

All Products

Auditors Corner: Assessed Needs Identified and Carried Over to Care Plan

Care Coordinators must ensure the Care Plan addresses the member’s assessed needs, concerns, and preferences. The care plan should have a person-centered, interdisciplinary, holistic, and preventive focus.

If the assessment identifies an unmet need, concern, or preference, a goal MUST be created OR there must be a statement as to why it is not included on the care plan. This statement must be specific to the assessed need and may be located on the assessment, care plan, or in case notes.

The table below provides examples of assessed needs where an auditor would expect to see a corresponding goal in the care plan or documentation indicating why a goal is not included (e.g., member preference). We also have provided some examples of SMART goals addressing the identified need. Specific goals will vary depending on the member’s situation and preferences.

Need Identified in Member’s Assessment	Potential Goal/Statement why Goal is not Included
Activities of daily living (ADL)/ instrumental activities of daily living (IADL) need that is not currently met	<p>Jane will have XXX services in place by next month.</p> <p>Jane declines additional services to meet ADL/IADL needs. Jane has been educated on and understands the risks of declining services. See safety plan.</p>
Identified Future Plan that a goal can assist in accomplishing	<p>Jane will visit with her family on the phone 1 time a month through the target date.</p> <p>Jane will remain in her home through the next assessment.</p> <p>Jane declines a goal re: XXX. Jane was unable to communicate a future plan that she wants to accomplish.</p>
Pain that is impacting quality of life	<p>Jane will decrease her pain by 1-2 points on a scale of 1-10 by target date.</p> <p>Jane will visit the provider who manages her pain medications to discuss XXX by the end of the year.</p> <p>Jane feels her current pain management plan is working and declines a goal currently.</p>
Alcohol/Tobacco/Substance use concerns that are not currently met	<p>Jane will locate a substance use support group that interests her by her 6 month follow up.</p> <p>Jane would like to decrease her smoking to 5 cigarettes a day by target date.</p>

	Jane declines supports for alcohol/tobacco/substance use. She does not feel her xxx is a problem.
Nutrition concern that is not currently met	Jane will have a swallowing evaluation completed by next month. Jane declines this service. Jane has been educated on and understands the risks of declining services. See safety plan.
Safety Concerns (evacuation, danger to self, home & neighborhood environment, falls) identified	Jane will self-report any falls to provider, caregivers, and Care Coordinator through next review Jane will accept XXX in her home by next month Jane declines XXX. Jane has been educated on and understands the risks of declining. See safety plan
Preventive Health, Health Education, Medication Management need identified	Jane will self-report making an informed decision about completing a colonoscopy by target date. Jane's medication will be set up and administered daily by XXX through target date. Jane will report taking her medication on time through reassessment. Jane is not interested in completing XXX. Jane refuses XXX because XXX. Jane declines additional services. Jane has been educated on and understands the risks of declining services. See safety plan
Person Centered Need {sections D & E on Long-term care consultation (LTCC) or Education/Employment/Family Planning} that is not currently met	Jane will self-report reaching out to at least one member of her support system for social contact each day by her 6-month follow-up. Jane will volunteer 2 days a week at the Goodwill through next assessment. Jane declines any supports that may help address this.
Identified Member goal for health/primary concern for health	This should address member specific goal or concern. Jane declines a goal re: XXX.
Multiple emergency room (ER) visits, hospitalizations, or recent skilled nursing facility (SNF) discharge	Jane will self-report using the Nurse/Care Line before going to the Emergency Room through the target date. Jane declines goal, "I will go to the ER when I want to"
Emotional/Mental Health/Behavioral concern that is not currently met or overall emotional health reported as poor	Jane will establish care with a Mental Health therapist by the target date. Jane declines need for goal, "sometimes I just get in a funk, I will call you if something changes."
Social Determinants of Health not currently met including Food, Housing, Transportation or are there concerns of abuse, neglect, exploitation by self or others identified	Joan will be able to access food through next assessment. Joan will find housing by 6 month follow up. Joan will have transportation to all medical appointments through next assessment. Joan will contact police department if XXX happens through next assessment. Jane declines additional services. Jane has been educated on and understands the risks of declining services. See safety plan.
Health care needs or chronic conditions are not successfully being managed	Jane will be able to identify red flag symptoms of her XXX by her 6 month follow up, such as xxx (Examples: weight gain, shortness of breath and swelling)

Jane will report seeing her dentist for dental pain by June 1st, 2023.

Note: Medica requires that Care Coordinators (CCs) indicate whether a goal is needed or not for each element in the Managing and Improving My Health section of the care plan.

If you have questions about this audit element, please reach out to your auditor or email

MedicaSPPRegQuality@Medica.com.

Community Engagement Team upcoming May events

- 5/3/2023: Community Yoga at Cedar Riverside (Minneapolis)
- 5/6/2023: Spring Health Fair (Brooklyn Center)
- 5/14/2023: Cinco de Mayo (Minneapolis)
- 5/18/2023: Learning Days (St. Cloud)
- 5/19/2023: Living Well Resource Fair (Brooklyn Park)
- 5/20/2023: Family Resource Fair (Brooklyn Center)
- 5/27/2023: Thai Sangkron Festival (St. Louis Park)

We welcome Medica colleagues to attend and participate in our events! If you are interested in attending an event or learning more about our team's outreach work, please contact us at communityengagement@medica.com.

Department of Human Services (DHS) Updates

Case management face-to-face requirements resume Nov. 1, 2023

The Minnesota Department of Human Services announced **beginning November 1, 2023**, lead agencies must meet minimum face-to-face requirement for members using the Elderly Waiver (EW) program. **This applies to members whose waiver year ends on or after Nov. 1, 2023.** The minimum required frequencies for face-to-face visits for members on EW are that the care coordinator must conduct at least one face-to-face visit per 12-month period.

Details of this announcement along with recommended practices during the transition period can be found here: [Aging and Adult Services Division \(AASD\) and Disability Services Division \(DSD\) eList announcement](#).

Medica will keep you updated as we learn more information.

DHS extends temporary waiver allowing certain family members to be paid for providing personal care assistant (PCA) services

During the COVID-19 federal public health emergency, personal care assistance (PCA) agencies were temporarily allowed to hire the following types of family members to be paid to provide PCA services to individuals enrolled in Minnesota Health Care Programs (MHCP):

- Parents
- Stepparents
- Legal guardians of minors

- Spouses

The Minnesota Department of Human Services (DHS) previously communicated that the federal government announced the allowance for certain family members to provide PCA care to their MHCP-enrolled family member was ending on May 11, 2023, when the federal public health emergency ends. However, on Friday, May 5, 2023, the Centers for Medicare & Medicaid Services (CMS) notified DHS of a change to federal policy that allowed DHS to apply for a six-month extension to this allowance. The temporary allowance will now continue through **November 11, 2023**.

What this means for PCA agencies and family members who have been providing PCA services:

After May 11, 2023, PCA agencies can continue to hire and pay the family members listed in this message to provide PCA services to members enrolled in MHCP through **November 11, 2023**.

For more information, go to the full announcement: [Temporary extension of COVID-19 modification allowing parents of minors and spouses to provide PCA services](#)

Member Address Change Process

In preparation for Medicaid renewal process restarting, DHS is asking Managed Care Organization (MCO) staff who interact with members to report address changes to the counties using the DHS 8354 edoc form titled *MCO Member Address Change Report Form*. DHS recently published **Bulletin 23-21-05** which provides notice that Center for Medicare & Medicaid Services (CMS) approved this process.

When communicating with your members, please inquire with the member as to whether they have had an address change in the last 2 years. If they have, do not refer them to the county to update their address but rather gather more information as to their current address and compare it to the address information you receive from Medica.

- If they match, that confirms that their county of residence has their current address on file as that is where Medica receives this demographic information.
- If the address is **not** the same as what you see in the Medica system or data provided by Medica, please complete all the required fields on the DHS 8354. Do not refer the member to their financial worker to make the update. Completing this form will update the county/tribe of the member's new address which will in turn update Medica's system to the member's new address.

Completion of the DHS 8354 form can **only** be done by a Medica Care Coordinator or support staff working with Medica members or the member's representative. The form cannot be completed if the address change is learned based on a conversation from anyone other than the member or the member's representative. This form also cannot be completed if you are learning about the member's new address from returned mail.

CC follow-up steps:

Upon learning of a new address to report to the county, you will complete the DHS 8354 form found at the link provided in the email blast sent out from MedicaCCsupport@medica.com on 5/1/23. **IMPORTANT: This link cannot be shared with providers, members or their family or anyone else outside of Medica Care Coordination.**

The areas of the form that are required are indicated with an asterisk. Note: The Medica Full Enrollment and New Enrollment reports contain the members "Case Number" which is a required field on the DHS 8354 form.

When done, click submit. Once submitted, the form will be sent electronically to the county or tribe who are responsible for processing this change. Let the member know that you have let the county know of their new address and if they have future address changes this can be reported directly to their financial worker.

It's important for Care Coordinators to continue to use the DHS 5181 to communicate living setting changes, waiver status, etc. with counties as you currently do. If the notification you need to do to the county is only related to an address change and nothing else, the new DHS 8354 form is required to be used instead of the DHS 5181. This specific DHS address change form (DHS 8354) process to alert the financial worker of an address change is expected to continue for approximately one year and will continue until we receive notice from DHS to stop this process.

Revised MnCHOICES Application

DHS updated the partner-advised rolling launch schedule of the MnCHOICES revision that starts Monday, May 1, 2023. The new schedule includes a beta phase that will give a small group of lead agency users early access to the new MnCHOICES Training Zone (MTZ) and production environments before DHS launches them statewide.

- Beta phase (Phase 0) — May 1 to June 30, 2023
 - Beta Phase May 1 – June 30, 2023, will include testing in the new MTZ & production prior to the official launch.
 - **New MTZ opens to all lead agency users (Medica Delegates) — June 1, 2023**
 - Production beta period — June 1 to June 30, 2023

Lead agencies (Medica Delegates) begin work in revised MnCHOICES system

- **Phase 1 — July 10 to Sept. 29, 2023**
 - Please choose your agency/care system/county “super users” to begin work in the new platform. These individuals will be able to start using the new application and provide feedback to your other users and Medica.
- **Phase 2 — Oct. 2 to Nov. 30, 2023**
- **Phase 3 — Dec. 1, 2023, to Feb. 29, 2024**
- **Phase 4 (final transition period) — March 1 to May 31, 2024**
 - DHS will deactivate MnCHOICES 1.0 after May 31, 2024.

Please refer to the [full AASD and DSD eList announcement](#) for all the details and revised timelines.

Waiver Eligibility and Medical Assistance (MA) financial eligibility renewals and the end of the continuous coverage period

The Minnesota Department of Human Services announced timelines for restarting MA renewals that also apply to reassessments for waivers **with an effective date of July 1st, 2023**. The [AASD and DSD eList announcement](#) refers to the following bulletins: Bulletin #23-21-08 - DHS Announces Key MHCP Eligibility Policies during the Unwinding Period and Bulletin #23-21-09 - DHS Announces the Resumption of MHCP Annual Eligibility Renewals. Please review for more detail regarding the renewals.

The timing of MA financial eligibility renewals does not affect the timing of annual reassessments. Elderly Waiver reassessments may occur before or after the MA eligibility renewal is completed.

Care Coordinators must complete annual reassessments following the [Assessment Schedule Policy](#). All members will have their reassessment completed based on the date of their last assessment or reassessment. Care Coordinators cannot change reassessment dates simply to align with MA financial renewal dates.

For any annual **reassessment completed beginning in May 2023 that has an effective date of July 1, 2023, or later**, the member must meet all Elderly Waiver eligibility criteria to continue on the program. If the member no longer meets all Elderly Waiver at reassessment, the Care Coordinator must close the Elderly Waiver no earlier than the first day after the end of their current waiver. Care Coordinators must provide advanced notice by completing a DTR and notify the financial worker by completing the DHS 5181.

Gaps in Care Campaign

We are wanting to share with you a Gaps in Care Campaign that Medica is running through a vendor called mPulse Health. There will be seven different health promotion campaigns for Care Coordination products **Minnesota Senior Health Options (MSHO)** and **Special Needs BasicCare - Dual Eligible Special Needs Plans (SNBC-DSNP)** with one launching each month from April through October. Medica is offering incentives to **MSHO** and **SNBC-DSNP** members that take specific health actions/close gaps in care on 5 of the campaigns. Incentive values will vary based on the type of gap that is closed. See below for detailed information on each campaign.

Campaign Name	Health Action	Target Audience	Launch Date/Incentive
Colorectal Cancer Screening	Complete Colon Cancer Screening	Members between the ages of 52 and 75 who are due for colorectal cancer screening in 2022 based on available claims and Minnesota Community Measurement data).	April - \$50
Breast Cancer Screening	Complete Mammogram	Members between the ages of 52 and 74 who are due for a mammogram in 2022 (based on claims).	May - \$50
Dental Exams	Complete Dental Exam	Members age 1+ who have not had an annual dental visit in the current calendar year.	June - \$15
Medicare Annual Wellness Visit	Complete Annual Wellness Visit	Medicare members who have not had a Medicare Annual Wellness visit in 2023.	July - \$25
A1c Testing	Complete A1C Testing	Members aged 18 and older who have not had an A1c test in 2023.	August - \$30
Flu Vaccination	Flu Vaccine	Members age 6+ months who have not received a flu vaccine.	September - \$0
COVID Vaccination	COVID Vaccine	Members age 5+ who have not received two doses of the Pfizer or Moderna vaccine or one dose of the Janssen vaccine (based on claims, Minnesota Community Measurement, and Medicare reporting).	October - \$0

Outreach to eligible members will occur through various communication channels including phone, text, and email. For telephone outreach, mPulse will call members on behalf of Medica from the following phone number: (952) 206-0166. If the call goes to voicemail, a voicemail message instructs the member to call us back at the following toll-free number: (833) 694-0614. Members can also call back at (952) 206-0166.

Medica has worked to create a FAQ which you can use to help answer questions you may receive from your members.

Q: I do not want to receive communications for this campaign (or any future campaigns). Can you remove me from the list?

Answer: If a member calls to say they do not want to receive communications about a particular gap in care (or any gaps in care), Care Coordinators should notify the Medica Medicaid Quality Team (do not give these contacts directly to members):

- Mark Brandenburg (mark.brandenburg@medica.com)
- Jen Klumpyan (jennifer.klumpyan@medica.com)

- Denise Olzenak (denise.olzenak@medica.com)

To remove the member from a specific campaign, or future campaigns, the team will need the following information:

- Which campaign(s) to remove the member from
- Member's first and last name
- Member date of birth
- Member mailing address

Due to the sensitive nature of the information, please, make sure emails have a "confidential" classification.

Q: I do not think I have a gap in care, or I received outreach on a care gap I have already closed. Why am I receiving this communication?

Answer: There are several reasons a member may receive outreach after closing a care gap.

1. If the member completed the service in the last 90 days, the data pull may have happened before the claim was processed.
2. If the member closed the gap before becoming a Medica member, we may not have a record of the service.
3. In the case of COVID and flu vaccinations, a gap in care may appear if a pharmacy or health agency does not collect an insurance card during the vaccine visit.

If none are true, encourage the member to discuss the care gap with their primary care provider. The information used to determine care gaps comes from claims submitted by the member's care team.

If members are interested in reporting a care gap to Medica, we have created a link that members or Care Coordinators can use to report this information (<https://cms.medica.com/wellness/preventive-care/gaps-in-care>). We ask that members refrain from emailing medical information because email may not be secure.

Q: How will I receive my incentive?

Answer: Incentives are emailed to members with an email address on file. Incentives are mailed to members without an email address on file. All incentives are sent to the email or mailing address provided on the enrollment file.

If a member has questions about how their incentive was sent (e.g., email vs. mail) or where their incentive was sent (e.g., email address or mailing address), they may outreach to Medica Customer Service.

Q: When will I receive my incentive?

Answer: Incentives will be emailed or mailed 4-6 weeks (about 1 ½ months) **after the claim has been processed and paid**. The incentive will come in the form of a redemption certificate for a gift card. The redemption certificate includes instructions for redeeming the gift card. Members can choose gift cards from various retailers and restaurants (e.g., Best Buy, Kohl's).

Q: I closed a care gap. What do I need to do to receive my incentive?

Answer: Nothing. After Medica processes and pays a claim for an incentive-eligible service, an incentive redemption certificate will be emailed or mailed to the member (see above). **This process may take up to six weeks from when the claim is paid.**

Q: I closed a care gap. What is the status of my incentive?

Answer: We cannot track the status of incentive payments.

If a member has indicated that more than six weeks have passed **since the claim for the eligible service was paid**, they may contact Medica Customer Service for assistance.

Q: A member of my family received communication about an incentive. Am I, or another family member, also eligible for the incentive?

Answer: To receive an incentive, members must meet all eligibility criteria. These criteria can vary depending on the member's plan and the individual care gap. Depending on the situation, we may be unable to share information about incentives for other family members.

Q: A member of my family received an incentive for closing the gap. Another family member or I closed a gap but did not receive an incentive. Why?

Answer: To receive an incentive, members must meet all eligibility criteria. These criteria can vary depending on the member's plan and the individual care gap.

If the member believes they, or someone in their family, are eligible for an incentive and are concerned that more than six weeks have passed since the claim for the eligible service was paid, they may contact Medica Customer Service for assistance.

In addition to the information we are sharing now we plan to send out reminders each month prior to each campaign starting. If you are contacted by a member related to a communication they have gotten from our vendor mPulse related to these projects, please encourage them to accept the assistance offered through mPulse as closing these gaps will result in better health outcomes for the member.

May is Mental Health Awareness Month

May is mental health awareness month, and while we know that everyone has mental health, just like everyone has physical health, we still often think about and treat our mental health differently than our physical health.

For example, when we have a cold, we get more rest, we drink more fluids, we might eat or drink certain things that will help support our immune system, and we might take medicine to address the cough or headache. We talk to our members about these strategies and review what resources we have that support them to prevent and respond to those first indications of illness. We also talk about lifestyle choices related to managing chronic disease states like diabetes, heart disease and hypertension.

An opportunity for us during mental health awareness month, is to consider how we think, talk and act about prevention and response when we have an "emotional or mental cold" so to speak. For example, increased stress for a few weeks in a row could be something we pay attention to like we pay attention to the start of a cold.

When we have lots of stress, what do we usually do? Most people notice they have more stress than usual, they might even notice the impact it is having like disrupted sleep or less patience with our kids and loved ones. Isn't it interesting then, that most of us notice that but don't do anything to intentionally lessen our stress. This is compelling when we think about stress as the common cold of mental health. Too much and we can find ourselves with symptoms that are likely to persist without more intensive treatment.



On the other hand, if we thought of too much stress like we think about getting a cold, we would prioritize our health and set some boundaries to rest more when we notice those impacts of stress. We would be intentional about what we eat. Chicken soup is also soothing for the mind and mood! When our body is unwell, it's easier for many of us to stay away from alcohol and other drugs but with stress, we often do more of it to just feel better in the moment. Do we drink lots of water, talk a walk in nature, slow down overall, and spend time with people who feel safe and supportive? Do we use our benefits like employee assistance program (EAP) and encourage our members to do the same with Able to self-care (formerly Sanvello) and therapy?

Some of us do, but for the many of us that don't, we now have an invitation ourselves, that we can also extend to our members, to respond to stress like it's a cold, and do what we can to nurture and nourish until the stress signs and symptoms abate. This is a prevention strategy that improves our prognosis of keeping stress functioning for our mind and our body like it's supposed to, instead of turning into low mood, high anxiety, and consuming worry over time.

National Nurses Week

What is National Nurses Week?

Every year from May 6th to 12th, nurses are recognized for their service and dedication to caring for others and improving the health of people all over the world through National Nurses Week.

Nurses Week celebrates the effort and dedication nurses provide every day. Nurses are essential members to healthcare, who provide care through every stage of life, working with members at their most personal and vulnerable moments. Nurses Week offers us a chance to celebrate nurses.

Thank you to our nurses for all you do for our members!

Transportation Updates

- Medica is working with some new providers to add to the Medica transportation network. Most will service the members in the southeast (Houston, Waconia, Owatonna, Freeborn County). We are still seeking transportation providers for the Morrison County area. We are currently using metro providers for some of our regional rides. Because of this we would appreciate as much advanced notice as possible for regional rides.
- It would be helpful to have CCs remind their members that once the ride is set up, the provider will call the member to confirm the ride. It is important for the member to answer the call so these rides do not get canceled due to not being able to confirm. Sending metro providers for long distance trips can be very costly so we want to be sure we have all the correct information at the time of scheduling the trip. Do we have the correct phone number, do we have the right pick-up address, do we have the right date and time, is this special transportation (does member require assistance or wheelchair)?
- We have received some questions about whether Medica has considered contracting with Lift & Uber – Medica has explored these options but they would have to be registered with the state per MN state statues so this cannot happen at this time due to some requirements that they don't require from a corporate level. Also, in the last few years the transportation landscape has changed, and drivers have more options that pay more and require less credentialing, including food and package delivery. Lift and Uber are not willing to be flexible with their fee schedule thus creating very expensive transportation especially if it's a trip during rush hour or during special events when their rates go up. Their rate structure is a sliding scale which makes it difficult to understand what the rate of the trip will end up being.
- Boarder state contracts – we do have contracts with providers in our neighboring states, but many providers struggle with getting set up due to MN requirements. There very limited waiver transportation taxis in the Duluth area willing to provide local EW transport so we use providers outside the Duluth area.

- Bus passes provide so much flexibility and member can use at any time. Please encourage your members to request bus pass/tickets for summer use. These are available in the following locations: Metro, Rochester, Mankato, St. Cloud, and Duluth.

Please refer any transportation providers that express an interest in working with Medica members to our transportation department at provideroversight@medica.com. They will contact the providers and work on getting them contracted.

As with any online access that requires a username and password, we all want to be sure we are taking every possible step to ensure appropriate security and this is no different with QRyde. We implemented a requirement that requires two methods of authentication. The new step of authentication is adding a phone number. We now require a phone number when setting up new user or resetting a password. If you get locked out after several attempts, the system will access your phone number. This phone number will not be shared with anyone its simply used for verification purposes only. So, when sending a request to add a care coordinator to QRyde please include a phone number.

Upcoming June Meetings

Quarterly CC Meeting – June 6th, 2023, 9-11am

MSHO/MS C+ Office Hours – June 14th, 2023, 1-2pm

IDT consults – June 21st, 2023, 9-12noon

SNBC/SNBC Enhanced Office Hours – June 28th, 2023, 1-2p

Minnesota Senior Health Options (MSHO) + Minnesota Senior Care (MSC+)

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey 2023

Your MSHO members may have been chosen to receive the CAHPS survey. Here is more information about the survey and why it is important to Medica.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Purpose: measure member satisfaction with the health plan, health care received, and health care providers. The survey was mailed to 1,400 MSHO members randomly selected that met the following criteria,

- continuously enrolled in the plan for at least 6 months
- reside in a community setting

Importance:

- helps the plan identify strengths and opportunities
- informs quality improvement activities and efforts to promote optimal member experience with the plan
- supports conversations with care partners to improve health care satisfaction
- significant component of our Star ratings

How is the survey administered?

A randomly selected group of eligible members will receive a survey in the mail. If the member does not respond to the first survey attempt, a second survey is sent via mail 30 days later. If the member does not respond to the second survey, telephonic outreach is initiated. Telephonic outreach began on 4/28. The survey vendor, Press Ganey, will make up to 5 call attempts over the course of 21 or more days. The call attempts must occur in three different calendar weeks, at different times of the day and on different days of the week.

How your teams can help:

- Mention the CAPHs survey during routine calls through May.
- Encourage members to mail in the survey if they received one in the mail.
- If you have a member that says they need help completing the survey, let them know that they can ask a family, friend, or a health care professional to help. If they would prefer to take the survey over the phone, they can call the number on the letter accompanying the survey. Care Coordinators are not allowed to assist in completing this survey.
- Let members know that they may receive a call from a Centers for Medicare & Medicaid Services (CMS) survey vendor called SPH Analytics. If a representative from SPH Analytics calls, they will ask the member to complete the survey over the phone. SPH may make up to 5 attempts to reach the member.
- Assure the member that the CAHPS surveys are confidential, and vendors are required to adhere to high standards of privacy and confidentiality.

Added Benefit Spotlight: REEMA

New Minnesota Senior Health Options (MSHO) Vendor Reminder:

*Note: although their names are similar...**Reema is a different company than Reemo.** Reemo is our vendor partner for the Smartwatch and Activity Tracker supplemental benefit.

Who are they?

- They are a Minnesota team of trained “Community Guides”

What do they do?

- Make outbound calls, send text messages, and do some in-home visits to support MSHO members with complex needs
- Assist members with addressing Social Determinant of Health (SDOH) needs
- Educate members on the importance of annual primary care physician (PCP) visits and address some gaps in care
- Assist with scheduling appointments and transportation

What else?

- The work Reema is doing is meant to provide additional support and outreach to members and does not duplicate the support that Care Coordinators provide
- Members contacted by Reema are identified by Medica, no additional referrals can be made into the program

If a MSHO member contacts you about receiving outreach from a Reema Community Guide who identifies themselves as working with Medica, please encourage your member to engage with the Reema Community Guide. You may also receive a call from a Community Guide who might want to relay information related to your member, or they may be trying to put the member in touch with you. If you receive a call, please work with the Community Guide in support of your member.

Welcome Ridgeview!

Please help us in welcoming Medica's newest MSHO Care System. We are so happy to have you on our team!

We're here to help

Call or email, whichever works best for you.



Call us at 1-888-906-0971 (TTY:711)



Email us at MedicaCCSupport@medica.com.

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401 Carlson Pkwy Minnetonka, MN, 55305, USA