UCare Provides Individual & Family and Medicare Members with COVID-19 Financial Relief

As COVID-19 continues to impact Minnesotans’ safety, health and financial security, UCare is taking several actions* to make health care more accessible and affordable:

- Removing copays for Medicare primary care and mental health clinic services – including telehealth – effective June 1 and during the COVID-19 public health emergency.
- Continuing to waive copays, coinsurance and deductibles for COVID-19 tests and associated clinic, urgent care and emergency room visits.
- Continuing to waive copays, coinsurance, deductibles for COVID-19 in-network, inpatient hospitalizations through September 2020.
- Reducing member premium payments** by 20% in July and August 2020.
- Supplied health care providers, group homes, nursing homes, assisted living facilities, social service organizations and vulnerable members with telehealth home kits, masks, healthy snack boxes and iPads.
- Offered $25,000 grants to small provider groups and community clinics to build infrastructure during COVID-19.

In the past few months, members’ use of health care services and associated claims were lower than expected due to COVID-19. This enabled UCare to offer members financial relief and providers resources to ease the way for them to reconnect.

“We are concerned that our members – including older and more vulnerable members – are forgoing needed care at this time,” said UCare President and CEO Mark Traynor. “As a result, we are adjusting coverage and costs to support members’ health. We want members to access essential care, and we are pleased to enhance providers’ ability to provide that care.”

UCare has created a COVID-19 Member Relief Q&A for members that further outlines these measures. Additionally, UCare has a Coronavirus (COVID-19) Information for Providers web page to assist our provider partners in navigating this fluid situation. Please check the website often as the information is updated regularly. (continued)
*Member financial relief measures are in place during the duration of federal and state public health emergencies. If the public health emergencies end sooner, then benefits will revert back.

**20% premium payment reductions also apply to separate dental plans for Medicare members in July and August 2020.

Coordination of Benefits Reminder for Individual & Family Plans and Medicare

When submitting claims for UCare Individual & Family Plans (IFP) and UCare Medicare Plans members, only submit an explanation of payment when the other insurance is known to be the primary plan.

Do not attach an explanation of payment when:

- The other insurance is Medicaid. Medicaid is the payer of last resort and is never the primary plan to an IFP or Medicare plan.
- The other insurance has denied the service(s) with CO-109-Claim or service not covered by this payer or contractor.

Attaching an explanation of payment for reasons listed above will cause an unnecessary delay in the processing of the claim.

Do attach an explanation of payment when:

- The IFP or Medicare plan is the secondary plan and include the other carrier’s payment determination.

COVID-19 Information for Providers

The COVID-19 situation is changing quickly, and we are monitoring changes closely. To assist our provider partners in navigating this changing situation, UCare created a COVID-19 Information for Health Care Providers page on our Provider Website earlier this spring.

The website covers the following topics:

- Adding Practitioners/Locations on a Temporary Basis
- Authorizations
- Billing and Payment
- Credentialing
- Member Information
- Pharmacy and Formularies
- Telehealth

Since the beginning of May, we have updated the following sections:

- Landing Page
  - Added note that we are working to finalize our system edits to recognize changes and modifications in the payment of claims and how we will work with providers to handle claims during the interim period.
  - Added note that UCare is removing copays for Medicare primary care and mental health clinic services - including telehealth - effective June 1.
- Billing and Payment (continued)
• Expanded the list of CPT/HCPCS Codes for COVID-19 testing.
• Added new sections titled “Increase to the MS-DRG for Confirmed COVID-19 Cases – UCare Medicare Advantage and Individual & Family Plans Products,” “Remote Patient Monitoring – UCare Medicare Advantage and Individual & Family Plans Products” and “Helpful Resources.”
• Under COVID-19 Test and Treatment, the date has been extended to September 30, 2020, for UCare waiving coinsurance, copays and deductibles for in-network hospital services to treat COVID-19.
• Added note that UCare is removing copays for Medicare primary care and mental health clinic services - including telehealth - effective June 1.

- Telehealth – Updated entire section.

UCare is monitoring inquiries for common questions and will update these web pages with additional information as it becomes available. We recommend visiting the site regularly for the latest information.

**Documentation Improvement: Telehealth**

Due to the increase in need for telehealth visits, here are some general guidelines to properly document these services:

- Consent from the patient to receive services via telehealth.
- Indicate method for providing the visit (for example, telehealth provided via real-time interactive audio and video, audio only visit, etc.)
- Document the date and duration of the visit.
- Complete visit documentation as you would for an in-person visit. Some or all the following may apply based on type of visit conducted:
  - Personal identifying information
  - Past medical, family and social history
  - Chief complaint
  - History of present illness
  - Associated signs and symptoms, with detailed review
  - Pertinent screenings (for example PHQ-9 screening for depression)
  - Applicable referrals
  - Medication review
  - For chronic conditions, documentation evidence of monitoring, evaluating, assessing or treating, which can include the status and complexity
  - Provider-directed patient self-examination (including mobile medical devices if needed)
  - Assessment and plan

Include the elements above in your documentation to help ensure quality and continuity of care. For more on telehealth, please refer to UCare’s provider website.

Updates from the Mental Health and Substance Use Disorder Services Department

New Email Address

The email address for the Mental Health and Substance Use Disorder Services (MSS) Intake Team has changed to MHSUDservices@ucare.org. The previous email address (behavioralhealth@ucare.org) will be available for a couple of months before being discontinued to allow for transition time. We encourage you to begin using the new email address as soon as possible to prevent delays in communication with the MSS team. To ensure member’s health information is protected, please use UCare’s Secure Email Site to transmit an email communication to our Intake team.

Model of Care Training

UCare’s Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare plans are Dual Eligible Special Needs Plans, meaning that the member’s Medicare and Medicaid benefits and services are integrated into one benefit package, with Long Term Services and Supports incorporated in the MSHO product. The Model of Care (MOC) describes the population, management, procedures and UCare’s approach to caring for our population. It also details how UCare provides and coordinates benefits and services for these members.

UCare’s 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.

The Centers for Medicare and Medicaid Services (CMS) requires training on the Model of Care for providers on the management and procedures necessary to provide services and coordination of care to members to promote knowledge of the MSHO and Connect + Medicare population and assist providers in caring for these members.

All providers are required by CMS 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 website (https://home.ucare.org/en-us/providers/model_of_care_training).

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. UCare recommends that you document and maintain training completion records.

Providers may also contact us at clinicalliaison@ucare.org for information about our MSHO and UCare Connect + Medicare Model of Care training.
**Nicotine/Tobacco Cessation Services For UCare Teenage Members**

Services through UCare’s nicotine/tobacco quit line (Quit for Life) are now available to members ages 13-17. Nicotine use rates continue to rise in Minnesota teens due to an increase in vaping/e-cigarette-use. We hope this expansion in cessation services will better support our young members in making positive decisions towards health.

- Members ages 13-17 do not need parental consent to receive services from the quit line program.
- Teens will have 24/7 access to a phone Quit Coach (1-on-1 support), online live-chat with a Coach and access to the interactive Quit for Life website.
- Teens will not have access to the free nicotine replacement therapy (NRT) starter kit and texting program. For tobacco cessation aids, members will need to contact their health care provider.

To engage in UCare’s tobacco quit line program, visit [www.myquitforlife.com/UCare](http://www.myquitforlife.com/UCare) or call 1-855-260-9713, 24 hours a day, 7 days a week.

**Provider Assistance Center Holiday Closure**

UCare and the Provider Assistance Center (PAC) will be closed **Friday, July 3** for observance of Independence Day. If you need assistance that day, log into the Provider Portal or you can use the self-service options on our interactive voice response (IVR) system.