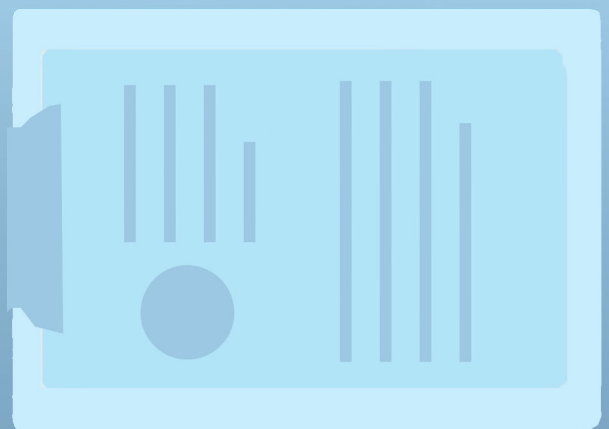




INSTITUTE FOR
MEDICAID INNOVATION

Celebration of Nurses and Midwives in Medicaid Managed Care

A Compendium of the Nation's Best



Introduction

The impact of nurses and midwives in the United States is immeasurable and nothing could emphasize their critical role more than right now. When the World Health Organization announced that 2020 would be the “Year of the Nurse and Midwife,” no one expected a pandemic that would catapult millions of nurses and midwives into the harrowing task of serving on the front lines. Their heroism during this pandemic has extended beyond their clinical skills and compassion. They have been risking their own lives and that of their families as they faced limited supplies of personal protective equipment and ventilators while managing an overwhelming high volume of high acuity patients.

Nothing could have prepared us for this pandemic and yet nurses and midwives have led the way. They have guided and taken care of us during this great moment of isolation, illness, pain, trauma, and sorrow. It only seems fitting that 2020 would truly be the “Year of the Nurse and Midwife.”

As we celebrate nurses and midwives in the U.S., this compendium highlights those who have dedicated their career to caring for the nation’s poorest; a population at greatest risk of being impacted socially, physically, and mentally by the pandemic. Nurses and midwives who serve the Medicaid population work to overcome unsurmountable challenges to ensure the health and well-being of individuals, families, and communities. We honor every nurse and midwife for their courage and compassion, their commitment and strength. They are the heroes of the pandemic and we thank them for their service.

Jennifer E. Moore, PhD, RN, FAAN
Founding Executive Director
Institute for Medicaid Innovation

Johanna Aceves, RN, MSN, ACNP, CNS

**PQI Specialist, Quality Improvement Department
L.A. Care Health Plan**



Tell us more about your role as a nurse at a Medicaid managed care organization.

At L.A. Care, I have worked in disease management/case management and am currently in Quality Improvement. I am part of a team of nurses doing Provider Quality Review (PQR), focusing on the review of Potential Quality of Care Issues (PQI) resulting in quality of clinical care or service concerns or risk of adverse health outcomes that may impact the care provided to L.A. Care members.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Among the many skills and competencies nurses are trained to do, ensuring patient safety is first and foremost. We are advocates for our patients and are taught important nursing principles such as human dignity, integrity and compassion. Nurses are an integral part of the health care setting because we provide these supports to our members, giving them a sense of security and wellness.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

As our country is currently battling COVID-19, the numbers of people needing Medicaid will rise. These new recipients of Medicaid will have access to this valuable resource as they work to make ends meet. Low income American adults struggle with higher rates of heart disease, diabetes, stroke, and other chronic diseases in comparison to wealthier Americans. It is our responsibility to these members that they have access to high quality health care.

What innovative initiative are you leading right now that you are really excited about?

Working with our behavioral health team, specifically with autism cases and Applied Behavior Analysis (ABA), we identify potential quality of care issues that arise in that population with their providers. I evaluate the ABA referral process from a behavioral health perspective and identify any process improvement that may be needed. Subsequently, I monitor and track any cases identified.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I had a member with uncontrolled type II diabetes who was living in his car with his wife. Because of their homelessness, they moved around often, and he wasn't being seen by his assigned primary care provider. As a result, he would often end up as an inpatient somewhere out of state. I was able to work with him and our social work department to get the member and his partner into housing. He and his wife have been consistent in seeing their providers, and his diabetes is successfully being managed by an endocrinologist.

Amanda Asmus, RN, MSN

Care Management Supervisor
L.A. Care Health Plan



Tell us more about your role as a nurse at a Medicaid managed care organization.

After some time working as a care manager at L.A. Care Health Plan, I now work as a supervisor providing support to our care management staff and working on special projects for the growth of our department.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

As the health care system is growing and shifting the focus away from acute care in favor of primary care, prevention, and wellness, the traditional role of nurses has also started to evolve. The education and training of nurses places us in a unique position to be able to address social determinants of health for those that we serve while at the same time being well equipped to also manage the complex medical conditions often seen in the Medicaid population.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

L.A. Care Health Plan places a strong focus on addressing the social determinants of health that prevent our members from being able to achieve optimal health and wellness. On a personal level, the emerging issue for Medicaid managed care that I am most passionate about is the improved integration of behavioral health into the primary care setting.

What innovative initiative are you leading right now that you are really excited about?

Our care management department is currently pursuing a community-based care management model. This is very exciting for us as we are able to really meet members where they are, in the community, in order to better address the social determinants of health that impair their ability to be healthy and have a good quality of life. It is a unique experience for a nurse to work at a large health plan that utilizes such a high-touch model when providing care management services to our members.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

As an intensive care unit (ICU) nurse at a County facility, I cared for many Medicaid enrollees as well as uninsured individuals. One night caring for a very sick woman who just had half of her head shaved for a craniectomy, her two young children were scared and asked to stay in the room and help me as I cleaned the woman and braided the rest of her hair because their father was working late. Despite a significant language barrier, the warmth and gratitude from these children is something that I will never forget.

Arnita Cook, RN, MSN

**Supervisor RN Clinical Operations
Horizon NJ Health**



Tell us more about your role as a nurse at a Medicaid managed care organization.

My role is to supervise a clinical team of 13 registered nurses and three social workers to provide case and care management to our maternity Medicaid population. As a team, we advocate for our maternity members and coordinate their benefits. We also work with our members to build self-advocacy skills for themselves and their families.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

There are many factors to consider when working with the Medicaid population including fragmentation and challenges with access to care, unsustainable costs, suboptimal outcomes, and disparities. Nurses working with the Medicaid population collaborate and help coordinate care across providers in all settings to improve quality and control cost.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

The following are emerging issues in Medicaid managed care: Medicaid expansion and consumer engagement, the evolving opioid crisis, and care for complex populations. Overall, the Medicaid population is becoming more complex and the system is facing new and complicated challenges. This includes the opioid crisis and the maternal mortality rate.

What innovative initiative are you leading right now that you are really excited about?

As a leader for my team, we are bringing awareness of the maternal mortality disparities and the need for education and collaboration with providers. We are involved with various meetings and committees to develop strategies to determine ways to better assist in providing education to members and providers on the urgency of this issue.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

The most memorable experiences occur during every interaction with a member. Every day I feel like myself and my team are making a difference in each member's pregnancy. Through case/care management, we are helping individuals find resources and make connections that ensure that they receive quality care during their pregnancy and postpartum period. My goal is for members to have a health pregnancy and a healthy baby and to improve their overall wellness during their lifetime.

Patty Cornish, RN, MSN

**Clinical Coordinator
Transplant Coordinator
Upper Peninsula Health Plan**



Tell us more about your role as a nurse at a Medicaid managed care organization.

I manage three different populations at Upper Peninsula Health Plan (UPHP). In all of my roles, I coordinate care and oversee case management of complex medical cases including UPHP Medicaid members with substance use disorders, such as opioid use.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nurses historically have a patient-centered approach for care. Importantly, nurses also have the education and training to communicate effectively with providers in all areas of the health care field. Care coordination allows nurses to be the communication bridge between an at-risk population with complex health issues and health systems and providers in an ever increasingly complex medical world.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

Since the initiation of the HMO programs for the Medicaid population in Michigan and the development of Michigan's Healthy Michigan Plan, a greater proportion of Michigan's at-risk population now has access to high-level health care. Care coordination can now help a previously underserved population with challenging tasks such as cancer management, transplant needs, opioid management and simply navigating a complex medical landscape. Through care coordination, the Medicaid population can access the care and help that they need.

What innovative initiative are you leading right now that you are really excited about?

At UPHP, I coordinate an opioid management program that has been successful in identifying at-risk members, to establish a medical home. We provide support to ensure optimal communication between providers and members. As the opioid crisis has evolved in this country, this program has made a difference.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

A member enrolled in the opioid management program had challenges with active drug seeking with multiple emergency departments (ED)-- sometimes three in the same day. Care coordination efforts involved facilitating assignment of a medical home, identifying a treatment care plan that was then shared with all involved EDs for consistent care and coordination of referrals to specialty care. After two years, the member had stopped using the ED for drug seeking, was employed and no longer required Medicaid.

Randi Lee Cosgrove, RN

**MLTSS Nurse Specialist
L.A. Care Health Plan**



Tell us more about your role as a nurse at a Medicaid managed care organization.

I work in Managed Long-Term Services and Supports (MLTSS) department under Community Based Adult Services (CBAS) and Long-Term Care (LTC). I review requests for CBAS services in Adult Day Health Care Centers, assist with nursing facility placement under custodial level of care coming from the community, and attend Interdisciplinary Care Team (ICT) meetings as the MLTSS representative for high risk members. I help connect members with MLTSS services that help keep them safe in the community for as long as possible.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Our skills help our most vulnerable population have better outcomes. We provide education, professional oversight, and assist members to get connected to much needed services. Our areas of expertise can reach a greater number people when working at a Medicaid managed care organization.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

With a growing aging population, we need to explore how to expand the current programs we have to support members and their caregivers safely at home. Many current programs are limited by the number of hours of support provided per day. There's also a need for additional capacity in LTC services for members that can no longer be safely cared for at home. I'd love to collaborate with the state on a pilot project that allows us to contract with other facilities to provide LTC services.

What innovative initiative are you leading right now that you are really excited about?

I assist with educating people on our palliative care program in ICT meetings, during member referrals, and when outreaching providers about L.A. Care programs. Unfortunately, there is a lot of misinformation regarding palliative care and the services provided. Due to that misinformation there is a missed opportunity to get people the additional support needed to help them manage their conditions.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I assisted a member to transition from a recuperative care facility to a skilled nursing facility (SNF) for rehab and physical therapy services. Then once he gained the strength to travel he was transferred to a SNF back in his home state to be near his family. The member went from being homeless to going back home while receiving the care he needed.

Karen M. Dale, RN, MSN

Market President
AmeriHealth Caritas DC



Tell us more about your role as a nurse at a Medicaid managed care organization.

My role as a nurse executive involves leading an amazing team of mission-focused individuals to change the narrative from health plan to health catalyst and leading in solving psycho-social and policy challenges that prevent our enrollees from achieving their full health potential. Our leadership represents an irreplaceable force for innovation, collaboration, inclusion and equity. The partnerships and collaboration we established are increasingly effective at improving the enrollee's experience, supporting provider effectiveness, and producing value for the healthcare dollars the District invests. Our work includes a robust strategy to address the District's disparities in maternal health outcomes.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nurse midwives excel at taking a whole-person, whole-family view of pregnancy. They establish trust, engage as an equal partner with moms-to-be, offer options and honor preferences. This level of authentic partnership is capable of producing positive health outcomes for mom and baby as well as a better experience with the healthcare delivery system.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

Creating pathways to reimbursement for a full range of pregnancy supports such as doulas. Ensuring that the healthcare system is easier to navigate. Addressing implicit bias where women feel judged for an unintended pregnancy. Creating incentives for quality providers to be located in lower income neighborhoods so women don't have to travel so far for care.

What innovative initiative are you leading right now that you are really excited about?

For our enrollees who are pregnant we provide:

- Prenatal and postpartum mobile app, Babyscripts. It connects expectant mothers with their provider by increasing access to care via a new point-of-care model that allows low-risk pregnant patients to receive the benefits of remote monitoring and virtual care.
- Meals for the mom and her family throughout pregnancy and up to six weeks post-partum.
- Lyft as a transportation option.
- Doula support
- Centering pregnancy

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

About three years ago I spoke with a mom who had experienced several miscarriages and was pregnant again at the time. She thanked me for all the support we provided – meals, psychotherapy, transportation, care coach, in-home visits. She said our support gave her the hope and strength to get through the health challenges of her pregnancy. Her story echoes in my heart and mind the reason to try harder to add value in the services we provide to our enrollees. It is not a destination; it is a journey to excellence and improved health outcomes.

Leonard Dootson, RN, CCM

Care Management Health Educator L.A. Care Health Plan



Tell us more about your role as a nurse at a Medicaid managed care organization.

My role as a nurse at L.A. Care started out as a care manager helping members in our managed Medicaid plan with their complex or high-risk care management needs. Over the years, I have transitioned from being a care manager to the lead care manager to care management supervisor and finally to care management health educator. In my role as health educator, I train new care managers and provide ongoing education and training to our care management team.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nurses enjoy a special bond with members. Nurses are seen as trusted professionals and, as such, are uniquely positioned to intervene on behalf of Medicaid members who face socioeconomic challenges.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

I see access to care as well as access to emerging technologies continuing to be issues for Medicaid members. While technology continues to advance at a rapid pace, the limited purchasing power of Medicaid recipients makes staying on top of emerging technologies a challenge.

What innovative initiative are you leading right now that you are really excited about?

I am excited about our effort to implement a high-touch model of care. This exciting new approach has care managers shifting the primary mode of communication from telephonic to in-person encounters. Care managers are paired with community health workers to meet members in their respective communities.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

One of the most memorable experiences was working with a young mother with a terminal illness. Although she died far too young, our team was able to ensure she was provided care that made her comfortable in her last days while respecting her wishes. I was able to use my position as a nurse care manager to ensure she received the right care in the right place.

Audrey Gordon-Henderson, MSN, RN

Utilization Management Nurse Specialist-RN II L.A. Care Health Plan



Tell us more about your role as a nurse at a Medicaid managed care organization.

I am a professional registered nurse with a vast amount of progressive health care experience. I completed my graduate studies and obtained a master of science in nursing degree. My role as a nurse entails the demonstration of strong critical thinking and problem-solving skills to perform timely concurrent reviews, utilization management reviews, and adjudicating the medical necessity for services against the Milliman Care Guidelines established criteria. It's a vital front-line role in the fight against COVID-19.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

This 21st-century health care system is complex and health care consumers have placed a demand on providers to deliver the highest quality care, in the most cost-efficient way, to achieve improved patient outcomes and satisfaction. Nurses working with the Medicaid population bring a reservoir of nursing knowledge, expertise in care management and extensive quality training to achieve cost-effective outcomes that are patient-focused and safe.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

The utilization of unnecessary services such as the emergency departments and hospitals, in my perspective, is an emerging issue for Medicaid managed care. Consequently, it is imperative to improve the transition of patient care and complex care management processes to avoid unnecessary utilization.

What innovative initiative are you leading right now that you are really excited about?

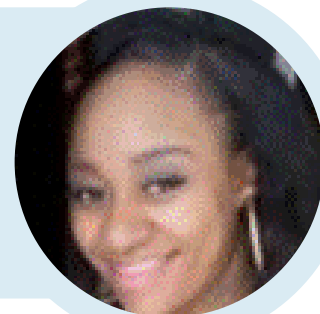
I am continually striving to create value for my organization. I desire to be empowered to implement innovative and evidence-based practice to achieve satisfactory member outcomes. As a result, I am leading the educational initiative and enthusiastically looking forward to starting the Doctor of Nursing Practice (DNP) program in a couple of months. The empowerment derived from the doctoral degree will contribute to future innovation in health care that will benefit our members.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I am passionate about nursing and patient care. Consequently, I have a sense of personal and professional accomplishment knowing I am a part of the solution in shaping the future of health care. I am comforted when I educate a family or individual on how to make healthier choices to improve their quality of life and help them to implement the changes. I have a sense of accomplishment when I partake in the delivery of the best quality care that results in an improved quality of life.

Shante Jordan, RN, BSN

Case Manager - RN I
Horizon NJ Health



Tell us more about your role as a nurse at a Medicaid managed care organization.

Within my role, I manage members with medical needs who have been placed in foster care, adoption, kinship legal guardianship or youth aging out of the foster care system in New Jersey. I perform telephonic case management to advocate for those who need an additional voice, provide linkage to beneficial resources, and become their go-to person within the MCO.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

As a Registered Nurse, I empower members by providing resources needed to help improve their quality of life. My colleagues and I provide health literacy resources to promote optimal health for those most at risk. Nurse care coordination emphasizes the use of preventive health care to avoid the risk of a minor health care need from becoming a major issue.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

From my experience working with the Medicaid population, there is a great need for more resources and support for individuals with behavioral/mental and substance use disorder. Those suffering from a behavioral or mental health condition, or substance use disorder need multiple layers of support for their basic needs in addition to helping plan for their long-term maintenance and stability. Investing in resources to support this population is extremely important to ensuring the overall health and well-being of our most vulnerable members.

What innovative initiative are you leading right now that you are really excited about?

The innovative initiatives I am personally leading are finding ways to be more resourceful for my members and taking action. When I see my members or caregivers struggling in a specific area, I advocate for them by asking questions and conferencing to work out a specific issue that needs to be addressed. I take pride in being proactive instead of reactive, thinking ahead and taking action.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

The most memorable experience I have had with interacting with a family enrolled in Medicaid was helping a member get their specialized car seat and wheelchair due to the parents' car having been stolen. The family's primary language was Spanish, so making sure they, the police, county social worker, DME provider, and of course, the MCO were on the same page was my goal. I was able to facilitate communication and action between these entities to get the replacements in a timely matter, and the family was so very grateful!

Rachel Louise Martinez, RN, BSN



Quality Management Nurse Specialist RN II L.A. Care Health Plan

Tell us more about your role as a nurse at a Medicaid managed care organization.

I currently review and coordinate the Preventive Health and Clinical Practice Guidelines, work with program managers and provide clinical support on performance improvement projects. I also manage the Plan Do Study Act for the duals demonstration for Center for Medicare & Medicaid Services (CMS). I work with internal and external partners to develop interventions to improve the quality of care Medicaid members receive.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nurses bring their clinical expertise, holistic approach at looking at the whole person, and the independence learned through patient care. Nurses have compassion and empathy and are key to patient care in all settings. Nurses are also able to bring a sense of security to members that can improve their experience with health care.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

An emerging issue for Medicaid managed care is government limiting members' ability to enroll and access services for the population. Also, the misconception that these individuals have a choice to be on Medicaid. As Americans, we have forgotten that the underserved have limited opportunity and resources and it is our responsibility as a nation to ensure that, at the very least, these individuals have access to quality health services.

What innovative initiative are you leading right now that you are really excited about?

I am currently working with a clinic on a Quality Improvement project on improving care for people with diabetes. The lessons learned from front line staff will help me as I develop to expand interventions to other clinics.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I have been at L.A. Care for 8 years, and in that time, I had the opportunity to assist members with their asthma care. I spoke regularly with a Medical Officer of a young girl with asthma. The young girl was in and out of the hospital with exacerbations. I helped get the girl and her family multiple asthma home visits a month which helped her avoid hospitalizations. As a result, she didn't have to miss any school days and she could enjoy a normal childhood.

Veronica Mones, RN, MSW, DBAc



**Senior Director of Medicare Performance Management
L.A. Care Health Plan**

Tell us more about your role as a nurse at a Medicaid managed care organization.

As a nurse in a managed care organization, my role is to partner and engage with other senior leaders to drive initiatives, services and programs throughout the organization that facilitate the delivery of cost-effective, high-quality health care services. We collaborate to identify and address barriers associated with all programs and provide management solutions for operational and clinical issues.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nurses possess a unique combination of clinical and analytical skills which lead to improving health outcomes for Medicaid members in a managed care setting. In addition, nurses understand the complexity of this population and work towards developing initiatives that ensure the members' progress toward desired outcomes, with quality care that is medically appropriate and cost-effective.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

From my perspective as a nurse, I see an emerging issue with limited funding but greater responsibilities and risk shifted to Medicaid managed care organizations. This in turn can potentially constrain funding and resources for future programs that would address the social determinants of health of this complex population.

What innovative initiative are you leading right now that you are really excited about?

Within the next few months, I will be collaborating with our population health management department, our quality improvement department and benefit design team to identify benefits and/or programs that can improve the health outcomes of our members as part of a new product.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

As a former Medicaid child, I understand the challenges a Medicaid recipient might be faced with. This is one of the main reasons I became a RN and made it my mission to ensure Medicaid recipients receive quality health care regardless of their social or economic status. My most memorable experience was when I was able to discharge a Medicaid patient to a nursing home that only accepted Medicare rates because it would place him near his loved ones who could visit him by utilizing public transportation.

Charise R. Nieves, RN, BSN

**RN II Lead Case Manager
Horizon NJ Health**



Tell us more about your role as a nurse at a Medicaid managed care organization.

I manage an initiative focused on lead poisoned children ages 6 months to 6 years throughout the 21 counties in New Jersey. As a lead case manager, I coordinate outreach to ensure blood lead level testing is repeated, and preventative care is maintained and up to date along with immunizations. I also collaborate with the primary care providers (PCP) and local county department of health nurse to provide education on proper nutrition, lead exposure sources, and prevention.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

I believe nurses spend more time explaining and educating Medicaid members on their health conditions, concerns, and also provide emotional support. The objective is to maintain the safety and health of all of our population, especially the most vulnerable, by providing the resources they need. The nurse makes the connection with the member and guides them through their illness.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

As a nurse who case manages the pediatric Medicaid population, an emerging issue is the need for early intervention service evaluations for any child who is diagnosed with an elevated blood lead level to ensure that they are screened for any developmental issues and receive services before any issues arise.

What innovative initiative are you leading right now that you are really excited about?

I am part of the planning committee that develops the agenda for the Central Jersey Annual Lead Conference. Within this role, I will be speaking on behalf of Horizon NJ Health and providing a brief overview on how the lead case manager from the MCO contributes to the collaboration of care between the member, PCP, and department of health nurse to ensure the member receives proper care, medications, and testing needed.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I've had many memorable experiences working in lead case management and interacting with families. One memory in particular is of a young girl in a family of five with two hardworking parents who was lead poisoned due to peeling paint in the home. During the last one and a half years of case management, I have gained a rapport with the parents and have been able to assist with any obstacles that have come their way to ensure their needs are met.

Janina S. Spidell, RN, BSN

Maternal Child Health Program Coordinator UnitedHealthcare Community & State



Tell us more about your role as a nurse at a Medicaid managed care organization.

Currently, I manage a team of specialty nurses on a program called Heathy First Steps. This maternity case management program is a specialty program for all pregnant members that aims to identify pregnant members early in their pregnancy to ensure that they receive the care and services necessary to promote a healthy pregnancy and achieve better health outcomes. We provide education, coordinate transportation, referral to community-based organizations, provide valuable pregnancy information, and address any issues or obstacles that they may be facing. We meet our members at their home, hospitals and emergency rooms to assist in meaningful ways to promote a healthy pregnancy and achieve better health outcomes for moms and babies.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

I understand what it is like to walk in the shoes of the Medicaid population and the struggles that they face every day. Those struggles are the same ones that my parents and I experienced in my childhood. I was not born in the U.S. and did not have the same privileges that most people have as a child. My parents came to this country with nothing and we experienced and witnessed bias and barriers that many of the Medicaid population face. The same struggles that I hear and see now in the Medicaid population are the same ones that my family and I went through. The unique contribution and value that I bring to the Medicaid population is not only understanding their conditions and diseases from a clinician perspective, but also understanding and sympathizing with the problems and issues they may face every day in their communities and lives. Being a nurse means being compassionate, helping others in their greatest time of need and putting yourself in each of your member's /patient's life.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

From my perspective as a nurse, one of the emerging issues and challenges that I see is access for Medicaid members to specialty providers. We are seeing more and more of the population in the US diagnosed with mental health illnesses. We are in a greater need of psychologists and psychiatrists and there are not enough options available in rural communities. Since there is limited access in rural communities, most patients will travel long distances to see a specialty provider or sometimes opt for the closest general practice provider who has very little specialty in mental health care. Another major issue I see and hear with my Medicaid members is having lack of transportation to get to their medical appointments. One way that we can improve the care of our patients is by providing incentives to specialty providers who are willing and want to work in underserved communities.

What innovative initiative are you leading right now that you are really excited about?

We have partnered with Unite MKE Community Pathways to close gaps in care for the most vulnerable pregnant population. Unite MKE is dedicated to enhancing the health of Milwaukee communities by coordinating care for pregnant women in the community. Unite MKE focuses on physical health, behavioral health and social services to ensure that pregnant women are receiving the appropriate care in a timely and efficient manner. The program allows additional time to be spent with the mother to address complex social needs such as homelessness, behavioral health needs, substance abuse, social/relational issues (including violence in the home and in the neighborhoods) and family planning. The community health workers also address quality gaps such as pre-natal and postpartum visits.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

One of my most memorable experiences with a family was when I worked with a member who was homeless with her one-month-old child and who was living in the parking lot of a hospital. Throughout my telephonic outreaches and face to face visits, I was able to link her with housing and other resources in the community. Once I was able to get my member in a better place, she was grateful that someone cared and was willing to help her in her most vulnerable state. Experiences like this are what keeps me working with this population. Most people see this population as not willing to do better or not having motivation in their lives, but what most people fail to comprehend are the struggles, medical conditions and barriers that these types of populations face every day at home and in the communities where they live.

Kimberly Tuck, RN

**Former MMCO Market President
Home State Health Plan**



Tell us more about your role as a nurse at a Medicaid managed care organization.

I was the CEO of a 24/7 national nurse advice line for Medicaid members. I also served as the CEO of a Medicaid managed care plan in an individual state, overseeing Medicaid members across the state and providing a full scope of care including medical, behavioral, dental and vision services.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Providing assistance to Medicaid members is a critical part of the health care delivery system. Many Medicaid members have issues relating to social determinants of health (SDOH) outside of their health, and nurses provide a unique avenue into support services for members that are not typically part of delivering health care. Many Medicaid members struggle with life issues, making it difficult for them to focus solely on their health. Nurses take a broad, whole person view of a member, assisting them with addressing their SDOH issues as part of their care.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

The ability to link all family members to a care/case management strategy and with the community and other ancillary resources they need to successfully manage their total care. The ability to engage members in the delivery of their health care, not as a receiver of the care but as an active participant in their health care.

What innovative initiative are you leading right now that you are really excited about?

Focusing on disparities, diagnosing the root cause of the disparity, and designing interventions to address the disparities and improve the outcomes for traditionally underserved, minority populations.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I don't necessarily recall one particular interaction, but rather a compilation of events where a member was unsure of the course of action they should take in response to a particular issue, and the ability to have a dialogue with the member and provide a next step for them, whether they required only education or a more robust intervention. Many members understand that they have a healthcare issue but, oftentimes, they are uncertain of the severity of the issue or what their next steps should be.

Kelly Wills, RN, BSN

Clinical Coordinator - Care Manager Upper Peninsula Health Plan



Tell us more about your role as a nurse at a Medicaid managed care organization.

My primary role focuses on guiding members to live their best lives by providing them with the education, resources, access and support needed. I primarily work with populations that need long-term services and supports (LTSS) by helping them to remain safe in their community and live in the least restrictive environment possible outside of a nursing home. I work closely with our Area Agency on Aging to help members address the barriers that our beautiful, yet rural, region here in the Upper Peninsula creates.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

The most unique and valuable contribution of working as a nurse in managed care has been being able to help the member with all aspects of their health and personal care. There is great value to the member to have a care manager follow them through the whole continuum of care and work on their personal goals from start to finish. Through that process, a layer of trust is built up that, I believe, is rare in the health care industry.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

I work with a population that is aging and, with that, there is an increased need for home- and community-based living supports that currently do not have the number of service providers needed. It is difficult to find individuals willing to work as a personal care giver, as the role often lacks sufficient compensation and job stability. The lack of these supports increases the likelihood of hospitalizations, nursing home stays, and placements that could be avoided if there were more community resources available.

What innovative initiative are you leading right now that you are really excited about?

I am most excited about working with the LTSS population and integrating care for the most vulnerable and at-risk individuals. This includes providing a seamless link between their Medicaid and Medicare benefits. I help provide members the opportunity to stay in their homes and focus on what is important to them, which is very rewarding. This forward-thinking model is where I see the future of care, focusing on what each individual wants and not necessarily on what others may find important.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

My nursing experience includes intensive care and hospice. In the ICU, most of the care provided was focused on the medical problems and how to fix the immediate danger -- not on who the person was in the bed. When I moved to hospice care, the emphasis shifted to honoring member wishes at the end of their lives. As a care manager, the unique ability to help people on a long-term basis and help them live their most rewarding lives is a memorable experience in and of itself - it is hard to pick just one.

Jaselyn Wilson, RN

**GEMS Case Manager
Horizon NJ Health**



Tell us more about your role as a nurse at a Medicaid managed care organization.

I manage members who are considered high-risk pregnancies by working closely with them and their providers to ensure the best outcomes for both mother and child. I ensure that expectant mothers understand potential risks, how to prevent and manage risks, recognize complications, and what to do if symptoms occur.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

I believe that nurses' unique contributions to working with the Medicaid population centers around ensuring that members receive compassionate care with a specific focus on those who are considered high-risk. Members receive care from their first trimester all the way through postpartum, with any issues being immediately addressed. Members feel empowered as a result of the education and resources provided to them.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

The rate of preterm and low birthweight births continue to rise, particularly among black and Hispanic women. Infants are subsequently at an increased risk for physical and developmental disabilities throughout their lives. Medicaid programs are acutely impacted by this growing trend and are actively implementing prevention and intervention strategies.

What innovative initiative are you leading right now that you are really excited about?

Currently, I am working with a new program that can decrease the time spent documenting, allowing nurses to spend more time with members and address their needs. With the new program, members are the focal point; not documentation.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

The most rewarding moments occur after the member's pregnancy and delivery went smoothly, the newborn is healthy, and postpartum period is completed. It is at this moment when the member's maternal health cycle is complete when I will receive a phone call thanking me for my hard work and dedication. The member will share how she never felt like she was alone during her pregnancy journey and how she felt empowered with all the knowledge provided to her. These are memorable and rewarding experiences.

Monifa Wilson, RN, CCM

**Registered Nurse II
Horizon NJ Health**



Tell us more about your role as a nurse at a Medicaid managed care organization.

I currently work as a senior care manager for a Medicaid managed care organization assisting pregnant member's as they navigate through their pregnancy and postpartum period. I provide education and resources to our members, assist them in coordinating care and maximizing their benefits.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

The Medicaid population can be a very vulnerable group and oftentimes do not have family or community support that many other women have. Many of our members receive care at federally qualified health centers and, while these facilities offer quality services in their communities, time with providers can be very limited. By having nurses work with members individually, we provide an excellent source of support and education for our members.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

I believe that an emerging issue for Medicaid managed care is comprehensive treatment for behavioral health issues. Access to behavioral health services amongst this population has long been a problem. With waiting lists to see a provider for services lasting well over 6-8 months for an initial assessment and evaluation, people are suffering in silence waiting for care.

What innovative initiative are you leading right now that you are really excited about?

I am currently working with my daughter, who is a social work major at Rutgers's Camden, to implement a Women's Empowerment Group. While this group will initially be inclusive to Rutgers students, the plan is to open the forum to other young women in this underserved community.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I've worked with the Medicaid population for the past 10 years and have had many memorable experiences throughout that time. One of the most memorable was when I was working with a member who was very focused on having a child but, unfortunately, had suffered multiple miscarriages. After convincing her to try preconception counseling, genetic counseling, changing her diet, and implementing some healthy lifestyle habits, she was able to conceive and carry to term her first child. Being able to celebrate with her was priceless.

Crystal Yee, RN, MSN

UM Nurse Reviewer
L.A. Care Health Plan



Tell us more about your role as a nurse at a Medicaid managed care organization.

I have worked at L.A. Care Health Plan for the last four and a half years. My experience as an RN at L.A. Care has been in case management, inpatient, and currently pre-service. I've had the pleasure of working with co-workers, members and providers in a shared effort to provide the best care to our members.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nurses play a dynamic role when caring for the Medicaid population. The needs of our members vary from assistance with making a follow up appointment to making sure they have the supplies and support needed to care for a loved one. Caring for the underserved population causes nurses to think outside of the box and address barriers that prevent members from accessing the care they need. At times, it's more than treating a medical diagnosis; it also involves addressing social and psychological needs.

From your perspective as a nurse, what do you see as the emerging issues for Medicaid managed care?

As a nurse working at a public health, the emerging issues that affect our members are homelessness, mental health issues, and drug addiction.

What innovative initiative are you leading right now that you are really excited about?

Currently, my team and I are assisting with discharge planning for the USNS Mercy and L.A. Convention Center during the COVID-19 surge. We are praying the surge will not hit Angelenos hard and that life will return to normal, as soon as possible. I have also signed up to assist the California Health Corps in response to COVID-19.

As you reflect over your career, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

My most memorable experience working at L.A. Care involved assisting a member who needed to be transferred to a higher level of care facility from a small hospital in Oregon. The member was in urgent need of having a mass removed from her heart. I witnessed firsthand what great teamwork looked like. We were able to arrange for a medical helicopter transport and to secure a bed at Ronald Reagan UCLA Hospital where she had a successful surgery.

Judy Cua-Razonable, RN

**Director, Managed Long Term Services and Support
L.A. Care Health Plan**



Tell us more about your role as a nurse at a Medicaid managed care organization.

I am currently the Director of Managed Long-Term Services and Supports (MLTSS) for L.A. Care Health Plan. In this role, I serve the most vulnerable seniors and people with disabilities in Los Angeles County. MLTSS refers to a wide range of services to support people living independently in the community and in Long-term care that addresses physical health needs as well as social determinants of health.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

By adapting a whole person-centered care concept, nurses understand that in order to successfully manage the medical needs of an individual, it is critical to recognize and address social barriers to their well-being. Some Medicaid beneficiaries have limited support at home or lack the financial means, which are critical in ensuring a plan of care that can be adhered to.

Since COVID-19, what are new or emerging issues that you see for the Medicaid population?

The COVID-19 pandemic has increased levels of stress as a result of increased food insecurity, caregiver burnout or loss of a caregiver, housing challenges and evictions, unemployment, social isolation and depression, and bed availability at skilled nursing or long-term care facilities. With the upcoming combination of COVID-19 and influenza season, flu campaigns are even more critical than ever in getting the message out on the importance of receiving the flu vaccine to decrease health risks.

As a nurse or midwife, how have you or your team's day-to-day interaction of Medicaid members changed since the start of COVID-19's presence in the U.S.?

As a result of COVID-19, Medicaid members are seeking more assistance with access to benefits, such as: IHSS for caregiver support, care coordination with community based organizations, and community resources for assistance with food, transportation and rent programs. L.A. Care's clinical and non-clinical teams conduct outreach calls to at-risk members to proactively identify and coordinate any potential MLTSS services members may use to continue living safely at home.

As you reflect over your experiences responding to COVID-19, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

Every interaction with our members and their families is important, since every touch point is an opportunity to improve a member's total well-being. COVID-19 has highlighted nursing roles outside of front line or direct patient care. Behind the scenes nursing roles in non-clinical settings (such as care management, utilization management, palliative care, and MLTSS) are all equally important in providing clinical, social, and community support to keep members living in the community by not only addressing their medical needs, but also critical day-to-day ones, in order to live a healthy and happy life.

Patricia Hegeman, RN, CCM

MLTSS Long Term Care Nurse Specialist L.A. Care Health Plan



Tell us more about your role as a nurse at a Medicaid managed care organization.

My role as a Long Term Care (LTC) Nurse is to provide resources for a vulnerable population who may not understand how to access quality health care in L.A. County. Our team is a resource for educating members (including their families, caregivers, and skilled nursing facilities) who are institutionalized in the community or are homeless. In addition to members, our education also focuses on a members families, caregivers, or skilled nursing facilities. I also review requests for LTC placement criteria and, when appropriate, coordinate referrals to other programs to support members if they wish to remain at home.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

As a public health plan, we understand that if people do not have housing or food, those social determinants may prevent them from accessing health care. L.A. Care provides a safety net to members who may otherwise need to go to a nursing home. Our organization is inclusive of culture, gender, color, and financial status. Our nurses are used to meeting people “where they are at.”

Since COVID-19, what are new or emerging issues that you see for the Medicaid population?

Some of the emerging issues I’ve encountered as a result of COVID-19 are rooted in the increase of social determinants of health issues (food scarcity, evictions on a mass scale leading to more homelessness, etc.) faced by members. The fears of unemployment, economic instability, and the risk of bringing home COVID-19 while living in a multi-generational home become stressors. This leads to members not accessing routine care such as vaccines for influenza, routine physicals, or seeking refills for lifesaving medications to treat their chronic illnesses, which in turn results in higher morbidity and mortality.

As a nurse or midwife, how have you or your team’s day-to-day interaction of Medicaid members changed since the start of COVID-19’s presence in the U.S.?

Interactions with LTC members changed from onsite visits to telephonic outreach. We continue to provide support with care coordination and transitions back to community. A critical part of our case monitoring also includes reporting COVID-19 cases and staying informed on bed availability. Caregivers and families share uncertainty towards the course of the disease and frustration from not being able to visit their loved ones who are institutionalized. Meanwhile, facilities endure staffing challenges due to COVID-19 spread.

As you reflect over your experiences responding to COVID-19, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

During the COVID-19 pandemic, my team was able to place a 64-year-old member in his own apartment. When we met two years ago, he had lived in a nursing home for five years. Prior to that, he was homeless, but he was high functioning with overall good health other than getting dialysis three times per week for his chronic renal failure. His doctor warned him that if he got COVID-19, he would die. He called me yesterday to let me know he is doing well, he is accessing providers, filling his medications, spending time with friends, and is using recommended precautions. During these unprecedented times, this was positive news I was glad to hear about!

Kendra Knox, RN, BSN

Clinical Coordinator - Care Manager Upper Peninsula Health Plan



Tell us more about your role as a nurse at a Medicaid managed care organization.

I am currently a care manager for a rural Medicaid/Medicare health plan. I help serve members living in adult foster care (AFC) homes. I work very closely with members, guardians, and AFC providers to learn what is important to each member and identify opportunities to improve health, safety, wellness, and quality of life. We focus on integrating care by leading a member's chosen team of providers, caregivers, family/friends, and behavioral health services to help members meet their goals.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nursing is a holistic profession, uniquely suited to be the "glue" holding together a system of support that is often otherwise very fragmented. We help align goals, identify and resolve gaps, and reduce errors and inefficiencies within this system, all while keeping the member at the center. Being this "glue" is especially valuable as we help our members anticipate, plan for, and access additional supports as their needs change over time.

Since COVID-19, what are new or emerging issues that you see for the Medicaid population?

Since COVID-19, access to technology is an emerging issue. Members living in AFC homes are quite isolated and likely will be throughout the winter. Day programs, community outings, adult basic education, sheltered work programs, and volunteer activities are almost all suspended. Family and friends are hesitant to visit. Technology can help fill the social void during the pandemic, but many members lack devices. Additionally, rural areas lack reliable cellular and internet service needed to facilitate this.

As a nurse or midwife, how have you or your team's day-to-day interaction of Medicaid members changed since the start of COVID-19's presence in the U.S.?

We have transitioned to entirely telephonic case management. COVID-19 comes up often with members. I provide education, help obtain equipment, develop back-up plans, and refer for mental health support. We are now launching virtual case management to ensure thorough assessments and accommodate members with barriers to telephonic communication. I encourage members, especially those in AFC homes, to explore other ways to use virtual platforms and classes to alleviate social isolation.

As you reflect over your experiences responding to COVID-19, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

Launching virtual case management has been my most memorable experience during COVID-19. Annual assessments and care plan reviews were due for seven members living in one AFC. They all are minimally verbal, but when I visit they are eager to engage via facial expression, nodding, hand gestures, and some sounds. With these visual cues, I can monitor their attentiveness and guide conversation to keep them involved. One AFC provider suggested Zoom, and we were able to make it happen. Finding a way to make every encounter meaningful during such uncertain times has been very rewarding.

Jan Kusserow

**Field Based Care Manager
Gateway Health**



Tell us more about your role as a nurse at a Medicaid managed care organization.

I've been at Gateway Health for 15 years. Previously, I worked as a facility developer in the substance abuse field. I love being in care management because of the ability to directly interface with members and to improve the service delivery at Gateway. I worked with our Medical Directors to build out new programs that will better serve our members' total health. It's been a great way to build out new skills. We have to be creative to provide what our members need.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

It's the knowledge. Nurses are taught critical thinking and to look along a continuum to treat the whole person. We are meeting people where they are to optimize their whole health. We address all the social determinants of health so they can achieve their best health. I try to find the resources that my members can easily access. I walk in the community to better understand what's available and what they are facing. We are geared to always take that extra step.

Since COVID-19, what are new or emerging issues that you see for the Medicaid population?

The members I have been in contact with are feeling extremely isolated and disenfranchised. Many of them can't get a mask. They have no idea what to do. I taught one member how to make a mask from an old shirt. Things we take for granted, they are not able to access or address. It comes down to getting basic resources for them - wipes, hand sanitizer, soap, etc. We are doing whatever we can to help, but this pandemic has amplified the disparities that exist.

As a nurse or midwife, how have you or your team's day-to-day interaction of Medicaid members changed since the start of COVID-19's presence in the U.S.?

It's very tough right now. I'm doing telephone calls much more often, and I've adjusted my hours to work in the evenings when people may answer their phone. I'm also doing a lot more online support which is a little difficult due to confidentiality. All of us are doing whatever it takes to get what our members need. We are now problem solving from afar using those critical thinking skills that are vitally important.

As you reflect over your experiences responding to COVID-19, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I was assigned a member with whom I worked in my previous job. She was someone who's been in and out of shelters, she was now homeless and was experiencing some health issues. I was able to get her into a clinic to receive necessary treatment, and I also lobbied for her to receive an extended stay. Initially, it was granted, but I learned that she was soon thereafter discharged back into the streets. Fortunately, I was able to track her down on a cell phone and help her connect with a behavioral health specialist in the area who, in turn, could help her locate housing. Since I'm not able to be in the community now, I kept tabs on her via regular phone calls and have since learned she missed scheduled medical visits. I continue to do what I can in the hopes that she will get to a better place.

Faith Langdon, RN, CM

Case Manager RN
Aetna Better Health of Pennsylvania



Tell us more about your role as a nurse at a Medicaid managed care organization.

At Aetna Better Health of PA, I am a CM on the Perinatal Team. I am part of a team working closely with maternity members to advocate for their specific needs. As a team, we offer resources, education, and support to our maternity members.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nurses take the time to listen to members. Nurses provide a level of support that allows members to feel connected and safe to talk about what their struggles are. Nurses take the time to educate our members in a way that members comprehend and apply what they have learned to make positive changes in their health.

Since COVID-19, what are new or emerging issues that you see for the Medicaid population?

As a nurse CM working with the maternity Medicaid population, an emerging issue is members understanding the importance of continuous prenatal care and going to their postpartum appointments. Maternity members are understandably anxious about going to their OB/GYN due to COVID-19. As a nurse, I can educate our maternity members on ways to reduce their risk of getting COVID-19 and opportunities to obtain prenatal care.

As a nurse or midwife, how have you or your team's day-to-day interaction of Medicaid members changed since the start of COVID-19's presence in the U.S.?

As a nurse CM on the Perinatal Team, I feel that not having the ability to offer face-to-face visits with members, can be challenging. Some members need that face-to-face visit to connect, to feel safe to open-up, and to feel supported.

As you reflect over your experiences responding to COVID-19, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

I had a member that voiced feeling very anxious because several members in her family tested positive for COVID-19. This member was anxious as her result was pending, and she was currently pregnant. This member also voiced feeling concerned about how COVID-19 would impact her family. I stayed in close contact with this member, providing support and letting the member vent to me her fears. This member called me as soon as her result came back, and she thanked me for being there for her during such a stressful time.

Lyrva Sanchez, RN, BSN, PHN

Palliative Care Nurse Specialist L.A. Care Health Plan



Tell us more about your role as a nurse at a Medicaid managed care organization.

As a palliative care nurse specialist, I have the unique opportunity of having a multifaceted role. My work includes identifying programmatic improvements, providing education, and promoting of the program. In addition, I also engage in front-line clinical work. Ultimately, my work is to connect seriously ill Medicaid recipients with quality palliative care services.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Nurses working with this population contribute to improving quality care, health outcomes, and controlling costs. Nursing roles lend themselves to a more patient and family-centered care model, rather than provider-centric care. Nurses embrace an approach to care that is holistic, inclusive of patients and families, and oriented towards patient empowerment.

Since COVID-19, what are new or emerging issues that you see for the Medicaid population?

The COVID-19 pandemic essentially destabilized the economy, and more individuals are turning to their state Medicaid agencies for health coverage. As a result of increased unemployment due to COVID-19, the Medicaid population may also experience more housing and food insecurity. COVID-19 also shined a light on issues related to care delivery, particularly for the most vulnerable populations.

As a nurse or midwife, how have you or your team's day-to-day interaction of Medicaid members changed since the start of COVID-19's presence in the U.S.?

The COVID-19 pandemic has not changed my interactions with members per se, as I previously had limited interactions with patients. However, the pandemic has created an underlying urgency in the pace at which I work in order to connect members to services. Our program delivers care to seriously ill patients in their homes and offers them dignity at end of life. Thus, I feel an increased sense of accountability for providing timely access to care.

As you reflect over your experiences responding to COVID-19, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

An unforgettable and very rewarding experience happened at the start of the pandemic, when I received a referral for a member who was unsheltered. The referring facility had found placement for him, but somehow failed to document the address. Because I lacked the location needed to connect the member to services, I was persistent and followed up with potential sources of information until I found that he had been transferred to a project room key site. Shortly after locating him, I was able to connect him with a provider and to this day, he is still under their care.

Shelly Schenk, RN

**Clinical Care Manager- Perinatal Team
Aetna Better Health of Pennsylvania**



Tell us more about your role as a nurse at a Medicaid managed care organization.

As a Care Manager for the perinatal population, I provide my members with support and education to ensure a healthy pregnancy and delivery. I encourage my members to complete their prenatal visits, testing, and take their prenatal vitamins or any prescribed medications. I make referrals to WIC, Maternity Home Visiting Programs, local pregnancy resource centers for assistance with supplies or educational classes, and any other community service that can improve the outcome of the pregnancy.

What do you think is the unique contribution and value of having nurses working with the Medicaid population?

Connecting members with programs and resources is valuable, but the skillset of nursing and the ability to answer pregnancy-related questions may be more valuable to our perinatal members. Because of my experience in OB/GYN nursing, I can recommend and encourage members to keep open communication with providers about what they may be experiencing and when they should be calling the provider for assistance.

Since COVID-19, what are new or emerging issues that you see for the Medicaid population?

Low income families, or those with complex social issues, may be affected by COVID-19 due to the pressures on the health and economic system. In maternity, the challenges of conducting telehealth visits rather than in-person visits has changed the consistency of prenatal care. Women are expected to attend visits on their own without their partners. For some first-time parents, this has been a difficult thing to overcome since this is a special time for them.

As a nurse or midwife, how have you or your team's day-to-day interaction of Medicaid members changed since the start of COVID-19's presence in the U.S.?

My day-to-day activity has not changed during COVID-19. My role is to provide remote telehealth CM services. What has become more difficult is navigating the closures due to COVID-19 and providing a member with needed services if the programs are not currently open or running normally. We have to be creative in finding resources.

As you reflect over your experiences responding to COVID-19, what has been your most memorable experience interacting with a family or individual enrolled in Medicaid?

Fortunately in my role, I work with a young and healthy population of women, and I have personally not come into contact with anyone infected with COVID-19. The members have been very responsive to the regulations and appear to be taking the precautions seriously.



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