UCare Expands Medicare Offerings with Provider Partnerships

**EssentiaCare Expanding to Three Wisconsin Counties**

UCare and Essentia Health will expand the **EssentiaCare** Preferred Provider Organization (PPO) Medicare Advantage plan to Bayfield, Douglas and Washburn counties in western Wisconsin. **EssentiaCare** was launched in 2016 as a shared model that combines UCare’s comprehensive Medicare coverage with the Essentia Health network of physicians, advanced practitioners, clinics and hospitals in 10 Minnesota counties. Educational Medicare Basics sessions were held in Wisconsin to inform Medicare-eligible enrollees about the parts of Medicare, enrollment timelines, plan types and coverage options.

**UCare, Fairview and North Memorial Health partner to launch new Medicare Advantage plan in 2019**

UCare is teaming up with Fairview Health Services and North Memorial Health to offer a new Medicare Advantage HMO-POS plan in eight metro counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey and Washington. **UCare Medicare with Fairview and North Memorial** features an accountable care model in which members receive care in a defined yet comprehensive health network that partners with UCare to deliver highly coordinated care.

Members of the plan will gain an extensive network of providers from Fairview, HealthEast, North Memorial Health and a quality network of independent providers who provide primary and specialty care throughout the health systems. The network also includes the University of Minnesota Medical Center. In total, the network spans 3,300+ affiliated providers, 12 hospitals and medical centers, nearly 700 clinic locations and 40+ retail pharmacies.

Complete [information on both of these offerings](#) is now available.

**UCare Still Accepting Provider Directory and Subdirectory Questionnaires**

In August, UCare sent a questionnaire requesting information about cultural competency training and accessibility for each location owned or managed by your organization (e.g., clinics, DME, hospitals, SNFs, ASCs, etc.). Please return this questionnaire to UCare, if you have not already done so.

The Minnesota Department of Human Services ("DHS") and the Centers for Medicare & Medicaid Services (CMS) require UCare to collect information about cultural competency training and accessibility for print and online directories. UCare asks that you respond to the questionnaire as best as you can. It is acceptable to leave sections...
What is Cultural Competency?

Cultural and linguistic competence is the ability to provide care to patients with diverse values, beliefs and behaviors, and to tailor the delivery of care to meet patients’ social, cultural and linguistic needs. The ultimate goal is a health care delivery system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, language proficiency, literacy, age, gender, sexual orientation, disability, religion or socioeconomic status. Please reference the CMS definition of cultural competency for additional information. (Section 438.10 - Managed Care Federal Regulation "MCFR")

Providers who deliver health care services to Minnesota Health Care Programs (MHCP) members enrolled in a Managed Care Organization (MCO) are required to share information regarding cultural competency training and accessibility for people with disabilities per Section 438.10 - MCFR. UCare does not offer training and does not provide guidance on what training would meet this requirement.

Correcting Demographic Information

If any of the demographic information listed on UCare’s questionnaire is incorrect, please update it online:
- Go to the Manage Your Provider Profile page. (From UCare.org/providers choose Provider Center on the top navigation bar, under Are You a Current Provider click the Update Your Information button.)
- Choose one of the options on that page to update your information.

Accurate Member Information Is Key to Smoother Claim Submissions

Providers should ask for a current member insurance card each time a member presents for services. This lets you update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing.

The UCare member ID number (1) listed on the card or returned on the electronic eligibility and benefit transaction should be submitted on the claim exactly as provided. No digits should be added or excluded. Please note that all UCare members have their own unique member ID numbers. Do not submit claims using the subscriber ID number with a dependent code.

Maintaining current insurance information (2) for members is imperative to successful and timely claims processing. Wrong member information can cause suspected fraudulent claims investigations and HIPAA violations, so please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID#, birth date, address, etc.).
New Cost Estimate Request Form Available for UCare Choices and Fairview UCare Choices Members

It’s not uncommon for members to request estimates for medical services they are considering. This information can influence their decision on what treatment they will undertake and which provider they will choose.

UCare has developed a new Cost Estimate Request form for UCare Choices and Fairview UCare Choices members to improve this process. Here’s how it works:

1. The member will download the form from UCare.org and print it. The form is located on the login page of UCare’s Member Portal.
2. The member will complete the first section of the form and give the form to a UCare contracted provider.
3. The UCare contracted provider will complete the provider section of the form. Please list all service or product components to ensure a more accurate cost estimate.
4. Next, return the form to UCare per the instructions outlined at the bottom of the form.

UCare will create the cost estimate based upon the information submitted and send it along with the completed form to the member.

We greatly appreciate your timely completion and submission of these forms. Thank you for working with UCare as together we help improve our members’ health.

Model of Care (MOC) Training for Providers - UCare’s MSHO and UCare Connect + Medicare

All providers are required by the Centers for Medicare & Medicaid Services (CMS) to complete annual Model of Care (MOC) Training. The training promotes understanding of the management and procedures necessary to provide services and coordination of care to members.

UCare’s Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare members face a host of unique challenges and barriers to getting the care they need. These products are designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

Both plans are Dual Eligible Special Needs Plans, meaning that the member’s Medicare and Medicaid benefits and services are integrated into one benefit package.

CMS requires training be provided to participating providers on the Model of Care. Providers are required to complete one training option annually. Two options are available:

- Review the MSHO and UCare Connect + Medicare Model of Care description posted on UCare’s model of care training page for providers and maintain a signed attestation of completion within your site.

OR
- Attend in-person presentations, which are available upon request.

Following the training, share or review the information with all appropriate staff and partners at your clinic. Providers must document and maintain training completion records and provide such records to UCare upon request to confirm that the training has been completed. Providers may also contact us at clinicalliaison@ucare.org for information about our MSHO and UCare Connect + Medicare Model of Care training.
Medicare Changes Coming in 2019

On Jan. 1, 2019, Cost Plans, a type of Medicare plan, will be closing in 66 Minnesota counties. UCare members are not impacted by these changes. UCare plans are Medicare Advantage plans and are not affected. The changes to Cost Plans will, however, impact about 315,000 of the total 370,000 Cost Plan members.

Again, this change does not impact our members or members of Medicare Advantage plans. If you receive questions from our members, please assure them that we will continue to offer them great service, now and in the future.

Following is a list of Cost Plans:

- **Medica:** Prime Solution Basic, Prime Solution Basic with Rx, Prime Solution Basic with Rx2, Prime Solution Enhanced, Prime Solution Enhanced with Rx, Prime Solution Enhanced with Rx2, Prime Solution Thrift, Prime Solution Thrift with Rx, Prime Solution Thrive with Rx, Prime Solution Value, Prime Solution Value w/Rx, Prime Solution Value w/Rx2
- **Blue Cross:** Platinum Blue Choice Plan, Platinum Blue Choice Plan with Rx, Platinum Blue Complete Plan, Platinum Blue Complete Plan with Rx, Platinum Blue Core Plan, Platinum Blue Core Plan with Rx

For those who are losing their coverage, we are available to help with their Medicare questions or concerns — 1-877-523-1518. Note: Information on our 2019 Medicare Advantage products will be available as of October 1, 2018.

Documentation Improvement - Vascular Disease

The vascular system is the body’s network of blood vessels, which includes the arteries and veins that carry blood to and from the heart. One of the most common forms of vascular disease is peripheral artery disease (PAD)/peripheral vascular disease (PVD). PAD is when the arteries in your legs are affected by the narrowing of the arteries due to plaque buildup. The collection of fatty deposits and other substances in the arteries is called atherosclerosis. Over time this causes the artery to become blocked, narrowed or weakened.

To document to the highest level of specificity, the following elements should be included in the medical documentation:

- Location: vein/artery affected
- Laterality: left, right, bilateral, ulcer site
- Complications: intermittent claudication, rest pain or ulceration (identify specific site and ulcer depth)
- Cause: due to diabetes, atherosclerosis, other (with or without gangrene)
- Status of artery and grafting material: native, bypass graft (autologous, non-autologous biological)
- Exposure/Tobacco Dependence: tobacco use/dependence, history of tobacco use, exposure to environmental tobacco smoke

Clear and complete documentation will ensure that the patient’s health status is accurately documented and reported. Properly documenting and reporting all diagnoses to the highest level of specificity supports medical necessity and improves patient care.

Reference:
Risk Adjustment Documentation & Coding; Bernard, Sheri Poe CCS-P, CDEO, CPC, CRC; 2018.
Website Tip of the Month: SEATS Car Seat Program

The Seats Education and Travel Safety (SEATS) Program provides car seats and safety education at no charge to eligible UCare members who are pregnant or with children up to age 8. For questions, please email SEATS@ucare.org.

1. From the Home page, select Provider Manual and Resources.
2. Click on SEATS Car Seat Program.

If you have a website question you’d like to see answered in a future column, please email it to mailto:providernews@ucare.org.
Clinical Services Utilization Review Survey Is Closed--Thank You for Your Feedback!

Our Clinical Services team would like to thank you for taking the time to provide feedback on UCare’s processes related to utilization review. Respondents who completed the survey were entered into a drawing for a chance to win one of two free lunches from UCare. Congratulations to the winners: Sharon Gomez and Diana Deidrich!