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 **CARE COORDINATOR NEWSLETTER**

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## All Products

### **Mental Health and COVID-19:**

Many of us are adjusting to the numerous changes we have experienced in the last 6 months. The COVID-19 pandemic has required all of us to adapt to multiple changes in our day-to-day living and function each day with ever-changing circumstances. Now more than ever, many of our members may need additional support around their mental health needs. Members may experience an increase in anxiety, depression and post-traumatic stress. An added challenge in dealing with these mental health needs is the limitations around face to face contact. Members may have supports available but have changes in how they can interact with those supports. As part of the benefit set for our members, they have mental health care available. During this time of COVID-19, members can have phone contact with mental health providers as an adapted form of services. Members also have the option to see mental health providers through tele-health/virtual visits. Tele-health/virtual visits are real time, on-line contact with a provider. If you see the need for your members to have mental health services, you can contact Medica Behavioral Health customer service at 800-848-8327 and speak with our intake staff for referrals. Care Coordinators and members can also go to [liveandworkwell.com](http://liveandworkwell.com) to search for providers who are able to conduct mental health sessions over the phone or through virtual visits. If care coordinators have questions or would like to discuss the needs of a member, please contact the SNBC Clinical Program Manager at Medica Behavioral Health-Cindy Moe, MS, LP-800-548-6549 x66282.

### **Reporting of a member's passing:**

Medica does not ask care coordinators to report anything to us when a member passes away. DHS requires that this information is shared timely with the members Financial Worker, and there is an area of the DHS 5181 to give this update (*Section C - Changes*). If you continue to see this member on your enrollment lists after reporting the member's death to the financial worker, you may need to contact the financial worker again. The financial worker is the only person who can update the member's record with this information. [DHS edoc](#)

### **Complex Case Management:**

Medica is excited to announce that beginning this month, we are once again going to offer complex case

management to our Medicaid populations. Case Management programs target impactable conditions for members at risk using population based algorithms. Conditions may include: high cost, high risk, high needs or emerging risk cases. Interventions are focused on helping the member to achieve their stated health outcomes, educating the member on their disease trajectory, reviewing risk and benefits of treatment decisions, helping to support and clarify goals of care, comprehensive medication review, fostering healthy patient/ provider relationships, identifying and solving barriers to care, and assisting with community resources to address social determinates of health that impede a safe or healthy environment. We see this service as a valuable enhancement to the supports you are working with members on as part of their ongoing Care Coordination.

This service may be particularly valuable if you have more high risk, complex members who would benefit from additional support in managing their conditions. Complex Case Managers are employed by Medica who use a telephonic model to support members. If your member is identified by the algorithm, someone from Medica may reach out to offer them support from a complex case manager. We wanted you to be aware in case you get calls from your members about this service. If you have a member you think would benefit from a complex case manager, you are able to refer using the Complex Case Management/Health Support Referral form that will be updated on the CC website. **The updated “complex case management/health support referral form” will include the following Health Services programs (Disease Management, Tobacco Cessation and Case Management).**

## **Aunt Bertha-web based community resource directory:**

Aunt Bertha has been building a national network of service providers and programs across Minnesota and the US since 2010. These provider services and programs include Federal, State, County and local providers. With over 1,200 programs and resources in the state of Minnesota, the Aunt Bertha tool will provide our care coordinators and case managers with an efficient tool to identify a range of services, products and programs that will help to support our membership with gaps in social determinants of health. The Aunt Bertha search tool allows care coordinators to sort based on location, as well as category of service provider you are looking to locate. [www.auntbertha.com](http://www.auntbertha.com).

Please note, this site does not contain information as to whether the provider is a DHS enrolled EW provider (the DHS website [MN.Help.info](http://MN.Help.info) continues to be the best place to find this information), but this site is available for all care coordinators to use as you are working with the member on their needed supports and services.

## **Metro Transit (MTC) Update:**

Due to the pandemic, MTC passes were not being used/scanned and are likely in a limbo, but are still valid despite having a \$0 balance.

When you check the MTC site and see the following statement, advise the member the pass is still valid, and to scan getting on the bus/train!

**Your recent purchases will not be reflected in your balance until your card is used on a bus or train.**

Scanning the pass will 'wake up' the pass and the member will have to scan the pass five minutes later, which will bring the pass info from the MTC cloud and back into service.

Please encourage members to keep the pass, it IS valid.

If members have questions, have them call Metro Transit at 612.373.3333 Option 1.

Lastly, please advise members to check the Metro Transit site to verify the pass has valid fare: [MetroTransit](#) as often a renewal is requested when the pass has hundreds of dollars in fare on the pass.

## Assessment Checklists:

We would like to remind folks of the documents on the CC website that provide useful information to guide care coordinator's with their work. We recommend CC's utilizing the Assessment Checklists to assist them in managing the required tasks for providing care coordination to their members. Keep in mind with COVID of course face-to-face visits are still not being required, but the content of the checklists is still valuable.

[Assessment Checklist \(MSC+ and MSHO\)](#)

[Assessment Checklist \(SNBC\) – \(DOC\)](#)

## Eyewear-medica.com

We are pleased to report that the Eyewear-dispensing specialty is visible on medica.com when searching for providers. You will now be able to assist members in locating available eyewear-dispensing network eye care providers. Go to [medica.com](#) to complete a search.

Medica DUAL Solution<sup>®</sup> / Minnesota Senior Health Options (MSHO)  
and Medica Choice Care<sup>SM</sup> / Minnesota Senior Care Plus (MSC+)

## Home Care Services and Elderly Waiver Services:

The Minnesota Health Care Programs Provider Manual states that *“all recipients receiving EW services must first access Medical Assistance (MA) home care services to the highest extent before adding Elderly Waiver (EW) services to the community support plan”*. If a member's assessment indicates personal care needs that can be met by an MA home care services such as Personal Care Assistance (PCA) or Home Health Aide (HHA), the Care Coordinator (CC) is responsible for the approval and provision of the home care service. For member's eligible/open to the Elderly waiver, the addition of an EW service, such as homemaking, can be

added when the MA home care service does not meet all the member's assessed needs or the member does not qualify for the MA home care service. The EW service is not to replace a home care service that the member is eligible to receive.

DHS has provided the direction that Homemaker/assistance with ADLs is not a replacement for PCA or HHA services. Homemaker or assistance with activities of daily living providers deliver cleaning and services and while onsite, provide help as needed with activities of daily living.

In addition to the CC assessing the member's individual need for services. Minnesota Statue states that we need to ensure a cost-effectiveness and non-duplication of medical assistance home care services. If a member is receiving PCA and HHA it may be considered a duplication of services. Medica is reviewing reports based on claims to identify potential duplication of services, so you may hear from us with requests for more information. Also, we may request that you bring member cases forward to your scheduled IDT session where there appears to be a potential duplication of service so this can be reviewed.

We strongly encourage you to contact [Medica Support](#) to consult with the clinical liaison if you have questions regarding the above information or have a member case to review.



### Medica Care Coordination Support

Email us at [MedicaCCSupport@medica.com](mailto:MedicaCCSupport@medica.com)

Call us at 1-888-906-0971

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