Stay well Stay working

Wellness and Employment Planner

Manage your health
Succeed at work
Enjoy ongoing wellness
MY WELLNESS & EMPLOYMENT NAVIGATOR

NAME

PHONE NUMBER

AVAILABLE HOURS

MY HEALTH PLAN
MEDICA

PHONE NUMBER 952-992-2322 or 1-800-373-8335
AVAILABLE HOURS Monday to Thursday from 8 a.m. to 5 p.m. & Friday from 9 a.m. to 5 p.m.

Department of Human Services
Stay Well, Stay Working
PHONE NUMBER 651-431-4300 OR 1-866-267-7655

MY BEHAVIORAL HEALTH MANAGER
UNITED BEHAVIORAL HEALTH
PHONE NUMBER 1-800-848-8327
AVAILABLE HOURS 24 hours a day, seven days a week

MY EMPLOYMENT ASSISTANCE PROGRAM
OPTUM

PHONE NUMBER 1-800-985-6897
AVAILABLE HOURS 24 hours a day, 7 days a week

MY WELLNESS RECOVERY ACTION PLAN PROVIDER
CONSUMER SURVIVOR NETWORK
PHONE NUMBER 651-637-2800
AVAILABLE HOURS Monday through Friday from 10 a.m. to 2 p.m.

MY EMPLOYMENT ASSISTANCE & SUPPORT ENTITY
Your Navigator will help you decide if this service is right for you.
MINNESOTA RESOURCE CENTER
PHONE NUMBER 612-752-8100
AVAILABLE HOURS Monday through Friday from 8 a.m. to 5 p.m.
THANK YOU FOR PARTICIPATING IN STAY WELL, STAY WORKING by MEDICA.

We are excited to serve you through our Stay Well, Stay Working program. Our goal is to make it easy for you to get the health care and employee support services you need. Inside this book there is information about how we work to meet your health care and employee service support needs.
STAY WELL, STAY WORKING BENEFITS

Stay Well, Stay Working offers you a variety of services to help you manage your health, succeed at work, and enjoy ongoing wellness.

**WELLNESS & EMPLOYMENT NAVIGATOR**
You will have one person you can go to when you have questions or need help. Your Wellness & Employment Navigator (Navigator) is responsible to help you get the services you need. Your Navigator will:

- Touch base with you periodically (face-to-face and phone calls)
- Help you understand all the services available to you
- Refer you for appropriate services and communicate with providers as needed
- Assist you with developing a Wellness & Employment Success Plan

**EMPLOYEE ASSISTANCE PROGRAM**
OPTUM is responsible for providing you telephone access to counselors 24 hours a day, 365 days per year for:

- Providing information on strategies to maintain wellness & employment
- Consultation & short-term problem resolution
- Crisis intervention
- Referrals to providers for up to 3 face-to-face consultation per member, per issue, per year

Your Navigator can help you contact someone at OPTUM, or you can call them at 1-800-985-6897.

**EMPLOYMENT ASSISTANCE & SUPPORT SERVICES**
Minnesota Resource Center will be responsible for providing, as needed:

- Employment-related services
- Career counseling
- Family education
- Support though workplace visits or off-site assistance as needed

Your Navigator will help you decide if this service is right for you.

**WELLNESS RECOVERY ACTION PLAN SERVICES**
The Consumer Survivor Network will be responsible for providing you:

- Peer support services, both individually and in group settings

Your Navigator can help you contact someone at Consumer Survivor Network, or you can call them at 651-637-2800.

**HEALTH CARE SERVICES**
Medica will provide coverage for your eligible health care services. Medica will also provide care and disease management services to you as needed. This book describes all the ways that Medica can help you. Please take a look. Phone numbers are on Page 13.
The tools in this section will help you manage your health, succeed at work and enjoying ongoing wellness.

Your Navigator will go over this section with you.
Wellness & Employment Success Plan

SECTION I
A. These are the areas that I feel are going well with my health or overall wellness:

☐ Physical Wellness  ☐ Housing
☐ Mental Wellness  ☐ Personal Finances
☐ Nutrition  ☐ Legal Issues
☐ Exercise  ☐ Other___________
☐ Stress Management  ☐ Other___________
☐ Medication Management  ☐ Other___________

B. I would like to focus on the following areas of my wellness:

☐ Physical Wellness  ☐ Housing
☐ Mental Wellness  ☐ Personal Finances
☐ Nutrition  ☐ Legal Issues
☐ Exercise  ☐ Other___________
☐ Stress Management  ☐ Other___________
☐ Medication Management  ☐ Other___________

C. These are my goals (short-term and/or long-term) related to maintaining my wellness, including my physical and mental health:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Wellness & Employment Success Plan

SECTION I continued

D. These are some of the steps I can take to achieve my goals and maintain my physical and mental wellness:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

E. These are some of the challenges or potential obstacles I face in maintaining my wellness goals:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

F. This is how I will know that I am making progress towards my wellness goals:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Wellness & Employment Success Plan

SECTION I continued

G. I have reviewed this section of my Wellness & Employment Success Plan with my Navigator and the following services will help me maintain my wellness:

RESOURCES

☐ Service provider:
☐ To provide/For:
☐ Provider's contact information:

☐ Service provider:
☐ To provide/For:
☐ Provider's contact information:

OTHER ACTIVITIES

Other things I will do:

☐
☐
☐
☐

SECTION II

A. These are the things I like about my current employment situation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7
Wellness & Employment Success Plan

SECTION II continued

B. These are the skills and talents I have as related to my current and/or previous job:

☐ ___________________________________________ ☐ ___________________________________________

☐ ___________________________________________ ☐ ___________________________________________

☐ ___________________________________________ ☐ ___________________________________________

C. These are concerns I have or areas I would like to improve about my current employment situation:

________________________________________________________________________________________

________________________________________________________________________________________

D. These are my goals (short-term and/or long-term) for maintaining my employment:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Wellness & Employment Success Plan

SECTION II continued

E. These are some of the steps I can take to achieve my goals and maintain my employment:


F. These are some of the challenges or potential obstacles I face in achieving my employment goals:


G. This is how I will know I am making progress towards my employment goals:


Wellness & Employment Success Plan

SECTION II continued

H. I have reviewed this section of my Wellness & Employment Success Plan with my Navigator and the following services will help me achieve my employment goals:

RESOURCES
- Service provider:
  - To provide/For:
    - Provider's contact information:

- Service provider:
  - To provide/For:
    - Provider's contact information:

OTHER ACTIVITIES
Other things I will do:

- 
- 
- 
- 
- 

MY RESPONSIBILITIES:
- I will ask my Navigator if I have questions about anything in my Plan.
- I will let my Navigator know if I want to change anything in my Plan.
- I will let my Navigator know about any major changes in my wellness or employment status.

NAVIGATOR RESPONSIBILITIES:
- My Navigator will assist me in accessing the services identified in this Plan.
- My Navigator will check in with me at least monthly to monitor progress towards my employment and wellness goals.
- My Navigator will answer any questions I have about the health care and employment services available to me.

Enrollee's Signature ___________________________ Date ______

Navigator's Signature ___________________________ Date ______
WELLNESS & EMPLOYMENT SUCCESS PLAN UPDATES

DATE:

GOAL:

PROGRESS:

OTHER COMMENTS:

CHANGE (if applicable)

ENROLLEE SIGNATURE __________________________ DATE ______________________

NAVIGATOR SIGNATURE __________________________ DATE ______________________

DATE:

GOAL:

PROGRESS:

OTHER COMMENTS:

CHANGE (if applicable)

ENROLLEE SIGNATURE __________________________ DATE ______________________

NAVIGATOR SIGNATURE __________________________ DATE ______________________

DATE:

GOAL:

PROGRESS:

OTHER COMMENTS:

CHANGE (if applicable)

ENROLLEE SIGNATURE __________________________ DATE ______________________

NAVIGATOR SIGNATURE __________________________ DATE ______________________

DATE:

GOAL:

PROGRESS:

OTHER COMMENTS:

CHANGE (if applicable)

ENROLLEE SIGNATURE __________________________ DATE ______________________

NAVIGATOR SIGNATURE __________________________ DATE ______________________
The information in this section explains the services Medica offers to you.
INFORMATION IN THIS SECTION

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IMPORTANT NUMBERS FOR YOU

| Medica Customer Service & Interpreter Services | 952-992-2322 or 1-800-373-8335 |
| Hmong | 952-992-2296 |
| Russian | 952-992-2294 |
| Somali | 952-992-2260 |
| Spanish | 952-992-2297 |
| Vietnamese | 952-992-2295 |
| Other languages | 952-992-2322 |

TTY Line (for hearing impaired members) 952-992-2357 or 1-800-234-8819

Provide-A-Ride® 952-992-2292 or 1-800-601-1805 (or call a language line above)

Medica Social Services Coordinators 952-992-3535 or 1-800-373-8335

Medica CallLink® Nurse Line 1-866-715-0915

TTY Line (for hearing impaired members) Please call the National Relay Center at 1-800-855-2880 and request that they call 1-866-715-0915.

Dental Services, call Delta Dental® Plan of Minnesota 651-406-5919 or 1-800-459-8574

TTY Line (for hearing impaired members) 651-406-5915 or 1-800-916-9514

Mental Health & Substance Abuse Services, Call United Behavioral Health 1-800-848-8327

TTY Line (for hearing impaired members) 1-800-543-7162

Crisis Situations If you have a crisis, call United Behavioral Health (UBH) right away to let them know. A Care Manager will help you get the care that is needed. If you go to an Emergency Room, ask the hospital staff to call UBH for you.

For life-threatening emergencies, call 911.
HOW TO GET CARE
At Medica, we’ll do our best to help you receive the best health care for you. That starts with connecting you with health care providers who deliver the care you need.

PRIMARY CARE
Medica encourages you to choose a primary care provider. Having a primary care provider who is familiar with your medical history can save time and help improve the quality of care you receive. Your primary care provider is the doctor or other health care professional you see at your primary care clinic. Your primary care clinic is your medical “home,” the place you have chosen to go for common health care needs.

Primary care clinics are the best place to go for preventive care, minor illness (such as earaches and strep throat) and minor injuries. You should not use the Emergency Room for these types of services. If your regular clinic is closed, you should still call them. Clinics have on-call staff to help you get the needed care. Also, there are many urgent care clinics that are open during the evening hours and on weekends.

You can also call Medica CallLink® nurse line for help.

1-866-715-0915

TTY Line (for hearing impaired members) Please call the
National Relay Center at 1-800-855-2880
and request that they call 1-866-715-0915.

TYPES OF PRIMARY CARE PROVIDERS
- FAMILY PRACTICE PROVIDERS specialize in taking care of the general health needs of people of all ages, from infants to adults
- INTERNISTS are providers whose training focuses on adult diseases, especially medical conditions that affect internal organs
- PEDIATRICIANS are providers who specialize in taking care of the general health needs of children (from birth to 21)
- OBSTETRICIANS/GYNECOLOGISTS (OB/GYN) are providers who specialize in pregnancy and childbirth. They are also trained in the diseases and routine physical care of women’s reproductive systems

EVERYONE DESERVES TO HAVE GOOD PREVENTIVE CARE.
Health is an important part of your everyday well being. The choices you make every day greatly impact your health. One important thing you can do is make sure you receive preventive care from your primary care doctor on a regular basis.

Preventive care is when you go to your primary care doctor when you are well. Your doctor will provide a health screening and check such things as your blood pressure, weight, and cholesterol. Depending on your age, gender and risk factors, you may also receive a mammogram, colon cancer screening, Pap smear, etc.
GUIDE TO ROUTINE PREVENTIVE SCREENINGS FOR ADULTS:
VERY IMPORTANT SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>19-39 Years</th>
<th>40-64 Years</th>
<th>Over 65 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVENTIVE HEALTH RISK ASSESSMENT (SEE BELOW)</td>
<td>At least every 5 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CERVICAL CANCER SCREENING - PAP SMear</td>
<td>Women: Beginning at age 21 or three years after first sexual intercourse, whichever is earlier; Repeat every 3 years after three annual consecutive normal results.</td>
<td>Women: Every 3 years after three annual consecutive normal results.</td>
<td>Women: 65+ women with new sexual partner.</td>
</tr>
<tr>
<td>CHLAMYDIA AND GONORRHEA SCREENING</td>
<td>Women: All females sexually active aged 25 years or younger, and those at risk* (with or without symptoms)</td>
<td>If at risk* (Risk: occupation as prostitute or repeated episodes of Sexually Transmitted Diseases (STDs))</td>
<td></td>
</tr>
<tr>
<td>COLON CANCER SCREENING</td>
<td>Ages 50-79; (frequency is determined by screening method chosen)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLOOD PRESSURE SCREENING</td>
<td>Blood pressure every 2 years if less than 120/80; every year if 120/139/80-89 Hg.</td>
<td></td>
<td>Elderly adults without symptoms</td>
</tr>
<tr>
<td>VISION SCREENING</td>
<td></td>
<td></td>
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<tr>
<td>BREAST CANCER SCREENING</td>
<td>Women: Mammogram every 1-2 years for women ages 50-75 years; Annual mammogram for women age 40-49, if at risk* (Risk: past personal history or immediate family history of breast cancer, or previous breast biopsy with results that were of concern)</td>
<td>Women: Mammogram for women every 1-2 years until age 75. (Over the age of 75 at the consent of patient and practitioner)</td>
<td></td>
</tr>
<tr>
<td>TOTAL Cholesterol AND HDL CHOLESTEROL</td>
<td>Men: over age 34 every 5 years.</td>
<td>Women: over age 44 every 5 years. Men: every 5 years.</td>
<td></td>
</tr>
<tr>
<td>ROUTINE ASPIRIN USE FOR PREVENTION OF HEART DISEASE</td>
<td>Women: discuss with practitioner after menopause Men: above age 40 If at risk* (Risk: increased risk of coronary heart disease because of tobacco use, high LDL cholesterol, hypertension, or family history of premature coronary Heart Disease)</td>
<td></td>
<td>If at risk* (Risk: increased risk of coronary heart disease because of tobacco use, high LDL cholesterol, hypertension, or family history of premature coronary Heart Disease)</td>
</tr>
<tr>
<td>TOBACCO USE COUNSELING</td>
<td>Anyone using tobacco products should discuss with their doctor services available to provide support for reducing exposure or quitting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALCOHOL USE COUNSELING</td>
<td>Anyone with risky or hazardous drinking should discuss with their doctor services available to provide support to this problem.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Preventive Health Risk Assessment: This visit has traditionally been referred to as an “Annual Physical Examination.” It is recommended that you discuss preventive service needs with your doctor during routine or other clinic visits. Based on your risk assessment, your doctor may ask you to be seen more frequently than every 3 years to make sure your individual health care needs are addressed.

*If at risk*: Discuss with your doctor based on past and current medical history, family history, living situations, lifestyle and profession. These are routine recommendations; your doctor may advise you differently depending on your medical history. These recommendations do not imply that coverage is provided for these services; check your health plan first.

Reference: Institute for Clinical Systems Improvement (October 29, 2005)
ACCESSING CARE - THINGS TO REMEMBER

☐ You must receive all your health care services from a Medica provider. This includes specialty care.

☐ When you make your health care appointments, always check to see that the provider is a Medica Choice Care℠ provider. You can do this by:
  ☐ calling Customer Service,
  ☐ checking your Provider Directory,
  ☐ calling Medica CallLink® Nurse Line, or
  ☐ visit our Web site, www.medica.com

☐ American Indians who are Stay Well, Stay Working members can use tribal and Indian Health Services (IHS) clinics. We will not require prior authorization for you to receive covered services at these clinics.

☐ Show your Medica ID card each time you visit your clinic. This identifies you as a Medica member. Also show the cards of any other health coverage you have—such as Medicare, private insurance or a prescription drug plan.

☐ If you want to learn about the professional qualifications of a provider, you can contact the Minnesota Board of Medical Practice at 612-617-2130.

MEDICA CALLLINK® NURSE LINE

The Medica CallLink nurse line is a quick, easy-to-use service. It can help you get the medical information you need. You can call to talk with an experienced registered nurse. You can ask health care questions and learn self-care tips. You can also get help finding a provider or, if necessary, an urgent care center near you.

Day or night, Medica CallLink can help you:
  ☐ find a doctor if you do not have one
  ☐ find the right specialist for your medical needs
  ☐ find a clinic or urgent care center open during evenings and on weekends
  ☐ answer your general health questions
  ☐ provide information about first-aid or home care for minor injuries

Medica CallLink® nurses are available
24 hours a day, 7 days a week.

1-866-715-0915

TTY Line (for hearing impaired members)
Please call the National Relay Center at
1-800-855-2880 and request that they call 1-866-715-0915.
MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES
At times, life can be demanding and stressful. United Behavioral Health (UBH) helps you get needed services. UBH manages and arranges mental health and substance abuse services for our members. If you need this help, all you need to do is call.

UBH staff will listen to your needs and:
- assist in selecting a provider who specializes in the services needed
- locate a provider based on your preference (i.e. gender, culturally appropriate or language spoken)
- assist with locating additional services you may need
- monitor the quality of care you receive

Staff are available to take your call
24 hours a day, seven days a week.

TTY Line (for hearing impaired members) 1-800-543-7162

Additional mental health resources and information are available through the UBH Website at www.liveandworkwell.com

Crisis Situations
If you have a crisis, call UBH right away to let them know. A Care Manager will help you get the care that is needed. If you go to an Emergency Room, ask the hospital staff to call UBH for you.

For life-threatening emergencies, call 911.

VIOLENCE FACTS
Violence touches many lives. That is why Medica is giving this information to all of our members. Maybe your life is not affected by violence. The information may be helpful in reaching out to a friend, relative, neighbor or co-worker.

"I never thought it would happen to me."
This is what millions of people say who are being hurt physically, sexually or with words.

Does your spouse, partner or someone else you know:
- control or try to control where you go or how long you stay?
- say cruel or hurtful things to you, or humiliate you privately or in front of others?
- threaten you or cause you physical pain and/or injury?
- make you feel afraid?
- break objects, smash the wall with fists, or throw objects at you or your children?

If you have answered "yes" to any of the above questions, you may be in an abusive relationship. If this is happening to you, you don't deserve it. You did not cause it to happen and there is help for you in the community. Violence can happen in all kinds of families. It happens in all kinds of couples, and with people of all ages and in all communities. Everyone deserves to be treated with respect.
Physically or sexually hurting someone is against the law. Facts about violence in the home include:

- abuse is a crime—the most unreported crime in America
- six million women are abused each year
- men are also abused
- abuse occurs within all races, at every socioeconomic level, and in every age group
- during pregnancy, violence often begins or becomes worse
- fifty percent of all murders of women are committed by their significant others

Resources are available to help victims of violence. If you feel you are a violence victim, don't delay!
Call 1-800-799-SAFE (7233) or First Call for Help at 1-800-543-7709 to find out about safe shelters, 24-hour crisis/support lines, transportation help, legal support, and information about community financial resources.

In an emergency call 911 or call the 24-hour, toll-free NATIONAL VIOLENCE HOT LINE: 1-800-799-SAFE

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DENTAL SERVICES
Delta Dental's Plan of Minnesota (Delta Dental) manages the dental benefits for our members. Their Customer Service staff helps you with:

- explaining what types of services are covered
- claims issues
- finding a dental provider

Finding a dental provider that is open to new patients is sometimes a difficult task. If you have called several dental clinics and are unable to make an appointment, call a Customer Service Representative at Delta Dental. They will give you names of dental clinics that are open to new patients, or they will call dental clinics for you. When they find a dental provider for you, they will call you back with the dental provider's name and telephone number so that you can call for an appointment.

Representatives are available to help you,
Monday through Friday from 8 a.m. to 5 p.m.

651-406-5919 or 1-800-459-8574

TTY Line (for hearing impaired members) 651-406-5915 or 1-800-916-9514
PHARMACY SERVICES

You have coverage for:
- prescription medications
- some over-the-counter (OTC) medications
- some pharmacy supplies

Your prescription must be ordered by a Medica Choice Care participating provider. It must be picked up at a Medica participating pharmacy and filled according to Medica's list of drugs. Medica's list is a list of drugs we cover. If you would like Medica to cover drug that is not on our drug list or if you would like a copy of Medica's drug list, please call Medica Customer Service or go to Medica's Web site, www.medica.com.

There are some drugs that are not on Medica's formulary. You may want to ask for something not on this list. Your provider may request an exception. If your exception request is denied you have the right to appeal. You may call Customer Service for more information.

If you plan to travel outside the Medica service area, call Customer Service to get important information about how to use your prescription benefits. You will need to fill your prescription at one of our participating national pharmacies when you are outside the Medica service area. They are:

- Target
- Walgreens
- Kmart
- Wal-Mart

Show the pharmacist your Medica ID card. The pharmacy will then be able to fill your prescription.

Have you been asked to pay for medication your doctor has ordered?
If you answered "yes" to this question, please read on to learn more about your rights.

☐ Some Stay Well, Stay Working members may be asked to pay a copay for medications. If the medication is a brand name drug the copay is $3.00. If the medication is a generic drug the copay is $1.00. Other than copays, you should not pay for any medication ordered by your doctor if it is covered by Medica

☐ If the pharmacy staff says the medication is not covered and asks you to pay, ask them to call your doctor.

☐ There may be another medication that will work as well and will be covered by Medica. If the pharmacy staff won't call your doctor, you can. You can also call Medica and we can help. We cannot reimburse you if you pay for the medication

If you have any questions or if you have paid for medication, please call Medica Customer Service.

How Medica Reviews New Medical and Behavioral Health Technology
We are interested in the newest advances in medicine. We always review new and current medical and behavioral health procedures, medical devices and drugs. Practicing Medica doctors do these reviews. The doctors use information from many sources before making a decision. They only approve drugs, devices and procedures that are safe and follow all laws. These new drugs, devices and procedures are used only when they improve patient care.
INTERPRETER SERVICES
Medica can arrange foreign and sign language interpreter services for medical, dental, mental health and substance abuse visits. Interpreter services are at no cost to all Stay Well, Stay Working members.

- please call at least two to five working days before your appointment
- please be ready to give your Medica ID number and the doctor's full name and address (as it appears in your Provider Directory)
- if you are seeing a nurse, resident doctor or physician's assistant, please be able to tell us the name of the supervising doctor

Foreign Language  Foreign language interpreter services can be arranged by calling the interpreter services line or one of our foreign language lines.

Sign Language  Sign language interpreter services can be arranged by calling Customer Service or the TTY lines.

Representatives are available to help you
Monday through Thursday from 7:30 a.m. to 4 p.m. and
Friday from 9 a.m. to 4 p.m.

Mpls/St. Paul Metro Area
Spanish  952-992-2297  Hmong  952-992-2296  Vietnamese  952-992-2295
Russian  952-992-2294  Somali  952-992-2260  Other Languages  952-992-2292

Outside Mpls/St. Paul Metro Area
For All Languages  1-800-601-1805

TTY Line (for hearing impaired members)  952-992-2357 or 1-800-234-8819

SOCIAL SERVICES COORDINATION
Medica has dedicated social services coordinators ready to serve you. The social services coordinators work with Medica members to find services and resources within the community for:

- family violence prevention
- child care
- financial problems & solutions
- housing
- help finding food, clothing and household items
- parenting classes

Coordinators are available to help you
Monday through Thursday from 8 a.m. to 4:30 p.m. and
Friday from 9 a.m. to 4:30 p.m. on

952-992-3535 or 1-800-373-8335

TTY Line (for hearing impaired members)
952-992-2357 or 1-800-234-8819

****Contact your Navigator to decide if this service is right for you.
MANAGING CHRONIC DISEASE

Medica’s Disease Management programs offer information and resources to help people with chronic conditions. By using these programs, people can take an active part in caring for their chronic condition.

There are four such programs at Medica:

1. Health Advantage by Medica \(^{SM}\) is a personalized program to help manage depression. This program helps adults, age 18 and older, who have depression. It also helps adults who have depression along with a physical illness like diabetes or heart disease. A health advocate works with you. He or she will offer information and resources to help you get the support that will help you the most.

Medica looks at medical claims to identify who is eligible for Health Advantage by Medica. Providers can recommend the program to members or members can enroll themselves by calling 1-866-658-4662.

2. Personal Health Improvement Program, or PHIP \(^{SM}\) for members with chronic pain or symptoms. This is a learning program. With the information people receive they can become self managers. People with back pain, fatigue, fibromyalgia, depression, anxiety or other chronic conditions can help themselves feel better. They can become less limited by their disease or symptoms.

Medica looks at its medical claims to find people who are eligible. Members also can learn about the program through their providers. Members can refer themselves. Call the PHIP private voice mailbox at 952-992-2224 for more information or to sign up for the program. A representative will call you back and answer any questions left in the voice mailbox.

3. Medica AccordantCare™ for eligible members with rare conditions. This is a program for people who have rare conditions. Medica works with Accordant Health Services, Inc., to provide Disease Management services to people who have complex, chronic conditions such as:

- Rheumatoid Arthritis (RA)
- Multiple Sclerosis (MS)
- Parkinson’s Disease
- Systemic Lupus Erythematosus (SLE)
- Myasthenia Gravis
- Sickle Cell Disease
- Cystic Fibrosis (CF)
- Hemophilia
- Scleroderma
- Polymyositis
- Chronic Inflammatory Demyelination
- Polyradiculoneuropathy (CIDP)
- Amyotrophic Lateral Sclerosis (ALS)
- Dermatomyositis
- Gaucher Disease

The Medica AccordantCare™ program is very successful. It has helped thousands of people with complex conditions manage their health. This program is now available to our members with any of the conditions listed above. It works along with the care that members get from their providers. The program is voluntary.

Someone oversees the program for each participant. This process is called Case Management. Each person’s needs are handled individually. Members’ primary care providers receive current information regarding their patients. People in the program can expect the following services:

- Written communications including newsletters and educational materials
- Telephone access to registered nurses 24 hours a day, 7 days per week
- Online access to educational materials, chat room discussions, and current information about specific diseases
Medica looks through its medical claims to find people who are eligible. Members also can learn about the program through their providers. Members can refer themselves. For more information or to sign up call 1-866-217-2919 (toll-free) or 1-800-735-2962 (TTY).

4. **Medica CorChoices℠ for eligible members with chronic conditions.** Medica also has a disease management program for children who have asthma and adults, age 18 and older who have diabetes. Medica works with CorSolutions® to assist our members with such conditions. The program offers education about your child’s condition and about your condition. Medica identifies people who are eligible for CorChoices by examining medical claims. Providers can send people to the program and members can refer themselves. Call toll free at 1-888-365-8240 or 952-992-8460 to learn about the Medica CorChoices program.

You can also get information on each of these four programs online. Go to [www.medica.com](http://www.medica.com) under “Member Resources” and click on “Disease Management”.
This section has tools that may be helpful . . . please take a look.
PREPARING FOR YOUR NEXT HEALTH CARE VISITS

BEFORE THE VISIT

- Observe the problem.
  When did it start? What are the symptoms? Have you had this problem before? What did you do for it?

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What is your pain level?

| low | high |
--- | --- |
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Any changes in your life (stress, medication, food, exercise, etc.)?

Does anyone else at home or work have these symptoms?

Write down the medications you are currently taking.

```

Questions you have for your doctor:

1. 

2. 

3. 

DURING THE VISIT

- State your main problem.
- Describe your symptoms.
- Describe past experiences with the same problem.
- Remember to ask your doctor the questions you wrote down prior to the appointment.

HEALTH MANAGEMENT PLAN

- Write down
  Doctor's diagnosis (what is wrong).
  What might happen next?
  What can you do at home?
  What do you watch for?

- For medications, tests and treatments, ask:
  What is the name?
  Why is it needed?
  What are the risks?
  Are there alternatives?
  What if I do nothing?
  (For medications) How do I take this?
  (For tests) How do I prepare?

AT THE END OF THE VISIT, ASK:

- Am I to return for other visits?
- Am I to phone in for the test results?
- What danger signs should I look for?
- When do I need to report back?
- What else do I need to know?
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BEFORE THE VISIT

■ Observe the problem.
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____________________________________________________
____________________________________________________
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____________________________________________________

What is your pain level? low  1  2  3  4  5  6  7  8  9  10 high

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Write down the medications you are currently taking.

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1  2  3  4  5  6  7  8  9  10
low    high

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BEFORE THE VISIT

■ Observe the problem.
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What is your pain level? Low 1 2 3 4 5 6 7 8 9 10 high

Any changes in your life (stress, medication, food, exercise, etc.)?
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Write down the medications you are currently taking.

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2. ____________________________
3. ____________________________

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BEFORE THE VISIT
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■ What is your pain level?
   1 2 3 4 5 6 7 8 9 10
   low high

Any changes in your life (stress, medication, food, exercise, etc.)?
Does anyone else at home or work have these symptoms?
Write down the medications you are currently taking.

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AT THE END OF THE VISIT, ASK:
Am I to return for other visits?
Am I to phone in for the test results?
What danger signs should I look for?
When do I need to report back?
What else do I need to know?
DEPRESSION SELF-APPRAISAL TOOL

The following self-appraisal asks questions about some of the symptoms of major depression. If you answer "yes" to two or more of these questions it might be helpful for you to talk to a professional about your mood and possible depression.

This self-appraisal is not a substitute for a professional evaluation and is not intended to be a self-diagnosis. Only a professional can make a diagnosis. If you have concerns about your mood after answering these questions, please talk to your doctor or contact United Behavioral Health (UBH). UBH can arrange for a professional consultation.

<table>
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<tr>
<th>Over the last two weeks, have you noticed that your mood has changed or that you have:</th>
<th>Yes</th>
<th>No</th>
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<td>Felt sad or depressed most of the day or nearly every day?</td>
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<td>Lost interest in your regular activities or the things that you usually enjoy?</td>
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<td>Lost or gained weight without trying to or noticed a change in your appetite?</td>
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<td>Had trouble sleeping or overslept?</td>
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<td>Been either agitated and restless or listless?</td>
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<td>Felt a loss of energy or been fatigued?</td>
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<td>Felt worthless or hopeless or felt overly guilty about things?</td>
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<td>Been forgetful or had trouble concentrating or making decisions?</td>
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If you have questions, talk to your Navigator during your next visit or phone contact.

OR

Call UBH at 1-866-658-4662.

UBH staff are available 24 hours a day, seven days a week. All calls are kept strictly confidential.
ALCOHOL/DRUG SCREENING TOOL

The following self-appraisal asks questions related to alcohol and drug usage. If you answer "yes" to two or more of these questions, it might be helpful for you to talk to a professional about your alcohol or drug use.

This self-appraisal is not a substitute for a professional evaluation and is not intended to be a self-diagnosis. Only a professional can make a diagnosis. If you have any concerns after answering these questions, please talk to your doctor or contact United Behavioral Health (UBH). UBH can arrange for a professional consultation.

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<th>Question</th>
<th>Yes</th>
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<td>Have you ever felt you ought to cut down on your drinking or drug use?</td>
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<td>Have people annoyed you by criticizing your drinking or drug use?</td>
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<td>Have you ever felt bad or guilty about your drinking or drug use?</td>
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<td>Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?</td>
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If you have questions, talk to your Navigator during your next visit or phone contact.

OR

Call UBH at 1-866-658-4662.
UBH staff are available 24 hours a day, seven days a week.
All calls are kept strictly confidential.
### March

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