



June 2011

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Issues of *Clinical Services Program Update* often refer to several different UCare forms. Please note that *all* UCare care management forms can be found on the on the [UCare web site](#).

Direct your UCare **Care System** Clinical Services questions to Bobbi Jo Glood, Clinical Care System Liaison, at 612-676-3688, or e-mail at [bjglood@ucare.org](mailto:bjglood@ucare.org).

Direct your UCare **County** and **UCare Connect** Clinical Services questions to Jessica Assefa, Clinical County Liaison, at 612-294-5057, or e-mail at [jassefa@ucare.org](mailto:jassefa@ucare.org).

Direct your **enrollment** questions to Choua Xiong at 612-676-6622, or by e-mail at [cxiong@ucare.org](mailto:cxiong@ucare.org).

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*Summer is finally here!!*

### Mark your calendar for the next care system meeting and county WebEx training

The next care system training is scheduled for Thursday, June 30, from 8:30-11:00 a.m. The county WebEx session is scheduled for Monday, June 27, from 1-3 p.m. Agendas will be sent out prior to the scheduled meetings.

### Clinical County Liaison contact information

Please begin to direct your county and *UCare Connect* questions to Jessica Assefa, our new Clinical County Liaison. Jessica's phone number is 612-676-5057 and her email is [jassefa@ucare.org](mailto:jassefa@ucare.org). Care systems should continue to direct questions to Bobbi Jo Glood at 612-676-3688 or by email at [bjglood@ucare.org](mailto:bjglood@ucare.org).

### Care coordination and case management assignment

UCare assigns case management in the seven-county metro area by a member's primary care clinic (PCP). In Greater Minnesota members are assigned by a member's county of residence, not by county of financial responsibility.

### In-Home Pharmacy Program for MSC Plus members

UCare is proud to announce a pilot program for UCare's MSC Plus members in Anoka, Hennepin, and Ramsey Counties. UCare has partnered with Minnesota Visiting Nurse Association (MVNA) to provide an "In-Home Pharmacy" pilot for MSC Plus members who have eight or more medications, including prescriptions, herbal remedies and/or over-the-counter (OTC) medicines.

The goals of this pilot are to:

- determine medication adherence and compliance.
- identify potential interactions of medications.
- increase use of generics when possible.
- reduce hospitalizations and emergency room visits attributed to medication interactions.

The process for this program is as follows:

- UCare sends the member an introductory letter (attached).

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- The MVNA pharmacist attempts to contact the member to set up an in-home pharmacy (medication) assessment.
- If the member agrees, the pharmacist will review the member's medications and supplements.
- The pharmacist will send the PCP a letter with a completed medication profile including any potential medication interactions or recommendations that they find. See the attached provider letter example.

Members are currently identified for this program through a review of claims. UCare does not currently accept referrals to this program from care coordinators or providers. MVNA is informed by UCare of the current case management entity and may choose to contact the care coordinator as needed to obtain demographic information. Care coordinators can request a copy of the letter MVNA sends to members by calling 612-617-4600.

## Revised MSHO and MSC Plus letters posted to UCare website

Revisions have been made to the MSHO and MSC Plus welcome letters. Please discard old versions and begin to use the new ones which can be located on the [UCare website](#).

## Re-determining a member's Elderly Waiver eligibility

Members who have been exited from the elderly waiver and are being reinstated will need to be reevaluated for waiver eligibility by the county financial worker. Care coordinators should send the Case Manager/Financial Worker Communication Form (DHS- 5181) to the county financial worker requesting that the MHCP Request for Payment of Long-Term Care Services (DHS-3543) be sent to the member. Waivers should not be reinstated until verification of financial eligibility is received from the county financial worker.

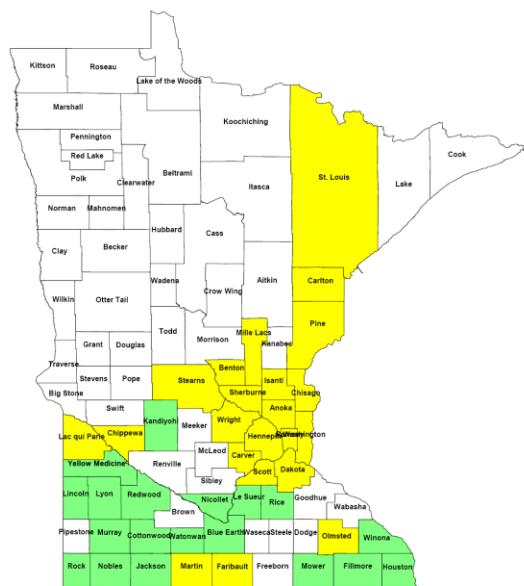
## Future termination lists

UCare periodically sends a Future Termination report to care coordinators. This report indicates dually-eligible enrollees who at risk of losing their MA eligibility because they have not submitted their MA paperwork to the State. The "end date" on this report indicates the date their eligibility will terminate. Care coordinators are encouraged to remind members to submit their renewal paperwork in order to maintain their MA eligibility. Care coordinators are not required to send documentation to UCare regarding this list.

## Connect Corner

### UCare Connect has a new partner: Lutheran Social Service of Minnesota

UCare is happy to announce our new partnership with Lutheran Social Service of Minnesota (LSS) to provide case coordination for *UCare Connect* members in the southern region of the state. *UCare Connect*, UCare's Special Needs Basic Care plan, serves people with disabilities in 42 counties in the metro, southern and northeastern areas of Minnesota. Due to relatively low *UCare Connect* enrollment in the southern region, UCare sought to develop a regional care coordination model in order to bring greater administrative efficiencies while maintaining high-quality services at the local level. LSS has a long-standing statewide presence and delivers a number of important social services, including support services for people with disabilities.



■ Future counties where LSS will provide Case Coordination  
■ Other UCare Connect service areas

The Willmar and Mankato LSS locations will eventually serve all *UCare Connect* members residing in the following counties: Blue Earth, Cottonwood, Fillmore, Houston, Jackson, Kandiyohi, Le Sueur, Lincoln, Lyon, Mower, Murray, Nicollet, Nobles, Redwood, Rice, Rock, Watonwan, Winona, and Yellow Medicine. Case coordination contracts will remain the same in other *UCare Connect* service areas. Please join us in welcoming LSS to the UCare team.

### **Revised *UCare Connect* letter posted to UCare website**

Revisions have been made to the UCare Connect welcome letter. Please discard old versions and begin to use the new ones which are located on the [UCare web site](#).

### ***UCare Connect* member medical spend downs**

DHS periodically will be sending out a list of *UCare Connect* members who have a monthly medical spend down. Case coordinators should work with the member and their county financial worker to designate a provider to receive the monthly medical spends down payment.

A blue graphic with a white diagonal line. The text "Quality Connection" is written in white, with "Quality" on the top line and "Connection" on the bottom line, both in a sans-serif font.

### **Calls to members a success**

Last November, UCare clinical services (CLS) staff contacted 1,801 MSHO members in the metro area and in greater Minnesota. These members were in need of a diabetic eye exam, colorectal screening, and/or a mammogram. Of the 1,801 members, 489 (27%) told the CLS staff they had already had the exam, would schedule the exam on their own or asked for assistance in scheduling the exam. Of the 489 MSHO members, 24% had an exam: 53% had a glaucoma screening, 22% had a mammogram, and 13% had a colorectal exam. That means healthier UCare MSHO members. One other finding of significance was that the CLS staff was unable to reach 57% (1,022) of the members. The main reason they were unable to contact the member was because of an inaccurate phone number. It is important for care coordinators/case managers to encourage their members to contact their financial worker when their phone number changes. If they only call UCare with their new number, it will be overwritten by the monthly data sent by DHS which has their old number listed. UCare is in the process of evaluating this data and determining the effectiveness of the calls and if future calls are to be made, which measures to address and what intervention strategies will be undertaken.

### **Falls in the Elderly**

According to the article "[Preventing Falls in the Elderly](#)", published by the Colorado State University Extension Service:

- The risk of falling increases with age.
- Two-thirds of those who experience a fall will fall again in six months.
- A decrease in bone density contributes to falls and resulting injuries.
- Failure to exercise regularly results in poor muscle tone, decreased strength, and loss of bone mass and flexibility.
- At least one-third of all falls in the elderly involve environmental hazards in the home.

The article goes on to discuss five key risk factors of falls and some suggested prevention measures.

The five risk factors are osteoporosis, lack of physical activity, impaired vision, medications, and environmental hazards.

This is the first in a series of three articles that will discuss these risk factors and provide some prevention tips.

Osteoporosis is a condition where bones become more porous, less resistant to stress, and more prone to fractures. Osteoporosis is caused by hormonal changes, calcium and vitamin D deficiency, and a decrease in physical activity. One way to help prevent osteoporosis is to take a daily dose of calcium and vitamin D. Doctors suggest 1200 mg of calcium and 400 to 800 IU of vitamin D every day for men and women ages 51 and older. Another prevention tip is to exercise regularly. Walking, strength training, low-impact aerobics, gardening, flexibility stretching, and balancing are all forms of exercise that will help strengthen bones.

The second risk factor, lack of physical activity, goes right along with osteoporosis. Regular exercise can increase muscle tone, improve balance and increase flexibility.

A bone mineral density test is recommended for women 65 years or older to test for osteoporosis. MSHO members can have their doctor or pharmacist write a prescription so that they can get their calcium and vitamin D at no cost. MSHO members can also participate in the [Active U fitness program](#) and both MSHO and MSC+ members are eligible for [community education discounts](#). Make sure the member talks with their primary care provider (PCP) before starting any exercise program. Their PCP should have regular discussions with them about their physical activity, and their risk of falls. The care coordinator/case manager can assist the member in ordering a [Strong and Stable kit](#) which is another way to help reduce the risk of falls.

In July the series will cover impaired vision and medications as risk factors for falls.

### **Mammogram reward for MSHO, MSC Plus, and UCare Connect members**

UCare encourages women age 50 and over to get a mammogram every one to two years. There is no co-pay for this exam. MSHO, MSC+ and *UCare Connect* members who are between the ages of 50 and 69 can receive a [\\$25 gift certificate](#) when they get a mammogram. Women under age 40 and over age 69 should talk to their doctor to find out what breast cancer screening tests are right for them.

To receive the gift certificate, the member needs to take a mammogram gift certificate voucher to their mammogram appointment and have it signed by the technologist. Then, mail the voucher to UCare to get the gift certificate. The voucher can be found on the [UCare website](#). Members can also call Customer Services to receive the voucher. Eligible MSHO and *UCare Connect* members can call 612-676-6868 or 1-800-280-7202 (toll free). Eligible MSC+ members can call 612-676-3200 or 1-800-203-7225 (toll free).

If you have any questions please contact Lindsay Kohn at 612-676-3317 or [lkohn@ucare.org](mailto:lkohn@ucare.org).

~ *Reminders* ~

### **Check UCare, Department of Human Services (DHS) web sites often**

Please check the [UCare web site](#) regularly for updated forms and contact lists. Also visit the DHS [eDocs web site](#) for the current DHS forms.

### **DHS training and video conference**

DHS will be hosting a training and video conference on June 30, 2011. This training will review the Preadmission Screening Policy and Processes for Nursing Facility Admissions. UCare encourages care systems and counties to register for this training on the [DHS website](#).

### **Sending Universal Transfer Forms (UTFs)**

We ask care systems and counties to send UTFs no later than the 15<sup>th</sup> of the month and not to send UTFs to the new case management entity before enrollment rosters are released. Sending UTFs early can cause confusion with the new case management entity, as the entity may not be aware of the

member's assignment until they receive the new enrollment rosters. Care coordinators are asked to fax each UTF *separately*. Some care systems and counties receive the faxes electronically in a "mail box" and may not look past the first page to see if there are multiple members. Faxing UTFs separately will ensure that no members are missed.

## **DHS Lead Agency Case Manager/Worker Communication form (DHS-5181)**

Please use this form to communicate to a county financial worker about:

- Eligibility for Elderly Waiver services (EW).
- Closing of EW services due to the member's choice, entering a long-term care facility, change of waiver program, or the member's disenrollment.
- Change in member address.
- To change a member's living status from community to institutional, or from institutional to community.

### **UCare contact numbers:**

**UCare Customer Experience Center** (*Clinic changes, contact information changes, questions on benefits*): 612-676-3200 or 1-800-203-7225.

**UCare's Health Ride Transportation** (*transportation to medical appointments for members*): 612-676-6830 or 1-800-864-2157.

**UCare Case Management Central Intake** (*enrollment questions*): 612-676-6622 or 1-866-242-2497.

**UCare Clinical Authorizations for Services**: 612-676-6705 or 1-877-447-4384;  
fax: 612-884-2499.

**UCare Clinical Authorizations for PCA Services**: 612-676-3459; fax: 612-884-2094.

**Behavioral Healthcare Providers (BHP)** (*mental health and chemical dependency services*): 763-525-9919 or 1-800-361-0491.

**UCare's Provider Assistance Center (PAC)** (*claims or billing-related questions*): 612- 676-3300 or 1-888-531-1493.

If there are topics you would like covered in this newsletter, we welcome your suggestions via an e-mail to Bobbi Jo Gloud at [bjgloud@ucare.org](mailto:bjgloud@ucare.org) or Jessica Assefa at [jassefa@ucare.org](mailto:jassefa@ucare.org).

Please share this newsletter with others in your organization.