The **UCare Fund** is now accepting applications. This year’s Fund gives special attention to grant requests that support obesity reduction, preventive health care, disabilities, and medical home initiatives.

The community grant deadline is April 30, 2012; the research grant deadline is May 31, 2012.

**UCare Mobile Dental Clinic**

spring and summer dates for rural counties:

- Winona, April 30, May 1-4
- North Branch, June 6-8
- Rochester, June 18-22
- Visit the [Dental Care for U](#) page on our web site for more dates and details.

**Did you know?**

Jennifer Hauser has joined UCare’s County Team as a county liaison. Jennifer previously worked as a public health nurse and lactation consultant in McLeod County, where she coordinated a three-county family planning grant, postpartum home visits, lactation consulting, and breastfeeding education.

The county liaison’s primary role is to help you resolve issues quickly. You are invited to contact your county liaison either by phone or email, or call UCare’s County Hotline 1-800-457-7146 (toll free).

Each UCare county liaison also works with your county contacts to schedule annual face-to-face meetings, which colleagues have reported are helpful and a great opportunity to share concerns or ask questions. Social/human services, care coordination, county advocates, supervisors, and public health staff attend these sessions.

**2012 County Team assignments**

UCare’s County Team assignments have changed, so please [click here](#) to identify your county liaison.

**New summer camp for kids with Type II diabetes**

UCare is partnering with One Heartland to offer members ages 7 to 17 with Type II diabetes an opportunity to attend **Camp 5-2-1-0** at no charge. The family camp will have fun activities and include education about:

- **5** (5 fruits and vegetables daily)
- **2** (2 hours or less of “screen time” daily)
- **1** (1 hour or more of physical activity daily)
- **0** (0 sweetened beverages daily)

*Jennifer Hauser, Carol Berg, and May Seng Cha.*
UCare members ages seven and older with diabetes will be able to attend at no charge. The camp requires at least one parent/guardian to attend with the member.

Camp 5-2-1-0 is July 6–10 at One Heartland Center in Willow River, Minn. Eligible members received a mailing about this camp opportunity in March. This new camp sponsorship is in addition to UCare’s annual offering of diabetes and asthma camps. View other health and wellness programs for children offered through UCare.

Behavioral health audit report

UCare’s 2011 audit of mental health targeted case management providers confirmed our members are receiving high quality services that meet their needs, which helps make their lives more manageable on multiple levels. Thank you to everyone serving our members in this capacity for your dedication and commitment.

John Kowalczyk, UCare’s Behavioral Health Manager, conducted the audit and noted that providers are excellent at observing required timelines for completion of documentation. He says audit reviews go smoothly when the diagnostic assessment clearly documents that a member meets eligibility requirements for mental health targeted case management services.

Please remember to give the Member Rights document to members who do not meet the eligibility requirements, refuse service, or have not had the required face-to-face contact. The Member Rights document and the UCare Denial, Termination and Reduction (DTR) Form can be found on the UCare website at: www.ucare.org/providers/Pages/Forms.aspx under the “MH-TCM Forms” header.

UCare relies on our county partners to determine initial eligibility for mental health targeted case management. To receive payment for services, the provider must notify Behavioral Health Providers (BHP) at 763-525-9919 or 1-800-361-0491 (toll free). For members using Mayo Clinics, contact Mayo Management Services, Inc. (MMSI) at 1-800-645-6296 (toll free) to learn if the member has been determined eligible for services. More information about covered mental health and chemical dependency services can be found on the 2012 Authorization Grid.

Transitioning care for new UCare Connect members

UCare is working with the Department of Human Services (DHS), our providers, and delegated entities to ensure continuity of care for people with disabilities transitioning to UCare Connect, our SNBC plan, from Medical Assistance fee-for-service. Below is a brief overview of the policies and procedures UCare uses when members transition to one of our products, including UCare Connect.

Medical services

UCare Clinical Services staffing has increased to process transition of care authorizations. Staffing levels for both our intake and utilization review departments were increased to manage the anticipated volume in overall prior authorization requests and transition authorization related to the increase in member enrollment.

UCare honors authorizations or service agreements approved through the member’s previous health plan, including fee-for-service Medical Assistance/DHS, for services that are covered under the member’s UCare benefits. For continuity of care, UCare will authorize services with the current provider for up to 120 days or until the end of the previous health plan’s

(continues on page 3)
authorization, whichever comes first. Services that do not require authorization from UCare will not need continued authorization unless the provider of service is not contracted with UCare. UCare will be flexible with retrospective reviews for non-contracted providers during the first 30-day phase in period.

Dental services
UCare’s dental transition policy for orthodontia follows DHS contractual requirements. UCare’s See-A Dentist GuaranteeSM and Mobile Dental Clinic offer support for members needing to transition between providers. Information about UCare’s dental benefits can be found on our dental microsite or by calling DentaQuest at 1-800-896-2372 (toll free).

Behavioral health services
For behavioral health transitions of care, UCare will follow the same process and guidelines as stated under the Medical Services section above.

Pharmacy services
UCare’s pharmacy transition process allows for continuation of therapy approved by the previous health plan for up to 90 days. New UCare members will automatically be allowed one 30-day transition fill of a non-formulary drug or drug with utilization management edits. Following the one-time transition fill, members and physicians will receive a letter advising how to request a formulary exception, prior authorization, or transition extension if switching to a formulary drug that is not appropriate for the member.

Please note that all prescriptions must be filled at an in-network pharmacy.

For formulary information, please visit www.ucare.org/providers/Pages/Formularies.aspx.

SNBC enrollment schedule
New state legislation requires people with disabilities who receive Medical Assistance to be enrolled into a Special Needs BasicCare (SNBC) plan unless the individuals choose to opt out of managed care. In January 2012, DHS began auto-enrolling Medical Assistance beneficiaries with disabilities into SNBC. DHS plans to transition individuals from fee-for-service Medical Assistance to SNBC through a series of enrollment phases throughout 2012. Visit www.dhs.state.mn.us/SNBC for more information on SNBC expansion. The SNBC Expansion Enrollment Answers and Questions document may be especially helpful to counties.

In late January, DHS announced changes to its original roll-out plan for (SNBC) expansion in 2012. Below is the most recent roll-out schedule.

Jan. 1, 2012
About 8,700 adults with disabilities who do not receive home and community-based services (HCBS) were asked to enroll in a SNBC plan in counties where Medica, PrimeWest Health, and South Country Health Alliance 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 were asked to enroll in a SNBC plan in counties where UCare Connect is the only SNBC health plan option. These counties were 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 were asked to enroll in a SNBC plan in counties where SNBC is available (78 counties).

May 1, 2012
About 13,900 adults with disabilities who do not receive HCBS will be asked to enroll in SNBC in Hennepin County.

June 1, 2012
About 13,200 adults with disabilities who do not receive HCBS will be asked to enroll in SNBC in Ramsey and St. Louis counties.

July 1, 2012
About 13,000 adults with disabilities who do not receive HCBS will be asked to enroll in SNBC in Anoka, Benton, Carlton, Carver, Chisago, Dakota, Isanti, Mille Lacs, Morrison, Pine, Rice, Scott, Sherburne, Stearns, Todd, Washington, Wadena, and Wright counties.

Background on SNBC and UCare Connect
Since 2008 SNBC has been a managed care option for adults with disabilities enrolled in Medical Assistance. UCare Connect has been available in 32 counties in Greater Minnesota since 2008, and it expanded into the seven-county metro area in 2010. Individuals with or without Medicare coverage can voluntarily enroll into this product. SNBC plans often offer additional benefits that are not available in Medical Assistance fee-for-service. For example, UCare Connect provides several additional health and wellness benefits including a fitness club membership, home fitness kit, extra dental benefits, 24/7 transportation and nurse line and health plan navigational support. For more information on how UCare Connect differs from Medical Assistance fee-for-service, please refer to this chart.

UCare Connect does not include Medicare coverage for dual-eligible members
As of Jan. 1, 2012, UCare Connect no longer includes Medicare benefits. People with disabilities who are eligible for Medical Assistance and Medicare may continue to enroll in UCare Connect but their Medicare (Parts A, B and D) benefits will be paid through other entities, like Original Medicare and a standalone Medicare Part D plan. In most cases, dual-eligible members can continue to use the same providers and pharmacies they used prior to enrolling in UCare Connect, even if the providers are not in the UCare network. Medicare is the primary payer for most services dual-eligible members receive and they can continue to use providers that accept Medicare payment or are in their Medicare plan’s network. Also, service authorizations that UCare may require may not apply to dual-eligible members. Please make sure your dual-eligible clients are aware of these items before they request to disenroll from UCare Connect.

Waiver, PCA and PDN services
The state designed SNBC to NOT include home and community-based services (waivers), private duty nursing (PDN), and personal case assistant (PCA) services. These services are “carved out” of the SNBC benefit set. Individuals who receive or are eligible for waiver, PCA, or PDN services continue to obtain them through fee-for-service or their county. The billing and authorization process for these services does not change when a person enrolls
in SNBC. Oftentimes UCare will communicate with county case managers to appropriately coordinate the member’s care, but waiver, PCA, or PDN services should not be disrupted due to enrollment in UCare Connect. UCare Connect offers care management to help meet members’ health care and social needs. The UCare Connect care model is designed to provide the right level of coordination at the right time and incorporates a number of tools.

**Care navigator**

UCare Connect members enrolled on or after February 2012 are assigned a care navigator who is a UCare employee. The care navigator is the member’s primary telephonic contact for information about their health plan and connects them to services at UCare. The care navigator is available to assist members in completing their health questionnaire (see below), conducts outreach and answers inbound calls from members, promotes access to and completion of preventive care, and provides access to UCare’s health promotion and improvement programs.

**Health risk assessment**

A health risk assessment or health questionnaire is mailed to all new UCare Connect members within 30 days of enrollment. The questionnaire is designed to assess the health care needs of people with disabilities. Members are asked to self-report key pieces of information about their health. Once the assessment is completed by the member, the information is reviewed by UCare to help determine the appropriate level of care management for the member. The assessment information can be shared with the member’s case coordinator, complex care manager, and others involved in their care, as appropriate.

**Health risk stratification**

UCare uses available information to identify members who may benefit from intensive case coordination. This information comes from a variety of sources such as the health questionnaire, claims history, and referrals from members, family, and providers. UCare clinical staff also conducts periodic team reviews to help determine the appropriate level of care needed for some members.

**Case coordination**

For members who enroll on or after February 2012 and whom UCare identifies as high-need, a case coordinator or complex care manager is assigned to assist in coordinating care. Case coordinators were assigned to all members enrolled prior to February 2012.

The case coordinator is the primary leader of the interdisciplinary team that works with the member. He or she conducts a comprehensive assessment face-to-face with the member, and the case coordinator develops a plan of care that is shared with others involved in the member’s care. UCare contracts with a number of community agencies throughout the state, including counties, to provide case coordination at the local level.

**County case management**

Members who already receive services through a county waiver case manager or mental health targeted case manager, or who reside in an institutional setting, typically are not assigned a UCare Connect case coordinator. This is done to ensure the appropriate involvement of people in a member’s care. Waiver case management is not a fully integrated part of the UCare Connect care model. However, if a member is receiving waiver services, the Case Coordinator collaborates with the waiver case manager to make sure care is effectively coordinated.

Members who have questions about benefits may contact our dedicated UCare Connect Customer Services phone number at 612-676-3395 or 1-877-903-0061 (toll free). TTY/hearing impaired: 612-676-6810 or 1-800-688-2534 (toll free). County staff may call the UCare County Hotline at 1-866-457-7146 (toll free) to further assist UCare member needs.
UCare Phone List

**Clinical Services Authorization and Intake**
612-676-6705
1-877-447-4384 (toll free)
Jessica Assefa
Clinical Product Liaison
612-294-5057

**Customer Services/Enrollment**
612-676-3200
(State Public Programs)
1-800-203-7225 (toll free)
612-676-6868
(Special Needs Plans)
1-866-280-7202 (toll free)

**Eligibility Verification**
612-676-6824
1-800-203-7225 (toll free)

**Health Connection (24-hour nurse line)**
1-800-942-7858 (toll free)
TTY: 1-877-728-3311 (toll free)

**Health Promotion**
612-676-3351
1-866-243-5157 (toll free)

**Health Ride Transportation**
612-676-6830
1-800-864-2157 (toll free)

**Mental Health Services Behavioral Healthcare Providers**
763-525-9919 (Metro)
1-800-361-0491 (Greater MN)

**Provider Assistance Center (PAC)**
612-676-3300
1-888-531-1943

**MMSI**
1-800-645-6296 (toll free)

**See-A-Dentist Appointment Hotline**
1-800-235-0564 (toll free)

**Government Relations**
Carol Berg, RN, MPH
Public Health and County Manager
612-676-3635
cberg@ucare.org

May Seng Cha
County Relations Coordinator
612-676-3565
mcha@ucare.org

Jennifer Hauser
County Relations Coordinator
612-294-5201
jhauser@ucare.org

Do you have a question not answered through your regular contacts? Need help untangling an issue? Can't remember who to call? Then use our toll-free County Hotline!
We welcome your calls and questions to help you work with our UCare members.

**County Hotline: 1-866-457-7146 (toll free)**