

health lines

Monthly Provider Newsletter



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UCare Provider Website
www.ucare.org/providers
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612-676-3300
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August 2017

Reminder: Change regarding payments to entities outside of the United States

The Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS) prohibit UCare from making payments on behalf of our Medicaid members:

- For services delivered or items supplied outside of the United States; or
- To a provider, financial institution or entity (including subcontractors) located outside of the United States.

The United States includes the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.

These changes took effect on Jan. 1, 2017. See Medicaid Managed Care Final Rule: § 438.602(i) for additional information.

The importance of child and teen checkups

Children and adolescents should have an annual wellness visit. Unfortunately, many young people skip these wellness visits because they or their parents assume they only need to see the doctor when they are ill. Studies have shown that adolescents who do not receive regular well-care visits are more likely to experience poor physical and mental health in adulthood.

During these annual visits, providers use the time to:

- Take a complete health history
- Collect physical measurements including height and weight
- Perform a physical examination and other procedures
- Screen vision and hearing
- Assess developmental, behavioral, mental and emotional health
- Look at nutrition and physical activity
- Administer immunizations

In addition, providers should also discuss alcohol and drug use, depression and sexual health with adolescents.

When appropriate, please remind families of the importance of annual child and teen checkups to help them stay healthy.

Cervical cancer screening guidelines updated

UCare has been working in partnership with the American Cancer Society to provide education and clarity regarding cervical cancer screening guidelines. The American Cancer Society released updated guidelines in 2012.

This [two-minute video](#) provides an overview of the guidelines.

Key updates to the guidelines include:

- Start screening for cervical cancer at age 21. Patients under age 21 should NOT be screened, regardless of sexual activity.
- Screening should start with a pap test every three years for patients 21-29 years old.
- Co-testing or the combination of a pap and HPV test, is the preferred screening strategy for women ages 30-65. This should be completed every five years, if both tests are negative or normal.
- Women older than 65 can discontinue screening if they have three normal pap tests or two negative HPV in the last 10 years.
- Remember—screening too frequently can do more harm than good. It is an invasive procedure for a patient with no evidence to prove that screening more often increases the number of cancer diagnoses.

For a deeper dive into the Cervical Cancer Screening discussion, UCare's own Associate Medical Director Dr. Lisa Mattson conducted a 45-minute Webinar. Listen to the Webinar: [Cervical Cancer Screening Webinar Recording](#).

Antidepressant Medication Management Provider Toolkit - A resource for all clinicians

According to the Centers for Disease Control and Prevention (CDC), depression is a leading cause of disease and injury for men and women. Depression is linked to several chronic diseases and conditions such as sleep disturbance, epilepsy, smoking and obesity and is associated with an increase in absenteeism in the workplace and school. Individuals with depression may be at higher risk for other mental disorders such as substance abuse, eating disorders and anxiety.

Although a majority of people with depression are first diagnosed and treated in the primary care setting, research has shown that many individuals with depression either do not have access to treatment or are not being adequately treated for their depression. After initial diagnosis, fewer than 50% of patients stay on their medications for the recommended timeframe of six to 12 months. Cultural beliefs and practices often play a large role in how patients approach both their depression diagnosis and their adherence to treatment. Without proper treatment, depression is likely to become a chronic disease, which also puts the individual at greater risk for all-cause and cardiovascular disease mortality.

As part of a collaborative performance improvement project (PIP), UCare, HealthPartners, Medica, Blue Cross and Blue Shield of MN and Hennepin Health, with support from Stratis Health, have teamed up to reduce disparity in antidepressant medication adherence by focusing attention on multiple interventions, including a Provider Toolkit.

The "Antidepressant Medication Management" Provider toolkit was created to help clinics and providers across the state improve their clinic processes and awareness of this important public health challenge. The toolkit is a collection of relevant resources and tools for providers working with patients

experiencing depression, with an emphasis on racial and cultural perspectives. It includes resources on best practices for depression care, mental health resources for providers and patients, cultural competency and shared decision-making. The full toolkit is available at <http://www.stratishealth.org/pip/documents/Provider-Toolkit.pdf>

Additional information on depression is available at <https://www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm>.

Documentation improvement: Focus on peripheral arterial disease

Peripheral arterial disease (PAD)/peripheral vascular disease is the narrowing of arteries that supply blood to the limbs. PAD is often caused by atherosclerosis, the buildup of plaques on the artery walls. When documenting PAD, the following information should be included¹:

- **Cause:** Due to diabetes, atherosclerosis, other
- **Site:** Native vessel or bypass graft (autologous, nonautologous biological, etc.)
- **Manifestation:** Rest pain, intermittent claudication, ulceration (specify type, site & severity)
- **Laterality:** Left, right, bilateral
- **Substance Use/Exposure:** Related tobacco use, dependence, past history or exposure
- **Treatment:** Medications, lifestyle changes, other

Documentation that includes the above supports complete and accurate coding and diagnostic reporting. The medical record will accurately reflect the patient's condition and current treatment and enhance provider communication for improving patient outcomes.

¹ Optum: *Documenting to satisfy reporting requirements 11/29/2016.*

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