

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.

“Members Without Visits” Debuts

UCare and OptumInsight (formerly Ingenix) have joined together to create a “Members Without Visits” (MWOV) Call Campaign aimed at improved health for **thousands of** UCare members.

The new initiative promotes the importance of having an annual preventive exam, which is a covered benefit for all UCare members we seek to reach in the campaign.

Initially, members who have not been seen by a physician in the previous 12 months will receive this outreach. Later this year, UCare also will also reach out to members who have *not* had their annual preventive exam in the current year.

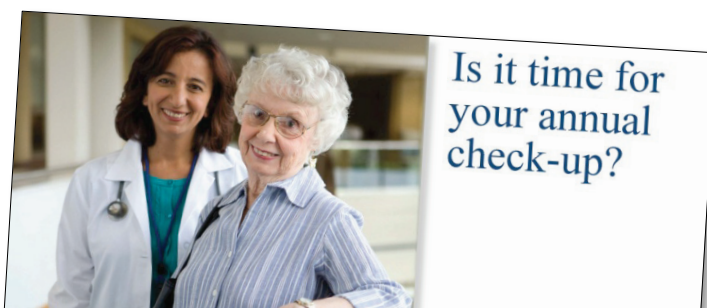
The MWOV Call Campaign includes:


- A kick-off postcard (above) sent to selected members encouraging them to get an annual exam and alerting them to an upcoming a phone call.
- A phone call from a team of appointment specialists to the selected members. If a member agrees to schedule a visit, the appointment specialist will conduct a “warm transfer” to the appointment desk of the member’s primary care clinic.
- Lastly, for members who could not be reached by phone, OptumInsight will send a postcard offering a toll-free, “800” number to call for help scheduling a visit. Positive words will encourage the member to book an annual exam.

How can you help with the success of the campaign? **Help us spread the word!**

Please become familiar with this campaign. Forward this information to all clinic personnel who assist members, such as receptionists, operators, scheduling desk personnel, medical staffs, etc. If you have more than one clinic location, please share this information with employees throughout your clinic or care system.

We appreciate your support for a successful MWOV Call Campaign!



<p>Your annual preventive exam has a \$0 co-pay.</p> <p>Dear Valued Member:</p> <p>Did you know that your UCare health plan covers an annual preventive exam each year with a \$0 co-pay?</p> <p>We encourage you to manage your health and make an appointment with your primary care provider every year for your annual exam. There is no co-payment for your annual exam. An annual exam is different than other doctor visits. Even if you see your doctor on a regular basis, it's important to have an annual exam every year.</p> <p>To make it easier, we will be calling you in the coming weeks to help you make your appointment. Or, if you'd like to schedule your appointment today, call us at <phone> from 9 a.m. to 4:30 p.m., Monday through Friday. TTY machine users please call 711. Appointment Specialists are standing by.</p> <p>We look forward to speaking with you soon.</p> <p>Sincerely, UCare Appointment Specialist Line</p> <p><small>UCare Minnesota and UCare Wisconsin, Inc. are health plans with Medicare contracts. H2459 H4270_040111_2 CMS File & Use (04062011) H2459 H4270 Group_040111_2 1A (04012011) U3925 (04/11)</small></p>	<p>UCare P.O. Box 52 Minneapolis, MN 55440-0052</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto;"></div> <p>Health or wellness or prevention information.</p> <p><First Name> <Last Name> <Address> <City>, <ST> <ZIP></p> 
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News and Notes

2011 Provider Satisfaction Surveys are Underway

UCare continually seeks feedback on our mutual interactions. As part of an ongoing effort to determine how UCare is doing, we are conducting new provider satisfaction surveys, reestablishing the utilization management process survey, and also following up on three of our satisfaction surveys from 2010.

The surveys will measure your level of satisfaction with us. Results will establish a provider satisfaction measure on our performance. They also will provide significant information for process improvements and help satisfy regulatory requirements.

The following surveys are now posted online. We're looking for feedback from these types of providers:

- Primary Care Clinic (PCC).
- Skilled Nursing Facility (SNF).
- Critical Access Hospital (CAH).
- Home Health Agencies (HHA). – *New this year! Please note that the HHA must be Medicare-certified.*

Please log on to www.ucare.org/providers and take a survey today! We welcome your feedback.

Upcoming Provider Regional Trainings in Greater Minnesota

UCare's Provider Network Management (PNM) staff is excited to offer **free** training sessions during August to contracted PCCs and specialty clinics in Greater Minnesota.

Designed for clinic managers, billing/coding/claims staffs, and registration personnel, the trainings will help people learn:

- About UCare products.
- Operational advantages for your clinic.
- How to work effectively and efficiently with UCare, along with key resources.

Two training sessions will be offered per day: morning (9:30–11 a.m.) and afternoon (1–2:30 p.m.). Registration will begin 30 minutes before the start of each session.

This grid lists the training dates and locations:

Region	Dates and Location
Southern Minn.	Aug. 2 in Worthington Aug. 3 in Mankato Aug. 4 in Rochester
Central Minn.	Aug. 2 in Detroit Lakes Aug. 3 in Alexandria Aug. 4 in St. Cloud
Northern Minn.	Aug. 9 in Grand Rapids

RSVPs are required, as there are a limited number of seats per session. To register, log on to www.ucare.org/providers/pages/trainings.aspx and register online. Please note that registrations will only be accepted by submitting the online registration form.

We look forward to seeing you in August!

"Get to Know UCare!" - Provider Regional Trainings in Wisconsin

UCare's Wisconsin Sales Manager, Marti Andro, along with PNM is hosting a **free** special provider luncheon in northwestern and southwestern Wisconsin. "Get to Know UCare!" is offered exclusively by UCare to health clinic staff, clinic managers, and billing/claims personnel to:

- Hear about UCare health plans and services.
- Enjoy a presentation that demystifies Medicare.
- Watch a demonstration of UCare's Provider Portal web page.
- Learn how to work as effectively and productively as possible with UCare.

The luncheons will be held from 11:30 a.m. to 1:30 p.m. at these dates and locations:

Date	Location
Sept. 12	Barker's Island Inn in Superior, WI
Sept. 13	Plaza Hotel in Eau Claire, WI.
Sept. 14	Radisson/La Crosse Center in La Crosse, WI.

Space is limited at this free event! Register by Tuesday, Sept. 6 in one of three ways:

- Call Marti at **612-676-3555**.
- E-mail Marti at mandro@ucare.org.
- Register online by visiting our web site at www.ucare.org/providers/pages/witrainings.aspx.

UCare Launches Integrated Condition Management Program with Health Integrated

UCare is pleased to announce our new partnership with Health Integrated, Inc., a company specializing in behavior change through a whole-person approach that considers the physical, behavioral, and social aspects of health to the overall well-being of our members.

Through this partnership, we will be providing **Synergy** Total Population Health Management to our UCare adult Medicaid members that meet eligibility requirements. Synergy is an integrated behavioral and medical chronic condition management program that takes a bio-psycho-social approach to help members better manage their daily and long term health.

Synergy was developed from evidence-based clinical practice guidelines that are reviewed and updated annually, or as clinically indicated. Synergy supplements the care provided by primary care physicians (PCPs) with coaching, education, and support to motivate our members to achieve greater self-efficacy and improve their health status.

PCPs may be contacted throughout the program by Synergy's Personal Care Coaches and Outreach Coordinator, as needed depending on the care coordination of your patient.

For additional information or if you have questions, please contact Synergy at **1-877-320-5690** (toll free).

Changes to Claims Reimbursement in 2011 – Updated

At the end of 2010, we announced in a *health lines* BULLETIN that we were not going to implement the new Resource-Based Relative Value Scale (RBRVS) reimbursement system proposed by the Minnesota Department of Human Services (DHS) for Minnesota Health Care Programs (MHCP) starting 1/1/11.

On June 30, 2011, we updated the *health lines* BULLETIN regarding our plans to implement the RBRVS. The information was posted in the UCare Provider home page and also throughout the UCare Provider web site. If you have not read the updated *health lines* BULLETIN, visit our web site by logging on

to www.ucare.org/providers and then select “*health lines BULLETINS*” to get the latest update.

Upgrade to Claims Payment System

UCare has been engaged in the process of testing the new version of our claim payment system for well over nine months. We have taken measures to test UCare's business processes to ensure that the new system operates in the same or similar manner to our current system. With both testing and training coming to completion at the end of July, UCare has chosen the weekend of July 28 to July 31 to install and migrate to the new system. UCare plans to be live on the new system on August 1.

Over the next couple of weeks, teams of UCare business staff will be working at finalizing the migration plans. This will include how to best bring the systems daily schedule to a quiet state so the migration can be started. At this time, we know the system will become unavailable starting 5:00 p.m. on Thursday, July 28, until 8:00 a.m. Tuesday, Aug. 1. After the migration has been completed, there will be a well organized approach to bring the production online systems and schedules back online.

UCare Connect's New Partner: Lutheran Social Service of Minnesota

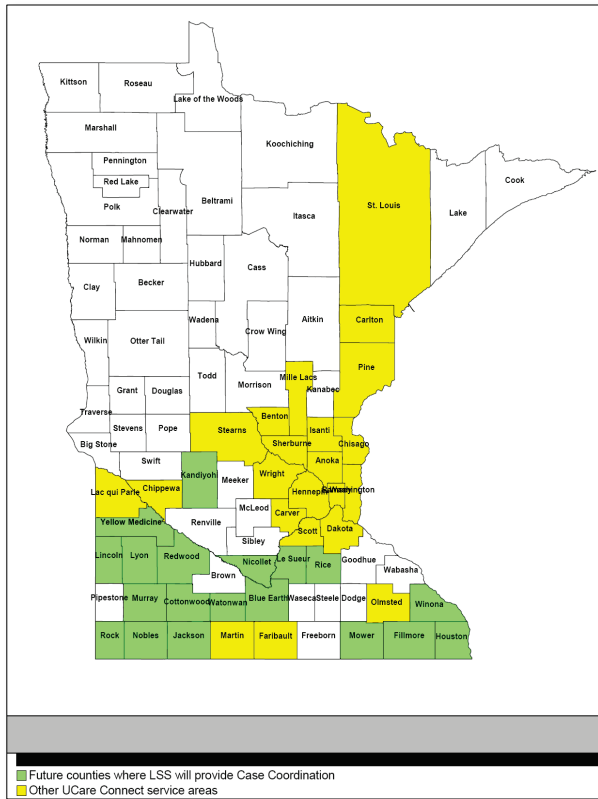
UCare is happy to announce our new partnership with Lutheran Social Service of Minnesota (LSS) to provide case coordination for *UCare Connect* members in southern Minnesota.

UCare Connect, UCare's Special Needs BasicCare (SNBC) plan, currently serves people with disabilities in 42 counties in Minnesota. Due to low *UCare Connect* enrollment in southern counties, UCare sought to develop a regional care coordination model to achieve greater administrative efficiencies while maintaining high-quality services at the local level.

LSS has a longstanding, statewide presence. It delivers a number of important social services, including support services for people with disabilities.

The Willmar and Mankato LSS locations will eventually serve all *UCare Connect* members residing in Blue Earth, Cottonwood, Fillmore, Houston, Jackson, Kandiyohi, Le Sueur, Lincoln, Lyon, Mower, Murray,

Nicollet, Nobles, Redwood, Rice, Rock, Watonwan, Winona, and Yellow Medicine counties. Case coordination contracts will remain unchanged in all other counties within *UCare Connect's* service area.



Please join us in welcoming LSS to the UCare team!

Credentialed Practitioner Add/Change Form now Available in Online Format

On June 22, 2011, we posted a new online form called “**Credentialed Practitioner Add/Change Form**” to our **Forms** web page.

This online form replaces the Minnesota Uniform Practitioner Change Form that currently is being submitted via mail, fax, and e-mail. Please begin using this new online form, as we will no longer accept the “Minnesota Uniform Practitioner Change Form” effective **Sept. 23, 2011**.

Please remember that if you make any changes to your clinic data, you must notify UCare no fewer than 30 days prior to the effective date of the change(s) by submitting the appropriate online form(s). By getting the information to UCare on time, you will help prevent delays and/or errors with payment of your claims.

UCare’s standard turnaround time to make the change(s) in our system is 15 business days from date of receipt.

Reminder: Inpatient Hospital Cost Changes for MinnesotaCare Basic Plus One Plan are Effective July 1

Effective July 1, 2011, inpatient hospital admissions MinnesotaCare Basic Plus One members will be paid by the Minnesota Department of Human Services (DHS).

Members in this plan will continue to have the yearly benefit limit of \$10,000 and the 10% co-pay (up to \$1,000). Facility charges for these members should be sent to DHS on or after July 1 for claims processing; however, ancillary and professional charges related to the inpatient hospital admission (including any medically necessary services required upon discharge) should come to UCare for claims processing. Chemical Dependency Residential Treatment Services will still continue to be covered by UCare on or after July 1; therefore, claims should continue to come UCare for processing.

Child and Teen Checkup (C&TC) Reminders

Summer is here! There’s a good chance that your office is filling with children needing physicals for camps, school sports, preschool screenings, or perhaps a physical needed to attend daycare or Head Start.



This is a friendly and timely reminder to perform a complete preventive care visit, rather than just the components required by the camps, schools, daycare, or Head Start.

All UCare children, newborn through age 20, should receive a complete “Child and Teen Checkup” (C&TC).

We know that some members have multiple barriers to making and keeping their health care appointments. That’s why we encourage you to perform a complete

C&TC if the child already in your office is having one of the above-mentioned types of screenings/physicals.

Taking advantage of these need-driven appointments reduces the risk of “no-shows” at choice-driven ones.

It's pretty easy to turn a sports physical into a complete C&TC. In fact, there are just six C&TC components missing from the Minnesota State High School League's (MSHSL) Sports Physical Examination Clearance form:

- Verbal referral for preventive dental check-ups.
- More thorough developmental assessment.
- General nutrition assessment and eating habits.
- Labs such as Hgb, urinalysis, and/or cholesterol, STI, and TB.
- Hearing exam using pure-tone audiometry.
- A place to record referrals when appropriate.

You can access the MSHSL sports physical form at www.mshsl.org/mshsl/publications.asp#5.

For the supplemental sheet on which you can document the additional six C&TC components, go to www.co.dakota.mn.us/NR/rdonlyres/12BE6329-9968-4854-9019-0CF8F6B20204/4422/Sportsphysicalsupplement.pdf.

Moreover, if you turn these types of physicals/screenings into a complete C&TC, you can bill the S0302 code, along with the appropriate Referral Code, and receive an additional reimbursement for the visit.

For additional information and resources on a complete C&TC and lead testing, refer to **Chapter 13** of UCare's Provider Manual.

HPV Vaccine Reminder

As your calendars swell this summer with C&TC and sports/camp physicals, we ask for your assistance in educating parents and guardians of children ages 11 and 12 about the prevention of human papillomavirus (HPV) and other sexually transmitted infections (STIs).

HPV is the most common STI in the United States. UCare is asking providers to encourage appropriate immunizations to reduce the risk of HPV infection.

The HPV vaccine prevents the spread of HPV strains associated with 70% of cervical cancer and 90% of anogenital warts. Since women can acquire HPV infections soon after becoming sexually active,

vaccinations are recommended between ages 11 and 12, before most females engage in sexual intercourse. One of the vaccines, Gardasil, also has been approved in males, ages 9-26, to protect against the strains associated with anogenital warts.

HPV vaccination is a covered benefit of UCare members ages 9-26. Resources regarding HPV vaccination can be found by logging on to Stratis Health's web site at www.stratishealth.org/pip/hpv.html.

American Academy of Pediatricians Issues New “Best Practice” Guidelines for Child Passenger Safety

In April 2011, the American Academy of Pediatrics Committee on Injury, Violence and Poison Prevention issued updated recommendations regarding Child Passenger Safety (PEDIATRICS Volume 127, Number 4, April 2011). These recommendations are based on the latest research regarding the most appropriate child restraint systems and proper installation and positioning of these systems, based child's age, height and weight.

Best Practice Recommendations (with notes comparing recommendation to previous guidelines published in 2002):

1. *All infants and toddler should ride rear-facing until they are **two years of age** or until they reach the highest weight or height allowed by the manufacturer of their child safety seat.* (Increase from previous recommendation of one year or 20 lbs.)
2. *All children two years or older, or who have outgrown the rear-facing weight or height limit for their car safety seat, should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of their car safety seat.* (Expands length for forward facing with harness. Previous recommendation focused on children less than 40 lbs.)



3. *All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt positioning booster seat until the vehicle lap-and-shoulder seat belt fits properly, typically when they have reached 4 feet, 9 inches in height, and are between 8 and 12 years of age. (Provides more specific height and age guidelines for forward-facing seats with a harness than previous recommendation.)*
4. *When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap-and-shoulder seat belts for optimal protection. (Not addressed in previous guidelines.)*
5. *All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection. (Not addressed in previous guidelines.)*

Because vehicle crashes continue to be the leading cause of death and serious injury to children ages four and older, the American Academy of Pediatrics recommends that pediatricians continue to include child passenger safety guidance at every well child visit.

Treating Symptomatic Osteoporotic Spinal Compression Fracture

Many elderly UCare members suffer painful osteoporotic vertebral compression fractures. Mainstays of treatment include rest and analgesics to control the pain until the fracture heals.

New guidelines recently published by the American Academy of Orthopedic Surgeons (AAOS) [Journal of the American Academy of Orthopedic Surgeons (JAAOS) year: 2011, volume: 19, pages 176-182] contain new, evidence-based recommendations for management of symptomatic spinal compression fractures.



Recommendation 1 is to treat the condition with calcitonin for four weeks. Well-designed trials support improved pain control. Interestingly, Recommendation 8 is against the use of vertebroplasty, based on two sham controlled trials showing no difference between vertebroplasty and the sham procedure.

The full guideline can be accessed at: www.aaos.org/research/guidelines/SCFguideline.pdf.

Quality Corner

Clinical Practice Guideline Updates

UCare adopts and uses clinical practice guidelines to enhance member and professional decision making, improve health care outcomes, and meet federal and state contractual requirements.

Guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of members. Guidelines are not intended to replace a clinician's judgment or to establish a protocol for all members with a particular condition.

UCare thanks providers for using Clinical Practice Guidelines to enhance member care. These guidelines are published in Chapter 24 of the Provider Manual, which is located on the UCare web site, www.ucare.org.

Here are current UCare Clinical Practice Guidelines:

- Preventive Services for Adults.
- Preventive Services for Children and Adolescents.
- Prenatal Care, Routine.
- Diabetes, Type 2 Diagnosis and Management.
- Asthma, Diagnosis and Management.
- Pressure Ulcer, Prevention and Treatment.
- Obesity, Prevention and Management.

In February 2011, we completed our biennial review of the Preventive Services for Adults and Preventive Services for Children and Adolescents Guidelines. Our internal review was prompted by updates made to the ICSI Guidelines in September 2010. Here's a reference to guideline changes:

- Summary of Changes Report Preventive Services for Adults, Institute for Clinical Systems Improvement: www.icsi.org/guidelines_and_more/glos_prot/preventive_health_maintenance/preventive_services_for_adults/preventive_services_for_adults_11.html.
- Summary of Changes Report Preventive Services for Children and Adolescents, Institute for Clinical Systems Improvement: www.icsi.org/guidelines_and_more/glos_prot/

[preventive health maintenance/preventive services for children guideline /preventive services for children and adolescents 762.html](#)

Thank You for a Successful HEDIS Season

Each year, UCare asks providers to assist us with the Healthcare Effectiveness Data Information Set (HEDIS) medical record abstraction, which includes medical records standards review and advanced directive review.

We know that coordinating medical record abstraction can be burdensome for clinics. Because of that, we appreciate that providers facilitated reviews for our HEDIS medical record review vendor this past spring. Thank you for your hard work during this process!



UCare appreciates feedback and suggestions. Please forward your concerns or comments for improvement regarding our HEDIS data abstraction process to Caroline Dietz-Carlson, Quality Improvement Specialist, at 612-676-3441 or cdietz-carlson@ucare.org. Also contact Caroline with news of any changes in the contact information for your facility.

Coding Zone

Prenatal Classes, including Breastfeeding and Birthing Classes

We have noted a recent increase in inquiries about coverage for breastfeeding classes.

Please note that prenatal education classes are covered under Minnesota Health Care Programs (MHCP). Prenatal education is defined as education provided to pregnant women for health promotion or risk reduction intervention (e.g., vaginal birth after cesarean [VBAC], smoking cessation, birthing or Lamaze classes, and breastfeeding classes). UCare members in a MHCP (e.g., Medical Assistance and MinnesotaCare) are eligible for prenatal classes.

The HCPCS code to bill for breastfeeding classes is S9443; the code for birthing classes is S9442. You will

need to bill one unit for each class session for each of these codes.

These providers may provide and bill for prenatal education classes: enrolled physicians, a physician clinic, community clinics, public health clinics, outpatient hospitals, nurse practitioners, physician assistants, clinical nurse specialists, and certified nurse midwives. In addition, clinics and outpatient hospitals with prenatal education programs directed by an enrolled provider may bill for health educators with at least a baccalaureate level degree in health education or national certification for prenatal education.

Find out more about covered services and procedure codes for billing in the “[Physician and Professional Services](#)” chapter of the Minnesota Department of Human Services (DHS) Provider Manual.

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](#) 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:



BENEFIT FRAUD

- 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 evaluation 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 for doing this 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](#).

Follow 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.

Provider Assistance Center
612-676-3300 or
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