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please visit the *UCare for Seniors* section on **ucare.org** and link to the Prescription Drug (Part D) information page. Or call Customer Services 24/7 at **612-676-3600** or **1-877-523-1515** toll free.

How members can receive complex case management services

Case management – also known as care management or care coordination – is a collaboration between the member and case manager to assess, plan, facilitate, evaluate and advocate for options and services to meet a member’s comprehensive health needs. UCare case managers work with members to ensure they have the necessary support to keep their health conditions in check and lead a healthy life.

UCare provides complex case management services for members with multiple complex conditions. UCare’s goal is to help members improve their health and quality of life, and become more self-reliant in managing their health care. UCare’s complex case managers are nurses who help our members by coordinating their care and access to services.

Members or their caregivers are encouraged to contact UCare to be screened for the complex case management program. They can complete the complex case management program referral form – found on **ucare.org** in the Important Coverage Information in About Us – or call the

case management numbers below. If members meet the program criteria, they are offered the option to enroll in our complex case management program. If members do not meet the program criteria, they may be referred to one of UCare’s disease management programs.

UCare’s Complex Case Management Phone Line:
612-676-6538

UCare’s Complex Case Management Fax Line:
612-884-2284

UCare cares about quality

UCare’s Quality Program upholds our mission to improve the health of our members through innovative services and partnerships across communities. The program is evaluated annually to ensure its structure is effective and meaningful and meets regulatory standards and guidelines. The results can be found in our annual program evaluation and are used to develop, prioritize and track our progress toward goals in the annual quality work plan for the upcoming year to assure the effectiveness of the program.

To learn more about UCare’s Quality Program and to view our annual quality documents, visit the Quality Highlights section of About Us at **ucare.org**.



Working Together for Your Health

A Guide to Your Health Care



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Are you curious about how we make coverage decisions? Did you know we continually monitor the quality of our services? Would you like to find the most current prescription drug list (formulary)?

We want you to get the most out of your UCare membership. That's why we created this guide to explain some of the ways we help you manage your health. The guide also provides important information about UCare's coverage decisions designed to help members receive the best care.



For detailed information about these health coverage topics, please visit the About Us section of our website – ucare.org – and link to Important Coverage Information. You can also call Customer Services 24/7 at **612-676-3600** or **1-877-523-1515** toll free. TTY text machine users can call **612-676-6810** or **1-800-688-2534** toll free.

How UCare makes coverage decisions

Utilization management – as we call our coverage decision-making process – refers to how our medical directors review and evaluate the medical necessity, appropriateness, and efficiency of the use of health care services, procedures and facilities. This health plan function supports our goal to provide the right care at the right time to our members.

At UCare, decisions about utilization management are based on appropriateness of care and service, and existence of coverage. We do not compensate practitioners or individuals for denials of service or authorizations; do not offer incentives to encourage denials of service or authorizations; and do not encourage decisions that limit use of services. UCare ensures objectivity and impartiality in making coverage decisions that will not influence hiring, compensation, termination or promotion.

We offer members access to utilization review staff during normal business hours, which are Monday–Friday, 8 a.m.–5 p.m. You can leave voicemail messages after hours (collect calls are accepted). Communications received after normal business hours are returned on the next business day. Contact numbers are as follows:

Monday – Friday, 8 a.m. to 5 p.m.:
Phone: **612-676-6705** or **1-877-447-4384** toll free

After-hours:
Fax (confidential): **612-884-2499**
Phone: **612-676-6705**

For TTY text machine users:
Phone: **612-676-6810** or **1-800-688-2534** toll free

Members can access these numbers to send requests for services or authorization, utilization requests, supporting clinical information and other documentation to support the service or authorization request. Interpretation services are available 24 hours, seven days a week, by calling Customer Services (**612-676-3600** or **1-877-523-1515** toll free) for members requesting language assistance.

How we evaluate new technology

We want our members to receive care that meets high medical standards, while making sure that it is the best quality of care and value. When new technologies enter the marketplace (devices, procedures and medications), UCare's medical leaders carefully evaluate them for effectiveness. We use information gathered from many sources, including high performing organizations, in our evaluation.

How we administer your pharmacy benefits

UCare for Seniors members enrolled in a plan with a prescription or pharmacy benefit receive coverage for drugs included in UCare's formulary (drug list). The formulary is selected by UCare in consultation with a team of health care providers, and represents the medications believed to be a necessary part of a quality treatment program. Members must use network pharmacies to access their prescription drug benefit.

For the most current drug list and pharmacy benefits information – including medications affected by Prior Authorization and Step Therapy requirements –

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