Medica | CARE COORDINATOR NEWSLETTER

All Products

Auditor Corner- Annual Preventive Exam- & Advance Directive Discussions

Annual Preventative Exam

Care coordinators should review clinical preventative services that can help maintain or improve a member's health. These services help to prevent illnesses and diseases, but they can also detect a health condition (from flu to cancer) in its early, more treatable stages. Preventive screenings significantly reduce the risk of illness, disability, early death, and medical care costs. Even though these are covered benefits, many adults go without clinical preventive services that could protect them from developing several serious diseases or help them treat certain health conditions before they worsen. Care coordinators also can help reduce health disparities and improve member health by recognizing and addressing social, economic, and physical environmental barriers that may be affecting members' health and well-being. For example, look at how you can help members get the care they need if there are logistic factors, such as transportation, that are limiting access to clinical and/or social services.

It is a Department of Human Services (DHS) requirement that each member have an opportunity to engage in conversation about the need for an annual, age–appropriate comprehensive preventive health exam with their Care Coordinator. This element can be met by the Care Coordinator documenting this discussion occurred.

- When working with legacy documents, this is captured on the Care Plan under the "Managing and Improving My Health" section. This is where the Care Coordinator indicates if the conversation/education occurred and if a goal is needed to address targeted health prevention needs.
- In MnCHOICES this information is gathered in the "Staying Healthy" section of the HRA or MnCHOICES Assessment. Relevant screenings will appear based on a person's sex and age that was entered in their personal information. There is also a preventative screenings grid located in the MnCHOICES Practice Guide that provides additional recommendations and guidance. If applicable, next steps and supports needed should be documented in the Support Plan.

If it is identified that the member has a need for preventative care, the care coordinator should educate the member about the benefits of preventative care and identify next steps and supports needed. This is a great time to offer assistance in scheduling an appointment, setting up transportation, and discussing Medica specific benefits.

Did you know that Minnesota Senior Health Options (MSHO) and Special Needs Basic Care Enhanced (ISNBC) members can earn rewards by completing certain preventative care services? You can find details here: **rewards-and-incentives | Medica**

Advance Directives

An advance directive (also called a health care directive) provides important information about a person's wishes in various medical situations if they are not able to communicate their own wishes. An advance directive is usually shared with those a person has chosen to ensure their wishes are carried out. It also should be shared with the person's primary medical provider(s) so it can be included in their medical record.

It is a DHS requirement that each member have an opportunity for annual discussion about and/or completion of an Advance Directive.

- If a member has an advance directive, identify who has a copy and where it is kept. Other trusted people should have access to the advance directive, including the member's primary medical provider(s), to ensure the member's wishes are carried out.
- If the person does not have an advance directive, or is unsure whether they have one, discuss whether they would like assistance in completing an advance directive or health care directive. Advance directives are very personal, and people vary widely in their comfort discussing this with others. In addition, it may not be culturally appropriate to discuss in some situations. Use discretion when determining whether it is an appropriate time to discuss.

Care coordinators should document the advance directive discussion with member. If you are unable to discuss an advance directive the member, document a brief reason why.

Members can be referred to **https://www.lightthelegacy.org/** to obtain a downloadable version of an advance directive form in multiple languages.

If you have questions about this audit element, please reach out to your auditor or email **MedicaSPPRegQuality@Medica.com**

Cardiac Rehabilitation underutilization in Minnesota

Minnesota Department of Health (MDH) News Release Dec. 6, 2023

Minnesotans missing out on life-saving cardiac rehabilitation opportunities:
Cardiovascular disease is the second leading cause of death in Minnesota, and a new study from the Minnesota Department of Health (MDH) found more Minnesotans could be taking advantage of cardiac rehabilitation (cardiac rehab) treatments after a heart attack, heart surgery, getting a stent or other heart problems to reduce hospitalizations and deaths.

Key findings include:

- Less than half (47.6%) of qualifying patients initiated cardiac rehab within one year of their qualifying event.
- Adults aged 45–64 years were most likely to initiate cardiac rehab. Older adults aged 85 and older were 48% less likely to participate than adults age 65–74.

- Patients with heart bypass surgery were most likely (70.2%) to participate in cardiac rehab, while those with heart attack and no procedures were least likely (16.8%) to participate.
- Women were 10% less likely to participate in cardiac rehab than men.
- Only 3.2% of patients with secondary qualifying conditions (chronic stable angina and heart failure) participated.

Cardiac rehab has many potential benefits, such as:

- Supporting patients to manage their own health and cardiovascular risks through blood pressure monitoring, nutrition, and stress management.
- Enhancing social, physical, and emotional well-being.
- Monitoring and managing cardiac symptoms.
- Reducing the risk of death and hospitalization.
- Helping to improve heart function and reduces risk of future heart events.

Learn more at **MDH Cardiac Rehabilitation** or visit the **Minnesota Association of Cardiovascular and Pulmonary Rehabilitation** website.

Chore Services Per Diem Rate Reminder:

DHS created a per diem rate for individual occurrences of chore services such as snow removal, lawn care, etc.

- The unit rate is a time-based rate.
    - Example: window washing will take 2 hours. This could be authorized under the unit rate).
- The per diem rate is a cost rate per occurrence.
    - Example: when authorizing snow removal $100/per occurrence up to 8 x month for a total of $800./month). Per diem HCPCS code is S5121.

We want to make sure we are most accurately capturing the services and rates included in the member budget. Care coordinators may need to provide education on this to some of the chore providers on the use of the per diem rates.

Community engagement team planned events:

- 1/10/2024: **Damiano Tabling** *(Duluth)*
- 1/24/2024: **Carver County Community Connect** *(Chaska)*
- 1/25/2024: **St. Louis County Community Connect** *(Duluth)*
- 1/26/2024: **CAPI Winter Festival** *(Brooklyn Center)*
- 1/26/2024: **Damiano Tabling** *(Duluth)*

We welcome Medica colleagues to attend and participate in our events! If you are interested in attending an event or learning more about our team's outreach work, please contact us at **communityengagement@medica.com**

December - Seasonal Affective Disorder (SAD) Awareness Month

Despite the long, dark days, December can be the most wonderful time of the year for most people. But it's also the time for the winter blues for many others. For this reason, December has been designated as **Seasonal Affective Disorder** month.

Seasonal Affective Disorder is more prevalent in regions with harsher winters. But, like other mental health conditions, this condition doesn't discriminate. It affects individuals of all ages, though older adults may have a higher risk. Depression in the elderly is often overlooked or mistaken for other symptoms. For example, depression can cause memory issues, which may be mistaken for cognitive decline or the typical effects of aging. Consequently, older adults may not receive the necessary mental health treatment to enhance their wellbeing.

Seasonal Affective Disorder is a form of depression triggered by seasonal changes. It can cause bouts of fatigue, depression, and social withdrawal due to a biochemical imbalance in the brain. It is more likely to affect adults with major depressive or bipolar disorder. Unfortunately, this condition can also be inherited.

The symptoms of Seasonal Affective Disorder include:

- Sad, anxious, or "empty" feelings
- Feelings of hopelessness, guilt, worthlessness, or helplessness
- Loss of interest or pleasure in formerly enjoyable activities
- Fatigue and decreased energy
- Overeating (or conversely, lack of appetite)
- Difficulty concentrating, remembering details, or making decisions
- Social withdrawal
- Thoughts of death or suicide.

Treatment options for Seasonal Affective Disorder:

- Light therapy: Expose yourself to as much daylight as possible. A light box/SAD light can promote light exposure throughout winter months. This method is one of the most widely used therapies for seasonal affective disorder. These devices can help adjust circadian rhythm and the levels of various hormones and neurotransmitters that affect mood and energy.

- Engaging in routine & healthy social interactions: Spending time with friends or family can positively affect your mental health. Maintain a regular bedtime/sleep routine and get enough rest. Maintain healthy meals on a regular schedule.
- Exercise: A regular exercise routine can help with stress relief, promoting mental health, and increases the same chemicals in your brain found in anti-depressant medications.
- Therapy: Counseling is another beneficial treatment for Seasonal Affective Disorder. Therapy can help develop an individualized treatment plan.

Reminder: End of Year Health Risk Assessment (HRA) Data Submissions (MSHO & I-SNBC Only)

As we near the end of the year, we want to ensure we have complete and accurate CY2023 HRA data to submit to Centers for Medicare & Medicaid Services (CMS) in February 2024. To help meet that goal, we will be sending out an end of the year HRA report for you to submit back to us with your HRA, unable to reach (UTR) and refusal data and supporting documentation, as applicable. With this report, we ask that you do the following:

- **Report December HRA Data/Missing HRA Data**
    - Report all your December HRA, UTR and Refusal completion dates to us on the "NEW HRA DATES" tab of the report. This tab will be pre-populated with the names of members who are due for an HRA in December. It is important that you report December HRA dates even if the Care Coordinator has not yet completed the Care/Support Plan associated with the HRA. You can report the Care/Support Plan dates with your January HRA report in February but do not wait until February to report December HRA data – that will be too late to report to CMS.
    - The NEW HRA DATES tab also will include members for whom we have not received any HRA data from you during the year. Please review all members on this tab and report any HRA, UTR, or Refusal dates you have for these members.
- **Review & Correct October & November HRA Data.** The "CORRECTIONS" tab will be populated with members you reported to us with October or November HRA dates. Please review these dates and make any corrections necessary.
- **Transfer/Transitional HRA Data.** Remember to report all **Transfer HRA** dates. We have found that these are sometimes left off the HRA reports, and we need them to report to CMS.
- **Supporting Documentation for UTR/Refusal Members.** If working outside of MnCHOICES or if working in MnCHOICES but not loading the Unable to Contact and Refusal Care Plan or other supporting documentation in the system, please send supporting documentation for UTR/Refusal members when you return the report to Medica (e.g., Unable to Contact/Refusal Care Plan, Ongoing No Contact letter, case notes).

You will receive the end of year HRA report via Sharefile along with an email notification from Cindy Vang-Vue on/around the last week of December. Please return the completed report to us via Sharefile **no later than January 15, 2024**.

Note: This end of the year HRA report will replace your December HRA report – you do **not** need to send us a separate December HRA report since members due for an HRA in December will be included in the *New HRA Dates* tab of the end of year HRA report.

Questions? Email the Reg Quality mailbox at **MedicaSPPRegQuality@Medica.com** or Cindy Vang-Vue at **Cindy.VangVue@Medica.com**.

Updated Medica Policies

The following policies have been updated and will be posted on the Care Coordination Hub soon:
Assessment Schedule Policy Minnesota Senior Health Options (MSHO)/ Minnesota Senior Care Plus (MSC+)

- Definitions updated
    - Assessments updated to reflect MnCHOICES options
    - In-person assessment added
    - Remote assessment added
    - MnCHOICES added
- In-person assessment process vs remote assessment process updated
- Community First Services and Supports (CFSS) added
- Medicaid Management Information System (MMIS) process updated
- Mode of Assessment Guide added
- Assessment & Follow-up activities updated

Assessment Schedule Policy Special Needs BasicCare (SNBC)/ Special Needs BasicCare Enhanced (ISNBC)

- Definitions updated
    - Assessments updated to reflect MnCHOICES options
    - In-person assessment added
    - Remote assessment added
    - MnCHOICES added
- In-person assessment process vs remote assessment process updated
- MMIS process updated
- Mode of Assessment Guide added
- Assessment & Follow-up activities updated

Behavioral Health Home Coordination

- Reviewed, no process changes

Benefit Exception Inquiry

- Reviewed, no process changes

Coordination with Certified Community Behavioral Health Home

- Reviewed, no process changes

Remote Assessment

- Title change from Telephonic to Remote (in accordance with DHS definitions)
- Added MSHO as product affected
- Definitions updated
    - Assessments updated to reflect MnCHOICES options
    - In-person assessment added
    - Remote assessment added
    - MnCHOICES added
- Remote assessment process updated

    - All members must be offered an in-person assessment & this must be documented (including those on other waivers)
    - Included requirements for members receiving Elderly Waiver (EW)
- MMIS process updated
- Mode of Assessment Guide added

Transfer Responsibilities

- Definitions updated
    - MMIS added
    - MnCHOICES added
    - Transfer documents updated to reflect MnCHOICES documents
    - Transfer requirements clarified

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

2024 MMIS Capitation Dates

The **2024 DHS MMIS Capitation Dates** have been released and were sent out with the December 2023 Quarterly Care Coordination meeting minutes and are now posted on the Care Coordination Hub under Tools and Forms> Miscellaneous. The highlighted column indicates the date the assessment is to be entered into MMIS.

What is a Capitation/Cut-off Date?

- DHS releases dates each year indicating when Elderly Waiver (EW) assessments need to be entered MMIS in order for Medica to receive the proper capitation for members on EW. The proper payment by DHS allows Medica to cover the waiver related provider claims

Why do Capitation/Cut-off dates matter to a Care Coordinator?

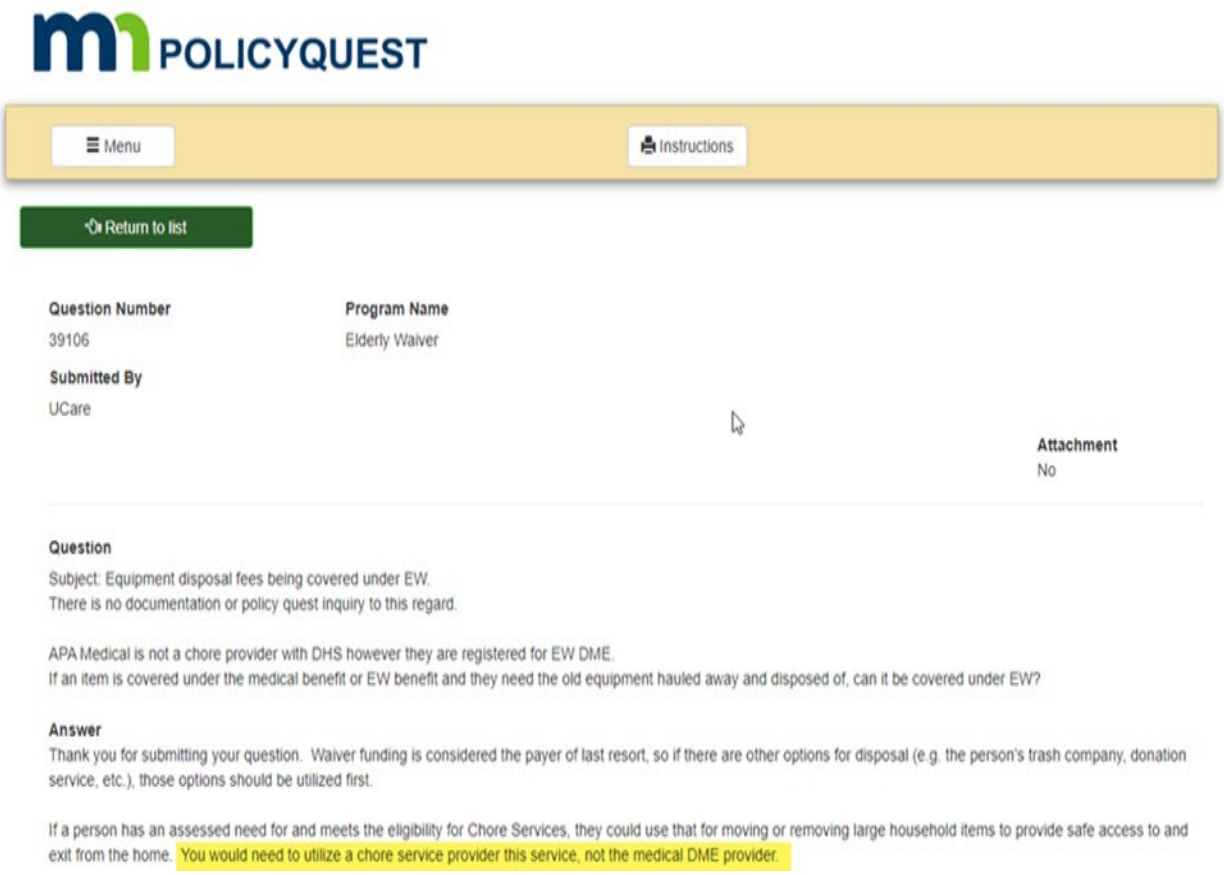
- When assessments are entered after the DHS Capitation date the members may be on an error report and/or members may have a lapse in services as authorizations expire.
- The more members who have assessments entered timely could mean less errors and/or shorter reports in addition to reduced service lapses.
- Care Coordinators should be aware of the Capitation dates in order to plan timely assessment meetings with members.

Best practice is to mark your calendars with the Cap/cut-off dates and plan assessments accordingly.

Elderly Waiver Equipment Disposal

DHS provided clarification on waiver coverage for equipment disposal.

Policy Quest dated 11/20/23:



Personal Emergency Response System (PERS), Fall Detection and Medication Dispenser Provider

Senior Living Insights is a locally owned and a DHS enrolled waiver service provider that offers solutions to promote proactive and successful aging that enable seniors to remain in their homes for as long as possible. They are a based in the Twin Cities area and offer services in the in the metro and in out-state regions of Minnesota. Their services include PERS units, medication dispensers, hands free voice activated call to emergency contact or Emergency medical services (EMS), and a non-wearable fall risk detection system.

Unique to Senior Living Insights is their non-wearable fall detection system that is used in areas and situations where PERS pendants/watches are rarely worn and ensures members can still get help if they are unable to push a button for assistance. Members who may benefit from this service include those who have fall risks and prefer not to wear a device or forget to put it on and/or may not be able to recall or report when and where a fall occurred.

Additionally, Senior Living Insights has recently added an automated medication dispenser that can dispense up to 90 days of medication for each medication up to 16 medications.

Information about their products and services can be found on their website including videos. If you have any questions, contact them directly using the contact information on their website, **https://www.seniorlivinginsights.com/**

As with all EW services, Medica does not have preferred providers as we do not contract with EW providers. Care Coordinators are to ensure members are given a choice of available providers and that services provided are cost effective and meet an assessed need.

QMedic

As with all Elderly Waiver (EW) services, Medica does not have a preferred provider for these services as we do not contract with EW providers. Care Coordinators are to ensure members are given a choice of available providers, and that services fit within the members EW budget. Specific to personal emergency response system (PERS), not all providers charge the same rate, so it is recommended that care coordinators be generally aware of rate differences to maximize a members EW budget.

QMedic™ PERS Intro Video	In-Home PERS	Mobile GPS PERS	Mobile GPS PERS +	Mobile GPS PERS X	Mobile GPS PERS	Blink Smart-phone App
						
Weight	0.4 oz (wrist), 0.3 oz (neck)	1.7 oz	1.5 oz	1.3 oz	2.1 oz	BLINK is a new free mobile application developed by QMedic that allows a member to use their voice to call for help. The member chooses the trigger word (e.g. "help") and the phone number to call (e.g. daughter's cell phone). BLINK calls the preset phone number once the trigger word is spoken.
Range	Button press works within 2000 ft of the base station	Works anywhere in the USA with sufficient cell coverage	Works anywhere in the USA with sufficient cell coverage	Works anywhere in the USA with sufficient cell coverage	Works anywhere in the USA with sufficient cell coverage	
Battery Life	Wearable battery life of 2 years, back-up base station battery of 24 hours	Wearable battery needs recharge monthly for 3 hours	Wearable battery needs recharge weekly for 3 hours	Wearable battery needs recharge every 4 days for 3 hours	Wearable battery needs recharge every 3-4 days for 2 hours	
Waterproof	Fully waterproof wearable	IP 67 Waterproof rating	IP 67 Waterproof rating	IP 67 Waterproof rating	IP 67 Waterproof rating	
Data Monitoring	Activity, sleep, non-wear monitoring	No data monitoring	Real-time GPS tracking optional	Real-time GPS tracking optional	Real-time GPS tracking optional	
Wearable Options	Available as necklace or wristband	Available as necklace or belt clip, wrist conversion optional	Available as necklace or belt clip, wrist conversion optional	Available as necklace or belt clip, wrist conversion optional	Available as wristband only (various band options)	
Cellular Carrier	Landline, AT&T or US Cellular	Verizon or AT&T	Verizon	Verizon or AT&T	T-Mobile or AT&T	
Fall Detection	Fall detection	No Fall detection	Fall detection	Fall detection	Fall detection	
Extra Features	Direct Connect	GPS activated when button pressed	GPS tracking anytime	GPS tracking anytime	Direct Connect Vital Monitoring	

NPI: 1215358361 **referrals@qmedichealth.com** **Phone: (877) 241-2244**

End Of Year Message

As 2023 comes to a close, it's important to take time to reflect on the year and all the growth and change that has happened. Acknowledge the challenges, celebrate the progress, and honor the connections we have made. We learn by reflecting on our experiences and want to commemorate our achievements however small or significant. Perhaps most importantly we shall recognize how grateful we are to be a part of such a collaborative group of people working together to better the lives of our members. We share in this endeavor and thank you all for being a part of our care coordination team. We appreciate your continued efforts and hard work! We are hopeful and excited for what is to come in 2024 and are wishing you all a very happy holiday season and New Year!

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**.