

## All Products

### Annual Dental Visit 2023 – Let’s Hit the Ground Running!

January is a great time to start helping members schedule their annual dental visit.

#### Why’s that?

- Dental offices tend to have more openings available in the beginning of the year
- Clinics scheduling far in advance can still complete appointments this year

#### Medica Care Coordinators’ direct line to Delta Dental’s Care Coordination (DCC)

You can conference call DCC with the member, or call on the member’s behalf.

They help you:

- Find a dentist
- Schedule an appointment
- Arrange transportation and interpreter if needed
- Make member appointment reminder calls
- Assist scheduling follow-up appointments if needed

Medica Care Coordinators can reach Delta Dental Care Coordination at:  
1-866-303-8138, 8 a.m. to 5 p.m., Monday – Friday

#### What about tele-dentistry?

Tele-dentistry allows members to have a dental exam without traveling to a dental clinic. An in-person follow-up appointment is made with the dentist to address care needs identified in the tele-dentistry visit. This saves members

time and reduces the number of times a member needs to travel to their dental clinic.

## Bridging Update

Bridging has increased the cost for 2023. The Benefit Guideline and forms on the Medica Care Coordination HUB have been updated.

Please use the forms on the Medica Care Coordination HUB as these are the most up to date. The Bridging appointments are scheduled out to 2023. So if you submit a Bridging request please use the increased cost for 2023.

1. Please be sure you fill out the forms **completely and correctly**; this provides quicker scheduling for your member.
2. Assure you have the address the member is moving to on the forms or where they will need their Bridging delivered. If the member does not have an alternative phone or email, use the Care Coordinators information.
3. **Note: the member needs to have secured transportation if they wish to shop in person.** They can also shop virtually or have Bridging do the shopping from the Shopping form submitted.
4. Bridging will reach out the day of the delivery so please remind members to answer phone, as Bridging needs to be sure they will be home on delivery day!
5. *ANY MISSED APPOINTMENTS ARE CHARGED TO MEDICA, DELAY MEMBER GETTING NEEDED ITEMS, AND MAY MAKE MEMBER INELIGIBLE TO USE PROGRAM.*
6. Page three and four of the Bridging Guideline provides the steps that need to be followed to assure completion and completeness of the process.

Please review the Bridging Benefit Guideline before submitting a request for Bridging services. If you have reviewed the information provided and have questions about Bridging services or process, you can contact the Benefit Managers email at [BenefitManagers@Medica.com](mailto:BenefitManagers@Medica.com).

## Care Coordinator Success Stories

Reminder to submit your care coordinator success stories to the [MedicaCCSupport@medica.com](mailto:MedicaCCSupport@medica.com) email box at any time. We want to hear about the good work you are doing with your members and share it with others. One story will be chosen and highlighted at the care coordination meeting in March. The lucky one chosen will also receive some Medica swag, so please share your successes!

## Care Coordination Support Line

Reminder, the support line email and phone number are for Care Coordinators only so please do not give out this number or email to outside entities/individuals. Medica's Clinical Liaisons are devoted to supporting our Care Coordinators in their role.

## COVID-19 Emergency Period and Long Term Services and Supports (LTSS)

**Please note the below includes updated information from the August 2022 Care Coordination Newsletter.**

Care Coordinators (CC) must continue to follow Department of Human Services (DHS's) direction that participation in LTSS programs cannot be terminated. In general, members must remain eligible for waiver programs throughout the national COVID-19 emergency period. Please refer to **Bulletin #20-56-06 COVID-19 Participation in LTSS Programs Cannot be Terminated** and **Frequently asked questions about maintaining HCBS eligibility under COVID-19 requirements / Minnesota Department of Human Services (mn.gov)** , please review for details.

Medica recognizes that communication with the member may be limited or absent. If a member is on the Elderly Waiver or is receiving Personal Care Assistance (PCA) services and the CC is unable to reach the member to complete a reassessment before the end of the waiver span or before the end of the PCA authorization, **the CC must proceed with a denial, terminations, and reductions (DTR) to terminate member's services but keep the waiver open, if applicable.** The DTR process will notify the member and the provider of the services ending.

Care Coordinators who are unable to reach members are to follow the **Medica Unable to Reach/Refusing Member Policy**. This policy provides suggestions for reaching the member such as contacting the member's providers such as PCA, Home Care, Homemaker, and Adult Day Care agencies to successfully reach member and complete an assessment.

In situations where a CC is able to reach the member, Medica and DHS requires that the long-term care consultation (LTCC) and PCA Assessment (if applicable) is completed before continuing to authorize services. If the member is refusing an assessment, the CC must provide member education that an incomplete assessment will result in not being able to assess the need for services and services will end. The CC can offer a remote assessment and the waiver cannot close if a reassessment is completed. By refusing an assessment the member is

choosing to close the waiver, if applicable. The CC would document this communication in the member record. If an assessment is not completed, the CC would proceed with a DTR to terminate services and close Elderly Waiver, if applicable.

This will provide the member with their appeal rights.

If you have questions or would like to consult with the Medica Clinical Liaison please email [MedicaCCSupport@medica.com](mailto:MedicaCCSupport@medica.com).

## February Lunch & Learn on 2023 Health Risk Assessment (HRA) Reporting Updates

- **What:** The Regulatory Quality team previously communicated planned updates to the HRA Completion Report template for 2023 (see the 2022 October and November newsletters for the announcements). This is the template you use to send us your HRA and Care Plan data throughout the year. We are doing a Lunch and Learn in February to review the updates in more detail and answer any questions you have about the new template.
- **When:** Monday, February 27, 2023 from 12 – 1pm (Invite from Theresa Wappes titled *Lunch & Learn on Part C/HRA Reporting* sent January 3)
- **Who Should Attend:** Supervisors and staff at your organization who are responsible for completing the HRA reports that you submit to Medica.
- **Reminder - Use the Updated Template for 2023 Data:** You should be using the updated HRA Completion Report template to submit your 2023 HRA data (January data due by February 15). You can find the HRA Completion Report template on the Care Coordination Hub under each product page at >Templates, tools, and additional resources >Tools and Forms >Miscellaneous >Link titled “2023 Medica CC HRA Completion Report (XLS).” The same file is posted on each product page.
- **Questions about the updated HRA report?** Email the Regulatory Quality mailbox at [MedicaSPPRegQuality@medica.com](mailto:MedicaSPPRegQuality@medica.com).

## Mayo In-Network Provider

Reminder that the Minnesota Mayo Clinics are in network for all products.

## Protection from utilities being shut off

Minnesota has three ways to protect people from utility shutoffs during the winter: the Cold Weather Rule, Low-Income Home Energy Assistance Programs and the Gas Affordability Program.

The **Cold Weather Rule** is a Minnesota law that prevents heat disconnections

during the winter months with payment arrangements. The Cold Weather Rule protects customers from having electric or natural gas shut off between Oct. 1 and April 30. More information is available in [English](#), [Español/Spanish](#), [Soomaali/Somali](#) and [Hmoob/Hmong](#).

The Low-Income [Home Energy Assistance Program](#) helps income-qualified households with heating and cooling energy costs, bill payment assistance, energy crisis assistance, weatherization and energy-related home repairs by awarding grants. This program is open to people who rent or own their home. Applications are available in multiple languages.

The [Gas Affordability Program](#) is a State-mandated program available to residential customers who have received assistance from the [Energy Assistance Program](#) since Oct. 1 this year. It helps with gas utility bills based on a percentage of household income spent on heating and helps resolve late or incomplete bills.

### **Energy & Utility Assistance**

Cooler weather is upon us. Please remember the important resource of the Energy Assistance Program, which pays up to \$2,000 towards heat, power and water costs, and is free for all eligible households. Medica Care Coordinators and Medica Member Services are available to help members access Energy Assistance. Local Community Action Partnership (CAP) agencies are another avenue for support in applying for energy assistance (your local agency can be found here: [minncap.org/local-agencies](http://minncap.org/local-agencies)). More information can be found at [mn.gov/commerce/consumers/consumer-assistance/energy-assistance](http://mn.gov/commerce/consumers/consumer-assistance/energy-assistance).

## **Regulatory Quality Forms updated**

We have updated the Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) Depression Management Talking Points for Care Coordinators and Depression Management Tip Sheet Documents for Members with new branding and the updated Minnesota Department of Human Services (DHS) language block. The updated versions are posted on the Care Coordination Hub under the Templates, tools, and additional resources section for MSHO and MSC+ Products. Click on the Tools and Forms drop down and you will find it under the “Health Improvement Programs” section ( **Templates, tools, and additional resources > Tools and Forms > Health Improvement Programs**). Please start using the updated forms as soon as possible.

We have updated the When and Where to Get Care Documents with new branding and the updated Minnesota Department of Human Services (DHS) language block. The updated version is posted on the Care Coordination Hub under the templates, tools, and additional resources section for All Products. Click on the Tools and Forms drop down and you will find it under the “Health

Improvement Programs” section (**Templates, tools, and additional resources > Tools and Forms > Health Improvement Programs**). Please start using the updated forms as soon as possible.

## Revised MnCHOICES Application

The revised MnCHOICES application remains on track to launch March 31, 2023. Lead agencies (counties, tribal nations and managed care organizations) will have access to the new system on April 3, 2023.

We want to encourage you & your staff begin retaking TrainLink trainings for review and familiarizing yourselves with the MnCHOICES workflows as well as practicing in the MnCHOICES Training Zone (MTZ) environment in preparation for the launch.

### Upcoming Revised MnCHOICES Application Launch Meetings:

**February 8, 2023:** Reviewing Transition instructions for managed care organizations (MCOs) & MCO delegates (counties and other agencies) using MnCHOICES Support Plan (MnSP) for elderly waiver residential services (EWRS) Rate tools and legacy (DHS-eDocs) documents to complete their work.

- **Attendance is recommended for all mentors**

**March 8, 2023:** What to expect on April 3. Security liaisons and your staff with a lead agency admin role. Review procedure to add your agency staff not included in onboarding sheets. Security liaisons and your staff with a lead agency admin. Managing users: Changes and access removal

**MnCHOICES mentor meeting (3 hours) to review the MnCHOICES Current Functionality and Future Enhancements document. Date and time pending.**

- **Attendance is recommended for all mentors**

Post launch webinars—April 12, May 10, June 14, and July 12. To provide support and answer questions as your agency uses the application to complete its work.

MnCHOICES Office Hours: Updates on the current MnCHOICES systems and an opportunity for you to ask training questions about the revised MnCHOICES application. These dates include Feb. 3, April 7, and June 2.

How to listen to past MnCHOICES webinars: [Disability Services Division training archive](#)

## New transportation providers for 2023

In 2022 Medica contracted with 53 non-emergency medical transportation providers and by 1/1/2023 we are in the process of adding 22 additional providers for a total of 75 contracts. This will allow for more accessibility & better service for our members. Care coordinators should continue to reach out to [ProviderOversight@medica.com](mailto:ProviderOversight@medica.com) to obtain the list or to refer possible new vendors for the network.

## Upcoming Meetings

Please mark your calendars for the upcoming Care Coordination Quarterly Meeting - for all products on Tuesday March 7, 2023 from 9 am to 11 am. Meeting will be virtual. Invite with login information will be forthcoming.

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

### MSHO Behavior Health Case Management Referrals Wanted

We are looking for members to be referred for MSHO behavioral health case management by Medica Behavioral Health (MBH). The referral process is easy. Simply complete and submit the [Care Management Referral Form For Care Coordination](#).

### MSHO Utility Assistance Allowance Program

Medica knows how important utilities are to our members' health, housing stability, and general wellness. Therefore, in 2023, we are including a supplemental benefit for our MSHO members of **\$100 a month toward utility bills** through our Healthy Savings program. Eligible utilities include: electric, gas, heating, sanitary, water, and internet. Many members qualify for these extra money saving benefits, which are part of a special supplemental program for those with qualifying chronic conditions.

*If your member is identified through claims with one or more qualifying condition and have received a letter notifying them of eligibility, the care coordinators can assist the member by reviewing the [Utility Assistance Allowance Program](#)*

benefit guideline on the Care Coordination HUB & assisting the member, as needed, to access this benefit.

## **Out-of-Network (OON) Personal Care Assistance (PCA) Provider Resources on Medica.com**

Members who enroll with Medica who have been receiving PCA services at the time of the enrollment can continue to receive their PCA services and can use an OON PCA provider for up to 120 days from the date of enrollment with Medica. Care Coordinators will need to continue to communicate with the out of network provider to obtain documentation such as the PCA Assessment and authorization. Please refer to the **Home Care Policy** for more details.

We understand as the Care Coordinator you work directly with OON PCA providers and may get asked questions about billing for services. To address questions and provide guidance, Medica developed an **Out-of-Network PCA Setup Training** on Medica.com. This is a short, just under 7 minute training that summarizes the process to get set up so Medica can accept their claims.

Additionally, a Medica.com document reviews the billing process for OON PCA. This information is on the provider page. The direct link to the PCA provider page is <https://partner.medica.com/providers/medica-administrative-manual/supplementary-contracting-and-regulatory-requirements/personal-care-assistance>. The document is at the bottom of the page listed as **“Non-Participating PCA Provider Billing Process for MSHO and MSC+ Members”**.

Medica’s PCA provider network is currently closed, however Medica will accept applications from PCA providers and they are reviewed on an individual basis. The application is available on the **Medica.com provider page**.

Please refer providers to Medica Provider Service Center (1-800-458-5512) with set up, claims and contracting questions.

Thank you for your continued work with PCA providers and coordinating PCA services for Medica members.

## **Referral Request Update**

We have updated the referral guidelines to include Relocation Service Coordination for members on MSHO or MSC+ who are utilizing Relocation Service Coordination (T1017) and are not receiving this through Moving Home Minnesota (MHM). This service can be authorized to be done by someone other than the assigned Care Coordinator in rare instances to include members who are new to Medica and are already approved or receiving the service. Members



who are experience a complex discharge may also be utilize this service if needed.

If you receive a member who is getting Relocation Service Coordination outside of MHM, or setting up this service for a member, you will need to complete the referral request form (RRF) as this service now requires an authorization in our system for the providers claims to be paid. This pertains to any dates of service effective 2/1/23 and after. On the RRF please include the provider name address and phone number, date span of service, and number of units needed. Please keep in mind for T1017, the current rate is 15.53 per 15 min unit, with a service limit of 32 units per day/5days per week/up to 180 days.

Please consult the Medica Clinical Liaisons if you have questions related to the service of Relocation Service Coordination.

## Special Needs Basic Care (SNBC) + Integrated Special Needs Basic Care (ISNBC)

### Welcome to our new delegates!

Medica added 24 new counties for 2023: Aitkin, Becker, Carlton, Chisago, Cook, Crow Wing, Fillmore, Freeborn, Isanti, Kanabec, Kittson, Koochiching, Lake, Le Sueur, Mahnommen, Mille Lacs, Murray, Nicollet, Norman, Olmsted, Red Lake, Rock, St. Louis, and Wilkin. Of the 24 new counties we are entering, 14 of those will offer both products. We are so happy to have you on our team!

## 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](mailto:MedicaCCSupport@medica.com).

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