

Medica Protocols

Public Health

Public Health Definitions

Child and Teen Checkups (C&TC)	The name for Minnesota’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program which is a comprehensive child health program provided to children and teens (newborn through the age of 20 years) enrolled in Medical Assistance (MA) or MinnesotaCare.
Clinician	A Public Health Agency-Based Health Professional and/or a Public Health Agency Physician
Health Services Other Than Home Health Care Services	Health services, including but not limited to Child and Teen Checkups, Public Health Clinic Services and Public Health Nursing Services, other than Home Health Care Services
Home Health Care Services	Limited part-time or intermittent skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers), medical supplies and other services.
Personal Care Assistant:	A person who is either employed by or under contract with a Personal Care Assistance Provider Agency, a home health care agency, or is jointly employed by the Recipient and a PCA Choice Provider and has completed the standardized training requirements in accordance with applicable law, to provide PCA Services according to the Recipient’s Care Plan, responds appropriately to the Recipient’s needs and reports changes in the Recipient’s condition to the supervising Qualified Professional or physician. A PCA must meet the following requirements: (a) be at least 18 years of age, with the exception of persons who are 16 or 17 years of age with these additional requirements: (i) supervision by a Qualified Professional every sixty (60) days; (ii) employment by only one personal care assistance provider agency responsible for compliance with current labor laws; (b) be able to communicate effectively with the Recipient and the Personal Care Provider Agency, (c) has passed the criminal background check and procedures specified in Minnesota Statutes; (d) is not a consumer of PCA services; (e) is not a parent or stepparent of the minor Recipient, spouse of the Recipient, paid legal guardian of the Recipient, or family foster care provider for the Recipient in accordance with applicable law.

<p>Personal Care Provider Organization (PCPO):</p>	<p>An agency that has entered into an agreement with the Minnesota Department of Human Services to provide Personal Care Services under the Medical Assistance program. For purposes of the Agreement, the PCPO is considered a Network Provider for Home Health Care Services with Medica. In order to be eligible for reimbursement for Personal Care Services rendered to a Member, PCPO must maintain compliance with all requirements of the Medical Assistance program. Such requirements include but are not limited to criminal history checks for owners with a five percent interest or more, maintenance of a surety bond and liability insurance and documentation of services provided as specified in Minnesota Rules.</p>
<p>Personal Care Services:</p>	<p>The Home Health Care Services provided by a Personal Care Assistant to a Qualified Recipient as ordered and reviewed annually by a Physician. Personal Care Services include assistance with personal care, ambulation, exercise, food, nutrition and diet activities, and essential household services. Personal Care Services must be provided under the supervision of a Registered Nurse</p>
<p>Public Health Agency Based Health Professional:</p>	<p>A non-physician licensed health care professional, including, without limitation, an advanced practice nurse, physician assistant, dietician, physical therapist, occupational therapist, or speech therapist, who is appropriately licensed and/or certified in the state or states where he or she practices, is a partner or shareholder in, employed by or otherwise associated with Provider, and has been accepted by Medica to provide Health Services to Members.</p>
<p>Public Health Agency Physician:</p>	<p>A physician, who is appropriately licensed in the state or states where that physician practices, is a partner or shareholder in, employed by, or otherwise associated with Public Health Agency Provider and has been accepted by Medica to provide Health Services to Members.</p>
<p>Public Health Clinic Services:</p>	<p>Health Services provided by or under the supervision of a physician in a clinic that is a department of, or operates under the direct authority of a unit of government.</p>
<p>Public Health Nursing Services:</p>	<p>Health Services provided by a certified public health nurse or a registered nurse practicing in a public health nursing clinic that is a department of, or that operates under the direct authority of, a unit of government, if the service is within the scope of practice of the public health or registered nurse's license as a registered nurse.</p>

HOME HEALTH CARE SERVICES BY VISIT TYPE

Listed below are specific types of Public Health Agency Based Health Professionals that provide Home Health Care Services to Members. Claims for such visits may be in units of minutes, hours, visits, procedures or per diems. Unless otherwise specified in the Agreement, payment amounts are inclusive of all services and Routine Supplies regardless of visit type.

Registered Nurse (RN): A Home Health Care Service provided by an RN for the evaluation, assessment or management of a Member. The status of the Member is generally unstable or recovering. The Member may be experiencing an inadequate response to therapy or the development of a significant complication that calls for skilled nursing care. An RN Visit includes, but is not limited to, provision of skilled Health Services, orientation, instruction and supervision of other health care professionals and record keeping. The payment rates for RN Visits are the same regardless of the type of services or care provided, including the initial visit.

Licensed Practical Nurse (LPN): A Home Health Care Service provided by an LPN is a service for the evaluation and management of a Member. The status of the Member is generally stable, recovering, and/or improving. The Member may be responding inadequately to therapy or may have developed a minor complication. An LPN Visit includes, but is not limited to, provision of skilled Health Services. The payment rates for LPN Visits are the same regardless of the type of services or care provided, including the initial visit.

Home Aide: A Home Health Care Service provided by a Home Aide to a Member whose status is generally stable, recovering, and/or improving. A Home Aide Visit includes, but is not limited to, assisting the Member with personal care, ambulation, exercise, nutrition and food preparation, essential household services, simple procedural extensions of therapy services, observation of the Member and reporting on changes in the Member's status. All Home Health Care Services provided by a Home Aide are supervised by a Registered Nurse. The payment rates for Home Aide Visits are the same regardless of the type of services or care provided, including the initial visit.

Physical, Occupational, Speech and Respiratory Therapists and Social Worker (collectively referred to as "Therapist"): A Home Health Care Service provided by a Therapist for the evaluation, assessment or management of a Member. The payment rates for services provided by Therapists are the same regardless of the type of care provided, including the initial visit.

Personal Care Assistant (PCA): A person who is either employed by or under contract with a Personal Care Provider Organization, a home health care agency, or is jointly employed by the Recipient and a PCA Choice Provider and has completed the training requirements to provide Personal Care Assistant Services according to the Recipient's Care Plan, responds appropriately to the Recipient's needs and reports changes in the Recipient's condition to the supervising Qualified Professional or physician. A PCA must meet the following requirements: (a) be at least 18 years of age, (b) be able to communicate effectively with the Recipient and the Personal Care Provider Organization, and (c) is subject to criminal background checks and procedures specified in Minnesota Statutes, § 245C.

Public Health Agency (PHA) Protocols

PHA Provider will comply with the following protocols of Medica:

1. Follow approved billing procedures of Medica.
2. Obtain prior authorization for certain Health Services as defined by Medica. Prior authorization is not a guarantee of payment.
3. Provide Home Health Care Services pursuant to a medical treatment plan by and under the direction of a PHA Physician, pursuant to the Member's Benefit Contract. In the event of a medical emergency, a medical treatment plan and prior written authorization will not be required.
4. Be subject to and fully comply with (a) Medica's Credentialing Plan and (b) all other administrative requirements and protocols of Medica as set forth in Medica's Administrative Manual, Medical Policy Manual, PHA Provider Requirements for Medicare, Medicaid and state government program products, administrative guidelines, training manuals or other manuals, (collectively "Administrative Requirements"), which can be found at www.medica.com. Comply with the service, access and quality standards, as modified from time to time by Medica and communicated to PHA Provider under the terms and conditions of the Agreement.
5. Operate within "per visit" or "per hour" and "visit by type" parameters as outlined in the Appendices to the Agreement and/or as communicated by Medica.
6. Refer Members only to other Network Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Benefit Contract or required by state law¹. This provision does not prohibit PHA Provider from contracting with other individuals, agencies, and/or organizations to render Health Services to Members; however, PHA Provider is fully responsible for all terms and conditions of the Agreement in such circumstances.
7. If the Member's Benefit Contract is one that requires the Member to receive all or any Health Services from or upon referral by a primary care physician, the following additional protocols must be adhered to when those Health Services are rendered:
 - a. Referrals to other Network or non-Network Providers must first be authorized by the Member's primary care physician; and
 - b. Health Services must be provided pursuant to the terms and limitations of the Referral Authorization Form issued by or on behalf of the Member's primary care physician.

PHA Provider and Clinician will comply with all reasonable protocols adopted by Medica. In the event Medica adopts any additional or revised protocols following the Effective Date of the Agreement, Medica will communicate such additional or revised protocols to PHA Provider forty-five (45) days prior to their adoption and permit PHA Provider forty-five (45) days to comply, and cause each Clinician to comply, with such additional or revised protocols, unless a longer period of time is agreed upon by both parties.

Failure to comply with the protocols of Medica is considered a material breach of the Agreement.

¹ 36 O.S. 2011, Section 6055

PHA Standards of Service

On the Effective Date and for the term of this Agreement, PHA Provider and each PHA Based Health Care Professional will meet and be bound by the following standards:

1. Be certified as a provider of Health Services by Medicare and Medicaid, in the jurisdiction where Health Services are provided.
2. Have available, upon Medica's request, Member and physician satisfaction surveys, Medicare/Medicaid surveys and any other documents referenced in this Agreement, subject to rules and regulations governing patient confidentiality.
3. Demonstrate the ability and utilize all reasonable efforts to provide service to Medica's service areas and maintain the following standards of service access (except where otherwise mutually determined by Medica and PHA Provider):
 - a. Routine Home Health Care Service - within one (1) business day. PHA Provider agrees to respond to routine service requests in a manner that is in accordance with generally accepted community standards.
 - b. Urgent Service - within normal clinic hours.
4. Utilize an answering service and/or answering machine or a published pager number for 24-hour emergency phone coverage.
5. Employ or contract with health care professionals and/or technicians available in Medica's service area(s) who are licensed and/or certified in their applicable specialty by an agency acceptable to Medica, or who have a level of certification, licensure, education, and/or experience acceptable to Medica or who are under the supervision of a health care professional who is able to satisfy requirements of certification, licensure, education, and/or experience acceptable to Medica.
6. Provide marketing and total outpatient management support to Medica, and as may be requested by Medica, including, but not limited to the following:
 - a. Cooperate with Medica in its efforts to educate physicians and Medica staff regarding current and latest practices in home health care services, as requested by Medica.
 - b. Participate in "dual visits" (i.e. meetings with Medica case manager and physician, or other appropriate third party) as deemed necessary by Medica case manager.
 - c. Participate in case management meetings on a quarterly basis, at a minimum, or as otherwise determined by Medica.

PHA Payment Protocols

PHA Provider will comply with the payment protocols of Medica, including, but not limited to the following:

1. Payment rates for Home Health Care Services are non-variable regardless of type or number of service units provided. Payment rates are applicable to Home Health Care Services provided during day, evening, night, weekend, and holiday hours and for inter-city visits.
2. The payment rates described in Appendix A of the Agreement for Home Health Care Services include, but are not limited to:
 - a. all routine supplies associated with the Home Health Care Services;
 - b. mileage;
 - c. all costs incurred to “set-up” the case;
 - d. costs incurred when PHA Provider is unable to locate the Member or the Member is not present at the location established for visit;
 - e. costs in connection with administration, education or training, and case management, except as otherwise mutually agreed to by the parties in writing;
 - f. costs in connection with consultation with the family of the Member, except as otherwise mutually agreed to by the parties in writing; and
 - g. Costs incurred for “escort” services to the location of the Member.
Any costs incurred for the above items are not eligible for separate reimbursement. They may not be billed separately to Medica and will not, in any case, be billed to the Member.
3. If home care visits are subcontracted out and/or partnerships or alliances are formed to provide Home Health Care Services, Medica will reimburse PHA Provider in accordance with the appendices to the Agreement. If PHA Provider is unable to provide the Home Health Care Services agreed upon in the Agreement, and within time frames contained in the Agreement, Medica may make arrangements for such Home Health Care Services.

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