

# health lines

Monthly Provider Newsletter



## In this Edition

[Summary of UCare health care plan benefit changes for 2017](#)

[Facility closing: 30-day advance notice process](#)

[Follow up after hospitalization for Mental Illness Performance Improvement Project Update](#)

[Medicare plan highly rated in two national quality assessments](#)

[Advance directive reminders](#)

[Clinical practice guidelines](#)

[RxMentor member website](#)

[Document improvement: focus on diagnosis](#)

[Keep important news coming your inbox](#)

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[www.ucare.org/providers](http://www.ucare.org/providers)  
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612-676-3300  
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November 2016

## Summary of UCare health care plan benefit changes for 2017

Below is a high-level summary of key benefit changes in all UCare products for 2017. For more information on our health plan benefits, please visit UCare's [Health Plan web page](#).

Two 2017 changes affect all UCare products:

- Fairview Specialty Pharmacy will become UCare's exclusive specialty pharmacy provider effective Jan. 1, 2017. The previous specialty pharmacy provider was Accredo.
- All UCare members have access to Whole Health Living, an affinity program that offers discounts for complementary services and products, such as acupuncture, massage and exercise wear.

### State Public Programs benefit changes for 2017:

In 2017, we will introduce *UCare Connect + Medicare*, a new product that combines SNBC and Medicare coverage for people with disabilities. The plan, which is available to dually eligible individuals living in 10 metro counties (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Wright and Washington) and Olmsted County, provides Medicare Parts C and D coverage plus all services that are currently available to *UCare Connect* members. Eligible individuals must enroll directly with UCare's Sales Department.

Benefit changes for 2017 include:

- Coverage of Gender Confirmation Surgery (formerly a non-covered service known as Sex Reassignment Surgery)
- Coverage of Institution for Mental Disease for adults in lieu of other covered services (e.g., inpatient psychiatric services often used for chemical dependency)
- Health plans are required to use DHS-preferred drugs and authorization criteria for treatment of Hepatitis C

Changes for children include coverage of care in a Psychiatric Residential Facility for certain children with severe aggression, and health plan responsibility for covering all modes of emergency transportation.

The Minnesota Senior Health Options (MSHO) formulary will undergo annual changes with a goal of enhancing quality, controlling costs and supporting STAR

rating measures. The UCare State Programs formulary is continually updated as new generics come to the market and treatment guidelines are updated.

***UCare for Seniors and EssentiaCare benefit changes for 2017:***

Part D is the focus of most *UCare for Seniors* (UFS) and *EssentiaCare* changes for 2017. Deductibles for Part D will be introduced or increased for all products, a three-month supply of drugs at retail will require three copays (mail order will retain two copays for a three-month supply), and some high-cost generics will move to Tier 4. The UFS and *EssentiaCare* formulary will undergo significant changes, with a goal of enhancing quality, controlling costs and supporting STAR rating measures.

Other important UFS and *EssentiaCare* changes include:

- 20% coinsurance for all Part B drugs (i.e., flat-dollar copayments for certain cancer drugs are eliminated)
- Changes in cost sharing for skilled nursing facility stays

UFS has introduced a new product for 2017. UFS Prime is a low-premium plan available in the 10-county metro area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Wright and Washington). Key features include:

- Standard Medicare Part D benefits (e.g., \$400 deductible, 25% cost share)
- \$166 deductible for Part C benefits, with 20% coinsurance for most services and flat office visit copayment (\$35 primary care and \$50 specialist) after deductible
- \$6,700 maximum out-of-pocket limit in-network
- Point-of-Service benefits out of network with higher cost-sharing levels
- Fitness benefit and worldwide emergency/urgent care benefit
- **No** dental benefits or supplemental annual physical

A new, optional dental plan is available to members of UFS Value, Value Plus and Essentials Rx, and *EssentiaCare* Secure and Grand in 2017. Choice Dental is similar to the existing dental plan available to UFS Classic members, but with somewhat lower benefit levels at a lower premium. The plan is designed to complement the basic dental coverage embedded in the UFS plans.

***UCare Choices/Fairview UCare Choices plan benefit changes for 2017:***

*Choices* and *Fairview Choices* members have unlimited, no-cost access to e-visits with Virtuwell and Zipnosis. *Choices* Core and Gold plan members also have lower office visit and retail visit copays in 2017. Deductible levels are increasing for Core and Bronze plans, as are maximum out-of-pocket limits for all plans. There are 22 additions to the drug formulary, as well as 56 removals of drugs that have generic or therapeutic equivalents. UCare will follow the DHS guidelines for preferred Hepatitis C drugs and prior authorization criteria.

## Facility closing: 30-day advance notice process

It is important that providers notify UCare before their practice/facility is scheduled to close. Such notice is necessary to ensure that UCare has adequate time to assist our members who receive care at these locations to smoothly transition elsewhere. Facility closing notification must be submitted to UCare at least 30 calendar days prior to the effective date.

This process is easily done online using UCare's Facility/Clinic Close Form. This form is located on our provider website's Provider Profile tab under the "Update Your Organization or Facility Information"

section. Here is the direct link to the Facility/Clinic Close Form: [www.ucare.org/providers/Provider-Profile/Pages/FacilityClose.aspx](http://www.ucare.org/providers/Provider-Profile/Pages/FacilityClose.aspx).

Please note that other changes can also be made using online forms to manage your Provider Profile. For example, submit the online [Facility Change Form - Demographic Change/Update](#) to notify UCare whenever you have a facility change such as a new physical/billing address, tax ID number, legal name, phone number or NPI number. This form and many others are conveniently accessed through the Provider Profile tab at <https://www.ucare.org/providers/Provider-Profile/Pages/Profile.aspx>. If you have questions on how to fill out these forms, contact UCare's Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493.

Thank you for your partnership in providing quality care to UCare members.

## Follow-up after hospitalization for Mental Illness Performance Improvement Project update

In 2015, UCare and Medica began a Performance Improvement Project (PIP) to improve our rates of follow-up appointments after discharge from inpatient psychiatric care for our Special Needs Basic Care members. Members must see a psychiatrist or mental health specialist within 7 to 30 days of discharge to be considered compliant. Proper follow-up care is associated with lower rates of readmission and with a greater likelihood that gains made during hospitalization are retained. Ensuring continuity of care by increasing compliance to outpatient follow-up care helps detect early post-hospitalization medication problems and provides continuing support that improves treatment outcomes and reduces health care costs.

### Hospital Discharge Planners

Communication is key to assuring timely follow-up care for our members. Health plan care coordinators are ready to assist with arranging appointments, transportation and interpretation as necessary. See our [handout](#) for assistance with finding a member's care coordinator and more information on the care coordinator role. You can also access it at: <https://www.ucare.org/providers/Resources-Training/Pages/ResourcesHospitals.aspx>.

### Clinics with mental health providers

Making last-minute appointments available is crucial to accommodating our members during the vulnerable period following a psychiatric hospitalization. Clinics have had great success with increased show rates and better access for patients when they offer walk-in clinic periods and Just in Time scheduling methods. Read more about open access scheduling and find an improvement guide at the [Agency for Healthcare Research and Quality \(http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html\)](http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html).

## UCare for Seniors Medicare plan highly rated in two national quality assessments

Our [UCare for Seniors](#) Medicare plan is ranked among the highest quality health insurance plans in the country by two national organizations.

“Medicare beneficiaries are looking closely at excellence and value when selecting their Medicare coverage for 2017. We are very pleased that the quality and value of our *UCare for Seniors* Medicare Advantage plan has been recognized with high ratings from the National Committee for Quality Assurance and U.S. News & World Report,” said Jim Eppel, President and CEO, UCare. “These strong ratings affirm UCare is a high-performing health plan that is delivering outstanding coverage and services to satisfied Medicare members in Minnesota.”

### **Among NCQA’s highest rated health plans in the nation**

The [National Committee for Quality Assurance](#) (NCQA)’s [national ratings](#) system awarded *UCare for Seniors* a score of 4.5 out of 5 for Consumer Satisfaction and a rating of 4.5 out of 5 overall in NCQA’s Medicare Health Insurance Plan Ratings 2016-2017. The Consumer Satisfaction category represents *UCare for Seniors* members’ opinions of their care, experience and physicians.

This is the second consecutive year in which *UCare for Seniors* was among the nation’s highest rated health plans in NCQA’s national ratings. NCQA studied 1,401 health plans and rated 1,012: 503 private (commercial), 338 Medicare and 171 Medicaid. The ratings are a system similar to the Centers for Medicare & Medicaid Services (CMS) Star Ratings of Medicare Advantage plans, and give unprecedented importance to health outcomes and consumer satisfaction.

### **U.S. News & World Report**

*UCare for Seniors* also was named to U.S. News & World Report’s list of [Best Medicare Plans for 2017](#) based on the 4.5 out of 5 star rating *UCare for Seniors* earned from CMS. *UCare for Seniors* Classic, Essentials Rx, Prime, Value and Value Plus options were recognized with Highest Overall Rating, Highest Wellness Care and Highest Customer Service ratings for [Medicare Advantage Plus Prescription Drug Plans](#). The *UCare for Seniors* Value option was honored in the “Highest Overall Rating,” “Wellness Care” and “Customer Service” categories for [Medicare Advantage plans](#). *UCare for Seniors* plans are available statewide; different plan options are offered in regional service areas.

## **Advance directives reminders**

UCare provider contracts (Sections 1.1 and 5.7) require providers to accurately document in the patient’s medical record whether or not advance directive rights were discussed. If executed, the advance directive must be maintained in the patient’s file.

The term “advance directive” is used in federal law and regulation, while the state of Minnesota uses the term “health care directive.” A health care directive is “a written instrument and dated instrument that complies with section [145C.03](#) (<https://www.revisor.mn.gov/statutes/?id=145C.03&year=2013>) and includes one or more health care instructions, a health care power of attorney, or both; or a durable power of attorney for health care executed under this chapter before August 1, 1998.” For the purposes of this article, the terms are used interchangeably.

A health care directive is a tool allowing a member age 18 years or older to:

- Leave written instructions so that another person can make decisions based on the member’s wishes and preferences; and/or
- Appoint another person (called an agent) to make health care decisions for the member when, in the judgment of the member’s attending physician, the member is unable to make or communicate health care decisions.

The appointed agent cannot be: 1) the attending health care provider on the date the health care directive was executed or on the date the agent must make decisions for the member; or 2) an employee of the attending health care provider on the date the health care directive was executed or on the date the agent must make decisions for the member. There are two exceptions: 1) the individual is related to the member by blood, marriage, registered domestic partnership or adoption; or 2) the member has otherwise specified that agent in the health care directive.

Each year, UCare conducts an Advance Directive Audit as part of the Medical Record Standards Audit. We document whether an advance directive, or evidence of a discussion about advance directive planning, is found in the UCare member's medical record (for adults age 18 and older). We share results of these audits with providers. Chapter 16 (<https://www.ucare.org/providers/Resources-Training/Provider-Manual/Pages/ProviderManual.aspx>) of UCare's Provider Manual contains additional information and resources for providers.

Additional requirements for providers to be aware of are outlined in [42 CFR 489.102](#).

Other References:

- Sections [1866\(f\)](#), [1902\(a\)\(57\)](#), and [1902\(w\)](#) of the Social Security Act
- 42 CFR §§[422.128](#), [431.20](#)
- [Minnesota Statutes, chapter 145C](#)

If you have further questions, contact UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

## 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:

- Asthma, Diagnosis and Management (last ICSI update-July 2012, UCare reviewed & approved-February 2016)
- Diabetes Mellitus (last ICSI update- July 2014, UCare reviewed & approved- September 2016)

To view UCare's most recently adopted clinical practice guidelines, visit Chapter 24 in the [UCare provider manual](#).

**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](#)

## RxMentor member website

UCare has a website called RxMentor, which offers tools and resources to members who need help managing chronic conditions and medication adherence.

Medication adherence is a critical factor in determining whether or not a member will achieve optimal health and a key compliance measure on which health plans are measured. The resources available on the website now focus on Diabetes, Hypertension, High Cholesterol and Depression care.

This information addresses the following commonly asked questions/concerns:

- Why are medications important?
- How do medications help you?
- Want convenient refill options?
- Struggling with side effects?
- Missing doses?
- Need advice or support?

The site will be reviewed and updated regularly to ensure the information is accurate and current.

If UCare patients at your clinic would benefit from having access to medication adherence and chronic disease management resources, they may visit <https://www.ucarerxmentor.org/>.

## Documentation improvement: focus on diagnosis

Diagnosis documentation is just as important as documenting the key components of an office visit. It helps clarify the complexity of the visit and the level of medical decision making involved in assessing and planning treatment. Documentation of all active conditions involved in identifying the health care needs of the patient can be found in all areas of the medical note.

- History of presenting illness (HPI) is the perfect area to document comorbidities that may be modifying the present illness. It is also the area to document the current status of multiple chronic conditions when the patient is coming in for follow-up care.
- Review of systems (ROS) can be utilized to capture the pertinent positive and negative indications related to any active medical condition including chronic conditions.
- Past, family and social history (PFSH) is critical in capturing past conditions and social habits affecting care management. 'History of' indicates that the diagnosis/condition is resolved and is no longer an active condition that requires treatment. This area is often mixed with the active

problem list and can cause issues in documenting and capturing all current diagnoses that contribute to the patient's health status.

- The exam can capture the status of many conditions. Amputations, -ostomies and ulcers are an example of diagnoses that can be noted during the exam. Documenting these health status conditions can support additional health care needs.
- Medical decision making noted in the assessment and plan is by nature the area that documents the final diagnoses and plan to care for the condition(s). It is the summary of the work performed to establish the appropriate treatment.

Health care is in a constant state of change with providers being continually being asked to focus on the changing needs of quality programs, payment models, regulatory requirements and individual clinical programs. Good documentation prevails as the best method to capture the provider's work and the health status of the patient, which in return covers the needs of the other programs. Diagnosis documentation is key to establishing good documentation and is a well-established concept that will support other requirements.

## Keep important news coming to your inbox

Many workplaces set email security to screen out certain messages that could be spam. Often, emails that you signed up to receive end up in your spam or junk email folders.

By adding the senders email address to your safe senders or contact list, you can help ensure you receive these messages. Each email program has different ways to do this, so check with your IT department or email provider for instruction. To make sure you keep receiving *health lines* and other provider communications from UCare, please add [providernews@ucare.org](mailto:providernews@ucare.org) to your safe senders list.

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