Culture Care Connection is Revitalized with Timely Health and Racial Equity Content

Conditions where people live, work and play influence health outcomes 80% compared with biological health conditions that influence outcomes 20%. Yet, health screenings, referrals and care processes rarely take community-based social drivers of health or social determinants of health (SDOH) into account. In addition, the impacts of systemic racism and unconscious bias have largely gone unnoticed in determining health care access, treatment and outcomes in communities of color.

UCare and Stratis Health have partnered to redesign Culture Care Connection and its unique online learning and resource center. The refreshed site offers tools, resources and training for health care professionals that tackle inequitable care and biases and improve patient and community health.

“UCare is excited to strengthen our partnership with Stratis Health as we continue to advance health and racial equity for our members and communities,” said Ghita Worcester, UCare’s Senior Vice President of Public Affairs and Chief Marketing Officer. “Helping our provider partners take action and stay current about health equity, disparities, anti-racism, and related topics helps them deliver the best possible patient care and helps patients achieve their best possible health.”

Implicit biases can impact clinician-patient interactions. Clinicians may provide the same information to all patients about treatment choices, risks and outcomes, but nonverbal cues can counter efforts to display empathy or build rapport. Bias can change a patient’s behavior, resulting in higher treatment dropout, lower participation in screenings and vaccines, delays in filling prescriptions, poorer perception of care quality, avoidance of health care, and ultimately, worse health outcomes.

Culture Care Connection’s robust new section on addressing bias and driving equity provides resources for health care providers to start the journey of identifying bias and building anti-racist cultures. The enhanced digital resource center complements UCare’s collaboration with the Minnesota Medical Association on a multi-year health and racial equity initiative fostering anti-racist policies and practices among Minnesota’s health care providers.
Authorization and Notification Requirements Update: Adolescent Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP)

UCare updated the 2021 authorization and notification requirements grid to include Adolescent DBT for members between age 12 and 17 for UCare Individual & Family Plans, UCare Individual & Family Plans with M Health Fairview and UCare Minnesota Health Care Programs. The addition of the Adolescent DBT modifier HA was effective May 1, 2021.

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>REQUIREMENTS</th>
<th>CODE REQUIRING AUTHORIZATION CPT / HCPC CODES</th>
<th>THRESHOLD UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Outpatient Dialectical Behavior Therapy (DBT)</td>
<td>Authorization required beyond threshold.</td>
<td>Individual H2019 Add U1, HA, HN modifiers as appropriate. Group: H2019 Add U1, HA, HQ, HN modifiers as appropriate.</td>
<td>416 units / 104 hours per calendar year</td>
</tr>
</tbody>
</table>

Authorization and notification of services does not guarantee payment. Links to the authorization and notification grids can be found on UCare's provider website.

If you have questions regarding benefits, claims or for further information about thresholds, please contact UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

The Mental Health and Substance Use Disorder Services Intake Team can be reached at 612-676-6533 or 1-833-276-1185 for questions related to authorization and notification of services.

Diabetes and Hypertension Management App for UCare Members

UCare is teaming up with Brook to help members in all plans manage their diabetes and blood pressure from their phone with the Brook Health Companion app. The app is available at no cost and allows members to chat with dieticians and health experts in real-time to help turn health goals into sustainable habits.

The app features:

- In-app chatting capabilities with a health coach, any day of the week.
- Support to improve blood sugar and blood pressure.
- Nutrition support from a dietician.
- Reminders to assist with taking medication, checking blood sugar and blood pressure.

Providers and members may visit ucare.org/brook to learn more.

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.
Recently, we updated the following sections:

- On the Billing and Payment page, added new section on Interpreter Services (for State Public Program members) covering interpreter services provided telephonically for dates of service June 1, 2021, through the end of the public health emergency.
- On the Telehealth, Telemedicine and Technology Based Services page, under Telehealth Services, added a list of services that become telehealth eligible services effective March 1, 2021, through the end of the public health emergency.
- On the Billing and Payment page, updated guidance on using the -CS modifier.

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

**Chloe Barnes Rare Disease Advisory Council of Minnesota**

*For primary care providers, nurse practitioners, physician assistants and dentists:*

The Chloe Barnes Advisory Council on Rare Diseases, a legislatively established entity for the state of Minnesota, asks for your participation in a 5 - 7 minute survey.

There are many barriers to diagnosis and care in the rare disease community. The goal of this survey is to better understand the medical community’s point of view, as well as issues encountered when treating a rare disease patient.

The objective is to improve care for the one in ten Minnesotans living with a rare disease. Please consider supporting this effort to address the needs of an often-overlooked patient population.

The survey can be accessed here: [https://umn.qualtrics.com/jfe/form/SV_9n6X4vVrNTmN7pj](https://umn.qualtrics.com/jfe/form/SV_9n6X4vVrNTmN7pj).

Please contact the Chloe Barnes Advisory Council on Rare Diseases at mnrdac@umn.edu with questions.

**Over-the-Counter (OTC) Benefit Through Healthy Savings**

*Available for UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, EssentiaCare, UCare Advocate Choice (HMO-I-SNP) and UCare Advocate Plus (HMO I-SNP).*

Eligible UCare members receive a $50, semi-annual, over-the-counter (OTC) allowance to use on items like band aids, allergy medication, vitamins and more. The semi-annual allowance for the second half of 2021 will be loaded onto members’ Healthy Savings cards on July 1. Members can purchase eligible OTC items at any of the 489+ participating locations across Minnesota, online or over the phone (the URL and phone number is on the back of their Healthy Savings card). In the first half of 2021, 37% of member OTC cards were activated and many of them used their OTC benefit.

In addition to the OTC benefit, members also have access to Healthy Savings food discounts in store at participating grocery stores. To learn more about the Healthy Savings food discounts members can visit the URL on the back of their Healthy Savings card.
High Quality Clinical Documentation
Medical record documentation should be a complete reflection of the patient’s overall health status profile instead of a record of episodic issues. Providers should document all conditions that were monitored, evaluated, assessed or treated during a face-to-face visit that affected the patient’s care.

Noting a condition is not adequate to show that a condition is current; providers must document the management of each active condition. Appropriate documentation language examples include:

- “A” is stable and will continue current management with ...  
- “B” is currently managed by a specialist, with a follow up visit scheduled for ...  
- “C” is failing to improve and requires the following interventions ...

Diagnosis relationships cannot be assumed and must be linked with the appropriate verbiage in the medical record by the provider. Diabetes with retinopathy, retinopathy due to diabetes or diabetic retinopathy shows causality; noting diabetes and retinopathy would show each condition exists but not that there is a causal relationship.

The patient’s complete health should be reviewed annually, at a minimum, if not associated with other care during the year. All chronic conditions, co-existing acute conditions, status of conditions such as artificial openings, amputations, dialysis and pertinent past conditions, need to be documented.

Quality documentation captures the true burden of illness for patients and accurate coding of your services. Documentation supports comprehensive patient profiles, closes diagnostic gaps and helps develop comprehensive care plans.

Member Rights and Responsibilities
UCare takes member rights and responsibilities seriously. Members and providers can access these rights and responsibilities in two ways, through the:

- Member’s Evidence of Coverage or Member Contract by health plan at UCare® - UCare Member Documents.
- Current UCare Provider Manual on the provider website.

UCare providers should be aware of our member rights and responsibilities.

UCare Provider News Delivered to Your Team
Are there additional staff within your organization who could benefit from receiving UCare Provider Services emails? Signing up is simple! Your staff can fill out this form to receive the monthly Health Lines newsletter and other essential, timely updates from UCare.

All subscribers will receive the provider newsletter and communication intended for the broader provider network. Within the form, staff will be asked to subscribe to an email list(s). To receive all provider communications from UCare, select the “All UCare Providers Updates” list. UCare will occasionally send targeted communication to specific provider specialties. If subscribers want to receive specialty communications, they should subscribe to those applicable email lists.

Thank you for your help to improve communications to the UCare provider community!
Minnesota Department of Education and Department of Health Collaborate to Launch Help Me Connect Resource

The Minnesota Department of Education (MDE) and Minnesota Department of Health (MDH) will host live webinars on July 8 and July 13 to educate organizations and practitioners about their Help Me Connect online resource hub. These webinars will be recorded and posted on helpmeconnectmn.org/. Help Me Connect was developed to provide a central accessible resource hub for all Minnesota families and children.

Help Me Connect assists with an abundance of resources including helping families find mental health practitioners or organizations for children, referral links for the Help Me Grow and Follow Along Program, resources if there’s a concern regarding a child’s developmental milestones, access to crisis lines, legal advice and food resources.

Recommendations, feedback and questions on Help Me Connect can be sent to helpmeconnect@state.mn.us.

Introducing UCare’s Instagram!

You’ve seen us on Facebook, LinkedIn and Twitter. Now follow our revitalized Instagram page https://www.instagram.com/ucarehealthplan/ for the latest on community events, UCare people, partner news and resources, and more!

Upcoming Holidays

UCare and the Provider Assistance Center (PAC) will be closed the following days:

- Monday, Sept. 6, 2021 – Labor Day

If you need assistance during these times, self-service will be available through the Interactive Voice Response (IVR) system or by logging into the Provider Portal to verify eligibility, check claims status or send a message to PAC.