



**December 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](http://ucare.org).

Direct your UCare **Care System** Clinical Services questions to Bobbi Jo Glood, Clinical Care System Liaison, at 612-676-3688, or by 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 by 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).



**2012 Care System and County WebEx training schedule**

Please mark your calendars for the quarterly 2012 Care System and County WebEx trainings. *Note that at this time these are tentative.*

	Care System	County WebEx
1 <sup>st</sup> Qtr	March 22 (8:30-11:30 a.m.)	March 28 (1-3 p.m.)
2 <sup>nd</sup> Qtr	June 28 (8:30-11:30 a.m.)	June 25 (1-3 p.m.)
3 <sup>rd</sup> Qtr	Sept. 20 (8:30-11:30 a.m.)	Sept. 24 (1-3 p.m.)
4 <sup>th</sup> Qtr	Dec. 6 (8:30-11:30 a.m.)	Dec. 13 (1-3 p.m.)

**UCare for Seniors 2012 benefit changes**

When designing the *UCare for Seniors* benefit package for 2012, UCare focused on maintaining value for our members by keeping their out-of-pocket expenses and co-payments consistent with 2011 levels. We're proud that 2012 plan options maintain valuable extra coverage, such as travel, dental, vision, hearing aid, community education class discounts, and a fitness program. In fact, UCare added additional preventive dental coverage, such as topical fluoride application and additional coverage with the comprehensive dental plan.

Learn more with this summary of all the changes for 2012.

Benefit	2011	2012
Worldwide Emergency Care	\$50 co-pay	\$65 co-pay
Tier 1 Generics (Value Plus, Classic)	\$9	\$10
Preventive Dental: Three cleanings per year (Classic)	One had to be periodontal	Three of any type
Preventive Dental: Topical application of fluoride (Classic)	Not covered	Covered
Comprehensive Dental: Additional clinical codes (Classic)	Not covered	14 additional clinical codes apply towards \$1,000 max
Cervical and Vaginal Cancer Screening	Every 24 months	Every 12 months
Clinical Breast Exams	Every 24 months	Every 12 months
Diagnostic Tests, X-rays, and Lab Services at PCCs and specialists (Value, Standard D, Value Plus)	Value = \$30 Standard D = \$35 Value Plus = \$30	Value = \$0 Standard D = \$0 Value Plus = \$0
Comprehensive Outpatient Rehabilitation Facility (CORF) services (PT, ST, OT)	\$0 co-pay	Value = \$30 Standard D = \$35 Value Plus = \$30 Classic = \$15
Part D: Deductible (Standard D)	\$310	\$320
Part D: Initial Coverage Limit (Standard D, Value Plus, Classic)	\$2,840	\$2,930
Part D: TrOOP (Standard D, Value Plus, Classic)	\$4,550	\$4,700
Part D: Gap Generic Discount (Standard D, Value Plus, Classic)	7% (except Classic is generic co-pay of \$9)	14% (except Classic is generic co-pay of \$10)
Part D: Catastrophic Generic/Multisource Brand (Standard D, Value Plus, Classic)	\$2.50/\$6.30	\$2.60/\$6.50

As always, check out all of UCare's products "tip sheets" which summarize the key benefits of each product. Links to the tip sheets can be found in [Chapter 4 of the UCare Provider Manual](#).

## UCare's MSHO and MSC Plus 2012 benefit changes

### MSHO

- UCare lowered the annual allowance for the coverage of preventive and restorative dental services not covered by Medicare or Medicaid to \$250 (was \$300 in 2011).

### MSC Plus

New cost sharing in 2012 for MSC Plus members:

- Non-preventive office visits are \$3.
- Prescription drug co-pay monthly maximum increased from \$7 to \$12.
- Family deductible of \$2.55 a month (This cost sharing will continue to be limited to 5% of family income for members with income below 100% of Federal Poverty Guidelines; e.g., approximately \$10,890 for a single person in 2012).

### Benefit changes for both MSHO and MSC Plus:

- Acupuncture for pain management will be covered if provided by any licensed acupuncture provider (was previously limited to physicians).
- Specialized maintenance therapy will no longer be covered for UCare's MSHO or MSC Plus enrollees (coverage in 2012 is limited to persons 20 years of age and younger).
- Services provided outside of the U.S. will not be covered. This includes medical supplies and other items provided or purchased outside the U.S.
- Dental Therapists: Members may receive certain dental services from dental therapists and advanced dental therapists working under the supervision of a dentist.

### Changes driven by Affordable Care Act

Pursuant to section 3309 of the *Patient Protection and Affordability Care Act of 2010* (PPACA), individuals eligible for Medicare Part D who also are receiving home and community based waiver services will have their Part D prescription drug copayments waived.

If you have questions about these changes, please contact the UCare Provider Assistance Center at: 612-676-3300 or 1-888-531-1493.

## New Elderly Waiver payer change

Effective Dec. 1, 2011, DHS will no longer be the payer for Elderly Waiver (EW) services for UCare members (This applies to counties only.)

Beginning Dec. 1, 2011, UCare will be the payer of Elderly Waiver (EW) services for UCare's MSHO and MSC Plus members. No EW claims, regardless of the date of service, will be paid through MMIS after Nov. 30, 2011.



All EW providers in Greater MN have been informed of this change. If care coordinators receive any calls from providers about this change, please direct them to call UCare's Provider Assistance Center at 612-676-3300, or toll free at 1-888-531-1493.

### **How this will affect you as a care coordinator:**

- For this transition, DHS is supplying UCare with a list of open service agreements in MMIS. UCare will enter these authorizations into our system to ensure payment of claims.
- Each county care coordinator still will be required to close all outstanding service agreements in MMIS. To allow additional time for county care coordinators to complete this process, the service agreements must be closed by Feb. 29, 2012, but not before Dec 1, 2011. Even if a service agreement is still open in MMIS, DHS will not pay the claim past Nov, 30, 2011. Be sure to adjust the units for amount used up to the date the service agreement is being closed.

- For new service agreements with dates of service prior to Dec. 1, 2011, the care coordinator will need to enter a service agreement into MMIS and send in the UCare Waiver Service Approval form to UCare. This will ensure claims payment in MMIS through Nov. 30, 2011.
- For new service agreements with dates of service Dec. 1, 2011, or later, the care coordinator will only need to fax the UCare Waiver Service Approval form to UCare for services not on the DHS fee schedule.
- When approving an EW service that is not on the DHS fee schedule, care coordinators should continue to negotiate a rate, complete the UCare Waiver Service Approval form found on UCare's web site, and fax it to UCare at the number on the form. UCare will enter an authorization so claims can be paid at the negotiated rate.

If you have any questions, please contact Jessica Assefa at 612-294-5057, or toll free at 1-877-447-4384, ext. 5057.

### **Walgreens Pharmacy update**

Care coordinators, please remember that as of January 1, 2012, members will no longer be able to use Walgreens to fill or refill prescriptions.

Members can transfer their prescriptions by taking any one of these steps:

- Bring their prescription bottle to a new pharmacy; Pharmacy will contact the member's Walgreens pharmacy to transfer the prescription.
- Call a new pharmacy and ask them to contact the member's Walgreens pharmacy to transfer the prescription.
- Ask the member's doctor to call a new pharmacy with a new prescription.

### **Referrals to Minnehaha Adult Day Care**

At this time, UCare is no longer accepting "new" referrals to Minnehaha Adult Day Care. This change applies to **new referrals only**. Members currently receiving services from Minnehaha will not be affected. Care coordinators should no longer refer members to this provider.

### **Issuing a DTR for members who no longer qualify for Elderly Waiver**

Care coordinators should issue a denial, not a termination, for members who no longer qualify for EW services. Care coordinators should use the reason code **1114** ("You are not eligible for Long Term Care or waiver services for the time requested"). The effective date would be the date the member's waiver was ended in MMIS.



## *Connect Corner*

### **Reminder for 2012: UCare Connect benefit changes**

#### **Transition to Medical Assistance only**

Previous newsletters informed you that that *UCare Connect* will become a Medical Assistance-only Special Needs BasicCare (SNBC) plan in 2012. This means that UCare will no longer cover Medicare benefits for *UCare Connect* members who are eligible for and receive Medicare services.

Medicare-eligible or dual-eligible members can remain enrolled in *UCare Connect*, but they will receive

their Medicare Parts A, B and D coverage through other sources. Most dual-eligible members will receive Medicare Parts A and B through Original Medicare or fee-for-service, and their Part D prescription drug coverage will be provided by a separate, private organization. UCare will continue to cover Medical Assistance benefits for all *UCare Connect* members.

### **Fitness Club Benefit**

In 2012, UCare will re-brand the *UCare Connect* fitness program from ActiveU to Connect to Fitness. The Connect to Fitness logo shown here will appear on members' ID cards.



Additional fitness facilities will be added to the network throughout the year to respond to growth in the program. For example, the Courage Center Pool & Fitness Pass will be available in the Connect to Fitness program in January. Beyond that, UCare will strive to add facilities in counties where a YMCA is not available. To encourage members to use their fitness club membership, UCare and the fitness clubs will require members who do not work out once a month to re-activate their club membership. Members will be asked to fill out a new participation form, which is available by calling UCare Member Services.

### **Extra Dental Benefits**

Currently *UCare Connect* members have a \$300 allowance to use toward dental services not covered by Medical Assistance. Although this benefit has been available for two years, it often goes unused. To encourage members to receive preventive dental care, UCare is replacing the \$300 supplemental benefit with a second dental cleaning and exam each year.

## **DHS timetable for *UCare Connect* expansion**

Medical Assistance recipients with disabilities will be asked to enroll in SNBC throughout 2012. Individuals will be enrolled into an available SNBC plan unless they choose to opt out of managed care and remain in fee-for-service Medical Assistance.

UCare is anticipating significant enrollment growth in *UCare Connect* next year due to this legislative change. Below is the DHS plan for rolling out the SNBC expansion in 2012.

### **Jan. 1, 2012**

- About 8,700 adults with disabilities who do not receive home and community based services (HCBS) will be asked to enroll in a SNBC plan in counties where Medica, PrimeWest Health and South Country Health Alliance (SCHA) are the only SNBC health plan options (and where *UCare Connect* is not available).

### **Feb. 1, 2012**

- About 6,300 adults with disabilities who do not receive HCBS will be asked to enroll in a SNBC plan in counties where *UCare Connect* is the only SNBC health plan option.
- These counties are Blue Earth, Chippewa, Cottonwood, Faribault, Fillmore, Houston, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Redwood, Rock, Watonwan, Winona, and Yellow Medicine.

### **March 1, 2012**

- About 20,600 adults with disabilities who receive HCBS will be asked to enroll in a SNBC plan in counties where SNBC is available (78 counties).

### **April 1, 2012**

- About 41,000 adults with disabilities who do not receive HCBS and live in a county with more than

one SNBC plan will be asked to enroll in a SNBC plan.

- These counties are Anoka, Benton, Carlton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Morrison, Pine, Ramsey, Rice, St Louis, Scott, Sherburne, Stearns, Todd, Washington, Wadena, and Wright.

### **July 1, 2012**

- About 1,900 adults with disabilities in nine counties that currently do not have a SNBC plan option will be asked to enroll in a SNBC plan. These counties are Cook, Itasca, Kittson, Lake of the Woods, Marshall, Pennington, Red Lake, Roseau, and Swift.
- About 11,000 children with disabilities in fee-for-service Medical Assistance statewide will be asked to enroll in a SNBC plan.
- **Note:** Both groups of Medical Assistance recipients (those with and without HCBS) will be included in a DHS RFP to be released in early 2012. UCare's participation in serving these populations in July has not been determined yet.

### **Jan. 1, 2012: UCare Connect will have own Member Services number**

A separate *UCare Connect* Member Services phone line will come online Jan. 1, 2012. This separate line will enable UCare to better monitor call volume and service quality for this product.

The new *UCare Connect* Member Services number will be answered Monday through Friday, 7:45 a.m. to 5 p.m. The new numbers are:

- Toll Free: 1-877-903-0061.
- Local: 612-676-3395.

Until Jan. 1, 2012, members can continue to call the **current** SNP Member Services lines between 8 a.m. and 8 p.m., seven days a week. The current numbers are:

- Toll Free: 1-866-280-7202.
- Local: 612-676-6868.



### **2010 PIP: Diabetes and Blood Pressure Control**

The collaborative "Diabetes and Blood Pressure Control" Performance Improvement Project (PIP) provides a heightened awareness of blood pressure (BP) management for diabetic patients, their providers, and clinic staff.

UCare sent Medication Therapy Management (MTM) letters this fall to eligible members encouraging them to use MTM pharmacy services. Also, UCare sent educational BP medication postcards to members encouraging them to talk with their primary care provider about a BP goal, tips for self-management of BP, and BP medication management. Members received a tear-off BP medication awareness card so they can record their BP medication information.

Now, some care coordinators will be sent "Risk Lists" biannually for members with diabetes who are not, or who may not, have adhered to their blood pressure medication regimen. Care Coordinators will be asked to follow up with the provider for potential referral to MTM services (if the members are eligible) and about their diabetes and BP management.

This PIP impacts UCare's MSHO, MSC Plus, PMAP, MNCare, and SNBC populations.

For more information on this PIP, contact Lorraine Cummings at [lcummings@ucare.org](mailto:lcummings@ucare.org).

## ~ REMINDERS ~

### Visit UCare, DHS 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 a 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's address.
- Change in member's living status from community to institutional or from institutional to community.
- Member's death.

### Future termination lists

UCare periodically sends a Future Termination report to care coordinators. This report indicates dual-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. 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 Glood at [bjglood@ucare.org](mailto:bjglood@ucare.org), or to Jessica Assefa at [jassefa@ucare.org](mailto:jassefa@ucare.org).

