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UCare Provider Website www.ucare.org/providers

Provider Assistance Center 612-676-3300 1-888-531-1493 toll free

UCare Products for 2016

UCare will proudly serve members of these health insurance products in 2016.

- **Minnesota Senior Health Options** (MSHO) – Integrates Medical Assistance and Medicare services and payments for people age 65 and older.
- **Minnesota Senior Care Plus** (MSC+) – For people eligible for Medical Assistance age 65 and older.
- **UCare Connect** (a.k.a. Special Needs BasicCare, or SNBC) – For adults with certified disabilities (physical and/or mental illness, certified by state or federal government) ages 18-64 (may remain in SNBC when they turn 65).
- **UCare Choices and Fairview UCare Choices** – Commercial products for individual and family coverage available through MNsure.
- **UCare for Seniors** (UFS) – Medicare Advantage products for people eligible for Medicare.
- **EssentiaCare** – A new Medicare Advantage product offered in partnership with Essentia Health for Medicare-eligible people in 10 north-central Minnesota counties.
- **MinnesotaCare** and **PMAP** in **Olmsted County** – Income-based Minnesota Health Care Programs for individuals and families.

UCare for Seniors/EssentiaCare Member Information Meetings

With 2016 just around the corner, encourage your patients interested in UCare’s Medicare options to attend one of many Medicare-related informational sessions in their area. In UCare for Seniors/EssentiaCare Information Meetings, UCare representatives review the benefits for each of our Medicare plan options.

Our UCare for Seniors Medicare plans are available in all 87 counties throughout Minnesota. Our EssentiaCare Medicare plans are available in ten Minnesota counties: Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, and St. Louis.

Click [here](#) to see the schedules for these sessions. Seating is limited, so attendees are asked to either enroll online or make a reservation by calling 1-877-523-1518 toll free (TTY 1-800-688-2534 toll free) from 8 a.m. to 8 p.m. daily.
Information Regarding the DHS Annual Health Plan Selection for 2016

As many of your PMAP and MinnesotaCare patients will transition to new health plans in 2016, please help remind them of important dates. Below are the key dates for the annual health plan selection as set forth by the Minnesota Department of Human Services (DHS). For more details, patients in these programs can contact the Minnesota Health Care Programs Member Help Desk at 651-431-2670 or 800-657-3739.

DHS created a website with information for enrollees transitioning to new health plans. Providers may also find this information helpful. Please visit http://mn.gov/dhs/health-plan-selection/.

Providers may also find answers to member transition questions by referencing the Frequently Asked Questions document UCare recently developed.

2016 UCare SEATS Program Update
UCare will continue to partner with Olmstead County for the SEATS program in 2016. UCare Connect (SNBC) members will not be eligible for car seats in 2016.

All UCare Providers: Critical Business Reminders

Critical Reminders
UCare’s provider website is a key source for network providers. Please note that information about the following items can be found on the provider website at www.ucare.org/providers.

Quality Program Update
Thanks to strong collaboration with our providers and community partners, UCare delivers measurably high-quality care to every one of our members. Our Quality Program works to ensure that all of our services meet high standards of quality and safety. Each year UCare strives to improve all of the services we provide and our quality monitoring and program initiatives continue to demonstrate positive outcomes.

The Quality Program is evaluated on an annual basis to ensure the program 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 towards 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 Initiatives page on our provider website or at: www.ucare.org/providers/Resources-Training/Pages/QualityPrograms.aspx.

Pharmacy
To view UCare’s most up-to-date formularies and exception process, please visit the Pharmacy site on the Provider website or at: https://ucare.org/providers/Eligibility-Authorizations/Pages/Formularies.aspx.

The formularies list pharmaceuticals by class and outline preferred products, Prior Authorization criteria, Step Therapy criteria, Quantity Level Limits and those products that may be subject to limited availability or access. To obtain authorization for a medication that is subject to clinical restrictions (Prior Authorization, Step therapy or quantity level limits) or request a non-formulary exception, please submit UCare’s Minnesota Uniform Form for Prescription Prior Authorizations (PA) Requests and Formulary Exceptions with appropriate clinical documentation to Express Scripts for initial review.
Clinical Practice Guidelines
UCare, through its Quality Improvement Advisory and Credentialing Council (QIACC), adopts and disseminates evidence-based clinical practice guidelines from nationally or locally recognized sources to support good decision making by patients and clinicians, improve health care outcomes, and meet state and federal regulatory requirements.

At least every two years, QIACC reviews and approves the content of the guidelines.

UCare recently reviewed and approved the following Institute for Clinical Systems Improvement (ICSI) guidelines:
- Diabetes Mellitus (last ICSI update was July 2014, UCare reviewed in August 2014)
- Routine Prenatal Care (last ICSI update was July 2012, UCare reviewed in October 2014)

To view UCare’s most currently adopted clinical practice guidelines, visit Chapter 24 in the UCare provider manual or at: www.ucare.org/providers/Resources-Training/ProviderManual/Pages/ProviderManual_24.aspx

UCare continues to maintain the following medical clinical practice guidelines:
- Asthma, Diagnosis and Management
- Diabetes, Type 2; Diagnosis and Management
- Heart Failure in Adults
- Obesity for Adults; Prevention and Management
- Prenatal Care
- Preventive Services for Adults
- Preventive Services for Children and Adolescents

UCare continues to maintain the following behavioral health clinical practice guidelines:
- Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder
- Assessment and Treatment of Children and Adolescents with Depressive Disorders
- Treatment of Patients with Major Depressive Disorder
- Treatment of Patients with Schizophrenia
- Treatment of Patients with Substance Use Disorders

Member Rights and Responsibilities Statement
UCare takes member rights and responsibilities seriously. Members are advised of their rights and responsibilities in their annual Evidence of Coverage or Member Contract document. If you are interested in viewing UCare’s Member Rights and Responsibilities, please access the documents on the Provider website at: www.ucare.org/providers/Resources-Training/Pages/ResourcesByPlan.aspx and select the product you would like to review.

Compliance, Appeal and Grievance Procedure Reminder
UCare takes compliance matters, appeals and grievances seriously and want to remind you of our internal process. As a reminder, contracted physician may request reconsideration on behalf of a member for pre-service. For post-service (claims), a contracted physician may request a reconsideration but must be an authorized representative for the member. You can find more information in our Provider Manual, Chapter 18, in the section titles, “Appeals | Definitions & Overview”. www.ucare.org/providers/Resources-Training/ProviderManual/Pages/ProviderManual_18.aspx

Disease Management Information
UCare offers many programs to assist your patients who have one or more of the following conditions:
- Asthma
- Diabetes
- Heart Failure

For a more in-depth look at what UCare offers, please reference the bulletin that was distributed in June 2013 for a comprehensive overview of each topic.

(All UCare Providers: Critical Business Reminders continued...)
Reminder
UCare’s Provider Manual goes through a revision process has been thoroughly updated. The content in each chapter has gone through our revision process and the entire manual reflects current business practices. As a reminder, the Provider Manual has critical information in it so referencing it regularly for up to date content is important.

What’s needed from you?
- Access the Provider Manual
- www.ucare.org/providers/Resources-Training/Provider-Manual
- Review all Chapters that impact your business, paying special attention to those mentioned above
- Ensure you have a thorough understanding of UCare’s expectations of you as a contracted Provider
- Reach out with any questions or concerns

Advanced Directives Reminders
UCare provider contracts (Sections 1.1 and 5.7) require providers to accurately document in the patient’s medical record whether or not advance directive rights were discussed. If executed, the advance directive must be maintained in the patient’s file.

The term “advance directive” is used in federal law and regulation, while the state of Minnesota uses the term “health care directive.” A health care directive is “a written instrument that complies with section 145C.03 (https://www.revisor.mn.gov/statutes/?id=145C.03&year=2013) and includes one or more health care instructions, a health care power of attorney, or both; or a durable power of attorney for health care executed under this chapter before August 1, 1998.” For the purposes of this article, the terms are used interchangeably.

A health care directive is a tool allowing a member age 18 years or older to:
- Leave written instructions so that another person can make decisions based on the member’s wishes and preferences; and/or
- Appoint another person (called an agent) to make health care decisions for the member when, in the judgment of the member’s attending physician, the member is unable to make or communicate health care decisions.

The appointed agent cannot be: 1) the attending health care provider on the date the health care directive was executed or on the date the agent must make decisions for the member; or 2) an employee of the attending health care provider on the date the health care directive was executed or on the date the agent must make decisions for the member. There are two exceptions: 1) the individual is related to the member by blood, marriage, registered domestic partnership, or adoption; or 2) the member has otherwise specified that agent in the health care directive.

Each year, UCare conducts an Advance Directive Audit as part of the Medical Record Standards Audit. We (or our vendor) document whether an advance directive, or evidence of a discussion about advance directive planning, is found in the UCare member’s medical record (for adults age 18 and older). We share results of these audits with providers.

Additional information about UCare’s requirements can be found in Chapter 16 of our Provider Manual found on this page of our website: https://ucare.org/providers/Resources-Training/Provider-Manual/Pages/ProviderManual.aspx .

If you have further questions, contact UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

Other References:
- Sections 1866(f), 1902(a)(57), and 1902(w) of the Social Security Act
- 42 CFR §§422.128, 431.20, and 489.100-.104
- Minnesota Statutes, chapter 145C

UCare’s MSHO Model of Care Trainings for Providers
Members of UCare’s Minnesota Senior Health Options (MSHO) product face a host of unique challenges and barriers to getting the care they need, including a high prevalence of acute and chronic medical conditions, advancing age, geographic location, ethnic/cultural beliefs, and many others.

UCare’s MSHO product is designed with a unique set of benefits and services to help members meet these needs and help them stay healthy and independent.

A key component of the MSHO product is the assignment of a care coordinator to every MSHO member, who will:
- Conduct a face-to-face health risk assessment in the member’s home to help identify care needs.
- Develop a comprehensive care plan for each member, which is shared with their primary care clinic.
- Act as a liaison with health care providers.

Our care coordinators are qualified professionals such as registered nurses, nurse practitioners, and licensed social workers who are experienced in working with the elderly. Care coordinators work with the provider, member, and other members of the interdisciplinary care team to help coordinate care for members. They also provide support in the event of a care transition. Our robust provider network is designed to meet the needs of MSHO members, and providers are encouraged to follow clinical practice guidelines available on our website. Our model of care is evaluated annually.

UCare requests providers attend annual training on our Model of Care (MOC), to find out how care coordinators can help coordinate services for MSHO members.

UCare offers training to providers on our MSHO MOC in a variety of ways, via:
- An audio recording and PowerPoint presentation of MOC training posted on UCare’s provider page of our website.
- In-person presentations at select provider offices (and available upon request).
- Annual MOC overview presented at care coordinator trainings.
- MOC brochure mailed to select provider offices and available upon request.
- MOC information in new provider orientation packets.
- FAQ document available to providers that outlines our MOC.

The audio recording consists of a short presentation designed to give providers a high-level overview of the MSHO product and highlight the care coordinator’s role in working with providers to help members get needed services and supports.

We hope providers will take advantage of the opportunity to learn more about our MSHO program and how to utilize resources and tools to support members across health care settings. Providers may request a presentation of our MOC by emailing UCare’s Clinical Liaisons at clinicalliaison@ucare.org.

**Therapy Providers: Health Services Management, Inc. (HSM) has Changed its Name to Magellan Healthcare**

Effective November 30, 2015, Health Services Management, Inc. (HSM) changed its name to Magellan Healthcare. This name change does not impact day-to-day operational activities at Magellan Healthcare related to UCare. Visit Magellan Healthcare at [https://www.hsminc.com/ucare](https://www.hsminc.com/ucare) for more information, or call Magellan Health directly at 952-225-5700 or 1-888-660-4705.

Did you also know you can request therapy authorization online to Magellan Healthcare? It’s easy and fast! If you prefer to fax authorizations, fax it to 1-888-656-1952 or 1-888-656-2205.
Unused Units of Elderly Waiver (EW) Services Cannot Be Carried Over

Please remember that unused units of EW services (such as homemaking and adult day services) cannot automatically be carried over to the next week unless there is a request, and it has been approved by the assigned UCare case manager. If UCare receives claims for a greater number of units than is authorized on a weekly basis, this may result in the claim being denied.

Elderly Waiver Updates

Effective 1/1/2016, all EW services will require an authorization from the assigned MSHO/MSC+ case manager for claims payment purposes. If you do not have documented written approval, please contact the member’s case manager or UCare Clinical Services at 612 676-6705 for assistance.

Personal Care Assistance (PCA) Service

Effective 1/1/2016, service approvals for Personal Care Assistance (PCA) will be divided between two six-month date spans. UCare members eligible for PCA who also have an approval for PCA, may use their PCA hours/units in a flexible manner to meet their needs within the following limits:

1. Total authorized hours/units must be divided between two six-month date spans.
2. Units cannot be transferred from one six-month date span to another.
3. Additional PCA hours/units cannot be added unless there is a change in condition.

Reminder: The UCare member/responsible party and PCA provider agency are responsible to monitor the use of PCA hours/units. Persons are not eligible for flexible use of PCA hours/units when any of the following occur:

- The Health Plan denies flexible use
- DHS revokes or denies flexible use
- Person is assigned to the Minnesota restricted recipient program (MRRP)

Questions regarding this change can be directed to UCare Clinical Services at 612 676-6705.

Online Health Assessment Available for UFS, UCare Choices and Fairview UCare Choices

Online Health Assessment is now available to UCare members newly enrolled in UCare For Seniors (UFS), UCare Choices and Fairview UCare Choices plans and to existing members in these plans on their membership anniversary date after January 1, 2016. Please encourage UCare members enrolled in UFS, UCare Choices and Fairview UCare Choices to take the survey online.

UCare members complete their health assessment survey online at UCare.org by first logging in to the member site and then opening the Health Assessment in the My Plan Information tab. Health assessment survey results are available to members instantly after completing the online option. Information from the health assessment may be shared with member’s PCC. Members may be contacted by a case manager or health coach for further assistance.

Please note that, UCare members continue to have the option to complete their health assessment survey on paper sent by Protocol Driven Health, Inc. (PDHI) on behalf of UCare. Results received via paper assessments will be sent to members in the mail. All answers received on health assessment surveys, whether online or on paper, are confidential and will not affect member’s UCare coverage.

Members are encouraged to call UCare Customer Services number listed on the back of their ID card if they have additional questions related to the health assessment survey.

Documentation Improvement: Focus on Stroke
Documenting and coding for cerebrovascular accidents (CVA/Stroke) can be challenging due to the meaning behind the diagnosis and code set. During a CVA, blood supply to the brain is interrupted or dramatically reduced; without the supply of blood, the affected area of the brain starts to die. It is only during the initial care of a CVA/stroke that the diagnosis of stroke and corresponding diagnosis codes are appropriate.

When a provider is evaluating and treating a patient in the office after the initial care of CVA/stroke (i.e., after hospital discharge), the provider is usually addressing one of two situations: The patient either has made a recovery without lasting complications; or, there is one or more residual conditions. When there are no lasting complications, history of CVA/stroke is the appropriate diagnosis and code assignment. If there are late effects of the CVA/stroke, the documentation should clearly note the deficit and treatment allowing the sequelae of stroke code to be assigned. Using an acute CVA/stroke diagnosis for either of these two types of visits would be erroneous.

Accurate documentation and code selection is necessary to correctly report the health status of your patients and their needs post CVA. Taking an extra moment to document the correct diagnosis and select the corresponding diagnosis code will ensure this accuracy.

Behavioral Health Providers: Effective Jan. 1, 2016: Master’s Level Reduction Update

Background
Effective January 1, 2016 UCare will align payments with rates published by the Department of Human Services (DHS) for master’s level prepared mental health providers who render services to Minnesota Health Care Program (MHCP) enrollees. Please note, UCare will continue to apply a 10% reduction to all MHCP services provided by Nurse Practitioners.

Which provider types are impacted?
The provider types that may receive master’s level reductions when billing UCare for mental health services provided to MHCP enrollees include, but are not limited to, the following:

- Clinical Nurse Specialist (CNS)
- Licensed Independent Social Workers (LICSW)
- Marriage and Family Therapists, licensed (LMFT)
- Nurse Practitioners (see note above)
- Professional Clinical Counselors, licensed (LPCC)
- Psychological Counselors (LPC)

Master’s level reductions are not applied to providers delivering services in a Community Mental Health Center. Information regarding MHCP requirements can be found here.

Additional Resources:
DHS – Mental Health Codes, Maximum FFS Rates & Eligible Providers document
MHCP Fee Schedule website

UCare Provider Website
www.ucare.org/providers

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Provider Assistance Center
612-676-3300
1-888-531-1493 (toll free)
Contact the newsletter staff: healthlines@ucare.org

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