



October 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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*Fall is here!*

### Walgreens Pharmacy

Walgreens is currently working with Express Scripts on their 2012 contract. UCare has mailed out a letter to members explaining that as of January 2012 they will need to choose a different pharmacy to refill medications. Care Coordinators can use the following talking points with members who are currently with Walgreens pharmacy:

- UCare members can use Walgreens through 2011 to get all medications and vaccinations (flu shot).
- If members are told that they cannot get services, they should call UCare Customer Service at 612.676.3300
- There is still time for resolution between Walgreens and Express Scripts (UCare's pharmacy vendor), and UCare will continue to update members as information is available.

### DHS has issued a new bulletin [#11-25-04 2011 Legislative Changes to the Long Term Care Consultation, Elderly Waiver, and Alternative Care programs](#)

DHS issued bulletin [#11-25-04 Legislative Changes to the Long Term Care Consultation, Elderly Waiver, and Alternative Care programs](#). This bulletin addresses:

- Criteria for 24 hour Customized Living (CL) services.
- Case mix classification, case mix budgets and service rate limits for lower need individuals.
- Annual adjustments to monthly community budgets.
- Implementation of nursing facility level of care criteria.
- Calculations of conversion rates.
- 24 hour CL and CL provider practices.

Care Coordinators are encouraged to review this bulletin. It can be found on the DHS [bulletin web site](#).

## DHS updates long-term care forms

DHS updated the following four forms, effective Aug. 1, 2011, with the following changes:

- Minnesota Long Term Care Services Assessment forms 3428 and 3428A, and Long Term Care Screening document form 3426:
  - Traumatic Brain Injury (TBI) is changed to Brain Injury (BI).
  - MR/RC is changed to DD.
  - Value 86-24 hour supervision for 50/hours/3 ADL's/medication management was added to the service codes section.
- Long Term Care Consultation Program form 3427:
  - Mental retardation (MR) was changed to developmental disabilities (DD).

Care Coordinators can find the updated forms on the [DHS eDocs web site](#). Please discard any old forms and begin to use the updated documents.

## Specialized supplies and equipment (T2029) authorizations

When care coordinators send in [waiver service approval](#) forms for specialized supplies and equipment (T2029) authorizations we ask that they keep the following in mind:

- Extended DME should not be authorized beyond the last day of the calendar year, i.e. the authorization should end before 12/31/xx if possible (to accommodate any benefit or regulatory changes occurring on January 1<sup>st</sup> of any year).
- Supplies that are delivered on a monthly basis may have an authorization for up to 12 months.
  - Care Coordinators must specify what item(s) are to be delivered and billed on a monthly basis. The number of units and the negotiated price must be included on the authorization.
- Authorizations for extended DME should not have a future end date that spans more time than it should reasonably take for the member to receive the equipment/supply.
  - Care coordinators should contact the provider to find out when the item will be delivered and then set the authorization end date 1 week past the delivery date to accommodate for delivery delays.

## Customized Living authorizations

We ask care coordinators to please do the following when submitting a Customized Living authorization to UCare:

- Include both the daily and monthly rate.
- Ensure that the rate is accurate.
- Provide a current and accurate diagnosis code.

Providing this information will ensure prompt payment to the provider. This requirement does not apply to the counties, whose staff submits authorizations directly into the state MMIS system.

## Country Villa no longer accepts members for Customized Living and 24-hour Customized Living services

As of Oct. 31, 2011, County Villa in Golden Valley has decided to no longer accept customized living and 24-hour customized living members on elderly waiver. Care Coordinators should not refer members to this provider.

## CaringBridge web sites keep people connected during a health challenge

UCare has formed a partnership with [CaringBridge](#), a nonprofit organization that provides free web sites that connect people experiencing a significant health challenge to family and friends.

CaringBridge web sites offer a personal and private space to communicate and show support, saving time and emotional energy when health matters most. Sites include an online journal in which people can post health news, a place for photos, and a guestbook where family and friends can leave messages of support.

CaringBridge is a valuable resource to recommend to anyone facing a significant health challenge. Its resources help make each health journey easier for everyone involved. Please encourage members to learn more about CaringBridge and create a web site by visiting [www.CaringBridge.org/UCare](http://www.CaringBridge.org/UCare).

## Dental Care for U debuts

[Dental Care for U](#) has debuted on [UCare's web page](#). The new "one-stop shop" resource features UCare's dental programs and services to help UCare members get the most out of their UCare dental benefits.

Dental Care for U helps members:

- **Find a dental home.** Members can use the Find a Dentist tool to locate a dentist close to them. They can also learn about UCare's See-A-Dentist Guarantee<sup>s</sup> and call the appointment hotline for help setting up a dental check-up and cleaning in 30 or fewer days!
- **Understand their dental benefits.** The site steers members to the Minnesota Health Care Programs page, where they can research their dental benefits.
- **Learn about UCare's Mobile Dental Clinic.** Information about UCare's new, re-designed Mobile Dental Clinic is staffed by University of Minnesota School of Dentistry dental and dental hygiene students who provide care under faculty supervision. The page offers links to the clinic's schedule.



Please visit this page, and share this news with your colleagues.

## Flu season has arrived...

Care Coordinators are encouraged to remind members to get their flu shots this season.

The Minnesota Department of Health (MDH) is recommending everyone 6 months of age and older to get a flu shot this season. More information can be found on the [MDH flu web site](#), where you'll find information on the flu and flu shot clinic locations.

## Connect Corner

### Mark your calendar for the next UCare Connect trainings

The next *UCare Connect* training for the [7-county metro care systems](#) is scheduled for Tuesday, Oct. 11, from 10 a.m. to 12 p.m. and will be held at UCare.

The *UCare Connect County WebEx* training is scheduled for Wednesday, Oct. 19, from 1-3 p.m. Agendas will be sent out prior to the meetings.

## **UCare Connect will no longer integrate Medicare benefits in 2012**

Beginning Jan. 1, 2012, DHS will move people with disabilities presently enrolled in fee-for-service Medical Assistance coverage into a Special Needs Basic Care (SNBC) plan. These individuals will be asked to choose a SNBC plan; however, they also will have the choice to opt out of managed care and remain in fee-for-service Medical Assistance.

UCare is well-positioned to expand membership in our SNBC plan, *UCare Connect*. UCare brings years of experience, innovative thinking, and an infrastructure designed to cover care for people with complex needs.

Federal Medicare payments continue to be inadequate to cover the Medicare costs of UCare's dual-eligible members with disabilities. In order to sustain the program and continue to offer value to members, UCare has decided to remove the Medicare component from *UCare Connect* and change it to a Medical Assistance-only program in 2012.

Members who are eligible for Medicare can remain enrolled in *UCare Connect* and UCare will continue to cover their Medical Assistance benefits; however, dual-eligible members need to select a new Medicare health plan or the Centers for Medicaid and Medicare (CMS) will auto-enroll them into Original Medicare (fee-for-service) beginning Jan. 1, 2012. Impacted members also will need to select a Medicare Part D plan, or CMS will auto-assign them to a plan next year.

About 1,200 *UCare Connect* members are eligible for Medicare. UCare will notify these members about this change no later than Oct. 1, 2011. As communication is finalized, UCare's Clinical Services team will share member letters and talking points with *UCare Connect* Case Coordinators. In the near future, UCare also will provide training for Case Coordinators and providers about this change.

UCare believes that keeping *UCare Connect* as a state public program plan is the best way to preserve coordinated services for our members and prospective members with disabilities. UCare will continue to partner with providers, delegated Case Coordinators, counties, and state and community agencies to help members maintain their health and independence, and help dual members navigate their Medicare and Part D prescription benefit options.

UCare looks forward to working with Care Coordinators to ensure these transitions go as smoothly as possible for members. If you have any questions or concerns, please contact Jessica Assefa, UCare's Clinical County Liaison and *UCare Connect* Liaison, at 612-294-5057 or by e-mail at [jassefa@ucare.org](mailto:jassefa@ucare.org).



## **Quality Connection**

### **2008 Collaborative Aspirin Therapy PIP is complete**

This Performance Improvement Program (PIP) was conducted to increase awareness and adherence to evidence-based guidelines for aspirin therapy among UCare's Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC Plus) members with a diagnosis of ischemic heart disease and/or diabetes mellitus, and to improve aspirin use.

Resources and tools developed through this project are available at UCare to help sustain the improvement. Additionally, member materials/resources related to aspirin therapy will continue to be available for Care Coordinators for up to three years at the [Stratis Health web site](#).

Please direct questions to Lorraine Cummings, Quality Management, at [lcummings@ucare.org](mailto:lcummings@ucare.org).

## Preventive Visit PIP

This PIP aims to increase the number of members who receive a preventive visit (annual physical exam) within the first six months of enrollment into UCare. The goal is to achieve a 5% increase over three measurement periods – and this goal was achieved for Prepaid Medical Assistance Program (PMAP) and Minnesota Care (MN Care) members. Although the percent of visits did increase for MSHO, MSC Plus, and SNBC members, the goal of a 5% increase was not achieved.

The 5% improvement goal was not met due, in part, to these factors:

- Members enrolled in these products have complex medical conditions. Visits initially intended to be purely preventive included services to address these conditions, which caused the visits to no longer be coded as preventive.
- A large variation in preventive visit coding contributed to the inability to consistently capture preventive care that was provided.
- Reimbursement for preventive codes is less than for problem-focused visit codes.
- Members have an established relationship with a primary care provider and have had a preventive visit within 6 months prior to becoming a “new” member.

The PIP collaborative health plans (UCare, HealthPartners, Medical, and Metropolitan Health Plan) will continue to monitor these visits. As a result, we ask all UCare’s MSHO/MSC Plus Care Coordinators and *UCare Connect* Case Coordinators to talk to new members about the importance of a preventive visit, and to distribute the preventive visit reminder cards to new members.

Please contact Mary Grina at 612-676-3254 or [mgrina@ucare.org](mailto:mgrina@ucare.org) with questions or to request additional preventive visit reminder cards for members.

## 2012 Improving breast cancer screening rates PIP

In 2012, a new PIP will focus on improving breast cancer screening rates in UCare’s MSHO and MSC Plus members’ ages 65-69, and SNBC members ages 40-69. UCare’s 2011 HEDIS breast cancer screening measure rate for these populations (combined) was 51.26%, compared to a 78% screening rate for non-Minnesota Health Care Plan (mostly commercial plan) members. This PIP’s goal is a sustained 5% improvement in the rate over three years.

Interventions will focus heavily on enhanced care coordination strategies through action lists for non-compliant members, similar to other PIP projects such as the Blood Pressure Control for members with Diabetes PIP. Other existing tools will be used, too, such as the Mammogram Incentive, annual Telecom calls, and educational articles in UCare publications.

Please direct questions to Lindsay Kohn, Quality Management, at [lkohn@ucare.org](mailto:lkohn@ucare.org)

*- Reminders -*

## Check UCare, Department of Human Services web sites often

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

## DHS Lead Agency Case Manager/Worker Communication form (DHS-5181) serves several purposes

The Lead Agency Case Manager/Worker Communication Form ([DHS-5181](#)) is a mandatory form for communication between lead agency Case Managers and workers who determine eligibility for Medical Assistance (MA) payment of long-term care (LTC) services. The form helps ensure that an eligibility determination is made as quickly as possible when an MA applicant or enrollee requests MA payment of LTC services

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.
- Inform the county financial worker that a member has passed away.

### Visit the secure FTP web site account to keep it active

Be sure to log into the UCare Secure FTP web site at least once per quarter to access your authorization, admission, and discharge reports. **\*\* If you do not log in at least once per quarter, your access will deactivate.** \*\* If this happens, you no longer will receive notification of reports that have been uploaded on this secure site. Please download and save the report each time you access it. After saving the report, please delete it off the web site.

Contact Louann Daniels, Clinical Services, at [ldaniels@ucare.org](mailto:ldaniels@ucare.org) if:

- Your password becomes inactive.
- You need additional access or if you wish to change the person having access.

### UCare contact numbers:

**UCare Member Services** (*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.

\*For members who designate a Mayo Clinic as their primary care provider, authorization requests should be directed to **MMSI** (*MSHO and PMAP, and Medicare Advantage Utilization and Review claims or billing-related questions*): 1-800-645-6296, option "3".

**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.

\*For members who designate a Mayo Clinic as their primary care provider, authorization requests should be directed to **MMSI** (*MSHO and PMAP, and Medicare Advantage Utilization and Review claims or billing-related questions*): 1-800-645-6296 option "3".

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

Is there a topic you'd like covered in this newsletter? Please send it via e-mail to Bobbi Jo Glod at [bjglod@ucare.org](mailto:bjglod@ucare.org) or to Jessica Assefa at [jassefa@ucare.org](mailto:jassefa@ucare.org).

*Please share this newsletter with others in your organization.*