

Care Coordination (CC) Denial, Termination, Reduction (DTR) Form Directions

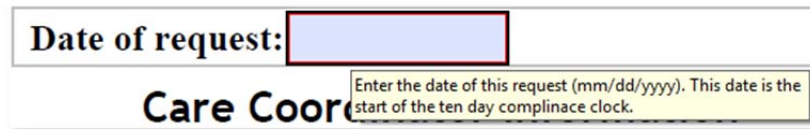
The instructions below guide you through completing a DTR for Medica members on the following plans:

- **Medica AccessAbility Solution®** - for Special Needs Basic Care (SNBC) enrollees
- **Medica Choice CareSM MSC+** - for Minnesota Senior Care + (MSC+) enrollees
- **Medica DUAL Solution®** - for Minnesota Senior Health Options (MSHO) enrollees

The DTR form can be found on the *Care Coordinator website* → *Tools and Forms*

Keep the following in mind when completing the DTR form:

- Fields outlined in red on the DTR form must be completed to enable Medica to process your request.
- Hover your cursor over any field to display additional information about what information is needed in that field, as seen in the image below.
- Incomplete forms will be returned to the sender for more information.
- For “Type of Request”, depending on what is chosen, certain fields will require information.



The table below includes a description of the fields on the form and the information needed for those fields.

<p>DTR Request Date</p>	<p>Enter the date the member notified the care coordinator and care coordinator initiated DTR if member initiated termination/reduction of services</p> <ul style="list-style-type: none"> • Use the calendar feature or manually enter the date in <i>mm/dd/yyyy</i> format • This date is the start of the 10 day compliance clock for completion and should be submitted for processing as soon as possible
<p>Type of Request (DTR type)</p>	<p>Choose Clinical or Non-clinical from the drop down menu</p> <ul style="list-style-type: none"> • Choose <i>Clinical</i> for State Plan Services such as Home Health Aid (HHA), Personal Care Assistance (PCA), Skilled Nurse Visit (SNV), Nutritional Products and Durable Medical Equipment (DME)

	<ul style="list-style-type: none"> Choose <i>Non-clinical</i> for EW services such as homemaking, Adult Day Care (ADC) and non-clinical SNBC services <p>Note: Clinical and non-clinical DTR requests must be sent on separate forms</p>
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Care Coordinator Information

Name	Enter the full name of care coordinator
Phone & Fax	Enter 10-digit number; with or without hyphens. In phone field, include extension numbers, if applicable.
Email	Enter full care coordinator email address

Member Information

Member Name	The member's legal first and last name
Date of Birth	<p>The member's date of birth</p> <ul style="list-style-type: none"> Use the calendar feature or manually enter the date in <i>mm/dd/yyyy</i> format
Current ID #	The members Medica 16 digit ID number
Product	Chose the appropriate product using the drop down menu

Primary Care Provider Information

Clinic Name	Enter the name of the member's primary clinic
Provider Name	Include first and last name of physician whenever possible
Phone & Fax	Enter 10-digit number; with or without hyphens. In phone field, include extension numbers, if applicable.

Service Information

Action Requested	<p>Indicate the type of action requested by choosing from the drop down menu: Denial, Termination, or Reduction</p> <p>Note: If you are requesting more than one action type (i.e. denial and termination) separate forms are needed for each action type</p>
Requested by Member	Select whether the action was requested by the member from the drop down options
Item/Service	Indicate all services. Services listed must all be clinical or non clinical based on your selection at the top of the form
Units	Indicate the number of units you are requesting to authorize
Servicing Provider	Indicate the name of the servicing provider

Phone & Fax	Enter 10-digit number; with or without hyphens
PCA Assessment Date	<p><i>This is completed only if the DTR is a clinical DTR for PCA based on the selection at the top of the form.</i></p> <p>Choose the PCA Assessment date using the calendar drop down or manually enter using mm/dd/yyyy format</p>
Closing Elderly Waiver	<p><i>This is completed only for a non-clinical DTR and to close EW based on the selection at the top of the form.</i></p> <p>Choose the appropriate option from the drop down menu</p> <ul style="list-style-type: none"> • If yes, describe how service needs will be met in summary section • When closing the waiver, the CC may submit one DTR form to close waiver and end waived services; i.e.: homemaking, home delivered meals; etc., listing each service and provider of said service • If/when closing waiver, state plan services (PCA, HHA, and SNV) need to be submitted on separate DTR form for State Plan Services <p>Note: If closing EW, the care coordinator is responsible for completing whatever process your organization follows to close the EW timeline in MMIS</p>

Rationale Summary for Action

Rationale Summary for Action	<p>Provide rationale/reason to support the DTR request</p> <p>Clinical DTR or closing State Plan Services</p> <ul style="list-style-type: none"> • Provide current and reduced unit of service for all services • Add brief explanation about why you are requesting the DTR • PCA DTRs must include the most recent assessment and signature sheet. Indicate what has changed from the previous assessment resulting in the PCA DTR • If member has both PCA and Extended PCA: <ul style="list-style-type: none"> ○ Only chose <i>Clinical</i> for regular (state plan) PCA DTRs ○ Do not include information about Extended PCA unit changes on this form ○ If PCA services recommended by the assessment decrease from the current level, complete a DTR even if you plan to authorize Extended PCA to offset the reduction • Nutritional Products and Durable Medical Equipment <ul style="list-style-type: none"> ○ Provide information as to why the member does not meet criteria for coverage. You may need to include supporting documentation
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	<p>○ If the DTR is under the Elderly Waiver, indicate Elderly Waiver and the reason for the DTR</p> <p>Non-clinical or closing Elderly Waiver</p> <ul style="list-style-type: none"> ● Provide current and reduced rates/units of service for all services ● Customized living rates will need to be provided and broken down to daily rates

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For the most up to date information and forms, visit www.medicare.com/carecoordination

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