

# 2020 MSHO Supplemental Benefits

FINAL

MSHO Member Services: 952-967-7029

Benefit	Description
Activity tracker	Coverage of one activity tracker per member per year. Electronic device to track steps and calculate calories burned.
Adult Day Services*	Program provides supervised care for members with a dementia diagnosis by meeting these members unique social and health needs including limited physical and cognitive functional abilities. Center must be meet state of MN requirements. Care Coordinator identifies members with a dementia diagnosis and coordinates services. Unlimited sessions.
Animatronic Support Pet*	Coverage of one Animatronic Support Pet per member per year. Member must have a diagnosis of dementia or major depressive disorder. Life-like pet provides companionship, reduces isolation and can improve well being and emotional function. Care Coordinator identifies members with a dementia or major depressive disorder diagnosis and coordinates services.
Dental – Adult Fluoride	Coverage of additional fluoride. All dental services must be received from a network provider.
Dental – Periodic exams	Coverage of additional periodic exam. All dental services must be received from a network provider.
Dental – Scaling and root planing	Coverage for periodontal services includes scaling and root planing. All dental services must be received from a network provider.
Dental – Periodontal maintenance	Coverage for periodontal services includes periodontal maintenance. All dental services must be received from a network provider.
Dental – Additional Coverage for Root Canals on Molars	Coverage for endodontics includes root canals on molars. All dental services must be received from a network provider.
Dental – Crowns coverage	Coverage for restorative services includes coverage for porcelain crowns limited to \$2,500 maximum. Network providers only. All dental services must be received from a network provider.
Electric Toothbrush	Coverage for one electric toothbrush kit including replacement heads per member per year.
Family Caregiver Services*	Services provided to caregivers includes training, education, coaching, counseling, and Family Memory Care (FMC) program for a caregiver living with the member. FMC improves the caregiver’s ability to manage the challenges of caregiving and provide social support and minimizing the difficulties caregiving for an individual with dementia. Care Coordinator identifies members with a dementia diagnosis and coordinates services. FMC - Up to 20 hours per year. Training/Education up to 12 hours per year. Coaching/Counseling up to 12 hours per year.
Foot Care visits	Covered services includes: soaking, filing, nail clipping, debridement and education around prevention/management.
Health Education Classes – Healthy Aging (Juniper) classes	Coverage of two healthy aging classes per member per year. Classes include Matter of Balance, Tai Ji Quan and the Living Well Series.
Health Education Classes – PowerUp cooking class	Members receive tools and guidance in a group setting from professionals for better eating, activity and thinking. Classes provided by a certified health educator or other qualified health professional.
Home Delivery Meals	Home delivery of meals immediately following surgery or an inpatient hospital stay.

Benefit	Description
In-home bathroom safety devices and installation	Coverage for In-home bathroom safety devices and installation up to \$1,000 Coverage includes an assessment and installation of permanent devices based on individual need as determined in the assessment. Devices covered: Commodes, Commode chair with integrated seat lift mechanism/toilet seat lift mechanism, Bath/Shower chairs or tub stools/benches, Raised Toilet seats, Toilet seat safety frames, Transfer benches, Rehab shower commode chairs, Bath lift equipment, Hand held shower, Grab bars, Bathtub wall rails
Independent Living Skills (ILS)*	Services develop, maintain, and improve a member's community living skills including communication, mobility, interpersonal skills, and self-care in order to keep the member living independently longer and in a safer environment. Members with any of the diagnoses in Medicare Managed Care Manual, Chapter 16b, Section 20.1.2 (listed below) are eligible for ILS. Care Coordinator identifies members with a covered diagnosis and coordinates services.
Light Therapy Lamp	One light therapy lamp per member per year.
Night light	Coverage for one motion-activated night light per member per year to aid the prevention of falls at night/when dark. Aiding in the prevention of falls diminishes the impact of injuries or health conditions and reduces avoidable emergency and health care utilization, as stated in CMS supplemental benefit guidance under the expanded definition of what is primary health related.
Pedaler	Coverage for one pedaler per member per year. Pedaler used in the home to strengthen and tone leg and arm muscles and increase joint range of motion.
Personal Emergency Response System	Coverage for one in-home device used to notify appropriate personnel of an emergency and/or monthly device maintenance fee if member received device in a previous year.
Psychotherapy for Caregivers*	Psychotherapy for caregivers of members with a diagnosis of dementia. 6 visits per year. Care Coordinator identifies members with a dementia diagnosis and coordinates services.
Readmission Prevention	Includes an in-home safety assessment and medication reconciliation
Respite Care*	Short-term services provided to members with diagnosis of dementia when the primary care giver is absent or needs relief. Care Coordinator identifies members with a dementia diagnosis and coordinates services.
Silver&Fit (Fitness Benefit)	Coverage of monthly basic membership at participating fitness facilities only. No health club fee. Members not electing fitness facility membership can order two home fitness kits per year.
Tablets	Coverage of tablet for members with diabetes, heart disease, depression, or cognitive impairment. Tablet will only be configured with health education, health engagement, wellness, and the HealthPartners applications and will support the transmission of health information to the care team. Device will support engagement with the care team and will not replace face-to-face physician visits. Technical support to assist with how to use the equipment and ongoing support will be provided. The frequency of the data transmission will depend on the condition, needs and interest of the member as the tablet benefit design is person-centered to meet the individual needs of each member. Tablet will comply with applicable state and federal requirements and will be configured for member usage such that external applications are not available. The plan will not pay for internet service. Limited to one tablet per member every two years.

Benefit	Description
Tints and Coatings	Coverage for upgrades includes tints and coatings on eyeglasses.
Transportation for Caregivers to Attend Covered Caregiver Support Services*	Transportation for Caregivers to Support Services for Caregivers. Includes roundtrip transportation for caregivers of a member with a diagnosis of dementia. Transportation must be coordinated through RideCare. Care Coordinator identifies members with a dementia diagnosis and coordinates services.
Transportation to/from Supplemental Benefit covered services	Roundtrip transportation to locations of covered supplemental benefits including health club, Health Education Classes, and Alcoholics Anonymous or Narcotics Anonymous meetings. Transportation must be coordinated through RideCare.
virtuwell	Unlimited virtuwell visits.
Weight Management Program	Coverage of weight management program that offers weekly in-person or online programming. The weight management program includes nutrition content and support that is available in-person and/or online. The program includes activity tracking, fitness support, personalized goals, online chat support, phone sessions and action plan, and weekly group meetings.

\*Special Supplemental Benefit for Chronic Illness and limited to specific diagnoses (identified in the note)

Continuing supplemental benefit from 2019
New supplemental benefit

**Discontinuing from 2019:**

- Dental – Tissue Conditioning

**Covered diagnoses for ILS:** Chronic alcohol and other drug dependence; Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus; Cancer, excluding pre-cancer conditions or in-situ status; Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder; Chronic heart failure; Dementia; Diabetes mellitus; End-stage liver disease; End-stage renal disease (ESRD) requiring dialysis; Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immune thrombocytopenic purpura, Myelodysplastic syndrome, Sickle-cell disease (excluding sickle-cell trait), and Chronic venous thromboembolic disorder; HIV/AIDS; Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension; Chronic and disabling mental health conditions limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder; Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington’s disease, Multiple sclerosis, Parkinson’s disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and Stroke.