

## All Products



### Auditors Corner: Transition of Care

Transitions of care (TOC) are an additional opportunity to engage with members and ensure that the care plan/support plan continues to meet the member's needs. The goal of the Care Coordinator's (CC's) efforts is to reduce incidents related to fragmented or unsafe care, by assisting in planning and preparations for transitions, coordinating follow-up care, and facilitating communication with all involved parties.

Communication must occur with:

- the member or designated representative
- the receiving setting
- the Primary Care Physician (PCP)
- Medica Behavioral Health (MBH) Inpatient Care Advocate, when applicable

CC can assist with:

- Explaining the CC role in the transition process & how the CC can be contacted
- Assistance with discharge planning and follow-up care after the transition
- Review of medication changes, durable medical equipment (DME) product needs, services needs
- Education related to prevention of readmission and unplanned care transitions
- Identification of barriers to meeting health needs & interventions to address them

Upon Return to Usual Setting, the CC should review the following with the member.

- Verification follow-up appointment was scheduled with PCP or specialist
  - Medical: Visit within fifteen (15) days of discharge
  - Mental Health: Outpatient mental health appointment with a mental health professional within seven (7) days of discharge from a behavioral health hospitalization
- Verification discharge instructions were received and understood
- Verification of medication review completion
- Verification member can manage medications or medication management system is in place
- Verification of member's ability to verbalize warning signs and symptoms to watch for and how to respond
- Verification of adequate food, housing, and transportation
- Verification of safety in the home
- Addressing concerns regarding vulnerability, abuse, or neglect

Suggested supplemental questions and intervention possibilities can be located in the TOC log instructions on the CC Hub under guidelines. If an unmet need is identified, the CC must document a summary of the concern and actions of what is being done to address this.

Newly identified risks, needs for services and changes in interventions needed to ensure health and well-being will be added to the members care plan/support plan.

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

## Care Coordinator Concern Form

This online form is available to care coordinators as a way to share any concerns about experiences working with healthcare providers, service providers or vendors.

The form can be found on the [Care Coordination Hub](#), choose any product, and under Templates, Tools and additional resources open Tools and Forms. The form is listed under Miscellaneous and is titled "Submit a Care Coordinator Concern".

The form provides you with space to include the member's information, your contact information, and details related to the concern. Provide clear details about your concern and its impact on the member. Include names of the people of involved when possible and describe actions that have already been taken. Examples may be if you have been unable to obtain a covered DME item that is a covered within the benefit set or have concerns about the quality of service being provided by an in-network provider.

This form should not be used for reporting a member grievance to Medica. If a Medica member has a grievance, refer them to Medica Customer Service at the number on the back of their Medica ID card to file a grievance. This form also should not be used if the members need is urgent.

For more information about this process, please reference the Provider and Vendor Concern Reporting Policy.

## Care Coordination (CC) HUB Updates

Please take the time to review the CC Hub for changes. We are continuously working to make the website user friendly and more pleasing to the eye.

Most recently we separated the *Supplemental Benefits* from the general Benefit Guidelines tab, so they have their own section. Note: The Supplemental Benefits are specific for MSHO and ISNBC only.

We have also added a recording on how to navigate the CC Hub. This can be found under the Stay up to date section in the **New Care Coordinator Resources** box. The *Medica Care Coordinator Onboarding Resource Guide* was updated as well. Also, under the Stay up to date section you will find a new box titled **MnCHOICES Resources**.

The Conversion Rate Process (MSHO and MSC+ only) was updated to reflect changes with Consumer Directed Community Supports (CDCS). There is no longer a separate Conversion Rate Request form specifically for CDCS. There is only one regardless of utilizing CDCS or not.

Lastly, older Quarterly CC Meeting recordings along with dated newsletters have either been archived or removed from the website.

Keep in mind the most current documents are on the website therefore, you should be going there for all documents and resources.

## Community engagement team March planned events

- 3/6/24: **Aitkin Health Fair** (Aitkin)
- 3/11/24: **Damiano Tabling** (Duluth)
- 3/20/24: **Living Naturally Abundant Community Health Fair** (St. Paul)
- 3/20/24-3/22/24: **MSSA Conference** (Minneapolis)
- 3/23/24: **Foley Public Schools & Benton County Community Connect** (Foley)

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)

## Live Model of Care Training

We will be conducting the live Model of Care training during our March Care Coordinator meeting on March 5, 2024, at 9:00am. As a reminder, all member-facing staff who work with Special Needs Plan members [Minnesota Senior Health Options (MSHO) and AccessAbility Solution Enhanced (SNBC D-SNP)] are required by Centers for Medicare & Medicaid Services (CMS) to complete this training annually. So, if you completed the training in 2023 you will need to take it again in 2024. For those unable to attend the March meeting, we will upload a recording on the **Care Coordination HUB** and request that you complete the training and sign the attestation after viewing. We look forward to seeing you all soon!

## March is Social Work Month!



We celebrate Social Work professionals and their contributions. The theme for Social Work Month 2024 is **Empowering Social Workers!** During Social Work Month take time to learn more about the many positive contributions of the profession and celebrate the social workers you know. Thank you to all the social workers who work with our Medica members! You are appreciated for your hard work and compassion.

## MnCHOICES requirements for Phases 3 and 4

As you know we have been working in MnCHOICES revision project Phase 2 which was extended through March 29, 2024. This extension is rapidly coming to an end, and we will soon be moving into Phase 3.

**Phase 3:** This phase is scheduled to run from **April 1 to June 28, 2024**, during this phase lead agencies should:

- Continue to assign staff members to practice in the MTZ.
- Delegates should have 100% of users working in the production environment and completing HRAs, assessments and support plans in the production environment.
- Start all new assessments (including HRAs) in MnCHOICES revision.

**Phase 4:** This is the final transition period – **“ALL-IN PHASE”** scheduled to **begin July 1, 2024**.

- Medica’s expectation is that 100% of our delegate staff members will start all new assessments (including HRAs) in MnCHOICES revision. (Do not start new assessments in Legacy Systems.)
- Finish existing assessments and support plans in legacy systems by Sept. 30, 2024.

Note: MnCHOICES 1.0 assessments and support plans not completed by Sept. 30, 2024, will not migrate to MnCHOICES revision. DHS will deactivate MnCHOICES 1.0 after Sept. 30, 2024.

For full announcement: [Update on launch of MnCHOICES revision project](#)

## Reminders from Support Specialist Team

- If you send a Referral Request Form (RRF) and we send it back with a request for more information or details, please attach the RRF again with your response.
- Please ensure that you are sending RRF’s in a timely manner to best align with the timeline of the services being set up for your members.
- For MMIS, MnCHOICE users. Please be sure to log into those systems at least every 30 days to ensure your access remains current and to help avoid the need for password resets.

## Reports

As you are aware we are often sharing various reports with you related to your members. Sometimes these reports require a review with a response. We ask that you are mindful of those requests and provide your responses within the requested timeline. Other reports are informational only and are a valuable tool that can provide important information and insights. As a reminder we have a reports grid available for you in the [Care Coordination Hub](#) under training resources/Care Coordination Products Reports. The grid is a useful reference point for understanding the purpose and expectations regarding responses of the various reports. Please refer to this grid if you need additional information on a report you receive. If the report is not one, we usually send and not on the grid, we will provide an email with information. Reports that were previously provided in ShareFile will now be provided via SharePoint. If you need changes to the users you have set up to have access to SharePoint, please reach out to [MedicaCCSupport@Medica.com](mailto:MedicaCCSupport@Medica.com) with requests to change, add, or remove users.

## The state’s new Assisted Living Report Card goes live

Minnesotans shopping for assisted living can now turn to a valuable new resource for help.

The state’s new [Assisted Living Report Card](#) allows consumers to look up assisted living residences and find comparative ratings based on resident and family surveys, as well as ratings based on state inspections.

Modeled after Minnesota’s longstanding and successful **Nursing Home Report Card**, the Assisted Living Report Card is designed to deliver useful information to help consumers make decisions about assisted living. Nearly 63,000 Minnesotans live in more than 2,200 licensed assisted living facilities across the state.

Nearly four years in the making, the newly launched web tool is a work in progress. The Assisted Living Report Card currently features ratings for about 20% of the state’s assisted living facilities – focusing on the largest facilities, which are home to almost half of all Minnesotans who use assisted living. The report card will expand early next year, adding more facilities and ratings based on the Minnesota Department of Health’s licensing surveys and investigations.

“Looking for an assisted living residence for yourself or a loved one can be stressful and challenging,” said Human Services Commissioner Jodi Harpstead. “We hope that this tool will help people make this important choice, recognizing that there are many factors to consider.”

Authorized by Governor Tim Walz and the 2019 Legislature, the Assisted Living Report Card was developed through a partnership among the Minnesota Department of Human Services, the Minnesota Board on Aging, and the Department of Health.

Dr. Tetyana Shippee at the University of Minnesota School of Public Health led research and development of the quality measures.

“I am grateful for the opportunity to collaborate with the state to build this resource for consumers,” said Shippee. “Minnesota once again is leading in pioneering a data-driven, evidence-informed tool for consumers seeking assisted living options. I am honored to contribute to this much-needed initiative.”

Assisted living is licensed and regulated by the Minnesota Department of Health. The Assisted Living Report Card is managed by DHS and the Minnesota Board on Aging, which also conducts the resident and family surveys. The quality measures developed by the University of Minnesota School of Public Health are based on state data and calculated into the report card measures.

For more information:

- Minnesota Assisted Living Report Card: <https://alreportcard.dhs.mn.gov/>
- Minnesota Nursing Home Report Card: <https://nhreportcard.dhs.mn.gov/>
- University of Minnesota School of Public Health: <https://www.sph.umn.edu/>

## **Transportation reminder**

Our contracted transportation providers are reporting an increase in member no-shows for scheduled rides, and some are creating no-show lists that may make scheduling rides in the future more difficult. Transportation providers still must pay their drivers even when the members are no-shows. If members

are known to have missed rides in the past, care coordinators can assist by reminding members of upcoming rides as well as reminding members to call to cancel rides, so Medica don't lose these providers.

## Upcoming Provider Training Announcement

Elderly waiver (EW) and housing stabilization service (HSS) providers serve an important function in the care of Medica Medicaid members. Since working with a health plan can offer a variety of challenges, this training will walk providers through requirements as well as tools and services available to assist them, including tips for billing. This class will also focus on: an overview of housing stabilization benefits; getting set up as an EW or housing stabilization provider; role of the care coordinator and role of Medica's Provider Service Center; how to obtain an authorization; the claims submission process; and what to do if a claim is not processed as expected.

This is a training created specifically for EW and HSS providers, this is not a Care Coordinator training. Care Coordinators are encouraged to share this training with any EW and HSS providers you work with who might benefit from this training. The training will be very similar to past EW/HSS provider trainings, with some minor updates based on recent changes in different programs. The training will be recorded and posted on Medica.com for providers to access at any time.

**Registration is required:** The registration deadline is one week prior to each class date. [Register online for the class above.](#)

## Updated Policies and Forms

The following policies have been updated and uploaded to the CC Hub:

Advance Directive Policy- Reviewed no process changes

Conversion Rate Request Process- reviewed no process changes

Home Care Policy

- Updated Customer Service phone numbers

SNBC Members Turning 65- Reviewed no process change

Provider & Vendor Concern Reporting- Reviewed no process changes

Range of Choice- Reviewed no process changes

Unable to Reach/Refuser Policy

- Updated to include MnCHOICES language
- Updated to include CMS language
- Updated to include Member Engagement Questionnaire

## 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 Office Hours

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

Friday April 5, 2024, from 9:30 AM to 11 AM

### Transfer Process Training (Lunch and Learn)

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

### Colorectal CA Training

Monday, March 11, 2024, 12:00 PM-1:00 PM

### Pharmacy Training

Tuesday, March 12, 2024, 12:00 PM-1:00 PM

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

### Capitation Dates

See the grid below with 2024 Medicaid Management Information System (MMIS) Capitation Dates, these are extremely important dates pertaining to MMIS entry for member assessments and reassessments. The assessments for member's eligible for Elderly Waiver (EW) services must be entered into MMIS prior to the capitation date for the waiver span to remain open.

Best practice would be to include these dates on care coordinator's calendars as well as the calendars for support staff doing MMIS entry to keep these in mind when setting up member assessments & completing MMIS entry.

Please reach out to the Clinical Liaisons at [MedicaCCSupport@medica.com](mailto:MedicaCCSupport@medica.com) with any questions.

#### 2024 DHS MMIS Capitation Dates

Enrollment Month	Enrollment Cut-Off Date (member application due date for Medicaid only programs)	1 <sup>st</sup> Capitation (CAP) Date	MMIS entry for members on EW (Business day approx. 2 days prior to 1 <sup>st</sup> CAP date)
January 2024	12/19/2023	12/21/2023	End of Day (EOD) 12/19/23
February 2024	1/22/2024	1/24/24	EOD 1/22/2024
March 2024	2/20/2024	2/22/24	EOD 2/20/2024
April 2024	3/20/2024	3/22/2024	EOD 3/20/2024
May 2024	4/19/2024	4/23/2024	EOD 4/19/2024
June 2024	5/21/2024	5/23/2024	EOD 5/21/2024
July 2024	6/18/2024	6/21/2024	EOD 6/19/2024
August 2024	7/22/2024	7/24/2024	EOD 7/22/2024
September 2024	8/21/2024	8/23/2024	EOD 8/21/2024
October 2024	9/19/2024	9/23/2024	EOD 9/19/2024
November 2024	10/22/2024	10/24/2024	EOD 10/22/2024
December 2024	11/18/2024	11/20/2024	EOD 11/18/2024
January 2025	12/19/2024	12/23/2024	EOD 12/19/2024

## Personal Care Assistance (PCA) now covers driving provided by PCA workers

### AASD and DSD eList announcement

**Date:** Feb. 13, 2024

**To:** People who use personal care assistance (PCA), their families, PCA provider agencies and other interested parties

**From:** Department of Human Services (DHS) Aging and Adult Services and Disability Services divisions

**Purpose:** To announce driving is now a covered PCA service

**Effective:** Immediately

**Contact:** [hcsd.dhs@state.mn.us](mailto:hcsd.dhs@state.mn.us)

### PCA now covers driving provided by PCA workers

DHS updated PCA policy to reflect a recent change in statute. PCA now covers a PCA worker driving an adult into the community, including to medical appointments.

For all PCA workers driving people into the community, PCA provider agencies must ensure:

- The PCA worker has a valid driver's license.
- All vehicles used are registered and insured as required under [Minn. Stat. Ch. 65B](#).
- The PCA worker documents time spent transporting the person in the time and activity documentation.

The PCA worker's documentation must include:

- Start and stop times.
- Origination site and destination site.

Like other covered PCA services, PCA provider agencies are not required to provide driving as a service.

For more information, refer to [PCA Manual – Covered services](#).

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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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