

 CARE COORDINATOR NEWSLETTER

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

**Reminder: Members on Elderly Waiver who have lost Medicaid eligibility**

We have learned that this continues to be an issue so, we are wanting to provide this reminder once again this month.

If you had a MSC+ member on the Elderly Waiver who lost their Medicaid eligibility as of 11/30/19, and per Mn-ITS, they remain ineligible for Medicaid, follow the DHS 6037 process by 1/31/2020.

If you have a MSHO member on the Elderly Waiver who lost their Medicaid eligibility as of 11/30/19 and are in a “future end date” where they remain with Medica for 90 days, if they remain ineligible for Medicaid per Mn-ITS, follow the DHS 6037 process by 1/31/2020.

**Important Links:**

- [Medica Assessment Schedule Policy](#)
- [DHS 6037 form](#)
- [DHS 6037A scenarios](#)
- DHS language related to the process for members who have lost eligibility and are not back with Medica found in the DHS 6037A

**Transitions Needed Due to Loss of Medical Assistance (MA) Eligibility**

Type of Change	10) Person is enrolled in MSHO/MSC+, on EW and loses Medical Assistance (MA) eligibility. In most cases, if MA eligibility is re-established within 90 days, the
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	<p>person continues on their Managed Care Organization (MCO) with no break in MCO enrollment.</p>
<p><b>Days 1-90 from loss of MA eligibility</b></p>	<p>The MCO tracks the status of the person and completes any necessary reassessments. The MCO cannot enter a LTC SDOC in MMIS when the person is not eligible for MA.</p> <p>The MCO sends DHS-6037 to the County of Residence (COR) <b>by day 60</b> if MA has not been re-established by this date. <i>This is for communication purposes only.</i> It is not a transfer of HCBS case management responsibility. The document should be filled out in its entirety with all attachments, including any assessments completed.</p> <p>This form alerts the COR that the person has lost MA eligibility and that the MCO will stop following the person at Day 90 if MA eligibility is not yet re-established by Day 90.</p> <p><b>NOTE:</b> If a required reassessment is completed by the MCO after the DHS-6037 is sent to the COR and before Day 90, the MCO must also send the reassessment to the COR.</p>
<p><b>Day 90 and beyond from loss of MA eligibility</b></p>	<p>The COR tracks whether the person's MA eligibility was re-established by Day 90. If not, the COR contacts the person to determine the person's status. The COR assists the person to access services and supports as needed.</p> <p><b>NOTE:</b></p> <p>1) If the COR was provided with a reassessment completed by the MCO during Days 1-90, the county may enter the MCO's reassessment in MMIS to establish EW eligibility. Please note that assessments must be entered within 70 days of the assessment date.</p> <p>2) If the COR is not able to use a reassessment completed by the MCO, due to timelines, the COR completes any necessary assessments needed to reestablish eligibility for EW. The COR may need to communicate with the MCO to request the MCO close the EW span to the date the person lost MA eligibility, in order to enter a new assessment. The COR can open the person to AC if level of care criteria continues to be met but MA financial eligibility is no longer met or established. For a person who no longer meets either MA financial or level of care criteria, the COR can open the person to ECS.</p>

## Updated Reemo Health Smartwatch Request form

Reemo Health has provided an updated Excel Reemo Health Smartwatch Request Form that addresses the issue with the *Medica Member ID* field. The form will be posted shortly to the [Care Coordination](#) page under *Tools and Forms* → *MSHO (Medica DUAL Solution)* → *Other Forms*. Thanks for bringing this to our

attention so promptly.

To make this order process even easier, we're developing a secure and encrypted web-based Reemo Health Smartwatch Request Form. This new form will replace the Excel Reemo Health Smartwatch Request Form when it is complete. The web-based form offers the most data security for transmitting member PHI.

The web-based form is ready for use.

## **DHS PolicyQuest Personal Care Assistance (PCA) Assessment Activities of Daily Living (ADL) clarification**

The below information was provided in the May 2018 Newsletter and we wanted to remind you of this clarification as well as the DHS PolicyQuest search function:

DHS PolicyQuest has responded to a question requesting clarification on determining specific ADL dependencies on the PCA Assessment. This information supports information in the DHS Video Training, although it provides additional clarification for some ADL's. Please review the below question and response from DHS. Going forward, please apply these criteria when completing PCA assessments on members.

The search function on PolicyQuest can be a resource for Care Coordinators. You do not need a user name or password to search PolicyQuest. <https://policyquest.dhs.state.mn.us/>.

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**Question:** Please clarify the following ADL dependency scoring items.

**Answer** *(DHS PolicyQuest responses are in green.)*

**1. When scoring grooming - is it a dependency if nail care (fingers or toes) is the only grooming task the person cannot complete themselves?**

*Nail care alone is not considered a dependency.*

**2. When scoring dressing - is it a dependency if the person can complete all dressing tasks independently except for compression stockings or wraps?**

*When assessing dressing, needed assistance with compression stockings or wraps is included in dressing dependency consideration. If the person needs assistance in the choosing, applying, and changing of clothing as well as application of special appliances, wraps, or clothing, a dependency in dressing would be appropriate.*

**3. When scoring mobility - is it a dependency if the person only needs assistance when in the**

## community?

*The mobility question refers specifically to walking to the ability to walk short distances around the house. Independence in walking does not include climbing stairs, or mobility in the community.*

**4. When scoring transfers - how should we score those who need assistance depending on the surface? For instance - What if they need assistance when transferring from a low surface, but because of this they avoid sitting on low surfaces? Or what if they can transfer independently in the home, but require hands on assistance with all car transfers?**

*Scoring in the transfer area should be based upon the type of assistance the person needs. If they do not sit on low surfaces, they are able to transfer without assistance. Again, answers to ADL questions are based upon activity that occurs within the person's home environment.*

## Gorman mock audit update

Thank you for your fast response to our audit documentation requests! We will be sharing our findings at the March quarterly meeting.

Medica AccessAbility Solution<sup>®</sup> / Special Needs Basic Care (SNBC)  
and Medica AccessAbility Solution<sup>®</sup> Enhanced / Special Needs Basic  
Care (SNBC) SNP

## Informational meeting on March 26, 2020 about services for young people with autism

Providers, county workers, parents and caregivers of young people with autism spectrum disorder and related conditions are invited to join DHS for a meeting on March 26, 2020, in Plymouth, Minn. You also can attend online, by phone or from a designated video-conferencing location.

For more information, view the full announcement at [Informational meeting on March 26, 2020, about services for young people with autism.](#)

## Changes to nursing facility level of care for people younger than 21 years old

DHS is transitioning to one nursing facility level of care (NF LOC) criteria for the following programs:

- Brain Injury (BI) Waiver
- Community Access for Disability Inclusion (CADI) Waiver

Effective immediately, counties/tribal nations will assess all people receiving BI-NF and CADI waiver services using a single NF LOC.

For more information about this transition, see the full announcement: [Changes to nursing facility level of care for people younger than 21 years old](#).

## Medica will deliver vitamins & supplements to pregnant moms

A new program at Medica will benefit SNBC members who are pregnant. “Helping families grow in the healthiest way possible is our #1 priority,” said Stacy Ballard, MD, MBA, senior medical director at Medica. “To this end, we’re using meaningful data to try to lower the rate of preterm births.” Starting in February 2020, Medica will begin sending expectant mothers a 90-count supply of Walgreens-brand prenatal vitamins and 90-count supply of Omegavia DHA daily capsules. This well-pregnancy initiative aims to supply pregnant moms with products that include appropriate dosing of folic acid, iron, zinc and fish oil.

Through this new program, Medica will specifically reach out to its members in individual and family business (IFB) plans and SNBC plans. “Because many commonly purchased over-the-counter products don’t include the recommended volumes, we want to educate soon-to-be moms and let them know we’ve got them covered,” said Dr. Ballard. Research indicates that receiving a daily dose of 600 mcg of DHA while pregnant is important for a baby’s brain and eye development. It may also reduce the chance of a preterm birth, or may reduce the number of days a baby stays in the neonatal intensive care unit (NICU) if the mother does have a preterm birth.

Medica will use important information received from its new partner, [Ovia Health](#), through the Ovia Pregnancy app, as well as incoming claims information to identify newly pregnant moms. (See more on Ovia Health and its apps.) Up to-date information allows Medica to better serve members and deliver information and support to ensure their pregnancy experience is as healthy and complete as possible. Moms-to-be who like receiving the first box of products can receive another box of the same products for no additional cost. “We want to make it simple and easy for expecting moms to make healthy choices for themselves and for their baby,” said Dr. Ballard. “New moms have so many important decisions to make. By delivering healthy products to their home, we hope these members consider using these products to improve the chances their

baby or babies receive a full 40 weeks in utero. The safest place for a growing baby is in the mother's uterus."

The success of the program will be determined based on the number of members who opt in to receive their second box, the feedback received from a survey and, ultimately, whether the program helps reduce the number of preterm deliveries.

## All Products

### Memory fitness and other added benefits for 2020

In 2020 Medica Medica is pleased to offer a new supplemental memory fitness benefit through CogniFit® for Medica DUAL Solution® and Medica AccessAbility Solution® Enhanced members. CogniFit offers web based brain training. Members can assess and train their brain with scientifically validated cognitive tests and training programs. CogniFit develops brain training software that measures cognitive abilities and trains the skills that are important to remain sharp. Members navigate to [medica.com/brain](http://medica.com/brain) to get started. They will need their Medica ID number and birthdate to register and then will be prompted to create a new username and password.

A complete listing of added benefits for 2020 and benefit guidelines can be found on the CC pages under *Policies and Guidelines* → *Benefits Guidelines*.

### March Care Coordination meeting

Reminder that the March Quarterly CC Meeting will be a joint meeting via WebEx only on March 3, 2020 from 9 a.m. to 11a.m. WebEx information and handouts will be sent out prior to the meeting date.



#### 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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