



Dec 14, 2016

All UCare Providers: Critical Business Reminders

Critical Reminders

UCare's provider website is a key source for network providers. Please note that information about the following items can be found on the provider website at <https://www.ucare.org/providers>.

Quality Program Update

Thanks to strong collaboration with our providers and community partners, UCare delivers measurably high-quality care to every one of our members. Our Quality Program works to ensure that all of our services meet high standards of quality and safety. Each year, UCare strives to improve all of the services we provide and our quality monitoring and program initiatives continue to demonstrate positive outcomes.

The Quality Program is evaluated on an annual basis to ensure the program structure is effective and meaningful and meets regulatory standards and guidelines. The results can be found in our annual program evaluation and are used to develop, prioritize and track our progress towards goals in the annual quality work plan for the upcoming year to assure the effectiveness of the program.

To learn more about UCare's Quality Program and to view our annual quality documents, visit the [Quality Initiatives](https://www.ucare.org/providers/Resources-Training/Pages/QualityPrograms.aspx) page on our provider website or at: <https://www.ucare.org/providers/Resources-Training/Pages/QualityPrograms.aspx>.

Pharmacy

To view UCare's most up-to-date formularies and exception process, please visit the [Pharmacy page](https://www.ucare.org/providers/Eligibility-Authorizations/Pages/Pharmacy.aspx) on the provider website or at: <https://www.ucare.org/providers/Eligibility-Authorizations/Pages/Pharmacy.aspx>.

The formularies list pharmaceuticals by class and outline preferred products, Prior Authorization criteria, Step Therapy criteria, Quantity Level Limits and those products that may be subject to limited availability or access. To obtain authorization for a medication that is subject to clinical restrictions (Prior Authorization, Step Therapy or Quantity Level Limits) or request a non-formulary exception, please submit UCare's [Minnesota Uniform Form for Prescription Prior Authorizations \(PA\) Requests and Formulary Exceptions](#) with appropriate clinical documentation to Express Scripts for initial review.

Clinical Practice Guidelines

UCare, through its Quality Improvement Advisory and Credentialing Council (QIACC), adopts and disseminates evidence-based clinical practice guidelines from nationally or locally recognized sources to support good decision-making by patients and clinicians, improve health care outcomes, and meet state and federal regulatory requirements.

At least every two years, QIACC reviews and approves the content of the guidelines.

UCare recently reviewed and approved the following Institute for Clinical Systems Improvement (ICSI) guidelines:

- Diabetes Mellitus (last ICSI update was July 2014, UCare reviewed in August 2014, UCare reviewed in September 2016)
- Routine Prenatal Care (last ICSI update was July 2012, UCare reviewed in October 2014)

To view UCare's most recently adopted clinical practice guidelines, see UCare's provider manual or at: <https://www.ucare.org/providers/Resources-Training/Provider-Manual/Pages/ProviderManual.aspx>.

UCare continues to maintain the following medical clinical practice guidelines:

- [Asthma, Diagnosis and Management](#)
- [Diabetes, Type 2; Diagnosis and Management](#)
- [Heart Failure in Adults](#)
- [Obesity for Adults; Prevention and Management](#)
- [Prenatal Care](#)
- [Preventive Services for Adults](#)
- [Preventive Services for Children and Adolescents](#)

UCare continues to maintain the following behavioral health clinical practice guidelines:

- [Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder](#)
- [Assessment and Treatment of Children and Adolescents with Depressive Disorders](#)
- [Treatment of Patients with Major Depressive Disorder](#)
- [Treatment of Patients with Schizophrenia](#)
- [Treatment of Patients with Substance Use Disorders](#)

Complex Case Management Referral Process

UCare welcomes individual member referrals from providers for this program. UCare also identifies members for enrollment into the Complex Case Management Program using predictive modeling tools. Referrals are screened for program eligibility and assigned to complex case managers as received. Referral identification sources include: Provider Referral, Disease Management Program Referral, Discharge Planner, Member Self-Referral and/or Caregiver Referral.

UCare accepts all referrals for screening for our Complex Case Management Program. Participation in this program is voluntary and free for eligible *UCare for Seniors* and *UCare Choices* (Exchange) members. You can refer a member to this program by completing the referral form on our website.

If you would like to discuss the Complex Case Management Program or would like additional information, please call 612-676-6538. Referrals and/or additional documentation should be faxed to 612-884-2284.

Utilization Management Information

At UCare Utilization Management decision-making is based on appropriateness of care and service and existence of coverage. UCare does not compensate practitioners or individuals for denials, does not offer incentives to encourage denials and does not encourage decisions that result in underutilization. UCare ensures independence and impartiality in making referral decisions that will not influence hiring, compensation, termination, promotion and any other similar matters.

UCare offers members and providers access to Utilization Review staff via local or toll-free telephone lines and confidential voice mail from 8 a.m. to 5 p.m., Monday through Friday, excluding holidays. Collect calls are accepted from both providers and members.

After normal business hours, a confidential Intake fax line (612-884-2499) and telephone line (612-676-6705) are available for submission of notifications, utilization requests, supporting clinical information and other documentation as needed.

A TTD/TTY line (612-676-6810 or 1-800-688-2534) is available for members or providers with speech difficulties or hearing impairment. Interpretation services are available for members requesting language assistance.

Practitioners can request a copy of utilization management criteria by completing the “[Medical Necessity Request Form](#)” located in the Medical Necessity Criteria section of the [Provider Manual](#). The form will be submitted to the Utilization Review department and delivered back to you per your request via fax, mail or email within five business days of receipt of the request.

Member Rights and Responsibilities Statement

UCare members are advised of their rights and responsibilities in their annual Evidence of Coverage or Member Contract document. If you are interested in viewing UCare’s Member Rights and Responsibilities, please access the documents on the Provider website at: <https://www.ucare.org/providers/Resources-Training/Pages/ResourcesByPlan.aspx> and select the product you would like to review.

Complaint, Appeal and Grievance Procedure Reminder

UCare takes complaints, appeals and grievances seriously and wants to remind you of our internal process. As a reminder, contracted physician may request reconsideration on behalf of a member for pre-service. For post-service (claims), a contracted physician may request a reconsideration but must be an authorized representative for the member. You can find more information in the Member Complaints, Appeals and Grievances section of our [Provider Manual](#), in the section titled, “Appeals | Definitions & Overview.”

Disease Management Information

UCare offers disease management programs to assist your patients who have one or more of the following conditions:

- Asthma
- Diabetes
- Heart Failure

These programs help your patients to better understand and manage their condition and are designed to reinforce your treatment plan. Participants in the programs are encouraged to follow-up with you with any questions or concerns about their health.

Asthma

The asthma program is stratified into two levels.

“At-Risk” members meet the Healthcare Effectiveness Data and Information Set (HEDIS) criteria for asthma (HEDIS utilizes pharmacy and claims data to identify for eligibility). These members receive interactive voice response (IVR) telephonic education calls. Each IVR call provides an asthma-related educational topic and the ability for the member to trigger an “alert” for follow-up on an asthma-related question by a respiratory therapist (RT). Members may transition to UCare’s “High-Risk” program if criteria are met.

“High-Risk” members are those who have had an ED or inpatient event for asthma or who “alert” for symptoms during an IVR call. “High-Risk” members are case managed by a RT. The RT provides an in-home assessment, develops a care plan with the member and provides scheduled telephonic follow-up calls. The plan of care will be sent to you to communicate what goals your patient has chosen to work on with the RT. The plan of care should be consistent with and support the treatment plan that you’ve established with the patient.

All members with asthma annually receive an Asthma Action Plan, which they are encouraged to bring to you for completion. The Asthma Action Plan can be used as an ongoing asthma tool during each visit with the member.

Diabetes

The diabetes program is stratified into two levels.

“At-Risk” members meet the HEDIS criteria for diabetes (HEDIS utilizes pharmacy and claims data to identify for eligibility). These members receive interactive voice response (IVR) telephonic education calls. Each IVR call provides a diabetes-related educational topic and the ability for the member to trigger an “alert” for follow-up on a diabetes-related question. Members may transition to UCare’s “High-Risk” program if criteria are met.

“High-risk” members are managed by health coaches, who are registered nurses. Health coaches utilize motivational interviewing techniques to assess the member’s readiness to change and assist the member in selecting their own short- and long-term health goals which follow your plan of care. The health coach encourages your patients to talk to you about their goals and obtain regular diabetes care visits with you. Health coaches refer to the member’s goals and provide education and support with each telephonic outreach call.

Heart Failure

The heart failure program is stratified into two levels.

“At-Risk” members have a diagnosis of heart failure but up to one ED or IP event in the last 15 months. “At-Risk” members are managed by health coaches, who are registered nurses. Health coaches use motivational interviewing techniques to assess the member’s readiness to change and assist the member in selecting their own short and long-term health goals that follow your plan of care. The health coach encourages your patients to talk to you about their goals and obtain regular heart failure care visits with you. Health coaches refer to the member’s goals and provide education and support with each telephonic outreach call. Members may transition to UCare’s “High-Risk” program if criteria are met.

“High-risk” members are managed by Cardiocom, a vendor partner who provides RN support in telemonitoring members. “High-Risk” program members receive a telemonitoring device that captures daily symptom and weight information that is transmitted to Cardiocom. Cardiocom RNs monitor for “alerts” (symptom or weight fluctuations) and fax you an “Exception Report” if there are changes in daily weights or symptoms. A special telemonitoring device is available for non-weight bearing members. The telemonitoring devices are available in English, Hmong and Spanish.

We will inform you if a member opts to enroll in a disease management program as well as provide medical updates if discovered during a program interaction. Enrollment in any of the UCare disease management programs is voluntary. If at any time your patients wish to stop participating in a disease management program, they need only call our dedicated phone line at 612-676-6539 or 1-866-863-8303.

UCare program and referral information is available online at <https://www.ucare.org/providers/Resources-Training/Pages/DiseaseManagement.aspx>.

For clinics without internet access, please call 612-676-6539 or 1-866-863-8303, and we will fax or mail you the information you request.

Reminder

UCare's Provider Manual goes through an annual revision process and is a great resource for you. The content in each chapter reflects current business practices. As a reminder, the Provider Manual has critical information in it so referencing it regularly for up-to-date content is important.

What's needed from you?

- Access the [Provider Manual](https://www.ucare.org/providers/Resources-Training/Provider-Manual/Pages/ProviderManual.aspx).
<https://www.ucare.org/providers/Resources-Training/Provider-Manual/Pages/ProviderManual.aspx>
- Review all sections that impact your business.
- Ensure you have a thorough understanding of UCare's expectations of you as a contracted Provider.
- Reach out with any questions or concerns.

Questions?

If you have any questions or concerns, please call UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493.