

All Products

Advance Directives

Medica members are provided a description of applicable state law on Advance Directives in their “Important Information Booklet” print material upon enrollment and annually thereafter in the “How To Get the Care You Need” booklet. If having a conversation with a member it is identified that they would like to complete an advance directive document, a downloadable version of the advance directive form is available at lightthelegacy.org. Navigate to the section titled, “Healthcare Directive” and click the button titled, “Download forms.” Light the Legacy has a Healthcare Directive form available in 7 different languages: Arabic, Chinese, English, Hmong, Russian, Somali, Spanish, and Vietnamese.

Benefit Exception Inquiry (BEI) Policy and Form updated

The Benefit Exception Inquiry (BEI) Request Policy and BEI Form and BEI Form Instruction document have been updated and posted on the [Care Coordination Hub](#). There were no significant changes in the policy or form. Links were updated, information and clarification were added including minor word edits. Please always access the most up to date forms from the Care Coordination Hub.

Benefit Exception Inquiry Policy changes

- **BEI Request Exclusions:** Medica will not accept BEI requests for the following reasons:
 - Requests to exceed the Department of Human Services (DHS) residential tool/customized living tool rate
 - Requests to exceed Environmental Accessibility Adaptations (EAA) DHS Elderly Waiver Limits

BEI Form changes

- **Section 2:** Service information: Provider column, added “address”

Community and Engagement Team Events

- 11/1/22 – Carlton County Operation Community Connect – Cloquet
- 11/4/22 – Living Well Resource Fair – Brooklyn Park
- 11/13/22-11/15/22 – LPHA Fall Conference & Annual Meeting - Alexandria

Are you planning to attend any of these events? Please stop by to say hello!

Enhanced Care Coordination (ECC)

Enhanced Care Coordination or ECC, is a Care Coordination intervention that targets members based on their clinical conditions, utilization and risk factors. The ECC report assigns a “care level” to members through advanced analytics, with the goal of identifying members who may benefit from increased care coordinator interventions based on their medical and mental health needs. Care levels are determined by many factors including utilization, chronic conditions and overall risk. Care Coordinator intervention recommendations are based on that care level: 1, 2, 3 or 4.

The Enhanced Care Coordinator Report is sent out quarterly for your membership to use as another tool in your work with members. Medica asks that care coordinators use the information given to them in the ECC report in their regular outreach to members in addition to drive additional outreach and interventions.

The Benefit Managers have recorded an ECC Training to introduce ECC for newer Care Coordinators and it is also a great refresher for those that are familiar with ECC. This recording, accompanying slides and ECC Recommendation document can be found on the [Care Coordination Hub](#) under Training.

Nutritional Products Benefit Guideline

The Nutritional Products Benefit Guideline has been updated and is posted on the [Care Coordination Hub](#). Updates include; definition of service clarification provided, coverage information was updated including additions below, and minor word edits throughout.

Covered:

Enteral nutrition products may be medically necessary for medical conditions related to malabsorption or malnutrition. The condition must have resulted in weight loss or difficulty maintaining a healthy weight. Medical necessity for enteral nutrition must demonstrate that if the member were left untreated by oral enteral nutrition they would risk detrimental effects to their health.

Examples of a condition CAN include:

- Mechanical inability to chew or swallow solid or pureed or blenderized foods
- Malabsorption due to disease or infection
- An oral aversion which significantly limits the ability to get adequate nutrients
- Weaning from total parenteral nutrition (TPN) or feeding tube
- Inborn errors of metabolism

Not Covered:

- Nutrition products for people living in long-term care (LTC) facilities (included in the per diem)
- Nutrition products for which the need is nutritional rather than medical or is related to an unwillingness to consume solid or pureed foods
- Nutrition products that are requested as a convenient alternative to preparing or consuming regular foods
- Nutrition products for which coverage is requested because of an inability to afford regular foods or supplements (refer member to county human services)
- Food thickeners for people living in LTC facilities (included in the per diem)
- Energy drinks
- Sport shakes

Updated Health Risk Assessment (HRA) Completion Report Template and Primary Care Physician (PCP) Letter for CY2023

Updated HRA Completion Report Template (will be posted soon!)

Due to new CMS requirements, we have updated the HRA Completion Report Template that you use to send us your HRA data.

- **What are the updates?** There are two updates to highlight:
 - **Assessment Method (new field):** You will use this field to indicate how the assessment was completed. Options are In-person, Telephonic, or Telehealth. Telehealth means the assessment visit was done using a HIPAA secure platform that provides for a real-time audio-visual interactive encounter (e.g., video conference).

- **Date Care Plan Completed:** This field is not new, but required going forward (with reports for 2023 dates of service). Report the date the Care Coordinator completed the care plan associated with the most recent assessment date. See Instructions Tab in the updated template for detailed instructions.
- **Where do I find the updated template?** We will post the updated HRA Completion Report Template on the Care Coordination Hub under the “Templates, tools, and additional resources – Tools and Forms” section for each product. Look for it soon! We will send a reminder email once it is available.
- **When should I start using the updated template?** You may start using the updated template as soon as it is posted but must start using it **no later than** with your first HRA report for 2023 dates of service.
- **Do I need to use the updated template for all products?** Yes. Use the updated template to report HRA and care plan data for all products you manage (Minnesota Senior Health Options (MSHO), Minnesota Senior Care (MSC+), Special Needs Basic Care (SNBC) and Integrated Special Needs Basic Care (I-SNBC)).
- **Are there instructions on how to complete the new template?** Yes. The first tab in the template has instructions on how to complete each field.

Updated PCP Letters (posted now!)

We updated the PCP letters to emphasize the PCP’s role on the Interdisciplinary Care Team and to encourage the PCP to reach out to the Care Coordinator with questions or input about the member’s health care needs or care plan.

- **Where do I find the updated letters?** The updated PCP letter is posted on the Care Coordination Hub under the “Templates, tools, and additional resources – Letter Templates” section for each product.
- **When should I start using the updated template?** We prefer that you start using the updated PCP letters as soon as possible, but **no later than 1/1/2023**. This will allow you time if you need to build the updated letter into your EMR/clinical documentation system.

Questions on either of the above? Email MedicaSPPRegQuality@Medica.com

U.S. Department of Health and Human Services (HHS) extends the federal COVID-19 public health emergency

HHS Secretary Xavier Becerra renewed the federal COVID-19 public health emergency effective Oct. 13, 2022. Visit the HHS’ [Renewal of Determination That A Public Health Emergency Exists](#) webpage to read the official declaration of this renewal.

Continue following existing COVID-19 policies and procedures for Minnesota Health Care Programs until further notice. We will provide more guidance as it becomes available.

2023 Medica Service Area for Medicaid

In 2023, Medica will be expanding our service area and our Medicaid products available in many existing counties. We are maintaining the same 50 county service area for MSHO/MS C+, adding SNBC in 24 new counties (including an integrated SNBC plan in 14 of those counties), and adding Families & Children in 16 new counties. In total, Medica will have at least one Medicaid plan available in 56 Minnesota counties in 2023. We are proud of these results and look forward to building and strengthening our relationships with valued county partners throughout the state.

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

Senior Community Services Technology Support

Senior Community Services is a nonprofit organization with a mission to innovate and deliver services that meet changing needs of older adults and their caregivers. Senior Community Services offers a Technology Partners Program that assists older adults living in Hennepin, Sherburne and Wright counties with getting Internet access and devices to help close the digital divide.

The goal is to help seniors use online resources for daily tasks such as telehealth/health care, grocery shopping/delivery, managing banking, finances, arrange for transportation and staying in touch with friends and family. Free phone and in-person support at community centers is available to anyone age 60 or older living in these counties. This service is available through a grant from the State of Minnesota Department of Human Services.

Additional details, phone and email contact can be found on their website:

seniorcommunity.org/services/technology-partners

Extra benefits go a long way - Spotlight on 2023 Minnesota Senior Health Options (HMO D-SNP) (MSHO) Plan

We are pleased to highlight some of the innovative and helpful supplemental benefits that will be included in our 2023 MSHO plan design. These benefits include:

- Up to \$1,200 a year for over-the-counter items
- Two dental crowns per year
- \$0 gym membership + daily rides to the gym
- Personal Care Coordinator

Most members also qualify* for these extra money saving benefits:

- \$150 a month for healthy foods
- \$100 a month for utility bills
- \$0 rides to the grocery store

**The benefits mentioned are part of a special supplemental program for those with qualifying chronic conditions.*

Individual Community Living Supports (ICLS)

Individual Community Living Supports (ICLS) is an Elderly Waiver (EW) bundled service that includes six service categories. ICLS services offer assistance and support for older adults who need reminders, cues, intermittent/moderate supervision or physical assistance to remain in their homes. ICLS was developed to provide support across a wide range of needs in order to allow a single provider the capacity to deliver services and support to an individual. ICLS is most appropriate to use when a member needs a combination of component services. ICLS is not intended to be an ala carte type of service. The care coordinator works with the member to complete the **ICLS Planning Form DHS-3571** to communicate to the ICLS provider the specific service components the member will receive and identify the member's goals that the ICLS service is intended to support. The member, provider and the care coordinator must complete and sign the form. The provider must have the capacity to deliver all components of the service.

The Care Coordinator determines the appropriate service/s based on the member's assessed needs. The member is given choices on how their needs can be met and must be the most cost effective service to meet a member's needs while maintaining their health and safety. Services must also be within the waiver case mix budget limits. If the Care Coordinator is asked by a provider to "switch" to or increase ICLS services and refuse to provide or accept a referral for another service they are enrolled with Department of Human Services (DHS) to provide, such as homemaker or Personal Care Assistance, we ask that the Care Coordinator complete the **Care Coordinator Concern form** available on the Care Coordination Hub under Tools and Forms and Miscellaneous. Medica will share this information with DHS Provider Enrollment.

As a reminder, if a Care Coordinator suspects potential fraud, waste, or abuse, please report to Medica Special Investigations Unit (SIU) for review. Reports can be made; Fraud Hotline 866-595-8495, email siu_mail@medica.com, Integrity Line 866-595-8495.

For more information about ICLS services, please refer to the **Community Based Service Manual ICLS Service** and the **Medica ICLS recorded training** and associated resources posted on the Care Coordination Hub under Training.

If you have questions or would like a case consultation, please contact MedicaCCSupport@Medica.com.

We're here to help

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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