members interested in enrolling in one of our plans or changing to one of our dual products, please contact our sales team.

Will assist with:

- General questions, such as enrolling in Medica.
- Changing Plans (ex. MSC+ to MSHO or SNBC to ISNBC)
- Plan benefit overview
- Verifying providers and medications

Contact: MedicaCCPSales@medica.com (Email box is monitored during all business hours) or 1-866-538-5608

MnCHOICES FINAL PHASE Begins July 1st

On Monday, July 1, 2024, DHS will start Phase 4 (the final transition period) of the extended partner-advised rolling launch of the revised MnCHOICES application, which DHS first announced in the **Nov. 9, 2023, eList**.

Phase 4 (final transition period)

This phase is scheduled to run from July 1 to Sept. 30, 2024, during which lead agencies should:

- Have **100%** of staff members conduct **all** work in MnCHOICES revision.
- Finish all existing assessments and support plans in legacy systems by Sept. 30, 2024.

MnCHOICES 1.0 assessments and support plans not completed by Sept. 30, 2024, will not migrate to MnCHOICES revision.

Effective Oct. 1, 2024, legacy systems, including MnCHOICES 1.0, will no longer be available.

MnCHOICES Resource Update

The Medica Care Coordination Assessment Reference Guide has been updated and posted on the Care Coordinator Hub under **MnCHOICES Resources**. We received clarification from the Department of Human Services (DHS) that a 05 Document Change entry in the Medicaid Management Information System (MMIS) is only required for Elderly Waiver (EW) members. For all other members, no MMIS entry is needed when completing a Transfer Health Risk Assessment. We have also removed the requirement of attaching Transition of Care (TOC) Logs and the Institutional Assessment in MnCHOICES to align with other Managed Care Organizations (MCOs). Policy updates are forthcoming.

MnCHOICES Webinar Training

Department of Human Services (DHS) sent out the **Ageing and Adult Services Division (AASD) and Disability Services Division (DSD) weekly updates on 6/18/24** to include this MnCHOICES Webinar

announcement. We would encourage Care Coordinators or certified assessors looking to enhance their support planning skills to attend these.

Reminder: Webinar announcement: Advancing Your Skills: Enhancing Support Plans

- **Audience:** Lead agency staff who use the MnCHOICES Support Plan, including waiver case managers, care coordinators and certified assessors
- **Event dates:** June 26, Sept. 25 and Dec. 18, 2024
- **Summary:** DHS plans to hold quarterly webinars that focus on advanced topics related to support planning.

Non-Emergency Medical Transportation (NEMT) Claims

If you are hearing communication from Medica’s contracted NEMT providers about billing/claims please email a Transportation Coordinator at provideroversight@medica.com with the name of the provider, any specific details regarding billing/claims and whether or not you need assistance with scheduling a ride (include member name, DOB and ride details) and a Transportation Coordinator will reach out to the provider.

Non-Emergency Medical Transportation (NEMT) Referrals

It is our goal to ensure we have the best and most available NEMT providers in all MN Counties. We are overcoming capacity challenges the best that we can by continuing to add new or re-contract with previous providers. In 2023 we added 12 new NEMT providers and in 2024 we are in the process of reviewing 20+ NEMT applications – this is exciting, but we still need your help. Please continue to forward all NEMT referrals to provideroversight@medica.com with provider name, contact name and phone # and email address. Thank you for your partnership in helping members by getting transportation to and from their appointments and EW services.

Policy change to allow waivers and Alternative Care (AC) to stay open for 30 days during incarceration

Effective June 11, 2024, DHS updated policy to allow a person’s waiver or Alternative Care (AC) program to remain open for 30 days when they have been incarcerated temporarily. Before this policy change, lead agencies were required to close the waiver/AC as of the date of incarceration.

For more information and instructions, refer to [CBSM – Temporary waiver exits and restarts: MMIS actions](#).

Spenddowns and Elderly Waiver (EW) obligations

Spenddowns

- Can apply to Minnesota Senior Health Options (MSHO), Special Needs Basic Care (SNBC), and Integrated Special Needs Basic Care (ISNBC) members depending on their individual financial situation.
- Department of Human Services (DHS) manages Spenddown process, and member communications around Spenddowns.
- The Spenddown amount is paid to DHS each month, members with 3m of nonpayment will be removed from Managed Care enrollment and be moved to Fee for Service (FFS) Medicaid.

- Care Coordinators are expected to play a role in educating members related to Spenddowns when questions arise.
- Medica communicates to Care Coordinators when members have not paid their spenddown, based on reports received from DHS.
- DHS is working on further refining the reports sent to Medica, and the materials members receive around Spenddowns.
- Members may be eligible for Medical Assistance (MA) with a spenddown if they meet all the following criteria: They have met all other MA eligibility criteria, their net income exceeds the applicable MA income standard, and their incurred and ongoing medical expenses are equal to or greater than their spenddown.
- MSC+ members with spenddowns are not enrolled into Managed Care Organization (MCO) plans and can be disenrolled if they acquire a spenddown.
- MSHO, SNBC and ISNBC Members who acquire a spenddown while already enrolled can remain if they continue to pay their spenddown.
- DHS resources provided to members: DHS edoc 5525 [MSHO/ Minnesota Senior Care Plus (MSC+)] and DHS edoc 5373 (SNBC)

Elderly Waiver Obligations

- For our members, this applies only to MSHO and MSC+ members and is dependent on their individual financial situation.
- The Elderly waiver obligation amount is due to the provider, but only after the provider has submitted a claim to Medica and is told to collect a certain amt from the member to meet the EW obligation the member has.
- DHS provides Medica a report each month of members with an EW obligation which is loaded into our claims system.
- **EW enrollees with a waiver obligation who are enrolled in a managed care plan cannot use the designated provider option.**

Success Stories

Reminder to submit your care coordinator success stories to the MedicaCCSupport@Medica.com email box at any time. We want to hear about the good work you are doing with your members and share it with others. Please share your successes!

Upcoming meetings & trainings

Care Coordination Quarterly Meeting for all products via Microsoft Teams

Tuesday September 3, 2024, from 9 AM to 10:30 AM

Tuesday December 3, 2024, from 9 AM to 10:30 AM

MnCHOICES Office Hours (No call-in session in July)

DTR Lunch & Learn - date to be announced.

DME/T2029 Lunch and Learn - Wednesday July 31, 2024, from 12 Noon to 1 PM

Minnesota Senior Health Options (MSHO) + Minnesota Senior Care (MSC+)

Community-Based Services Manual (CBSM) Environmental accessibility adaptations (EAA) Guide Updated

On May 28th, DHS announced updates to the CBSM made in April including a comprehensive review of the **CBSM – Guide to home modifications under the environmental accessibility adaptations (EAA) service** and clarified information throughout the page.

Please thoroughly review this guide before authorizing any EAA home modifications.

If you have any questions or need to consult on EAA home modifications, please contact the Clinical Liaisons at MedicaCCSupport@Medica.com.

Minnesota Department of Human Services (DHS) Community First Services and Supports (CFSS) Online Training

DHS CFSS training on DHS Trainlink

On Oct. 1, 2024, DHS plans to begin CFSS implementation. People who receive services will transition from PCA or CSG to CFSS during their regularly scheduled annual reassessment. For more information, refer to **DHS announces CFSS implementation timeline**.

DHS has developed an online training available on **Trainlink**, for Lead Agency staff. This training provides a general overview as well as more detailed information about the CFSS program. Please review this training and familiarize yourself with the CFSS program and the flexible options it offers to meet the needs of members.

Course Code ▲	Course Name
CFSS_LA	COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS) FOR LEAD AGENCIES

You can find additional information about CFSS on the DHS CFSS website:

[Community First Services and Supports / Minnesota Department of Human Services \(mn.gov\)](https://www.dhs.gov/minnesota-department-of-human-services)

We will notify you when additional training becomes available.

Durable Medical Equipment – Air Conditioner/Lift Chair/Walker

Air Conditioner coverage: Authorization can be requested for any piece of medical equipment, supply, prosthetic, or orthotic that is considered a typically noncovered item, however, the item must be medically necessary. Refer to **Authorization requests for typically noncovered items** for criteria and

instructions. The following list of items are not typically covered because they meet one of the criteria under noncovered services.

- **Air Conditioner PCP Support Letter**

Lift Chair: Lift chair is covered once every 5 years. A lift chair is a combination of the chair and the lift mechanism. Only lift mechanism (E0627) is covered under Medicaid or Medicare. The elderly waiver would be needed for recliner/furniture portion of the chair. The member must have severe arthritis of either the hip or knee or have severe neuromuscular disease to qualify under Medicare or Medicaid for the lift mechanism. If the member assessment determines the needs for a lift chair but the member does not meet the criteria for the lift mechanism to be covered under Medicare/Medicaid, the cost of both the chair and lift mechanism can be billed under the waiver. It covers the usual and customary cost for a basic model to meet member assessed medical need. Coverage is for the most cost-effective chair to meet assessed need and not items of convenience or comfort such as heat, massager, leather upholstery, etc.

Walkers: Medica will cover a walker for members who are unable to ambulate to 1 or more location locations they routinely access due to a temporary or permanent medical condition. CC needs to refer to Durable medical equipment (DME) grid to obtain appropriate Healthcare Common Procedure Coding System (HCPCS) codes for the walker type and medically necessary attachments. Coverage includes 1 walker every 5 years. The appropriate walker type based on the member assessed need should be determined and ordered by a medical professional. It covers the usual and customary cost for a basic model to meet member assessed medical need. Coverage is for the most cost-effective walker versus member preference.

Enhanced Personal Care Assistance (PCA) Rate Reminders:

Enhanced rate PCA is a higher reimbursement rate for work that is both:

1. Provided to a person who is eligible for 10 or more hours per day of state plan PCA and/or has the home care rating EN **AND**
2. Provided by a worker who has completed qualifying trainings.

DHS PCA Manual Enhanced PCA rate includes details about the enhanced rate and the qualifying training requirements.

It is the Care Coordinators responsibility to notify the member if they qualify for the enhanced PCA rate at their initial and reassessments. It is the responsibility of the PCA provider to only bill the enhanced rate (T1019 TG) when both the member and the PCA meet the DHS criteria.

Members who are assessed at 10 hours or more a day, per the Supplemental PCA Assessment (DHS 3428D) or MnCHOICES Revised assessment, but are receiving less PCA than assessed, would still qualify for the enhanced PCA rate. Extended PCA hours do not count toward eligibility for the enhanced rate. If a member is eligible for 10 or more hours of state plan PCA and has a qualifying worker, the enhanced rate also applies to the member's extended PCA rate.

For members on the Elderly Waiver (EW) the cost of services needs to remain within the waiver budget and include the enhanced rate if the member and PCA meets the requirements. The CC would contact the PCA agency to determine if the PCA meets requirements for the enhanced PCA rate and include the appropriate rate on the member’s service plan and apply toward the waiver budget.

If you have a member on Elderly Waiver who is accessing the enhanced PCA rate and the increased rate results in the member exceeding their monthly waiver budget, you can submit a Benefit Exception Inquiry (BEI) request to exceed budget due to the enhanced PCA rate. Include the PCA Assessment and indicate the difference between the rate for PCA and enhanced rate and the amount that exceeds the case mix cap. Please refer to the Benefit Exception Policy for any BEI instruction or guidance.

The authorization does not need to include the enhanced rate modifier (TG) as claims will only pay if member and PCA meets DHS criteria for the enhanced rate.

Care Coordinators should refer providers to the Provider Service Center at 1-800-458-5512 if they have questions.

Please contact MedicaCCSupport@medica.com with questions.

Individual community living supports (ICLS) – Service amount and setting.

Information regarding service amount and settings in the Community-Based Services Manual (CBSM) on ICLS has recently been updated.

CBSM - Individual community living supports (ICLS) (state.mn.us)

<p>Service amount</p>	<p>To meet assessed needs, a person who receives ICLS:</p> <ul style="list-style-type: none"> • May receive up to 12 hours of ICLS services per day (i.e., 48 15-minute units per day). • Must have face-to-face in-person support scheduled at least weekly. • Must receive a minimum of two ICLS service components.
<p>Settings</p>	<p>ICLS must be delivered in either of the following:</p> <ul style="list-style-type: none"> • Single-family home or apartment owned or rented by the person receiving services, as demonstrated by a lease agreement. • Single-family home or apartment owned or rented by a friend or family member who has no financial interest in the ICLS service. Refer to examples in the next section about when a home/apartment owner can provide ICLS. <p>In a rental scenario, the person or their family must maintain control over the individual unit.</p> <p>Examples</p> <p>A friend or family member that owns the home/apartment where the person resides and receives ICLS services:</p> <ul style="list-style-type: none"> • Can be an employee of the provider agency. • Cannot be an owner of the provider agency or have any financial interest in the agency. • Cannot enroll with DHS as an individual provider (i.e., non-agency provider) of ICLS under the exclusions from 245D licensure (refer to CBSM – Exclusions from Chapter 245D licensure).

Supplemental Benefits Letter

When a MSHO member requests Reemo watch, they receive a letter that says the member *is* eligible for a Reemo Smart Watch Telemonitoring setup and provides Reemo contact info. The letter also says they *may* be eligible for FOODRx if they **don't have EW** and that Second Harvest will contact all eligible members.

We're here to help

Call or email, whichever works best for you.



Call us at 1-888-906-0971 (TTY:711)



Email us at MedicaCCSupport@medica.com.

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