health lines®
Monthly Provider Newsletter

UCare

November 2017

UCare Provider Website
www.ucare.org/providers
Provider Assistance Center
612-676-3300
1-888-531-1493 toll free
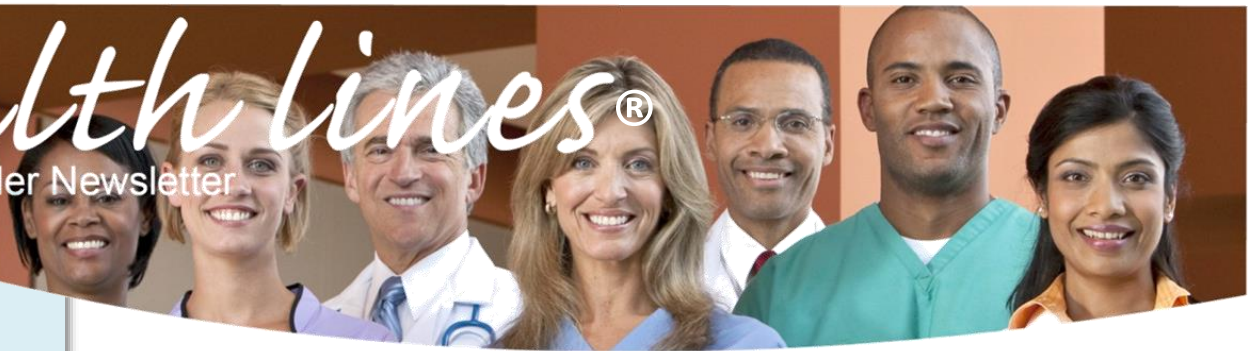
Clinical practice guideline approved

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 clinical practice guideline:

Management of Heart Failure in Adults
Primary Source: Journal of the American College of Cardiology (JACC), Approved November 2017

To view UCare's most currently adopted clinical practice guidelines, visit Chapter 15 in the UCare Provider Manual.

Happy Thanksgiving from UCare!

UCare and the Provider Assistance Center (PAC) will be closed Thursday, Nov. 23 and Friday, Nov. 24 for the Thanksgiving holiday. We will reopen Monday, Nov. 27 at 8 a.m.

At this time of Thanksgiving, please know we are thankful for our partnership with you in delivering high quality care to UCare members. Have a wonderful holiday!

Below are the additional dates UCare's offices, including the Provider Assistance Center, will be closed in observation of upcoming holidays.

- Monday, Dec. 25
- Tuesday, Dec. 26
- Monday, Jan. 1
- Monday, Jan. 15

If you need assistance during these times, please visit https://www.ucare.org/providers or log into the Provider Portal to verify member eligibility, check claim status or send a message to PAC. On all other weekdays, PAC representatives are available to take your call from 8 a.m. to 5 p.m. at 612-676-3300 or 1-888-531-1493.

Credentialing reminders: Notification of terminations

When a credentialed type practitioner is terminated from or leaves your clinic/groups, you are responsible for notifying UCare of the termination date. Reasons for leaving include:

- Involuntary termination
- Resignation from position
- Leave of absence (LOA)
- Sabbatical
- Resigned inactive state license status
- No longer licensed in the state
- Deceased

The termination information should be submitted using the Minnesota Uniform Practitioner Add, Term, and Change (ATC) Form. The form is available on the Provider Profile page at www.ucare.org/providers.

In addition, if a practitioner has been inactive in the UCare network for longer than 30 calendar days, the practitioner will be required to complete the initial credentialing process. The 30 calendar days starts from the termination date (not the date the notification was received or the date that it was processed at UCare).

UCare's MSHO and *UCare Connect + Medicare* Model of Care (MOC) training for providers

UCare's Minnesota Senior Health Options (MSHO) and *UCare Connect + Medicare* members face a host of unique challenges and barriers to getting the care they need. These products are designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

Both plans are Dual Eligible Special Needs Plans, meaning that the member's Medicare and Medicaid benefits and services are integrated into one benefit package.

The Centers for Medicare and Medicaid Services (CMS) requires training be provided to participating providers on the Model of Care. The training promotes understanding of the management and procedures necessary to provide services and coordination of care to members.

All providers are required by CMS to complete one training option annually. Two options are available:

- Review the MSHO and *UCare Connect + Medicare* Model of Care training posted on UCare's website.
- Request an in-person presentation.

Following the training, share or review the information with all appropriate staff and partners at your clinic. Providers must document and maintain training completion records and provide such records to UCare upon request to confirm that the training has been completed.

Providers may also contact us at clinicalliaison@ucare.org for more information about our MSHO and *UCare Connect + Medicare* Model of Care training.

Advance directive resources

Providers who contract with UCare are required to accurately document advance directive discussions in the patient's medical record. If executed, the advance directive must also be maintained in the patient's file. The term "advance directive" is used in federal law and regulation, while the state of Minnesota also uses the term "health care directive."

Each year, UCare conducts an Advance Directive Audit (ADA). The data used in the ADA is collected during the HEDIS season and is based on information from the previous calendar year (HEDIS 2017 data is from 2016 charts). A random sample of primary care clinics from the larger, overall HEDIS chase universe is obtained for the ADA audit. These records are audited to assess provider medical record keeping practices, including 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). UCare analyzes the audit findings and provides feedback to providers.

We are pleased to announce that for the 2017 Advance Directive Audit, our analyses show an increase in the percentage of compliant records for all six UCare products that were studied. Increases ranged from 2 to 18 percentage points higher in 2017 than 2016 (average increase was 8 percentage points). We commend our providers who are doing additional work to influence advance care planning: clinic facilitated classes, clinics offering talking points for care givers, Advance Directive home visits, EMRs prompting providers to ask the questions, and Advance Directive banners in patient's charts.

The UCare products included in the study were:

- Minnesota Senior Health Options – Integrates Medical Assistance and Medicare services and payments for people age 65 and older.
- *UCare Connect* (Special Needs BasicCare, or SNBC) – For adults with certified disabilities (physical and/or mental illness, certified by state or federal government) ages 18-64 (may remain in SNBC when they turn 65).
- *UCare Choices* – Commercial products for individual and family coverage available through MNsure.
- *UCare for Seniors-MN* – Medicare Advantage products for people eligible for Medicare.
- *EssentiaCare* – A new Medicare Advantage product offered in partnership with Essentia Health for Medicare-eligible people in 10 north-central Minnesota counties.
- PMAP Olmsted County – Income-based Minnesota Health Care Programs for individuals and families.

As we continue to work for greater compliancy, please also consider these resources:

- Honoring Choices MN Booklet (An initiative of the Twin Cities Medical Society): http://www.metrodoctors.com/dev/index.php/in-action/public-health-initiatives/honoring-choices-minnesota
- MN Board on Aging Senior LinkAge Line: 1-800-333-2433
- MN Board on Aging Health Care Directive form: www.mnaging.org
- UCare Health Care Directive form (Honoring Choices MN): www.ucare.org/advanced-directives
- UCare questions and answers about health care directives: https://www.ucare.org/providers/Documents/U3879AdvanceDirectives.pdf
- MN Network of Hospice and Palliative Care (MNHPC) FAQ document: www.mnhpc.org

Additional information about UCare's requirements can be found in Chapter 16-3 of our Provider Manual. If you have further questions, please contact UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free.

Documentation improvement: Focus on major depression

The diagnosis of major depressive disorder is only the beginning of a complete diagnosis. Assessing your patients as having only depression or major depressive disorder translates to an unspecified diagnosis. The terminology must be clarified in medical documentation to report their accurate health status. The severity of the illness needs to be represented; otherwise, it is often considered a minor symptom that requires little medical management. Clearly documenting the disease severity will support the level of complexity required for the provider's major depression medical management.

The following should be documented:

- Define the depressive episode as single or recurrent.
- Note the depression severity: mild, moderate, severe, with or without psychotic features.
- Indicate the clinical status of the current episode: partial remission, full remission.
- Add specific findings indicating depression: PHQ-9 score.
- Is the depression in combination with another condition: anxiety, substance abuse, etc.
- Specify treatment and follow-up plan.

Completely documenting depression will result in the appropriate diagnosis and ICD-10-CM code assignment that indicates the severity of illness, risk and resource utilization needed for patient management.

Time to recommend flu shots

Since everyone is at risk of contracting the influenza virus, it is important to encourage patients to get a flu vaccinations every year. Receiving a flu vaccination protects them from contracting the flu virus.

UCare members can receive a free flu vaccine in various locations, including their doctor's office, a local pharmacy, or convenience clinics, such as Minute Clinic. Members should show their UCare member ID card to receive their flu vaccine. In addition, it is recommended that members age 65 or older receive a pneumococcal vaccine.