

# 2024 SECUREBLUE MSHO SUPPLEMENTAL BENEFITS

Blue Plus Care Coordinator Training Part 2

March 26<sup>th</sup> , 2024

# HOUSEKEEPING ITEMS

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- Contact [partner.relations@bluecrossmn.com](mailto:partner.relations@bluecrossmn.com) if you have any connection issues
- Webinar is recorded and will be posted to the Care Coordination website
- Questions:
  - Submit questions in the chat
  - Questions will be addressed as time allows
  - All questions and responses will be sent out after the training
- Focus today is on **returning** benefits/providers
- There was a training on Jan 4<sup>th</sup> 2024 that reviewed new benefits (see the care coordination website Training tab under MSHO Supplemental Benefit)

# SLIDES

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Slides are posted on the Blue Plus Care Coordination Training Page

<https://carecoordination.bluecrossmn.com/training/>

- MSHO Supplemental Benefits
  - *1-4-2024 MSHO Supplemental Benefit Training*
  - *3-26-2024 MSHO Supplemental Benefits Training*

# BACKGROUND

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- SecureBlue is a Minnesota Senior Health Options (MSHO) plan that combines Medicare and Medical Assistance (Medicaid) into one plan.
- SecureBlue MSHO is a Special Needs Medicare Advantage Plan approved by CMS for Dual Eligible Enrollees.
- Supplemental benefits are in addition to Medicare- and Medicaid-covered benefits.
- All supplemental benefits must be approved by CMS and meet certain criteria.
- Some supplemental benefits are limited to members who have a chronic condition as required by CMS.

# REMINDERS

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Supplemental benefits apply to MSHO members only

No supplemental benefits require a Service Agreement in Bridgeview

Eligibility criteria varies by benefit - not all members are eligible for all benefits

Benefits are for the calendar year only and may change from year to year

SOME supplemental benefits require care coordinator referral, authorization or approval

SOME supplemental benefit providers receive an 'eligible member file' from BCBS and do direct outreach to members

*As a care coordinator, you can help members learn about, understand and access their SecureBlue benefits each year.*

# RESOURCES

Visit the [SecureBlue MSHO Supplemental Benefits webpage](#) for all information related to SecureBlue MSHO supplemental benefits.

## CARE COORDINATOR RESOURCES

The **new** 2024 SecureBlue MSHO Supplemental Benefit Catalog document includes all supplemental benefit information in one document. Use this document to find all benefit links, referral forms and resources.

- ▶ [2024 SecureBlue MSHO Supplemental Benefits Catalog 3.18.24 \(PDF\)](#)
- ▶ [Care-Coordination-Supplemental-Benefits-QA-3-1-24 \(XLSX\)](#)

The 2024 SecureBlue MSHO Supplemental Benefits Grid is an at-a-glance resource for Care Coordinators to view all benefits categorized by type of benefit and eligibility requirements.

- ▶ [2024 SecureBlue MSHO-Supplemental-Benefits-Grid\\_3-1-24 \(PDF\)](#)

The 2024 Explanation of Supplemental Benefits resource is a smaller, printable version of all MSHO Supplemental Benefits for Care Coordinators.

- ▶ [2024 Explanation of Supplemental Benefits \(PDF\)](#)

Household Supports Flex Card Benefit for utilities and rent instruction sheet.

- ▶ [2024 Household Supports Flex Card Benefit Instruction Sheet\\_3-5-24 \(PDF\)](#)

<https://carecoordination.bluecrossmn.com/msho/secureblue-msho-supplemental-benefits/>

# SUPPLEMENTAL BENEFIT REMINDERS

MSHO Enrollment Page (for care coordinators) <https://carecoordination.bluecrossmn.com/msho/secureblue-msho-enrollment/>  
Email: [SecureBlue.Referrals@bluecrossmn.com](mailto:SecureBlue.Referrals@bluecrossmn.com)

MSHO / SecureBlue MSHO Enrollment

## SECUREBLUE MSHO ENROLLMENT RESOURCES

### For members interested in enrolling into SecureBlue MSHO:

There are several ways members can enroll:

- ▶ Care Coordinators may send the following form to [secureblue.referrals@bluecrossmn.com](mailto:secureblue.referrals@bluecrossmn.com).
  - ▶ [Care Coordinator SecureBlue Referral Form \(DOC\)](#)
- ▶ Members can contact their financial worker.
- ▶ Members can complete the online application located on our public [SecureBlue<sup>SM</sup> \(Minnesota Senior Health Options\) website](#).
- ▶ Members can call 1-866-477-1584 or 651-662-1811.

### Member approved printable resource:

- ▶ [2024 MSHO MSC+ Comparison \(PDF\)](#)
- ▶ [2024 MSHO Benefit Highlights \(PDF\)](#)

### Resources/MSHO Enrollment Information and Talking Points (not to be given to members):

- ▶ Visit the [SecureBlue MSHO Supplemental Benefits](#) for member approved benefit handouts in English and other languages.
- ▶ [MSHO vs MSC+ CC Resource \(PDF\)](#)
- ▶ If you or the member have any questions about SecureBlue MSHO, please email your questions to [SecureBlue.Referrals@bluecrossmn.com](mailto:SecureBlue.Referrals@bluecrossmn.com).
- ▶ Donna Boreen, Blue Plus Pharmacist: Can assist Care Coordinators with offering alternatives to medications not covered on the MSHO formulary – [Donna.Boreen@bluecrossmn.com](mailto:Donna.Boreen@bluecrossmn.com)
- ▶ SecureBlue Member Services: For information on benefits, Care Coordinators or members can call 1-888-740-6013

# SUPPLEMENTAL BENEFIT UPDATES

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## **Grace Period:**

Supplemental benefit providers may not be aware that a member is in their grace period. Additionally, supplemental benefit providers may not be aware if a person's grace period end early (i.e. because they chose another health plan).

## **Termed Members:**

If a member is receiving on-going services from a SecureBlue MSHO supplemental benefit provider and the member loses MSHO eligibility (i.e. due to redetermination, chooses another health plan, etc), inform the provider that the member is no longer eligible and services should be stopped. **Supplemental benefit providers may not be aware that a member has termed from SecureBlue MSHO.**



# SUPPLEMENTAL BENEFIT UPDATES

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## **Update living situations timely:**

Because eligibility for many of the SecureBlue MSHO supplemental benefits is dependent on the member's rate cell, if the member has a change in living arrangement (i.e., moves permanently in or out of a nursing facility), please make sure to notify the financial worker via DHS 5181 as soon as possible. This will help to ensure members are correctly identified for benefits that are limited to a specific living arrangement. You may also manually update the members' living arrangement in Bridgeview. This temporary manual Bridgeview update will remain in Bridgeview for up to 90 days until the financial worker makes the change.

## **Secure emails/referrals:**

Emails that include member PHI, including referral forms, should be sent securely or encrypted. Supplemental benefit providers are instructed not to accept emails with member PHI that are not secure or encrypted.

# 2024 SUPPLEMENTAL BENEFITS

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- Transportation services
  - Fitness locations
  - AA/NA meetings
  - Health ed classes
  - Grocery store
- Additional podiatry services
- Additional dental services
- Eyeglass upgrades
- \$750.00 Safety Items
- Washable/reusable pads
- Wheelchair/walker safety totes
- Post-discharge home-delivered meals
- Post-discharge Healthy Transitions
- Animatronic pets (cat, dog and **bird**)
- Caregiver Empowerment Program
- Personal Emergency Response System
- Medication dispenser
- Health and wellness classes
- Fitness: SilverSneakers®
- Fitness tracker
- Disposable face masks
- Electric toothbrush and replacement heads
- Music therapy for members living in a facility
- OTC benefit \$150/quarter
- Household Supports (utilities and rent)
- Friendly Helper
- Caregiver Emergency Planning
- Chronic Condition Meals, Food Boxes/Meal Kits plus nutrition education
- Blood Pressure Monitoring System

# 2024 SUPPLEMENTAL BENEFITS

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## Health Services (must use in-network providers)

- **Podiatry** up to 12 visits per calendar year additional podiatry services not already covered by Medicare or Medicaid for routine footcare.
  
- **Eyeglass Upgrades** on 2 lenses per year (each benefit)
  - anti-glare lens coating
  - photochromatic (transition) lens tinting
  - progressive (no-line) lenses



# 2024 SUPPLEMENTAL BENEFITS

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## Dental Services (must use in-network providers)

- **Additional Dental services** in addition to what Medicaid covers:
  - 1 additional preventive exam
  - 2 dental crowns
  - 1 root canal
  - 1 root canal retreat
  - 1 full mouth x-ray
- One **electric toothbrush** and **3 replacement heads** per year (Corner Home Medical). Care coordinator referral required.

# 2024 SUPPLEMENTAL BENEFITS

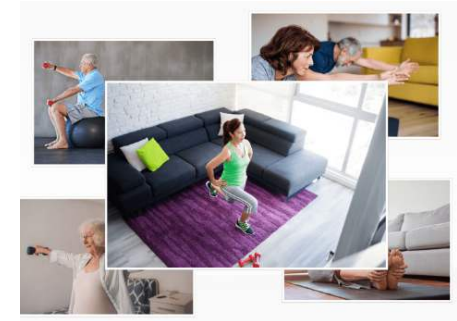
## Fitness

- **Fitness program** (SilverSneakers®)

Access to more than 15,000 fitness locations, including in-person and online classes, and on-demand workout videos. Members may take BlueRide to fitness locations. SilverSneakers receives a file of all eligible members (all MSHO members)

- **Fitness tracker** (Corner Home Medical)

Fitbit Inspire **3** activity tracker to increase awareness of physical activity and support making sustained changes to activity levels to improve health. Care coordinator referral required.



# 2024 SUPPLEMENTAL BENEFITS

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## Transportation services (BlueRide)

- **Additional transportation services**

In addition to the medical/dental rides, members can use BlueRide for trips to:

- SilverSneakers participating fitness locations (one ride per day)
- Narcotics Anonymous/Alcoholics Anonymous (one ride per day)
- Juniper Health and Wellness class locations (one ride per day)

- **Grocery Store Transportation**

Six round trips per month to the grocery store. Maximum 45 miles one-way. **NEW: Limited to members who have an identified chronic condition** and live in the community (not in a nursing facility).

# 2024 SUPPLEMENTAL BENEFITS

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## Grocery Store Transportation Eligibility

Community members only with:

- 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

Eligibility is based on BCBS claims, member or care coordinator report

# 2024 SUPPLEMENTAL BENEFITS

## Equipment/Supplies

- **\$750.00 In-home Safety Items** (grab bars, handrails, etc). Must use an in-network DME provider. Available to MSHO members in the community only. Care coordinator referral required.
- **Washable/reusable pads** package of 6 washable/reusable under pads for beds and furniture. Care coordinator referral to Corner Home Medical required.
- **Disposable face masks** 1 box of 50 disposable masks. Care coordinator referral to Corner Home Medical required.
- **Wheelchair/walker safety item** (must have a walker/wheelchair)
  - Wheelchair backpack or arm tote OR
  - Small walker tote bag or large walker accessory bag
  - Care coordinator referral to Corner Home Medical required.



**Examples shown only**  
Confidential and proprietary.



# 2024 SUPPLEMENTAL BENEFITS

## Equipment/Supplies

- **Animatronic Pets** choice of an animatronic cat or dog or bird for members with a cognitive impairment diagnosis or at risk of social isolation to provide comfort, companionship and improve mood. Care Coordinator referral required.
- **Order all pets through QMedic**

<https://joyforall.com/#>



# 2024 SUPPLEMENTAL BENEFITS

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## **Post-Discharge Support** (Lutheran Social Services)

- **Post-Discharge Healthy Transitions**

A certified Community Health Worker is available to help during the first 30 days after a hospital or short-term skilled nursing facility stay. Up to 4 visits per discharge. Limited to members who live in the community (not in a nursing facility). Provider receives a file of eligible members. Care Coordinator notification/approval required.

- **Post-discharge home-delivered meals**

Two meals per day for up to four weeks following an inpatient hospital or short-term nursing home stay. Limited to members who live in the community (not in a nursing facility). Provider receives a file of eligible members. Care Coordinator notification/approval required. Must not be receiving meals from another payor.

# 2024 SUPPLEMENTAL BENEFITS

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## Caregiver Supports

- **Caregiver Emergency Planning** (Lutheran Social Services)

Create an in-depth care plan to be activated if the caregiver can no longer care for their loved one. Limited to members who have an identified condition and live in the community (not in nursing facility).

Care Coordinator referral required.



# 2024 SUPPLEMENTAL BENEFITS

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## Health and Wellbeing



- **Friendly Helper** (Lutheran Social Services)

Up to 60 hours per year per member of in-person or virtual services by a trained caregiver 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

Care Coordinator referral required.

# 2024 SUPPLEMENTAL BENEFITS

## Health and Wellbeing

- **Chronic Condition Meals and Food with nutritional education** (NourishedRx)

Up to 12 weeks of medically-tailored meals, food boxes (produce and pantry boxes and food kits) and nutrition education including how to manage chronic conditions through nutrition, shopping and meal planning tips. Limited to members who have an identified chronic condition and live in the community (not in a nursing facility). Provider receives a file of eligible members and Care Coordinators can refer. Care Coordinator notification/approval required. Must not be receiving meals from another payor. **You will receive an email from Sara at NourishedRx once a member is enrolled [sara@nourishedrx.com](mailto:sara@nourishedrx.com)**



- **Blood Pressure Monitoring System** (QMedic)

Members receive a blood pressure cuff that allows blood pressure monitoring and notifications to keep regular, accurate track of their blood pressure. Limited to members who have an identified condition and live in the community (not in a nursing facility). Care Coordinator referral required.



# 2024 SUPPLEMENTAL BENEFITS

## Health and Wellbeing

- **OTC benefit** (CVS OTC Health Solutions)

An allowance of up to **\$150** per quarter to purchase select over-the-counter (OTC) health and wellbeing items from a CVS catalog. Member can order by phone or online and have eligible items delivered to their home or shop for eligible items in CVS stores. Unused benefits do not roll over to next quarter. Newly enrolled community members receive a copy of the catalog. All returning members who live in the community (not in a nursing facility) received a copy of the 2024 catalog. Members can request one replacement copy per year from CVS. Catalogs available in Spanish.

<https://www.cvs.com/benefits> (to order or access the catalog online)

- 1-888-628-2770 (TTY: 711) Monday to Friday, from 8 AM to 7 PM CT
- New App: **OTC Health Solutions App**

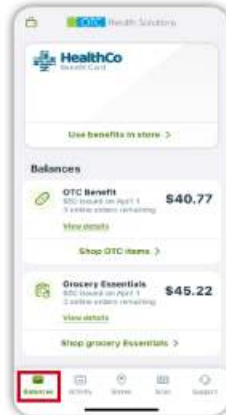


## New! The OTC Health Solutions App

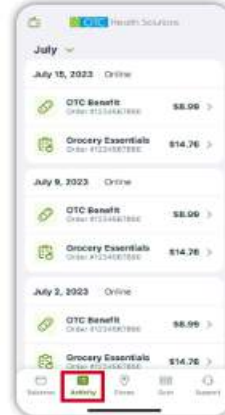
Get the most out of your benefit using our mobile app! Simply download the OTC Health Solutions app from the App Store (iOS) or Google Play (Android), to get started. This app will allow you to scan and view the items offered, process an order, view past orders, and view account information.



Sign in or create an account

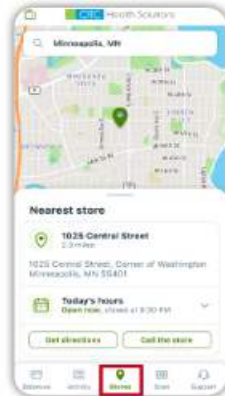


View the balance of your benefits

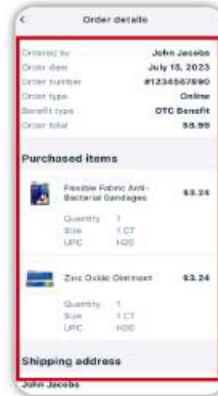


View your order history

### Helpful tools:



Store locator



View past order details, tracking information and current order status details

# 2024 SUPPLEMENTAL BENEFITS

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## Household Supports (CVS and Incomm)

- Members will receive a pre-loaded Visa debit card with a monthly allowance of \$120 to pay for utilities and rent.
- Utility company and landlord must meet certain qualifications to be eligible.
- Benefits do not rollover to the next month (except for Jan 2024 benefits)
- Limited to members who have an identified chronic condition and live in the community (not in a nursing facility).
- Administered by CVS and Incomm
- **My Benefits Center app**



English | Español



## Welcome to My Benefits Center

Enter the information below to see your benefit details.

Card Number

Continue

English | Español



## Welcome to My Benefits Center

Enter the information below to see your benefit details.

Card Number

ZIP Code

I agree to the [Privacy Policy](#)

Continue

Back

01

## Enter Card Number

A member will not be required to create an account or provide an email when they use My Benefits Center.

1. Access My Benefits Center website via your computer or mobile device URL: <https://mybenefitscenter.com/>
  - i. Supported Browsers: Chrome, Safari, Microsoft Edge, & Firefox App for Mobile Devices: OTC Network
  - ii. Supported Devices: mobile and tablet iOS and Android devices
2. Enter your OTC card number. (Do not include spaces or dashes.)
3. Member will be prompted for one secondary ID field. (Ex: Member ID, birthday, zip code)
4. Make sure to click "I agree to the Privacy Policy"
5. Members may also be prompted with a CAPTCHA for safety purposes.

### Download the OTC app:

1. To access the same information via app, go to the App Store or Google Play.
2. Search for the OTC Network.
3. Download the app and follow the same steps to enter your card number.

# HOUSEHOLD SUPPORTS

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**Eligibility/Requirements:** Community members (not living in a nursing facility) with:

- Cancer
- Cardiovascular Disorders
- Chronic Heart Failure
- Chronic Lung Disorders
- Dementia
- Diabetes
- End-Stage Renal Disease
- HIV/AIDS
- Stroke

\*Members are eligible based on medical/pharmacy claims to Blue Cross.

If a member has not received medical care or filled a prescription with Blue Cross, they will not appear as eligible for this benefit.

Care coordinators cannot refer for this benefit.

Presorted  
First-Class Mail  
US Postage  
PAID  
PBPS

 **BlueCross BlueShield  
BluePlus**  
Mail Processing  
PO Box 982819  
El Paso, TX 79998 - 2819

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V

MEMBER NAME  
STREET ADDRESS  
CITY, STATE ZIP CODE

# HOUSEHOLD SUPPORTS

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To pay their bill, the **member's physical address must match the address on the utility or rent bill.**

Utilities Companies and/or Landlord must be approved with the appropriate Merchant Category Code (MCC) and accept Visa to accept payment with this card.

## **Rent:**

6513 Real Estate Agents and Managers

8050 Nursing, Home Healthcare and Personal Care Facilities (new)

## **Utilities:**

- 4900 Electric Gas Water and Sanitary
- 4899 Cable, Satellite and Other Pay Television/Radio/Streaming Services
- 4814 Telecommunication Services, including Local and Long-Distance Calls, Credit Card Calls, Calls Through Use of Magnetic Stripe-Reading Telephones, and Fax Services
- 4812 Telecommunication Equipment and Telephone Sales
- 5983 Fuel Dealers – Fuel Oil, Wood, Coal, and Liquefied Petroleum (new)

# HOUSEHOLD SUPPORTS

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## Resources:

Members may go to [www.mybenefitscenter.com](http://www.mybenefitscenter.com) or download the OTC Network App to check their benefit balance. Members may also call 1-855-788-3466 from 8 AM to 7 PM CT. This number is automated to prompt activation and share card balance.

For members who need to speak to a customer service representative call 1-855-788-3466 and follow the prompts for lost or stole card (Press1)

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. **MQS80XXXXXXXX**)

If a member loses their card, call 1-855-788-3466 to request a replacement card. The previous card will be inactivated by Incomm. A new card will be mailed within 10 days of the request.

# HOUSEHOLD SUPPORTS

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# RETURNING VENDORS

Alliance Music Therapy, Ceresti, Dose Health, Juniper, QMedic



# MUSIC THERAPY SECUREBLUE



MSHO Supplemental Benefit



**Alliance Music Therapy**  
Your ally through music



01. MUSIC THERAPY REFERRALS  
Who meets the candidate criteria?

02. COMMUNICATION  
Communication, contacts, and referrals

03. DATA + TESTIMONIALS  
Why what you do matters!



# AGENDA





# HELLO!

Lydia Holmes, MT-BC

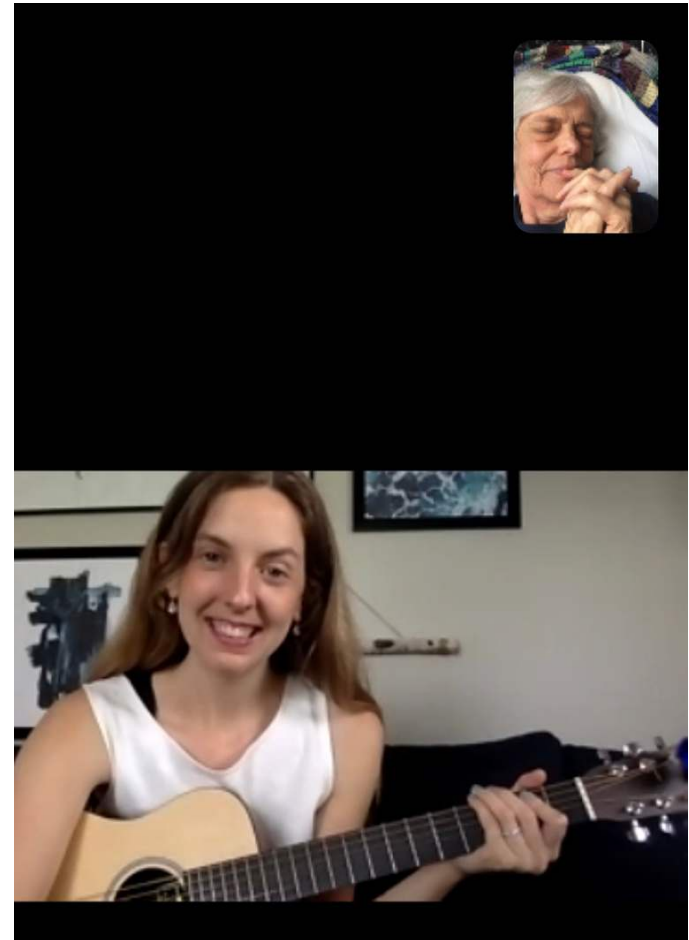
Phone: (651) 600-0843

Email: [lydia@alliancemusictherapy.com](mailto:lydia@alliancemusictherapy.com)



# Music Therapy Referral Criteria

- Individual/s...
  - diagnosed with Alzheimer's Disease or Dementia
  - at a high risk for isolation
  - who demonstrate signs of depression or low mood
  - who may require additional mental health support
- Living Arrangement
  - Skilled Nursing
  - Customized Living
  - Adult Foster Care



# COMMUNICATION

Care Coordinator

Submit Referral Form

Please use our new form to submit all referrals

Referral Link

<https://www.alliancemusictherapy.com/bcbsreferralform>

Password

musictherapy24

Contact Facility

Confirm

Notify



# Guest Area

Please enter the password below.

Password

Go



# Alliance Music Therapy

Your ally through music

[HOME](#)

[ABOUT US](#)

[SERVICES](#)

[TELEHEALTH](#)

[MUSIC THERAPY](#)

[CONTACT](#)

## Music Therapy Referral for BCBS BLUE PLUS MSHO

Thank you for taking the time to fill out our Referral Form to begin the Music Therapy benefit for your BCBS MSHO member.

Once you have completed this form, we will work on getting your member placed with one of our therapists and will reach back out by email once we are ready to begin. If you have any questions about services or you have not received a placement confirmation within 1-2 months, please reach out to us at [referrals@alliancemusictherapy.com](mailto:referrals@alliancemusictherapy.com), 651-600-0843.

Thank you for your referral and we look forward to working with you and your member soon.

[CONNECT WITH US](#)

# COMMUNICATION

## Care Coordinator

### Submit Referral Form

Please use our new referral form to submit all referrals

#### Referral Link

<https://www.alliancemusictherapy.com/bcbsreferralform>

#### Password

musictherapy24

### Contact Facility

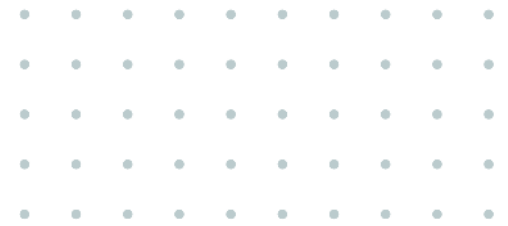
#### Confirm

- Activities Coordinator, Life Enrichment Director
- Confirm correct email and number for direct contact

#### Notify

- What to expect
- Virtual sessions (HIPAA Zoom)
- iPad assistance, if needed

# DATA



|   | 2021               | 2022   | 2023   |
|---|--------------------|--|--|
| Benefit Offering<br>(no. sessions per member) | 12 sessions / year | 26 sessions / year                                 | 26 sessions / year                                 |
| No. Members Referred                          | 78                 | 141  | 213  |
| Total Sessions                                | 508                | 1,525  | 2,681  |
| Locations                                     | Telehealth         | Telehealth<br>Some In-person<br>(Twin Cities only) | Telehealth<br>Some In-person<br>(Twin Cities only) |





WE RECENTLY RECEIVED A REALLY POSITIVE REPORT FROM A MEMBER'S HUSBAND WHO TOLD OUR MUSIC THERAPIST THAT THEY, "...SWITCHED HEALTH INSURANCE PROVIDERS TO BCBS BECAUSE OF THE COMPLEMENTARY SERVICES BCBS OFFERS - ONE BEING MUSIC THERAPY!"

WE ALSO RECEIVED A REPORT FROM A RECENT CARE COORDINATOR WHO SAID THEIR MEMBER IS, "... LOVING HER MUSIC THERAPY! THANK YOU SO VERY MUCH!"





# THANK YOU!

Lydia Holmes, MT-BC

Phone: (651) 600-0843

Email: [lydia@alliancemusictherapy.com](mailto:lydia@alliancemusictherapy.com)



MARCH 2024

# Ceresti Caregiver Support Program

Improving care and outcomes for SecureBlue members with Alzheimer's Disease or related dementias, stroke, or Parkinson's Disease



For more information contact:

**Katelyn Maiden**  
Account Manager

[Katelyn.maiden@ceresti.com](mailto:Katelyn.maiden@ceresti.com)  
+1 (760) 828-2718

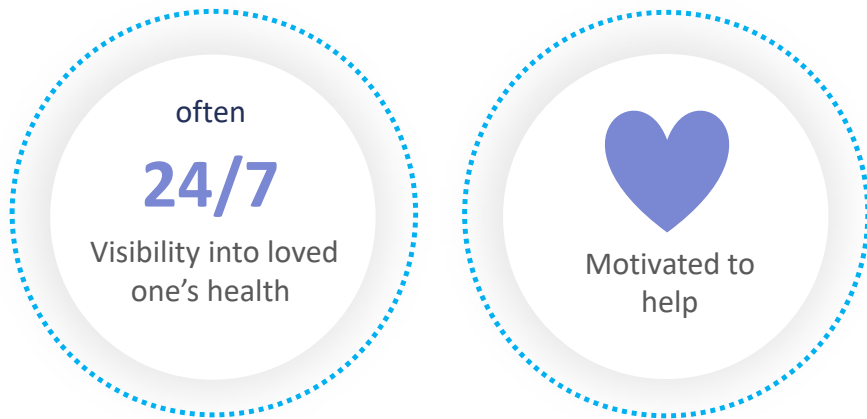
**SecureBlue MSHO Care  
Coordinator Training**



# Caregiver-enablement.

## Innovative approach to reduce avoidable hospitalizations

Existing unpaid family caregivers are a valuable resource ....



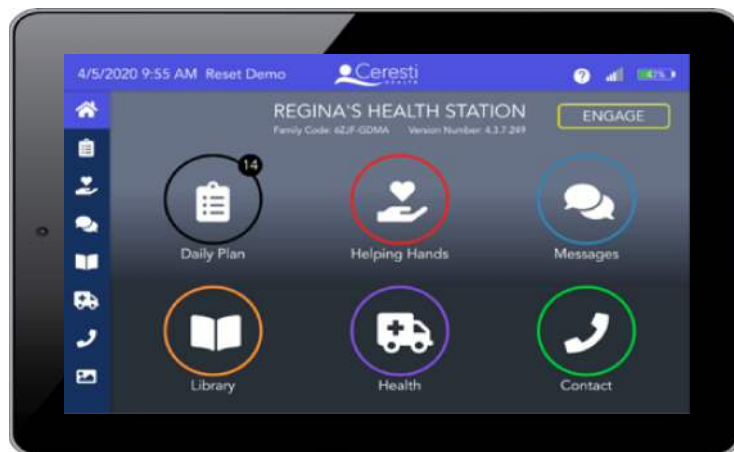
Family caregivers are spouses, adult children, other family members or friends

... able to detect changes condition to avoid member hospitalizations

- |                         |                           |
|-------------------------|---------------------------|
| Change in mental status | Fever                     |
| Frequency of urination  | High (low) blood pressure |
| Loss of appetite        | Almost fall               |
| Weight gain (or loss)   | Productive cough          |
| Lethargy                | Pain                      |
| Blood sugar             | Shortness of breath       |

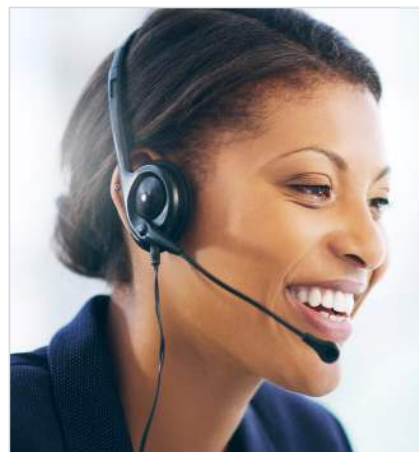
# Overview of Ceresti's Benefit

**Caregiver Tablet**  
(provided by Ceresti)



cell-enabled, no Wi-Fi required

**Care Navigator**  
(Proactive, dedicated coach)



+



- ↑ Knowledge
- ↑ Skills
- ↑ Confidence



Health education & support



Assessments, remote monitoring, alerts



On-demand resources



Peer and family engagement

- Through education and coaching, Ceresti strengthens the **knowledge, skills, confidence and motivation of family caregivers** caring for a SecureBlue member with a target condition
- The Ceresti program is **entirely virtual**; Caregivers can access support from their homes
- Improve caregiver wellness and feelings of support
- Reduce avoidable hospitalizations for members with cognitive impairment

[Program overview video](#)

# Eligibility for Ceresti's Services

- Member must be actively enrolled in the SecureBlue health plan and have a caregiver willing to participate in Ceresti's benefit program
- SecureBlue member must have a **target condition**:
  - Alzheimer's Disease or related dementias
  - Stroke
  - Parkinson's Disease
- Caregivers must be able to read, write and speak a **supported language**:
  - English
  - Spanish
- Caregivers are eligible for up to **6-month's** of Ceresti's benefit **per plan year**

# Talking points for Care Coordinators to Caregivers

## Improve your relationship with your loved one.

Gain access to a huge library of engaging videos to stimulate and bond with your loved one



## Learn to manage your loved one's chronic conditions.

Learn how to help your loved one address their medications, weight, nutrition, exercise and other health concerns



## Increase your family connectedness.

Invite friends and family to share in this adventure and learn alongside you



## Detect problems early and keep your loved one out of the hospital.

Daily Assessments and education will help teach you how to identify signs and symptoms to help avoid preventable hospitalizations



## Get support from a dedicated coach.

Build a relationship with your Ceresti Coach, someone to help you along your journey



## Become a more confident caregiver.

Gain the knowledge, skills, and confidence you need to care for your loved one



# Caregiver voices ...



## Testimonials from Ceresti Caregivers

I think this is a god send ....

... it is rubbing off on me. I seem to understand more.

... I don't feel like I am alone, dealing with this disease

I feel so much more supported by this program ....

I dread the day the plug is pulled on my Ceresti program - you're pretty much my whole support system.

... it makes it so much easier to do the right things. Everything makes so much sense ...

I have learned so much ... I am ready to be a better caregiver for my husband.

... knowing that you're there and I can contact you at any time ... that really gives me comfort.

... so very convenient to not have to leave the house ...

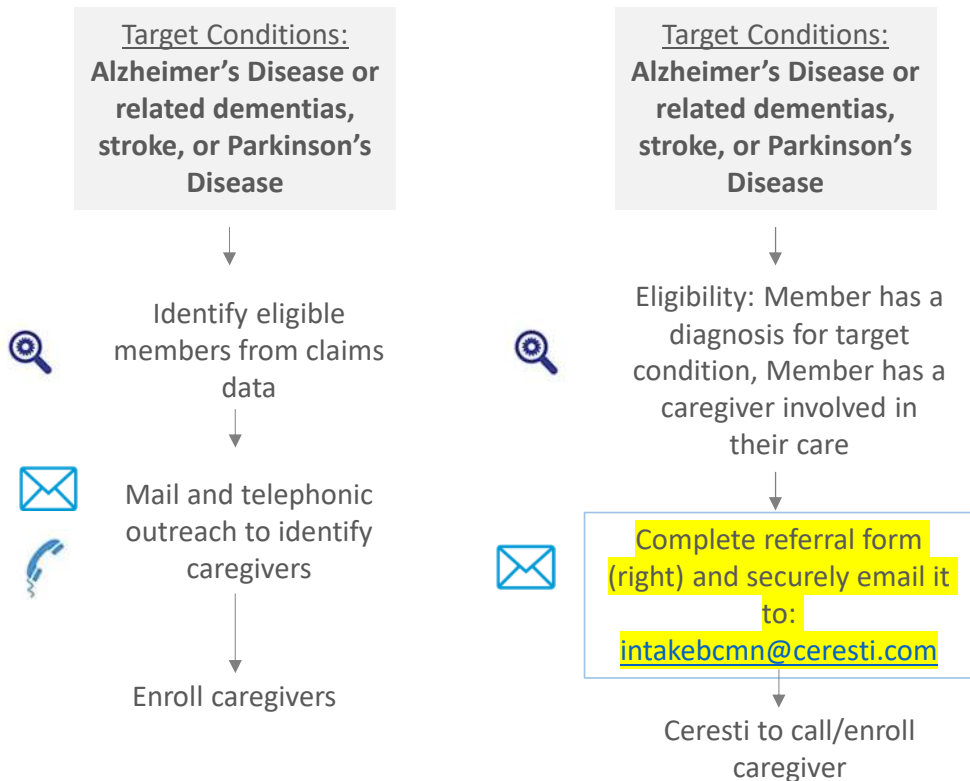
What I learned from this program I will remember forever.



# Enrollment Options

## Ceresti Initiated Outreach

## Care Coordinator Referral



### Ceresti Empowerment Program Intake Form

Instructions: Please fill out this form for caregivers who are interested in participating in the Ceresti program. Send the completed forms via secure email to [intakebcmn@ceresti.com](mailto:intakebcmn@ceresti.com).

BCBS Delegate Organization:

Care Coordinator Name:

Care Coordinator Email:

---

Member Name:  Member Date of Birth:

Member Residence (check one):  Home  Assisted Living  Memory Care  Skilled Nursing Other:

Is Member their own decision maker? (check one):  No  Yes If yes, Ceresti has permission to contact Proxy?:

---

Caregiver Name:  Relationship to Member:

Caregiver Phone Number:  Caregiver Address:

Is Caregiver Proxy? (check one):  Yes  No (If not, Provide Proxy Information Below)

Proxy Name:  Proxy Phone Number:

---

Member Cognition (check one):  Normal  Mild Impairment  Moderate Impairment  Severe Impairment

Dementia Diagnosis (if known):

---

**Member Current Chronic Conditions (Mark any that apply):**

|   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Chronic Kidney Disease   | <input type="checkbox"/> Depression   | <input type="checkbox"/> Parkinson's  |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Severe Mental Illness (Bipolar, Schizophrenia)               |
| <input type="checkbox"/> COPD                     | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke/Transient Ischemic Attack (Cerebral Vascular Disease) |

**Any Other Chronic Conditions not listed:**

---

**Member Relevant History in the Last 12 months for Falls, Substance Abuse, UTIs, ED Visits, Hospitalizations, or Skilled Nursing Stays (Note frequency, type, or length of stay, etc):**

---

**Other Notes (i.e. Social Determinants of Health, hospice care, living situation, current resources referred, or care gaps):**

# Communication

## Ceresti → MSHO Care Coordinators

### Confirmation that a members Caregiver enrolled

- Secure email notification with the Member name, Member ID, caregiver name and date of enrollment

### Confirmation that a Members Caregiver Graduated or discontinued

- Secure email notification with Member name, Member ID, caregiver name, date of status change and reason

### Alerts from Ceresti Coach

- Secure email notification or phone call if an urgent matter (regarding a SecureBlue member) is found via remote monitoring. Ex: hospitalization, emergency room visit, SDOH gap etc.



**Helping patients  
take medications  
as prescribed**

**Email :**

**office@dosehealth.com**

**Phone : 844-300-6212**

**Web : dosehealth.com**



## Dose Flip

### Dose Flip - Medication Dispenser

Help individuals take the correct medications at the right time, and keeping people in their homes being independent longer.



**Cost:** \$60/member/month for up to 2 devices

Included as a supplemental benefit under SecureBlue<sup>SM</sup> (HMO SNP), a Minnesota Senior Health Options plan offered by Blue Plus<sup>®</sup>, in addition to all MN Medicaid HCBS Waiver programs.

## WHAT'S INCLUDED?

### **Dose Flip Rental**

If a device breaks, we replace it at no cost.

### **Adaptive Equipment**

Free adaptive equipment to make taking meds easier.

### **Dose Dashboard and Notifications**

View pillbox activity and events and set up live notifications about adherence via text, call or email

### **Dose Remind**

Customized call or text reminders for injection, inhaler, insulin, tasks, etc

### **24/7 Support**

Call us anytime!

# DOSE FLIP



## Clear Alarm

Never miss a dose with a crystal clear and friendly alarm



## Secure

Lockable with additional lid sensor



## Easy to Set Up

Simple setup process using on screen guides and touch screen



## Easy to Fill

Onscreen guide will walk the user through filling



## Easy to Dispense

Take pills by simply flipping pillbox over into hand or a cup.

## ADAPTIVE EQUIPMENT



### Extra Tray(s)

Allows for pre-filling medication in advance.

**7 Slot Tray** available if more space is needed



### Refilling Disk

Aids the med filling process - more easily see what medications are being filled for each compartment.

## ADAPTIVE EQUIPMENT



### **Adaptive Flipper**

For individuals who have limited mobility of their hands or arms.



### **Stand**

For clients that are hard of hearing, it positions the Dose Flip so the screen is easier to see.



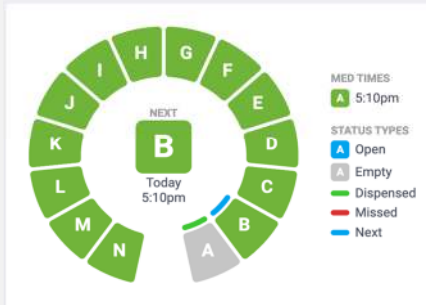
# DOSE DASHBOARD



[Status](#)
[History](#)
[Statistics](#)
[Notifications](#)
[Settings](#)

## Slot Statuses

Red/green arcs show missed/taken med times, and the blue arc marks the next med time. Gray slots are empty.



## Dose Flip Status

|                  |                                    |
|------------------|------------------------------------|
| Battery Level    | 94%                                |
| Last Connected   | 19.5 hours ago (Yesterday, 7:10pm) |
| Is Flipped Over? | No                                 |
| Firmware Version | 4526                               |



## Notifications

Receive texts, calls or emails if medications are missed, taken, and when a refill is needed



## Multiple Viewers

Unlimited people can get notifications, and view dashboard



## History

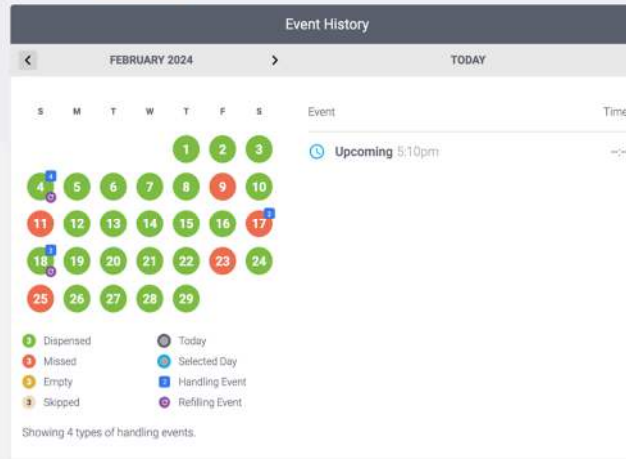
See device history in real time



## Monitoring

Get notified if the lid is taken off and put back on

[Status](#)
[History](#)
[Statistics](#)
[Notifications](#)
[Settings](#)



### Calendar Settings

**Basic Options:**

Display Mode: **BY MONTH** BY WEEKS

Show early/late dispenses separately:

**Handling events to display:**

- Lid On/Off:
- Power plugged/unplugged:
- Low Battery:
- Flipped upright/down:
- Tray Stuck:
- Tray Pushed:
- Slot Manually Changed:

Tray push events are only visible from 3/26/2021 onwards.

### On Call Support Services

We provide 24/7 support with our on call services. Individuals can call us any day or time with questions or issues and we will respond right away to help out.

If a Dose Flip needs to be replaced, we will send out a new device along with packaging and a prepaid label to return the broken device. If or when services are ending we will also send a prepaid label and packaging for members to send the device back.

Our phone number is listed on the back of every device [\(844\)300-6212](tel:8443006212)

## REQUESTING SERVICE



### **New Secure Online Referral**

**Dosehealth.com** and click on the orange referrals/orders button in the top right corner

**link: Form-<https://www.dosehealth.com/referrals>**

You can also submit a referral anytime by sending in the Dose Health Referral form via email or fax

**Fax: [\(844\)525-0515](tel:(844)525-0515)**

**Email: [referrals@dosehealth.com](mailto:referrals@dosehealth.com)**

We will send you a confirmation email when the referral is processed and once the device goes out in the mail with a tracking number.



# JUNIPER<sup>®</sup>

Your Health. Your Community.

A robust network  
for **self-managed health**  
and **well-being**  
in Minnesota



Juniper  
Network



Live Well



Get Fit



Prevent Falls

---

Living Well with  
Chronic Conditions

Living Well with Diabetes

Living Well with  
Chronic Pain

Aging Mastery Program

Wellness Recovery Action Plan

Arthritis Foundation  
Exercise Program

Stay Active &  
Independent for Life

Walk with Ease

A Matter of Balance

Tai Ji Quan: Moving  
For Better Balance

Stepping On



More than 90% of participants report feeling less afraid of falling and more confident in increasing their physical activity.

9  
out of  
10

Participants would recommend Juniper to friends and family.



Savings range from \$2,425 - \$7,359 for each program participant completing the intervention.

“I’ve used a cane for the last few years. After Tai Ji Quan I no longer need it!”  
—Participant, Tai Ji Quan

“People in the class became my friends. I learned from them, I never felt judged, and we helped each other make and follow our action plans.”  
—Participant, Living Well with Diabetes

“The workshop helped me understand that I’m not alone.”  
—Participant, Living Well with Chronic Conditions

# Juniper classes are for people who:

- Have been diagnosed with diabetes, arthritis, high blood pressure, heart disease, depression, anxiety or another chronic condition
- Experience chronic pain
- Are at increased risk for falling
- Would benefit from greater social connection
- Are without cognitive impairment, do not have advanced illness or frailty, and do not reside in a skilled nursing facility



# Accessing the Juniper benefit



Identify an eligible member



Talk to them about Juniper's classes



Refer interested member to Juniper



Juniper contacts member



Juniper provides a summary of the call outcome

# Submitting A Referral

1. Visit [www.YourJuniper.org](http://www.YourJuniper.org)
2. Click “Make a Referral”
3. Complete the referral form
4. Click “Submit”

## Make a Referral

Do you know someone who could benefit from one of Juniper's health promotion classes? Whether you are a friend, a relative, or a health professional, it's easy to make a referral. When you refer someone to one of Juniper's classes, they will be contacted by a representative in their area within three business days. The representative will help them find a class that best fits their needs.

Please fill out the form completely. For more information about Juniper classes, please call us toll free at 1-855-215-2174.

\*Required

### Information of Person Being Referred

|  |  |                     |  |
|--|--|---------------------|--|
| First Name *                             | <input type="text"/>                       | Last Name *         | <input type="text"/>                       |
| Date of Birth *                          | <input type="text"/> --- Please Select --- | Day                 | Year                                       |
| Phone *                                  | <input type="text"/>                       | Email               | <input type="text"/>                       |
| Insurance Provider                       | <input type="text"/> --- Please Select --- |                     |  |
| Insurance Group Number                   | <input type="text"/>                       | Insurance Member ID | <input type="text"/>                       |
| Primary Care Provider                    | <input type="text"/>                       |                     |  |
| City                                     | <input type="text"/>                       | State               | <input type="text"/> --- Please Select --- |
| County *                                 | <input type="text"/> --- Please Select --- |                     |  |
| Class the person is being referred for * | <input type="text"/> --- Please Select --- |                     |  |

# JUNIPER<sup>®</sup>

Your Health. Your Community.

Contact Us

1-855-215-2174

[yourjuniper.org](http://yourjuniper.org)

[info@yourjuniper.org](mailto:info@yourjuniper.org)

Erin Haugen

Wellness Engagement Center Supervisor

651-244-9719

[ehaugen@trellisconnects.org](mailto:ehaugen@trellisconnects.org)





# PROACTIVE & INTEGRATED PERS

**BCBS MN**

**Date: 03-26-2024**

Proprietary and Confidential 2024



# 2024 MSHO SERVICES - QMEDIC

## Personal Emergency Response Devices



## Companion Pets



## Blood Pressure Cuff



# HOW ARE WE DIFFERENT?



## CELLULAR OPTIONS

- AT&T
- US Cellular
- T-Mobile
- Verizon
- Sprint

**NOTE: NO PHONE IS  
REQUIRED**

## CASE MANAGER ASSISTANCE

- Dashboard to see members
- Realtime notifications
- Direct dialing units
- Free returns
- No contracts
- Dedicated Minnesota representative and customer service team

## FREE ADD-ONS

- BLINK - hands free mobile app
- Medication or just reminding phone calls or texts
- Lock box for spare keys

## RANGE OF DEVICES

- Choice wearables
- In-home devices
- Mobile devices
- Fall detection
- GPS tracking
- Smart watch PERS
  - Activity tracker
  - HR Monitoring
  - Lockable device

# DEVICE HARDWARE

|                         | In-Home PERS  | Mobile GPS PERS   | Mobile GPS PERS +  | Mobile GPS PERS X   | Mobile GPS PERS   | Blink Smartphone App  |
|-------------------------|---|---|--|---|---|---|
|                         |  |  |  |  |  |    |
| <b>Weight</b>           | 0.4 oz (wrist), 0.3 oz (neck)   | 1.7 oz  | 2.6 oz   | 1.3 oz  | 2.1 oz  |   |
| <b>Range</b>            | Button press works within 1000 feet of the base station                           | Works anywhere in the USA with sufficient cell Coverage                           | Works anywhere in the USA with sufficient cell coverage                            | Works anywhere in the USA with sufficient cell coverage                             | Works anywhere in the USA with sufficient cell coverage                             | <p>BLINK is a new free mobile application developed by QMedic that allows a member to use their voice to call for help. The member chooses the trigger word (e.g. "help") and the phone number to call (e.g. daughter's cell phone). BLINK calls the preset phone number once the trigger word is spoken.</p> |
| <b>Battery Life</b>     | Wearable battery life of 2 years, backup base station battery of 24 hours         | Wearable battery needs recharge monthly for 3 Hours                               | Wearable battery needs recharge weekly for 3 hours                                 | Wearable battery needs recharge every 4 days for 3 hours                            | Wearable battery needs recharge every 1-2 days for 2 hours                          |   |
| <b>Waterproof</b>       | <b>Fully waterproof wearable</b>  | <b>IP 67 Waterproof rating</b>  | <b>IP 67 Waterproof rating</b>   | <b>IP 67 Waterproof rating</b>  | <b>IP 67 Waterproof rating</b>  |   |
| <b>Data Monitoring</b>  | Activity, sleep, nonwear Monitoring   | No data monitoring  | <b>Real-time GPS tracking optional</b>   | <b>Real-time GPS tracking optional</b>  | <b>Real-time GPS tracking optional</b>  |   |
| <b>Wearable Options</b> | Available as necklace or wristband  | Available as necklace or belt clip, wrist conversion optional                     | Available as necklace or belt clip, wrist conversion optional                      | Available as necklace or belt clip, wrist conversion optional                       | Available as wristband only (various band options)                                  |   |
| <b>Cellular Carrier</b> | Landline, AT&T or US Cellular   | Verizon or AT&T   | Verizon  | Verizon or AT&T   | T-Mobile or AT&T  |   |
| <b>Fall Detection</b>   | <b>Fall detection</b>   | No Fall detection   | <b>Fall detection</b>  | <b>Fall detection</b>   | <b>Fall detection</b>   |   |
| <b>Extra Features</b>   | <b>Direct Connect</b>   | GPS activated when button pressed   | GPS tracking anytime   | GPS tracking anytime  | <b>Direct Connect Vital Monitoring</b>  |   |

# MOBILE WATCH PERS

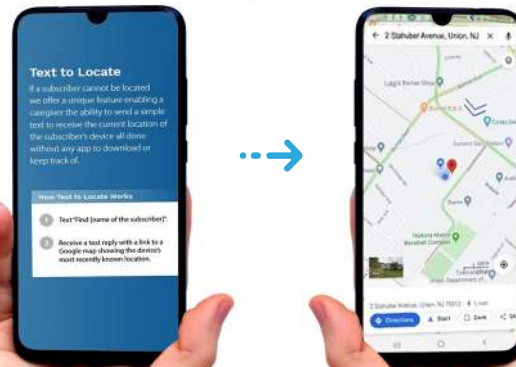


## DESCRIPTION

- 2.1 oz
- AT&T & T-Mobile
- Range – Entire US
- 1-2 Day Battery Life

## DEVICE FEATURES

- Direct connect
- Many Band Options
- Heart Rate/Weather/Steps
- Waterproof – IP 67
- Lockable bands
- Text to find location or caregiver application
- Optional Fall Detection







**QMedic MSHO Supplemental Benefit Referral Form**

Email completed form to [referrals@qmedichealth.com](mailto:referrals@qmedichealth.com) or fax to 617-904-1745

NPI: 121-535-8361 Phone: 1-877-241-2244

\*Indicates required field

**Care Manager Information**

|               |
|---------------|
| Organization* |
| Your Name*    |
| Your Phone*   |
| Your Email*   |

**Member Information**

|   |
|---|
| Member Name*                                  |
| Member Phone*                                 |
| Member PMI*                                   |
| Birth Date*                                   |
| Diagnostic Code*                              |
| Member Street Address*                        |
| City, State, Zip*                             |
| PFRS Service Type*: None                      |
| Additional Services (optional):               |
| <input type="checkbox"/> Lockbox              |
| <input type="checkbox"/> Companion Pet - Dog  |
| <input type="checkbox"/> Companion Pet - Cat  |
| <input type="checkbox"/> Companion Pet - Bird |
| <input type="checkbox"/> Blood Pressure Cuff  |

**Language & Other Information**

Please specify member's preferred language if not English.

**Caregiver Information**

Only fill out this section if you would like us to contact the caregiver instead of member.

|                         |
|-------------------------|
| Caregiver Name:         |
| Caregiver Phone:        |
| Relationship to Member: |

\*Indicates required field

Revised 8/30/23

617-904-1745


NPI-1215358361


[referrals@qmedichealth.com](mailto:referrals@qmedichealth.com)


# REFERRAL

# QUESTIONS?



 **Alexandra Palamari**  
QMedic - Northern Region,  
Territory Manager

 [apalamari@qmedichealth.com](mailto:apalamari@qmedichealth.com)

 612-438-0220



[www.qmedichealth.com](http://www.qmedichealth.com)



Send Referrals to



[referrals@qmedichealth.com](mailto:referrals@qmedichealth.com)



# RESOURCES

# RESOURCES

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## Resources for Members/Care Coordinators:

- 2024 SecureBlue Member Handbook <https://www.bluecrossmn.com/sites/default/files/DAM/2023-09/2024-secureblue-member-handbook.pdf>
- 2024 SecureBlue Summary of Benefits <https://www.bluecrossmn.com/sites/default/files/DAM/2023-10/2024-secureblue-summary-of-benefits.pdf>
- 2024 SecureBlue Supplemental Benefits brochure <https://www.bluecrossmn.com/sites/default/files/DAM/2023-09/2024-secureblue-plan-highlights-brochure.pdf>
- SecureBlue Member site: <https://www.bluecrossmn.com/members/shop-plans/minnesota-health-care-programs/secureblue-minnesota-senior-health-options>

# THANK YOU!

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For Care Coordinators:

- <https://carecoordination.bluecrossmn.com/msho/secureblue-msho-supplemental-benefits/>

Training and Q&A will be posted on the Blue Plus Care Coordinator Training Page

- <https://carecoordination.bluecrossmn.com/training/>

Questions:

[Partner.relations@bluecrossmn.com](mailto:Partner.relations@bluecrossmn.com)

[Jenna.Rangel@bluecrossmn.com](mailto:Jenna.Rangel@bluecrossmn.com)

[SecureBlue.Referrals@bluecrossmn.com](mailto:SecureBlue.Referrals@bluecrossmn.com)