
 **CARE COORDINATOR NEWSLETTER**

All Products

Denial Termination Reduction (DTR) Reminders

The purpose of a DTR is to ensure all Medica member DTR actions are completed in a timely manner using the appropriate process and notification in accordance with our regulators. Counties, agencies and Care Systems that provide services for Medica members must complete DTR actions in accordance to these requirements. This process provides member with their appeal rights.

The Medica Utilization Management (UM) team processes DTRs and relies on accurate and complete information from the Care Coordinator. If not complete or accurate, additional time is needed for UM to seek clarification from the Care Coordinator, which may cause Medica to be out of compliance.

The following have recently been identified as areas of concern and we request your diligence to assure DTRs are completed accurately and thoroughly and include the necessary documentation as to not delay processing.

- Missing the previous rates/hours and the requested and new rates/hours
- Missing provider fax numbers and/or emails
- Adult Day Services Transportation is not listed on form when terminating ADC
- Missing PCA Assessments (when appropriate)
- “Date of Request” exceeds one or two days from date faxed to Medica
- Incorrect Servicing Provider

Also, as a reminder the rationale should indicate how the reduction or termination will meet the member’s needs (other formal or informal service) or if it is no longer an assessed need. Please do not reference Medica

Benefit Guidelines or reporting. Services are based on a member's individual assessed needs.

Please reference the [DTR Policy](#) and [DTR Form Directions](#) on the CC website for more detailed information.

Looking for new opportunities to earn continuing education credit hours? Mom's Meals can help!

Moms' Meals CE courses - developed by a team of experienced healthcare professionals and recognized by organizations such as the CDR, NASW, and CCMC* - are designed to help you make more informed decisions related to nutrition.

Best of all, our courses are **FREE** and **VIRTUAL**, meaning you can attend a session no matter where you live – Including our newest course, **Nutrition and Social Determinants of Health: The Intersection of Food Security and Quality of Life**.

For more information regarding our CEU program, including eligibility and scheduled sessions, visit momsmeals.com/ceu.

*Some attendees may not be eligible for credit hours based on state of residence, license type, or course-specific approval status with accrediting bodies. Visit our website or contact [Angel Berger](#) for more information.

Building and Executing Effective Care Plans to Support Activities Performed Independently or in the Community

Building relevant goals for an individual that are both achievable and measurable can be difficult when someone desires a high level of independence or lives in a community-based setting.

[Join us on May 4 at 10 am CST](#) for a 30-minute webinar hosted by Reemo Health on how to leverage emerging tools and technology to overcome past barriers like; cost, access to data and client engagement. Presented by:



Dr. Teri Verner, Doctor of Nursing Practice
Integrative Health and Healing

During the 30-minute webinar Dr. Verner will cover:

- A high-level review of how to build quality care plans
- Discuss the barriers that are common when trying to implement care plans in the community
- Provide examples on how to utilize technology to overcome barriers and improve the overall outcomes for the individual

This presentation will be the first in a series hosted by Reemo Health, with future presentations providing deep dives into how to deliver results for specific goals or disease states.

Register Now

About Reemo Health

Reemo Health's wearable health platform transforms how older adults and healthcare connect. Built to manage at-risk populations in the comfort of their own homes and beyond, Reemo Health delivers health plans, value-based providers and life science organizations a highly configurable platform for remote data collection, digital health engagement, condition management and real-time care management insights. Older and high-risk adults benefit from Reemo Health and its easy-to-use smartwatch, engaging personalized care programs, seamless two-way communications and access to curated health services and support wherever they are. Visit www.reemohealth.com for more information.



Have a colleague that may also want to attend? [Click here to forward](#).

RentHelpMN is Now Open for Applications

Minnesota Housing is pleased to announce that [RentHelpMN](#) is now open and accepting applications. RentHelpMN makes it possible for eligible renters to get caught up on overdue rent and utilities dating back to March 13, 2020. It also makes provisions for those at risk of falling behind on rent payments due to the COVID-19 pandemic.

Please note that RentHelpMN is in Phase One, in which people with past due rent who meet eligibility requirements are invited to apply.

To apply for RentHelpMN, please visit renthelpmn.org or call 211. The 211 helpline has dedicated multilingual staff available to answer questions about RentHelpMN, 8:00 a.m. – 8:00 p.m. Monday through Saturday.

Visit renthelpmn.org to learn more about the program and eligibility requirements and to apply.

Three New Veterans Homes Move forward

In late March, MDVA learned that federal funding would be provided to build three new State Veterans Homes projects to be located in Bemidji, Montevideo and Preston. The U.S. Department of Veterans Affairs (VA) announced its State Home Construction Grants FY 2021 Conditional Approvals. This investment will allow MDVA to expand State Veterans Homes into three new communities to serve elderly Veterans living in all corners on the state.



[Read more >>](#)

Upcoming Meetings

Care Coordinator Quarterly Meeting via WebEx Events for ALL products
Tuesday June 8, 2021 from 9 a.m. to 11 a.m.

MSHO/MSC+

Community First Services and Supports (CFSS)

At the March 9th Quarterly Care Coordination meeting, we presented information regarding the new service being developed by DHS, Community First Services and Supports (CFSS). CFSS will eventually replace PCA services and is similar to PCA in many ways. Care Coordinators can become familiar with CFSS by reviewing the [DHS CFSS website](#) and can view the [CFSS overview video](#) available from DHS.

DHS sent out an announcement on 3/18/2021 indicating they "have identified connections between our work with consultation services providers and the MnCHOICES revision project. Coordinating the roll-out of these two projects will allow us to be more efficient with our work." DHS plans to align the CFSS implementation with the MnCHOICES revision project scheduled to roll out the fourth quarter of 2021. The previous CFSS implementation date was July 2021.

Medica will continue to provide communication regarding DHS CFSS updates and trainings as they become

available to Care Coordinators.

DME billing for EW services requires modifier U3 on claims

The following message was included in the November 2019 provider Connections newsletter. Providers can sign up to receive this monthly newsletter and they are sent links when new editions are posted. The link to it can be found here if you have providers who are asking you about DME billing: [Provider Connections](#). As always, the goal is to keep CC's out of DME billing issues/questions, but realize you are often brought into it in your roles as you are working to support and advocate for members.

(This applies to Medica direct-contracted providers only.)

As a reminder for durable medical equipment (DME) providers, when using code T2029 and all other DME codes to bill Medica for elderly waiver (EW) services, modifier U3 needs to be appended to the claim. Not doing so may result in a claim denial. This pertains only for DME services provided to Medica members who have EW benefits, and this applies for all DME codes except E0601, E0445 and E0745.

More DME EW billing tips:

For any EW DME item, DME providers should work with the member's care coordinator. Care coordinators need to approve all expenses billed under the T2029 code and other U3-modified Healthcare Common Procedure Coding System (HCPCS) code for any EW items. (To find the assigned care coordinator for a given member, call the Medica Provider Service Center.) Code T2029 should only be used if there is not a valid HCPCS code for a specific item for a member on the elderly waiver (e.g., blender, non-slip socks).

Any item that has a related valid HCPCS code must be billed using the HCPCS code along with modifier U3. Doing so will alert Medica that the item does not meet Medicare or Medicaid criteria but that the DME provider has received care coordinator approval for it (e.g., a shower chair or walker being provided under the EW budget).

DME codes E0601, E0445 and E0745 submitted along with modifier U3 denote a differential payment for these codes for clinically different devices not related to EW. These items are only appropriate for medical purposes, not EW services.

Again, this reminder only pertains to Medica members with EW benefits, specifically Medica DUAL Solution[®] members in the Minnesota Senior Health Options (MSHO) state program and Medica Choice CareSM MSC+ members in the Minnesota Senior Care Plus (MSC+) state program.



We're here to help

Sometimes talking over the phone is easier, or send us a secure email if you prefer.

Call us at

1-888- 906-0971 (TTY:711)

Email us at

MedicaCCSupport@medica.com

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401 Carlson Pkwy Minnetonka, MN, 55305, USA