

healthlines

Monthly Provider Newsletter



May 2016

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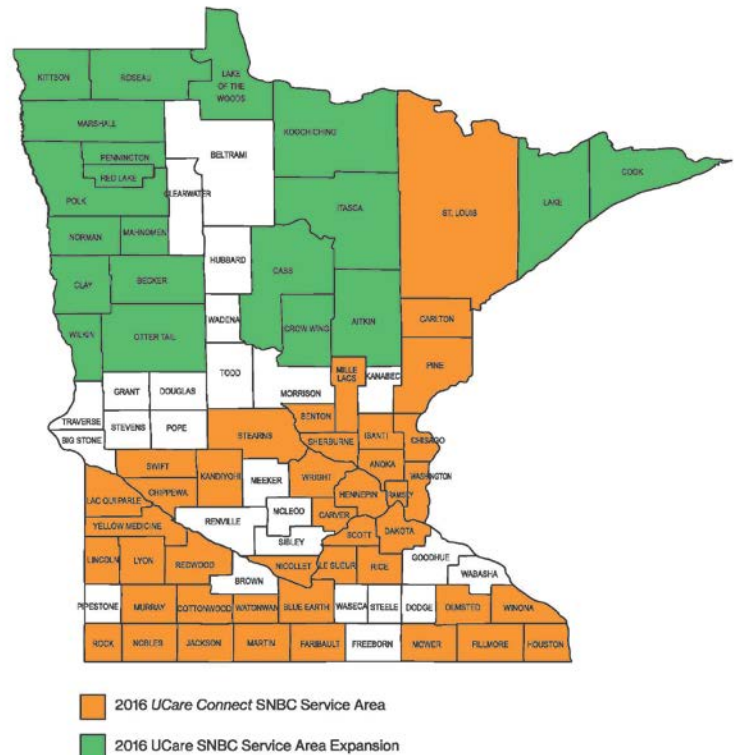
The UCare Connect Service Area Will Expand on July 1, 2016

UCare is pleased to share that the Minnesota Department of Human Services (DHS) recently issued a Notice of Intent to Contract with UCare for Special Needs BasicCare (SNBC) in 62 counties. This decision allows UCare to begin serving SNBC enrollees in 20 new counties, while also continuing to provide SNBC coverage in our current 42 county service area.

UCare Connect is UCare's SNBC product offering, which serves Medicaid-eligible adults, 18 years and older, with physical, developmental and behavioral health disabilities. UCare has been serving individuals in SNBC since 2008.

This change to UCare's contract with DHS means UCare will expand our SNBC service area to the following counties on July 1, 2016: Aitkin, Becker, Cass, Clay, Cook, Crow Wing, Itasca, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Red Lake, Roseau, and Wilkin. The inset map indicates these expansion counties and the counties where UCare Connect will continue to be an option for SNBC enrollees.

2016 UCare Connect (SNBC) Service Area



We recognize the importance of existing provider relationships to our members, and will work with providers to prevent disruption of care for SNBC members who may transition their health care coverage to UCare from another health plan. UCare is already working with DHS and the other health plans to ensure that authorization and service data is shared between the prior and new SNBC plans in counties where SNBC health plan options are changing.

UCare Welcomes New Chief Medical Officer, Dr. Larry Lee

UCare has hired Lawrence (Larry) H. Lee, M.D., as its Senior Vice President and Chief Medical Officer (CMO).

In his new senior leadership position, Dr. Lee has overall responsibility for UCare's clinical and quality practices and medical policies. He provides strategic guidance and clinical leadership, and oversees the Medical Director team and UCare's Pharmacy, Clinical Services and Quality Management departments.



Dr. Lee reports to Jim Eppel, UCare's President and Chief Executive Officer.

"UCare will benefit from Dr. Lee's deep understanding of Minnesotans and their health needs, as well as health informatics, integrated systems, specialty groups and accountable care relationships," said Eppel. "He also has extensive experience in activities relating to quality scores, Medicare Star ratings and quality of care matters. We welcome his values and commitment to UCare and our membership."

In addition to holding several health care executive positions, Dr. Lee has been a practicing internal medicine physician between 2000 and the present. He recently served as a staff physician with the Veterans Health Administration in Minneapolis, Minn.

Prior to that, Dr. Lee spent three years as Vice President and Executive Medical Director for Quality and Provider Relations at Blue Cross and Blue Shield of Minnesota (BCBS) in Eagan, Minn. Before joining BCBS, Dr. Lee was Associate Health Plan Medical Director at HealthPartners in Bloomington, Minn., while also serving as an internal medicine physician delivering primary care. Previous positions include National Medical Director for Transparency and Designation Programs for UnitedHealthcare in Minnetonka, Minn., and staff internal medicine physician and assistant professor at Mayo Clinic in Rochester, Minn.

Dr. Lee earned a Bachelor of Arts degree in Human Biology at Stanford University followed with a Medical Degree from Harvard Medical School and a Master in Business Administration in Health Care Management degree from the Wharton School of the University of Pennsylvania.

He is board certified by the American Board of Internal Medicine, a Fellow of the American College of Physicians, and licensed to practice medicine in Minnesota.

Facility Closing: 60 Days Advance Notice Process

It is important that providers notify UCare before their practice or facility is scheduled to close. Per UCare's provider contracts, **providers are required to submit their facility/clinic closing notification to UCare at least 60 calendar days before the effective date.** This notification is necessary to ensure that UCare has adequate time to assist our members who receive care at these locations to smoothly transition their care to another clinic or provider.

To notify UCare of a facility closing, please submit a Facility/Clinic Close Form available on our provider website at ucare.org/providers. This form is on the Provider Profile page under the "Update Your Organization or Facility Information" section. Here is the direct link to the Facility/Clinic Close Form: ucare.org/providers/Provider-Profile/Pages/FacilityClose.aspx.

Please note that other changes at your organization should be reported to UCare using these forms, including tax ID, legal name, phone, physical address or NPI changes. This form and many others are conveniently located on the Provider Profile tab at ucare.org/providers/Provider-Profile.

If you have questions on how to fill out these forms, contact UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free.

UCare Adds Practitioners That Must Be Credentialed

Effective April 14, 2016, UCare's Credentialing Department began credentialing the following types of practitioners:

- Certified Independent Clinical Social Workers (CICSW) in **Wisconsin only**.
- Licensed Professional Counselor (LPC) **Minnesota only and must be able to practice independently**.

Applicable CICSWs and LPCs must adhere to their state's statutes and rules regarding licensure in Wisconsin and Minnesota.

In order to be credentialed with UCare, the practitioner types must:

- Have an existing UCare contract or have pending contract in process.
 - If practitioners do not have a contract with UCare, they must apply to join the UCare network (click [here](#) for details on how to apply).
- Complete the Uniform Initial Credentialing Application. Credentialing applications can be submitted via the following (paper mailed applications are not accepted):
 - [Applysmart](#)
If you have not enrolled with the ApplySmart system, check with your clinic credentialing staff or go to [mncred.org](#).
 - Download the Initial Uniform Credentialing Application available [here](#) on UCare's website. (or [ucare.org/providers](#) > Quick Links>Provider Manual>Chapter 17 – Provider Enrollment)
If you are prompted to enter credentials when opening the form, click "cancel" to proceed to the form.

Any claims that are submitted for CICSWs in Wisconsin or LPC in Minnesota after April 14, 2016, will not be paid.

Documentation Improvement: Focus on Chronic Kidney Disease

Documenting and coding chronic kidney disease (CKD) is important for determining appropriate medical interventions. Taking time to document a complete diagnosis and selecting the corresponding code will ensure accuracy and support reporting health needs. Noting the stage of the disease and any complications will ensure a specific diagnosis.

Staging is based on the patient's glomerular filtration rate (GFR) per the National Kidney Foundation Kidney Disease Outcomes Quality Initiative™ guidelines. CKD Stage I and II should have documented evidence of kidney damage.

Evidence examples are defined as pathologic abnormalities or markers of damage per blood tests, urine tests or imaging studies. Once the GFR falls below 60 ml/min/1.73 m² the evidence of kidney damage is not required per the guidelines. Remember that CKD cannot be coded per diagnostic reports alone; the documentation must clearly state the diagnosis by the provider.

Chronic kidney disease is often associated with other diseases. Clear documentation of cause and effect relationships must be noted in most cases. The only assumed relationship is CKD and hypertension. Diabetes and heart disease are very common, but if they have a direct cause and effect relation with CKD, the documentation must clearly state the relationship. Adding due to or secondary language when appropriate will lead to diagnostic specificity.

If your patient is dependent on dialysis, is non-compliant with their need for dialysis or has had a kidney transplant, please note these factors to accurately report their health status. Documenting the complete health status of your patients will support their medical needs, improve the quality of their care and support best practices for coding and billing.

UCare's MSHO Model of Care (MOC) Trainings for Providers

Members of UCare's Minnesota Senior Health Options (MSHO) product face a host of unique challenges and barriers to getting the care they need, including a high prevalence of acute and chronic medical conditions, advancing age, geographic location, ethnic/cultural beliefs and many others.

UCare's MSHO product is designed with a unique set of benefits and services to help members meet these needs and keep them healthy and independent.

A key component of the MSHO product is the assignment of a care coordinator to every MSHO member, who will:

- Conduct a face-to-face health risk assessment in the member's home to help identify care needs.
- Develop a comprehensive care plan for each member, which is shared with their primary care clinic.
- Act as a liaison with health care providers.

Our care coordinators are qualified professionals such as registered nurses, nurse practitioners and licensed social workers who are experienced in working with the elderly. Care coordinators work with the provider, member and other members of the interdisciplinary care team to help coordinate care for members. They also provide support in the event of a care transition. Our robust provider network is designed to meet the needs of MSHO members, and providers are encouraged to follow clinical practice guidelines available on our website. Our model of care is evaluated annually.

UCare requests providers attend annual training on our Model of Care (MOC) to find out how care coordinators can help coordinate services for MSHO members.

UCare offers training to providers on our MSHO MOC in a variety of ways, including:

- An audio recording and PowerPoint presentation of MOC training posted on UCare's [website](#).
- In-person presentations at select provider offices and available upon request.
- Annual MOC overview presented at care coordinator trainings.
- MOC brochure mailed to select provider offices and available upon request.
- MOC information in new provider orientation packets.

The audio recording consists of a short presentation designed to give providers a high-level overview of the MSHO product and highlight the care coordinator's role in working with providers to help members get needed services and supports.

If you would like to find out more information about our MSHO MOC training, please email the Clinical Liaisons at clinicalliaison@ucare.org.

UCare Partners with WellShare International to Close Gaps In Care

UCare is excited to announce a new partnership with WellShare International to provide education and assistance to our Hmong and Somali Minnesota Senior Health Options (MSHO) members. In April, WellShare began conducting outreach to MSHO members who have a gap in care for one of the following areas:

- Breast Cancer Screening
- Colon Cancer Screening
- Diabetes Care
 - Eye Exam
 - A1C
 - Nephropathy testing
- Medication Adherence

This outreach will be conducted by a Community Health Worker and will include face-to-face meetings. These meetings will be an opportunity to educate members on the importance of preventive care, motivate members to get in for needed appointments and even provide assistance to scheduling. Community Health Workers serve as a bridge between the health care system and the community to which the member belongs.

If you have any questions about this partnership, please contact Cindy Radke, LSW UCare Project Coordinator at 612-676-3662.

Behavioral Health Care for Refugees Webinar Series - Immigration: Surviving Trauma, Loss and Finding Hope

Due to the high demand for the February Refugee Behavioral Health webinar, Minnesota health plans are now presenting a series of webinars focused on the behavioral health needs of refugees and immigrants. Please join us on Wednesday, May 18 at 12:00 p.m. for a presentation on overcoming the unique challenges in providing mental health care for refugee populations. Dr. Georgi Kroupin, Ph.D., L.M.F.T., from the HealthPartners Center for International Health will look at immigration in Minnesota, trauma and loss experienced by refugees and how it affects individuals and families. He will also describe ways of identifying and utilizing strength and resiliency of refugees.

This webinar is appropriate for providers, nurses (1.2 CE contact hours available), social workers, public health, therapists and Community Health Workers.

See [flyer](#) for more information, and email CJ Helm at Carroll.J.Helm@healthpartners.com to sign up free of charge. Any questions regarding this webinar may be directed to Annie Halland, Quality Improvement Specialist at UCare - ahalland@ucare.org.

2016 Minnesota World Elder Abuse Awareness Day Conference

The Minnesota Elder Justice Center is holding a conference on June 15, 2016, from 8 a.m. to 4 p.m. for a day of professional development on the issues of elder abuse and neglect and financial exploitation. The conference also will provide education on best practices for prevention and response. Find all conference details and registration information at elderjusticemn.org.

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