


SecureBlue MSHO (HMO D-SNP) 2025 Supplemental Benefit Information

SecureBlue is a Minnesota Senior Health Options (MSHO) plan that combines Medicare and Medical Assistance (Medicaid) into one plan. Members must be 65 or older and have both Medicare Part A and Part B to qualify for SecureBlue.

Supplemental (extra) benefits for members below are in addition to Medicare- and Medicaid-covered benefits.

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Extra benefits available to ALL MSHO Members

Dental Services – must use an in-network provider

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In addition to what is covered under Medicare/Medical Assistance:

- 1 Additional Preventive Exam
- 2 Dental Crowns

Eligibility: All MSHO members

Resources:

- If there are any questions about the benefits, **members** can call Delta Dental at 1-800-774-9049
- **Care Coordinators** can call the Delta Dental care coordination team at 1-866-303-8138 (do not give this number to members) ★
- Delta Dental: <https://www.deltadentalmn.org/find-a-dentist/#/start>
- Visit the Dental Resources tab on the [Blue Plus Care Coordination website](#)

Electric Toothbrush/Replacement heads (offered by Corner Home Medical Supply (CHM))

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- One electric toothbrush per year
- 3 toothbrush replacement heads per year

Eligibility: All MSHO members

Referral Process: Complete and send the [Corner Home Medical CHM Referral Form](#)
Member name/ID on the referral form must match how member is displayed in Bridgeview exactly. ★



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Eyeglass Upgrades – must use an in-network provider

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Members can get upgrades on eyeglasses each year:

- Anti-glare lens coating, up to two lenses every year
- Photochromatic lens tinting (Transition® lenses), up to two lenses every year
- Progressive (no-line) lenses, up to two lenses every year

Eligibility: All MSHO members. No prior authorization required.

Resources:

- [Provider and Pharmacy Directory](#)
- Member can contact Member Services for quote of benefits and in network providers: 1-888-740-6013 TTY: 711

For Optical Providers:

[BCBS Vision Provider Quick Point](#)

Service codes:

- Anti-Reflective Coating HCPC V2750
- Photochromic Tinting HCPC V2744, V2745
- Progressive Lenses HCPC V2781

Questions: Providers can contact Provider Services at (651) 662-5200 or 1-800-262-0820

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Fitness Membership (offered by [SilverSneakers](#))

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- Full fitness facility membership with class access at a broad network of participating fitness clubs and exercise centers
- Access to online education and live virtual classes on SilverSneakers.com
- Access to workout videos on SilverSneakers On-Demand™
- Members may download the SilverSneakers GO™ fitness app
- Includes transportation via Blue Ride - max one round trip ride per day

Eligibility: All MSHO members. SilverSneakers receives an eligibility file of all MSHO members.

Resources: Member or Care Coordinator can call SilverSneakers at 1-833-226-1271 or go to www.Silversneakers.com to register/search facilities.

- [SilverSneakers Member Virtual Orientation Flyer - Central time](#)
- [SilverSneakers Flyer](#)
- [MSHO SilverSneakers Fitness at Home Brochure](#)
- [CC Guide-SilverSneakers ID number for members](#)
- [Silver Sneakers Care Coordination Talking Points for Steps](#)

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Friendly Helper (offered by Lutheran Social Services ([LSS](#)))

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- Up to 48 hours per year of in-person or virtual services by a trained caregiver (friendly helper) to increase community connections and monitor member wellbeing and quality of life.
- Services may include assistance with:
 - friendly visiting
 - light household chores
 - grocery shopping
 - technical guidance
 - limited transportation
 - support review of materials from health plan or provider, i.e. newsletters, surveys, benefit reminders

Eligibility: All MSHO members

Referral Process: Care Coordinator referral required. Complete the LSS referral form [BluePlus-LSS ReferralForm - All Services Updated](#) and email to LSSHealthyTransitions@lssmn.org

Resources:



If a member has a family member or other informal contact who would like to be the Friendly Helper, the Care Coordinator or person interested in applying can email LSSHealthyTransitions@lssmn.org. LSS Healthy Transitions will connect the person directly with LSS HR to apply.

FAQs:

Can a member have EW services and Friendly Helper at the same time? Yes, Friendly Helper is a supplemental benefit under MSHO.

Are services virtual or in person? LSS will work with the member to determine the best option for in-person, virtual or telephone visits, as needed and as preferred by the member

DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using UMPI A857633900

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Health & Wellness Classes (offered by [Juniper](#))

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Evidence-based interactive classes that provide education, fitness instruction, and self-care strategies to help people take charge of their health.

- The classes are designed for people who are living with chronic conditions such as diabetes, arthritis, high blood pressure, heart disease, chronic pain, and anxiety or are at risk for falls.
- Classes are available at a broad network of participating facilities. Some classes available online or telephonically.
- Includes transportation via BlueRide - max one round trip ride per day

Eligibility/Requirements: All MSHO members

Referral Process Care Coordinator can refer or member can self-refer. <https://yourjuniper.org/Referral/Create> or call 1-855-215-2174

Resources:

- <https://yourjuniper.org/>
- [Juniper Be-Well Benefit Insert \(PDF\)](#)
- [Juniper Program Descriptions-MSHO \(PDF\)](#)
- [Juniper brochure \(PDF\)](#)
- [Juniper Quick Guide for Care Coordinators](#)

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Over-the-Counter Allowance (offered by [CVS Over-the-Counter Health Solutions](#))

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- \$150 per quarter allowance to purchase select over-the-counter items
- Members may order by telephone, online or shop for eligible items at CVS locations
- Unused benefits do not roll over to the next quarter



NOTE: Many OTC drugs and items are covered under the member's Medical Assistance benefit. These items are not included in the OTC catalog. The member should talk to the pharmacist to request a prescription for these items. Visit the [List of Covered Drugs \(Formulary\)](#) for more information.

CVS OTCHS Catalog is available in [English](#) and [Spanish](#)

- Community members receive one printed catalog from BCBS per year
- Catalogs are available online or can be picked up in CVS stores
- Members can request 1 printed copy per year from CVS

Eligibility/Requirements: All MSHO members. If you are helping a member access benefits or you are calling CVS on behalf of a member, you must include the alpha prefix on the member's ID (i.e. **MQS80XXXXXX**) ★

Referral Process:

CVS receives a file of all members. No referrals are accepted.

Resources:

Visit the CVS OTCHS website at: <https://www.cvs.com/benefits> or call 1-888-628-2770 (TTY: 711).

Members may also access their benefit through the OTC Health Solutions App from the App Store or Google Play.

Care Coordinators may assist members with OTC orders. If you would like to submit an order on behalf of a SecureBlue MSHO member, you may complete the template below and email SECURLY to Bobbie.Graham@CVSHealth.com and CC Client_Success@CVSHealth.com. You MUST include the SUBJECT LINE: **BCBSMN**

Care Coordinator Bulk Order.

Follow the instructions on the 1st tab of the template: .

- [Template for submitting CVS OTC orders](#)



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Podiatry Services - must use an in-network provider

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In addition to what is covered under Medicare/Medical Assistance:

- Up to 12 visits/year for routine foot care such as nail clipping, etc.

Eligibility: All MSHO members. Member does not have to meet Medicare criteria for foot care/podiatry.

Resources:

- [Supplemental Benefit for Additional Podiatry Information for Care Coordinators reference](#)

Member can contact Member Services for quote of benefits and in network providers: 1-888-740-6013 TTY: 711

Transportation (offered by BlueRide)

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BlueRide is available for up to one round-trip ride per day, for:

- SilverSneakers participating fitness location
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)
- Juniper health education classes

Eligibility/Requirements: All MSHO members

Referral Process:

Call 1-866-340-8648 (TTY 711)

Care coordinator can enter ride into Bridgeview

Member can schedule a ride online at <https://www.bluecrossmn.com/members/shop-plans/minnesota-health-care-programs/blueride-transportation>

Resources:

[MSHO Blue Ride flyer \(member approved\)](#)

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Members living in the Community only

\$750 In-Home Safety Benefit (must use an in-network DME provider)

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- Up to \$750 per calendar year for safety items
- Items may include but not limited to; grab bars, hand held shower, non-slip bath mat, toilet safety rails, etc. from an in-network DME provider

Eligibility/Requirements: All MSHO members who live in the community

Referral Process:

Optional [Blue Plus MSHO In Home Safety Benefit Referral Form](#) (only complete if DME provider is requesting a prior authorization). No doctor's order is required.
[Member name/ID on the referral form must match how member is displayed in Bridgeview exactly](#) ★

Resources: [\\$750 Safety Benefit Resource](#) (not a member-approved handout)

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Medication Dispenser & Reminders - Dose Flip (offered by [Dose Health](#))

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Medication dispenser + Reminder Service for community members requiring additional medication management services to monitor multiple medications.

[Member must not be on a home and community based waiver to receive this benefit under MSHO.](#) ★

- Members receive a Dose Flip plus reminders and caregiver notifications for missed doses
- Optional equipment available at no charge: Adaptive Flipper, Extra Tray, Refilling Disk, Stand
- Maximum of 4 Dose Flip devices per member

Eligibility/Requirements: MSHO members who live in the community [and are not on a waiver](#)

If a member has medication administration from a different source, member would not be eligible (i.e. member already has medication administration as part of their CL plan)

Referral Process:

Care Coordinator referral required <https://app.dosehealth.com/referrals>

Or call 844-300-6212

Dose Health will notify you when referral is received and will contact the member or to coordinate device set up.



Resources:

More information and video tutorials can be found on the [Dose Health website](#).

Questions about the device, set up or issues: Contact Dose Health 24/7 at 844-300-6212

- [Dose Health Services Flyer \(PDF\)](#)
- [Dose Health tri fold flyer](#)
- [DoseFlip Training \(PDF\)](#)

Dose Flip

Dose Flip contains 14 compartments (approximate size of a compartment: about 22 standard round aspirin-sized medications OR 12 gel caps OR 3 fish oils). The on-screen guide can be setup with alarms and a flashing light to remind members to take their pills up to two times per day* and the lid can be secured with the included security screw and key. Members simply flip the device to dispense their medications.

**The member may receive up to 4 devices to accommodate all of their medications.*

Dose Flip Notifications

The Dose Flip can send Notifications that allows members or their caregivers to receive a call or text or email reminding them of missed doses or member not taking medications as directed, i.e., potential tampering, device charging required, low battery, etc. Members can also view this information via the Dose Dashboard.

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Dose Health (con't)

FAQs

How do I sign up a caregiver to receive Dose Flip Notifications? Care coordinator should contact Dose Health and they will ask who the appropriate party is to contact for approval of who should receive notifications. If the care coordinator is the appropriate party, we will ask which notifications should be set up and the contact information for who they will be set up for, then we will activate them remotely.

How do I sign up for the Dose Dashboard? Care coordinator should contact Dose Health and they will ask who the appropriate party is to contact for approval of who should have Dashboard access. If the care coordinator is the appropriate party, we will create a Dashboard account using the email(s) provided and send over an email with dashboard access allowing the viewer to set up their password and view the Dashboard.

Is the device portable or does it need to be plugged in? The Dose Flip is portable. It has a battery life of 3-4 days when being used regularly.

How do I get a device replaced ? If a device needs to be replaced, contact Dose Health at 844-300-6212 with member's name and address and Dose Health will send out a new device along with packaging and a prepaid label to return the broken device.

How to return a Dose Flip or end services To return a device or end services, email office@dosehealth.com or call 844-300-6212. Provide the member's name, address, and service end date (if no date is provided, the end date will be the date the care coordinator contacts Dose). Dose will then send a pre-paid label and packaging to the confirmed address to assist with the return of the devices/equipment.

DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using NPI 1891155909

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Personal Emergency Response System PERS (offered by [QMedic](#))

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An in-home or mobile Personal Emergency Response device designed to notify appropriate personnel of an emergency that is health related.

Several in home or mobile options including a watch option with a steps counter. To review all PERS options through QMedic, click on the [QMedic - Device Comparison Chart 2025](#)

QMedic will work with the member or their authorized representative during their call to select the best device to meet their assessed needs.

Eligibility/Requirements: MSHO members who live in the community **and are not on a waiver. Member must not be on a home and community based waiver to receive this benefit under MSHO.** ★

Referral Process:

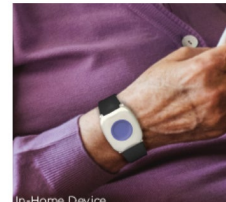
Care Coordinator referral form required [QMedic ReferralForm-BCBS MSHO 2025](#)

For QMedic questions call 877-241-2244

Resources:

- [2025 Care Coordinator Resource document](#)
- [QMedic - Watch Band Options](#)
- [QMedic - VRA](#)
- [QMedic - New Mobile Wrist](#)
- [QMedic - Mobile Watch 2024](#)
- [QMedic - Free Add Ons](#)
- [QMedic - Did You Know - Bilingual](#)
- [QMedic - Device Hardware Chart](#)
- [Care coordinator training video](#)

In Home PERS



GPS Mobile PERS



DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using NPI 121-535-8361

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Post-Discharge Healthy Transitions - Certified Community Health Workers (offered by [LSS](#))

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Up to 3 visits during first 4 weeks post discharge by CHW for all community members following notification of a discharge from a hospital or short term SNF stay. Visits will include a home safety assessment, nutrition discussion, community resources, personal health record and upcoming medical appts.

Eligibility/Requirements: Community members recently discharged from hospital or SNF stay

Referral Process:

Care Coordinators should notify eligible SecureBlue members during the Transitions of Care (TOC) process that post-discharge Community Health Worker visits are part of their benefit set.

- LSS receives an eligibility file of members admitted/discharged from the hospital/Nursing Facility
- Care Coordinator notification/approval required
- Care Coordinators can also refer using [BluePlus-LSS ReferralForm - All Services Updated](#) (*Use the same referral form for Healthy Transitions Community Health Worker and Post-Discharge Meals*). Email to LSSHealthyTransitions@lssmn.org

Resources:

- [Post Discharge- Companion Services Healthy Transitions Flyer 12.2022 \(PDF\)](#)

DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using UMPI A733815500

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Post-Discharge Home Delivered Meals (offered by [LSS](#))

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Up to 14 meals per week for up to 2 weeks (28 meals) per episode of care (hospital or short term nursing facility discharge) for community members to prevent readmission following a short term hospital or nursing facility stay.



- Those receiving meals from EW are not eligible to receive the post-discharge meals unless EW meals are put on hold.
- For members who have specific food preferences, including culturally specific needs, CC should indicate this on the referral form.

Eligibility/Requirements: Community members recently discharged from hospital or SNF stay (cannot be receiving meals for another funding source at the same time)

Referral Process:

Care Coordinators should notify eligible SecureBlue members during the Transitions of Care (TOC) process that post-discharge meals are part of their benefit set.

- Provider receives an eligibility file of members admitted/discharged from the hospital/Nursing Facility
- Care Coordinator notification/approval required
- Care Coordinators can also refer using [BluePlus-LSS ReferralForm - All Services Updated](#) (Use the same referral form for Healthy Transitions Community Health Worker and Post-Discharge Meals). Email to LSSHealthyTransitions@lssmn.org

Resources:

<https://www.lssmn.org/services/older-adults/lss-meals/meals-to-go>

DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using UMPI A953725200

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Must have an eligible condition (refer to Eligibility note AND living arrangement requirements (if noted) on each benefit)

Animatronic Pet (offered QMedic)

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Members with a cognitive impairment diagnosis can choose [one animatronic per year](#):

- cat or
- dog or
- bird

Pet is to provide comfort, companionship and improve mood.
Bird option is geared to members who walk with a walker. It can be attached to the walker to help remind members to use the walker and encourage members to walk.



Eligibility/Requirements: All MSHO members with:

- dementia,
- cognitive impairment, or
- social isolation

Referral Process: Care Coordinator referral form required [QMedic ReferralForm-BCBS MSHO 2025](#)

[Member name/ID on the referral form must match how member is displayed in Bridgeview exactly.](#) ★

Resources:

- <https://joyforall.com/#>
- [InteractingWithPets-Member \(PDF\)](#)
- [QMedic - Companion Pets 2024](#)
- [Care coordinator training video](#)

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Blood Pressure Monitoring System (offered by [QMedic](#))

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In-home digital blood pressure device **and monthly monitoring** designed to inform the member/caregiver of the member's blood pressure.

Vendor will notify appropriate member contact of abnormal blood pressure (as defined by the member).

- Embedded AT&T cellular connection to communicate data to the cloud – no need for Bluetooth, smartphone or WiFi
- Simple one button, battery powered device
- Dashboard data monitoring, text messages and email or snail mail reports available
- Member must agree to having blood pressure readings received by QMedic. When a member takes their blood pressure, their data is transmitted from the device via a cellular network into QMedic's secure data collection platform. The member or member's contact will be informed of an abnormal reading. **If a member only wants a blood pressure machine, not the monthly monitoring from QMedic, the member may use their CVS OTC benefit to purchase a blood pressure monitor. See [Over-the-Counter Allowance \(CVS\)](#).**



Eligibility/Requirements: Community members only with:

- Cardiovascular Disorders (including HTN)
- Chronic Heart Failure
- ESRD
- Stroke

Referral Process: Care Coordinator referral form required [QMedic ReferralForm-BCBS MSHO 2025](#)

Resources:

- [QMedic - Blood Pressure Monitor 2024](#)
- [Care coordinator training video](#)
- [Blood Pressure Monitoring Resource for Care Coordinators](#)
- [Controlling Blood Pressure – QMedic vs. Omada](#)



DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using NPI 121-535-8361

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Caregiver Emergency Care Plan (offered by [LSS](#))

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Create an in-depth care plan to be activated if the caregiver can no longer care for their loved one, for either the short-term or the long-term.

The plan includes:

- Assessment of current care and health needs for both Caregiver and Care Receiver
- Identification of people to be contacted in the event of a health emergency
- Set goals for their loved one's care
- Communication plan for notifying informal and formal supports of the plan
- List identifying current services or supports (formal and informal) being used
- List and information to contact services and/or supports to be used during an emergency
- Details about the loved one's daily routine so that the routine can remain as consistent as possible.
- If/when an emergency occurs, LSS assists the family in implementing the plan

LSS reviews plans every 90 days with the caregiver and the emergency care team to ensure the plan is kept current. More frequent communications are allowed to adjust plans when there is an event or change in circumstances where the list of services, supports, routines need to be updated.

Eligibility/Requirements: Members who live in the community and have a caregiver. Member must have a qualifying diagnosis of:

- Cancer
- Cardiovascular Disorders
- Chronic Heart Failure
- Chronic Lung Disorders
- Dementia
- Diabetes
- ESRD
- HIV/AIDS
- Rheumatoid Arthritis
- Stroke

Referral Process: Care Coordinator referral required. Complete the LSS referral form [BluePlus-LSS ReferralForm - All Services 2024 Updated](#) and email to LSSHealthyTransitions@lssmn.org

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Caregiver Emg Plan by LSS (con't)

FAQs:

How long does it take to complete the service (create the backup plan)? LSS and the caregiver may spend up to 12 hours in total creating, maintaining, updating and implementing the emergency backup plan. The service includes:

- In-home assessment (can be delivered in multiple visits)
- Plan development (assessment, resource review and formalized plan)
- Plan review with Caregiver, Care Receiver - revisions as needed and implementation
- Monthly check-ins
- 90-day review, updates or revisions

Is the service provided in person or virtually? In person and virtual services will be available/provided depending on the caregiver's location and preference.

Does the caregiver have to live with the member? No, the caregiver and member do not have to live together. The member must be living in the community (not a nursing facility) to be eligible.

What happens after the plan is created? LSS reviews the plan every 90 days< or more frequently as needed, with the caregiver and the emergency care team to ensure the plan is kept current. Plans may be adjusted when there is an event or change in circumstances where the list of services, supports, routines need to be updated.

DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using UMPI M876418700

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Caregiver Empowerment Program (offered by [Ceresti](#))

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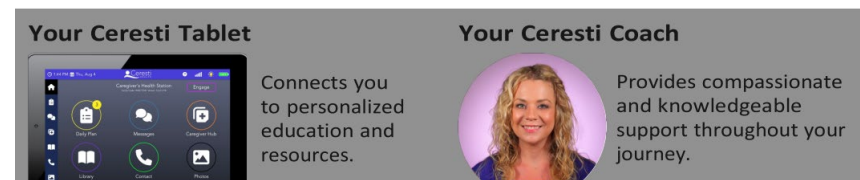
6 month tablet- or app-based coaching and education program to train and support the Caregiver of members in best practices for managing the member's condition.

- Caregivers will receive an easy-to-use tablet that contains the entire program. The education is also available via a phone app, if preferred.
- Ceresti will assign a dedicated Ceresti Coach to guide and support the caregiver through the entire program. The coach will check in with the caregiver regularly through tablet messaging, phone calls, or texting.
- The program is tailored to the caregiver's and member's needs and includes videos, readings, tutorials, patient engagement, information to community resources to give the caregiver the knowledge, skills, and confidence to be a successful caregiver.
- The program is geared toward helping caregivers regardless of if their loved one lives at home or in a facility.
- The program can usually be completed in six months.

Eligibility/Requirements:

All MSHO members with a caregiver and a qualifying condition of:

- Dementia
- Cognitive impairment
- Parkinson's Disease
- Stroke



Referral Process:

Provider receives an eligibility file and does outreach to eligible members. Care Coordinators may also refer or members/caregivers can self- refer.

[Ceresti Referral Form](#)

Resources:

- <https://secureblue.ceresticaregiver.com/>
- [Ceresti BCBS Flyer 6-20-23 DHS Approved CMS Accepted \(PDF\)](#)
- [Ceresti Caregiver Letter DHS Approved 10-24](#)
- [Ceresti Member Letter DHS Approved 10-24](#)

FAQs

How much time does the program take each day? On average, caregivers spend about 5-15 minutes using their tablet each day. Communication with your Ceresti Coach can range anywhere from a brief check in to a more in-depth conversation based on your needs and wants.

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Caregiver Empowerment Program by Ceresti (con't)

What if my loved one does not live with me? Ceresti's caregiver program is for all caregivers regardless of whether their loved one is living with them or in a facility.

What if I do not know how to use a tablet? You do not need to be a technology expert to participate in the program. Ceresti has developed the program to be extremely easy to use, and your coach is there to help you along the way.

What happens if I do not like the program? You can drop out at any time, and Ceresti will arrange for you to return the tablet.

Is the program available to both paid and unpaid caregivers? Yes, as long as the caregiver also provides care outside of paid hours.

Can caregivers participate more than once? Yes, you can participate more than once should circumstances change since last interactions with the program.

Other FAQs can be found [here](#).

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Grocery Store Transportation (BlueRide)

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Up to 6 round trip rides per member per month to: grocery stores, local food shelf, farmer's markets (in season), and meat markets via Blue Ride.



Eligibility/Requirements: Community Members **must have one of the following chronic conditions to use the BlueRide grocery store transportation:**

- Autoimmune disorders
- Cancer
- Cardiovascular disorders
- Chronic alcohol and other drug dependence
- Chronic and disabling mental health conditions
- Chronic heart failure
- Chronic kidney disease
- Chronic lung disorders
- Chronic pain syndrome
- Cognitive Impairment
- Dementia
- Diabetes
- End Stage Liver Disease
- End Stage Renal Disease
- HIV/AIDS
- Neurological disorders
- Stroke

Referral Process:

BlueRide: 1-866-340-8648 (TTY) or enter ride into Bridgeview. If the care coordinator enters the ride in the BlueRide portal, the care coordinator must confirm that the member has an eligible condition prior to entering the ride.

Resources:

[MSHO Blue Ride flyer \(member approved\)](#)

Guidelines for Care Coordinators:

- Enter "grocery store" as reason for transportation in BlueRide
- Maximum six round trip rides per month
- Only available to community members (rate cells A, B)
- Only available to members without a car (standard BlueRide rule)

SecureBlue MSHO (HMO D-SNP) 2025 Supplemental Benefit Information

Grocery Store Transportation by BlueRide (con't)

- Stores: Grocery store, food shelf, meat market, local farmer's market (in season), superstores (grocery area only)
- Maximum of 45 miles one way (90 miles round trip)
- Requires 48-hour notice to BlueRide for ride set up (standard BlueRide rule)

Information for members:

- No in-between stops, BlueRide will pick up at home, take to store, wait for shopping and return home
- Allowed to have an escort at no charge. Escort needs to stay with member.
- Number of bags limited to how much member can carry into their home (no assistance provided by BlueRide)
- Shopping time limit of one hour
- Can set up a standing weekly shopping ride for the month

Household Supports – flex card for utilities and rent (offered by [myFlexCard](#))

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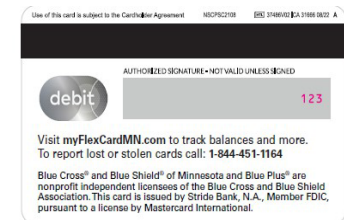
\$260 **per quarter** allowance for utilities and rent. Benefits do not rollover to the next quarter.

- Utility company and landlord must be approved with the appropriate merchant category code and accept Mastercard
- **Member's address must match the address on the utility or rent bill**
- Member must activate their myFlexCard prior to use



Approved merchant codes include:

- Electric, Gas, Water, and Sanitary
- Cable, Satellite and Other Pay Television/Radio/Streaming Services
- Telecommunication Services, including Local and Long-Distance Calls, Credit Card Calls, Calls Through Use of Magnetic Stripe-Reading Telephones, and Fax Services
- Telecommunication Equipment and Telephone Sales
- Fuel Dealers – Fuel, Oil, Wood, Coal, and Liquefied Petroleum
- Government agencies (for utilities offered through city/municipalities)
- Home internet
- Real Estate Agents and Managers (rent)
- Nursing, Home Healthcare and Personal Care Facilities (rent in Customized Living)



SecureBlue MSHO (HMO D-SNP) 2025 Supplemental Benefit Information

Household Supports (con't)

Eligibility/Requirements: Community members only with:

- COPD
- Diabetes Mellitus
- Essential Hypertension

Referral Process: Provider receives an eligibility file based on claims to Blue Cross and sends debit cards to eligible members. Care Coordinators **cannot** submit referrals for this benefit. [There may be a delay in eligibility depending on when we receive claims for the member to validate their qualifying diagnoses. Members must activate their cards following the process indicated on the card.](#) ★

Effective Jan 2025, the U.S. Department of Housing and Urban Development (HUD) has released a Frequently Asked Questions (FAQs) clarifying when the use of Medicare Advantage (MA) supplemental benefits will be included in the determination of income pursuant to federal regulations for determining eligibility and rent-subsidies provided to the tenant.

As explained in the FAQs, HUD requires that supplemental benefits received [and used](#) for rent and utilities must be included in the calculation of income performed by a housing provider or public housing agency. Any benefits other than used rent and utilities, or unused benefits (e.g. any portion of the Flex Card amount that is unspent and the family loses at the end of the month or plan year) should not be counted in the family's income calculation.

For more information, see the FAQs linked here: <https://www.huduser.gov/portal/publications/FAQ-Medicare-Advantage-Supplemental-Benefits.html>.

Resources:

- [BCBS MN 2025 myFlexCard Carrier DHS Approved](#)
- [BCBS MN myFlexCard](#)
- [2025 Household Supports Instruction Sheet](#)

SecureBlue MSHO (HMO D-SNP) 2025 Supplemental Benefit Information

Medically Tailored Meals, Food and Produce (offered by NourishedRx)

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- Up to 12 weeks per year for community members who are managing a chronic condition, plus nutrition education from a certified dietitian to make sustained dietary changes. Members may receive a combination of prepared meals, pantry and food boxes and meal kits. NourishedRx will work with the member directly on the food options and member's food preferences.
- Note: If you specify a preferred option for meals/food on your referral form (e.g. 2 meals/day, member only wants food boxes, etc), NourishedRx will confirm the meals/food arrangement with the member during intake. The benefit may change from what was initially indicated on the referral form (if anything) after informing the member of the benefit details. Please remember, the purpose of this benefit is to help members to adopt long-term changes in their diet and lifestyle to improve their overall health.

[Nutrition education is required.](#) Member may not receive the food options without nutrition education.



Member must not be receiving meals from any other payor source at the same time. If member is receiving EW meals, EW meals should be paused for the chronic conditions meals/food.

Eligibility/Requirements: Community members only with:

- COPD
- Diabetes Mellitus
- Essential Hypertension

Referral Process: Provider receives an eligibility file and contacts eligible members. Care Coordinator notification/approval required.

Care Coordinators may also submit a [NourishedRx-BCBS MSHO Referral Form](#)

[Member name/ID on the referral form must match how member is displayed in Bridgeview exactly.](#)★

NourishedRx will confirm the referral with you. Watch for emails from Sara at sara@nourishedrx.com

Resources:

- [BCBS MN MSHO - NRx Program 1-Pager \(2025\) 2024.08.12 for Care Coordinators](#)

Questions? Contact NourishedRx at 833-440-1230 or food@nourishedrx.com

DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using NPI 1508556416

SecureBlue MSHO (HMO D-SNP)
2025 Supplemental Benefit Information

Music Therapy (offered by [Alliance Music Therapy](#))

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- Up to 26 visits per member per year of Music Therapy

Music Therapy is the clinical and evidence based, intentional use of music and sound by a trained, board-certified music therapist (MT-BC) to achieve clinical and therapeutic objectives and enhance quality of life and wellness.

Eligibility/Requirements:

- Member must live in the nursing home, an assisted living (customized living) or in foster care and
- Must have diagnosis of dementia, Alzheimer's Disease, high risk of isolation, depression and other mental health related needs.

Referral Process:

Complete the online referral form <https://www.alliancemusictherapy.com/bcbsreferralform> Enter Password: musictherapy25
or call 612-584-0919



Contact the facility to inform the facility that member will be receiving the service. This helps to ensure the facility will assist in coordinating the service and setting up telehealth capabilities (if needed).

Resources:

- [MSHO Music Therapy DHS Approved CMS Accepted](#)
- [AMT Music Therapy](#)
- [BCBS-Alliance Music Therapy Handout](#)

Questions? email to Lydia Holmes lydia@alliancemusictherapy.com or call (651) 600-0843

DTR: To end or reduce service prior to benefit completion, notify the provider and complete DTR using NPI 1619373610