



September 2011

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.

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.

Direct your **enrollment** questions to Choua Xiong at 612-676-6622, or by e-mail at cxiong@ucare.org.

Happy Labor Day, Care Coordinators!

Mark your calendar for the next care system meeting, county WebEx trainings

The next **Care System training** is scheduled for Thursday, Sept. 22, from 8:30-11 a.m. The **County WebEx training** is scheduled for Monday, Sept. 26, from 1-3 p.m.

Agendas will be e-mailed prior to the scheduled meetings.

Rate reductions for Elderly Waiver members

UCare is currently developing a process for implementing the rate reductions implemented by DHS. Care coordinators can expect a Clinical Services Alert to be published shortly outlining the steps to be followed.

PCA update

The 2011 Minnesota Legislature created a new home care rating (LT) so that individuals with one dependency in an activity of daily living (ADL) and/or level one behavior are eligible for 30 minutes or two units of PCA services per day. The new LT home care rating is effective immediately. DHS will send an announcement when the PCA Assessment and Service Plan (DHS-3244) and Supplemental Waiver PCA Assessment and Service Plan (DHS-3428D) are revised.

Beginning immediately, assessments received that document one ADL and/ or level one behavior will be approved at two units daily.

For members who received a termination of services based on the previous access criteria,

- DHS will provide a letter template for the MCO to send to enrollees explaining the new access criteria. The letter template will specify that the enrollee must contact the MCO or its designee and request the two units of PCA service.
- UCare has identified the members who received termination notifications based on the previous access requirement and will be issuing the DHS notice to members that they are

- eligible for up to two units of PCA services daily.
- PCA Authorization Coordinators at UCare are prepared to accept written requests from the member, their responsible party or their Case Manager/Care Coordinator to approve the two units of PCA.
- Additional notification will be issued to specific case managers/care coordinators requesting their assistance in contacting members who received a termination or for those who were approved for alternative waiver services in lieu of PCA that was previously terminated.
- PHN Agencies have been notified to begin applying the two units access criteria when assessing a UCare member.

Closing members out of their Elderly Waiver

When transferring to a member who is open to the elderly waiver to a different care system or county **DO NOT** close the waiver span. Closing the waiver may disrupt services that the member is currently receiving and potentially affect billing and payment. Care Coordinators should close the waiver span when a member is institutionalized over 30 days.

Update on extended transportation bus/metro mobility passes for Elderly Waiver members

Elderly Waiver (EW) members who live in the Minneapolis/St. Paul metro area and St. Cloud can request bus passes for extended transportation. **Requests should be sent to Mabelle Hendricks at mhendricks@ucare.org.** The process for ordering the bus passes is outlined on the attached document entitled Process for ordering an Elderly Waiver (EW) extended transportation bus pass.

Tips on how to identify a former care coordinator/case manager

Identifying a former care coordinator or case manager can be a challenge. Here are a few suggestions:

1. Ask the member.
2. Check for information provided on the Universal transfer form (UTF).
3. UCare's monthly enrollment roster provides the name of the former case management entity.
4. UCare posts contact information for case management entities on the [UCare website](#).
5. Check MMIS for the last assessment entered to identify the name of the previous case manager. Once you know the previous case manager's name, use the DHS [care coordinator contact list](#) to locate their contact information.
6. Check MN-ITS to identify the previous health plan the member was assigned to. Call the former health plan to identify the name of the previous case manager.
7. Call UCare Customer Service at 612-676-3200 and have them provide the name and contact information for the previous case management entity.

Connect Corner

Authorization for Home Care Services form (DHS-5841)

The Department of Human Services (DHS) has updated the Authorization for Home Care Services form with new phone numbers and a space to notify the county case manager if a service is a Medicare- or Medicaid-approved service. Care Coordinators can go to [e-docs](#) on the [DHS web site](#) to access the updated form.

This form is used to facilitate communication about home care services between the CAC, CADI, DD, or TBI waiver case manager and the UCare case coordinator, so that the cost of State Plan home care services can be incorporated into the member's waiver service budget.

State Plan home care services approved by UCare are:

- Home Health Aide
- Skilled Nurse Visits

- Home Care Therapies

Waiver services are approved by the county waiver case manager.

Good communication will help ensure:

- Members receive a coordinated plan of care and appropriate services.
- Waiver allocations are not over-authorized or over-spent.
- Home care providers get paid in a timely manner.

The logo for Quality Connection is located in a blue triangular banner. The text "Quality Connection" is written in a white, sans-serif font, with "Quality" on the top line and "Connection" on the bottom line.

Call campaign to members on preventative screenings

Many of you have heard about the Star Ratings that were implemented by CMS to provide CMS and beneficiaries with a way to assess health plans based on quality measures. These measures target an array of clinical quality, customer satisfaction and other beneficiary experience areas.

As you may remember, UCare implemented a call campaign to our MSHO members last year in November. There were 1800 members identified in need of one or more of the following tests: Diabetic Eye Exam, Colorectal Cancer Screening or Mammogram.

This call campaign was so successful that UCare is implementing another call campaign to **MSHO members** that will begin in September 2011. UCare has identified the same 3 measures for the campaign this year. Those measures are:

- **Diabetic eye exams**
- **Colorectal Screenings**
- **Breast Cancer Screenings**

UCare will be contacting members who are identified as in need of the above preventative screenings, to offer information, assistance in arranging appointments, and follow up calls to ensure appointments are complete. This will be for any MSHO member identified, even members that are care managed by our delegates.

These calls to members are scheduled to occur during the weeks of September 12th – 16th and September 19th – 23rd. Care coordinators may receive calls from UCare prior to this time, to assist in identifying correct contact information for successful completion of these calls; Care Coordinators also may receive calls from members about this process.

Please contact Cindy Radke, Clinical Services at (612) 676-3662 or Mary Grina, Quality at (612) 676-3254 with any questions related to the MSHO call campaign.

- 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.

Sending Universal Transfer Forms (UTFs)

We ask care systems and counties to send UTFs for UCare's MSHO, MSC Plus, *and UCare Connect*, members who are transferring to a new care system or county no later than the 15th of the month. Do *not* 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 entity staff receives the new enrollment rosters.

Additionally, 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 help ensure that no members are missed.

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 if:

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

Future termination lists

UCare periodically sends a Future Termination report to Care Coordinators. This report indicates dually eligible enrollees who are 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.

Mobile Dental Clinic serves UCare members in Minnesota

The current schedule of visits is [posted on UCare's web site](#). All UCare members are eligible to receive services on the Mobile Dental Clinic (though some limitations apply). However, members must

be able to sit in a regular dental chair for a period of time and experience standard treatment procedures.

To schedule an appointment, please call **651-455-1555** or **1-866-451-1555 (toll free)**. Hearing-impaired members are to call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

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 Gloud at bjgloud@ucare.org or to Jessica Assefa at jassefa@ucare.org.

Please share this newsletter with others in your organization.