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Monthly Provider Newsletter

UCare



March 2018

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UCare Provider Website
www.ucare.org/providers
Provider Assistance Center
612-676-3300
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In-home health risk assessments for *UCare Connect + Medicare* members

On March 1, UCare began rolling out a personal, in-home health risk assessment (HRA) service for many of our *UCare Connect + Medicare* members. We are partnering on this project with [Matrix Medical Network](#), an experienced provider of this service.

Selected members will receive a mailer and follow-up call offering the in-home visit from a Minnesota licensed and board-certified Matrix nurse practitioner. During the hour session, members can discuss their medical history and medications in a personal and comfortable way – and get a quick health checkup, too. There is no cost to the member for this service.

UCare has arranged for any medical results obtained through these visits to be shared with each member's primary care clinic. If the nurse practitioner identifies an urgent health concern, he or she will call the member's primary care clinic. If a routine concern is identified, a copy of the assessment will be sent to the member's primary care clinic. Members also receive a copy of their assessment results.

Supporting colon cancer screening awareness

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer is the second leading cancer killer in the United States. However, it doesn't have to be. Early detection is a key factor in the diagnosis and treatment of colorectal cancer. Through preventive screening, precancerous polyps can be detected early and removed to prevent cancer development in the colon.

UCare strongly encourages members between the ages of 50 and 75 years to participate in routine colorectal cancer screenings. This preventive exam is offered to eligible members at no out-of-pocket cost. Multiple screening options are covered based on provider recommendation. In addition, UCare members can receive a [gift card incentive](#) when they complete their routine colorectal cancer screening.

You play an important role by encouraging members to schedule their colorectal cancer screenings and reminding them that they have options for completing this preventive screening. This month, you can also be a supporter of Colon Cancer Awareness by using the hashtag **#MNBlue** on social media to help highlight statewide efforts to bring awareness, education, and to promote preventive screenings across Minnesota.

Updating practitioner data

Providers are responsible for providing accurate information to UCare about practitioners. Please notify UCare of practitioner changes, which include but are not limited to practitioner additions, practitioners leaving your clinic or demographic changes. Forms and instructions can be found at <https://www.ucare.org/providers/Provider-Profile/Pages/Profile.aspx>.

There are two ways to make these updates:

1. **Phoenix (Preferred Method)**

Phoenix is an application that allows UCare contracted providers to view their practitioner data in the UCare systems and make changes if needed. Refer to the [Phoenix User Guide](#).

2. **Minnesota Uniform Practitioner Change Form**

The [Minnesota Uniform Practitioner Change Form](#) was updated **December 2017**. Please make sure you are using the latest version for your updates.

Reminders:

- If you have a credentialed type practitioner that was terminated from or who has left your clinic, you must notify UCare of the termination date. Terminations and reasons for leaving also include leave of absence (LOA), sabbatical, resigned inactive state license status, no longer licensed in the state and deceased.
- 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 start from the termination date, not the date the notification was received or the date that it was processed at UCare.

Practitioner's rights related to the credentialing process

Credentialed practitioners have the right to:

1. Review the information submitted in support of their credentialing application;
2. Correct erroneous and/or discrepancy information that varies substantially from the information verified during the credentialing process; and
3. Be informed, upon request, of the status of their credentialing application.

For more information on this process, refer to the Provider Credentialing (Practitioner's Rights) section of the [UCare's Provider Manual](#).

UCare to cover Medicare Diabetes Prevention Program services

Effective April 1, 2018, UCare will follow the Centers for Medicare & Medicaid Services (CMS) determination that Medicare will cover the Medicare Diabetes Prevention Program (MDPP) as a preventive service. This coverage will apply to the following plans: *UCare for Seniors*, *EssentiaCare*, *UCare Connect + Medicare* and Minnesota Senior Health Options.

MDPP is a structured health behavior change intervention that provides practical training in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle.

Details of the program and coverage information can be found on the MDPP website at: <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>

Dental highlight

UCare offers great dental benefits to members enrolled in State Public Programs (MinnesotaCare, Minnesota Senior Care Plus, Minnesota Senior Health Options, Prepaid Medical Assistance, *UCare Connect* and *UCare Connect + Medicare*). During your next visit with a UCare member in one of these plans, please refer them to our **Dental Connection team at 1-855-648-1415**, where they can receive assistance locating a dental provider and scheduling a dental appointment.

Good oral hygiene results in better overall health. Early detection is key for reducing the amount of pain, difficulty and cost when it comes to dental problems. Help us empower our members to take charge of their health!

Documentation improvement: Focus on chronic kidney disease

Accurate documentation and reporting of chronic kidney disease (CKD) is important for supporting the appropriate medical interventions. Complete diagnosis documentation and reporting the correct ICD-10 code will ensure health status accuracy and support medical claims.

When documenting CKD, the following should be specified:

- Underlying cause of the kidney disease
- Stage 1, 2, 3, 4, 5 or end-stage renal disease (ESRD)
- Presence of fistula or shunt for dialysis and any complications
- Dialysis status
- Associated conditions
- Transplant status

The medical record should clearly reflect the severity and associated conditions of your CKD patients. This will support internal clinical communication and billing requirements.

Reference:

Optum. "Documenting to satisfy reporting requirements." *Optum, Inc*, 29 Nov. 2016

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