



Disease Management Programs

Program	Diabetes		
	Low-Risk	At-Risk	High-Risk
Vendor	Program managed by UCare.		
Referral Process	Members referred via claims identification, lab reports and referral.		
UCare Contact	Nan Wikstrom 612.676.3450		Amy Christensen 612-676-3418
Eligible Members	<ul style="list-style-type: none"> Members ages 18 - 75 yrs who have been enrolled in UCare for at least 11 months. Members who have completed <u>all</u> recommended diabetes lab tests and/or exams in 1 year. 	<ul style="list-style-type: none"> Members ages 18 - 75 yrs who have been enrolled in UCare for at least 11 months. Members missing ≥ 1 diabetes lab tests and/or exams in 1 year. 	<ul style="list-style-type: none"> Members ages 18 - 75 yrs. Members with a recent ED or IP event for diabetes
Eligible Products	All products except Select.		
Exclusions	Members in Long Term Care facilities, are on hospice or have a diagnosis of End Stage Renal Disease (ESRD)		
Description of Program Services	<p>Member receives:</p> <ul style="list-style-type: none"> Diabetes education. Incentive opportunity. <p>May be eligible for Health Journey, health coaching.</p>	<p>Member receives:</p> <ul style="list-style-type: none"> An individualized "Diabetes Care Report". Diabetes education. Incentive opportunities. <p>Primary care clinic receives a copy of the "Diabetes Care Report"</p> <p>May be eligible for Health Journey, health coaching.</p>	<p>Member receives:</p> <ul style="list-style-type: none"> A Health Journey Booklet. Telephonic Health Coaching. Tools to monitor condition, if needed. <p>Primary care clinic receives a faxed copy of the "Diabetes ED/IP report."</p>



Disease Management Programs

Program	Heart Failure (HF)	
	Healthy Hearts (Lower intensive heart failure program)	Cardiocom (High intensive heart failure program)
Vendor	Program managed by UCare.	Provided by Cardiocom.
Referral Process	Fill out enrollment form and fax to UCare at: 612.884.2497	
UCare Contact	Shontel Floyd 612.294.5053	
Eligible Members	<ul style="list-style-type: none"> • Weight-bearing members • Ages 18 – 89 years old. • Less than 2 heart failure ED/IP events in the past 15 months. • Current HF symptoms cause: <ul style="list-style-type: none"> ✓ No limitation of physical activity ✓ Slight limitation of physical activity 	<ul style="list-style-type: none"> • Members <u>regardless</u> of weight bearing status. • Ages 18 and older. • ≥ 2 heart failure ED/IP events in the past 15 months. • Current HF symptoms cause: <ul style="list-style-type: none"> ✓ Marked limitation of physical activity ✓ Severe limitation of physical activity • MSHO members – <u>Regardless of Utilization</u>
Eligible Products	All products <u>except</u> MSHO & Select.	All products except Select.
Exclusions	<ul style="list-style-type: none"> • Members in Long Term Care facilities, on hospice or have a diagnosis of End Stage Renal Disease (ESRD) or on dialysis. 	<ul style="list-style-type: none"> • Members in Long Term Care facilities, on hospice or have a diagnosis of End Stage Renal Disease (ESRD) or on dialysis. • MN, ME and MSC+: Check with UCare contact for eligibility.
Description of Program Services	<p>Member receives:</p> <ul style="list-style-type: none"> • A Health Journey Booklet. • Telephonic Health Coaching. • UCare’s bi-annual Healthy Hearts newsletter. • Tools to monitor condition, if needed. <p>Primary care clinic receives a faxed copy of any “Heart Failure ED/IP report.”</p>	<p>Member receives:</p> <ul style="list-style-type: none"> • Telescale® – a “talking scale” to assess daily weight & HF symptoms. • Telescale available in English, Hmong and Spanish • CareStar® available to non-weight bearing members (English and Spanish). • Data transmitted to Cardiocom RN for assessment. • UCare’s bi-annual Healthy Heart Herald newsletter. <p>Provider alerted when symptoms &/or weight outside parameters. Primary care clinic receives a faxed copy of any “Heart Failure ED/IP report.”</p> <p>May be eligible for Health Journey, health coaching.</p>



Disease Management Programs

Program	Chronic Kidney Disease (CKD) “KidneyCare”
Vendor	<i>Program managed by UCare</i>
Referral Process	Members referred via claims identification and referral.
UCare Contact	Shontel Floyd 612.294.5053
Eligible Members	<ul style="list-style-type: none"> • Members ages 18-75. • Must have a diagnosis of chronic kidney disease (CKD) – stage 1-4 or diagnoses of uncontrolled diabetes and uncontrolled hypertension.
Eligible Products	All products except Select
Exclusions	Members in Long Term Care Facilities, are on hospice, are on dialysis or have a diagnosis of End Stage Renal Disease (ESRD)
Description of Program Services	<p>Member receives:</p> <ul style="list-style-type: none"> • Health Journey Booklet • Health Coaching • Tools to monitor condition, if needed. <p>Primary care clinic receives a faxed copy of any “CKD ED/IP report.”</p>



Disease Management Programs

Program	Asthma: UCare's Asthma Action Program SM	
	At-Risk	High-Risk
Vendor	Provided by Regency Home Health Care	
Referral Process	Members referred via claims identification or referral.	
UCare Coordinator	Nan Wikstrom 612-676-3450	
Eligible Members	<ul style="list-style-type: none"> Members ages 5-50 yrs who have been enrolled in UCare for at least 11 months. ≤ 1 ED/IP event for asthma in 2 years. ≥ 4 outpatient visits for asthma in 2 years At least 4 asthma medications prescribed in 2 years. 	<ul style="list-style-type: none"> ED/IP event for asthma
Eligible Products	ME, MN, and Connect	
Description of Program Services	<p>Member receives:</p> <ul style="list-style-type: none"> An annual Asthma Action Plan mailing Interactive Voice Response calls related to asthma Asthma education Incentive opportunity. 	<p>Member receives:</p> <ul style="list-style-type: none"> Face – to – Face home visit by a respiratory therapist or telephonic health coaching (higher frequency) Ongoing asthma case management by a respiratory therapist An annual Asthma Action Plan (AAP) mailing. Asthma education. Incentive opportunity. <p>PCP notified of asthma ED/IP events.</p>



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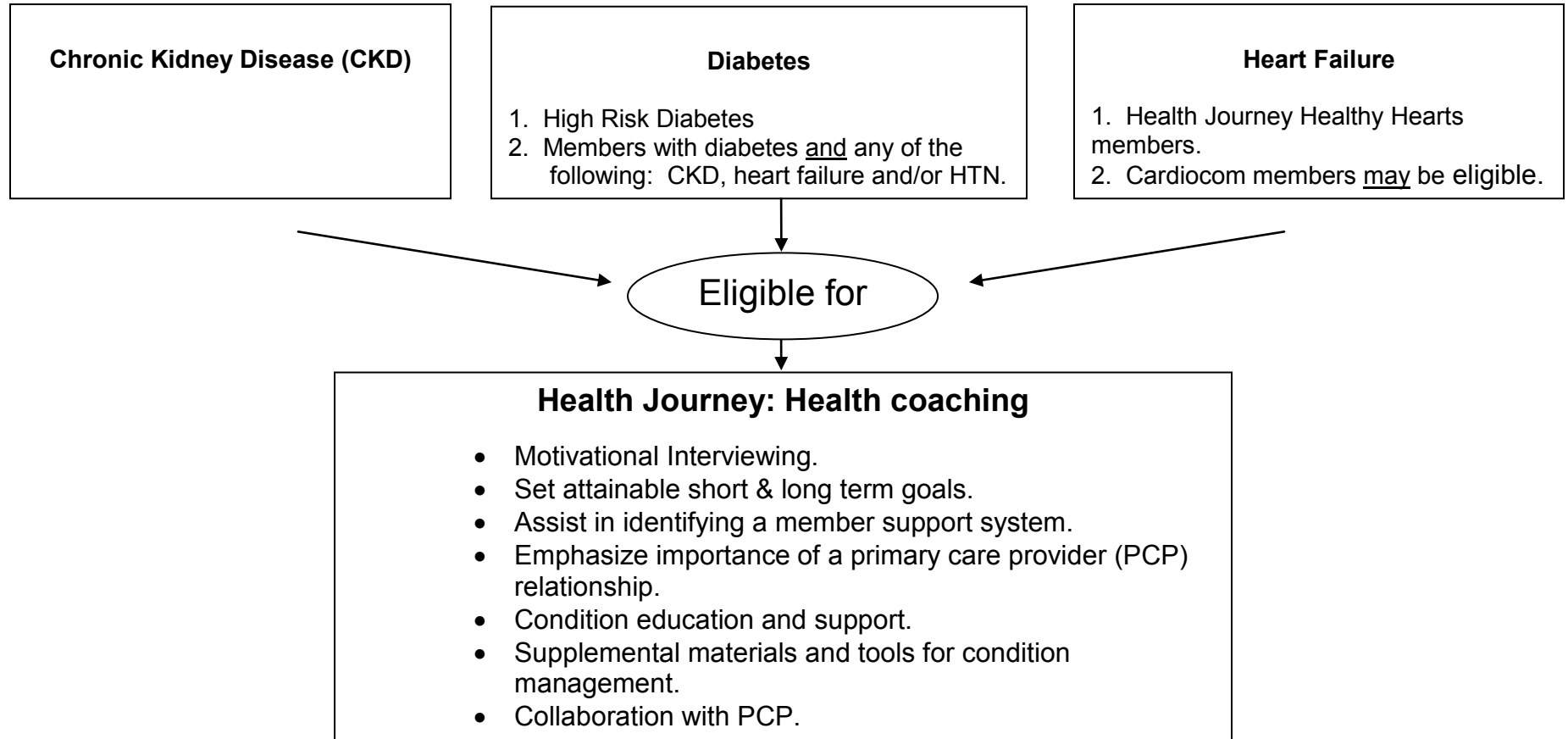
Program	Hypertension Initiative "Good Beats"
Vendor	<i>Program managed by UCare</i>
Referral Process	Members referred via claims identification.
UCare Contact	Nan Wikstrom 612.676.3450
Eligible Members	<ul style="list-style-type: none"> • Members ages 18-75 • Members must have a diagnosis of both diabetes <u>and</u> hypertension. • Members <u>must</u> be Medicare eligible. • Members must have been enrolled for 11 months.
Eligible Products	RI, MS and CT (dual eligible only).
Exclusions	<ul style="list-style-type: none"> • Members not Medicare eligible. • Members in Long Term Care facilities, on hospice or have a diagnosis of End Stage Renal Disease (ESRD)
Description of Program Services	<p>Member receives:</p> <ul style="list-style-type: none"> • A wrist blood pressure device. • A Good Beats booklet with hypertension education. • Diabetes education. • Incentive opportunity. <ul style="list-style-type: none"> • This initiative does not have nursing support. • Members eligible for Good Beats material only once.



Disease Management Programs

Health Journey – Health Coaching

Health Journey consists of personalized health coaching from a registered nurse (Certified Health Coach) and is available for eligible members. Health Journey is telephonic, focusing on member's specific health goals which support the provider's plan of care. Participants receive a Health Journey book and other items if their health condition warrants it. Providers receive notification of their patient's participation.



Please call the UCare Disease Management Line at 612-676-6539 or 1-866-863-8303 for more information.