All UCare Providers: Critical Business Reminders

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

Practitioner's Rights Related to the Credentialing and Recredentialing Processes

Practitioners have the right to:

1. Review the information submitted in support of their credentialing applications;
2. Correct erroneous and/or discrepancy information that varies substantially from the information verified during the credentialing process; and
3. Be informed, upon request, of the status of their credentialing application.

For more information on this process, refer to the Provider Credentialing (Practitioner's Rights) section of UCare's Provider Manual.

Pharmacy

To review UCare's most up-do-date formularies (List of Covered Drugs) and exception process, please visit the Pharmacy page on the provider website.

The formularies list pharmaceuticals by class and preferred products, along with clinical restrictions (prior authorization, step therapy or quantity level limits), and those products that may be subject to limited availability or access. Electronic prior authorization, ePA, is the preferred method to submit a request to Express Scripts for medications subject to clinical restrictions or to request a non-formulary exception. Providers may use ePA through Express Scripts, Sure Scripts, CoverMyMeds or through the Electronic Health Record. The Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions or Drug Coverage Determination Form may also be sent to Express Scripts for initial review with appropriate clinical documentation.

As a reminder, Minnesota is a mandatory generic substitution state per Minnesota Statute 151.21. Brand name products will automatically be dispensed with AB rated generic if available, unless otherwise specified by the provider. The FDA considers an AB rated medication to meet bioequivalence standards to the brand name product.

Drugs administered through the medical benefit may need prior authorization. Medical injectable drug prior authorization resources are located on the Pharmacy pages of the provider site. Providers should review the Injectable Drug Authorization Guide for the appropriate plan to determine which benefit to obtain authorization, then review the Criteria document prior to submitting an Injectable Drug Prior Authorization Form.

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 612-767-6538. 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 8:00 a.m. to 5:00 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 Criteria 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 takes member rights and responsibilities seriously. Members and providers can access these rights and responsibilities in the member's Evidence of Coverage or Member Contract, which are available in the Product/Benefit Eligibility section of the provider website. Select the member's health plan, then scroll down to Member Contract Information. UCare providers are expected to know our members' rights and responsibilities.

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 our asthma team. 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 our asthma team. Our asthma team 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 our asthma team. 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 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 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 health 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 612-767-6539 or 1-866-863-8303. UCare disease management program and referral information is available online.

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.