MEDICA®

Frequently Asked Questions

Medica Health Support℠ Condition Management Program

Provider FAQ

What is Health Support condition management?
Health Support condition management provides a targeted, condition-specific focus that we believe will have greater impact with our members. Conditions to be managed are Diabetes (adult), Cardiac (adult) and Asthma (adult & pediatric). These three conditions are among the most common and manageable chronic conditions encountered by our members.

The program is driven by a sophisticated member identification process that identifies and stratifies members based on their condition and level of severity. Then, we reach out and engage these members with tools and interventions that support their specific condition and situation.

Who has access to the Health Support condition management program?
The program applies to members in State Public Program (SPP) plans (SNBC, MSC+ and MSHO), Medica Fully Insured and most Medica Self Insured plans.

How do we identify eligible members for the condition management program?
We utilize Medica's advanced algorithms which include medical and pharmacy claims to identify members, stratify them by disease and assess the severity of their condition into low, moderate and high risk levels.

Is the program mandatory for identified members?
No. The condition management program is voluntary for eligible members.

How do we engage members?
A team of Care Advisors reaches out to eligible members by mail and phone to encourage them to participate in the most appropriate type of intervention, based on their risk level and willingness to engage. Care Advisors inform members of the benefits of working with a registered nurse to educate them about their chronic condition, and help them self-manage that condition.

How do we determine if a member is low, moderate or high risk?
We rely on widely utilized Johns-Hopkins risk stratification software, which takes diagnoses, services and total utilization into account to stratify members into three categories:

- **High risk members** – most likely to have poorly controlled conditions and significant gaps in care.
- **Moderate risk members** – still sufficient opportunity to improve care and manage the condition.
- **Low risk members** – have one of the targeted conditions, but medical and pharmacy claims activity suggests their condition is being well managed.

What are the key components or interventions of the program?
Care Advisors reach out to eligible members and guide them to one of four primary interventions based on the member's risk level. The interventions are:

© 2017 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.

MEDICA®

Self-care letter for low-risk members- Care Advisors send letter encouraging member to access My Health Rewards by Medica (Commercial members) or Healthy Living with Medica (SPP members), plus relevant condition-specific community resources.

Referrals to care system condition management programs as needed- Such as: Allina, Fairview, Hennepin County Medical Center.

Online support for moderate-risk members- Care Advisors encourage members to register and participate in the online support program at the *MyActiveHealth* portal.

Telephone-based nurse support for high-risk members- Care Advisors initiate member enrollment (via real-time scheduling/warm transfer) into ActiveHealth's telephone nurse support program.

Who supports the condition management program?
Care Advisors bring a valuable and personal element to the 'front-end' of our Health Support condition management program. Armed with member eligibility information and risk stratification analytics, these engagement specialists perform the initial member outreach via phone calls and letters. Upon engaging members, Care Advisors then play a unique "triage" role, guiding them to the most appropriate type of intervention – self-care, referral, online support or telephone-based nurse support. Their role requires decision-making skill, expertise in situation assessment and the ability to follow clinically validated pathways based on each member's risk and targeted intervention.

Medica has partnered with ActiveHealth Management to deliver the online support and telephone-based nurse support components of the condition management program.
Moderate risk members will experience a purely online/digital support program focused on condition-specific learning modules to support goal setting, tracking, education and self-management. Included are health-related videos and quizzes, as well as condition-specific information addressing medications, health topics, tests, procedures and more. The duration of the online support program is two months.

High risk members have access to the online portal, plus the support services of an experienced dedicated nurse. During the initial telephone session, the nurse conducts an assessment, which when combined with medical and pharmacy claims data serves as the foundation for a detailed action plan. Subsequent phone sessions allow the nurse to identify gaps in care, help the member set goals, assign homework and chart the member's progress toward achieving goals. Frequency of phone sessions vary and is tailored to the member's condition(s), severity, gaps in care and the nurse's initial assessment. Typically, members engage with their nurse every week or two over the course of three months.

How does the Health Support program differ from complex case management?
Our condition management program targets members with a condition-specific diagnosis – Cardiac, Asthma or Diabetes. The program identifies and engages members who are capable of self-managing their condition(s) and improving their outcomes when given the right level of education and support. Complex case management involves members who have multiple complex medical needs, diseases and co-morbidities requiring services to support them.

How do ActiveHealth nurses decide when a participant completes the program?
Members typically 'graduate' when they reach their goals or demonstrate the ability to self-manage their condition. Program completion is often dependent on medication compliance, clinical stabilization, closed gaps in care and reduced acuity level due to the intervention.

© 2017 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.