Medica

Quarterly Care Coordination Meeting

December 5, 2023

9 am – 11am

Agenda

- HSS and Med adherence – Angie

- Optum House Calls – Becky

- Meeting and training attendance – Becky

- RRF and DME reminders – Joy, Angie and Kristi

- Bridging rate changes - Threasa O

- Condition Management Programs, Active Health - Elle Kes

- Chore reminder, 90-day grace period, SNBC expansion and Success Story – Shelley

- Plug for training modules, other resources, Overview of Clinical Liaison focus audit for 2023, sales and newsletter – Theresa W

- MnCHOICES – Theresa W/Reg Quality

- 2024 Audit – Lisa and team

- Forms and Letter updates for 2024 – Lisa and team

General Updates

Angie Kluempke and Becky Bills

Housing Stabilization Services: Moving Expenses

New component of HSS in 2024.

- <u>Eligibility</u>: Members receiving Housing Stabilization- Transition Services and is moving to an eligible setting may qualify. DHS approves the service and notifies Medica.

- <u>Amount</u>: Maximum of $3000 per eligibility date span.

- <u>Coverage</u>: Essential items available through HSS, including:

  - Housing related deposits
  - Packing & Unpacking
  - Application Fees
  - Moving vehicle rental & paying for moving services
  - Durable household goods such as furniture

- <u>Non-Covered</u>: Rent/mortgage payments, food & clothing, recreational & diversionary items (e.g. computers, cell phones, televisions).

DUALs Adherence Opportunities Report

Patient Phone #	Diabetes Medication	Diabetes Med Days Overdue	Hypertension Medication	Hypertension Med Days Overdue	Cholesterol Medication	Cholesterol Med Days Overdue	Initial Call Status	Final Call Status (if different)	Refill Status	Reason for Non-Adherence	Comments (if needed)
1.111E+09	METFORMIN HCL 500 MG TABLET	-42	LOSARTAN POTASSIUM 25 MG TAB	7	ROSUVASTATIN CALCIUM 5 MG TAB	0	Talked to Member		Will Refill Prescription	No Time	Free text for notes
2222222222	INVOKANA 100 MG TABLET	14	LISINOPRIL 10 MG TABLET	-55	ATORVASTATIN 80 MG TABLET	-20	Left Voicemail	Talked to Member	Will NOT Refill Prescription	Provider told them to stop	
3.333E+09	METFORMIN HCL 500 MG TABLET	-42	LOSARTAN POTASSIUM 50 MG TAB	53	ATORVASTATIN 40 MG TABLET	-37	Invalid Phone #		Unable to talk to member	Forgot	

- Report is pulled every Monday, and provided to delegates with members on the report

- You may or may not have members with opportunities.

- If you receive a report, please review the opportunity and complete outreach to your member to address columns N-R

- Once complete please send the report back to Medica as soon as possible.

Medication Adherence

- **Goal:** To engage and positively impact MSHO and ISNBC members that have current adherence opportunities.

- **Why:** Medication Adherence is a win/win
  1) **Members** with better medication adherence have better outcomes. *Medications do not work unless you take them*
  2) **Medica** saves $$$ when members have better outcomes (e.g., less hospitalizations, higher STAR ratings attract more members, and monetary rewards from CMS)

- **When:** The sooner the better. The best time to positively impact a member's medication adherence is before a bad adherence habit leads to a bigger issue.

- **Who:** Care Coordinators are often seen, for good reason, as the most trusted Medica representative and can play a pivotal role in the adherence and overall health of the members they serve

ADHERENCE SOLUTIONS

Reminder devices

*** MSHO (H2458) members are eligible for a free reminder device(s). Send email to Ross Parr (Medicare RPh) ross.parr@medica.com with mailing address if member is interested. Please request a specific device.***

Pill box

Dose Alert

Did-It

When to refer?

- Member is taking at least one chronic medication

AND

- Member is having trouble remembering to take their medication

OR

- Member would benefit from a physical reminder device

Save $$$$
90 day supply costs the same as 30 day supply

How to fill your prescription through Express Scripts® Pharmacy

Simply log in to your account at express-scripts.com and choose the medications you want delivered.

Or call us at 844.536.1198 and we're happy to help! Some of your medications may even be eligible for automatic refills.

It's easy to start: We'll contact your doctor to get your new prescription delivered right away!

Up to a 90-day supply, so you won't worry about running out

24-hour access to pharmacists who have knowledge in your condition

Convenient, free standard delivery to your door

Special handling like refrigeration, if needed

On Average:

Members are MORE adherent to medications when utilizing home delivery = improved health

Member rate their customer experience HIGHER with home delivery versus retail pharmacy

Medica House Calls Program

- **Members involved in program:** MSHO and SNBC DSNP (also known as ISNBC)

- **Why:** There are some members with multiple open gaps in care, lack of PCP engagement resulting in lack of diagnostic information on file. Medica uses this diagnosis information in program design, risk adjustment and for monitoring of program outcomes.

- **When:** Member outreach began a few weeks ago to identified members. Outreach is done by vendor Optum.

- **Who:** The Optum staff conducting these visits are nurse practitioners, physician assistants or MDs.   These are done primarily in-person but also can be virtually.

- **After the visit:** At the end of the visit, the Optum staff will leave the member with a Visit Summary document and will send a document to the members PCP outlining information gathered during their time together. All members who complete a visit with a House Calls professional will receive a $15 Visa Gift card in the mail and a small gift.

- Care Coordinators may receive a message from Medica if a member need has been identified during the House Calls visit.

Meeting and Training attendance

Issue: Some delegates have staff not receiving updates presented at meetings

- Meetings/Trainings held by Medica include Quarterly Care Coordinator meetings, Supervisor level meetings, various Lunch and Learns, and others

- Expectation of Medica is that Care Coordinators will attend the Quarterly Care Coordinator meetings, lunch and learns and any other ad hoc meetings that are described as required.

- Medica will record the trainings we provide and make those recordings available to anyone who could not attend the training.

- In order to inform Medica of your attendance at a meeting when you have viewed a recording, you can do that by submitting this form: https://www.medica.com/care-coordination/training

- Medica leadership will reach out to delegates who lack attendance at trainings as they are the most important way, we provide updates and training.

Elderly Waiver Specialized Equipment and Supplies

T2029

Elderly Waiver Services

Community-Based Services Manual (CBSM)- Waiver Program Overview

Must:

- Be the direct benefit of the person

- Be the most cost-effective option to meet the person's needs

- Ensure the members health, safety and well-being

- Help the member avoid institutionalization

- Help the member with function with greater independence in the community

- Meet the member's assessed needs

- Be the member's choice to meet their needs

- Support the member's desires and preferences

Not covered:

- Are for recreational or diversionary purposes

- Are for comfort or convenience

- Duplicate other services available

- Are available through another funding source (e.g., Medicare, Medical Assistance, Long-term care insurance, etc.). Elderly Waiver is the payor of last resort

- Substitute for informal supports that appropriately meet the members needs

- Provide alternative therapies (except under CDCS)

- Pay for the cost of utilities

Specialized Equipment and Supplies

Definition:

Devices (including assistive technology), controls, medical appliances or supplies specified in the person's support plan

Eligibility:

A person is eligible if the item allows the person to do one of the following:

- Communicate with others

- Perceive, control or interact with their environment

- Perform ADL's

Covered (not an exhaustive list-refer to CBSM):

- Durable and non-durable medical equipment denied under Medical Assistance (MA)

- Add-ons to otherwise approved- MA state plan items determined necessary to meet identified need

- Items that exceed the covered service limits under the MA state plan

- Standalone equipment that is not part of a vehicle/home modification

- Oral and Enteral nutritional products

- Equipment repair and maintenance unless covered by manufactures warranty

- Items necessary for life support and supplies necessary for the proper functioning of such items

- Pre-moistened cleansing wipes to aid in disability-related continence care

- Used equipment when all criteria are met

- Equipment rental trial period

- Evaluation of the need for equipment and/or device

Specialized Equipment and Supplies

Elderly Waiver

Not covered:

- Experimental Treatments

- Items covered under third-party payer liability

- Items that do not provide direct medical or remedial benefit to the person

- Foods (including organic or special diet needs) organ extracts and OTC food supplemental products

- Prescription OTC medications, compounds, solutions and related fees

- Items sold as used equipment to a second member of the same family

- Utilities that operate the equipment or supply

- If the item restricts the person's rights or restrains them and, either:

1. Is not an adaptive aid or equipment, orthotic device or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition.

2. The Item violates the provisions of **Minn.R.9544**

Referral Request Form Reminders

T2029

1. Before using T2029, verify there is not assigned HCPC code (Healthcare Common Procedure Coding Systems) for the item. If there is an appropriate HCPC code, you do not need to request an authorization.

- DHS Medical Supply Coverage Guide link: Medical Supply Coverage Guide (mn.gov)

- DHS MN Health Care Programs (MHCP) Manual Equipment and Supplies

1. Provide an explanation if cost seems unusually high although meets an assessed need

2. If using a brand name, please provide a description of what the item is

3. All request for wheelchairs must to go through Prior auth process. We cannot enter T2029 auth for wheelchairs

4. Equipment disposal-EW is the payer of last resort. Member should access other options for disposal (trash company, donation services, etc.). If these options have been attempted and are not available, an enrolled chore service provider can be utilized for removing large household goods. We cannot enter an auth for T2029 disposal.

5. If the support specialist identifies that a HCPC is assigned to the item, it will be sent back to CC

6. T2029 items under $30 does not require an auth

Referral Request Form Reminders

Other

1. Environmental Accessibility Adaptations (EAA) – Please include short description in the notes of the home/vehicle modification

2. If the support specialist identifies that more information is needed, it will be sent back to the CC requesting additional information

3. Please include addresses for all providers

Medica Resources:

[Claims Referral Guidelines](#)

[Referral Request Form](#)

[Elderly Waiver Overview Training](#)

[Durable Medical Equipment Training](#)

[Benefit Guideline – Durable Medical Equipment](#)

General Reminders

For general questions regarding benefits or eligibility of services be sure to reach out Medica Customer Service. If questions remain or are unable to be resolved, please reach out to the Clinical Liaisons.

For questions regarding provider claims, please verify with the provider that they have reached out to Medica Provider Service for a resolution.

Support Specialist are available to help with questions related to RRF's and authorizations status.

Bridging

Threasa Orion

Update on Bridging 2024

Bridging is increasing the cost for Appointments to $75.00 in **2024.**

Appointment: $75.00
Delivery: $200.00

When submitting a BEI or a Referral Request for Transitional Services in 2024, please assure the Bridging service dollar amount is correct. The Bridging Benefit Guideline and Bridging documents will be updated and posted to reflect this change for 2024.

Additionally, Bridging continues to be very busy, and many appointments are not scheduled until a few months out. If your member needs items immediately you will need to explore other options.

If you have any Bridging questions, concerns, or **success stories,** please contact the Benefit Managers. BenefitManagers@medica.com

Disease Management and Tobacco Cessation Programs

ActiveHealth Management

❖ Delegated vendor responsible for the engagement and ongoing management of our Disease Management and Tobacco Cessation programs.

Condition Management Programs	
SPP; SNBC, MSHO, MSC+	Asthma, Diabetes, Heart Disease

Tobacco Cessation
SPP; SNBC, MSHO, MSC+

- Telephonic based condition management support from a registered nurse.
  - Typical length of time in program: 3 months
- Members have access to a Certified Diabetic Educator, Exercise Physiologist, and group coaching.
- CMI Identification + Referrals
- Programs listed in GuidingCare

- Telephonic based support from a health coach.
  - Internal engagement coordinators support the engagement of these members.
- Free 8-week supply of Nicotine Replacement Therapy products; gum, lozenges and patches
- Referrals: Provider, Care Coordinator, member
- Programs listed in GuidingCare

How to refer:

› Medica.com
   › Care Coordinators
      › Select applicable Product
         › Tools and Forms

Health Improvement Programs

↓ Complex Case Management/Health Support Referral Form (PDF)

Tobacco Cessation Program ›

↓ When and Where to Get Care (PDF)

↓ Tips for Good Oral Health Tip Sheet (PDF)

↓ SNBC Delta Dental Services (PDF)

› Send referral form to
caresupport@medica.com

Referral Form to Care and Disease Management Programs
⊗ Medica.

Send form via secure email to: CareSupport@medica.com
Or fax to: 1-952-992-3589
Member eligibility will be determined in 4-6 business days. Member will receive a call if eligible for program.
*Indicates required field

Date: _____

A	**TYPE OF REFERRAL**

○ Complex Case Management	○ Disease Management	○ Tobacco Cessation
	○ Asthma	
	○ Cardiac Disease	
	○ Diabetes	
	○ Weight Management (MSHO only)	

B	**REFERRAL FROM**

Name:	Organization
Phone:	Email:	Fax:

C	**MEMBER INFORMATION**

*First name:	*Last name:	*DOB:
*Address 1:		
Address 2:		

*City:	*State:	*County:	*ZIP:

*Telephone:	Best Time to Call:
	○ 8am-11am ○ 11am-2pm
	○ 2pm-4pm ○ 4pm-6pm

*Member ID#:	*Medica Product:

*Primary Language:
○ English   ○ Hmong   ○ Russian   ○ Somali   ○ Spanish   ○ Other:_____

D	**REASON FOR REFERRAL**

Include helpful things to know about member (e.g. cognitive, behavioral or socioeconomic factors):

© 2023 Medica | MHP-HMG1005401-11-00323A   Care and Disease Management Programs Referral Form   Page 1

Care Coordination Updates

Clinical Liaisons

Chore Services Reminder – MSHO/MSC+ Only

When sending in the referral form for this service, in the email subject line enter **Chore Service.**

Include brief notation about the chore task in the Service Description Code column on the Referral Request Form (RRF). **(Please be specific if for example you are authorizing snow removal. Use appropriate auth timeframes such as current date through April 30th being snow season has begun).**

CC's are **not** to start services until they receive a confirmation email from the support specialist team that the auth has been entered. *There is a review process for these authorizations prior to entry.*

Refer to Claims Referral Guidelines under tools and forms if needed.

90 Day Grace Period

Dual Members Only (MSHO and SNBC Enhanced)

1. You may have members on your enrollment grid that have a "future end date".

2. Future end dates mean that a member's MA is going to close.

3. Medica covers MEDICARE benefits during this time.

4. During the 90 days (until member is to fall off MA and you no longer see them on your enrollment grid) Care Coordinators are asked to follow these members; meaning work with them and their FW to get them back on MA. Members could be falling off for various reasons.

5. If you determine they will be coming back on or their MA will NOT lapse, you are responsible for any assessments that are due during that time. (Typically, within those 90 days if a member comes back on, the FW will retro the coverage back so there is no lapse).

6. The goal is to determine the WHY? Often FW's can assist with this or even the member.

7. If a member is losing MA due to an inheritance or being over in assets, they will have to spend down their assets within the MA limits before they become eligible again.

*If you have a member on the Elderly Waiver that loses MA eligibility: If the member is still termed at day 60, a DHS 6037 needs to be completed and faxed to the County. This alerts the COR that a member with waivered services has lost MA eligibility & if their MA is not re-established, the county will begin working with the member.
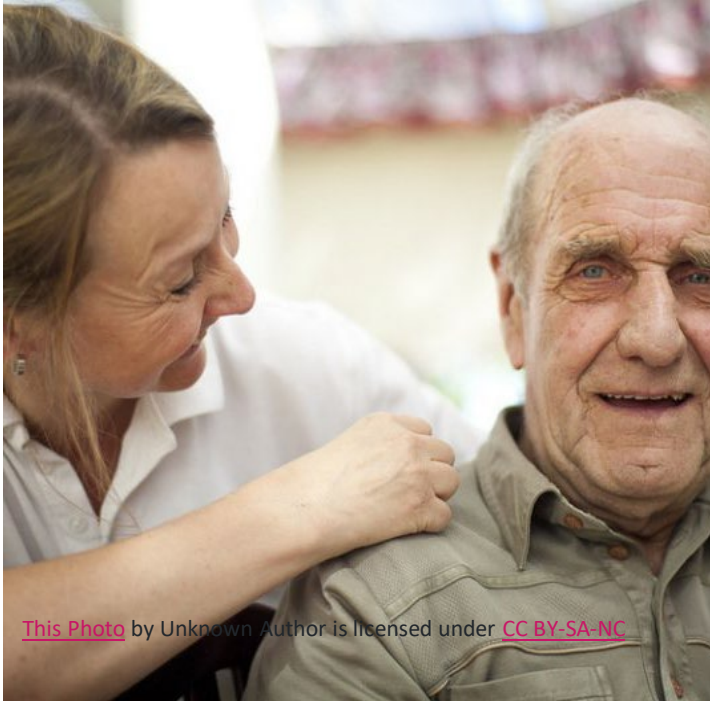
2024 SNBC Enhanced Expansion

Medica AccessAbility Solution® and Medica AccessAbility Solution® Enhanced Service Area

Special Needs BasicCare (SNBC)
Special Needs BasicCare Special Needs Plan (HMO D-SNP)
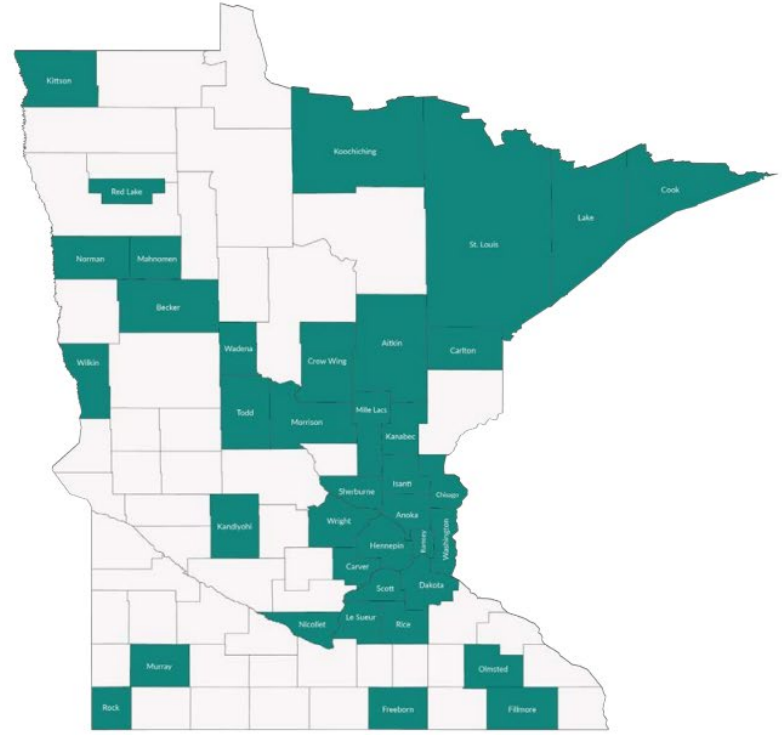
MHP-SPP1010714-6-00823A | Effective Jan. 1, 2024

Success Story

Provided by:

LACEY KARSJENS

FREEBORN COUNTY

Training modules

Training Modules

Training Module #1 - Assessed Need and Concern Documentation ⤢

↓ Module #1 Assessed Need and Concern Documentation (PDF)

Training Module #2 - Timeliness (Member Contact, assessments and follow-up) ⤢

↓ Module-2-Timeliness

Training Module #3 - Collaboration recording ›

↓ Collaboration recording ppt (PDF)

Training Module #4 - Care Plan/Support Plan Goals recording ›

↓ Module-4-Care Plan/Support Plan Goals (PDF)

Training Module #5 - Unable to Reach/Refuser recording ›

↓ Module-5-Unable to Reach/Refuser (PDF)
↓ Module-5-Unable to Reach/Refuser FAQ (PDF)

Training Module #6 - Essential Services and Safety Plans ›

↓ Module #6 Essential Services and Safety Plans (PDF)

Training Module #7 - Transitions of Care ›

↓ Module #7 TOC (PDF)

- We are excited about the new Training Modules that are available on the Care Coordination HUB under training.

- There are currently 7 modules posted with the final 2023 module to be posted soon. **Module #8 - MSHO/MSC+ Institutional**

- These are meant to be quick but detailed overviews or refreshers of audit elements.

Clinical Liaison 2023 Focused Audit Review

- We randomly selected 10 delegates in 2023 for this audit. Our goal was to identify opportunities for additional Care Coordinator training. The Clinical Liaison's reviewed member charts for the following elements:

- **MSHO/MSC+ elements:**
    - PCA, ICLS, CDCS, Residential Services, Chore, or HMKR (any combination of these)
    - Look for duplication of services
    - Documentation to support services
    - Over utilization of services
    - Incorrect service for needs identified
    - Accuracy of dependency scoring

*Potential additional documents needed: PCA assessment, ICLS plan, CDCS plan, or RS plan

- **SNBC/SNBC Enhanced Elements:**
    - All state plan services are included on service/support plan
    - Referrals have been completed
    - SNV included in services & communication with agency is documented
    - Communication with waiver CM is documented (DHS-5841 encouraged)

*Potential additional documents: Waiver Care Plan, CSP, or CSSP

- **Positive takeaways**: Beautiful documentation & member notes. **Training opportunities identified**: Duplication of services, clarification of homemaking guidelines, formal versus informal services, additional PCA training, additional ICLS training, & the importance of documentation of all attempts to collaborate/communicate with members ICT.

- 2024 Focused audits will continue with an additional 10 delegates

Medicaid Sales Team

Medica

Will assist with:

- General Questions

- Enrolling in Medica

- Changing Plans

- Plan Benefit Overview

- Verify Providers

- Verify Medications

Contact us:

MedicaCCPSales@medica.com

This email box is monitored during all business hours.

1-866-538-5608

Monthly Care Coordinator Newsletter

- Reminder that the Care Coordinator Newsletter is posted on the CC Hub under the news section by the 28th of each month.

- The newsletter includes the most up to date care coordination updates from both Medica & DHS that can impact your day-to-day work.
  - Tips from the auditor team
  - Email blast content
  - DHS policy changes and announcements
  - Medica policy/process changes and reminders
  - Medica initiatives and resources
  - Website additions, changes, or updates
  - Product specific updates
  - Upcoming meetings and events

MnCHOICES

DHS sent out an announcement of the Update on the launch of MnCHOICES revision project extending Phase 2 until March 29, 2024. The extension allows DHS to further enhance the system and fix more issues before moving into Phase 3.

For full announcement: **Update on launch of MnCHOICES revision project.**

- We are encouraging our delegates to continue their work in both the revised MnCHOICES application as well as the MnCHOICES Training Zone (MTZ). As your staff feel comfortable and caseloads allow, you can continue to increase the number of staff completing work in the live application. This will allow for more opportunity to identify potential fixes or enhancements needed.

MnCHOICES Regulatory Quality Reminders

Reminder about the process for UTRs, Refusals and Transfer/Transitional HRAs:

- If entering those in MnCHOICES, CCs will still need to complete the Medica Transfer HRA or UTR/Refusal Care Plan (MSHO/ ISNBC) and upload it in MnCHOICES.

- For UTR

  o Record the date of the last outreach attempt (call or letter) in MnCHOICES We are starting to try and pull that data for Part C reporting and is seeing all different kinds of dates for UTRs being entered in MnCHOICES).

*Revised MnCHOICES resources to be posted to the Care Coordination HUB soon. We are working with IT to create a section to house MnCHOICES information for easy CC access.

Until this resource is posted, we will include the **Medica Care Coordination Legacy Assessment/MnCHOICES Reference Guide** with the meeting content from today's meeting.

Regulatory Quality

2024 Audit Updates

- DHS 2024 Audit Protocol Meetings with the MCOs started in October

- DHS & CMS requirements have not changed; main change is where documentation/evidence is located

- In 2024, audit samples (2023 charts) will have some documentation in MnCHOICES and some documentation outside of MnCHOICES. When possible, auditors will audit directly from MnCHOICES.

- Once audit samples are pulled, Medica will rely on delegates to identify where required documents are located for each member.

- Medica will supply clear instructions on how to do this. 2024 will be learning curve for us.

- More to come as we learn more about plans for the 2024 audit!

Letter & Form Updates

- Updated Forms
    - Institutional HRA & Care Plan (MSHO/MSC+ only)
    - Member Engagement Questionnaire (f/k/a Self-Report HRA)
    - Unable to Contact/Refusal Care Plan
    - HRA Completion Report
- Updated Letters
    - Institutional Post-Visit Letter (MSHO/MSC+ only) (new)
    - PCP Letter for Unable to Reach/Refusal Members (new)
    - Ongoing No Contact Letter
    - Member Refusal Letter
    - SNBC & MSC+ Post-Visit Letters
- Additional Updates Coming
    - MSHO & I-SNBC Post-Visit Letters (updating benefit language for 2024)

May start using updated versions now; must start using no later than 1/1/2024

Always download templates from CC Hub for latest version

Remember to clear your cache regularly when downloading documents from CC Hub