

August 2018

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Clinical Services utilization review survey launches Monday, August 6th

Our Clinical Services team is seeking feedback on UCare's processes related to utilization review. We will be sending email & fax invitation options to complete this survey. We would like to hear from office staff and/or practitioners who work with submitting prior authorizations for services to our members.

Upon completion of the survey, you can enter your office in a drawing to win one of two free lunches from UCare. Look for the survey next week!

Keep Your Coverage program

UCare's Keep Your Coverage program is available to help your patients currently enrolled in *UCare Connect* or *UCare Connect + Medicare* retain their medical coverage. The program identifies patients at risk of losing insurance through DHS, mails outreach letters, operates a dedicated help line, and works collaboratively with financial workers and county human services staff.

The program is intended to help patients maintain health care coverage to prevent gaps in accessing health care services. When members call in to the help line, they can ask for language-specific Retention Specialists, including English, Hmong and Somali. For patients who speak other languages, the specialists will use a telephone language interpreting service to communicate with your patients. These UCare Retention Specialists can help your patients complete health care renewal paperwork and answer eligibility questions.

For more information about the Keep Your Coverage program or to refer a patient for assistance, please call 612-676-3438 or 1-855-307-6978 toll free or email the program at snbckeepcoverage@ucare.org.

Submission options for CMS Interim Rate Letters

Rural Health Centers and Critical Access Hospitals have two ways to submit Centers for Medicare and Medicaid Services (CMS) Interim Rate Letters to UCare that allow for better tracking.

- 1. Providers should email rate letters to RateLetters@UCare.org. Upon receipt, UCare will send a confirmation to the sender.
- 2. Providers may fax rate letters to 612-884-2382.

UCare will apply the new rates within 30 days of receiving the rate letter.

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

Get social with UCare!

More than 3,000 people are following our <u>Facebook</u> page and liking what they find. Visit today for helpful health and wellness information, and heartwarming employee and member stories, too. You'll also get to see our UCare health plan de-complicators and figure-outers in action. We welcome your likes, loves, shares and comments.

If Facebook is not your thing, you'll find good video content on our <u>YouTube</u> site, important news on our <u>Twitter</u> feed and UCare business updates on <u>LinkedIn</u>.

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 caused by 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.

Clinical documentation needs to support diagnosis, code and bill for malnutrition. Stating that the patient is underweight or fails to thrive does not solely support malnutrition. To clearly support a specific diagnosis of malnutrition or protein-calorie malnutrition, the documentation should include additional elements, such as:

- 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

These elements indicate clinical assessment was performed in developing the noted treatment plan. Reminder that kwashiorkor and marasmus, are extreme forms of malnutrition rarely seen in the United States. Reporting a diagnosis of this condition would need full clinical documentation to support.

Improving the documentation of malnutrition will support the illness severity of the patient. Many medical organizations use this data to identify individuals that 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.

New provider search tool for members now available

UCare is committed to providing information and tools that are quicker, easier and more intuitive to use. In May, we introduced several improvements to UCare.org/providers with a new and intuitive design, helpful ways for providers to look at benefit and prior authorization information, and other improvements. A new search network tool is available on www.ucare.org and includes:

- Propole Places Pharmaces

 Can we help you find a Health Care Provider?

 Pickyour plan Search by nume (optional) Choose a location

 Select a plan Search for name, specialities, or oth

 Need help?

 Search for the name of a specific health care provider such as a doctor, denote or specialities, because of the provider representation of the provider representation. The provider representation of the specialities or other provider representations of the provider representation of the provider rep
- Searching for people, places and pharmacies in one convenient location.
- Results presented to the user in a better, clearer format.
- A feature that allows users to view selected results side-by-side for example to compare a provider's
 distance from home, what specialties they offer and what languages they speak.
- Members can now print the results of their search or send them via email.

We are also working on a formulary/drug list search to be released later this year.

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Medicare changes coming in 2019

On Jan. 1, 2019, Cost Plans, a type of Medicare plan, will be closing in 66 Minnesota counties. **UCare members are not impacted by these changes**. UCare plans are Medicare Advantage plans and are not affected. The changes to Cost Plans will, however, impact about 315,000 of the total 370,000 Cost Plan members. The map below shows the counties where cost plans will be exiting.

As one of the longest serving Medicare plans in Minnesota, we are here to help affected individuals and their caregivers work through this transition. We're holding <u>meetings</u> in the community to help people prepare for the change, understand their options, and know what to look for when choosing a new plan. They will likely have many plans to choose from.

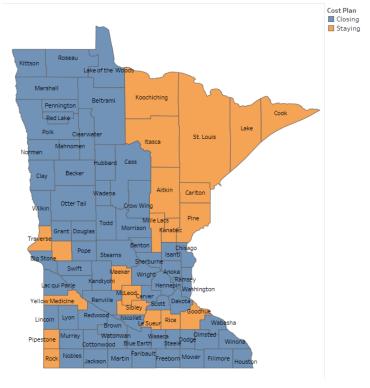
Again, this change does not impact our members or members of Medicare Advantage plans. If you receive questions from our members, please assure them that we will continue to offer them great service, now and in the future.

Following is a list of Cost Plans:

- Health Partners: Freedom Active, Freedom Active with Rx, Freedom Balance, Freedom Balance with Rx, Freedom Basic, Freedom Ultimate, Freedom Ultimate with Enhanced Rx, Freedom Ultimate with Rx, Freedom Vital, Freedom Vital with Rx
- Medica: Prime Solution Basic, Prime
 Solution Basic with Rx, Prime Solution Basic
 with Rx2, Prime Solution Enhanced, Prime
 Solution Enhanced with Rx, Prime Solution
 Enhanced with Rx2, Prime Solution Thrift,
 Prime Solution Thrift with Rx, Prime
 Solution Thrive with Rx, Prime Solution
 Value, Prime Solution Value w/Rx, Prime
 Solution Value w/Rx2
- Blue Cross: Platinum Blue Choice Plan,
 Platinum Blue Choice Plan with Rx, Platinum
 Blue Complete Plan, Platinum Blue

 Complete Plan with Rx, Platinum Blue Core Plan

Complete Plan with Rx, Platinum Blue Core Plan, Platinum Blue Core Plan with Rx



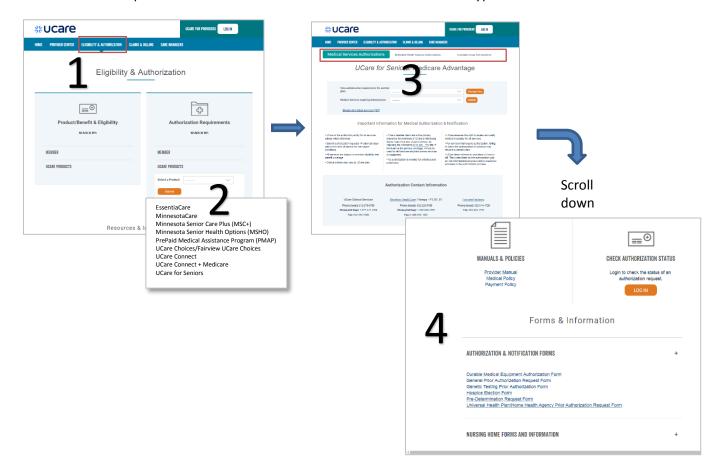
For those who are losing their coverage, we are available to help with their Medicare questions or concerns – 1-877-523-1518. Note: Information on our 2019 Medicare Advantage products will be available as of October 1, 2018.

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Website tip of the month: Authorization forms

Each month, we will share helpful tips to answer common questions about our new website. If you have a website question you'd like to see answered in a future column, please email it to providernews@ucare.org.

- 1. From the Home page, select **Eligibility & Authorization**. Forms (Medical, Behavorial Health, Medical Injectable Drugs) are organized by Health Plan.
- 2. From Authorization Requirements, pick a Health Plan, then select Submit.
- 3. On the results page, select the type of service from the tabs at the top of the page (Medical Services, Behavioral Health Services and Injectable Drugs).
- 4. Scroll down to open **Authorization & Notification Forms** for that service type.





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