

Care Coordination News

February 2024



Issues of **Care Coordination News** often refer to different UCare forms. All UCare Care Coordination forms are on the UCare website under the [Care Coordination and Care Management](#) page. Care Coordination-related questions can be directed to the Clinical Liaison's at:

- **MSC+/MSHO:** MSC_MSHO_Clinicalliaison@ucare.org or 612-294-5045
- **Connect/Connect + Medicare:** SNBCClinicalliaison@ucare.org or 612-676-6625

Enrollment related questions can be directed to:

- **MSC+/MSHO enrollment** at 612-676-6622 or by email CMIntake@ucare.org
- **UCare Connect/Connect + Medicare enrollment** by email at connectintake@ucare.org

2024 UCare Care Coordination Meetings

UCare All Care Coordination Meetings are provided on a quarterly basis. These meetings are intended to provide ongoing education, benefit updates and topical information to support successful Care Coordination activities. UCare Care Coordinators are required to participate in the Quarterly All Care Coordination Meetings presented live or viewing the recorded WebEx. An electronic verification is needed when viewing the recorded Quarterly All Care Coordination Meeting. CEU events and Office Hours are optional to attend.

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+/MSHO and Connect/Connect + Medicare	Live Quarterly Meeting	March 12 th , 2024, 9 am - 12 pm June 11 th , 2024, 9 am - 12 pm September 10 th , 2024, 9 am - 12 pm December 10 th , 2024, 9 am - 12 pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	February 13th, 2024, 11 am - 12 pm May (Dates to come) August (Dates to come) November (Dates to come)
MSC+/MSHO	Office Hours (optional)	April 23 rd , 2024, 10 am - 11 am July 23 rd , 2024, 10 am - 11 am Oct 22 nd , 2024, 10 am - 11 am
Connect/Connect + Medicare	Office Hours (optional)	April 23 rd , 2024, 11:30 am - 12:30 pm July 23 rd , 2024, 11:30 am - 12:30 pm Oct 22 nd , 2024, 11:30 am - 12:30 pm



Register [Here](#) for the February CEU Event: Sexual Orientation and Gender Identity: An Introduction to Language and Terminology

ALL CARE COORDINATION NEWS

New on the Care Coordination and Care Management Website



All products

- 2024 Benefits by Condition (New 1/10/24)

MSC+/MSHO

- Numbers to Know: MSC+ and MSHO (New 1/16/24)

Connect/Connect+ Medicare

- 2024 Monthly Activity Log (Revised 1/18/24)

Coming soon

- EW Budget Cap Tool (New)
- Assessment Checklist – MnCHOICES – MSC+/MSHO (New)
- MSC+/MSHO Care Coordination 101 Training Series (New)
- Transportation Job Aid - Medical (New)
- Website Overview Recorded Training (Revised)

90-Day Grace Period After Medical Assistance Terms

As a member's Medical Assistance (MA) terms, regardless of product, care coordination staff must review MN-ITS monthly for up to 90 days. All care coordination activities, including reassessments, continue for 90 days following MA termination if the member has not been enrolled with MA Fee-For-Service (FFS) or another Managed Care Organization (MCO). Assessment documents are retained in the member's record.

If MA is reinstated and backdated within 90 days, the assessment should be entered into MMIS when the assessment completed was an LTCC using DHS-3428, an HRA using DHS 3428H or a MnCHOICES Assessment. For Connect/Connect + Medicare, all completed assessments must be reflected on the Monthly Activity Log. And for MSC+/MSHO, enter data on the Monthly Activity Log upon MA reinstatement.

If the member remains termed for 60 days and was open to EW prior to MA termination, the CC must send the DHS-6037 and pertinent transfer documents to the county of residence on day 60.

Care coordination activities vs coverage and benefits

Care coordination expectations and coverage of benefits are separate. A Connect + Medicare or MSHO member that becomes inactive with MA, may be eligible for up to 90 days of continuous coverage, which would include the member's MA and Medicare benefits. The continuous Medicare coverage is an additional benefit offered by CMS. However, if the member enrolls in another Medicare Advantage plan during this 90-day timeframe or CMS otherwise determines they are not eligible for this benefit, their UCare Connect + Medicare or MSHO 90-day grace period may end early. Care coordination activities should continue for 90 days regardless of the CMS benefit period.

Care coordination activities should cease if the member's MA is reinstated as fee-for-service or with another MCO. As outlined in the requirements grid, care coordinators would complete the Transferred Member Process for transferring to fee-for-service or another MCO.



Extended Pharmacy Benefit

UCare is implementing a pharmacy benefit for the month after a member loses eligibility and UCare coverage. Former members who call UCare Customer Service the month after losing eligibility, seeking access to prescription drugs, will be reinstated for the month to allow members to receive their prescriptions. This extended benefit is only available to those members who were on PMAP, MNcare, MSC+, or Connect the month prior.

NOTE: Connect + Medicare and MSHO would access pharmacy benefits through their 90-grace period coverage through UCare.



UCare 2024 Pharmacy Benefit Manager (PBM) Information

Beginning January 1, 2024, UCare transitioned to a new Pharmacy Benefit Manager (PBM), Navitus Health Solutions. Important information to know:

- Navitus will perform first-level prior authorization reviews. ePA is the preferred method to submit prior authorization requests to Navitus for pharmacy benefit drugs. Providers may use ePA through [Surescripts](#), [CoverMyMeds](#) or the Electronic Health Record.
- All UCare members should have received a new member ID card with the updated pharmacy billing information.
- Costco will serve as UCare's mail-order pharmacy, and providers may be asked to send member prescriptions to the Costco Mail Order Pharmacy. UCare members do not need to be Costco members to use this service.

For more 2024 pharmacy benefit information, visit the [UCare Pharmacy page](#).

Additional information for care coordinators: Before Costco Mail Order Pharmacy can begin filling the member's prescriptions, the member will need to have a Costco account and create a Costco Mail Order Pharmacy patient profile. Members can visit the Costco Mail Order Pharmacy website and click "Get Started" or call 1-800-607-6861 (TTY users call 711). Members will need their pharmacy billing information; RxBIN, RxPCN and Rx Group, found on their 2024 member identification (ID) card to complete the patient profile. If a member needs additional assistance transferring prescriptions, care coordinators can email the member's name and date the member gave permission to have Costco transfer their prescriptions to MSC_MSHO@Clinicalliaison@ucare.org or SNBCClinicalliaison@ucare.org.

Seizure Detection Devices

Seizure detection devices are covered as durable medical equipment under Medical Assistance effective 1/1/2024 if:

- The seizure detection device is medically appropriate based on the recipient's medical condition or status; and
- The recipient's health care provider has identified that a seizure detection device would:
 - Likely assist in reducing bodily harm to or death of the recipient as a result of the recipient experiencing a seizure; or
 - Provide data to the health care provider necessary to appropriately diagnose or treat a health condition of the recipient that causes the seizure activity.

[Additional information can be found in the MHCP Provider Manual](#)

Supporting People with Co-occurring Diabetes and Depression Webinar

Thursday, February 29, 2024, 12:00 pm - 1:00 pm

The MCO Collaborative Group will be hosting a webinar on supporting people with co-occurring diabetes and depression on February 29th. We would like to invite anyone who serves this population to join us to learn more about this topic. This event is free, but space is limited. Click here to [register](#). [See website for additional detail](#).



Note on CEUs: Participants should contact their relevant licensing board to determine if the program will meet continuing education requirements and CEU values.

IVR and Text Education Programs – Asthma & Diabetes

UCare's Interactive Voice Response (IVR) programs allow members with an asthma or diabetes diagnosis to receive educational calls or texts with information on their condition and how best to manage. Members can choose when they would like to receive their calls or texts and are able to opt-out of the program at any time.

How the program works

1. Members receive a welcome letter with information about the program.
2. Member later receives their first call from Mary Beth, the IVR system's automated voice.
 - During this first call, the member selects whether they prefer calls or texts and what day and time they would like to receive their outreach.
3. After each educational call or text, the member receives two condition-related questions with yes or no answers.
4. Members "alert" if their response indicates follow-up is needed by a UCare asthma educator or UCare diabetes health coach.
 - During telephonic outreach, educator/coach does assessment of member's self-monitoring, self-management, and medication adherence. Educator/coach may also provide additional condition information, encouragement of members Asthma Action Plan or Diabetes Management Plan, referral to members PCP or other resources/programs if applicable.
5. IVR/Text Schedule: 1 call or text per week or 1 call or/text every 30 days.

Referrals for IVR or other Disease Management programs can be sent to UCare's Disease Management team at:

- **Phone:** 612-676-6539 or 866-863-8303
- **Email:** Disease_mgmt2@ucare.org
- **Online** referral forms at: [All disease management programs, and eligibility information can be found here](#).

Monthly Supplemental Benefit Highlight

Over the Counter (OTC) Allowance



All MSHO & Connect + Medicare members are eligible for the OTC allowance benefit, which includes \$60 quarterly OTC benefit through CVS. The funds can be used to purchase eligible items such as surgical masks, vitamins, allergy medications, first aid supplies, toothpaste and more, directly through CVS OTC Health Solutions online or by phone. Unused account balances do not roll over each quarter and are forfeited.

MSHO and Connect + Medicare members were mailed an OTC catalog at the beginning of the year that includes information on how to use the OTC benefit and the items that can be purchased using the OTC allowance.

Care coordinators can find a digital copy of the [CVS OTC catalog](#) in the Benefits & Perks drawer on the [Benefits, Perks & Member Handouts page](#). There is no physical OTC benefit card and the funds are **not** loaded to the Healthy Benefits+ card. Members must order through CVS OTC Health Solutions online or by phone. Additional benefit details are available on [cvs.com/benefits](#) or by calling 1-888-628-2770.

CONNECT AND CONNECT + MEDICARE NEWS



Mid-Year Review Reminder

Effective 1/1/24, care coordinators are now able to complete a mid-year review to meet the 6-month update requirement. This allows for additional flexibility by using a 5-to-7-month window of time to review and update the member's support plan at the mid-year point. All other required elements of the support plan update remain in effect. Language will be updated across all documents for consistency of the use of the term "mid-year."

Connect Redesign Update

It has been one full year since the launch of the Connect redesign. Each month there continues to be an increase in engagement due to the hard work and dedication of care coordinators and everyone involved in the process. Below are the current thresholds met by delegates. Across the board, member engagement has increased from 16% to 30% across the state!

Thresholds	Total Counties
35%	20
50%	7
65%	3
80%	0

MSC+ AND MSHO NEWS

Product Changes and Supplemental Benefits

When a member has a product change from MSHO to MSC+, the care coordinator should review the member's services to confirm if they are receiving any ongoing MSHO supplemental benefits, such as PERS or a REEMO smartwatch. The care coordinator must notify the member and the service provider that the member is no longer eligible for the supplemental benefit and follow the service termination

process. The service referral or order form should outline the service termination and device return process as applicable. The referral or order forms for MSHO supplemental benefits can be found on the [Benefits, Perks and Member Handouts page](#).

When a member has a product change from MSC+ to MSHO, the care coordinator reviews the [additional supplemental benefits](#) to determine what the member is eligible for and could benefit from. The care coordinator should have a conversation with the member regarding the new supplemental benefits they are eligible for once enrolled into MSHO.

Updated Guidance to Elderly Waiver Remote Reassessment Policy



As of November 1, 2023, care coordinators must meet minimum care coordination in-person visit requirements for people who use Elderly Waiver (EW). This applies to people whose Elderly Waiver year ends on or after November 1, 2023. The [Community Care Coordination Requirements Grid](#), [MnCHOICES Community Care Coordination Requirements Grid](#), [In-Person Assessment Methods Decision Tree](#), [In-Person Assessments Job Aid](#), and [In-Person Assessments Work Flow](#) are resources to help you determine your options for how an assessment can be completed. When using those resources, please keep in mind the additional clarification provided below.

Minimum required frequencies for in-person visits

The Elderly Waiver care coordinator must conduct at least one in-person visit per 12-month period. This visit can be included as part of the member's annual reassessment if the assessor is also the care coordinator. If a member is unable to meet in-person, a phone or virtual meeting will not meet in-person requirements unless the remote contact occurred before November 1, 2023.

NEW Additional Clarification

As outlined in the [January 9, 2024 eList announcement](#), DHS has provided more context regarding previous remote assessments. DHS counts each visit held remotely before November 1, 2023, as an in-person visit. Visits on and after November 1, 2023, must occur in person to meet minimum in-person requirements. The following scenarios clarify the change in requirements:

- For waiver spans that begin on or after November 1, 2023, visits must occur in person to meet in-person requirements.
- For waiver spans that begin before November 1, 2023, and end after November 1, 2023, DHS counts each remote visit before November 1, 2023, as an in-person visit that counts toward compliance requirements.

Support for Caregivers

UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) Plan includes access to M Health Fairview's Caregiver Assurance™ Program for designated caregivers* at no cost. All UCare MSHO members are eligible for up to 12 visits per year.

M Health Fairview's Caregiver Assurance™ Program provides added support and expert guidance to the person helping members with day-to-day living tasks including transportation & errands, meals, house cleaning, and more. Caregiver Assurance™ are dedicated to making the caregiving journey less stressful for both the member and the caregiver.

When accessing the Caregiver Assurance™ Program, the caregiver who helps the member (this could be a family member or the person who helps most) will be paired with one of M Health Fairview Caregiver Assurance Program's advisors, a professional trained in aging and caregiving.

Member's dedicated caregiver will have access to:



- Emotional support
- Assistance with problem-solving
- Guidance for self-care and stress management
- Connections to financial and community resources tailored to your situation and needs

The UCare care coordinator can help the member determine whether they are eligible for this program and provide them with a referral to the Caregiver Assurance™ Program. If the member or the caregiver needs to contact the program directly, the Caregiver Advisors can be reached at (612) 672-7996 or caregivercoach@fairview.org. The Caregiver Advisors will help to coordinate an interpreter to join all conversations if necessary. Interpreter services will be provided by UCare.

Additional information about the program can be found at caregiverassurance.com/ucare.

*Before sending a referral to Caregiver Assurance, the designated caregiver must confirm for the care coordinator that they have authority (authorized representative or Power of Attorney status) of the care recipient to discuss the member's protected health information. When calling, the designated caregiver will need to have the member's UCare information available.

Preventing Falls for UCare Members

Falls are the leading cause of fatal and nonfatal injuries for older adults. Each year 1 in 3 adults ages 65 or older experience falls. Since falls are all too common among older adults, many people develop a fear of falling. This fear may cause them to limit their activities and lead to reduced mobility, loss of physical fitness and an increased risk of falling. For more information on preventing falls, visit ucare.org/falls.

Strong & Stable Kit

UCare created the Strong & Stable Kit because falls are a major concern for older adults! This kit is available to *UCare's MSHO, UCare's MSC+ or UCare Advocate Choice/UCare Advocate Plus members.*

Care Coordinators may order the kit for members using the order form found on the Care Coordination and Care Management site under the "[Perks, Benefits and Member Handouts Spark](#)" in the MSHO Supplemental Benefits Forms Drawer. Members are eligible for one kit per year. The Strong & Stable Kit includes:



- Resistance band strength kit
- Tip sheets with helpful falls prevention advice
- Tub grips
- Nightlight
- Medication box

QUALITY REVIEW CORNER



UCare's Quality Review Team would like to thank all the delegates that have participated in the 2023 Quality Reviews. Highlighted below are just some examples of exceptional best practices found during the Quality Reviews. Watch for these shout-outs in future newsletters as we continue to feature best practices!

Connect/Connect+ Medicare

- ★ **Kanabec County:** As a new Connect/Connect + Medicare delegate, Kanabec worked closely with UCare Liaisons to onboard members. There was evidence of hard work and diligence to provide care coordination for members during this transition.
- ★ **Wilkin County:** Care coordinators provided high quality care coordination by assisting members with scheduling appointments and transportation, contacting UCare Member Services, and providing notification/reminder calls for MA renewals.
- ★ **Lake of the Woods County:** Reviewed benefits and rewards available to the member and assisted with ordering Wellness Kits, Healthy Savings card, and DME.
- ★ **Mental Health Resources:** Case notes reviewed were thorough and detailed. Care coordinators routinely followed up with member needs and provided assistance with appointments, transportation, and provided resources as needed.

MSC+/MSHO

- ★ **Des Moines Valley Health & Human Services:** There were many examples of care coordinators supporting members outside of the required activities. Examples include assisting members with budgeting and EW spenddown issues, housing related needs, and providing information on MSHO supplemental benefits.
- ★ **Fillmore:** The care coordinators went above and beyond to follow-up with member needs, even documenting extra home visits to assist with filling out paperwork or to follow-up on equipment concerns.
- ★ **Lake of the Woods County:** Care coordinators made themselves available outside of a scheduled visit to meet in-person with members to discuss care coordination.

DHS NEWS AND UPDATES

MnCHOICES Outage Time Update

The revised MnCHOICES applications will be unavailable during regularly scheduled maintenance each month:

- Production: 5 a.m. to 11 a.m., third Saturday
- MTZ: 6 p.m. to midnight, second Tuesday and Wednesday

New Recuperative Care Program

Expanding coverage for MHCP members experiencing homelessness

The Minnesota Department of Human Services now covers medical care and support services to Minnesota Health Care Programs (MHCP) members experiencing homelessness when they are unable to recover from a physical illness when unhoused or living in a shelter, but do not need to be hospitalized, through its new Recuperative Care Program which launched on January 1, 2024.



Recuperative Care Program services may include basic nursing care, counseling, and social services. These services may help prevent or reduce hospitalization, Emergency Department visits or hospital readmissions for eligible members.

Refer to the [Recuperative Care](#) section in the MHCP Provider Manual for complete policy and billing information.

REMINDERS

Forms Frequently Change

Forms are updated regularly. Please remember to download forms directly from UCare's website. This will ensure you are using the most up-to-date version.

Updating Primary Care Clinic

All Care Coordinators should be confirming member's primary care clinics and completing the Primary Care Clinic Change Request form located on the [UCare website](#) in the Care System or County PCC/Care Coordination Change Process drawer. This will ensure members (MSC+/MSHO) are correctly assigned for care coordination while they are in the program and when they age in. Although SNBC does not make delegate assignments based on PCC, it is equally important in ensuring accuracy for continuity of care and initial assignment if/when they transition to MSC+/MSHO.

Care Coordination Questions?

The Clinical Liaisons are a great resource when care coordinators have questions. For us to help you best, please include as much detail as possible when submitting question(s): e.g., member name and ID number, date of birth, product, details about the situation and care coordinator name, phone number and email address.

All emails sent to UCare that include private member information **must** be sent via [UCare's Secure email Message Center](#). UCare is not able to open third party secure emails. Care Coordinators can create a secure email account using this [link](#).

UCare Care Coordination Contact Numbers

Please refer to the [Care Coordination Contact List](#) for delegate contact information.

Newsletter Article Requests

Is there a topic that should be covered in this newsletter? Please send all suggestions to [MSC MSHO Clinicalliaison@ucare.org](mailto:MSC_MSHO_Clinicalliaison@ucare.org) & SNBCClinicalLiaison@ucare.org.