

## All Products



### Auditor Corner- Unable to Reach (UTR)/Refusal Process

For a member to be considered a **refusal**: The member or someone authorized to speak on the member's behalf must **explicitly** communicate that the member does not want to participate in an assessment **after** being offered the opportunity to do so.

- Document conversation with member/authorized party, including the date and who declined on the Unable to Contact/Refusal Care Plan, case notes, or MnCHOICES progress notes.
- Complete and send Member Refusal Letter with Member Engagement Questionnaire and Medica Leave Behind Document.

For a member to be considered **unable to reach**: The member may be considered unable to reach after three unsuccessful phone call attempts to reach the member and mailing of the Ongoing No Contact Letter. Best Practice: Make call attempts on different days at different times.

- Document exact dates of phone call attempts on the Unable to Contact/Refusal Care Plan, case notes, or MnCHOICES progress notes.
- Complete and send Ongoing No Contact Letter with Member Engagement Questionnaire and Medica Leave Behind Document.

In instances that attempts do not meet either of these definitions, the CC will document attempts to obtain telephone information, attempts to engage member, and other conversations in case notes or MnCHOICES progress notes. If the criteria above are not met, it is not considered a valid unable to reach or refusal.

Minnesota Senior Health Options (MSHO) & Special Needs Basic Care Enhanced (I-SNBC) Members (additional requirements):

- Complete the Medica Unable to Reach/Refusal Care Plan (recommended but optional for Minnesota Senior Care Plus [MSC+] & Special Needs Basic Care [SNBC])
- Attempt to identify Primary Care Physician (PCP) and send PCP Letter, if known
- Report the date of the final outreach attempt (third call or letter, whichever is later) on monthly Health Risk Assessment (HRA) report.

Examples of valid UTR/Refusal scenarios can be located at: [Training | Medica](#) Training Module 5 Unable to Reach/Refuser FAQ.

MnCHOICES documentation examples can be located at [Training | Medica](#) Training Module 5 Unable to Reach/Refuser PDF.

If you have questions about the UTR/Refusal process, please reach out to your auditor or email [MedicaSPPRegQuality@Medica.com](mailto:MedicaSPPRegQuality@Medica.com)

## **Benefit Guidelines are updated and will be posted**

The following Benefit Guidelines on the [Medica Care Coordination Hub](#) have been reviewed and updated. Please be aware of these resources and access the Benefit Guidelines from the website for the most current information. They are located under Guidelines, then Benefit Guidelines.

Please review and note the following updates:

### **Adult Day Services and Adult Day Services Bath**

- Added under not covered:
  - When a single provider leases or owns more than one service setting located on the same or adjoining property, the lead agency can only authorize services in one of the settings.

### **Durable Medical Equipment (DME)**

- Added to the Process section:
  - It is the expectation that the Care Coordinator will follow up with DME provider after referral is made to ensure member receives item, or as appropriate, provide direction to the member/family to contact the CC if it is not received within the timeline expected.
- Updates to the Common Requested DME Items with product coverage and considerations table:
  - Diabetic Supplies section updated.
    - MSHO/SNBC Enhanced covered section updated to include general coverage language.
    - Considerations column updated, removing references to preferred glucose meters, and testing supplies.
- Removed reference to thickeners using the OTC benefit.

### **Extended PCA**

- Added reference to MnCHOICES Assessment and updated DHS link for enhanced rate PCA.

### **Gloves**

- Minor wording and formatting updates

### **Home Care Nursing (HCN)**

- When referencing PCA added CFSS
- When referencing LTCC added MnCHOICES
- Example using updated daily maximum dollar limit.

### **Homemaking**

- Minor formatting and word edits

### **Hospice**

- Minor word edits

## Incontinence Products

- Updated quantity limits for under-pads
- Removed reference to SNBC and wipes.
- Added to table language about disability waivers not managed by Medica.

## Nutritional Products

- Removed reference to OTC pharmacy for thickener.
- HCPC codes added.

## Care Coordinator Success Stories



We want to hear from you. We would love to hear about your member success stories with **Bridging**. We will share one Bridging success story at the March Care Coordinator meeting. The CC whose story is chosen will get some Medica swag!

Please submit the best Bridging Service success story to [MedicaCCSupport@medica.com](mailto:MedicaCCSupport@medica.com).

## Consumer Directed Community Supports (CDCS)

What is CDCS?

CDCS is a service option available to people on home and community-based services (HCBS) waivers such as Elderly Waiver (EW). CDCS gives a person flexibility in service planning and responsibility for self-directing their services, including hiring, and managing support workers. CDCS may include traditional services and goods, as well as self-designed services.

Below are links to resources for CDCS:

- [Consumer Directed Community Supports \(CDCS\)](#) – DHS Program and services page.

CDCS Home Page:

- [CDCS Lead Agency Operations Manual, DHS-4270 \(PDF\)](#)
  - [Updates to the CDCS Policy Manual](#)
- [CDCS – Prorating budgets for AC and EW](#) – most recent update 12/29/2023

Please refer to these resources when arranging CDCS services for your members.

## Community engagement team planned events:

- 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*)
- 2/6/2024: **Mammogram Day at Brian Coyle Community Center** (*Minneapolis*)
- 2/9/2024: **Damiano Tabling** (*Duluth*)
- 2/16/2024: **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](mailto:communityengagement@medica.com)

## Department of Human Services (DHS) 5841 updated

DHS announced the 5841 Managed Care Organization, County Agency, and Tribal Nation Communication Form - Recommendation for State Plan Home Care Services document has been published and can be found in eDocs.

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5841-ENG>

## February is Heart Health Month



February is American Heart Month, a time when all people—especially women—are encouraged to focus on their cardiovascular health. Some quick tips for taking care of your ticker:

- Maintain a heart healthy diet.
- Get & stay active.
- Maintain a healthy weight.
- Quit smoking and stay avoid secondhand smoke.
- Control your cholesterol and blood pressure.
- Drink alcohol only in moderation
- Manage stress.

### Resources

- [CDC American Heart Month 2024 Toolkits](#)
- [NIH Resources American heart-month](#)

National Wear Red Day is Friday February 2, 2024

## Gaps in Care Resources

As a reminder when addressing your member gaps in care, there are “Paper Clip” documents located on the Care Coordinator Hub under [training/Gaps in Care](#).

### Gaps in Care

- ↓ [Gaps in Care Report Resource - April 2023](#)
- ↓ [Paper Clip Document - Breast Cancer Screening](#)
- ↓ [Paper Clip Document - Colorectal Cancer Screening](#)
- ↓ [Paper Clip Document - Depression](#)
- ↓ [Paper Clip Document - Diabetes](#)
- ↓ [Paper Clip Document - Hyperlipidemia Statins Adherence](#)

These documents provide important details regarding these gaps including a description, possible causes, diagnostic tests, tips for Care Coordinators when having conversations with their members about the gap, and resources. The conversation guide will help Care Coordinators begin the conversation with their member and help guide them toward taking an active role in their health care as well as closing the identified gap.

## January - Cervical Health Awareness Month

More than 11,000 people in the United States are diagnosed with cervical cancer each year. The good news: vaccination and regular screening can prevent the disease. During Cervical Health Awareness Month, help us educate people about the steps they can take to protect themselves and their loved ones from cervical cancer. [Learn about cervical cancer](#) with this resource from the Centers for Disease Control and Prevention — and get the details about [HPV vaccination](#) and [screening tests](#).

## Medica Behavioral Health (MBH)

Medica uses the Medica Behavioral Health (MBH) network. Mental Health Providers contact MBH directly for authorizations.

- MBH assigns a “care advocate” to all inpatient mental health stays. Please contact MBH to coordinate care planning efforts.
- MBH is available for case consultation by calling 800-848-8327. When requesting a consult identify yourself as a Medica CC and ask to speak to a Care Advocate or Clinical Supervisor
- Members can find support & resources related to mental health and chemical dependency on Medica Behavioral Health [Live and Work Well Tip Sheet](#)

### Pre-purchased behavioral health appointments available!

Medica knows how important prompt access to behavioral health care is for our members. Therefore, Medica Behavioral Health has pre-purchased psychiatry and medication-assisted treatment (MAT) appointments available. In addition, pre-purchased appointments are available for post discharge follow-up care following mental health or substance use disorder. These appointments can help promote successful treatment outcomes, reduce hospital stays and increase member’s ability to remain in the community after discharge. Appointments are available in various regions of the state and virtually to support all members (children, adolescents, and adults).

To access these appointments, members or their care team can contact Medica Behavioral Health at 1-(800)-848-8327.

## Medical Spenddown with Medicaid Redeterminations

We have been informed by DHS that Members who have gone through Medicaid Redeterminations can now be assigned a *medical spenddown*. During the public health emergency, the medical spenddown process was on hold, so it is quite possible members (and Care Coordinators) have forgotten what this means and how it differs from members with an *elderly waiver obligation*. More information can be found on the DHS site here: [Spenddowns](#)

MSC+ members who go through their Medicaid Redetermination process and acquire a new medical spenddown are disenrolled from managed care. MSHO, SNBC and ISNBC members can remain on their plans if they acquire a new medical spenddown if they make the monthly payments to DHS. If members miss 3 months of spenddown payments to DHS, they will be disenrolled from managed care. DHS has stated that they will begin sending us reports which will provide information on who has a medical spenddown and let us know about members who are missing payments so we can reach out to members to assist them in understanding the process before they are disenrolled from the plan. Once we have more information about these reports, we will provide additional information.

**If members have a question about a medical spenddown, please refer them to their Financial Worker.**

## Member Transfer Responsibilities Reminder

We wanted to provide a reminder of the importance of identifying your members that might need to transfer to another Care Coordination entity and the process required to provide the new CC the paperwork needed for a seamless transition for our members.

Medica's transfer responsibility policy outlines the following process: "Upon receipt of approval the sending entity will complete and send the Home and Community Based Services Case Management Transfer and Communication Form (DHS form 6037) and any additional supporting transfer documents directly to the receiving setting. This information should not be submitted to Medica Enrollment Team."

Please review the full policy on the Care Coordination Hub under [Transfer Responsibilities](#)

The Regulatory Quality team has scheduled a **Transfer Process Training (Lunch and Learn) for CCs to be held from 12-1pm on March 6, 2024**. This training will touch on the transfer process, but also focus on processes that the receiving CC will need to follow when receiving a member via transfer as well as the process with product changes such as MSC+ to MSHO or SNBC to ISNBC.

## MNCHOICES

Reminder as we move into 2024 and continue in phase 2 of the MnCHOICES launch, we are anticipating the start of phase 3 on April 1, 2024. During this phase, we will transition from 30%-100% of your staff completing HRAs, assessments, and support plans in the production environment. Staff should continue to practice in the MTZ. Start all new assessments (including HRAs) in the revised MnCHOICES application.

**Coming soon:** We are working on revamping the Care Coordination Hub and adding a MnCHOICES resource section that will include resource links, Assessment Reference Guide, & FAQ.

## New Depression & Diabetes PIP in 2024

Medica is launching a new Performance Improvement Project (PIP) starting January 1, 2024, that focuses on improving the health of MSHO, MSC+, ISNBC and SNBC members who are diagnosed with both Depression and Diabetes. The PIP runs for 3 years, beginning in 2024 thru 2026.

DHS tasked the Managed Care Organizations to implement a PIP that focuses on “Addressing the Impact of Behavioral Health Diagnosis on a selected physical condition or disease. Medica, along with the other MCO’s chose to focus on Depression and Diabetes, since both are top conditions in our MSHO, MSC+ and SNBC populations as shown in the table below.

	Total Population	% with Diabetes	% with Depression	% with both Diabetes & Depression
<b>MSHO</b>	11093	39.3%	52.2%	22.0%
<b>MSC+</b>	5833	31.5%	30.4%	12.1%
<b>SNBC</b>	10349	22.1%	45.3%	12.5%
<b>I-SNBC</b>	1950	33.9%	67.2%	24.9%

Medica is part of the MCO Collaborative for this PIP as we have been in the past. One of the Collaborative’s initiatives is hosting a Care Coordinator Webinar series that will focus on enhancing CC’s knowledge and skills to best help members to manage their diabetes and co-occurring depression diagnosis. Watch for the flyers and invitations to attend webinars throughout the year!

For any questions about this PIP, please reach out to Sheila Heskin at [sheila.heskin@medica.com](mailto:sheila.heskin@medica.com).

## New Medica Member Services Phone Number – Effective 1/1/24

- **MSC+/SNBC** – 1-877-379-7540 (TTY 711) – 8am-6pm, Monday-Friday
- **MSHO/SNBC-Enhanced** – 1-888-347-3630 (TTY 711) – 8am-9pm, 7 days/week.

## Medica Provide-A-Ride (PAR) Transportation Directory coming soon.

The provider oversight team has put together a Medica PAR Transportation Directory that will be posted on the Care Coordination Hub. This directory will include:

- Special transportation providers (STS) – This will include vehicle dimensions and those able to transport via stretcher.
- Public transportation
- Volunteer transportation
- Medica contracted providers.

The directory will include all counties we are in as well as surrounding counties and states. It will also include hours of operation for the drivers.

## New Medicaid Benefit as of 1/1/24

Recuperative care services are available to eligible Minnesota Health Care Programs (MHCP) members experiencing homelessness to help prevent hospitalizations; or provide medical care and support services when they are unable to recover from a physical illness when living in a shelter or they are otherwise unhoused. Members may receive recuperative care services when they don't need to be hospitalized or remain hospitalized, or don't meet severity of illness for other levels of care. [Recuperative Care \(state.mn.us\)](https://state.mn.us)

To be eligible for recuperative care services, a member must be:

- 21 years or older if they have Medical Assistance, or 19 years or older if they have MinnesotaCare.
- experiencing homelessness or are unhoused (dx of homelessness required to be on the claims submitted by recuperative care providers)
- in need of short-term medical care for fewer than 60 days (additional days can be approved through a formal process the provider would follow)
- in need of assistance with the covered services outlined in the MHCP manual page linked above

With this being a new service type, providers of this service will become DHS providers through a DHS assurance statement process. As of today, we are not aware of any service providers who have completed the DHS assurance statement process, but we expect there will be some providers of this service soon. Health plans are to pay for the daily *recuperative care services* rate while the *recuperative care facility* (room and board) is covered under fee for service and billed directly to DHS by the provider.



Members will access this service following a hospitalization or identification that this type of short-term medical care is needed. Care Coordinators will most likely learn that a member is receiving care from a recuperative care provider through outreach from the provider. When a Care Coordinator learns that a member is receiving recuperative care services, coordination and collaboration with the service provider is expected as these members will likely have complicated discharge planning needs.

As we learn more about this exciting new service, we will share additional information.

## Upcoming meetings & trainings

Care Coordination Quarterly Meeting for all products via Microsoft Teams

Tuesday March 5, 2024, from 9 am to 10:30 am

Tuesday June 4, 2024, from 9 am to 10:30 am

Tuesday September 3, 2024, from 9 am to 10:30 am

Tuesday December 3, 2024, from 9 am to 10:30 am

MnCHOICES MCO Call in session.

Wednesday February 21, 2024, from 9:30 am to 11:30 am

MnCHOICES Office Hours

Friday March 1, 2024, from 9:30 am to 11 am

Transfer Process Training (Lunch and Learn)

Wednesday, March 6, 2024, 12:00 PM-1:00 PM

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## 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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