



March 2009

Issues of *Clinical Services Program Update* often refer to several different UCare forms. Note that *all* UCare forms can be found at www.ucare.org/providers/provforms.html.

Spring is on the way! In the meantime, here's news you can use from UCare Clinical Services.

DTR Log is revised

A revised [DTR log](#) is posted on the UCare web site. All delegates are asked to destroy old versions of the DTR log and use the most current version from our web site. Note that most of the revisions only apply to delegates who perform utilization review for UCare.

Reminder: Please send us your DTR logs every month. If you do not have any entries, still send the logs and mark "none," because we need to track this information.

New DTR Type of Service and Reason Codes are coming!!

The Minnesota Department of Human Services (DHS) recently made some changes to DTR letters, as well as in DTR reason codes and type-of-service codes. The changes were made to give members more specific information about what is being denied, and why it is being denied.

Therefore, UCare is making changes to these letters. When the documents are ready, we'll post them to our web site and issue a Clinical Services Alert to let you know when to start using them.

Among the changes:

- Code # 2100 (Waivered Services) has been replaced by several codes specific to the type of waiver and service received.
- New reason codes have been added, including reasons for waiver DTRs. The new codes provide better explanation options for the DTR letter.

We expect the codes to be ready in April 2009. Until then, please continue to use the type of service and reason code documents currently on the UCare web site.

Use of gloves by paid caregivers

UCare does not pay for gloves used by **paid caregivers**, even if those caregivers are family members of UCare enrollees. The Personal Care Attendant (PCA) agency is responsible for supplying the PCA with this item. Please be sure you are reviewing this as you examine the Care Plans of your UCare enrollees.

ActiveU fitness benefit covers monthly YMCA dues

ActiveU is UCare's new fitness benefit for members of UCare's Minnesota Senior Health Options (MSHO) and two other products. MSHO enrollees enjoy 100 percent coverage of monthly dues at participating YMCAs, and have no minimum attendance requirement.

To activate this benefit, MSHO enrollees need to contact UCare Member Services at 612-676-3200 or 1-800-203-7225 (toll free) to request a pre-populated enrollment form. After signing the form, members should take it to their convenient YMCA – and start enjoying its fitness resources.

Most YMCAs are independent organizations with individual contracts with UCare; therefore, it is wise to learn if a member's local YMCA participates in ActiveU. Start by looking at the current list of participating YMCA locations, [which is attached to this newsletter](#) for your convenience.

New features! “Ask a Question” and “UR Corner”

We are adding two new features to this newsletter, thanks to a suggestion by a UCare Care Manager. “Ask a Question” is a quiz that asks you to select the correct response to a query. UR Corner offers a news tidbit about Utilization Review.

Please send us questions you'd like answers to!

Ask a Question

- Q.** Have you been trying unsuccessfully to reach an MSHO or Minnesota Senior Care Plus (MSC+) Community Elderly Waiver enrollee? If so, what should you do?
- a) Make sure you have made and documented three attempts to contact the enrollee for an assessment. The Case Manager (CM) or Care Coordinator (CC) must make another attempt to assess no later than at the time of the six-month check-in.
 - b) Just forget about it, but document that you tried.
 - c) Send an “Unable to Reach” letter after the first unsuccessful attempt to reach the enrollee.
- A. a)** Per both the [MSHO Case Management](#) and [MSC+ Case Management](#) requirements, the CM/CC must try three times to reach an enrollee. Make sure you provide documentation at the time of each contact. If the enrollee refuses an assessment, the CM/CC must document the refusal and discuss (and document discussion of) a personal risk management plan.

UR Corner

Did you know that PCA providers are responsible for submitting requests for annual PCA reassessments? This procedure became effective with UCare in January 2008. Of course, the CM or CC can request a new assessment or reassessment due to a change in condition.

~ *Reminders* ~

Enrollees transferring between counties or care systems

To ensure continuity of community-based services, CMs/CCs are required to complete a [Universal Transfer Form \(UTF\)](#) and **fax it to the new county or case management entity** whenever an enrollee changes his or her care coordination entity (via change of county of residence, or primary care clinic selection, or other reason). Please fax the UTF to UCare **ONLY** when UCare is the new managing entity.

In addition to the UTF, UCare asks that you send the new agency a copy of the most recent LTCC and OBRA Level 1, **and** a copy of the most recent Medical Assistance Health Status Assessment (MAHSA) for all enrollees currently receiving PCA services. To obtain the fax number for the new county or case management entity, contact UCare's Case Management Central Intake at 612-676-6622 or 1-866-242-2497 (toll free), or call UCare's Mary Grina at 612-676-3254.

Care Coordinator changes

DHS requires that all enrollees be notified of any changes in CM/CC assignments within 10 days of the change. Please document this notification in care coordination records or in the Care Plan.

Please update enrollee's county of residence

UCare reminds CMs/CCs to update county records containing enrollee addresses so that UCare receives correct address information for our enrollment lists. Please help us ensure correct addresses by taking this action when necessary. *Thank you.*

The more the merrier: We invite e-mail addresses!

Please share this newsletter within your organization.

If others in your office should be added to our mailing list, please e-mail their names and e-mail addresses to Jenny Yearneau at jyearneau@ucare.org. If there are topics you would like covered in this newsletter, we welcome your suggestions via an e-mail to Mary Grina at mgrina@ucare.org.

UCare contacts:

For enrollment-related questions, please call UCare Enrollment prior to calling the County Hotline or the Clinical Services Consultation line.

UCare Enrollment: 612-676-6500 (ask for Enrollment), or 1-800-707-1711.

UCare Case Management Central Intake: 612-676-6622 or 1-866-242-2497.

UCare Clinical Authorizations for Services Phone: 612-676-6705 or 1-877-447-4384.

UCare Clinical Authorization for Services Fax: 612-884-2499.

For claims or billing-related questions, please refer to UCare's Provider Assistance Center at 612-676-3300, or toll free at 1-888-531-1493.

To identify SNBC Care Coordinators: 612-676-6622 or 1-866-242-2497

More contact information

Remember to contact [Ceil Boesche](#), Clinical Analysis and Compliance Manager, Clinical Services, or call her at 612-676-3348 with your clinical care coordination questions, or questions about the MSHO, MSC+, or SNBC programs.

Case Managers and Care Coordinators at the counties should contact [Mary Grina](#), Clinical Product Liaison, at 612-676-3254 or email: mgrina@ucare.org