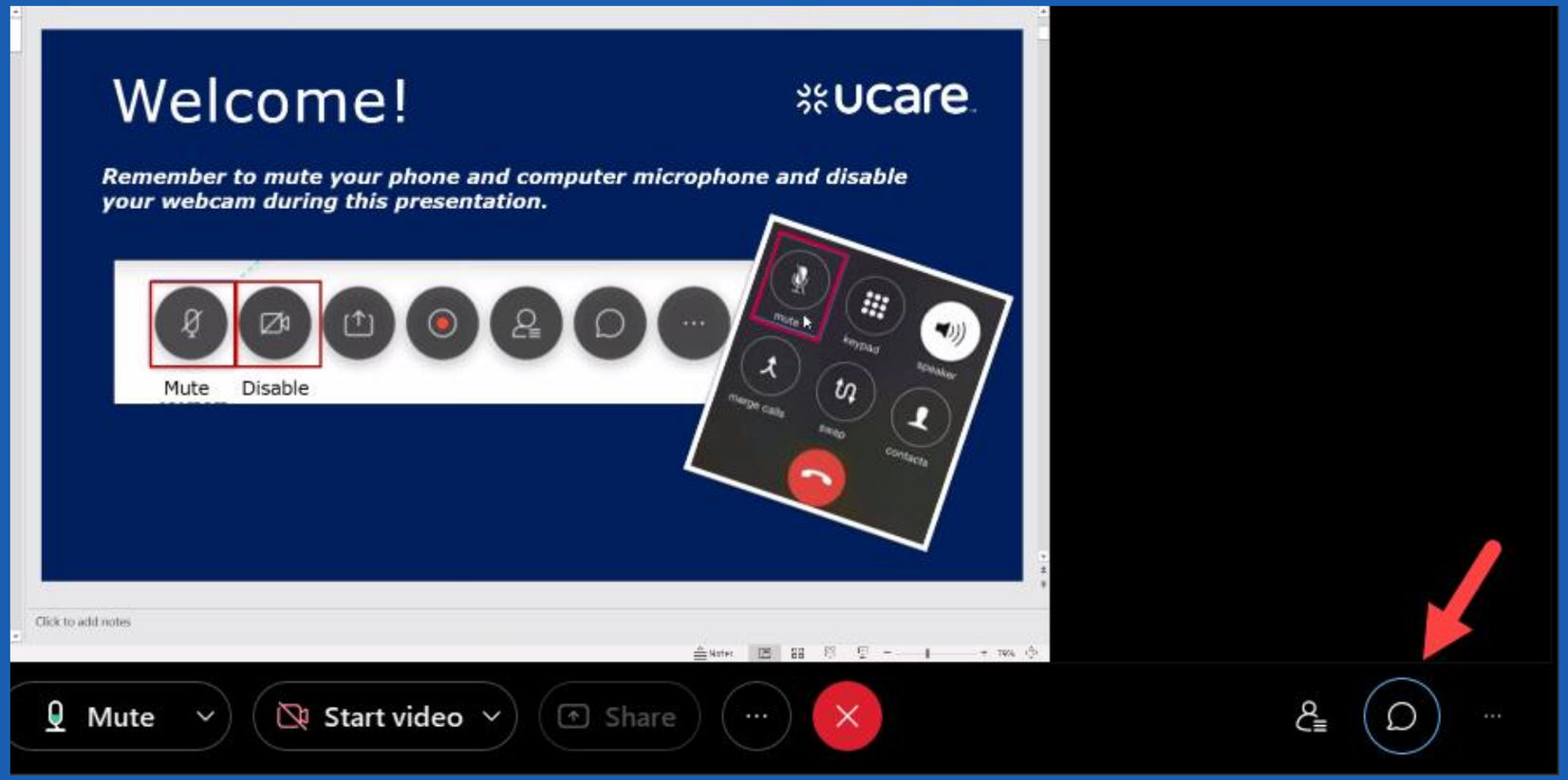
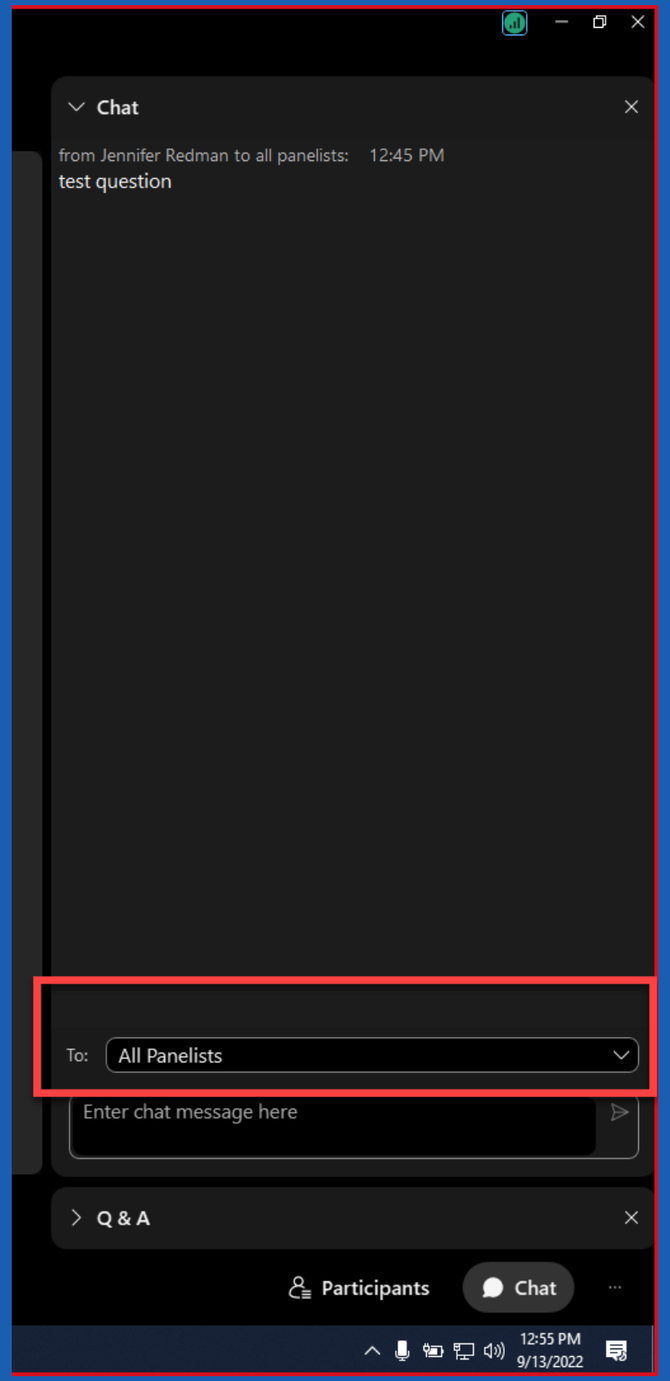

ucare®

UCare
Connect/Connect + Medicare & MSHO/MSC+
1st Quarterly Meeting

March 14, 2023

Questions welcome!





Welcome

Feedback from U!

79 Responses! Thank you!

- Move CC updates first
- Preference to have presentations ~15 minutes
- MnCHOICES info requested
- Did better staying on time!
- **Included all unanswered questions in February Newsletter!**

Today's Agenda

Time	Topic	Audience	Presenter
9-00 am –9:10 am	Welcome	All	Clinical Liaisons
9:10 am-9:40 am	Care Coordination Updates	All	Clinical Liaisons
9:40 am-9:55 am	Transportation	All	Trent Brier & Brent Forbord
9:55 am-10:10 am	MTM Pharmacy	All	Mollie Boland & Deandra Lundeen
10:10 am -10:15 am BREAK			
10:15 am-10:35 am	MNEAS	All	Nick Regier
Connect/connect + Medicare Optional/SHARE Survey Link			
10:35 am -10:50 am	EVV, CFSS	MSHO/MSC+ (SNBC optional)	Esther Versales-Hester
10:50 am – 11:10 am	Caregiver Assurance	MSHO/MSC+	Peggy Huot
11:10 am-11:25 am	GrandPad	MSHO	Nathan Vogt

Care Coordination Updates

Presenter: Clinical Liaisons

Care Coordination Meeting Schedule

CEUs offered quarterly (optional)

Quarterly office hours (optional)

MSHO/MSC+ and SNBC will be separate & offered at different times

Registration for optional events will be in the monthly newsletter

UCare Product	Meeting Type	Date & Time (Subject to change)
MSHO/MSC+ and Connect/Connect + Medicare	Live Quarterly WebEx Meeting	June 15th, 9 am September 12th, 9 am December 12th, 9 am
MSHO/MSC+ and Connect/Connect + Medicare	CEU Event (optional)	May 23rd, Announced in April August 22nd, Announced in July November 28th, Announced in Oct
MSHO/MSC+	Office Hours (optional)	April 25th, 10:00-11:00 July 25th, 10:00-11:00 Oct 24th, 10:00-11:00
Connect/Connect + Medicare	Office Hours (optional)	April 25th, 1:30-2:30 July 25th, 1:30-2:30 October 24th, 1:30-2:30

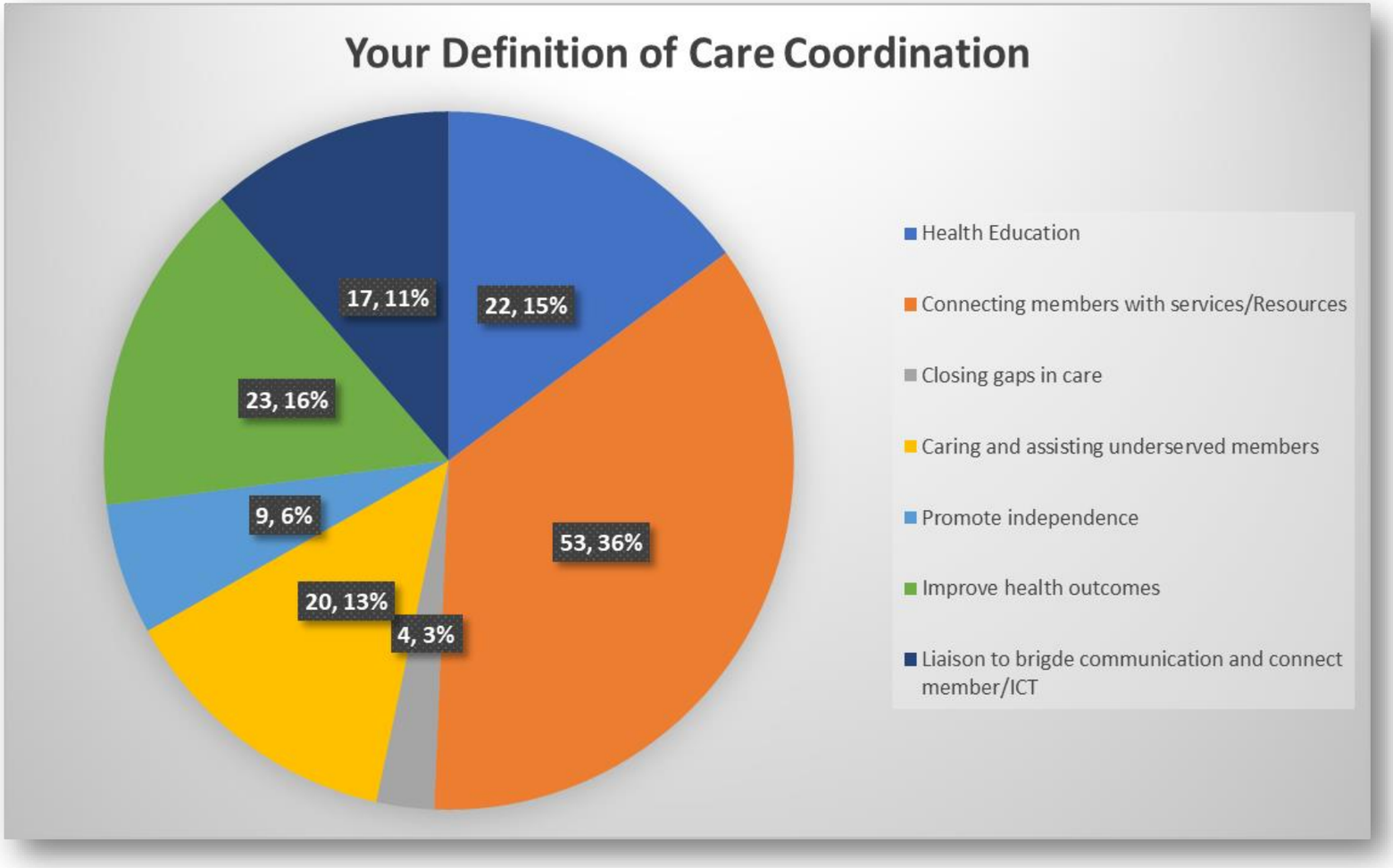
→ SAVE THE DATE ←

What is the Purpose of Care Coordination

What you said:

"Providing support to our members through identification of needs, setting up services/support systems, bridging access to preventative care, and helping keep members safe, healthy, and happy in their homes."

"The coordination of the entire realm of holistic care of a person (physical, mental, wellness)."



Helping with Purpose!

Care coordination helps support members through a long-term relationship that centers around the members overall health. Through the comprehensive assessment and analysis of the person situation, Care Coordinators provide education, support, resources and tools to help guide members to improved health.

The purpose of care coordination is to help people get the right care at the right time to better meet their needs.

The benefits of care coordination are not only on the members health, but also positively impact the people who care for them and promotes effective use of the health care system by reducing unnecessary or avoidable financial costs.

Gaps in Care Reports

What is a Gap in Care? A gap in care is a missing preventative care measure. A gap is identified using claims information for Connect + Medicare and MSHO members.

How are they useful: Gap in Care reports provide claims information about preventative care services like: PCP AWV, colonoscopy, mammograms, diabetic preventative visits completed over the past 12 months. When there is evidence of a claim for a preventative care measure – the gap is closed. If an item appears on the GAP report it means the person has not completed the preventative care measure – thus has a GAP IN CARE.

Why are they important: Consider the purpose of care coordination – Closing a gap in a member's care helps ensure they are receiving optimal medical care.

Early detection of disease can improve health outcomes by getting access to treatment and care early. CCs help ensure members understand what preventative care needs the member may have and help members overcome barriers they have to completing.

Behavior Health Home

When a CC becomes aware of BHH involvement:

- Share CC name/contact with BHH (document)
- Collaborate on member needs for services and supports
- Add/include BHH to ICT on Support Plan

When you have a member who would benefit from more comprehensive "high touch" support – consider referrals to BHH

- BHH coordinators typically meet monthly with enrollees
- BHH services is available to individuals receiving Medical Assistance who are adults with mental illness. Mental illness and emotional disturbance are umbrella terms that include individuals diagnosed with serious and persistent mental illness, substance use disorder, and severe emotional disturbance.

Care Coordinators are required to coordinate care with BHH to avoid duplication of service

- BHH can not be active with TCM, ACT, RSC-TCM, VA/DD-TCM, Health Care Home CC
- A person who meets the eligibility criteria for one or more of these covered services must choose which service best meets his or her needs.

To Learn More:

- Behavioral health home services / Minnesota Department of Human Services (mn.gov)
- DHS-6307 BHH services overview (state.mn.us)

Public Health Emergency

The federal government announced plans to end the federal public health emergency on May 11, 2023.

- As indicated in the Feb. 17, 2023 eList announcement, CV.15, which allows long-term services and supports (LTSS) assessments and reassessments to be conducted remotely will remain in effect for up to six months after the end of the public health emergency.
- CV.17 which, prevents the termination of eligibility in LTSS programs remains in effect until further notice from DHS.

Care coordinators should continue to offer face-to-face assessments to members.

Care Coordination Updates: Face to Face Visits

In person or virtual televideo conference meets the definition of face to face. In addition to regulatory requirements, UCare believes that an annual face to face visit is a best practice for our members.

Why: UCare believes face to face has an impact on:

1. Connection: The relationship between the member and CC
2. Engagement: The member's active participation in assessment planning for their health and quality of life
3. Risk Assessment: The opportunity to observe the member's situation for a more comprehensive view

MSHO/MSC+ Care Coordination Updates

Care Plan Signature Page upon transfers:

- Evidence of 2 attempts to obtain the signature page made by the previous (sending) CC is acceptable. If unable to obtain the signed Signature Page from the previous (sending) CC, follow the Care Plan Signature Page section to obtain a member signature on a new Signature Page.

New Requirements Grids:

- UCare is actively working to update the Requirements Grids. Due to the timeline of MnCHOICES roll-out, we will not be able to provide the updated Requirements Grids a month in advance like normal.

Updated forms coming to the website this week:

- Updated Institutional HRA:
  - The Institutional Health Risk Assessment/Support Plan has been updated. The new IHRA/Support Plan will be posted alongside the current form until 5/1/2023. Begin using the new IHRA/Support Plan no later than 5/1/2023.

- Updated MSHO/MSC+ Monthly Activity Log:
  - Removed "Prior Year Activity"
    - Including date of last activity completed in 2022 and type of activity completed in 2022
  - Added "Activity Location in 2023":
    - Options: In-Peron, Televideo (audio and visual) or Phone

Connect/Connect + Med Monthly Activity Logs

- Upcoming changes to the CT/CT+ MAL **anticipated in quarter two of 2023!**
  - Removed 2022 activity
  - Added field to indicate if the activity was completed in-person, face to face, or telephonic
  - Combined CT and CT+ to one tab with a column for product
- **Reminder:** Return by the 15th of each month. Include all the member data. Update HS Code. Expect to get reminders from Connect Intake if you have not returned by the 15th of the month. Data clean up will happen. These must be turned in monthly or your payment will not reflect the correct HS code.

Drop Down Options	HS Code Key		Support Plan Updates	
Living Status	HS Code	HS Code Definition	Support Plan Update Type	Update Definition
Institutional	HP	Member assessed	6 month	Support Plan updated on 6 months assessment
Community	NR	Unable to reach	TOC Support Plan Update	Support plan updated on a transition of care
	NI	Declined/refused assessment	Other	Support Plan update for significant changes
	GH	Group Home -Bluestone only		

Member Demographics							Annual Assessment Activity			Connect + Medicare Only			Support Plan Updates			Care Coordinator/Scheduler			
Assigned Assessor Entity	Product	Last Name	First Name	UCare Member ID# (9 digits)	DOB	Living Status	2023 Activity Completion Date	HS Code (Select from the drop down menu)	If HP: Type of Activity	Unable To Reach Attempt 1	Unable To Reach Attempt 2	Unable To Reach Attempt 3	2023 Support Plan Update: 6 Mo/TOC	2023 Date of Support Plan Update	Type of Activity	Last Name of Assessor *(for Refusals or UTR list name of Scheduler)*	First Name of Assessor *(for Refusals or UTR list name of Scheduler)*	Title of Assessor	Comments
UCare	Connect+Med	Doe	Jane	423456789	1/1/1958	Institutional	7/5/2023	HP	In Person							Stallone	Sylvester	RN	
UCare	Connect	Doe	John	487654321	10/6/1964	Community	8/5/2023	NR		7/29/2023	8/2/2023	8/4/2023				Letterman	David	LSW	
UCare	Connect+Med	Smith	Sam	456789102	12/1/1975	Community							6 Mo	1/7/2023	Telephonic	Helpsalot	Susie	LSW	

MnCHOICES

UCare Onboarding spreadsheets – emailed out last week

MnCHOICES Readiness – March Newsletter

What we know now

- Phased in roll out – all users completing all new assessments in MnCHOICES as of May 13, 2023
  - Legacy tools (e.g. DHS-3428, DHS-3428D, DHS-3428H) will sunset following the complete launch of MnCHOICES
- Enrollment remains the same, overall requirements the same (letters, timelines, documentation)
- Where you do the assessment and support plan – MNCHOICES
- THRA recorded in MnCHOICES as well as the physical document completed outside MnCHOICES
- UTR/Refusals Support Plans – entered in MnCHOICES (discarded), UTR/Refusal forms completed
- MMIS entry not required for Connect, Connect + Medicare and MSHO institutionalized members
- SNBC – under 65 waivers referrals – Regardless of training advice provided by DHS, do not stop doing the HRA and make the waiver referral; this advice is for MSHO/MSC+ care coordinators

What Agencies should be doing independently

- MTZ – practice makes perfect – encourage you to dedicate time to practicing in the MTZ
- Delegates/Counties begin making internal decisions on processes and task assignments
- 10% roll out plan based on agency plan

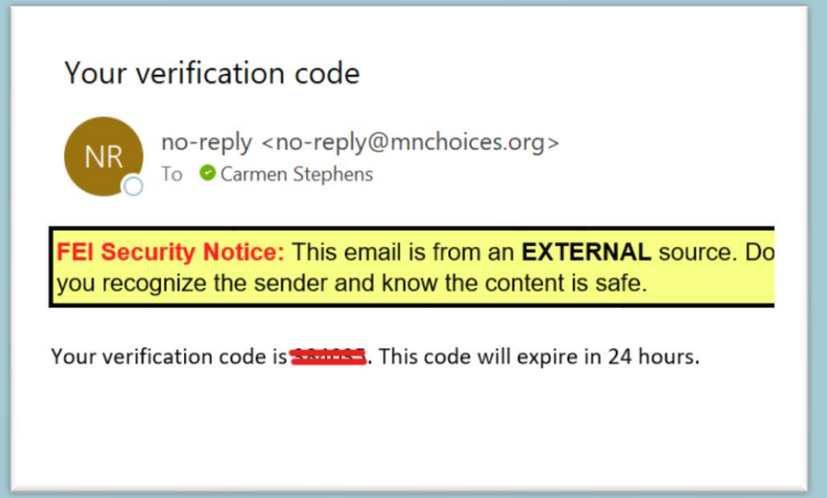
MnCHOICES Continued…

Communications to watch for:

MnCHOICES will send an automatic email on March 31st stating your account was created.

- This will come from <noreply@feisystems.com.
- Do not attempt to log in until April 3rd. The system will be locked.
- You must log in by May 31st and change your password or your account will be suspended and a request to reactivate will be needed.

- When you reset your password, a verification code is sent to your email and expires in 24 hours.
- This will come from <noreply@mnchoices.org>


Your verification code

NR no-reply <no-reply@mnchoices.org>
To Carmen Stephens

FEI Security Notice: This email is from an **EXTERNAL** source. Do you recognize the sender and know the content is safe.

Your verification code is [redacted]. This code will expire in 24 hours.


Account Created

NR no-reply <no-reply@feisystems.com>
To Carmen Stephens

Hello,

You have received this email because an account was created for you.

Your username is [redacted]

Please click here to change your password. You will be asked to input your username, a code will be sent to your email once you enter your username.

Reset Password

Once you change your password, you can always use the link below to log in.

Mnchoices

Thanks

Fei Systems

MnCHOICES Continued…

SAVE THE DATES:

MnCHOICES Q & A

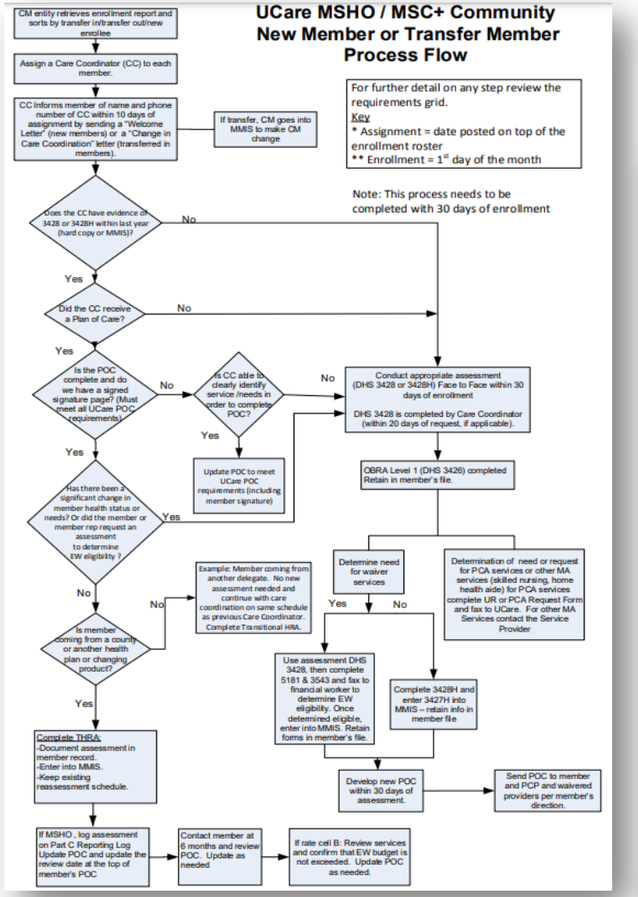
March 22nd

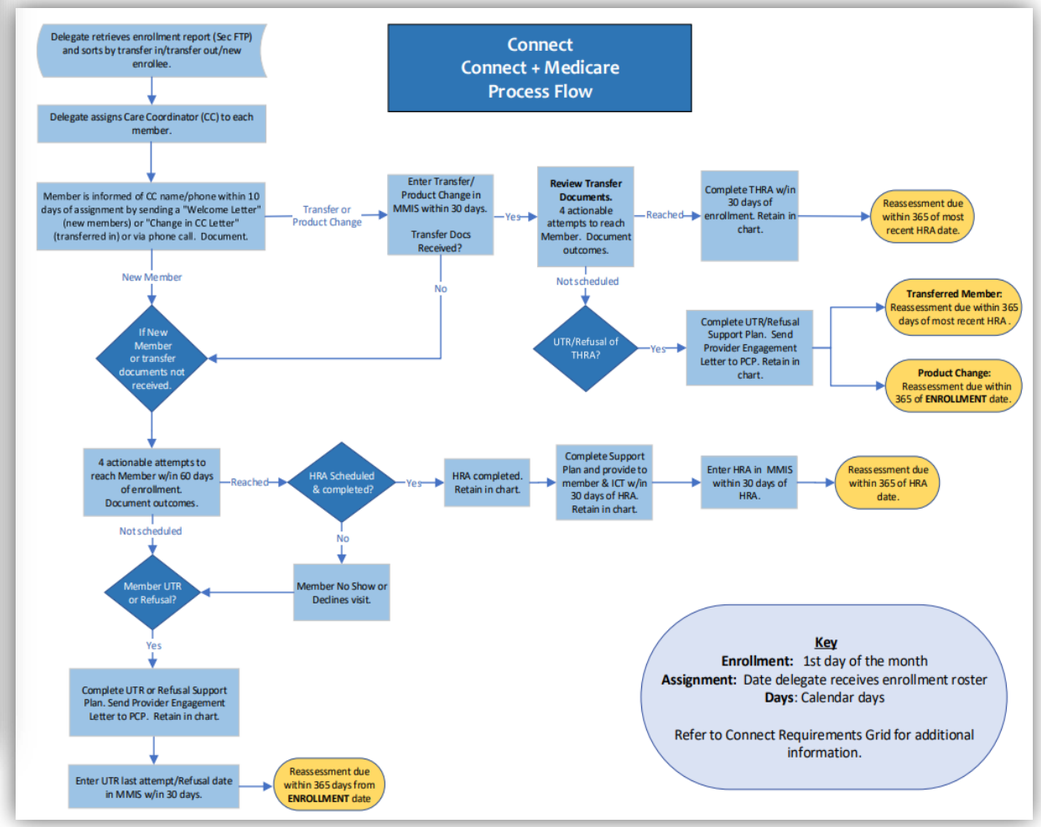
Connect/Connect + Medicare at 2pm

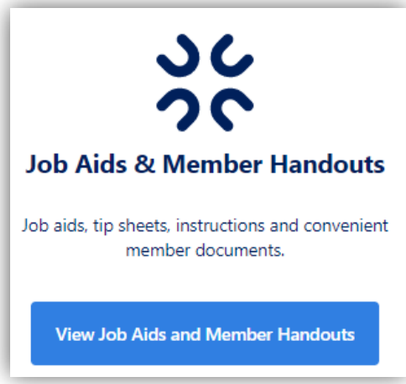
MSHO/MSC+ at 10am

We want your feedback about MnCHOICES!

Reassessment Timeline Workflow







- You can find this document here for CT/CT+ and here MSHO/MSC.
- Another great resources is the Assessment Timelines Job Aid.

Care Coordination Documentation

Take credit for your work!

What should I document? Everything! Each conversation and work you do with or for your member should be documented.

When should I document? As soon as possible. In a fast-paced environment like care coordination it is easy to get distracted and forget details of your conversations or forget to document it all together.

Why should I document? In addition to meeting regulatory requirements, it is in the member's best interest to make sure everyone that needs the information, can get it. It is also essential for care coordinators to be able to refer back and follow up on questions, concerns, goals, etc.

What does the requirements grid say about this?

Documentation and Notes	**The CC is required to document in the member record, all evidence of:** • Care coordination requirements are being met. • Care coordination requirements that were attempted but not completed. • Member documents including, but not limited to, HRA, Support Plans and TOCs in member record. • Communication with members, representatives, providers and any other ICT members.

Transportation

Presenter: Trent Brier, Sr Manager

Table of Contents

What is UCare transportation

- UCare transportation provides Non-Emergency medical transportation for medical and dental needs for our members based on their UCare plan.

- In 2022 we booked 1.5 million legs, averaging 125,000 per month. The call center averages about 1200-2000 calls a day.

- We are staffed for normal ride bookings Monday through Friday 7am to 8pm, Saturday and Sunday for urgent/emergency transportation 8am-8pm
  - *If requesting after 4 pm – it is considered a same day request.*

- **Local: 612-676-6830**
  Toll-Free: 1-800-864-2157

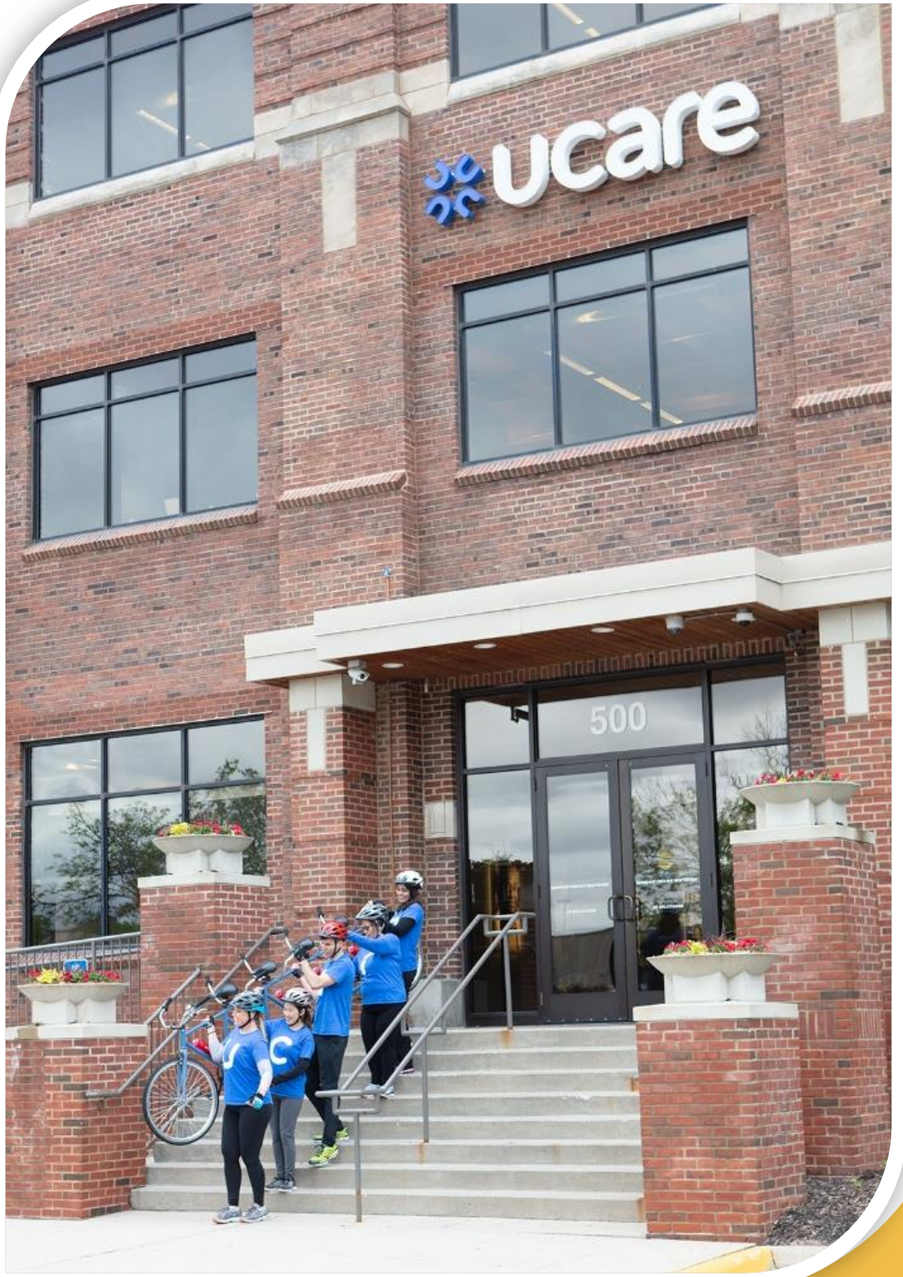
Terminology Used in Transportation

- **Ambulatory** = This is also known as common carrier or unassisted. This type of transportation is your common sedan with a driver. There is no assistance or door to door service.

- **STS transportation** = This is also referred to as assisted. This includes lift/ramp vehicles, Stretcher vehicles, door to door assistance, unaccompanied minors, and protected. To use a STS vehicle we need a CON (certificate of Need) on file. This process is done when STS is requested.

- **LDE = Long Distance exception.** This is any transportation over 30 miles for a primary care, or 60 miles for any specialist care. This process includes verification of the appointments and referrals and takes at least 2 full business days to complete.

- **CON = Certificate of Need.** This is the paperwork we send to a member's doctor to get authorization for STS transportation. While we wait for this paperwork from the doctor, we will set up a 60-day grace period to ensure we give the member the ride they need. *UCare completes CON authorizations.*



Best Practices for Booking a Ride

- UCare has a policy in place to call two full business days in advance for a NEMT ride. We do however book same day ride (SDR) and next day ride (NDR) on a case-by-case exception based on the urgent need of ride.
  - *Emailing using the Ride Request Form require 3 days notice.*
- Even though we do allow for SDR and NDR rides in certain situations we do have other factors in play that may cause that ride to not be able to be booked. Some of those variables are, Weather and Provider availability.
- If the primary care provider is over 30 miles or the specialist care provider is over 60 miles, we will need to process an LDE (long distance exception). We need at least two full business days to do the back-end work on an LDE. Dental does not require an LDE but may require appointment verification
  - *LDE's are completed by emailing or calling transportation with the explanation of need including all required information and least 2 full business days to verify medical need and reason.*
- Always have The member Name, Member (UCare) ID number, On file address and Phone number available when you call.

How We Will Book a Ride

- The process for booking a ride is very simple. You call with your member's PHI information, the location for pick up, the location for the appointment, and a phone number the provider can reach the member at.
- If the ride is Same day *(includes rides requested after 4 pm),* STS(assisted), or out of the 7-county metro area we will have to get verbal acceptance from the transportation company before we can book the transportation.
  - *Same day rides are based individual member exceptions/situation. Best is to adhere to the 2-day advance request*.
- Inside the metro for a common carrier (non-same day ride) we can book without the verbal acceptance from the transportation provider.
- Depending on the ride we may need to verify the appointment or the prescription ready status before booking the ride.
- We use a software program that our transportation providers have access to, this allows us to quickly process the ride request.

What Happens if My Ride Doesn’t Show?

- Hopefully, this doesn’t happen. If this does happen the member or representative can call UCare, and we will contact the provider. If the provider cannot accommodate the ride, we will call all other providers in our network who can accommodate the ride.

- If we cannot find a provider to accommodate, we will escalate the issue to our supervisor team who will also attempt to find a provider to accommodate.

- In very rare cases we may not be able to get a provider we will work with the member to reschedule their appointment and if that is not an option, we will have to DTR (denial, termination, or reduction of transportation services) the ride.

Working to Make the Transportation Experience Better for Everyone

- The UCare team is constantly looking at how we can improve the service to our members, care coordinators, partners, and providers.

- We identified some needed improvements in our transportation software and will be implementing those improvements throughout 2022-2023.

- We have created teams that are dedicated to assisting Care Coordinators, Proactive ride bookings for members who have routine scheduled appointments like dialysis, direct ride booking with providers for our STS (assisted) Members, and an escalation team to handle issues in real time.

- We encourage feedback and we act on it. We believe that every idea is worth listening to and we also believe in implementing ideas that can assist us in providing a better service.

Continued

- We are looking into how we can reduce the time a member is in a cab. These include utilizing telehealth either at the member’s home or a predetermined location, or pharmaceuticals delivered either by carrier or mail instead of rides to and from the Pharmacy.

- We have worked hard to decrease the members wait time. We have done this by increasing staff (this has reduced our Average Speed to Answer from 14-20 minutes to under a minute) and adding a virtual hold feature.

- As with the whole of UCare, we are looking at how we can implement a chat function for our members to book rides.

- We are working on a way for our members to use an App to book rides, saving them from having to call, and a notification system to inform them of ride status and vehicle proximity.

Thank you

Medication Therapy Management (MTM) Program Changes 2023

Mollie Boland- MTM Clinical Pharmacist

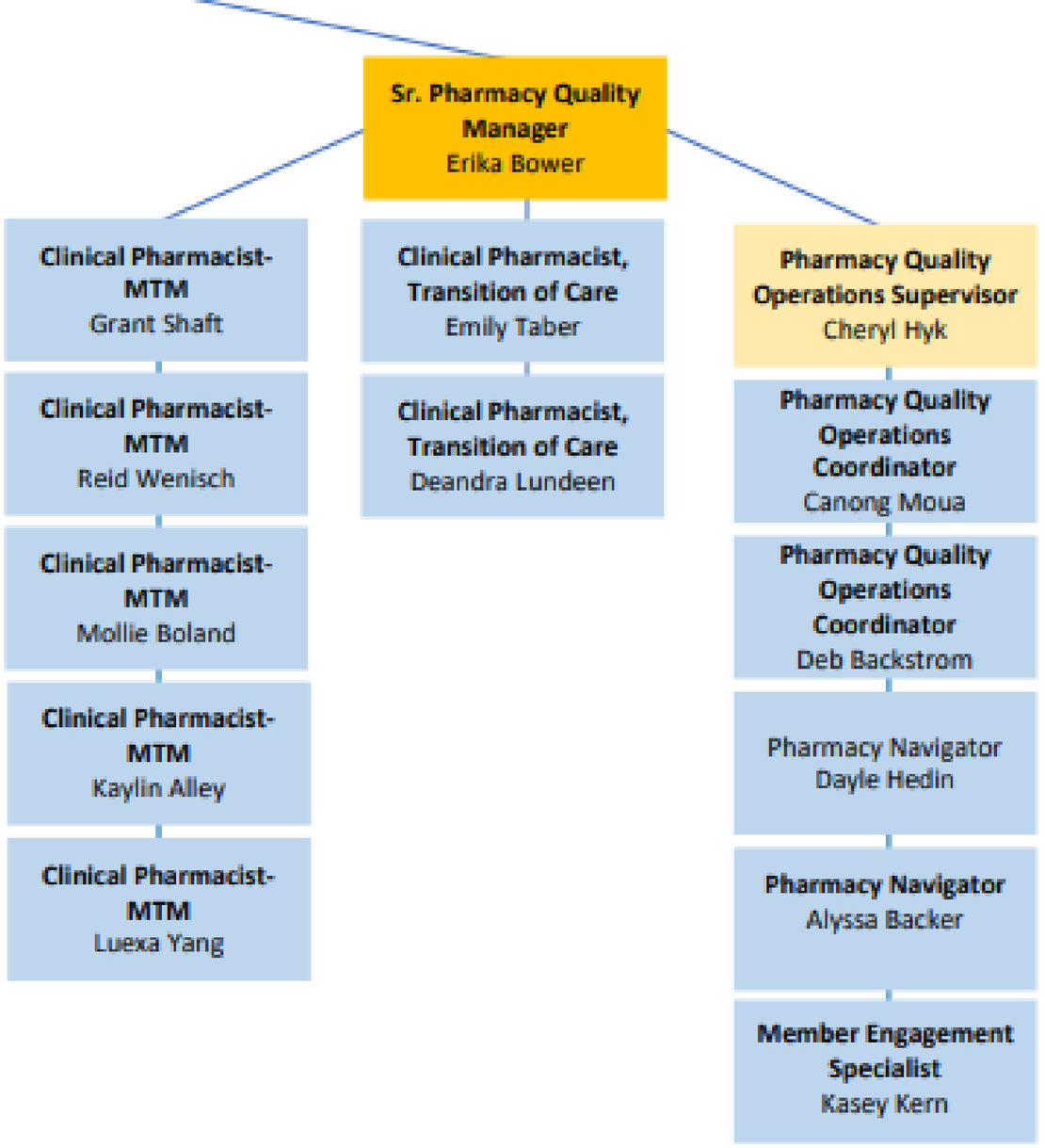
Deandra Lundeen- TOC Clinical Pharmacist

Objectives

- Pharmacy Quality Team structure and goals
- Define Medication Therapy Management (MTM)
- Comprehensive Medication Review (CMR)
- Transitions of Care (TOC)
- Referral process
- Setting member expectations

For questions about MTM, please reach out to pharmacyliaison@ucare.org

- **General Team Functions:**
  - Support pharmacy-related quality metrics for Medicare members
  - Performance of CMR and MRP services directly to members
  - Support MTM related services
- **Future Goals:**
  - Develop strong partnerships with UCare teams (Care coordination, disease management, etc.)
  - Develop a simplified referral process
  - Improvement in quality metrics



Medication Therapy Management (MTM)

- One-on-one visit with a pharmacist to review medications
- Two types of medication reviews offered by UCare
  - Comprehensive Medication Review (CMR)
    - Annual review of ALL medications
    - Transition of Care visits post discharge
  - Targeted medication review
    - Quarterly review of medications for specific issues
    - Minimal time commitment from member
    - Pharmacist mails or faxes information to the health care provider

What is a Comprehensive Medication Review (CMR)?

- **Most UCare members are eligible for a free review of their medications**
  - Prescription
  - Vitamins
  - Over-the-counter (OTC)
  - Herbal supplements
- **Members meet one-on-one (in person or on the phone) with a pharmacist**
  - UCare pharmacist
  - In-network pharmacist
- **The goal is to help optimize a member's medication therapy**
  - Safe
  - Convenient
  - Effective
  - Affordable
- **The pharmacist helps to identify and resolve any potential medication related issues**
  - Drug interactions
  - Duplicate medication therapy
  - Lower cost alternatives
  - Adherence
  - Untreated conditions
  - Side effects
- **More information available**
  - www.ucare.org/MTM

MTM is Not:

- Prescription dispensing
- Addressing billing issues at the pharmacy (ie. refill too soon)
- Prescription refill requests
- Pressuring a member to change their medications
  - We make suggestions, but there is no obligation to change anything
  - We provide recommendations to the member
  - We reach out to the provider if necessary and/or if the member requests we do so
- Going against a member's medical provider(s)
  - We work WITH the providers to help members get the most out of their medication regimen

Eligibility

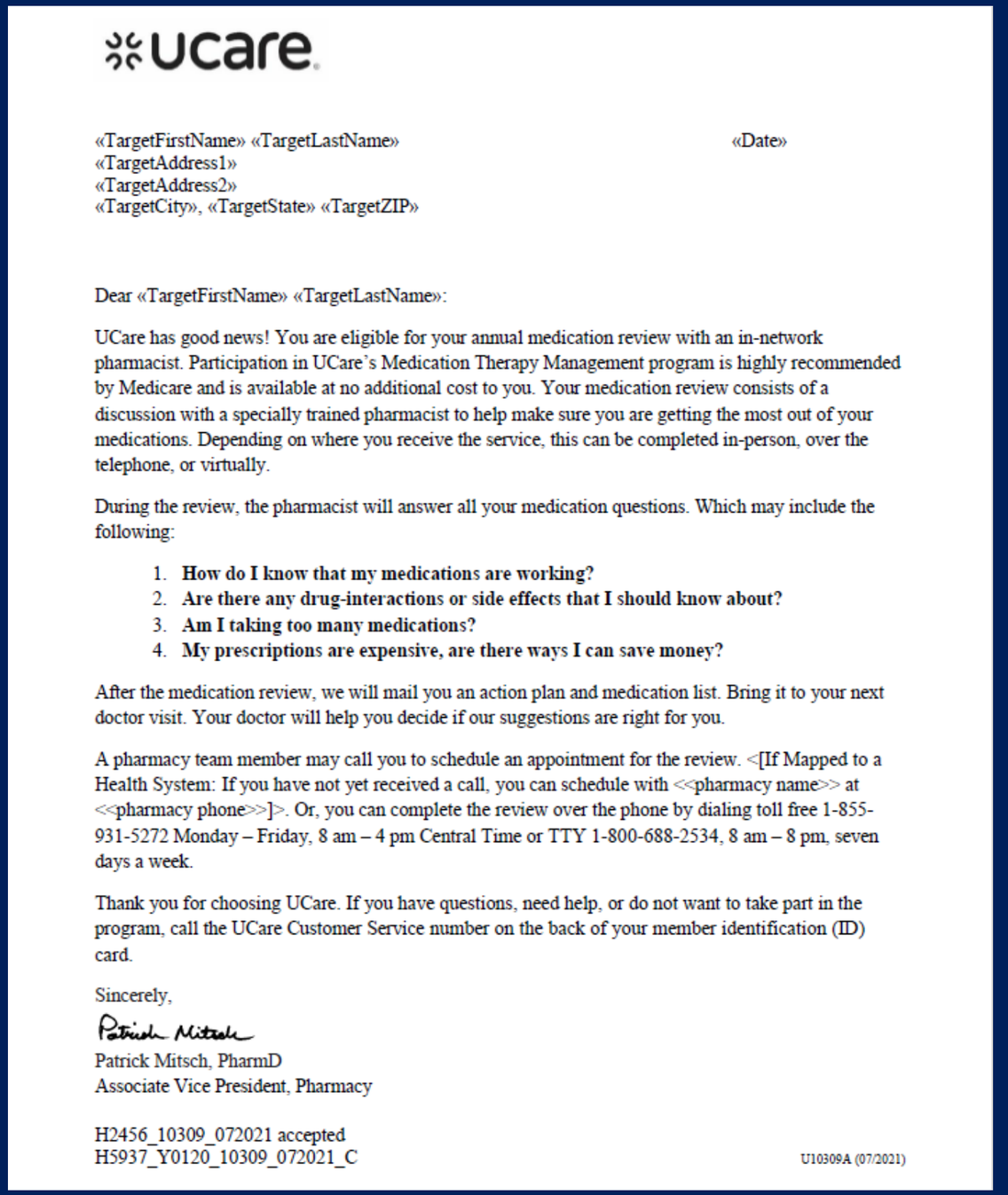
Member Plan Type	MTM Eligible	Special Notes
Medicaid Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+) and UCare Connect (SNBC)	✓	• UCare follows guidance from the Minnesota Department of Human Services (DHS)
Dual-eligible Medicaid MSC+, PMAP Duals, and UCare Connect Duals	✗	• Medicare benefits are through an outside payer, therefore MTM services must be provided through them
Medicare UCare Medicare Plans, UCare Medicare Group Plans, EssentiaCare and UCare Medicare with M Health Fairview & North Memorial Health	✓	• All members with Part D benefits are eligible through a UCare pharmacist or an in-network pharmacist
Dual-eligible Medicare UCare's Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare	✓	• All members with Part D benefits are eligible through a UCare pharmacist or an in-network pharmacist
Medicare Value UCare Value and UCare Value Plus	✗	• Not eligible without Part D benefits
Health Exchange and Individual & Family Plans UCare Individual & Family Plans, UCare Individual & Family Plans with M Health Fairview	✓	• Eligible for MTM services through an in-network pharmacist

Source: UCare Provider Manual (February 8, 2023)

Medicare Details

- **Members are eligible if they meet the following criteria:**
  - Take eight or more prescribed or maintenance medications for chronic condition(s)
  - Have at least three chronic health problems, including:
    - UCare: chronic heart failure (CHF), diabetes, dyslipidemia, end stage renal disease, rheumatoid arthritis
    - EssentiaCare: asthma, chronic heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes, dyslipidemia, hypertension, osteoporosis
  - Likely to spend at least $4,935 in 2023 on your Part D medications
- **What are the limits of the service**
  - One CMR is recommended per calendar year
- **Who provides the service?**
  - UCare pharmacists
  - Pharmacists within contracted local health systems
- **Automatic enrollment for a medication review**
  - Receive a letter from UCare
  - May also receive phone calls with more information
    - UCare pharmacy team member
    - Health System contact
- **Participation is voluntary and anyone can opt out of the MTM program at any time**
  - Call 612-676-6536 or
  - Toll Free at 1-855-931-5272 and select option2
    - and select option2

Welcome Letter Example



ucare

«TargetFirstName» «TargetLastName»
«TargetAddress1»
«TargetAddress2»
«TargetCity», «TargetState» «TargetZIP»

«Date»

Dear «TargetFirstName» «TargetLastName»:

UCare has good news! You are eligible for your annual medication review with an in-network pharmacist. Participation in UCare's Medication Therapy Management program is highly recommended by Medicare and is available at no additional cost to you. Your medication review consists of a discussion with a specially trained pharmacist to help make sure you are getting the most out of your medications. Depending on where you receive the service, this can be completed in-person, over the telephone, or virtually.

During the review, the pharmacist will answer all your medication questions. Which may include the following:

1. **How do I know that my medications are working?**
2. **Are there any drug-interactions or side effects that I should know about?**
3. **Am I taking too many medications?**
4. **My prescriptions are expensive, are there ways I can save money?**

After the medication review, we will mail you an action plan and medication list. Bring it to your next doctor visit. Your doctor will help you decide if our suggestions are right for you.

A pharmacy team member may call you to schedule an appointment for the review. <[If Mapped to a Health System: If you have not yet received a call, you can schedule with <<pharmacy name>> at <<pharmacy phone>>]>. Or, you can complete the review over the phone by dialing toll free 1-855-931-5272 Monday – Friday, 8 am – 4 pm Central Time or TTY 1-800-688-2534, 8 am – 8 pm, seven days a week.

Thank you for choosing UCare. If you have questions, need help, or do not want to take part in the program, call the UCare Customer Service number on the back of your member identification (ID) card.

Sincerely,

Patrick Mitsch

Patrick Mitsch, PharmD
Associate Vice President, Pharmacy

H2456_10309_072021 accepted
H5937_Y0120_10309_072021_C

U10309A (07/2021)

Front

<First name> <Last name>
<Address>
<Address>
<City>, <State> <ZIP>

Perf

Fold

UCare Medication Therapy Management

Connect with a pharmacist about your medication review

Your response is appreciated.

To participate or opt out of this program:

Call **1-612-676-6536 (TTY 1-800-688-2534)** and select option 2 from 8 am – 4 pm, Monday – Friday

Or detach card, fill out and return in the enclosed business reply envelope

UCare has good news. It's time for your **annual comprehensive medication review** — at no additional cost to you. Talk to a specially trained pharmacist to ensure your prescriptions, over-the-counter medications and herbal supplements are safe, effective, affordable and easy to use. Get started by calling our team or filling out and returning this postcard to UCare. You can opt out at any time.

ucare

Back

ADA Advisory

No English? **1-800-203-7225**
1-800-688-2534 (TTY)

Discrimination is against the law. UCare does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability or sex.

UCare's MSHO (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.

H2456_12389_012023 accepted
H5937_Y0120_12389_012023_C

U12389 (02/2023)

Fold

Perf

Today's date: _____ <memberID/pmdPatientID>

First name: _____ Last name: _____

Check one:

☐ I would like to complete my medication review. Please see my availability and contact information below:

Best day/time: _____ _____

Phone number: _____ _____ _____

☐ I would like to opt out of the Medication Therapy Management program for this calendar year. I do not want anyone to contact me or my doctor about this program, but I understand I can re-enroll at any time.*

*I attest that I am the designated beneficiary or a legally authorized representative.

Thank you from the UCare Medication Therapy Management team.

Front

<First name> <Last name>
<Address>
<Address>
<City>, <State> <ZIP>

Perf

Fold

UCare Medication Therapy Management

Get help from a pharmacist to get the most from your meds

Your response is appreciated.

To participate or opt out of this program:

Call **<1-612-676-6536> (TTY 1-800-688-2534)** and select option 2> from <8 am – 4 pm, Monday – Friday>

Or detach card, fill out and return in the enclosed business reply envelope

We missed you

Unfortunately, we've not been able to reach you about an opportunity to review your medications with one of our specially trained pharmacists through our Medication Therapy Management (MTM) services here at UCare.

Your plan recommends participating in this program (or service) each year and we want you to take full advantage at no additional cost to you. Get started by calling our team or filling out and returning the attached card. You can opt out at any time.

ucare

Back

ADA Advisory

No English? **1-800-203-7225**
1-800-688-2534 (TTY)

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<SMID>

<U1050S (02/2023)>

Fold

Perf

<[memberID/pmdPatientID]>

Today's date: _____

[First name: _____ Last name: _____]

I would like to complete my medication review. Please see my availability and contact information below:

Best day/time: _____ _____

Phone number: _____ _____ _____

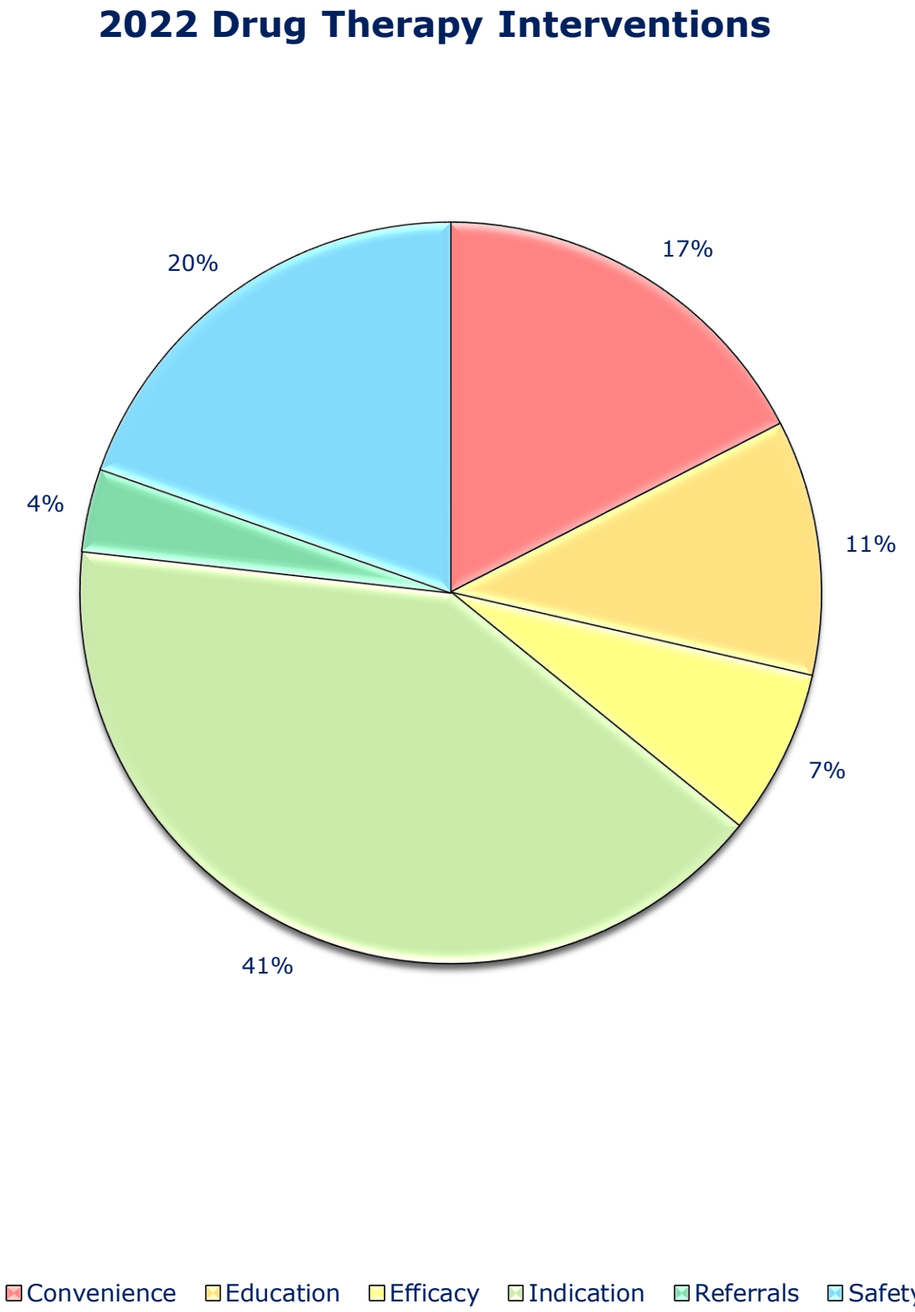
Thank you from the UCare Medication Therapy Management team.

Medicaid Details

- **Who is eligible?**
  - Members taking prescriptions to treat or prevent one or more chronic medical conditions.
  - If they have Medicare, MTM must be covered under their Part D plan (MSC+ Dual, Connect Dual)
- **Who provides the service?**
  - Pharmacists who are registered with DHS and have contacted UCare to be set up in claims system for billing.
- **How are members contacted for the service**?
  - Members may be referred by their physician or pharmacist
- **What is the cost of the services?**
  - Provided at no cost to members
- **What are the limits on the service?**
  - One initial visit with up to 7 follow-ups per year

What Type of Interventions are Recommended?

Drug Therapy Problems Interventions Definition Table	
Interventions	Meaning
Indication	• Why do I take a medication? • Do I still need a medication?
Efficacy	• How do I know the medication is working? • Is there something that would work better?
Safety	• Are there any safety concerns with my medications? • Are there safer alternatives?
Convenience	• Am I able to take my medications as prescribed? • Is there an alternative that better fits into my life and would be easier to take?
Education	• Learning more about medications and disease states
Referrals	• Providing resources to other important services
COVID	• Providing miscellaneous needs/resources related to the COVID-19 pandemic including disease education, preventative care, mental health concerns



Member Feedback

2022 Member Satisfaction Survey

- *"IT WAS GOOD TO TALK WITH A DIFFERENT PHARMACIST ABOUT MY MEDICATIONS AND TO SOMEONE THAT UNDERSTANDS SIDE EFFECTS AND IF MY MEDICATIONS CAN BE TAKEN TOGETHER. THANK YOU."*
- *92% OF MEMBERS STRONGLY AGREE OR AGREE THEY WOULD RECOMMEND THEIR UCARE PHARMACIST TO A FAMILY MEMBER OR FRIEND.*
- *"I FOUND A LOT OF VALUE IN MY LAST REVIEW, AND IT REALLY HELPED ME UNDERSTAND AND FOCUS ON MY MEDICATIONS."*

Transitions of Care (TOC) Pharmacy Service

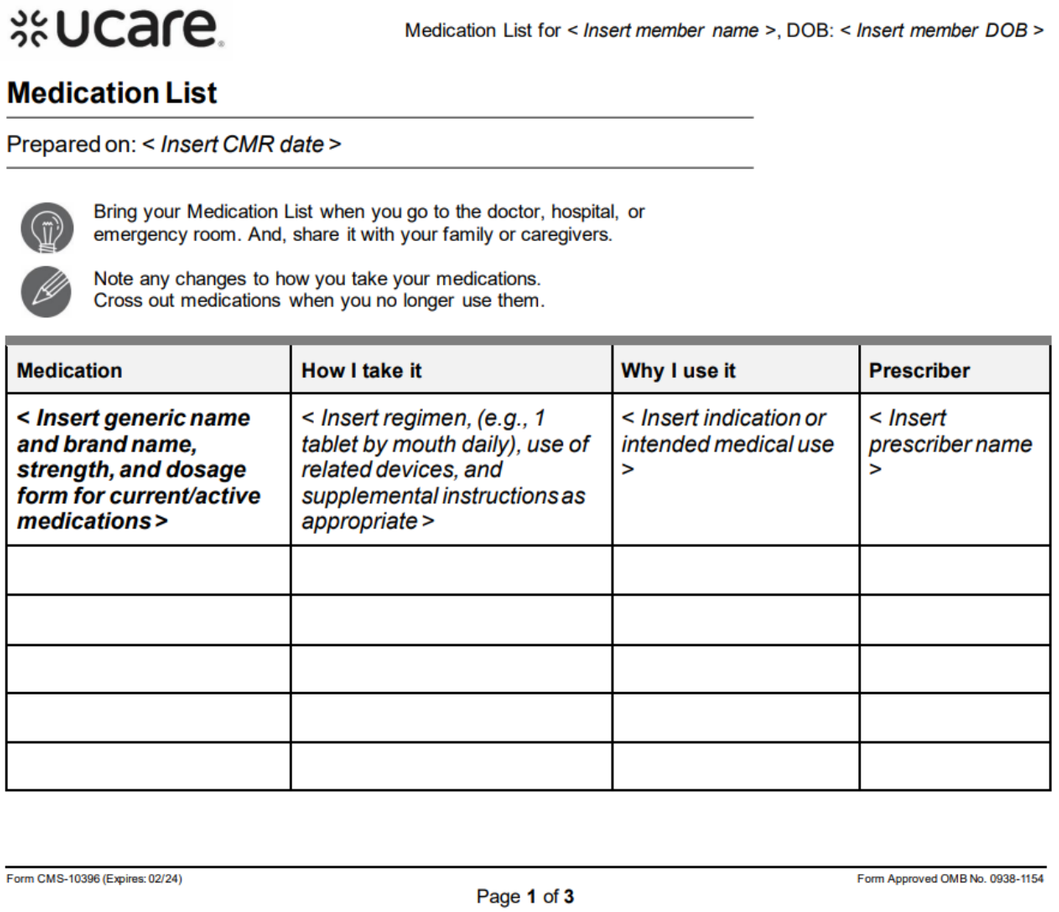
- Dedicated to MSHO, C+M, and Medicare Classic members with a recent hospitalization
- Targeting members within 30 days of hospital discharge or transitional care unit discharge.
  - Currently identifying members from claims data – there is a lag with this
  - Hoping within the next 2-3 months to have more “real-time” discharge data
  - Prioritization for member outreach is based on:
    - Readmission risk score
    - Number of medications
    - Number of chronic conditions

TOC Pharmacist Role

- A complete comprehensive review of medications with member
  - Provide in-depth counseling of new medications added post-discharge
  - Look for ways to make medication regimen more simple or effective
  - Identify and resolve gaps in care
  - Communicate with providers after ALL visits to let them know a medication reconciliation was completed and provide any recommendations if applicable
  - Mail member a medication list and any information or recommendations discussed during the visit
  - Follow-up with member, clinic, and pharmacies when appropriate
- **Goal of service is to minimize hospital readmission rates and improve member experience with their medications**

What happens after a CMR or TOC visit?

- Member will receive the following via the mail
  - Personalized medication list
  - Medication action plan
    - Defines what drug therapy problems were identified
    - Suggested next steps member should take
- Provider(s) are contacted on an as needed basis



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Medication List for < *Insert member name* >, DOB: < *Insert member DOB* >

Medication List

Prepared on: < *Insert CMR date* >

Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.

Note any changes to how you take your medications. Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
< Insert generic name and brand name, strength, and dosage form for current/active medications >	*< Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate >*	*< Insert indication or intended medical use >*	*< Insert prescriber name >*

Form CMS-10396 (Expires: 02/24) Page **1** of **3** Form Approved OMB No. 0938-1154

MTM/TOC Referral Process

- Email the pharmacy team!
  - Send to: pharmacyliaison@ucare.org
  - Subject: MTM referral
  - Body:
    - Hello,

      Please contact member to schedule a medication review.

      Member name:

      Member ID # or DOB:

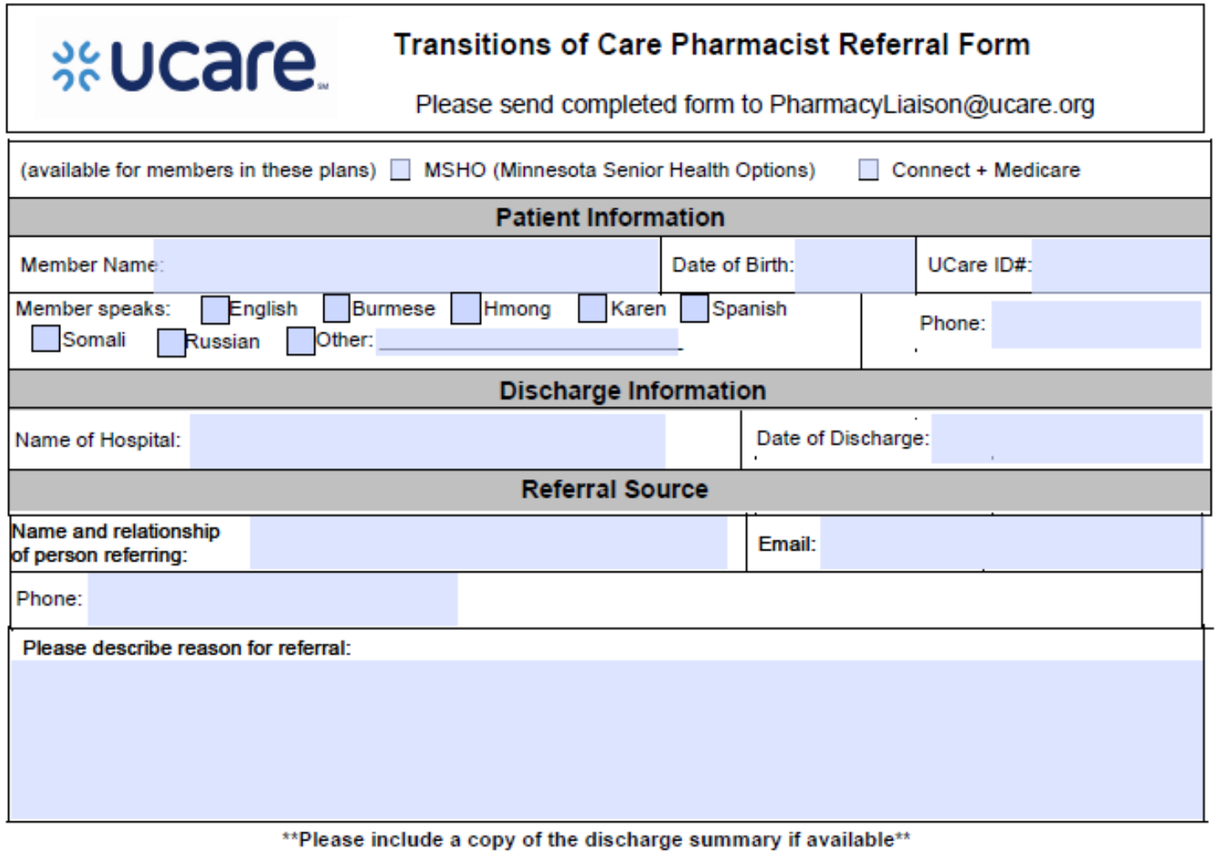
      Annual CMR or TOC visit:

      Additional Notes/ Reason for Referral if applicable:

Please refer members that you think would benefit from this service!

Alternative TOC Referral Process

- Referral form will be available on the UCare Care Management page on the UCare website
  - https://home.ucare.org/en-us/providers/care-managers/
  - Select MSHO or UCare Connect + Medicare
  - In the "Transitions of Care" heading find "Transitions of Care Pharmacist Referral Form"



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Transitions of Care Pharmacist Referral Form

Please send completed form to PharmacyLiaison@ucare.org

(available for members in these plans) ☐ MSHO (Minnesota Senior Health Options) ☐ Connect + Medicare

Patient Information

Member Name: | Date of Birth: | UCare ID#:

Member speaks: ☐ English ☐ Burmese ☐ Hmong ☐ Karen ☐ Spanish ☐ Somali ☐ Russian ☐ Other: _____ | Phone:

Discharge Information

Name of Hospital: | Date of Discharge:

Referral Source

Name and relationship of person referring: | Email:

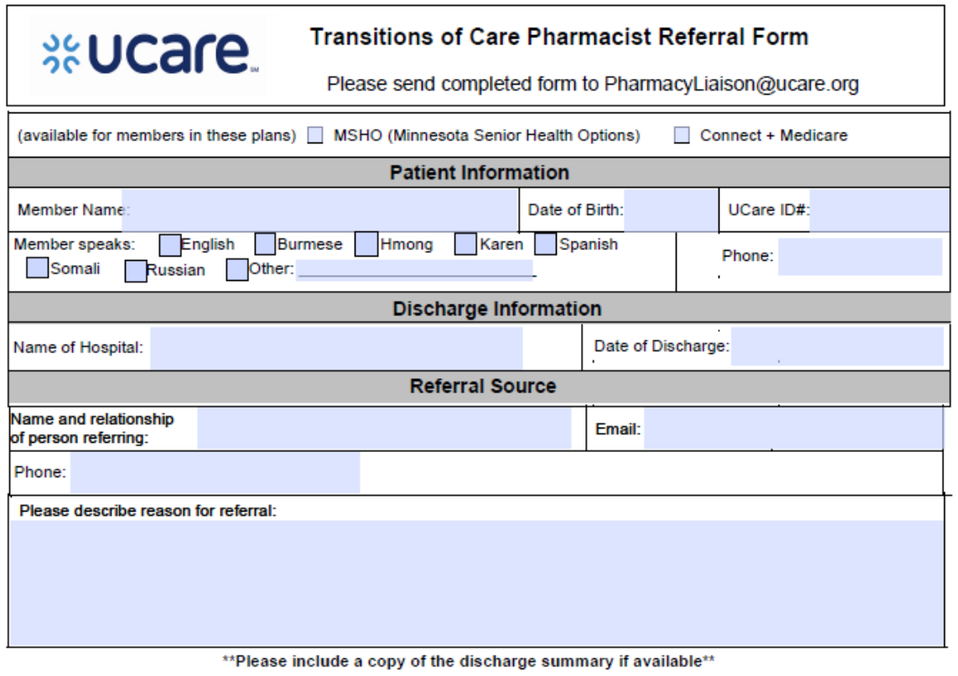
Phone:

Please describe reason for referral:

Please include a copy of the discharge summary if available

TOC Referral Process

- Fillable PDF to provide the member and discharge information
- Email the completed form to the email address identified on the referral form
- Include a copy of the discharge summary if available
- Email notification will be sent back once the referral process is completed



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Transitions of Care Pharmacist Referral Form

Please send completed form to PharmacyLiaison@ucare.org

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Patient Information

Member Name:	Date of Birth:	UCare ID#:
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Discharge Information

Name of Hospital:	Date of Discharge:

Referral Source

Name and relationship of person referring:	Email:
Phone:	

Please describe reason for referral:

Please include a copy of the discharge summary if available

Please refer members that you think would benefit from this service!

Setting Member Expectations

- Member will be called within 1-2 business days after a referral is placed to schedule a visit with the pharmacist at their convenience
  - The call will likely come from an unknown number
- Visits are completed with a pharmacist over the phone and can be anywhere from 15-60 minutes long
  - This is based off the members preference, how many medications they take, and how many questions they have.
- There is no cost for this service
- After the visit, member will receive a personalized medication list and a medication action plan
- A CMR is recommended to be done once a year and a TOC visit is recommended after all hospitalizations

The goal of an MTM visit is to be an additional resource available to the member, providing a patient centered visit in hopes of finding the best outcomes with their medications. The goal is not to work against their providers. We do not make changes to their medications, but we can provide tools to better their medication experience or offer recommendations when appropriate.

Questions?

Please email any questions to pharmacyliaison@ucare.org

Break

We will return at 10:15

Minnesota Encounter Alert Service (MN EAS)

Presenter: Nick Regier

Encounter Alert Service (EAS)
1st Quarterly All Care Coordination Meeting

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AUDACIOUS INQUIRY
A PointClickCare Company

March 14th, 2023

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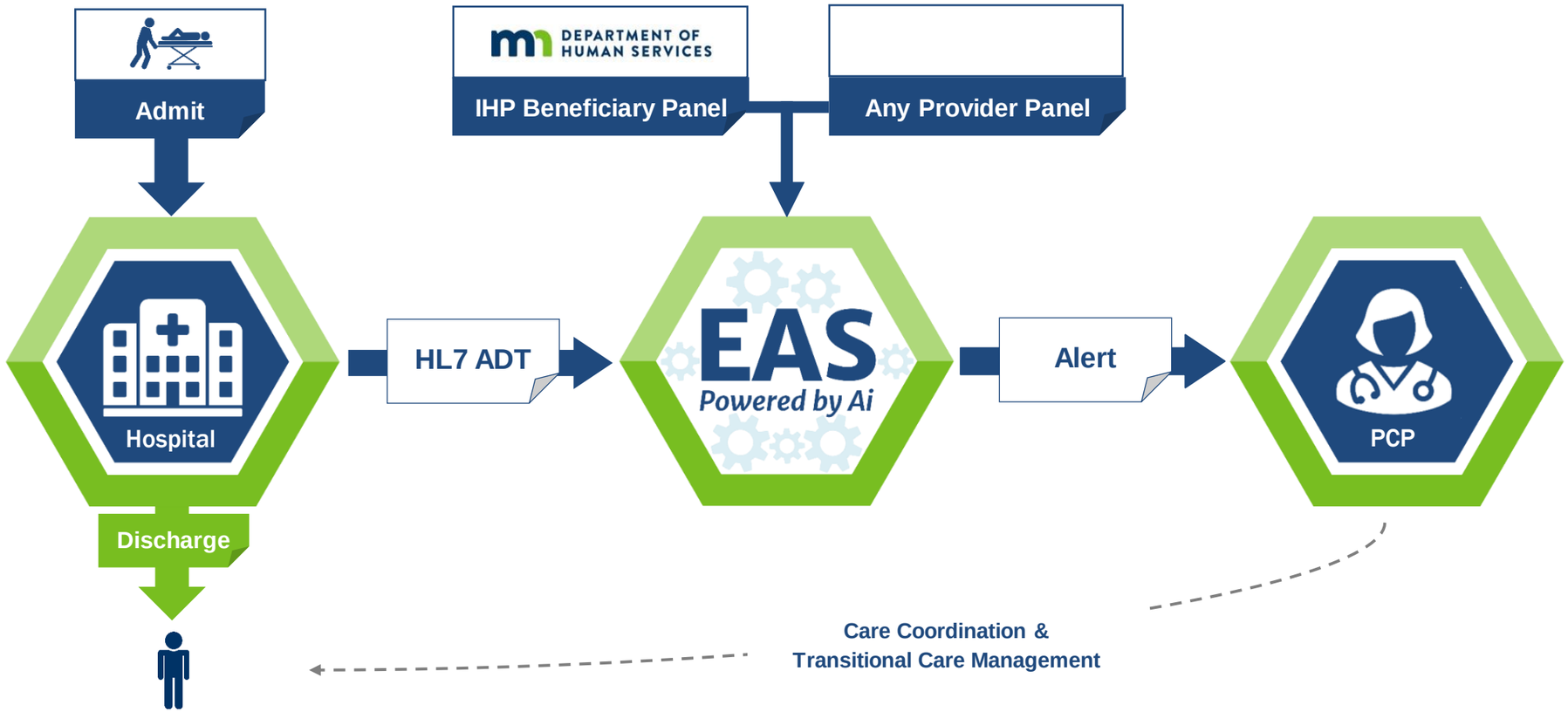
MN Encounter Alert Service (EAS)

Nick Regier, Ai

MN EAS: Care Coordination (How it works)



MN EAS: Hospital & LTPAC Coverage

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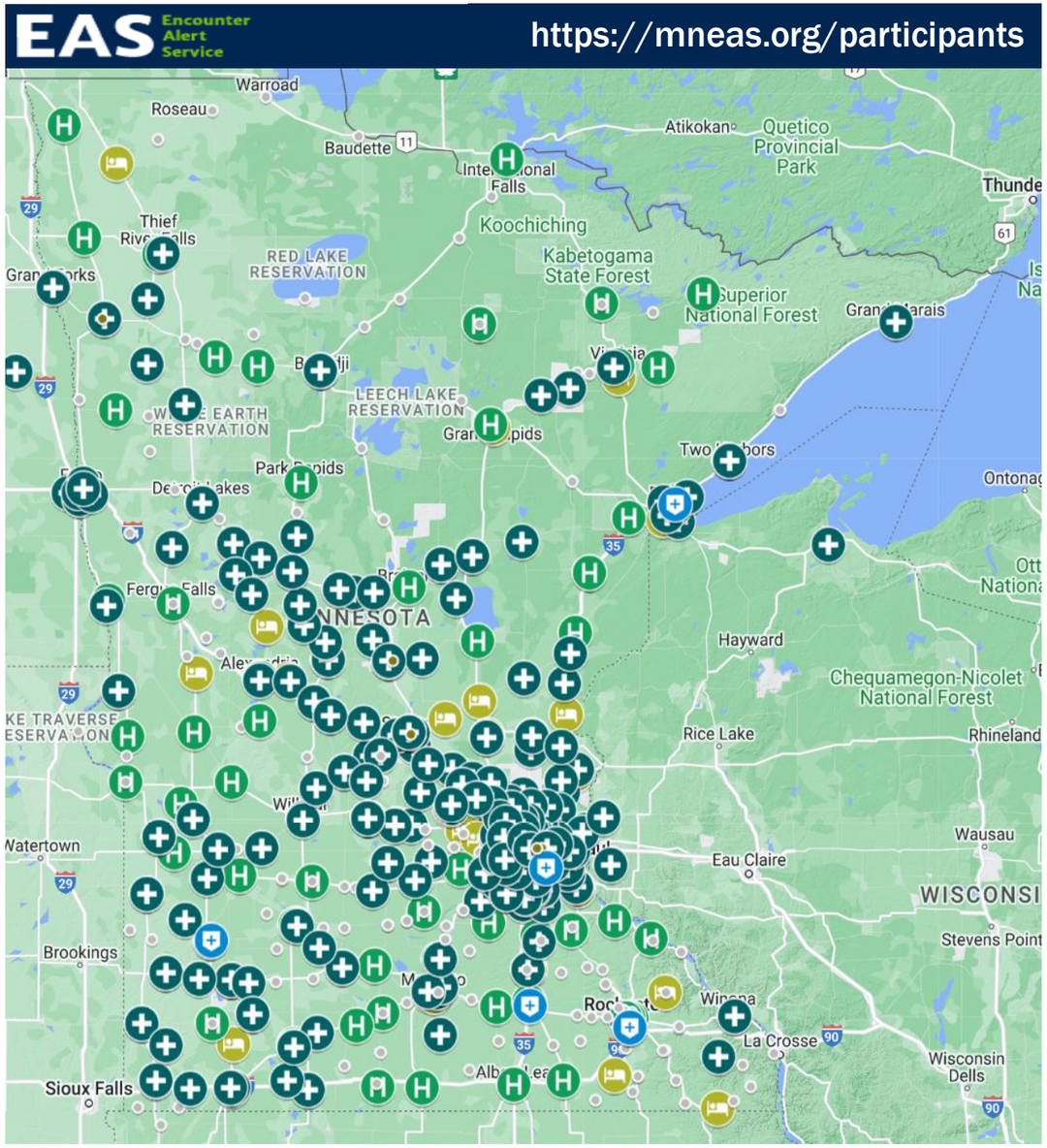
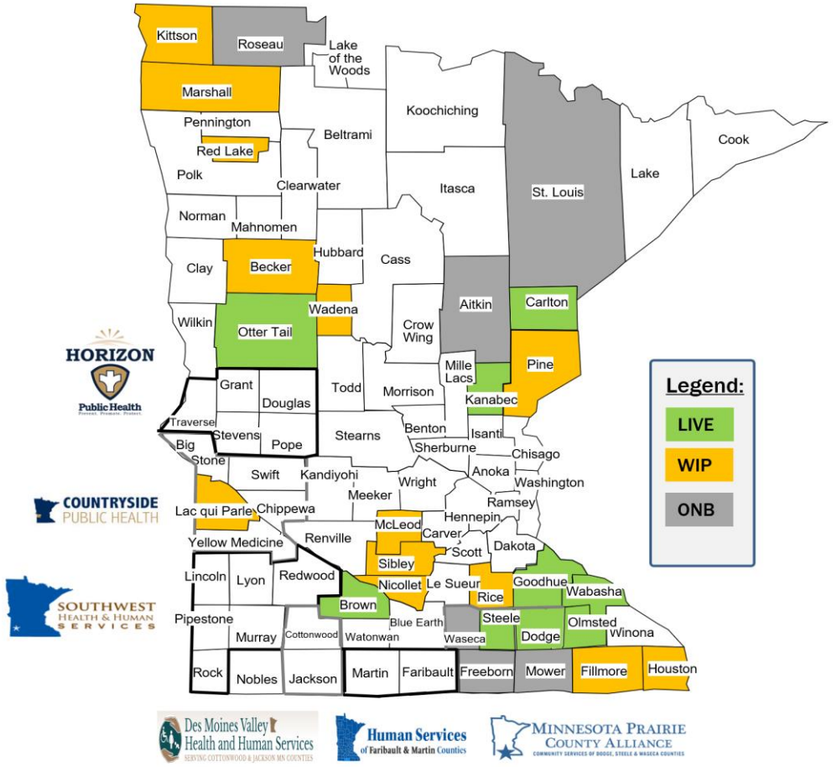


LEGEND:
Green Dot = Hospitals Connected
Tan Dot = LTPAC Connected
Blue Dot = Primary Care Clinics (CCBHC)

In-Progress:
VA-MPLS and VA-St. Cloud
Gunderson St. Elizabeth (TBD)

Local Public Health Agencies



MN EAS: Care Coordination Example

DEPARTMENT OF HUMAN SERVICES

03/03/2021 01:43 pm	F20.9Schizophrenia, unspecifiedSchizophrenia, unspecifiedSchizophrenia, unspecified	HennepinHealthcare	IP	Transfer	⌄
02/07/2021 12:29 pm	F20.9Schizophrenia, unspecifiedSchizophrenia, unspecifiedSchizophrenia, unspecified	HennepinHealthcare	ER	Discharge	⌄
12/03/2020 05:25 am	F32.9Major depressive disorder, single episode, unspecified	M Health Fairview St. John's Hospital	IP	Discharge	⌄
12/03/2020 04:19 am	F32.9Major depressive disorder, single episode, unspecified	M Health Fairview St. John's Hospital	IP	Transfer	⌄
12/02/2020 10:26 pm	F41.9Anxiety disorder, unspecified	Regions Hospital	ER	Discharge	⌄
11/27/2020 10:16 am	F39Unspecified mood (affective) disorderUnspecified mood (affective) disorderUnspecified mood (affective) disorder	HennepinHealthcare	ER	Discharge	⌄
11/25/2020 07:07 pm		NORTH MEMORIAL HEALTH	ER	Registration	⌄
11/24/2020 12:59 pm	F39Unspecified mood (affective) disorderUnspecified mood (affective) disorderUnspecified mood (affective) disorder	HennepinHealthcare	ER	Discharge	⌄
11/21/2020 07:00 pm	F25.9Schizoaffective disorder, unspecified (HC)	M Health Fairview University	ER	Discharge	⌄
11/08/2020 05:28 pm	F25.9Schizoaffective disorder, unspecified	NORTH MEMORIAL HEALTH	ER	Discharge	⌄
11/08/2020 12:34 pm	Medication	NORTH MEMORIAL HEALTH	ER	Registration	⌄
11/06/2020 09:39 pm	F20.9Schizophrenia, unspecified	NORTH MEMORIAL HEALTH	ER	Discharge	⌄
11/06/2020 07:51 pm	Mental health visit	NORTH MEMORIAL HEALTH	ER	Registration	⌄
10/30/2020 12:41 pm	Mental Health Problem	NORTH MEMORIAL HEALTH	ER	Registration	⌄
10/28/2020 07:32 pm	R45.851Suicidal ideations	Allina Health	ER	Discharge	⌄
10/25/2020 12:17 am	R11.2Nausea with vomiting, unspecified	Allina Health	ER	Discharge	⌄
10/25/2020 12:17 am	R11.2Nausea with vomiting, unspecified	Allina Health	ER	Discharge	⌄
10/11/2020 12:14 pm	F20.1Disorganized schizophreniaSchizophrenia, unspecifiedSchizophrenia, unspecified	HennepinHealthcare	ER	Discharge	⌄
10/11/2020 11:42 am		HennepinHealthcare	ER	Registration	⌄
10/05/2020 02:40 pm	F20.9Schizophrenia, unspecifiedSchizophrenia, unspecifiedSchizophrenia, unspecified	HennepinHealthcare	ER	Discharge	⌄

- **11 ER Visits**
- **6 Hospitals**
- **~3 month time**

MN EAS: Welcome new participants!!

DEPARTMENT OF HUMAN SERVICES

Onboardin

Fond du Lac Band of Lake Superior Chippewa

Wabasha County Minnesota

cmmhc Central Minnesota Mental Health Center — Together, Creating a Healthier Life

CCBHC

Hiawatha Valley Mental Health Center

CCBHC

RAMSEY COUNTY

CCBHC

Amherst H. Wilder Foundation — Here for good.

CCBHC

Genevive

Medica

Saint Louis County Minnesota

Waseca County Minnesota

alluma

CCBHC

Mower County

Roseau County Minnesota

Aitkin County Est 1857

Freeborn County Minnesota

DEPARTMENT OF HUMAN SERVICES

Kanabec County Community Health

Farrah Gajewski, RN

Kanabec County

Kanabec County Community Health

- ✓ Case Management
  - ✓ Individual Evaluation & Care Planning
  - ✓ Plan Implementation
- ✓ Women, Infant, and Children
- ✓ Family Home Visiting/Home Care

https://www.kanabeccountymn.gov

#	Topic	Description
1	Who	Kanabec County Community Health
2	EMR / Tools	EAS PROMPT, Nightingale Notes
3	Workflow and Care Coordination / Placement process	Care Coordination Provides • The health plans send daily list of members who may have experience a hospitalization or frequent ED use • This information at times was not sent in a timely manner or may no longer be accurate Post-Discharge Home Visit or Phone call provided by Kanabec County RN CM/CC: Visits and calls made intent to assist member with: • Understanding discharge instructions • Reviewing and or providing home visit for medication changes • Providing resources and making referrals as needed • Assisting member with scheduling follow up visits • Assisting member with arranging transportation to appointments as needed
4	Opportunity	• Partnering with EAS enables Kanabec County to get real-time data on our members hospitalizations and ED use • This information is detailed and up-to-date • Dependable, timely data allows up to perform our work with assisting members during/after hospitalizations and following up on frequent ED use
5	Next Steps	✓ Go-Live 4Jan2022 ✓ Go-Live w/UCare panel March2023
6	Value	To us, the benefit of working with EAS is ensuring we are receiving accurate and timely data to ensure we can follow up with our members to provide education, connect with them with resources and make any referrals needed. We look forward to potentially working with our new health plans in connection with EAS.

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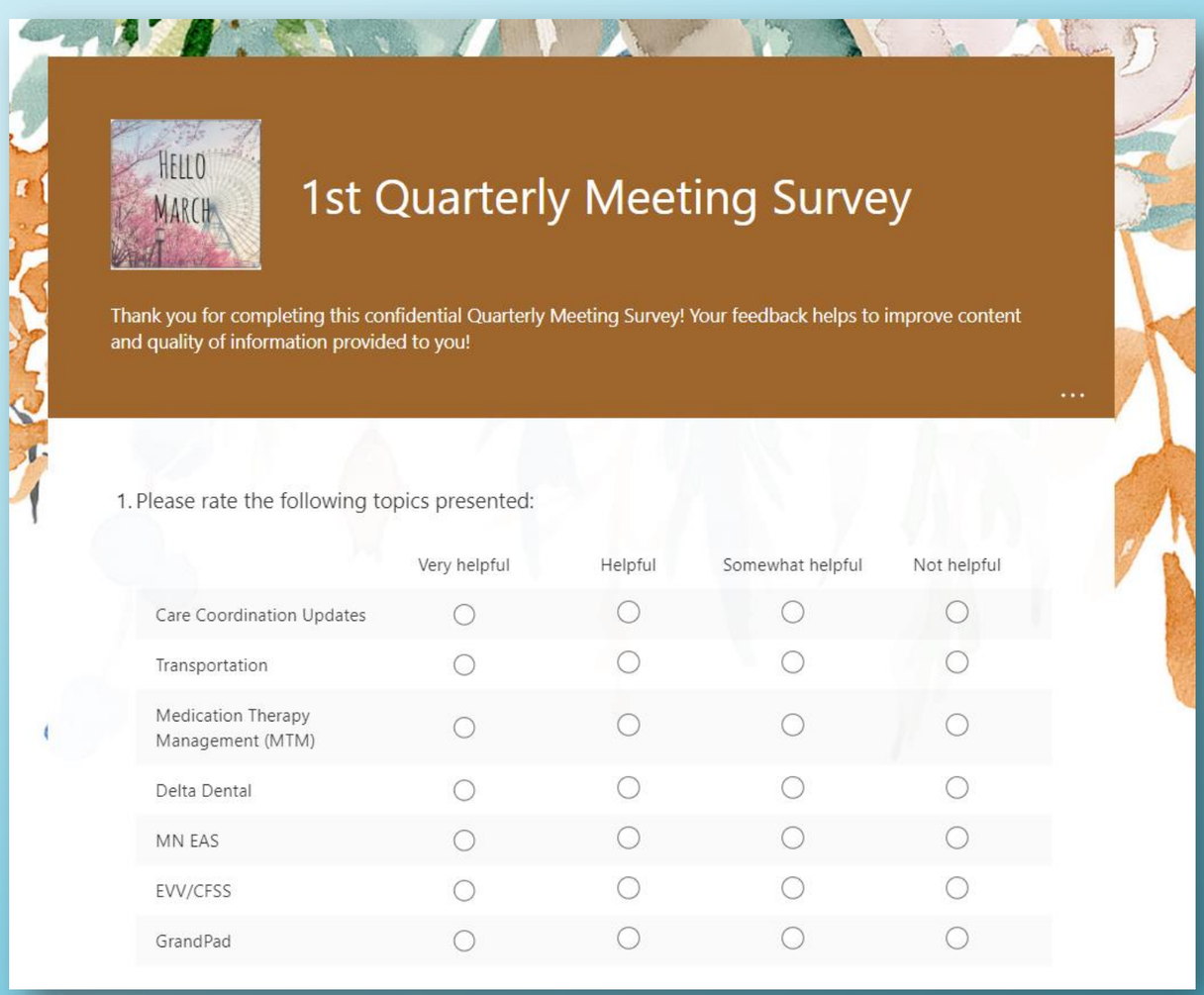
Questions & Answers

Thank you for your feedback!

Electronic survey feedback form!



EVV and CFSS Updates

Presenter: Ester Versalles-Hester

Community First Services and Supports (CFSS)

At this time, DHS has announced the following:

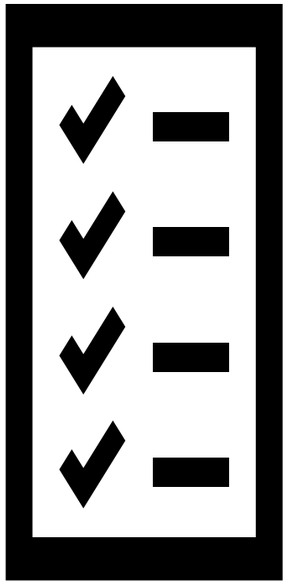
- They continue to work with CMS on approval of CFSS
- The launch date of " no sooner than 4/1/2023" is no longer in effect
- DHS cannot provide a specific launch date for CFSS until CMS approves but will continue to provide updates as more information becomes available.
- DHS will announce a CFSS launch date at least 90 days before that point.
- DHS continues to provide communication to MCO's regarding CFSS readiness.
- DHS has included a "transition to CFSS" page, to the existing MHCP PCA manual.

UCare has developed an internal implementation workgroup to ensure a smooth transition from PCA to CFSS.

Electronic Visit Verification

(EVV) is a technology used to verify that home or community-based service visits occur.

The purpose of EVV is to ensure that services are delivered to people needing those services and that providers only bill for services rendered.



The data collected includes:

- Date of service provided
- Timeline of service provided
- Type of health care service performed
- Location of the service provided
- Information about the provider

EVV typically verifies visit information through a mobile application on a smart phone or tablet, a toll-free telephone number, or a web-based portal.

The federal government requires some providers to use electronic visit verification systems to document that people are receiving the services that are billed to the state.

The 21st Century Cures Act, Public Law 114–255 (PDF), signed in December 2016, requires providers of personal care, including personal care assistance (PCA) and some waiver services and home health care providers (beginning in 2023) to use electronic visit verification to be eligible for full federal Medicaid matching dollars.

The Minnesota EVV system will verify:

- Type of service performed
- Who received the service
- Date of service
- Location of service delivery
- Who provided the service
- When the service begins and ends.

Section 12006(a) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

DHS has published a roll out of EVV to providers utilizing a phase in approach with a implementation date of 5/1/2023.

- **Phase 1**
  - FMS for CDCS (PCA) and CSG
- **Phase 2**
  - Crisis Respite, Homemaking, Individualized Community Living
- (ICLS), Night Supervision, Personal Care Services (PCA), Respite, Individualized Home Supports (HIS) , Independent Living Services (ILS), Companion care
- **Phase 3**
  - Skilled Nursing LPN, Skilled Nursing RN, Home Health Aide, Occupation/Physical/Speech Therapy, Respiratory Therapy

We are here

DHS has selected a hybrid EVV model and selected a EVV vendor.

- **HHAeXhange** will provide the electronic visit verification (EVV) system for Minnesota.
- This provider serves as the state aggregator in the following states: Alabama , Minnesota, New Jersey and West Virginia.
- The DHS contract was finalized on May 25 2021.
- DHS has requested that MCO's utilize this vendor for year 1 of EVV implementation. After year one, MCO's may select a different vendor.
- Per DHS they are requesting that MCO's reach out to HHAexchange to begin the contracting process by 1/1/2023.

For more information on EVV

Resources:

Electronic visit verification / Minnesota Department of Human Services (mn.gov)

https://www.hhaexchange.com

Elderly Waiver Approval Reminders

Prior to submitting a WSAF

- Verify that the provider of services is registered as an EW provider with DHS.
- Verify provider phone and **fax** and NPI/UMPI# – this will prevent the authorization letter going to the wrong provider (HIPPA)
- In 2024, February will be a "Leap Year" please take into consideration when providing dates of services that cross into 2024.
- T2029/Specialized Supplies and Equipment - Verify if the item is covered under the member's medical benefit. *Not all DME providers are able to validate that information.* Please reference the MHCP manual under Equipment and Supplies.
- Please be descriptive of the approved item, i.e., nutritional supplements - call out brand, quantity (rate per can) , flavor etc.
- Lift Chairs – when a member meets medical necessity for the lift mechanism, then the chair portion of the lift chair can be approved under EW. However, there are time where a member does not meet medical necessity according to DHS due to safety reasons. I.e., Once standing, the member must be able to **ambulate independently** or with a properly fitted walker or cane. If a member is unable to ambulate independently, they do not meet criteria under Medical Assistance medical benefit, nor the EW benefit due to safely reasons.
- When submitting a DTR due to a reduction of services, there is no need to also submit a WSAF. The DTR contains all the information necessary to complete the approved reductio of services.

Caregiver Assurance

Presenter: Peggy Huot, MSW, LICSW Care Giver Assurance Advisor

M Health Fairview

Caregiver for MSHO Members

March 2023

Caregiver Assurance

Program Overview

- Stress Management
- Emotional Support
- Self-Care Guidance
- Financial Resources
- Family Support
- Resource Coordination

Caregiver Assurance Program™ developed by M Health Fairview

- Optimize support for mental health & maintaining wellbeing
- Enhance the member care experience

Caregiver Assurance

A program that partners MSHO member caregivers with a dedicated advisor who provides the education and training, community resources, and expert counseling to help them support their loved one while maintaining their own well-being.

- The caregiver’s dedicated, licensed social worker is accessible by phone, as often as needed, with translator services available.
- Maintains the mental health and well-being of caregivers as they meet their loved one’s medical, physical and emotional needs.
- A funded benefit for the MSHO population that supports community members to continue aging safely at home with the assistance of a caregiver.

Program Overview

UCare MSHO plan members

Living in the community

Expanded in 2023- Diagnosis of:

- Dementia or cognitive impairment
- Parkinson’s
- chronic kidney disease
- chronic renal failure
- acute renal failure
- stroke
- primary organ cancers (including blood cancer)

Members must be referred to Caregiver Assurance™ by their Care Coordinator

Mailing to members this week!

Making a Difference

Member Experience:

“thank you for taking the time to listen and provide resources”

“Thankful for a Voice that’s supportive”

“I can talk with no fear, it’s a chance to say what I'm feeling - I don't call friends much to talk about this & my daughter is very busy.”

Contact Information for Referral or Question

- Online referral: https://surveynet.fairview.org/redcap/surveys/?s=83NTYCM7AR
- Call: 612-672-7996
- E-mail: CaregiverCoach@Fairview.org
- Program Fact Sheet

Caregiver Assurance

Thank you!

Call: 612-672-7996

E-mail: Caregivercoach@Fairview.org

Visit: https://www.caregiverassurance.com/ucare

"My Caregiver Assurance advisor has been a valuable and trustworthy resource as I

GrandPad

Presenter: Folks

GrandPad®

Live Grand®

ucare®

Our Vision

To live in a world where no seniors are lonely or isolated and every senior has the opportunity to Live Grand!

Our Mission

Improve the lives of millions of seniors by reconnecting them with their families, friends, and caregivers.

Physical Troubles of Other Tablets

Tablets are the best fit for older adults, but there are inherent problems. While the aesthetics are pleasing to the eye, accessibility is a challenge and proves difficult for those with physical ailments.

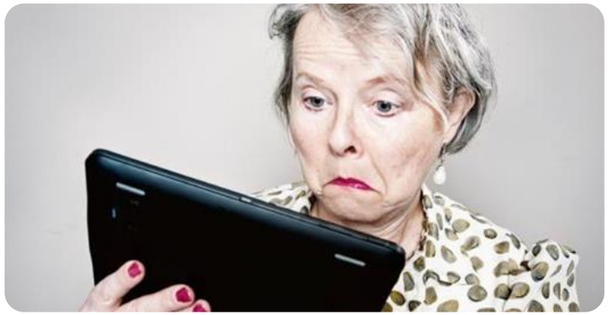
Difficult Unboxing and Handling of Product

- Tight fit box lids are both challenging and painful for arthritic hands
- Products wrapped in cellophane with hard to find openings are a struggle with poor vision and low dexterity

Small Power Ports and Fragile Cables

- Poor vision and shaky hands are extremely challenging when locating and inserting power cables
- Short and fragile cables often pose a challenge and much frustration

No Remote Setup and No User Onboarding



- Other tablets need to be setup by first-hand prior to gifting
- No training or support leaves the user feeling helpless and full of anxiety — typically unwilling to learn

GrandPad eliminates these pitfalls

“You’ve got to start with the customer experience and work backwards to the technology.”

– Steve Jobs, 1997

A Complete Solution

Hardware

- GrandPad senior tablet
- Wireless charging cradle
- Protective case, stylus pen

Software

- Communication
- Curated entertainment
- Cognitive stimulation

Service

- White-glove customer care
- Included LTE connection
- Device Insurance

Delightful First Use Experience

GrandPad 90/90 Design Goal:
A 90 year old will love GrandPad in 90 seconds.

- Easy to open box designed for seniors
- No passwords or setup required
- Tablet fully charged and configured
- Photos pre-loaded by family

Effortless Unboxing

Large Opening Instructions

Includes visual cues and Support phone number.

No Lock Tabs. No Tape.

Opens easily with the flip of a finger.

Can be drop shipped directly to a senior's location

Unique Wireless Charging Cradle

Attached 8’ Chord
Extra long to reach a plug nearest a favorite resting chair

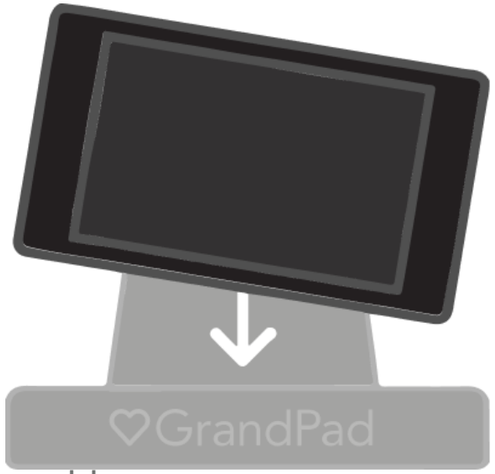
Large Positioning Tray
Big charging zone allows for fumble-free device placement

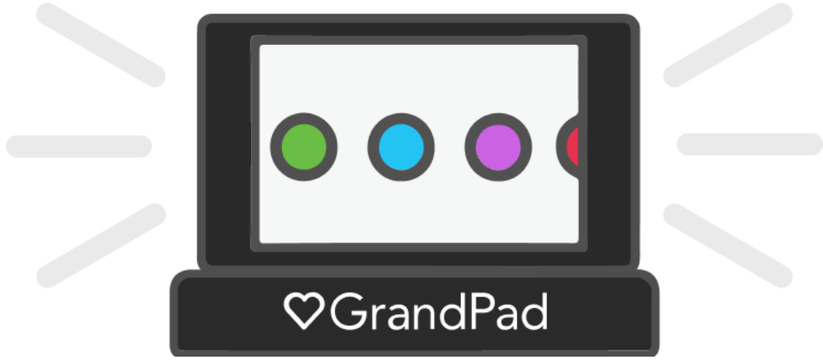
- Easy for those with arthritic hands

Perfect Viewing Angle
Positions GrandPad screen perfectly for video calling while charging

Large Power Light
Easy to see indicator ensures user power is on/off

Simple Start Up





- Hassle-free charging, no hard to connect power cables

1. Plug in the Cradle

Plug the charging cradle into a wall outlet near a comfortable resting spot.

2. Place the GrandPad Into the Cradle

A white power light indicator will illuminate on the charger.

3. That’s it.

Just wait momentarily for the GrandPad to automatically turn on and immediately start use all the preloaded features.

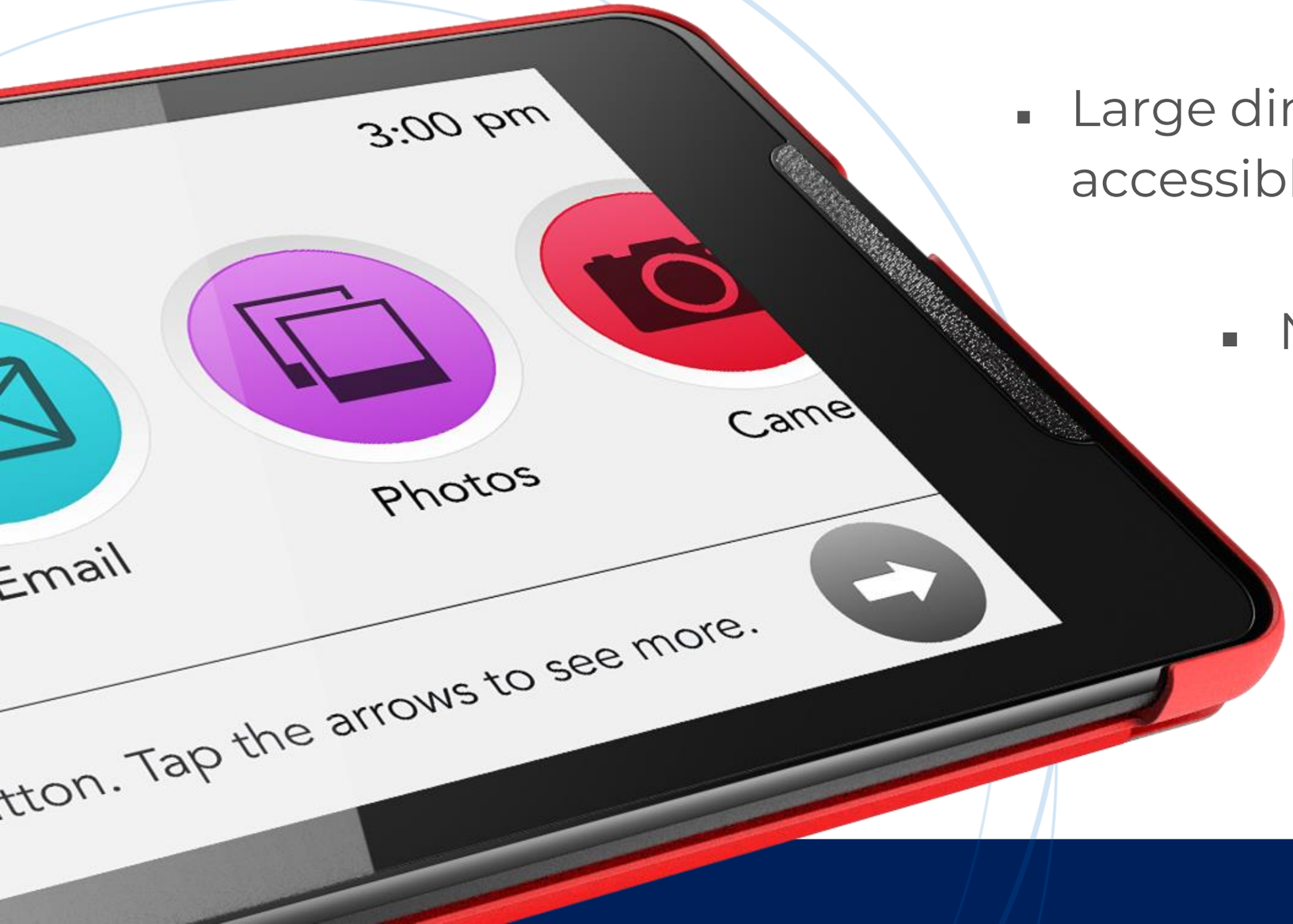
Cloud-based 4G LTE Data Connection

Avoid the complicated set up of WiFi and the added cost of it. With unlimited 4G LTE data connection you get increased speeds using top reliable networks without the hassles.

- No Passwords to Remember
- Remote Updates & Tech Support
- Wi-Fi Supported but not needed

- Remotely configure the GrandPad so it’s ready to use right out of the box

Easy Navigation



- Large dimensional and accessible styled buttons
- No hidden gestures
- Persistent bottom navigation bar instructs next expected action

Older Adults Love GrandPad

A full-service solution that reduces the devastating impact of social isolation on the health and well-being of older adults. The GrandPad customized platform keeps patients and families engaged, improving clinical workflows and outcomes.

GrandPad's most popular features include:

Call: keep in touch through voice or video calls without the need of WiFi

Zoom: connect multiple people at the same time on a video call, great for parties and reunions

Email: type messages or send hassle-free voice recorded messages to loved ones

Photos: view pictures and videos that are added by your contacts

Internet: browse the web safely through managed sites or with full access

Radio: listen to your favorite AM/FM music, talk, and sports stations from anywhere

Games: play over 15 fun and stimulating games developed specifically for seniors

Toolbox: includes apps like Flashlight or Calculator to help your day-to-day life

Weather: see weather forecasts for your location and your contacts' locations

Easy & Effortless Apps

The essential apps and services on the GrandPad eliminate the clutter, distractions and complications of other devices, allowing seniors to instantly connect with loved ones.

Call: keep in touch through voice or video calls without the need of Wi-Fi

Help: connect with a specialist that's happy to answer all of your questions

Email: type messages or send hassle-free voice recorded messages to loved ones

Articles: read a variety of sources and topics of interest

Moods: watch a collection of looping videos that bring comfort to any environment

Calendar: organize your time with a senior-first monthly calendar

Internet: browse the web safely through managed sites or full access

Music: listen to streaming stations or search for your favorite songs

Games: play over 15 fun and stimulating games developed specifically for seniors

Weather: see weather forecasts for your location and your contacts' locations

Toolbox: includes apps like Flashlight or Calculator to help your day-to-day life

Coming Soon

Video Vitals: scan crucial health and wellness readings

Photos: view pictures and videos that are added by your contacts

Camera: take photos or videos then share the memory with ease

Lookup: learn new words or concepts with our dictionary and encyclopedia

Radio: listen to your favorite AM/FM music, talk, and sports stations from anywhere

Zoom: connect multiple people at the same time on a video call

Coming Soon

Wellbeing: be alerted of potential cognitive or health decline patterns

GrandPad Ecosystem

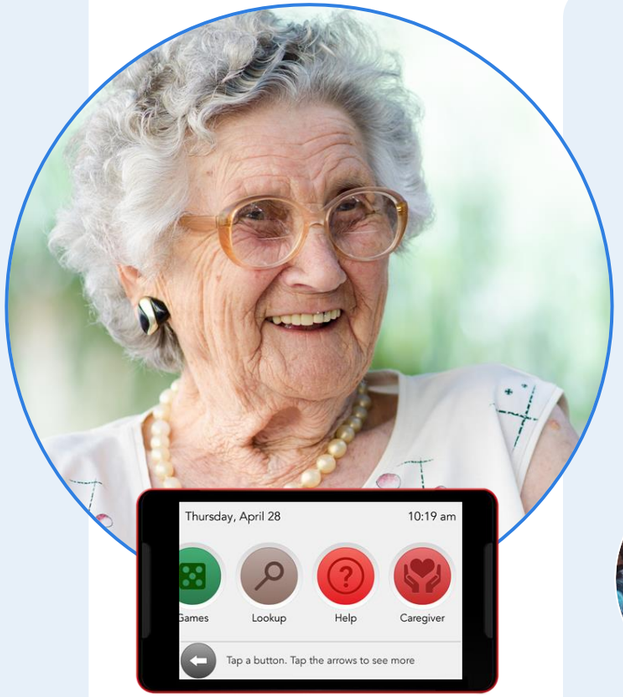
Medical Connection

Device Admins

Partner Portal

IDT / Clinicians

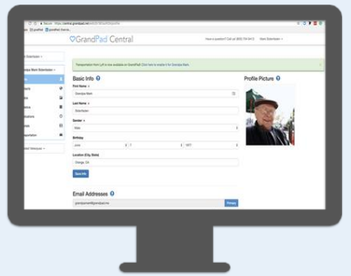
Provider Console



GrandPad

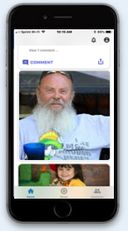
Social/Family Connection

Family Admin



GrandPad Central

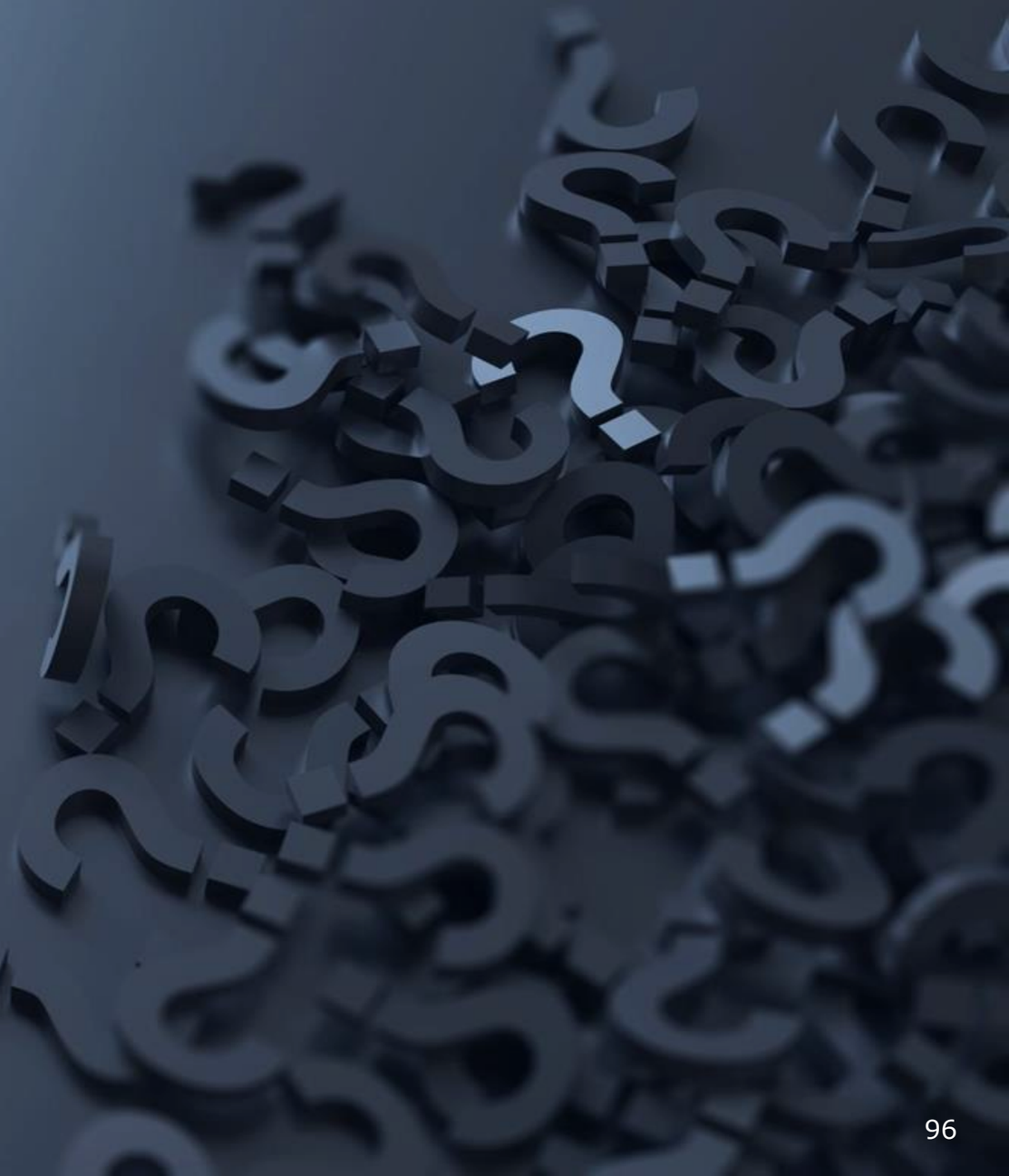
Companions



Companion App

All supported by the GrandPad Member Experience Support Team

Questions?



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