

UCare healthlines

A newsletter for our providers

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Attn: Provider Network
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If you have comments and/or suggestions for future content, please e-mail us at healthlines@ucare.org.

For more information and updates, please visit www.ucare.org.

Note: Links contained within PDF are active.

A Message from the Provider Assistance Center

When you have questions and/or concerns, it's likely that your first call for help is UCare's Provider Assistance Center (PAC).

However, as we approach the end of 2011, PAC employees want you to know that October marks the start of their busiest time of the year. Therefore, we're providing you with several helpful tips that will connect you to resources available through our UCare Provider Portal to resolve matters. Indeed, the portal offers information that often can produce a faster response than can a call to the PAC. *(Please note that the UCare Provider Portal requires users to sign in with a username and password.)*

The UCare Provider Portal can be accessed by logging on to our web site at www.ucare.org/providers and then clicking on "UCare Provider Portal" in the navigational pane or clicking on the "Provider Portal" button.

After signing into the Provider Portal, you may choose one of two buttons: "Provider Inquiries" or "Provider Services."

"Provider Inquiries" allows you to find information about:

- Member information/eligibility.
- Claims status.
- Authorization status.
- Explanation of Payment (EOP).*
- Roster data (available to primary care clinics only).
- Provider Forms.

"Provider Services" allows you to:

- Contact the PAC via the message center.
- Change your current e-mail address to a new/different one.
- Change your current password to a new one.
- Change your security question.
- Create/add a new user (admin function only).
- Update a user's profile, including deleting users (admin function only).
- Resetting a user's password (admin function only).
- Unlock user accounts (admin function only).

The PAC Team also – and always! –welcomes feedback. When you call the PAC, you may be prompted to take quick survey before you speak with a PAC Representative. If so, please take a few minutes to answer the questions about your experience with the PAC. Comments are greatly appreciated, and will help us serve you better!

**When retrieving EOPs, the date field should be populated with the check/EFT date, not by the produced date. Whenever possible, populate the check number field, if you have the check number. Also, EOPs are available in the Provider Portal up to 18 months from the date it was produced only.*



News and Notes

New Microsite: Dental Care for U

UCare has launched a new dental micro web site called **Dental Care for U**. Dental Care for U is a one-stop shop of information on dental benefits and services UCare currently offers to members.

The site features links to several existing **UCare web** pages describing dental-related topics and services. Clickable boxes and headings are labeled:

- See-A-DentistSM Guarantee.
- *UCare for Seniors* members.
- UCare's Minnesota Health Care Programs (MHCP) members.
- Mobile Dental Clinic.
- Smiling Stork Program.

Each page also includes a "Search our Network/Find a Dentist" tool for your convenience. We encourage you ***and*** our members to visit Dental Care for U by logging on to **www.dentalcareforu.org**.

UCare Connect Will No Longer Integrate Medicare Benefits in 2012

Beginning Jan. 1, 2012, the Department of Human Services (DHS) will move people with disabilities enrolled in fee-for-service Medical Assistance into a Special Needs BasicCare (SNBC) plan. These individuals will be required to enroll in managed care; however they will also be able to opt out of managed care and remain in fee-for-service Medical Assistance, if they choose.

UCare is well positioned to expand membership in our SNBC plan, *UCare Connect*. We bring 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 our dual-eligible members with disabilities. In order to sustain the program and continue to offer value to our members, we have decided to remove the Medicare component from *UCare Connect* and change it to a Medical Assistance-only program in 2012. *UCare Connect* members may or may not be Medicare eligible.

We believe 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 our providers, delegated case coordinators, the counties, state, and community agencies to help our members maintain their health and independence, and help our dual members navigate their Medicare and Part D prescription benefit options.

Please remember that there are several ways you can check a member's eligibility and determine if a member has primary insurance. One of the ways is through the UCare Provider Portal, a secure web site for UCare providers to verify member eligibility, or check the status of a claim and/or referral/authorization. Visit our web site at **www.ucare.org/providers/Pages/ProviderPortal.aspx** to login or register as a new administrator, if your organization does not currently have an existing account.

Stay tuned! In the near future, UCare will host WebEx teleconferences regarding the changes to *UCare Connect* and what impact this may have on your organization. An invitation will be sent to you with the details of the WebEx teleconference; however, if you have questions in the mean time, please call the Provider Assistance Center at **612-676-3300** or **1-888-531-1493** (toll free).

Prior Authorization Required for Provenge®

UCare requires providers to obtain a prior authorization for the drug Provenge®. Please remember that prior authorizations must be submitted ***at least*** 14 calendar days before the start of the treatment/service for non-urgent reviews. If a prior authorization was not obtained and a claim was submitted, the claim will deny with a message that medical records are required for review.

To submit a prior authorization request or for reconsideration of a denied claim, you will need to submit the following information:

- Documentation to support the patient was asymptomatic or minimally symptomatic, and had metastatic castrate resistant disease.
- Evidence of metastases to soft tissue or bone.
- Testosterone levels <50ug or below lowest level of normal.
- Two sequential rising PSA levels obtained 2-3 weeks apart or other evidence of disease progression.

Coverage for Provenge is subject to medical necessity requirements established by Medicare, and is limited to three infusions per lifetime (at least two weeks apart) via intravenous infusion. Find out additional coverage information in the Local Coverage Determination (LCD) **L28576** on the Wisconsin Physicians Service's web site by logging on to www.wpsmedicare.com/, click on "Active Policies" (under the Legacy Part B box), "LCD," and then "Chemotherapy Drugs and their Adjuncts" or "L28576."

Flu Season Reminder and Resources

Recommendations from providers can greatly impact a patient's decision to get vaccinated against seasonal influenza. There is a universal recommendation that everyone six months and older should be vaccinated unless they have a valid contraindication. Especially at risk are pregnant women, patients with asthma and diabetes, and those with chronic conditions.

Every interaction with your patients is an opportunity to offer the flu vaccine. You can set a great example for patients by getting the flu vaccine, too. Doing so can help keep your patients healthy.

Just as important as the flu vaccine, the pneumococcal vaccine can offer protection against pneumococcal disease. Patients 65 and older are at increased risk for this disease, as are members with certain health diseases and compromised immune systems. Evaluate your patients for this vaccine when recommending the pneumococcal vaccine.

Resources on influenza and pneumococcal vaccinations can be found at:

- Seasonal Influenza Information for Health Professionals, Centers for Disease Control and Prevention: www.cdc.gov/flu/professionals/.
- Minnesota Fall Flu Guide, 2011-2012, Minnesota Department of Health: www.health.state.mn.us/divs/idepc/diseases/flu/hcp/vaccine/fluguide.pdf.
- Pneumococcal Disease Q&A, Centers for Disease Control and Prevention: www.cdc.gov/vaccines/vpd-vac/pneumo/dis-faqs.htm.

New Online Credentialed Practitioner Add/Change Form

In an effort to efficiently process adds, terms, and/or changes for credentialed-type practitioners, UCare now has an online form to request these types of changes.

As of Sept. 23, 2011, we no longer accept the paper-submitted Minnesota Uniform Practitioner Change Form (or other forms similar to it) that was sent to UCare via fax, mail, or e-mail. You must now complete and submit the online "Credentialed Practitioner Add/Change Form" to request the changes noted above. The form is available online in our web site at

www.ucare.org/providers/pages/forms.aspx.

Also as a reminder, UCare no longer accepts credentialing applications via mail. These applications must be submitted through ApplySmart, e-mail credentialinginfo@ucare.org, or fax 612-884-2184.

Quality Corner

Results from Medical Records Standards and Advance Directive Audit

UCare conducts a Medical Records Standards and Advance Directive Audit in conjunction with the annual Healthcare Effectiveness Data and Information Set (HEDIS) medical records review. These two measurement tools assess compliance to UCare's medical records policy. The policy can be found in our online Provider Manual, **Chapter 16: Quality Management** by logging on to www.ucare.org/providers/pages/providermanual.aspx.

The 2011 Medical Records Standards Audit used a list of 17 criteria to assess provider medical recordkeeping practices. The audit revealed that general compliance to the medical records policy is good throughout UCare's network; 15 out of 17 criteria scored at or above the 80th percentile, and nine criteria scored at or above the 90th percentile.

The Medical Records Standards Audit uses criteria derived from the National Committee for Quality Assurance (NCQA) national accreditation standards. Below is a list of criteria that were most frequently found *missing* in the medical record reviews:

1. Adults: Advance directive located in chart and/or discussion documented in chart (adults aged 18 years and older).
2. Documentation of inquiry/counseling regarding alcohol/substances.
3. Current immunization record maintained.
4. Documentation of inquiry/counseling regarding smoking habits.

The above items were frequently missing in the 2009 and 2010 audits, as well. Inquiry of substance abuse and smoking rates increased from 2010, while documentation of immunization went down slightly. The advance directive rate remains lower than anticipated and presents an opportunity for improvement. These items are important aspects to a patient's medical history. Please evaluate your clinic's processes for gathering and documenting these items.

UCare conducts a larger audit for advance directives using question #1 above. The expanded audit showed lower rates of advance directives or discussions of advance directives in the 2011 audit than the previous year. Further analysis is needed to determine the cause of the decline. UCare will contact clinics this fall to gather additional information on clinic processes for discussing advance directives with patients, documenting these discussions in the electronic medical records, and location of advance directives in the electronic medical records.

UCare appreciates your efforts to improve medical recordkeeping practices. For more information on the audits, you can contact Melissa Deuschle, Quality Improvement Specialist, at mdeuschle@ucare.org.

Changes to Follow-Up Care for Low Blood Lead Levels

In response to the growing evidence that low-level lead exposure (<10 µg/dL) can have harmful effects on cognitive functioning in children, House File No. 419 was passed in 2010, requiring changes be made to both clinical *and* case management guidelines around blood lead levels that exceed 5 µg/dL. Changes were released by the Minnesota Department of Health (MDH) in March 2011 and the guidelines can be found online by logging on to www.ci.minneapolis.mn.us/dhfs/screening_guidelines.pdf.

For more information on childhood blood lead case management and clinical treatment guidelines for Minnesota, please contact the MDH at **651-201-4620** or visit their web site at www.health.state.mn.us/divs/eh/lead/guidelines/index.html.

Friendly Reminders

Cultural Competency is Valuable Knowledge

Culturally responsive care, or cultural competence in health care, is defined as the ability of individuals and systems to respond respectfully and effectively to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families, and communities.

Cultural competence is important in every aspect of our public lives. It is critical for health care providers, who deal daily with diverse people in life-and-death situations.

As a reminder, UCare has several online resources that support the development of cultural competency for yourself and your colleagues. These resources can be found on www.ucare.org/providers:

- Link to the [Culture Care Connection](http://www.culturecareconnection.org) web site.*

- Provider Manual, [Chapter 19, Culturally Responsive Care](#).
- [Multilingual Health Resources Exchange](#) document in the "Resources" link.

**Please note the addition of information on the [Mexican-American population](#) now available on the [Culture Care Connection](#) web site, as well as a new culture video featuring the [Somali Muslim Culture](#) and*

Vaccines. Check out these and other updates under the “Diversity in Minnesota” section today!

Fraud, Waste, and Abuse Reminder

If you suspect fraudulent, abusive, or wasteful conditions, or if you have any questions about these matters, please contact UCare’s Special Investigation Unit in any of the following ways:

- Call our toll-free hotline at **1-877-826-6847**. *You may remain anonymous.*
- E-mail us at compliance@ucare.org.
- Send mail to us at:

UCare
Attention: Special Investigation Unit
P.O. Box 52
Minneapolis, MN 55440-0052

Primary Care Clinic Reporting Responsibility and Requirement

PCCs are required to submit a quarterly report to UCare listing all written and verbal complaints that the clinic received from UCare members.

Minnesota Rule requires that UCare conduct ongoing evaluations of all member complaints, including those from participating providers (Minnesota Rule 4685.1110 Subpart 9).

PCCs must submit the **Quality Complaint Reporting Form** to UCare within 30 days after the end of the quarter. The online form to use can be found by logging on to UCare’s web site at www.ucare.org/providers. Select “Forms,” and then “Quality Complaint Reporting Form.”

You must complete this form even if there were no complaints for the quarter for which you reporting. Failure to comply with this procedure is considered a breach in contractual responsibilities.

PCCs can learn more about reporting requirements and responsibilities in UCare’s Provider Manual, **Chapter 18: Member Complaints, Appeals, and Grievances**. If you have any questions, please call UCare’s Quality Management at **612-676-3298** or **1-877-523-1517** (toll free).

At Your Service

As a valued provider within the UCare network, you have a dedicated **Network Services Coordinator** who can help you in many ways. A coordinator is assigned to each health system and/or geographical area.

If you do not know who your coordinator is, visit our “Network Services Coordinator” page at www.ucare.org/providers/Pages/NetworkServicesCoordinator.aspx.

Don’t forget to subscribe to our **E-mail List Server** to receive provider news and updates, including *health lines*, via e-mail. To subscribe, [visit us online](#).

Find Us on Facebook

UCare is now on Facebook! We’re easy to find at www.facebook.com/UCarehealthplan.



If you have a Facebook account, click “Like” and connect with us to receive regular postings about UCare’s health, wellness, and community activities.

If you have comments and/or suggestions for future content, please e-mail us at healthlines@ucare.org.

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