health lines
Monthly Provider Newsletter

UCare

UCare Provider Website
www.ucare.org/providers

Provider Assistance Center
612-676-3300
1-888-531-1493 toll free

UCare and Fairview Intend to Combine Health Care Expertise

UCare and Fairview signed a letter of intent to combine our health care and insurance expertise. The combined health care expertise and experience within our organizations will bring a new approach to ensuring community-based care for hundreds of thousands of Minnesotans. Over the next few months, we will determine important operational and structural details of this exciting collaboration.

This news does not affect UCare's provider contracts, current health plan offerings, covered services, payment structures or contractual terms. UCare will retain its contracts and key provider relationships with its broad network throughout the state. UCare and Fairview have agreed that UCare will partner with other health care systems, clinics and providers, now and in the future. Similarly, Fairview will continue to collaborate with other health plans in the region, and continue to offer its high quality provider networks and services.

UCare is joining with Fairview to strengthen our ability to offer affordable, mission-focused products and services in an increasingly competitive insurance market. While UCare is strong and stable, affiliating with Fairview provides us the opportunity to grow and diversify our products, and to work with all network providers to deliver and finance comprehensive and integrated health care services that benefit our members and the larger community.

Upon execution of the agreement, UCare will become a wholly-owned subsidiary of Fairview, and Jim Eppel will remain as UCare President and CEO.

Our intent is to grow our service area and broaden our product offerings by leveraging the skills and expertise of the staff across both organizations.

Thank you for your trust in UCare and your service to our members. We look forward to partnering with you for years to come.

Change in Provider Assistance Center Hours

Beginning Monday, May 2, 2016, UCare's Provider Assistance Center (PAC) will open at 8 a.m. (instead of 7 a.m.) Monday through Friday. UCare is making this change to optimize the number of representatives available during the hours when we experience the highest call volume. Please make note of this change for your future service needs. Keep in mind that you can check claim status and member eligibility 24 hours a day on the provider portal and through the automated system on the PAC phone line at 612-676-3300 or 1-888-531-1493 toll free.

Sign Up to Have UCare Provider News Delivered to Your Email

We have heard from many providers that they prefer to receive updates and information from UCare via email versus mail. We prefer to use this method as well because it is quicker and less expensive. If you haven't done so already, please consider signing up to receive these emails, and encourage staff in your organization to do so as well. Once you sign up, you will receive the monthly *health lines* newsletter and other essential, timely updates from UCare via email.

Signing up is easy! Just fill out this simple form.

You will be asked to subscribe to an email list. If you want all provider communications from UCare, please select the "All UCare Providers Updates" list. On occasion, UCare will do targeted communications to specific provider specialties or topics. If you would like to receive specific topic/specialty communications, subscribe to the applicable email lists listed on the sign up form. Please note that all subscribers will receive the provider newsletter and communications intended for the broader provider network.

Thank you for your help in improving our communications to the provider community!

UCare Provider Portal: Online Resources Are Available to Providers

The UCare Provider Portal is a secure website that allows your clinic, facility or system to access UCare information to help support your work with our members. All providers who use the portal will be able to:
- Send secure messages directly to our Provider Assistance Center
- View EOPs
- View the status of submitted claims
- Verify member eligibility
- View Authorizations
- Manage your portal account, including changing your password and email address

We recommend using the provider portal as your go-to resource for managing UCare patient accounts. Please access information on the provider portal prior to calling the Provider Assistance Center (PAC). You may be able to avoid a phone call. Or if you do have to call PAC, the portal may provide you with more information to make your phone conversation more efficient and effective.

Provider Administrators (one per clinic) will be able to perform the following in addition to the above tasks:
- Add Provider User accounts for your facility
- Change Provider User passwords
- Modify Provider User profiles (change names and delete)

To log into the portal or create a new account, click the "Provider Log In" button at in the upper right hand corner of the provider website at www.ucare.org/providers.

For more information on what is available in the portal and how to manage user accounts, click here for the UCare Provider Portal Quick Tips Reference Guide.

Nominations Open for UCare's Excellence in Cultural Care and Disability Care Clinics Awards

Each year UCare recognizes our providers with the Excellence in Cultural Care Clinics award and the Excellence in Disability Care Clinics award for 2016. The application process is open to all UCare providers. You are invited to respond to one or both of the award applications.

The Excellence in Cultural Care Clinics award recognizes providers that demonstrate Culturally and Linguistically Appropriate Services (CLAS) standards. The Excellence in Disability Care Clinics award recognizes providers that provide quality care specifically for people with disabilities.

The application process for the Excellence in Cultural Care Clinics award can be found here. The application process for the Excellence in Disability Care Clinics award can be found here. Please complete the application(s) by April 25. If you have questions you can email us at P4Pinfo@ucare.org or call at 612-676-6707.

Honorees will be selected and notified by May 17 and will be invited to attend our Provider Recognition Event, *A Salute to Excellence!*, on June 23 at 5:30 p.m. at the McNamara Alumni Center at the University of Minnesota. Honorees are encouraged to attend the event, but it is not required to be considered for this award.

April is STD Awareness Month: Check Out the Chlamydia Screening Provider Toolkit

April is sexually transmitted disease (STD) awareness month. According to the Centers for Disease Control & Prevention (CDC), chlamydia is the most commonly reported STD in the U.S. More than 2 million Americans are infected with chlamydia, and it is most common in girls and women ages 15 to 24. Testing and treatment can help reduce the spread of STDs. Communicating with adolescents and young adults about reproductive health is an important part of helping them stay healthy. Annual wellness exams and C&TC checkups are a perfect time to talk to your patient about getting screened.

As part of a collaborative performance improvement project (PIP), Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica and UCare, with support from Stratis Health, have developed the Chlamydia Screening Provider Toolkit to help clinics and providers across the state improve their clinic processes and awareness of this growing public health challenge. The toolkit is available at www.stratishealth.org/pip/chlamydia.html.

The toolkit provides background on the significance and distribution of chlamydia in Minnesota, as well as educational and resource materials for patients, parents and providers. For example, provider materials include information on tests for chlamydia screening, sexual history-taking, STD treatment guidelines, repeat testing after positive and expedited partner therapy (treating sex partners of persons with chlamydia in the absence of medical evaluation or prevention counseling).

Of particular interest to providers, the toolkit includes sample office policies, protocols and procedures, as well as strategies for using social media to reach youth and young adults and strategies for sharing best practices.

The Stratis Health website also provides information on past webinars that talk about best practices for improving screening rates.

Documentation Improvement: Focus on Malnutrition

Malnutrition is a condition where the body is not receiving the proper amount of nutrition to maintain healthy body function. Malnutrition can be the result of a chronic condition, such as cancer, liver disease, AIDS, chronic kidney disease or alcohol dependence/abuse to name a few. Poverty, loss of appetite due to aging, failure to absorb proper nutrients or inability to take care of self are other common causes.

To accurately diagnosis, code and bill for malnutrition, clinical documentation needs to be specific. Stating that the patient is underweight or adult failure to thrive does not solely support malnutrition. To clearly support a specific diagnosis of malnutrition or protein-calorie malnutrition, documentation of the following should be considered:

- Weight loss
- Energy level
- Laboratory indicators
- Muscle mass loss
- Degree/severity
- Diet history
- Fluid accumulation
- Underlying condition
- BMI
- Diminished function
- Treatment plan
- Subcutaneous fat loss

All items do not need to be included in the documentation, but a clear clinical assessment and treatment plan should be indicated.

Improving the documentation of malnutrition will help to support the reporting of illness severity for your patient's health profile. Many medical organizations use this data to identify individuals who may need additional care coordination and medical support to maintain or improve their health status. Taking a few extra steps in documentation and diagnosing is well worth the time when it leads to improved patient care.

CMS Delays Enforcement of Part D Provider Enrollment Requirements

The Center for Medicare and Medicaid Services (CMS) is working toward implementing a new rule requiring physicians and other eligible professionals to enroll or opt-out of Medicare in order to prescribe drugs to patients with Part D prescription drug benefits. UCare previously shared information about this new rule in the January 2016 edition of *health lines* and a related Provider Bulletin.

On March 1, 2016, CMS issued guidance to further delay the enforcement of these new requirements. Part D Prescriber Enrollment Requirements will be enforced by CMS effective February 1, 2017 (previously this date was June 1, 2016). Prescribers who are not currently enrolled in Medicare are advised to submit their Medicare enrollment applications or opt-out affidavits to their Medicare Administrative Contractors before August 1, 2016.

For more information about the Part D Prescriber Enrollment Requirements, please visit the CMS site.

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