

All Products

Air Conditioners

We have revised the letter that is to be sent to Primary Care Providers (PCPs) when requesting an air conditioner for a member. The PCP will need to note in the letter that, “An air conditioner could be a covered benefit if the Primary Care Provider or appropriate specialists verifies that the member has a medical condition including respiratory or cardiovascular diagnosis which **significantly** impacts the member’s health and safety and an air conditioner would directly improve the member’s health and functioning”. They will also need to indicate that if appropriate, the member’s respiratory or cardiovascular diagnosis and provide additional rationale of the need for an air conditioner.

The letter was emailed out to staff on Friday June 17th.

BEI and Home Care Policy updated

The following policies have been updated and are posted on the CC website under Policies and Guidelines. There were no significant changes in the policies, only additional information and clarification provided along with a few minor word edits.

Home Care Policy

- **Definition, Home Care**, clarified that Home Care Nursing (HCN) and Personal Care Assistance (PCA) are covered by Medica for MSHO and MSC+ only.
- **General Procedure**, provided process when member is new to Medica with a current PCA authorization, rather than referring to the Assessment Schedule Policy.
- **Out of Network**, included language for authorizing out of network PCA or HCN provider when member is new to Medica with a current authorization for services with an out of network provider.

Benefit Exception Inquiry Policy

- **Procedure**, added if a BEI does not include all the information needed to process the BEI, the BEI may not be accepted and will be returned to the CC to resubmit with the information needed. If resubmitted, the inquiry date will be updated.
- Reminder to contact MedicaCCSupport@medica.com if you would like to consult regarding a possible BEI.

Go To card transitioning to Access Pass effective 7/1/2022

Go To cards are going away and members will be transitioning to the Access Pass.

Advantages:

- No longer need 3 qualifying rides
- As long as they want a bus pass and are a member, they will get a card
- Reduction in calls to member services
- No wait time to get card reloaded
- Correct fare on the card all the time (not restricted to specific bus lines/etc)
- Medica will only be charged a specific amount per card, but members can use the card as much as they want/need (no limit)
- Care Coordinators no longer need to send in a monthly form to renew the bus pass
- Will be an adjustment to learn that pass is good for as long as they are a member – they can't throw it away or lose it (if they do, can call for replacement and old one will be deactivated, but 5 business day wait time to get a new one)

If you have any questions regarding the new Access Pass please email ProviderOversight@medica.com.

New MN-ITS Eligibility Look-Up for Housing Stabilization

Starting on June 9th, 2022, providers can look-up to see if a person is on Housing Stabilization Services through the MN-ITS Eligibility Look-Up (270) search.

To complete a search, providers will need to login into the [MN-ITS Login Page](#) with their username and password.

Once logged in, providers will select "Eligibility Request (270)" on the left side of the page. In order to look-up a person, staff will need to have at least two pieces of information, which may include first and last name, date of birth, Person Master Index (PMI), or Social Security Number.

If a person is active on Housing Stabilization Services, it will be shown under the "Major Programs," section of the results. The message will read, "This subscriber is approved for Housing Stabilization Services."

Pride Month

While Pride Month is celebratory, it's also a time to acknowledge the path to progress that remains when it comes to equality, visibility, and acceptance for our LGBTQ+ colleagues and members.

It must be remembered that the 1950s and 1960s were a time of terrible repression for LGBTQ+ people in the United States. Gays and lesbians weren't allowed many of the legal or civil rights we take for granted today, and police harassment was common.

Early in the morning of June 28, the police raided the Stonewall Inn, a gay bar in Greenwich Village. The raid became so violent and, on this occasion, the patrons of the bar fought back. The spontaneous rebellion against police harassment snowballed into a massive street protest that lasted several days and involved hundreds, including residents of the neighborhood. This incredible display of resistance is generally cited as the spark of revolution that paved the way to the gay liberation movement.

Just as the LGBTQ+ community in New York continue to be drawn in June to the strip of Christopher Street outside the Stonewall, people across the country come together for pride parades, picnics, concerts and more to celebrate, to mourn, to remember, and to resist.

This year, Medica is sponsoring the **Twin Cities Pride Festival**, and staff will host a booth and march in the parade.



Upcoming Meetings

Care Coordinator Quarterly Meeting via WebEx Events for ALL products
Tuesday September 13, 2022 from 9 a. m. to 11 a. m.

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

Chores Services Reminder

Chore services cannot be used for the physical move of a member's belongings to a new residence. Chore services can assist with packing.

Elderly Waiver Transitional Services may be utilized if criteria are met. The member must be moving from:

- Hospitals licensed under Minn. Stat. §144.50 to 144.58
- Adult foster settings licensed under Minn. R. 9555.5105 to 9555.6265
- Certified nursing facilities and intermediate care facilities licensed under Minn. R. 9505.0175, subp. 23

Please refer to the DHS page: **CBSM - Transitional services - Elderly Waiver (EW)** or the Newsletter from July 2021.

Enhanced Personal Care Assistance (PCA) Rate Reminders

Enhanced rate PCA is a higher reimbursement rate for work that is both:

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

DHS PCA Manual Enhanced PCA rate includes details about the enhanced rate and the qualifying training requirements.

It is the Care Coordinators responsibility to notify the member if they qualify for the enhanced PCA rate at their initial and reassessments. It is the responsibility of the PCA provider to only bill the enhanced rate (T1019 TG) when both the member and the PCA meet the DHS criteria.

Members who are assessed at 10 hours or more a day, per the Supplemental PCA Assessment (DHS 3428D), but are receiving less PCA than assessed, would still qualify for the enhanced PCA rate. Extended PCA hours do not count toward eligibility for the enhanced rate, however if a member is eligible for 10 or more hours of state plan PCA and has a qualifying worker, the enhanced rate also applies to the member's extended PCA rate.

For members on the Elderly Waiver (EW) the cost of services needs to remain within the waiver budget and include the enhanced rate if the member and PCA meets the requirements. The CC would contact the PCA agency to determine if the PCA meets requirements for the enhanced PCA rate and include the appropriate rate on the member's service plan and apply toward the waiver budget.

If you have a member on Elderly Waiver who is accessing the enhanced PCA rate and the increased rate results in the member exceeding their monthly waiver budget, you can submit a Benefit Exception Inquiry (BEI) request to exceed budget due to the enhanced PCA rate. Include the PCA Assessment and indicate the difference between the rate for PCA and enhanced rate and the amount that exceeds the case mix cap. Please refer to the Benefit Exception Policy for any BEI instruction or guidance.

The authorization does not need to include the enhanced rate modifier (TG) as claims will only pay if member and PCA meets DHS criteria for the enhanced rate.

Care Coordinators should refer providers to the Provider Service Center at 1-800-458-5512 if they have questions.

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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