Care Coordination News

March 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 Liaisons at:

- **MSC+/MSHO** MSC_MSHO_Clinicalliaison@ucare.org or by phone: 612-294-5045 or 1-866-613-1395
- **Connect/Connect + Medicare**: SNBCClinicalliaison@ucare.org or by phone: 612-676-6625 or 1-833-951-3190

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

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+/and MSHO Connect/Connect + Medicare	Live Quarterly Meeting	March 12th, 2024, 9 am – 12 pm June 11th, 2024, 9 am – 12 pm September 10th, 2024, 9 am – 12 pm December 10th, 2024, 9 am – 12 pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	May (Dates to come) August (Dates to come) November (Dates to come)
MSC+/MSHO	Clinical Liaison Office Hours (optional)	April 23rd, 2024, 10 am – 11 am July 23rd, 2024, 10 am – 11 am Oct 22nd, 2024, 10 am – 11 am
Connect/Connect + Medicare	Clinical Liaison Office Hours (optional)	April 23rd, 2024, 11:30 am – 12:30 pm July 23rd, 2024, 11:30 am – 12:30 pm Oct 22nd, 2024, 11:30 am – 12:30 pm
MSC+/MSHO	Housing Office Hours (optional)	3rd Wednesday of every month *Starting April 17th from 1 pm-2 pm
Connect/Connect + Medicare	Housing Office Hours (optional)	1st Wednesday of every month *Starting April 3rd from 1 pm-2 pm

Upcoming Meeting Registration Link: Click here to register for the UCare 1st Quarterly All Care Coordination Meeting.

ALL CARE COORDINATION NEWS

New on the Care Coordination and Care Management Website

All products

- Additional & Supplemental Benefits: Connect and Connect + Medicare (Revised 2/9/24)
- Additional & Supplemental Benefits: MSC+ and MSHO (Revised 2/9/24)
- Healthy Benefits Food Allowance Catalog: MSHO and Connect + Medicare (New 2/19/24)
- Medicare/Medicaid: Coordination of Benefits Visio (Revised 2/19/24)
- MnCHOICES Guidance (Revised 2/9/24)
- UCare Website Overview: Recorded Training
- SOGI-Introduction to Language and Terminology UCare sponsored Recorded Training
- Transition of Care Scenarios (New 2/21/24)
- Transition of Care (TOC) Recorded Training (Updated 2/2/24)
- Transportation – Medical Job Aid (New 2/23/24)

MSC+/MSHO

- GrandPad Order Form (Revised 2/23/24)
- Monthly Activity Log (Revised 2/9/24)
- Monthly Activity Log Job Aid (Revised 2/9/24)
- MSC+ and MSHO Care Coordination 101 Recorded Training- Part 1, 2, & 3
- New Hire Training Guide (New 2/2/24)

Connect/Connect+ Medicare

- Assessment Checklist (Revised 2/9/24)
- Assessment Checklist MnCHOICES (Revised 2/9/24)
- Transfer Health Risk Assessment Job Aid (Revised 2/9/24)
- Monthly Activity Log (Revised 2/9/24)
- Monthly Activity Log Job Aid (Revised 2/9/24)
- New Hire Training Guide (Revised 2/26/24)

Coming soon

- Connect Requirements Grid
- MnCHOICES Connect Requirements Grid
- MSC+/MSHO Community Care Coordination Requirements Grid
- MSC+/MSHO MnCHOICES Community Care Coordination Requirements Grid

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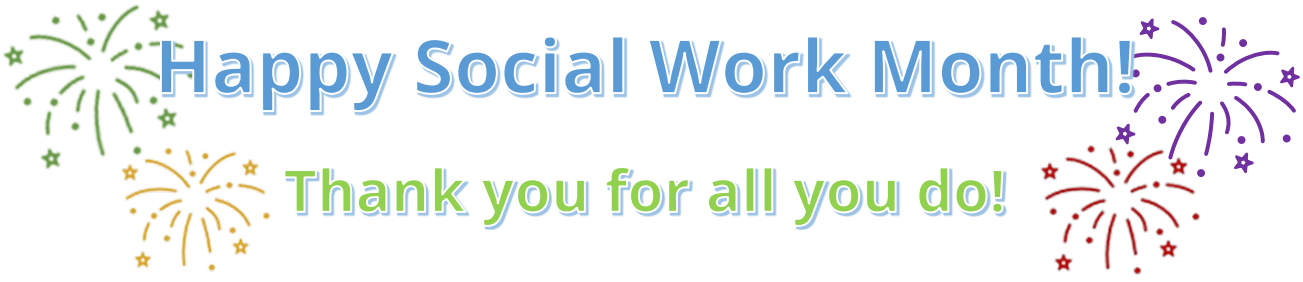

Transitions of Care Pharmacist Referral

The Transitions of Care (TOC) star measure contains four components: notification of inpatient admission, receipt of discharge information, patient engagement, and medication reconciliation post-discharge. These components are aimed to improve continuity of care as members transition out of inpatient settings.

Care coordinators can help to improve medication reconciliation post-discharge by referring members to the pharmacy team. The goal of the pharmacy transitions of care program is to complete a medication review with members within 30 days of discharge. The reconciliation can aid in the reduction of hospital readmissions and ensure the member is not experiencing any side effects or confusion from their medications. After a referral is made, the member is contacted by the pharmacy team to complete a comprehensive medication review. The review includes a medication reconciliation (MR), which is the process of identifying the most accurate list of all medications the member is taking, including name, dosage, frequency, and route. The pharmacy team will compare the medical record to an external list of medications obtained from a member, hospital, or other provider. The pharmacist also ensures the member understands their medications and are safe to be continued, reviews options to make the member's medication regimen more effective, resolves gaps in care, and communicates with the member's providers to recommend changes to the medication regimen as appropriate. The post TOC visit with a UCare pharmacist is completed telephonically and typically lasts between 20-60 minutes.

Who is eligible:

MSHO, Connect + Medicare, or UCare Medicare Classic members who have been discharged from an inpatient status (i.e., hospital, TCU, skilled nursing facility) within the past 30 days.

How to refer:

Please email PharmacyLiaison@ucare.org with the member's name, ID number, a preferred phone number and best time to be reached. Also include the member medication list and/or discharge summary if available. Another option for making a referral is by completing the Referral Form and email to PharmacyLiaison@ucare.org. The pharmacy team typically reaches out to the member within 1-2 business days and can assist member with scheduling follow up appointments post discharge.

Disenrollment Due to Spenddowns

Due to the Public Health Emergency unwinding, members are now acquiring medical spenddowns. If a member does not pay their spenddown for three months, they are disenrolled from the Managed Care Organization (MCO) and enrolled in Fee-for-Service (FFS). Members that are disenrolled from integrated programs will lose their part D plan and supplemental benefits of the integrated programs. The forms below are available to support care coordinators in conversations with members regarding spenddowns.

- DHS-5373-ENG 12-23 (state.mn.us)
- DHS-3017-ENG (state.mn.us)

National Colorectal Cancer Awareness Month: Cologuard Kits

March is National Colorectal Cancer Awareness Month. According to the Centers for Disease Control and Prevention (CDC), colorectal cancer is the second leading cause of cancer deaths in the United States. National screening guidelines recently lowered the recommended age that adults begin colorectal cancer screenings to 45 years. To honor what this month represents, care coordinators can bring awareness to colorectal cancer by talking with members about the importance of prevention and screening options. For more information on colorectal cancer and eligible screening options, please visit https://www.ucare.org/health-wellness/health-management/healthwise and enter "colorectal cancer screening" into the search bar.

One of the colorectal cancer screening options is the Stool DNA test kit. UCare has partnered with Cologuard's exclusive vendor, Exact Sciences, to provide Cologuard to eligible UCare members. The Cologuard test kit is completed in the home and is intended for members of average risk with no family history of colorectal cancer. All UCare plans are eligible to receive Cologuard at no cost, and negative results are valid for three years.

Once a Cologuard Kit has been requested, it will ship directly to the member's home at no cost. Exact Sciences will contact the member to remind them to complete and return the kit, as well as provide status updates once the kit has been returned. After the kit has been processed, the member will receive a results letter from Exact Sciences. If the result is *positive* (or abnormal), the member will receive a phone call from Exact Sciences who will educate on the test results and recommend sharing results with their primary care provider to see if a follow-up colonoscopy is needed.

Ordering Cologuard is easy! To request a test kit, the member can log on to www.Cologuard.com, order through their health provider, or call the Exact Sciences Customer Care Team at 1-844-870-8870. The Customer Care Team is available 24 hours a day, 7 days a week to provide support and answer questions.

If care coordinators have questions regarding Cologuard, please email ucarequality@ucare.org.

Additionally, UCare's Health Improvement Team is available to provide member support such as finding in-network providers, scheduling medical appointments, and connecting them to community resources that address social and economic needs. If assistance is needed, please warm transfer the member to the Health Improvement Team Hotline at 612-676-3481 or e-mail outreach@ucare.org.

THRA and Monthly Activity Log (MAL) Update

At our last quarterly meeting, it was mentioned that every Transfer Health Risk Assessment (THRA) is to be added to the MAL. This includes those that are attempted for a product change or new to UCare, but unable to be completed when a member refuses or is unable to be reached. The MAL has been updated to reflect this scenario with the addition of the activity type, "THRA Attempted." The THRA Job Aids have been updated accordingly. Remember to use the newly updated MAL.

Keeping UCare Members Active

One Pass

Eligible members include: UCare's MSHO, UCare Connect + Medicare, UCare Connect, UCare Medicare (excluding UCare Advocate Plans), UCare Your Choice Plans, UCare Medicare Supplement, UCare Medicare w/ M Health Fairview & North Memorial, and EssentiaCare.

One Pass is a complete fitness solution for body and mind, available at no additional cost for eligible members. One Pass offers:

- Access to more than 23,000 participating fitness locations nationwide
- More than 30,000 on-demand and live-streaming fitness classes
- Workout builders to create personalized workouts
- Home Fitness Kits available to members who are physically unable to visit or who reside at least 15 miles outside a participating fitness location
- Personalized, online brain training program to help improve memory, attention and focus
- Over 30,000 social activities, community classes, and events available for online or in-person participation

Members can go to **ucare.org/onepass** to find participating fitness locations and to learn more.

UCare Housing Specialists

UCare Housing Specialists are wanting to work with Care Coordination staff to address the needs of UCare members experiencing housing instability. The dedicated team will work collaboratively with providers and agencies to build relationships and connections that will give members greater access to services related to housing insecurity and stabilization. Additionally, resources and trainings have been developed to share information and tools with member-facing staff. As part of these efforts, there will be Housing Office Hours to share information on navigation and Housing Stabilization Services. The Office Hours will begin with updates, materials, or informational tools, followed by time for Q & A. Care coordinators are welcome to attend these hours and are encouraged but not required to bring case consultations and questions related to housing. Office Hours will be hosted for SNBC care coordinators on the first Wednesday of each month from 1-2 pm. Office Hours will be hosted for MSHO care coordinators on the third Wednesday of each month from 1-2 pm. Office Hours will begin in April, starting on the 3rd and 17th of the month. The UCare Housing Specialists look forward to collaborating with you all!

News U Can Use

My Health Decisions

UCare provides the My Health Decisions website as a resource that offers education, videos, and tools for a variety of different health conditions, as well as wellness and prevention information, life stages and more. Care coordinators and members may find useful information to aid in making educated decisions about their health. Visit the website to learn more: Healthwise | Comprehensive Health Education | UCare

CONNECT AND CONNECT + MEDICARE NEWS

When an SNBC Member Needs Durable Medical Equipment (DME)

Care coordinators play a critical role in helping members navigate systems in addition to being the health plan experts. Members are eligible for Medical Assistance (MA) covered DME. UCare Connect/Connect + Medicare follows DHS guidelines for eligibility criteria and covered items. The MHCP Provider Manual can also be reviewed for coverage information on MA funded items. Care coordinators can assist in getting the completed prescription and documentation from the member's Primary Care Provider (PCP) and order items from an in-network DME provider. Some DME items may require a face-to-face visit with the member's PCP prior to ordering. If you are unsure, the DME provider is a useful resource to confirm. As a best practice, once an order has been shared with the member's chosen DME provider, follow up with the member to ensure they have received the item(s) and there are not any unforeseen issues obtaining the item. Remember, members with non-integrated Medicare would have Medicare as the primary insurance payor thus making Connect the secondary payor.

Disease Management Asthma Education Program

UCare's Asthma Education Program

UCare's Asthma Education Program helps members with an asthma diagnosis better manage symptoms. Members participate through monthly telephone calls with an asthma educator. The asthma educators have the credentials of a registered nurse or registered respiratory therapist. The program is 5-6 months long and each month a new asthma management topic is discussed.

The first phone call is an overview of the member's asthma history, including the time of diagnosis and current asthma medications. Throughout the program, asthma management is discussed including medications, action plan, triggers, and the importance of regular doctor visits. An asthma education book is sent to the member which helps guide monthly education phone calls.

Cecelia Health Asthma Support Program

UCare is partnering with Cecelia Health to assist members with managing their health through the asthma support program. Members will receive telephonic support from a Cecelia Health registered respiratory therapist. Together, a plan will be developed to better understand the member's health needs and help with asthma management. Evening and weekend hours are offered to provide flexibility for program participation. Cecelia Health hours are 8 AM to 8 PM Monday through Friday CST and Saturday from 9AM to 4 PM CST.

Disease Mangement (DM) Referrals

Referrals can be sent to:

- **DM Email:** Disease_mgmt2@ucare.org
- **DM Voicemail:** 612.294.6539 or 866.863.8303
- **DM Referral Forms:** https://www.ucare.org/providers/policies-resources/disease-management

When a referral is received, the DM team identifies the appropriate program for the condition, reviews member eligibility, facilitates program enrollment, and follows up regarding the referral outcome.

MSC+ AND MSHO NEWS

Reminder: Requirement to Send DHS-6037 on Day 60 After Medical Assistance (MA) Terms

Member enrolled in MSC+/MSHO, on Elderly Waiver (EW) and loses MA eligibility, the care coordinator must send a DHS-6037 to the county of residence (COR) by Day 60 if MA has not been re-established. Providing the DHS-6037 is intended for communication purposes and is not a transfer of Home and Community Based Services (HCBS) case management responsibility.

The DHS-6037 should be filled out in its entirety with all attachments, including any assessments completed. This form alerts the COR that the person has lost MA eligibility and that the care coordinator will stop following the person at Day 90 if MA eligibility is not re-established by Day 90. NOTE: If a required reassessment is completed by the care coordinator after the DHS-6037 is sent to the COR and before Day 90, the care coordinator must also send the reassessment to the COR.

Elderly Waiver Authorizations and Timely Filing of Claims

Care coordinators should submit the Waiver Service Approval Form (WSAF) timely in relation to the start date of the authorization. As outlined in a UCare Provider Bulletin last fall, UCare implemented a six-month timely filing of claims for Minnesota Health Care Programs (MHCP) products, which includes Home and Community Based Services such as Elderly Waiver services.

If a care coordinator authorizes services timely and the provider fails to submit a claim within six months of the date of service, the claim will be denied. If a care coordinator approves services and submits the WSAF late, UCare would honor the approval and the claim will pay.

Retrospective authorizations that fall outside of timely filing requirements must be submitted via the UCare provider claims appeal. Providers can find more information on UCare.org or if they have questions, they can contact the UCare Provider Assistance Center at 612-676-3300.

Updated Personal Care Assistance (PCA) Communication Form

UCare has revised the detailed description field of the PCA Communication Form to include additional directions for documentation associated with a denial, termination, or reduction (DTR) of PCA services following a PCA assessment. Care coordinators are encouraged to include supplemental documentation to support why the member either does not meet or no longer meets criteria for complex health related needs, behaviors and/or Activities of Daily Living (ADL) dependencies that were identified on the previous assessment. Any detailed information is critical for UCare to process the DTR accurately and will support any potential appeals processes.

Juniper

Available to UCare's MSHO members, Juniper is an independent company providing evidence-based classes that promote health and prevent disease among adults, led by certified instructors and coaches. These classes help foster well-being, prevent falls, and promote self-management of chronic conditions. Members can register through the Juniper site or by contacting customer service.

Monthly MSHO Supplemental Benefit Highlight

Healthy Benefits+ Food Allowance

MSHO members with a diagnosis of hypertension, diabetes, congestive heart failure or ischemic heart disease documented in UCare claims, qualify for a $60 per month healthy food allowance which allows for purchasing healthy food. Approved items include fruits, vegetables, healthy grains, dairy, beans and more that can be purchased at participating grocery stores simply by scanning their card at checkout.

The benefit becomes effective on the first day of each month and cannot roll over into the next month. Any portion of the allowance not used will expire at the end of the month or upon plan termination. Eligible members will receive a welcome letter that includes the Healthy Benefits+ card to access the benefit.

QUALITY REVIEW CORNER

UCare's Quality Review Team would like to thank all delegates that participated in the first year of Quality Reviews in 2023. Highlighted below are 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+

- ★ **Becker County:** Care coordinators assisted members with county paperwork, getting new UCare ID cards, Consumer Directed Community Supports (CDCS), and Energy Assistance.
- ★ **Bluestone:** Care coordinators explaining Dental Connection benefits, One Pass Fitness benefits, Smoking Cessation, and reviewing other incentives available.
- ★ **Cook County:** Care coordinators provided members with additional information and resources regarding Patient's Bill of Rights, legal aid, and specific dental procedure coverage.
- ★ **AXIS:** Collaboration of care between the care coordinator, member, waiver case manager, providers, and DME vendors. Care coordinators offered to attend member appointments.

MSC+/MSHO

- ★ **Becker County:** Care coordinators discussed MSHO benefits during the Annual Assessments and Mid-Year Reviews and updated the notes in the My Health Section of the Care Plan.
- ★ **Bluestone:** Care coordinators performed care coordination activities and followed through with commitments by educating members on dental, SNAP, and supplemental benefits, and by collaborating with CADI case managers for housing needs.
- ★ **Cook County:** Care coordinators assisted members with establishing primary care by determining members' clinic location preferences and helping members schedule the initial appointment with their new PCP.
- ★ **Pine County:** Pine County audits their files after completion of an assessment to ensure all documentation has been completed correctly. Care Plans had detailed notes, especially in the My Health Section of the Care Plan.

DHS NEWS AND UPDATES

PCA Now Covers Driving Time Provided by PCA Workers

The Minnesota Department of Human Services (DHS) updated the personal care assistance (PCA) policy to reflect a recent change in state statute. Minnesota Health Care Programs (MHCP) now covers PCA driving time when the need for driving is documented in the member's care plan. This means a PCA provider agency may now be reimbursed for time a PCA worker spends driving an adult member into the community, including to medical appointments. Review the **PCA Manual Covered Services** section to ensure the PCA worker meets the requirements.

This policy change is effective the date of the Aging and Adult Services Division and Disability Services Division eList announcement **PCA now covers driving provided by PCA workers**.

Update to PCA Remote QP Supervision Policy for Certain Populations

- **Audience:** People who use PCA, their families, PCA provider agencies and other interested parties
- **Effective date:** Immediately
- **Summary:** DHS updated PCA policy to reflect a recent change in statute about remote QP visits. The QP may conduct the required supervision remotely for a person with chronic health conditions or a severely compromised immune system if they follow the required process.

State's New Assisted Living Report Card Goes Live ★★★

Minnesotans shopping for assisted living can now turn to a valuable new resource for help.

The state's new Assisted Living Report Card allows consumers to look up assisted living residences and find comparative ratings based on resident and family surveys, as well as ratings based on state inspections.

Modeled after Minnesota's longstanding and successful Nursing Home Report Card, the Assisted Living Report Card is designed to deliver useful information to help consumers make decisions about assisted living. Nearly 63,000 Minnesotans live in more than 2,200 licensed assisted living facilities across the state.

For more information:

- Minnesota Assisted Living Report Card: https://alreportcard.dhs.mn.gov/
- Minnesota Nursing Home Report Card: https://nhreportcard.dhs.mn.gov/
- University of Minnesota School of Public Health: https://www.sph.umn.edu/

Consumer-Directed Community Supports (CDCS) Budget Changes for EW

As outlined on the February 20, 2024 AASD eList announcement, during the 2023 session, the legislature approved EW CDCS case mix budget increases. Before this legislative change, EW CDCS case mix budgets were less than traditional EW case mix budgets. Effective Jan. 1, 2024, EW CDCS case mix budgets were increased to be the same as traditional EW case mix budgets.

Reminders for lead agencies:

Lead agencies are responsible for informing people who receive services and their families about CDCS. It is important for people who receive services and their families to understand:

- The CDCS service option is available.
- The CDCS case mix budgets are now equal to the traditional EW case mix budgets.
- CDCS provides people more flexibility to plan and direct their services, which allows them to use their EW funds in a self-directed way.

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. Please update primary care clinics (PCC) by 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 MSHO/MSC+ members are assigned to the correct delegate 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 for continuity of care and initial delegate care coordination assignment if/when they transition to MSC+/MSHO.

Care Coordination Questions?

The Clinical Liaisons are a great resource when care coordinators have questions. 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, 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 & SNBCClinicalLiaison@ucare.org.