Member Testimonials

Healthy Connections PRIME

This document provides testimonials from a selection of Healthy Connections Prime members that highlight the benefits they and their caregivers have experienced through the program.

Flexible Benefits Can Be a Big Help to Our Members

During a home visit, a member explained how depression and increased pain was affecting her daily activities. The member needed assistance with cooking, cleaning, bathing and dressing. Her MMP care coordinator explained the benefits of the waiver program and the plan's flexibility to offer waiver-like services while she applies for a waiver program. After their discussion, the care coordinator made a request for waiver-like benefits and a referral for a Community Long Term Care (CLTC) Community Choices waiver. The member was approved for waiver-like personal care services while awaiting the CLTC waiver application to be approved. The member stated that with having the extra help she is not as stressed and that flexible benefits are a good thing and very helpful.

Supporting Members in Times of Emergency

A member was receiving long term services and supports (LTSS) when he was evacuated from a potential flood zone due to Hurricane Florence. Once relocated to a safe location, the member's wife, who had mobility issues, experienced trouble with care for her husband without his hospital bed. The MMP care coordinator quickly worked with the member's waiver case manager and interdisciplinary care team to find a nursing facility in a nearby town that would accept the member until he could return home. The MMP advocated for the member's wife to be able to stay in the facility with her husband as they didn't want to be separated during the storm. The wife expressed feeling blessed that they were with the MMP and said, "I don't know how we would have made it without you."

Working Together to Achieve Results for Members

The MMP's Community Health Navigator (CHN) received a call on a Friday morning from a member's daughter. The daughter explained that the member had just returned from the emergency department after fracturing his right foot and needed a wheelchair immediately. She has difficulty moving her father from room to room and to any appointments. Recognizing the urgency of the request, particularly with the upcoming weekend, the CHN worked with the daughter, the emergency department nurse, the attending doctor who helped the member, the member's primary care provider, and the durable medical equipment provider to gather the necessary information and complete the forms needed to expedite the request. That Friday evening, the member received the wheelchair and the CHN received a message from the member's daughter stating, "Thank you for your help. All of this could not had been done if it wasn't for the teamwork from all parties. Great things get done when people come together as one."

Helping to Secure Support for Basic Necessities

During a home visit by the MMP, a member and his wife/caregiver shared with the Care Coordinator and Community Health Navigator (CHN) their financial struggles and resulting difficulties with buying adequate food.

Both the member and caregiver had significant medical conditions, neither can drive, and there is no family support in place. The CHN helped secure plenty of food from a local food bank, and assisted the member with completing paperwork to receive monthly food pantry donations. The member and his wife expressed sincere appreciation for the assistance the MMP was able to provide.

Thankful for the MMP Care Coordinator Who Went the Extra Mile

After a member was discharged from the hospital, he had trouble reaching someone at the pharmacy to secure a prior authorization for the medication he needed post-discharge. He reached out to his MMP care coordinator to express his concerns about his situation. The care coordinator helped to contact the pharmacy on the member's behalf and successfully sorted out the prior authorization. The care coordinator then physically went to the pharmacy to ensure the medication was filled and ready for pickup. The member was able to pick up his medication and was very thankful for the "extra mile" that his MMP care coordinator went to ensure he had his medication.

Grateful for the Care and Attention Provided by the MMP

The MMP Community Health Navigator (CHN) visited a member who had been hard to reach for quite some time. The member did not speak much English and asked the CHN to come back the next day when her daughter was available. The CHN returned the next day and was able to fully explain all of the benefits of the MMP plan, schedule an appointment with a doctor as the member had not seen one in years, and completed some health assessments. The member shared that she had negative experiences with a prior Medicare provider and had been wary of health plans. From her experience with the MMP, the member was grateful for the in-home visit and the care and attention provided by the CHN in answering all of her and her daughter's questions.

Going Above and Beyond to Connect Members to the Resources They Need

During a welcome call, a new member told his health plan's care coordinator that he had been living without electricity for over six months, and he also had no running water at his home. This led to him staying outside during the summer months under shade, often until late into the night, because it was cooler there than in his house. This member had a history of heart problems and was also underweight due to a lack of food. His care team worked with a non-profit to help get his electricity back on. His health plan care team also provided food, water, and other supplies to help him move back into his home. His health plan says, "This is what caring about people is. We are here to open doors and give members the knowledge and resources they need so that they can live as healthy and happy as possible."

"Unbelievable" How Much the Health Plan and Care Team Have Been Able to Do for Her Mother

One Healthy Connections Prime member, a woman with dementia, high blood pressure, and vertigo, lives alone. Her children support her but they live at least 45 minutes away. The MMP care team noticed that the member was experiencing progressive memory loss, had suffered some falls, and was forgetting to take her medication. She was also having trouble maintaining her home. The health plan worked with the member and her family to help her get waiver services, which are available to all Healthy Connections Prime members who have a medical

need for them. The woman began receiving incontinence supplies, 15 hours a week of in-home personal care, support with taking medication, home-delivered meals, and a personal emergency response system (push-button fall alert system). The member and her children were given information about transportation to medical appointments, and she began receiving physical therapy in her home. One of her daughters expressed that she felt blessed to have the support of the Healthy Connections Prime program and stated that it is “unbelievable” how much the health plan and care team have been able to do for her mother.

Feeling Valued by His Health Plan

One member called his Healthy Connections Prime plan with questions about a letter he had received. On the call, he explained that he is disabled due to past strokes and had questions about the doctors available in his area. He was also having trouble paying for over-the-counter (OTC) items on his disability income. The care coordinator helped him find a doctor and told him about the extra benefit their plan offered to purchase a certain amount of OTC items for free each quarter. The member stated that would be a huge help to him and told his care team how happy he was to be a part of this health plan because he felt valued as a member.

Waiver Support Services Provide Helpful Relief to The Caregiver and in Turn Results in Better Care for the Member

A member with high health needs required 24-hour care. Her daughter is her primary caregiver, working extremely hard to support her mother. Initially her health plan care coordinator had been unable to convince the daughter to apply for waiver support services available under the CLTC program as the daughter believed it was her job to help her mother. Ultimately, the care coordinator was able to convince the daughter to sign her mother up for waiver services, who later contacted the health plan to thank them for convincing her to ask for help. She explained that she used to think she would be taking from a system that was in place to help those who did not have anyone in their family to help them. The case manager assured her that with her mother's condition, she easily meets the necessary criteria to have access to the services. The daughter was grateful that she received some necessary help, which would help her better care for her mother.

Mail order pharmacy service makes medications affordable

A new member was not sure she would be able to afford her prescription medicines, even with a $0 copay, because the pharmacy her doctor used charged a delivery fee. The care coordinator helped the member sign up for the plan’s free mail-order pharmacy service and worked with the provider to fax a new prescription. The member was very happy to receive her first no-cost delivery of her medicine shortly afterward and she said she did not know what would have happened if the care coordinator had not come along.

Supporting member with language barrier to receive the services he needs

One member lives with his extended family, who all help to care for him. However, none of the family members are fluent in English and this language barrier created difficulties for them when speaking with people outside of the family. During a recent call, the MMP care coordinator used an interpreter and spent a great deal of time explaining to the member and his family all of the services available to him from the MMP. The family was able to

share their thoughts, care questions, and concerns and learn more about the MMP's benefits. The member and his family were very appreciative of the care coordinator and their willingness to engage an interpreter so they all could communicate. They thanked their health plan for not giving up on them.

Waiver benefits provide in-home assistance and improve our member's quality of life

One member, who had been in her Healthy Connections Prime plan for two years, greatly needed in-home assistance but always declined help. A new care coordinator explained the benefits of being on the waiver program, and ended up convincing the member to accept assistance. The member has been receiving waiver benefits, including a personal care attendant, for about six months, and she is extremely pleased. The assigned personal care attendant is a perfect match - she respects the member's need for independence and works with her to get things done. The member's apartment is always clean now, but more importantly her care coordinator has noticed a positive change in the way she talks about the future.

Improving Members' Quality of Life Through Connection to Care and Resources They Need

One member had been dealing with chronic medical conditions for the last five years. She has difficulty breathing and had two hospitalizations in the previous year related to this condition. She enrolled in her Healthy Connections Prime MMP's care management program. At that time, her health was declining and was having difficulty cooking, cleaning and getting out of bed.

Upon first contact with a care coordinator, the member expressed, "My condition is getting worse and I don't think I'm getting the best care with my doctors." In the time she has been actively working with her care coordinator, the member has received a hospital bed to use at home, assistance with obtaining needed medical equipment to help her breathe easier at night, and CLTC waiver supports for assistance with daily tasks such as meal preparation, shopping, transportation, and basic communication (phone, email, internet). She has not had an inpatient admission since she started using this equipment and receiving the additional support. She told her care coordinator, "I feel like a new woman. My quality of life has changed so much for the better in the last year."

Caring and Listening are Keys to Success

Our Healthy Connections Prime plan received a thank-you card from a member that reads, "Just a note to let you all know how much I appreciate your help whenever I ring up your plan. It was always confusing to me...For the life of me, I'll never be able to explain why I ever decided (absent-mindedly) to leave Healthy Connections Prime. I received all of my usual medications as prescribed by my doctor at no charge to me. I was told to call this health plan the next day to re-enroll for as soon as possible...I want to be a Healthy Connections Prime member for an extremely long time. You are all so helpful, patient and understanding when I was in tears and completely confused. Thank you for coming to my much-needed assistance. Thank you again."

Quick assistance with an emergency medication refill

A member's care coordinator received a message from the member's granddaughter that the member's blood pressure medication had been mistakenly thrown in the trash and the medicine was contaminated. It was too early for a refill to be covered so the pharmacy told the granddaughter to contact her grandmother's Healthy Connections Prime plan. The care coordinator worked with the health plan's pharmacy department to get a refill

override for this medication, and the medication was filled within the hour for the family to pick up. The member could now continue with her blood pressure treatment. She and her family expressed gratitude for the assistance and quick resolution.

Developing a Point of Contact (POC) with member and her family to meet unique needs

One member, who is in her 90s and homebound, enjoys being active and having visits from friends and neighbors. However, the COVID-19 pandemic resulted in her experiencing increased social isolation and reduced care and support from family members, including those who served as her caretakers.

The Healthy Connections Prime health plan care coordinator spoke with her and her family to identify her immediate and long-term needs. The care coordinator discussed with them waiver services she may qualify for through Community Long Term Care (CLTC), and together, they tailored a care plan specific to the member and her caregiver's situation. Further coordination with a Waiver Case Manager provided the member support with various aspects of personal care including Activities of Daily Living, food preparation, housekeeping tasks, and a medical alert call system in case of emergencies. In addition, biweekly in-home provider visits were implemented for the member. The member and her family were grateful and pleased that these services were available.

Care coordinator compassion and dedication

A care coordinator experienced difficulties reaching a member due to the member's discomfort speaking to a care coordinator. The care coordinator was concerned about the member's health and his many hospital admissions and continued to reach out to the member to build trust. Over a few months, the member recognized the value of the care coordinator and was able to accept various services including home health, transportation to medical appointments, home-delivered meals, waiver case management, and custodial care. A few years later, the member had to enter a skilled nursing facility due to his declining health. The trust that was built up between the care coordinator and member resulted in the member proactively keeping in constant contact with his care coordinator during his skilled nursing facility stay. He and his care coordinator collaborated with a social worker on understanding the member's needs. The team successfully developed a care plan to allow him to begin physical therapy and regain his ability to be more active. The member's Medicare- Medicaid Plan (MMP) applauded this care coordinator's compassion and dedication.

Connecting Caregiver to Nursing Home Resources

A member, who suffers from chronic obstructive pulmonary disease (COPD) and was also hospitalized with COVID-19, led to an inability to walk independently. He needed help with Activities of Daily Living. His wife had been his caretaker but had health challenges of her own that she needed to address. The member's doctor advised that a Long Term Care facility would be the best option and helped them get a referral and subsequent approval for a nearby nursing home. The member's wife was happy to have this option so that recovery could be quick and the member could return home. The member's wife told the care coordinator, "This has been a huge challenge to coordinate this for my husband. Thank you for all you have done for us!"

Care Coordination Helps Address Various Member Needs

Care coordination by the Medicaid-Medicare Plan (MMP) offers many benefits to members. For one member, when he experienced difficulty establishing a comfortable primary care experience (particularly during the pandemic), his care coordinator was able to help him get set up with in-house primary care visits. The care coordinator also helped resolve a pharmacy bill concern as well as help the member, whose phone was broken, get a new phone. Additionally, the member needed help with Activities of Daily Living but expressed the desire to maintain his independence. The care coordinator helped him get a referral and approval to enroll in a Community Long Term Care (CLTC) waiver. Overall, he is appreciative and a testament to the mission and vision at the MMP.

Safe Discharge and Ongoing Community Waiver Services Support to Help Member Remain Safely at Home

For many MMP members, receiving services and care in their own homes versus an institutional setting is a priority. Facilitating the necessary approvals is one way case managers and care coordinators can assist members in meeting their goals. For example, a member who had recently been hospitalized was subsequently readmitted due to a worsening of his condition. He was sent to an acute rehabilitation facility post-discharge to regain his strength and was having trouble connecting with a home health agency. His waiver case manager and care coordinator worked together to set up a home health assessment and approval for Community Long Term Care (CLTC) Community Choices waiver services. The member expressed gratitude that these individuals were able to work together with him, his family, and the facility to create a safe discharge plan and provide ongoing support through the CLTC Community Choices waiver services. He was able to avoid readmission and will be able to safely remain in his home while he continues to recover and regain his strength.

Leveraging Community Resources to Meet Member's Vision Needs

Through routine outreach by health plan staff, it was found that a member was in need of prescription glasses as his vision was impaired. Although he was able to complete an eye exam, he and his family were unable to afford prescription glasses. The Medicare-Medicaid Plan's (MMP) care coordinator was able to connect the member with an organization that provides a free pair of prescription eyeglasses to those who need them but are income-limited. The glasses were ordered successfully without any additional financial burden on the member. The MMP helped find a solution to close the gap in health inequities. The ability to see is very important to help the member achieve his best state of health.

Care Coordination Leads to the Prevention of Health Complications

Connecting members with the correct resources and ensuring members have what they need is vital to achieving member desired outcomes. This was true for one member in her 70s with a medical history of diabetes, heart disease, and overall weakness. Through the waiver program, she has been receiving a variety of home-based services. During an outreach call conducted by her care coordinator, it was found that the member's diabetic testing supplies were running low and she had had a lot of difficulty connecting with her doctor to get a certificate of need so that she could continue to get her supplies. The care coordinator recognized the seriousness of the situation and quickly and persistently worked to resolve the matter with the Primary Care Provider (PCP). Through the care coordinator's actions, the member was able to receive the appropriate supplies she needed to prevent diabetes health complications that would require hospitalization. Care coordination was successful in assisting the member to stay independent at home as long as possible.

Encouraging Member to Have Ownership of Health Through Health Education

Taking personal control of individual health through education is a key factor in each individual's health journey. Medicaid-Medicare Plans (MMPs) strive to help ensure members are educated on important topics specific to their health journey. To highlight, this is the story of a member with multiple health conditions including a serious blood disorder and diabetes. When she had been transferred to complex case management, she needed extensive assistance in the home and often experienced frustration with her diseases and inability to keep them under control. Upon further assessment, it was found that the member did not understand her medications and how they interacted with each other. Her concerns about the risks and side effects, especially as she lived alone, led her to deviate from her prescribed diabetes medication regimen. The member received extensive education on her medication and became comfortable enough to take them as prescribed. The member also received education on waiver services, including receiving personal care hours and home-delivered meals, and accepted a personal emergency response system to allay her fears of dealing with a health emergency while living alone. The member reported positive outcomes in terms of her diabetes management and prevention of complications. With the help of her health plan, she was able to work with a nutritionist to improve her dietary choices. The member expressed her thankfulness for the health plan for helping her feel more in control of her health and life.