

CARE COORDINATOR NEWSLETTER

Introducing the new face of Medica! Medica®

The Medica brand is getting an update! Over the next several months you'll start to see a new look across our communications, our websites and our advertising. We will appreciate your patience as we complete this transition and are excited to share it all with you.

Don't worry. We're the same Medica, with the same commitment to being your trusted health plan of choice.

All Products

SAVE THE DATE. CEU AVAILABLE. FOR ALL MEDICA CARE COORDINATORS:



MEDICA®

“Transition of Care in 2021”

Series of 3 Lunch and Learns:
 Tuesday April 6, 13 and 20.
 11:00 am – 12:30 pm



6 CEU!

What, Why and How. Gain knowledge, make each TOC call more meaningful.

MnCHOICES Launch

1. As mentioned previously, *all* delegates must have a mentor(s), and they *must* attend all prelaunch trainings.
2. Care Coordinators (CCs) should be working on MnCAT steps 1 and 2 and complete them **prior** to June. It is highly recommended that all CCs who have taken these courses before October 2019 should complete the refresher courses.
3. Mentors will train with DHS in July.
4. Mentors will train in MTZ (MnCHOICES Training Zone) in August.
 - a. Mentors will also train users at this time.
5. Mentors will be expected to train their staff on the rollout of MnCHOICES.
 - a. Including tracking users training, to be shared with Medica if requested
6. For health plans, the CC will be the assessor and case manager. DHS is creating a “Care Coordinator” role for MnCHOICES.
7. The current version of MnCHOICES will change to a new platform.
 - a. MnCHOICES assessment (MnA) and MnCHOICES support plan (MnSP) when retired: The new computer application will be referred to as MnCHOICES.

8. Per DHS, we are *not* to access MnCAT 3 training at this time.
9. Unknowns:
 - a. How long the assessment will take
 - b. What the care plan/service plan will look like

Here's the most recent DHS timeline:

Launch timeline						
Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
DHS trains mentors: Workflow training	Mentors in MTZ	Pre-launch calls begin		Post launch calls begin		
	Mentors train users: Workflow training	Users in MTZ				
		DHS Best practice webinars for users (assessors, care coordinators, case managers)				
	Onboarding: Verifying and loading: organ/locations, MnA/MnSP users & roles, verifying data privacy, lead agency admin training			Launch		

Revised MnCHOICES workstation technical specifications

Updated 3/1/21

The following are recommended minimum desktop configurations:

Hardware

- Processor (Intel/AMD) 2.5 GHz or better
- 4GB RAM minimum; 8GB RAM recommended

Monitor

1366x768 resolution or higher

Browser

Current version of Chrome, MS Edge, Safari or Firefox

Other

- Network bandwidth requirement: Broadband connection
- High-speed internet connection, not cell-phone-generated hot spots
- Download speed should be a minimum of 3 Mbps; upload speed should be around 1 Mbps
- Tablets, such as an iPad or Windows-based tablet, are not supported.

Refer to these links for detailed information:

[MnCHOICES COUNTY LINK](#)

[MnCHOICES REVISION PROJECT](#)

Have questions? Please don't reach out to DHS directly. We'll bring your questions forward for further clarification.

Closing EW when member has passed away or member goes to NH

Date of Death reporting:

Delegates need to report this information to us, as well as continue to follow the DHS 5181 notification process. These are the important reminders related to the grid:

- Must have a death date. If you don't have this date confirmed, don't include the member on the list.
- Don't use NA for responses; please leave it blank.
- Notes should be minimal; no need to explain additional details.
- Please submit the grid by the last day of the month.

Also, when a member is in the nursing home, at day 30 of admission remember to close the waiver.

2021 MSHO Electric Toothbrush Benefit

This popular member benefit caused some repeat questions. Here's how the MSHO Member Handbook describes the benefit:

Plan provides oral health education via telephonic outreach from a qualified Delta Dental of Minnesota staff that includes assistance to schedule a preventive dental visit and a home delivered electric toothbrush kit.

Medica provided the following description to CCs in the Q4 2020 benefits training:

One call per plan year from friendly Delta Dental® of Minnesota staff to provide education on dental benefits and oral health and to offer an electric toothbrush. They also offer help:

- Finding a dentist
- Scheduling a dental appointment
- Arranging transportation to dental visits
- Setting up an interpreter for dental visit

The question has been, more or less: "How do I help my MSHO member request their toothbrush?" The short answer is that CCs don't. This benefit happens in the background, entirely without CC intervention.

Here are the specific details on the no-cost electric toothbrush that's part of the telephonic Dental Outreach and Education benefit:

- Delta Dental of Minnesota (DDMN) makes outreach calls to MSHO members throughout the year.
 - DDMN leaves a voicemail with a callback number if the MSHO member doesn't answer.
- MSHO members must receive the oral health education to get the toothbrush.
- DDMN reports to Medica each month on the MSHO members who participated and want a toothbrush.
- Medica ships toothbrushes to those MSHO members after receiving the report.

CCs, Medica's Member Services, and DDMN's Member Services can't handle a toothbrush request outside of this process. We continue to remind Medica and DDMN call centers about the process to reduce unnecessary transfers.

Home Care Services

As a Medica representative, the CC manages benefits provided by state plan home care services, as well as Elderly Waiver (EW) services and Personal Care Assistance (PCA) for members who qualify. CCs also use Long Term Care Consultation (LTCC) assessments and reassessments to determine access to home- and community-based services and/or home care services. Providers billing Medica for home care services — whether through EW or on a disability waiver through the county — need to be contracted with Medica.

Here are several other key points:

- Members who access their Medical Assistance (MA) home care services benefit, including for nurse visits and home health aide and home care nursing, must use a home care provider contracted with Medica.

- Members accessing their PCA benefit must use a PCA provider in Medica's PCA Network. For members on EW, the cost of MA-covered home care services, excluding therapies, needs to be included in the monthly budget.
- Members on the MSHO plan who access their Medicare benefit for skilled home care services — including skilled nurse visit, home health aide, and skilled therapies — must also use a Medica-contracted home care provider.
- A member on MSC+ with Medicare who meets criteria for Medicare home care can use any Medicare-certified home care agency to access their Medicare home care benefit since they won't bill Medica for home care. You can get information on Medicare home care at [Medicare.gov](https://www.medicare.gov). The home care provider will determine if the member meets criteria for Medicare home care services. Medicare home care services are not included in a member's EW monthly budget.

The PCA Provider List has been refreshed with a new look, functionality, and additional information. It also has a separate tab listing the in-network providers for Home Health Care (HHC). This listing is called the "Contracted PCA and Home Health Agency List," and it's located on the [Medica CC Website](#) under Tools and Forms, MSHO or MSC+, Contacts and Group Numbers.

CCs can also contact Medica Customer Service find in-network home care or PCA providers. Or they can use the CC website's provider search function and choose product under Quick Links" and then "Find care.

Care Coordinators can't authorize an out-of-network provider. Providers need to submit a request to use an out-of-network provider. Medica Utilization Management (UM) then reviews the request, makes a determination, and notifies the provider. You can find more information on [Medica.com](https://www.medicacom.com). Providers should always be referred to Medica Provider Service Center (PSC) if they have questions.

A few key notes:

- If a member is new to Medica and receiving services from an out-of-network provider, they can continue to receive those services for up to 120 days.
- If the service from the out-of-network provider is PCA, per the current process, the CC will complete the Referral Request Form to authorize an out-of-network provider for PCA for up to 120 days from the enrollment date with Medica.
- For home care services such as nurse visits and home health aides, the provider can contact PSC, or the member or CC can contact Medica Customer Service. The member will need to use an in-network provider after 120 days.
- For PCA services, if the CC can't find or access PCA services from an in-network agency, they can use the BEI form to request an out-of-network PCA provider. The rationale will need to include all attempts to find an in-network provider. Once it's received, it will be forwarded to Medica Utilization Management for determination.

Please reference the CC website's [Claims Referral Guidelines](#) to determine if an authorization in our system is required for the home care service. Please note: Skilled Nurse Visits (SNV) don't require an authorization referral request form (RRF). The CC would provide a verbal authorization for services and include it in member's plan of care. If SNV coverage is under MA and the member is on EW, the CC would include it in the plan of care, and if on EW, include in it the waiver budget.

SNBC/SNBC Enhanced

Home Health Services

Per the Quarterly Care Coordinator meeting earlier this month, as a Medica representative, the CC manages benefits provided through state plan home care services. The Health Risk Assessment (HRA) can be used to determine home care service needs. Providers billing Medica for home care services must be in Medica's home care network.

CCs can contact Medica Customer Service (1-888-347-3630) to find or verify an in-network home care provider. They also can access the CC website's provider search function and choose product under Quick Links and then Find Care.

For SNBC/Enhanced SNBC, Personal Care Assistance (PCA) and Home Care Nursing (HCN) services aren't Medica's responsibility. They're managed through Fee for Service (FFS). The providers don't need to be in-network, as Medica isn't the payer of the service. SNBC members with standard Medicare (not through

Medica) under a Medicare home care episode can access any Medicare-certified home care provider for that episode, as Medica isn't the payer of the service.

If a member is on a disability waiver, and the waiver case manager includes home care services in the member's plan of care, it's imperative that the waiver case manager and the CC communicate about home care services. The provider also must be in-network. The CC can use the DHS 5841 to initiate communication and keep this in the member's record. The CC also will need to include these services in the member's care and complete RRF for authorization if indicated.

Please reference the CC website's [Claims Referral Guidelines](#) to determine if an authorization in our system is required for the home care service. Please note: Skilled Nurse Visits (SNV) don't require an authorization (RRF). The CC would provide a verbal authorization for services and include it in the member's plan of care.



Happy
National
Social Worker's
Month!



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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