

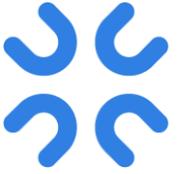


Connect/Connect + Medicare Bi-Annual Care Coordination Training

May 20th, 2020

Recorded WebEx

Agenda



- Welcome
- Medication Adherence-Erika Bower
- Connect 360 Referral Process-Adam Nelson
- Health Promotions-Nicole Lier
- Special Investigation Unit-Peter Monson
- Connect/Connect + Medicare Benefits-Rob Burkhardt
- SMART Goals-Dawn Sulland
- COVID-19 Updates-Dawn Sulland
- Care Coordination Updates-Dawn Sulland

Medication Adherence Updates

Erika Bower, PharmD, BCACP

“Drugs don’t work in patients who don’t take them.”
—C. Everett Koop, MD

Treatment → **Adherence** → Outcomes

Medication Adherence

- “The degree to which the person’s behavior corresponds with the agreed recommendations from a health provider”
- Poor adherence is associated with increased health care utilization, cost, and decreased quality of life
 - Between \$100-300 billion annually of avoidable healthcare cost
- Increased risk of mortality and increased risk of hospitalization
 - Non-adherence accounts for 10% to 25% of hospital and nursing home admissions

Importance of Adherence

- Effects nearly all aspects of medical care
- Improves control of chronic conditions
- Can improve and/or maintain patient quality of life
- Improved morbidity and mortality
- Reduction in healthcare cost
 - Reduce hospital admissions and emergency department visits
 - Reduce number of physician appointments
 - Reduction in laboratory tests
 - Reduction in polypharmacy

Factors that Relate to Adherence

1. Social and Economic
2. Health Care System
3. Condition-Related
4. Therapy-Related
5. Patient-Related

1. SOCIAL AND ECONOMIC DIMENSION	4. THERAPY-RELATED DIMENSION
<ul style="list-style-type: none"> Limited English language proficiency Low health literacy Lack of family or social support network Unstable living conditions; homelessness Burdensome schedule Limited access to health care facilities Lack of health care insurance Inability or difficulty accessing pharmacy Medication cost Cultural and lay beliefs about illness and treatment Elder abuse 	<ul style="list-style-type: none"> Complexity of medication regimen (number of daily doses; number of concurrent medications) Treatment requires mastery of certain techniques (injections, inhalers) Duration of therapy Frequent changes in medication regimen Lack of immediate benefit of therapy Medications with social stigma attached to use Actual or perceived unpleasant side effects Treatment interferes with lifestyle or requires significant behavioral changes
2. HEALTH CARE SYSTEM DIMENSION	5. PATIENT-RELATED DIMENSION
<ul style="list-style-type: none"> Provider-patient relationship Provider communication skills (contributing to lack of patient knowledge or understanding of the treatment regimen) Disparity between the health beliefs of the health care provider and those of the patient Lack of positive reinforcement from the health care provider Weak capacity of the system to educate patients and provide follow-up Lack of knowledge on adherence and of effective interventions for improving it Patient information materials written at too high literacy level Restricted formularies; changing medications covered on formularies High drug costs, copayments, or both Poor access or missed appointments Long wait times Lack of continuity of care 	<p>Physical Factors</p> <ul style="list-style-type: none"> Visual impairment Hearing impairment Cognitive impairment Impaired mobility or dexterity Swallowing problems <p>Psychological/Behavioral Factors</p> <ul style="list-style-type: none"> Knowledge about disease Perceived risk/susceptibility to disease Understanding reason medication is needed Expectations or attitudes toward treatment Perceived benefit of treatment Confidence in ability to follow treatment regimen Motivation Fear of possible adverse effects Fear of dependence Feeling stigmatized by the disease Frustration with health care providers Psychosocial stress, anxiety, anger Alcohol or substance abuse
3. CONDITION-RELATED DIMENSION	
<ul style="list-style-type: none"> Chronic conditions Lack of symptoms Severity of symptoms Depression Psychotic disorders Mental retardation/developmental disability 	



UCare's Initiatives



UCare Initiatives

- Late to Refill Program
 - UCare contacts members with a late to refill letter to remind members to refill medications related to stars adherence measures
- Health Connect 360 through Express Scripts
 - Personalized outreach for adherence, first fill counseling, and chronic conditions
- Value based contracting with Health Systems
- 90 Day Postcards – Medicare programs only
- Support for Auto-Refill

UCare Initiatives

- Local Partnerships – CVS
 - 90 day fills
 - Script Synchronization
 - Bag tags
- Real-time benefit check
- Rational Med through Express Scripts
 - Prescriber facing to integrate with electronic medical records to identify gaps in care



<Date>

Barcode goes here



Taking your medication regularly is key to staying healthy, and we're here to help.

<FIRST_NAME> <LAST_NAME>
<ADDRESS>
<CITY>, <STATE> <ZIP>

Dear <FIRST_NAME><LAST_NAME>,

Is it time for a refill?

We noticed that the following drug(s) you take may be overdue for a refill. **Please call your pharmacy to refill your medication.** If you recently refilled your order, or your prescription has changed, please ignore this letter.

Medication: <DIABETES_MEDICATION>
Last filled/Days supply: <DIABETES_LAST_FILLED>
RX number: <DIABETES_RX_NUMBER>
Pharmacy: <DIABETES_PHARMACY>
Pharmacy phone number: <DIABETES_PHARMACY_PHONE>

Medication: < HYPERTENSION_MEDICATION>
Last filled/Days supply: < HYPERTENSION_LAST_FILLED>
RX number: < HYPERTENSION_RX_NUMBER>
Pharmacy: < HYPERTENSION_PHARMACY>
Pharmacy phone number: < HYPERTENSION_PHARMACY_PHONE>

Medication: < STATIN_MEDICATION>
Last filled/Days supply: < STATIN_LAST_FILLED>
RX number: < STATIN_RX_NUMBER>
Pharmacy: < STATIN_PHARMACY>
Pharmacy phone number: < STATIN_PHARMACY_PHONE>



Ask your pharmacy or doctor about a 90-day supply of your prescription drugs.

More money in your pocket

Receive a 90-day supply for the same copay as a 30-day supply.

Convenience

Refill your medication
4x per year, instead of 12.

Improve your health

With more supply on hand, you'll
worry less about missing a dose.

Interested in home delivery? Call Express Scripts Mail Order Pharmacy 24/7 at 877-567-6320 toll free or TTY 800-716-3231 toll free.

UCare's MSHO (HMO SNP) and UCare Connect + Medicare (HMO SNP) are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO and UCare Connect + Medicare depends on contract renewal.

Discrimination is against the law. UCare does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability or sex.



No English?

1-800-203-7225
1-800-688-2534 (TTY)

NEW for 2020!!

- Medication Adherence Toolkits (MSHO and Connect + Medicare)
 - Four time per day pillbox (2)
 - Pill splitter
 - Pillbox alarm
 - Medicine tracker with marker
 - Medication Record Pad
 - Medication Bag
 - Deterra Pouch Order Form



Adherence Kit Contents



Four time per day pillbox (2)



Pill splitter



Pillbox alarm

Adherence Kit Contents



Did I Take My Medicine Today?

Mark the box with your dry-erase marker after you take your pills. Erase when the week is done!

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 							
Noon 							
Evening 							
Bedtime 							

Laminated medication administration tracker and marker

Adherence Kit Contents

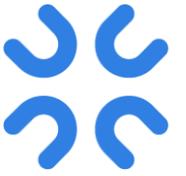
My Medication Record



Name _____ Date of Birth _____
Allergies _____ Pharmacy Name and Phone Number _____

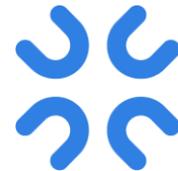
	Name of Medicine Brand & generic names or active ingredients	Strength	Instructions	Why do I take this?	Who told me to use this?	Additional Notes What time to take, special considerations, etc.
Include ALL prescription (Rx) medicine, over-the-counter medicine (OTC), dietary supplements, and herbal products						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Medication Record with tear-off pages



Who benefits?

- Difficulty remembering to take medications
- Complex daily medication regimens
- Confusion about medications
- Family member or patient needs tools to better manage their medications
- Difficulty keeping track of care transitions
- Lack of space to store all medications together
- At risk for non-adherence



How can I order this?

- Currently available for MSHO and Connect + Medicare members only
- Find the order form online at: <https://home.ucare.org/en-us/providers/care-managers/>
- Select MSHO or Connect + Medicare
- Drop down "Forms"
- Select "Medication Toolkit Order Form"
- Fax completed form to the number listed
- Member will receive kit in the mail

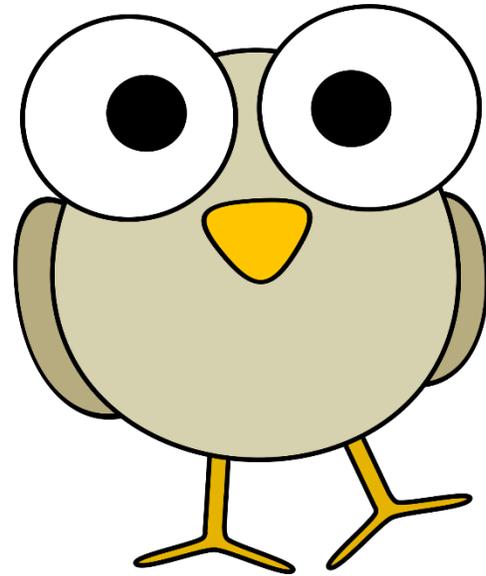


UCare's Medication Toolkit Order Form
Please fax this form to 612-884-2058.

Last Name	First Name	UCare Member ID Number	Address, City, ZIP	Assessment Date	Language
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only

<UNNUMBER>

Questions?



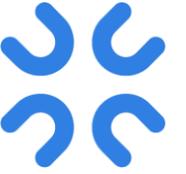
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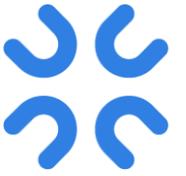
Health Connect 360 Program Referrals

March 18, 2020

Health Connect 360 Overview

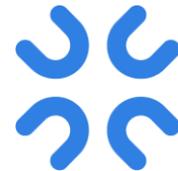


- Clinical program offered by Express Scripts
 - Contracted pharmacy benefit manager (PBM) for UCare
- Available for members enrolled in MSHO or Connect + Medicare plans
- Integrates pharmacy, medical and member engagement data to
 - identify gaps
 - personalize outreach
 - coordinate care
- Clinical support programs available for referral



Clinical support programs

- Specialist pharmacist educational counseling
- Diabetes remote monitoring
- Weight loss remote monitoring
- Hypertension remote monitoring
- Pulmonary remote monitoring
- Drug deactivation and disposal bags



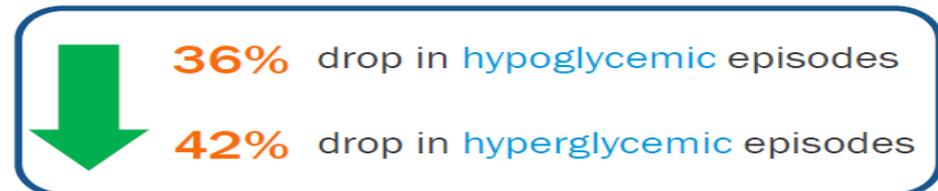
Specialist pharmacist educational counseling

- A TRC Specialist Pharmacist is a clinician resource available to support customers, case management, and coaching teams.
- They are available 24 hours a day, 7 days a week to answer customer questions related to medications or medical conditions.
- Reasons for a Specialist Pharmacist referral:
 - Medication adherence consultation
 - Medication side effects and cost concerns
 - General questions about medication regimen
 - Cost effective medication alternatives
 - Interested in receiving Express Scripts home delivery services and 90 day supplies

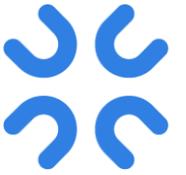
Diabetes remote monitoring

- Participating members receives a compatible blood glucose meter at no charge
- Readings are shared with diabetes specialists who monitor their results.
- Diabetes specialists provide tailored interventions to members, counseling on ways to keep their blood sugar readings well controlled, adhering to their medications and generally managing their diabetes.
- Reasons for a Diabetes Remote Monitoring referral:
 - Member with diabetes has difficulty tracking or interpreting blood sugar level readings
 - Member with diabetes is experiencing uncontrolled hyper or hypoglycemic episodes

6/10 lowered their A1c levels
by at least 0.5

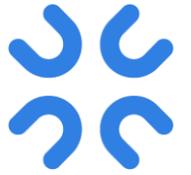


Weight loss remote monitoring



- Combines a cellular connected scale, evidence based curriculum, one on one personalized coaching, and a virtual peer support community to empower members to take control of their health and avoid a chronic condition diagnosis.
- Member receives a cellular connected scale at no charge, which links with an app to track vital health information such as weight, mood, nutrition, and activity.
- Eligible members include:
 - Taking hypertension and cholesterol medication without a diabetes medication on file
 - Taking metformin only without other diabetes medications on file
- Reasons for weight loss remote monitoring referral:
 - Customer without diabetes would benefit from weight management and healthy living coaching

Hypertension remote monitoring

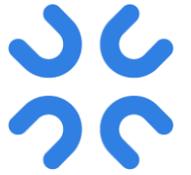


- Member receives a connected blood pressure cuff and Livongo mobile app at no charge, which can track all their readings easily in one place.
- With each blood pressure reading, the member receives instant in-app feedback and coaching to drive them closer to their goal.
- Reasons for a Hypertension Remote Monitoring referral:
 - Member with hypertension has difficulty tracking or interpreting blood pressure readings
 - Member with hypertension is experiencing uncontrolled hypertension

Welcome kit



Pulmonary remote monitoring



- Member receives connected pulmonary medication devices and a mobile app at no charge, which can track all pulmonary medication utilization easily in one place.
- With each pulmonary medication use, the member receives instant in-app feedback and coaching to drive them closer to their goal.
- Program compatible with almost all inhalers.
- Reasons for a Pulmonary Remote Monitoring referral:
 - Member with asthma or COPD has difficulty tracking or interpreting pulmonary medication use.
 - Member with asthma or COPD is experiencing symptoms indicative of poor breathing control.



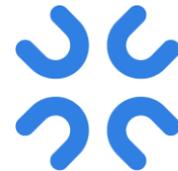
80% reduction in daily rescue events



9.9% lift in adherence to controller medication

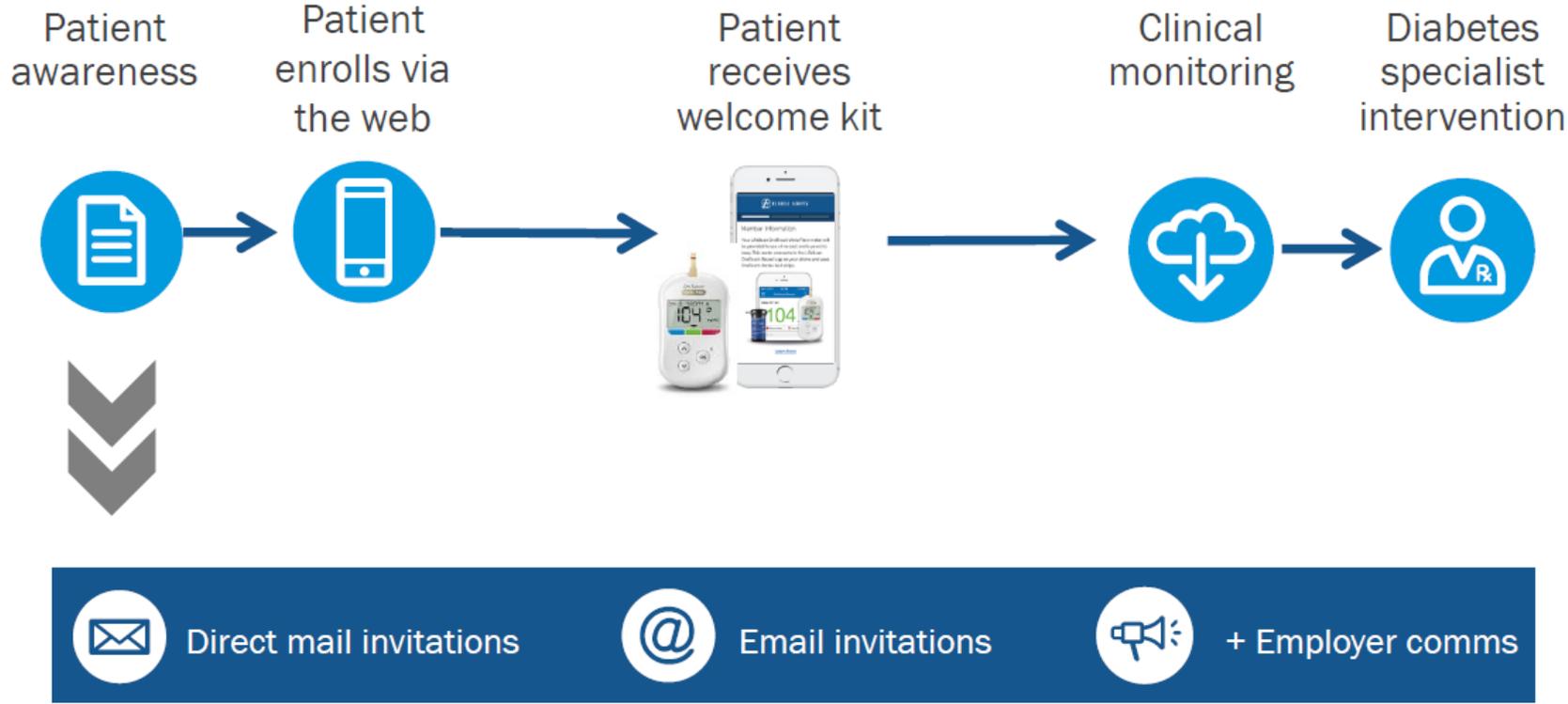


22% lift in amount of patients who became well controlled^{*}

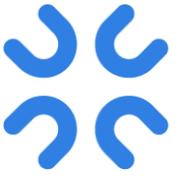


Remote monitoring process

Member experience and awareness



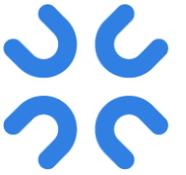
Drug deactivation and disposal bags



- Safe handling and proper disposal of leftover opioid medications will also help your customers through issuing simple-to-use deactivation device kits to members who are likely to have excess opioids on hand.
- Reasons for a drug deactivation and disposal bag referral:
 - Member is likely to have excess opioids on hand, please refer them to Express Scripts for a drug deactivation and disposal bag.

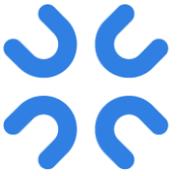


Referral process



- Referral form will be available on the UCare Care Management page on the UCare website
 - <https://home.ucare.org/en-us/providers/care-managers/>
 - Form will be in the resources section
- Referral form will be a fillable PDF to provide the member information, reason for referral, and program(s) for referral
- Email the completed form to the email address identified on the referral form
- Email notification will be sent back once the referral process is completed

Health Connect 360 FAQs



- What is the time frame from referral to member outreach?
 - Outreach likely performed in 1-2 days after the referral is submitted.
- What does the caller ID say?
 - Caller ID will say “unknown”.
- How does the caller identify themselves?
 - Caller identifies themselves as Express Scripts
- When is a provider involved?
 - Provider outreached for omissions/gaps in care
- Will I be notified when the outreach is completed or my member is enrolled in a program?
 - At this point only confirmation of referral will occur, not the end results of the referral.

Questions?

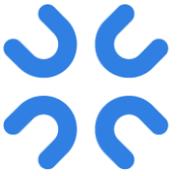


Health Promotion 2020 UCare Connect and UCare Connect + Medicare

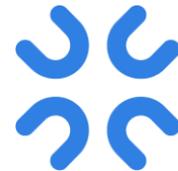
Nicole Lier

Health Promotion Manager

New! 2020 Health Promotion Options



- Food Access Referrals
- Dental Kits (CT + Medicare only)

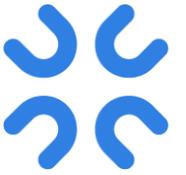


Send Food Access Referrals

- Partnership with Second Harvest Heartland
 - Help with SNAP application or finding local food resources
- Email referrals to wellness@ucare.org
 - Include:
 - Name and UCare ID
 - Address (if different from record)
 - Best phone number to reach
 - Need help w/ SNAP application?
 - Need help w/ local food resources?
 - Ask for member permission before sending referral

*New Dental Refill Kit in 2020

<https://home.ucare.org/en-us/health-wellness/fitness-wellness/dental-kit/>



Adult Dental Refill Kit:

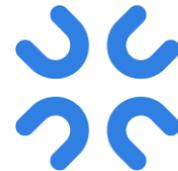
- Two brush heads
- Toothpaste
- Dental Floss

Available for Connect + Medicare only

May be ordered in the years a full dental kit is NOT provided

Members can be order by calling customer service





Continued programs

- SilverSneakers Fitness benefit
- Community Education
- Rewards and incentives
- Connect to Wellness Kits
- Healthy Savings
- Whole Health Living Choices
- Mobile Dental Clinic
- Tobacco/Nicotine Cessation
- MOMS outreach program

UCare.org/healthwellness

Where to learn more



ucare.org/HealthWellness

Email wellness@ucare.org

The screenshot shows the UCare website's 'Health and Wellness' section. At the top left is the UCare logo. To its right are navigation links: 'health plans', 'search network', 'health & wellness', and 'plan resources'. Further right is a 'Search' field and a 'Login' button. Below the navigation is a large blue banner with the heading 'Health and Wellness' and the text 'Your health is important to us. That's why UCare has many programs and services to help our members lead a healthy lifestyle.' Below the banner are six columns of content, each with a blue link and a short description:

- [Fitness and Wellness](#): Stay fit, active and healthy with energizing options.
- [Food and Nutrition Resources](#): Find resources and ideas for planning and preparing healthy foods—food assistance, meal planning and recipes and more.
- [Health Management](#): Learn more about our quit smoking program, diabetes management and other health improvement tools.
- [Pregnancy, Children and Teens](#): Learn what to expect through your pregnancy and childbirth, and keeping your children healthy through their teens.
- [Rewards and Incentives](#): Earn gift cards and rewards when you take important steps to stay healthy.
- [Newsletters and Nurse Services](#): Get the latest member newsletters and access nurse advice services.
- [UCare Member Perks](#): Find services and items to support healthy living with extra discounts for UCare members.



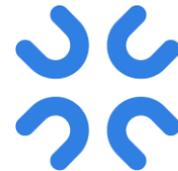
UCare Special Investigations Unit (SIU)

Peter Monson, SIU Manager

UCare SIU – Purpose and Definitions



- Tasked with detecting, preventing and reporting actual and suspected fraud, waste and/or abuse (FWA).
- **FRAUD** – An intentional misrepresentation made by a person with knowledge that the misrepresentation could result in some unauthorized benefit to him/herself, or another person.
 - i.e. billing for services not rendered, duplicate billing, etc.
- **WASTE** – Over-utilization or misuse of resources not caused by fraud or abuse.
 - i.e. continued use or billing of a service not necessary, but covered
- **ABUSE** – A pattern of practice that is inconsistent with sound fiscal, business, or medical practices.



UCare SIU – Reporting Suspected FWA



Compliance Hotline – (877) 826-6847 or (612) 676-6525

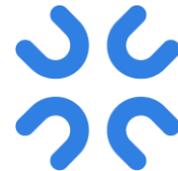


Compliance Email – compliance@ucare.org

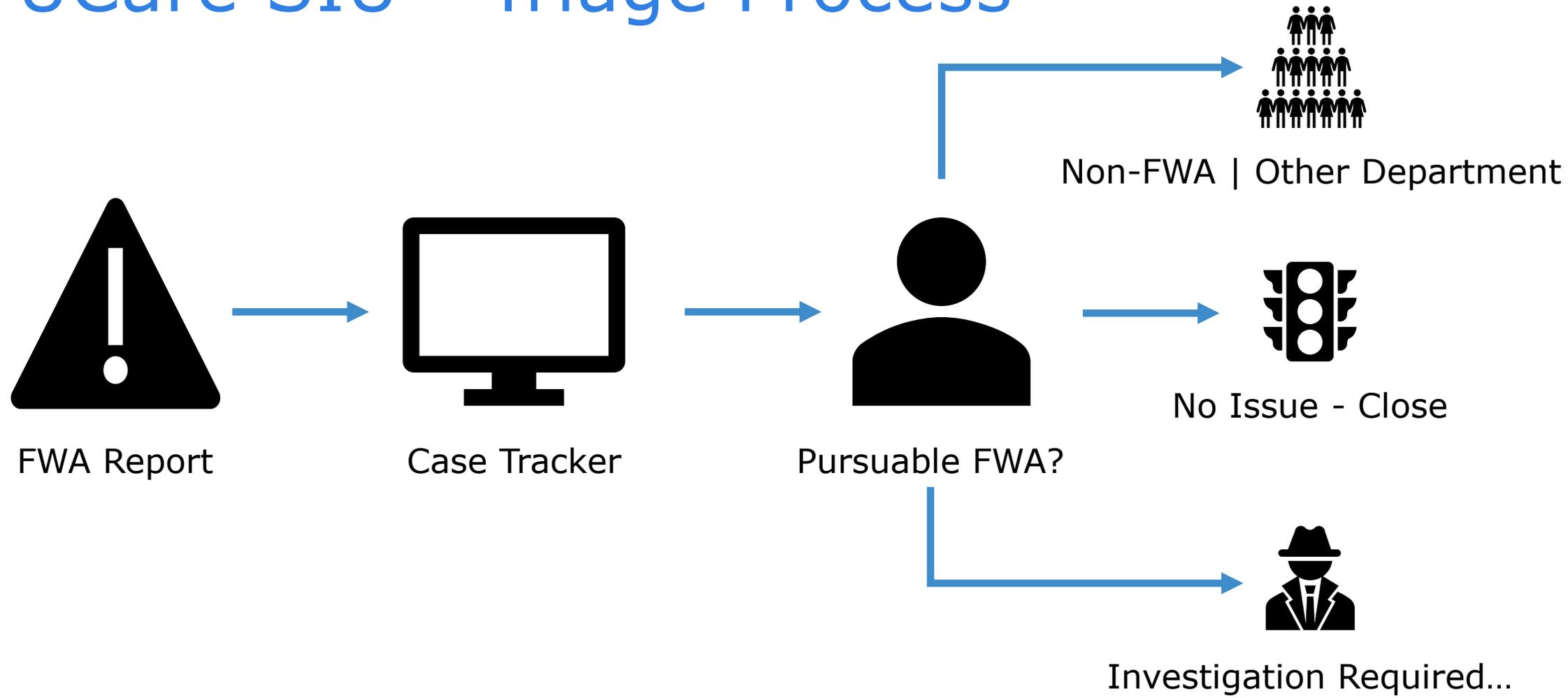


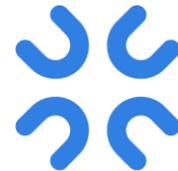
UCare HUB Site (Internal Only)

Under Tools > Report a Compliance/FWA/Privacy Incident



UCare SIU - Triage Process





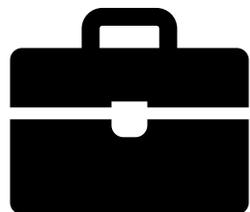
UCare SIU - Investigation



7 Investigators

Backgrounds
Include:

- Law Enforcement
- Financial
- Healthcare



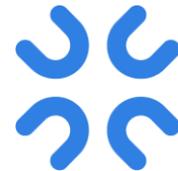
SIU Tools...

- Claims
- Internal Systems, i.e.
 - Guiding Care
- External Systems, i.e.
 - FWA Analytics
 - Search Tools
- Other Business Areas
- Record Requests/Review
- Law Enforcement
- On-Sites
- Surveillance
- Interviews



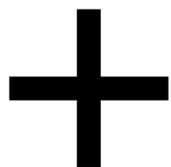
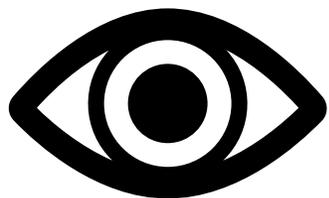
Potential
Outcomes

- No Findings of FWA
- Education
- Referral to Other Department
- Corrective Actions
- Payment Suspension
- Referral to Regulator(s)
- Referral to Law Enforcement



UCare SIU & Care Coordination

REPORTING



DURING INVESTIGATION

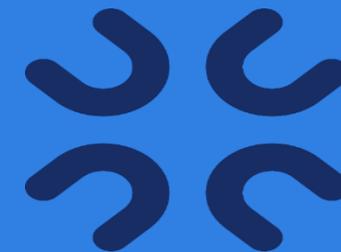
- May be contacted by SIU for member's best contact information
- May be contacted for experience with member and/or provider

RESOLUTION

- Generally speaking, activities and findings of an investigation are confidential
- May be contacted to transition a member(s) as part of a provider no longer being able to provide services
- May be contacted for outreach to member of investigation findings, if deemed necessary

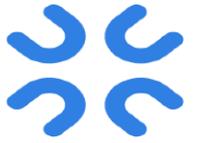
QUESTIONS?

THANK YOU!



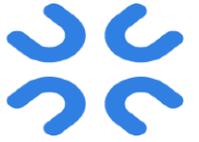
UCare Connect & UCare Connect + Medicare

Additional Coverage



It's benefits development season

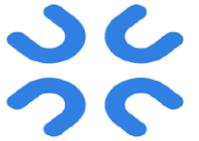
- CMS bids are nearly final for 2021 coverage year
- Supplemental benefits development is an ongoing process
- Satisfaction of our members and care coordinators is very important to us
 - we work to make improvements every year
- Want to support you with a refresher on coverage that we offer to our SNBC plan members through UCare Connect and UCare Connect + Medicare



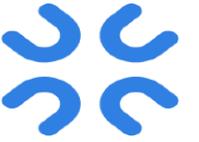
Additional Coverage for both products

- Silver Sneakers health club benefit
 - Fitness kits, online fitness videos, nutrition planning, fitness tracking
 - Can use multiple clubs for different fitness needs
- Connect to Wellness Kits (1/ year)
 - Stress Relief
 - Tai Chi
 - Sit & Be Fit
 - Latin Dance Kit
- Community Education discount - \$15 / class
- Additional dental exam / year
- Healthy Savings – save up to \$200/ month on health groceries
- Whole Health Living Choices – discounts on health & wellness services including acupuncture, Tai Chi, massage, nutritionists etc. – family members can access for members
- MOMs program – including car seat, resources, pregnancy visit, Child & Teen Checkup and pregnancy quit smoking incentives
- Dental visit, mammogram and colon cancer screening incentives

2020 Connect + Medicare Supplemental Benefits



- Scaling and root planing (1/two years in office)
- Post-discharge Rx reconciliation – in pharmacy
- Eyewear - Anti-glare lens coating /2 years
- Routine podiatry - one visit/per month not related to a specific diagnosis already covered by Medicare.
- Medication toolkit
 - Pillbox alarm, pill splitter, pillbox (2), medicine tracker with marker, medication record pad, medication bag carrier, Deterra Drug Deactivation System pouch order form
- Adult Dental Kit
 - Electric toothbrush one/three years
 - Two replacement heads/year
 - Toothpaste
 - Dental Floss
- Incentives (In addition to those on prior slide)
 - Annual wellness check
 - Diabetic eye exam
 - Blood Glucose (A1c) yest
 - Annual urine protein test



What's working / not?

- Our goal is to provide meaningful benefits to help our members achieve their best health!
- We know that these benefits have to work as well as possible to support this goal
- Please share suggestions for improvements!

SMART Goals

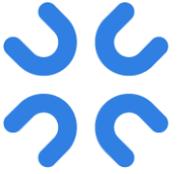
Measurable Goals and Outcomes



SMART Goals

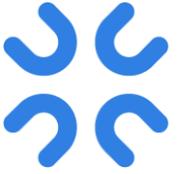
- **S**pecific – Specifically define the goal for the member using action verbs–what member will do or maintain, and how. What exactly do you want the member to achieve?
- **M**easurable – Identify how the member’s success will be measured concretely– how will we know if they met the goals or not?
- **A**ttainable – Make sure the goal is realistic and possible for the member to reach.
- **R**elevant – The goal should be relevant to the member and reflect member wants and/or needs.
- **T**ime Bound – Establish and STATE a realistic time frame for achieving the goal- give an actual date or month/year.

Member Centric Language



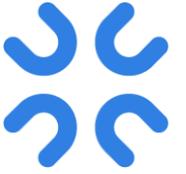
- Write goals in first person language
 - “I will...”
 - “My needs...”
- It is important to balance the need for member centered language and SMART goals as both are required components to goal writing.

Example- Typical Goal- ADL Independent



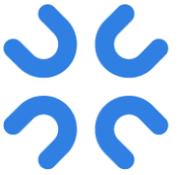
Goal Category	Member Goal	Intervention
IADLs/ADLs	I will become more independent in walking	

Improved Goal- ADL Independence



Goal Category	Member Goal	Intervention
IADLs/ADLs	(A/R) I will become more independent in walking as demonstrated by my (S) (M) ability to walk with my cane or walker within the next 3-6 months. (T/A)	I will continue to work with Physical Therapy 2 days a week to strengthen my legs and increase my ability to ambulate safely.

Goals and Outcomes



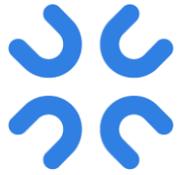
Goal Category	Goal	Interventions	Outcomes
Falls Risk	<p>I will (R/A)reduce my falls risk by (S)using my walker (T) (M) each time I ambulate greater than (M) ## feet and report (M) no falls in a (T) 6 month time span.</p>	<p>I will utilize adaptive equipment consistently and notify CM or Primary Care Provider if service or equipment not meeting needs.</p> <p>I will accept services in my home (homemaking, PT/OT home safety eval, lifeline) to secure my safety.</p> <p>My Care Manager reviewed environmental concerns r/t falls risk with me (i.e. scatter rugs, keeping walkways clear, etc.)</p> <p>My Care Manager will order a falls prevention kit.</p>	<p>At 6 month check-in, I have used walker at least daily for most walking activities. I have had no falls in last 6 months.</p> <p>I am currently receiving homemaking services, which help so I am not on my feet all day.</p> <p>I have a falls prevention kit and use the tub grips in my tub.</p>

Example – Smoking Cessation



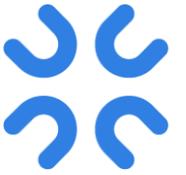
Member Goals	Intervention	Target Date	Monitoring Progress/Goal Revision Date	Date Goal Achieved /Not Achieved (Month/Year)
<p>I will be smoke free as evidenced by not having any cigarettes.</p>	<ul style="list-style-type: none"> -Schedule appointment with PCP to discuss smoking cessation aides -CC will provide information regarding Health Plan’s quit line -Take OTC products or medication as prescribed by PCP 	<p>3/2018</p>	<p>9/20/2017 –Has talked with PCP about smoking cessation. No OTC products or prescriptions used at this point. Member developed plan with quit plan representative. Has cut down to 5 cigarettes/day.</p>	<p>3/15/2018- Reviewed goal. Goal met. Member has been smoke free since 1/1/2018. Will modify goal on next care plan to remain smoke free.</p>

SMART vs. Non- SMART Goals

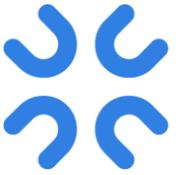


Not SMART Goal	SMART Goal
I want to lose weight (not specific)	I want to lose 15 pounds (S,M) (A,R) within the next 6 months (T)
I want help with my diabetes (not specific, not measurable)	My blood sugars will remain stable (between x-x range (S,M) (A,R) over the next 12 months (T)
I will stay living in my home (not specific)	<ol style="list-style-type: none">1. I will take my BP medication as directed every day for the next 6 months.2. I will be free from falls for the next year.3. I will eat a minimum of 1 healthy meal/day.

What Not to Do- Intervention as a Goal



Member Goals	Intervention	Target Date	Monitoring Progress/Goal Revision Date	Date Goal Achieved/Not Achieved (Month/Year)
Get a shower bench.	Care coordinator will contact Durable Medical Equipment supplier to obtain shower bench.	1/8/18	Bench was obtained	1/8/18



Common Errors in Goal Writing

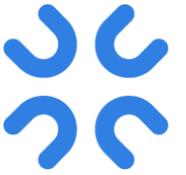
- Interventions named as goals.
- Date intervention will be completed listed as target date.
- Using date care plan was written as the target date.
- Not having at least one active goal that continues until the next assessment.
- Putting dates that haven't happened yet in the monitoring progress or date achieved column.

Put Goals to the SMART Test



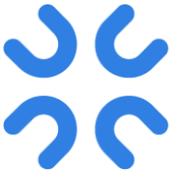
- Review goals at each assessment/review.
- Do they fit the SMART format?
- Make changes as needed.
- Outcomes should answer the question – was the goal met? What was the outcome of the specific, measurable goal? Was it met or not?
- Use “as evidenced by/as demonstrated by” in writing specific and measurable goals.

Summary – Goal Writing



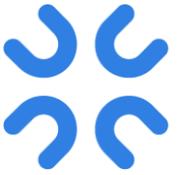
- SMART goal writing model
 - SMART: **S**pecific, **M**easurable, **A**ttainable, **R**elevant, **T**ime-Bound. (Identify each letter in the goal)
- Suggestions for where to find information for goal writing
 - Member input
 - LTCC
 - Collaborative Care Plan.
- Be careful not to write interventions instead of goals.
- Use “as demonstrated/evidenced by” to bring goals to a specific level.

Questions?



COVID-19 Updates

What Is UCare Doing?



UCare Mobile Dental Clinic (MDC):

- The Mobile Dental Clinic has temporarily suspended services. The U of M School of Dentistry notified the affected sites and UCare members. We will resume mailings about services from the MDC as soon as conditions allow.

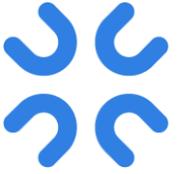
UCare's Health Promotion Team:

- Has paused all incentive voucher mailings until further notice because most clinics are closed for non-urgent appointments at this time.

The COVID-19 situation is changing quickly:

- To assist in navigating this changing situation, UCare has created two online resources:
 - [UCare FAQs for providers](#)
 - [UCare FAQs for members](#)

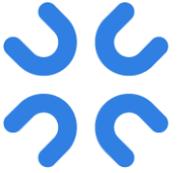
Completing HRA's



As the care coordinator:

- Reach out to members who are due for their initial/annual reassessment and offer it telephonically
- Complete all assessment aspects i.e. HRA and POC accordingly.
 - Inform the member/representative that you will be sending out the signature page of the POC and request that they send it back as soon as possible.
 - Document the date it was sent to the member.
- Put assessment on monthly activity log

MMIS Entries



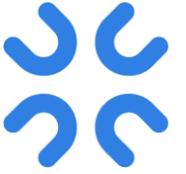
DHS has provided guidance on how to enter MMIS entries for assessments that are completed during this time:

- Because lead agencies must enter MMIS screening documents to record activity, DHS has developed guidelines for entering information into MMIS.

If a care coordinator completes a remote assessment they must:

- Use the existing activity type codes that indicates in-person assessments and reassessments, even if the activities are performed remotely.
- Add the comment “COVID-19 – remote assessment complete” in the:
 - LTC screening document – ACMG panel, Case manager comment section

References



- DHS sites:
 - [DHS COVID-19 webpage](#)
 - [COVID-19 emergency protocol updates](#)
 - [Waivers under peacetime emergency authority, Executive Order 20-12](#)
- UCare sites:
 - [UCare FAQs for providers](#)
 - [UCare FAQs for members](#)

Care Coordination Updates

Be Considerate When Sending Emails



When sending a communications please:

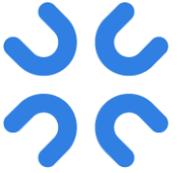
- Be clear in the message you are trying to convey
- Provide enough information
 - Member name
 - UCare ID
 - DOB
 - What the concern is, provide dates, names, and phone numbers

We are ALL WORKING TOGETHER and should treat others with dignity and respect.

Customer Service

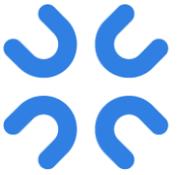
- Benefits/Eligibility
 - Pharmacy
 - Dental
 - Chiro Care
- Premiums
- Claims
- Materials/Mailings
- Transportation
- Appeals/Grievances

Care Navigator



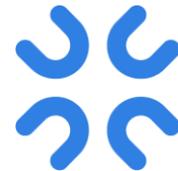
- Finding/changing primary care providers or primary care clinics
- Education about preventative care
- Referrals to Health Improvement programs
- Incentive programs
- Contact information for Delta Dental
- Assist in identifying in network providers i.e. DME, Specialty Care Providers

Updating a member's Primary Care Clinic



When a Care Coordinator is notified that a member has a new Primary Care Clinic the [Primary Care Clinic Change Request form](#) must be completed.

This will ensure that UCare has the correct primary care clinic on file and will ensure that the members records are accurate.

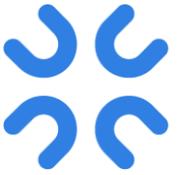


Sending of Transfer Documentation

When a member transfer's to a different delegate/county please remember to:

- Send the transfer documentation i.e. latest 3428H, POC along with the signed signature page, and any relevant case notes.
- Complete the DHS-6037 with all pertinent information i.e. last assessment date, etc. do not just say see attachments.
- Send no later than the 15th of the current month
- The new delegate is listed on the Care Coordination Enrollment Roster "Care Coordinator Current Month" on the "Changes Tab"
 - Delegate Contact information is located on the Case Management website at this [link](#).
 - Care Coordination Contact List

Care Coordination Enrollment Rosters

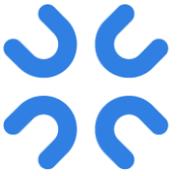


In the upcoming months (hopefully June) those of you who receive the Care Coordination Enrollment Roster will begin to receive 2 Care Coordination Enrollment Rosters per month:

- First enrollment roster will be received within the first few days of the month and will contain:
 - New members to UCare
 - Members who had changes after the 15th of the previous month
- The second enrollment roster will be received around the 15th of the month and will contain:
 - Members who had a PCC/Change form submitted prior to the 15th of the current month
 - DHS additional enrollments

The second enrollment roster is to be considered your FINAL roster for the month and the one you would want to reconcile.

Clinical Liaisons



Clinical Care System
Liaison

clinicallyliaison@ucare.org

Thank
you!





Questions?