

All Products



Auditors Corner: Transition of Care Discussions

Does the member have a follow-up appointment scheduled with primary care or specialist?

Follow-up appointments provide an opportunity for the member to discuss concerns, questions, and uncertainties. It is an opportunity for the physician to make further assessments and adjust treatments as needed. Providing follow-up care to patients after hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of care.

Care Coordinator (CC) Responsibility:

- Determine if a follow-up appointment has been scheduled.
- Indicate whether member has a scheduled follow-up appointment, ideally within fifteen (15) days of discharge for a medical hospitalization. If hospitalized for mental health, the follow-up appt needs to be with a mental health provider and within 7 days.

Suggested conversations:

- ✓ When is your follow-up appointment?
- ✓ Who is your follow-up appointment with?
- ✓ Is anyone going with you to your appointment?
- ✓ How are you getting to your appointment?

Potential CC Action:

- Assist with making the appointment if necessary.
- Assist the member to create a list with prioritized concerns to share with the provider.
- Assist the member in knowing what information to take with to the doctor.
 - ✓ Prescription drugs
 - ✓ Over the Counter (OTC) medications, vitamins, herbal remedies, or supplements
 - ✓ Discharge paperwork
- **Talking With Your Doctor Worksheets | National Institute on Aging (nih.gov)**
- Discuss the benefits of bringing a family member or friend to the appointment.
- Stress the importance of keeping appointment.
- Address potential barriers (transportation, language barrier)
- Assess need for referral for additional services/supports.

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

MedicaSPPRegQuality@Medica.com

Community engagement team planned June 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.

- 6/4/2024: **Women's Care Day – Brian Coyle Center** (*Minneapolis*)
- 6/5/2024: **Living Naturally Abundant Senior Health Fair** (*St. Paul*)
- 6/11/2024: **Fond du Lac Health Fair** (*Carlton*)
- 6/11/2024: **Crystal Farmer's Market** (*Crystal*)
- 6/13/2024: **World Elder Abuse Awareness Day (WEAAD) Conference** (*Brooklyn Center*)
- 6/15/2024: **Juneteenth Celebration** (*Brooklyn Park*)
- 6/17/2024-6/18/2024: **MN Rural Health Conference** (*Duluth*)
- 6/22/2024: **Twin Cities World Refugee Day** (*Minneapolis*)
- 6/29/2024-6/30/2024: **PRIDE Twin Cities** (*Minneapolis*)

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

County, Care System, and Agency contact phone & fax updates

If you have any phone or fax number changes, please inform the Clinical Liaison team so we can update the **County, Care System, and Agency Contact Information** document located on the CC HUB.

Date of Death Report reminders

Department of Human Services (DHS) created a process several years ago where Care Coordinators (CCs) are asked to report member deaths to the Manager Care Organization (MCO) and the MCO is to report this to DHS. Please see the following reminders:

- **Only** report member deaths for members currently active on a Medica product [Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+), Special Needs BasicCare (SNBC), Integrated Special Needs BasicCare (ISNBC)].
- **Do not** report member deaths for members no longer active members (ie. members who have termed from Medica, showing as ineligible for managed care in Minnesota Information Transfer System (MN-ITS)).
- DHS provides this information to the county financial workers, although at this time this does NOT replace the current requirement in place for CCs to complete DHS 5181 forms to alert Financial Workers to member changes.
- **Tips for the date of death grid:**

- Columns in yellow are required fields and **must** be completed before sending the report into Medica.
- DHS asks that CC's report who they learned of the member death from in as much detail as you have (columns P and Q).
- If you are not certain of the exact date of death, you are **NOT** to place the member on the grid.
- If there is information you do not have, leave that column blank (do not put "N/A" or other notes in those fields)
- All dates should be entered as MM/DD/YYYY
- Column P, if you do not have the actual name to include here, leave blank

MnCHOICES – Phase 4 coming soon!

Phase 3: This phase continue through **June 28, 2024**, during this phase lead agencies should:

- Continue to assign staff members to practice in the MTZ.
- Delegates should have 100% of users working in the production environment and completing HRAs, assessments and support plans in the production environment.
- Start all new assessments (including HRAs) in MnCHOICES revision.

Phase 4: This is the final transition period – "**ALL-IN PHASE**" scheduled to begin **July 1, 2024**.

- Medica's expectation is that 100% of our delegate staff members will start all new assessments (including HRAs) in the revised MnCHOICES. **(Do not start new assessments in Legacy Systems.)**
- Finish existing assessments and support plans in legacy systems by **Sept. 30, 2024**.

*Note: MnCHOICES 1.0 assessments and support plans not completed by Sept. 30, 2024, will not migrate to the revised MnCHOICES. DHS will deactivate MnCHOICES 1.0 after Sept. 30, 2024.

For full announcement: [Update on launch of MnCHOICES revision project](#)

MnCHOICES – Certified assessor recertification

Many of the certified assessors may be coming up on the 3-year date for recertification requirement to continue work in MnCHOICES so we wanted to make sure this was on your radar and are thinking about how you are tracking and managing the certified assessor recertification requirements.

- 45 CLUs are required for recertification. At least 12 of the required 45 CLUs must help to improve the ability of an assessor to practice in a more person-centered way.

See the link below that houses the most current statewide list which includes the dates they are due for recertification as well as the resources from DHS for recertification.

[MnCHOICES training](#)

Statewide certified assessor list

[Explanation about statewide list of certified assessors](#)

[Statewide list of certified assessors \(XLS\)](#) (Updated Feb. 2, 2024)

[Lapsed certified assessor audit protocol MnCAT](#)

MnCAT Step 4 – Recertification: Instructions

Moving Home Minnesota (MHM)

Policy change to remove the MHM Y indicator eligibility requirement in the LTC screening document

Summary: Effective June 1, 2024, Department of Human Services (DHS) will no longer require the MHM indicator to equal yes (Y) in the Medicaid Management Information System (MMIS) for a person to be eligible to enroll in MHM.

Personal Care Assistant (PCA) enhanced Rate

People who receive PCA services may qualify for a higher reimbursement rate or budget for work that is both:

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

Please refer to the CBSM for more details: [Enhanced rates or budgets](#)

Provider Oversight reminders

- [Keep transportation referrals coming!](#)
- When CCs receive communication regarding transportation claims issues from providers, please refer providers to provideroversight@medica.com.
- All delegates with CCs set up for QRyde should be sending provider oversight updated information when CCs leave. For security and data privacy purposes, CCs must be removed from QRyde access if they are not currently working with Medica members.

Transition of Care Updates

The Transition of Care Log is now required for **ALL** products.

The following documents have been recently updated and are now on the Care Coordinator Hub:

- Transition of Care Log
- Transition Log Instructions
- Notification of Care Transition Fax

- Transition of Care Policy has been updated to include:
 - Definitions update
 - Transition Logs are now required for all products
 - Transition process is required with all transitions, including return to usual setting
 - Delegates must be able to provide the content of PCP notification upon request
 - Behavioral health/substance use transition process updated

Please reach out to Regulatory Quality with any questions regarding the TOC process at MedicaSPPRegQuality@Medica.com.

Upcoming meetings & trainings

Care Coordination Quarterly Meeting for all products via Microsoft Teams

Tuesday June 4, 2024, from 9 AM to 10:30 AM

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

Friday June 7, 2024, from 9:30 AM to 11 AM (No call-in session in July)

Thursday June 20, 2024 from 9:30-11:30 MnCHOICES MCO Call-In Sessions

DTR Lunch & Learn - date to be announced.

What is Pride Month?

Pride Month is an annual celebration of the many contributions made by the LGBTQ+ community to history, society, and cultures worldwide. In most places, Pride is celebrated throughout the month of June each year in commemoration of its roots in the Stonewall Riots of June 1969.

Today, Pride Month presents an opportunity for visibility and community. In addition to celebrating LGBTQ love and joy, it's also a time to highlight important policy and resource issues the community faces.

Some of you may have family, friends or members who identify with this community. Supporting the LGBTQ+ community is essential for promoting equality, acceptance, and understanding. Educate yourself, be an ally, listen, advocate for inclusive policy and challenge stereotypes.



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

DHS announcement of CFSS implementation timeline

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](#).

PHQ-9 Screening

Because the Revised MnCHOICES now includes some screening questions, the PHQ-9 with MSHO members is no longer required.

Wheelchair/Transfer Chair/Scooters

Medica has a [Wheelchair/Scooter and Accessories Policy](#) that requires the prior authorization process with Medica Utilization Management (UM). This includes accessories, repairs and modifications that are billed charge of \$1000 or more per item. **The Durable Medical Equipment (DME) provider** completes the [Wheelchair and Accessory Prior Authorization Form](#) available on [Medica.com](#), include the required documentation and submit per direction on the form. Medica Utilization Management will fax the Care Coordination entity the decision letter.

The Care Coordinator can authorize these DME items through Elderly Waiver (EW) only if it has been denied by UM. It must be an assessed need, care planned for and included in the member's EW budget. The CC would submit a Referral Request Form (RRF) using the items assigned Healthcare Common Procedure Coding System (HCPCS) code (not T2029) and indicate in the comment section that item was denied by UM.

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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