

Care Coordination News



November 2023

Issues of **Care Coordination News** often refer to different UCare forms. All UCare Care Coordination forms are on the UCare website under the [Care Managers and Care Coordination](#) page.

Care Coordination-related questions can be directed to the Clinical Liaison mailbox's:

- **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

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2023 UCare Care Coordination Meeting Schedule

UCare Care Coordinators are required to participate in the live WebEx or view the recorded WebEx. WebEx registration or a signed attendance sheet is required. The recorded Webex will be uploaded to the website about a week after the live quarterly meeting.

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+/and MSHO Connect/Connect + Medicare	Live Quarterly Meeting	December 12 th , 9:00 am
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	November 14th 2:00 – 4:00 Working with People Who Have a Dual Diagnosis: Strategies for Successful
MSC+/MSHO	Office Hours (optional)	2024 dates coming soon!
Connect/Connect + Medicare	Office Hours (optional)	2024 dates coming soon!



CEU Event Reminder

Don't miss our upcoming CEU on November 14th from 2:00-4:00! It's not too late to register [HERE](#).

Working with People Who Have a Dual Diagnosis: Strategies for Successful Outcomes.

ALL CARE COORDINATION NEWS

New on the Care Management and Care Coordination Website

All products

- In-Person Assessments FAQ (NEW)
- Refusal Support Plan-PDF (Revised 10/18/23)
- In-Person Assessment Methods Decision Tree (NEW)
- MnCHOICES Job Aid (NEW)

MSC+/MSHO

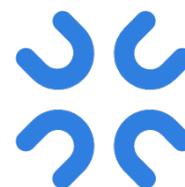
- MSC+ and MSHO In-Person Assessment Methods Workflow (NEW)
- MSC+/MSHO Community Care Coordination Requirements Grid (Revised 11/1/23)
- MSC+/MSHO Institutionalized Care Coordination Requirements Grid (Revised 11/1/23)
- MnCHOICES MSC+/MSHO Community Care Coordination Requirements Grid (Revised 11/1/23)
- In-person Assessments Job Aid MSC+/MSHO (NEW)
- Reemo Smartwatch and/or Blood Pressure Monitor Order Form (Revised 10/9/23)
- DTR Waiver Reason Codes (Revised 10/16/23)
- GrandPad Referral Form (Revised 11/1/23)
- PCA Communication Form (Revised 10/25/23)

Connect/Connect+ Medicare

- In-person Assessments Job Aid Connect/Connect + Medicare (NEW)
- MnCHOICES Connect and Connect + Medicare Requirements Grid (Revised 11/1/23)
- Connect and Connect + Medicare Requirements Grid (Revised 11/1/23)

Coming soon

- Connect/Connect + Medicare Assessment Checklist (Revised)
- MnCHOICES Connect/Connect + Medicare Assessment Checklist (NEW)
- Medicare/Medicaid: Coordination of Benefits Visio (NEW)



Model of Care (MOC) Reminder



All care coordinators are required to view the MOC within 90 days of hire, and annually thereafter. If you attended the 3rd Quarterly Meeting or watched the recorded version, you're all set! If you still need to meet your MOC requirement for this year, you can find our training and attestation [here](#). Reach out to your Clinical Liaisons with questions.

Returning to In-Person Assessments

In preparation for the PHE ending, DHS and CMS have published new requirements regarding in-person member visits. Effective 11/1/23:

- All MSC+/MSHO EW and/or PCA members must receive an in-person visit each 12-month period.
- All Connect/Connect+ Medicare members must first be offered an in-person visit, then televideo, and only then may phone assessments be completed.
- All assessments for members that are institutionalized must be completed in-person effective 1/1/2024.

We recognize the guidelines for when televideo or phone assessments can be completed are complex. To assist, UCare has put together some resources for care coordinators to help decomplicate the process.

- In-person Assessments Job Aid Connect/Connect + Medicare
- In-person Assessments Job Aid MSC+/MSHO
- MSC+/MSHO In-Person Assessment Workflow
- In-Person Assessment Methods Decision Tree
- In-Person Assessments FAQ

2024 Pharmacy Benefit Manager Change



Beginning January 1, 2024, UCare will transition to a new Pharmacy Benefit Manager (PBM), Navitus Health Solutions. Navitus will process pharmacy claims, perform first level prior authorization reviews, manage the pharmacy network, and manage the Pharmacy Help Desk for all UCare plans. All UCare members will be receiving a new Member ID Card for 2024 with new pharmacy billing information.



Beginning in 2024, UCare is teaming up with Costco Mail Order Pharmacy (<http://pharmacy.costco.com/>) as our mail order pharmacy. Members don't need to be a Costco member to use this service. Members may ask providers to send their prescriptions to Costco Mail Order Pharmacy in 2024.

Visit <https://www.ucare.org/pbm> for more information about the 2024 changes noted above.

Watch for 2024 pharmacy benefit information in future Provider Bulletins on the UCare.org [Pharmacy page for providers](#).

UCare's Diabetes Health Journey Health Coaching Program



The diabetes health journey coaching program is designed to help members with a diabetes diagnosis figure out how they can take better control over their diabetes and health. The member and health coach partner together to discover what is possible in telephonic scheduled coaching sessions.

This journey involves an outreach call to see if this program may be helpful for the member, an exploratory assessment to understand where the member is at in managing their diabetes and the development of the member's vision and goals through a generative moment to help them focus and move forward with better management of their diabetes condition. The Coach meets the member where they are at in their health journey and begins to explore opportunities for growth with them as they move them forward down the highway of change in their coaching sessions.

Health Coaches use various coaching methods to highlight motivation, to assess readiness for change, to elicit strengths, to reduce barriers and to help guide the member forward in their journeys. Members receive management tools including a Health Journey workbook and other lifestyle resources to help them manage their diabetes. See Eligibility Grid below for eligible products for the Diabetes Management Programs.

Diabetes Interventions and Programs

Diabetes Education Newsletter & Brook Health app	Keeping Members Healthy	Annual reminders: i.e. health screenings
	Emerging Risk	Diabetes interactive voice response (IVR) or text message education program
	Chronic Condition Management	<ul style="list-style-type: none"> Diabetes Health Coaching Program Diabetes management discussions with case manager
	Complex Case Management	<ul style="list-style-type: none"> Diabetes management discussions with case manager

Eligible Population for Diabetes Programs: Adults Members with a diabetes diagnosis

Here are some common successful changes members have experienced in this program:

- Greater understanding of how diabetes affects their health.
- Improved quality of life through habit changes in diet, activity, and stress management.
- Improvements in medication adherence and follow-through with preventive care.
- Discovery of how important balance is with lifestyle changes with diet, exercise, sleep, stress, and how this affects diabetes.
- Improved biometrics: weight loss, lowered blood pressure, A1C and daily glucose levels
- Greater confidence empowered by goals the member identifies and chooses.
- Transformational change, shifting mindset.

How to make a referral:

DM Voicemail: 612-676-6539 or 1-866-863-8303

DM Fax: 612-884-2467

DM Email: Disease_mgmt2@ucare.org

DM Referral Forms: <https://www.ucare.org/providers/policies-resources/disease-management>

DM access to Brook Health Companion: ucare.org/brook

Diabetes Management Program Eligibility Grid

	Connect	Connect + Medicare	Medicare – Fairview North Memorial	Medicare	MNCare	MSC+	MSHO	PMAP	UCare Fairview IFP	UCare IFP
Diabetes At-Risk IVR	X	X	X	X	X	X	X	X	X	X
Diabetes Health Coaching	X	X	X	X	X	X	X	X	X	X
Brook Health Companion App	X	X	X	X	X	X	X	X	X	X

Combatting Social Isolation through Community Education Class Discounts

Social isolation, the physical separation from other people, poses many mental and physical health risks. Those experiencing social isolation experience higher risks of high blood pressure, heart disease, obesity, depression, cognitive decline, and more.

UCare is working to reduce social isolation among its members by offering discounts on in person and virtual community education classes to encourage social connection. UCare currently partners with 100+ Community Education programs across Minnesota. UCare members can receive up to a \$15 discount on Community Education classes taken through one of our partnering community education programs. Through this discount, we hope to remove the cost barrier of participating in community education classes and help our members stay engaged in their communities.

To receive the discount, members simply show their UCare member ID card when enrolling in the class. Check a local community education catalog or contact the local school district for class times and locations.

Do you know a Community Education Program that would like to partner with UCare? Please have the Community Education Program contact UCare at wellness@ucare.org.



To learn more about the UCare Community Education Discount program visit

<https://home.ucare.org/en-us/health-wellness/fitness-wellness/community-education-classes/>

2023 Rewards and Incentives

The UCare Health Promotion team continues to see great engagement with our preventative care rewards and incentives program which has caused a significant influx in returned vouchers the second half of this year. Due to this, the expected time to see the reward dollars added to the member's UCare Rewards Benefit Mastercard has increased to 6-8 weeks. Please communicate this to any member inquiring about where their earned reward is. Please only reach out to the UCare Health Promotion team regarding member rewards if the member mailed in their voucher prior to September 2023.

Members that have a rewards balance on their UCare Rewards Benefit Mastercard are encouraged to spend the balance before December 31, 2023. On January 1, 2024, any unused rewards funds will be automatically transferred to the new UCare Healthy Benefits+ Visa card for active members.

Any reward vouchers submitted to UCare in December 2023 will be processed and loaded to the new UCare Healthy Benefits+ Visa card in 2024.

If a member is leaving UCare in 2024, they won't be able to use the reward dollars after December 31, 2023. Members must use the reward dollars before their UCare plan ends.

How many reward dollars do I have?

To check your UCare Rewards Benefit Mastercard balance, go over recent transactions or request a new card call 1-866-609-4651 toll free, TTY 711. You can also sign in or create an account on member.ucare.org. Click on Health & Wellness. Go to Wellness, Rewards & Allowance.

How do I use my reward dollars?

The reward dollars can be used at clothing stores, hardware stores, gas stations, restaurants, select drug stores or grocery stores and more! You can't use reward dollars for cash-back or cash equivalent, casinos, online gaming, firearms, tobacco, alcohol, copays, deductible or premiums, at Target, Walmart, or Amazon. Other restrictions may apply.

Some retailers may not apply a partial payment automatically. If the transaction amount is larger than your rewards balance, you may need to ask the merchant to make two separate transactions.

CVS Adherence Program



This year UCare is partnering with CVS Pharmacy to provide support to UCare members who are nonadherent to their diabetes, hypertension (RAS antagonist) or cholesterol (statins) medications. CVS pharmacists will provide proactive and ongoing telephonic and in person support to improve member understanding of the importance of medication adherence, educate on chronic conditions, uncover, and address adherence concerns. This partnership targets Medicare members that fill majority of their medications at a CVS pharmacy.

This program will run through December 31, 2024. Please feel free to reach out to Mai Vang at mvang6@ucare.org for additional information or questions!

Community Pharmacy Enhanced Services Network (CPESN) Program

As of October, UCare is partnering with CPESN, a network of over 100 MN community-based pharmacies, to provide support to UCare members who are nonadherent to their diabetes, hypertension (RAS antagonist) or cholesterol (statins) medications who fill with a CPESN pharmacy. CPESN will also work with UCare members who are diabetic or have cardiovascular disease that could benefit from a statin prescription.

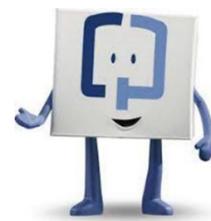
Currently, we are working with our Medicare and Dual lines of business, such as **Connect + Medicare and MSHO products**. This program will run through December 31, 2024.

Please feel free to reach out to Mai Vang at mvang6@ucare.org for additional information or questions!

NEW In-home Screening Kits

Last month UCare launched two new in-home screening kit initiatives. Below you will find highlights of both programs.

UCare will be sending **Cologuard** kits via vendor Exact Sciences to members in need of colorectal cancer screening.



- Available to all Medicare and Dual membership (including Aspirus).
- Cologuard kit mailings to eligible Medicaid members will start at a later date. More to come!
- UCare members are receiving these kits because they have not completed their colorectal cancer screening this year. UCare outreach is targeted to members in need based on claims.
- The U.S. Preventive Services Task Force recommends that adults aged 45 to 75 be screened for colorectal cancer.
- Members may be more open to this option in place of a colonoscopy, although a colonoscopy is considered to be the gold standard.
- Members will have to opt in once they are made aware of eligibility via an interactive voice recording (IVR) message – kits will not be automatically sent out to eligible members.
- No out-of-pocket cost – covered as a preventative health benefit.
- Members with kits receiving positive screens (i.e., abnormal findings) will be contacted by vendor and encouraged to talk with their doctor about test results and next steps to care and recommendation for follow-up colonoscopy. A colonoscopy following a positive Cologuard kit is covered as a preventative benefit.
- Test results will be valid for 3 years.
- Not eligible for UCare rewards.

The other vendor that will be launching mid-October is **Everlywell**. This vendor will offer Fit kits (colorectal cancer screening) along with HbA1C and kidney disease screening kits.

- Available to all UCare membership (including Aspirus).
- UCare members are receiving these kits because they have not completed at least one of these recommended screenings this year. UCare outreach is targeted to members in need based on claims.
- Members will only receive one colorectal cancer screening kit – either Cologuard or an Everly FIT kit.
- No out-of-pocket cost for kits mailed to the member.
- All Kits are valid for a year, will need to be repeated annually.
- A positive Fit Kit screening would prompt discussion with doctor on next steps to care and recommendation for follow up colonoscopy. A colonoscopy following a positive FIT kit is covered as a preventative benefit.
- UCare rewards are **not** being promoted for HbA1c and KED kit completion for 2023. FIT kits are **not** eligible for UCare rewards.

Contact for questions:

[Exact Sciences Customer Service line](#): 1-844-870-8870.

Everly Customer Services:

1-855-923-2678 (TTY: 711) Monday-Friday from 8 a.m. to 8 p.m. Eastern Time, excluding holidays.

membersupport.everlywell.com

News U Can Use

Resourceful

Resourceful is a tool available to everyone that allows the ability to search for resources through the community by zip code. Information on community programs including, but not limited to; transportation, household items, food, and housing can be found here with corresponding eligibility criteria and steps to access each program. Services you will find are free or reduced cost. For more information watch this [video](#) or visit the [Resourceful Website!](#)



CONNECT AND CONNECT + MEDICARE NEWS



October Engagement Rates

Member engagement continues to rise because of the hard work care coordinators are doing each month to engage with their members! Engagement rates have been steadily increasing each month, with an overall increase from **18%** in Jan to **28%** in October. Thank you for all your hard work making the Connect Redesign a success!

Connect/Connect + Medicare Open Enrollment

Open enrollment time is approaching, and members will start to receive an influx of marketing calls to change plans. It is important to educate members on their options and why they are receiving additional information. It can be very disruptive to a member's medical and drug benefits if they inadvertently change plans or do not ensure their necessary providers and services/prescriptions are covered prior to electing a new plan.



For example, Connect + Medicare Member receives a call from another Medicare provider offering incentives to enroll. Member enrolls with a new Medicare provider which makes them ineligible for their dual product, Connect + Medicare. They then default back to Connect with non-integrated Medicare. Their network changes, their drug formulary changes, and their supplemental benefits change as a result.

There are several resources available to help provide education to, so they have the tools necessary to make an informed decision.

- [2023 UCare's Comparison: Connect and Connect + Medicare](#)
- Medicare/Medicaid: Coordination of Benefits Visio
- UCare Sales: 612-676-3554
- UCare Keep Your Coverage Team: 612-676-3438
- Senior Linkage Line: 1-800-333-2433

Connect/Connect + Medicare Monthly Activity Log

A friendly reminder when submitting the Monthly Activity Log (MAL):

- Only update the "Annual Assessment Activity" at the initial, reassessment or change of condition assessments.
- Do not change the HS code with a 6-month update or any other support plan update.
 - **Example:** HP member is due for 6-month update. Member is unable to reach or refuses the 6-month update. Do not add this in the "Assessment Activity" section with an NR/NI HS code. This situation does not need to be reported on the MAL. Only successful support plan updates are added to the MAL and are placed in the "Support Plan Update" section.
- There is a MAL Job Aid posted on the website [here](#) with lots of great reminders and examples working with the MAL.

Thank you for diligence and hard work getting accurate member data back to UCare!

MSC+ AND MSHO NEWS

LTSS Rate Changes Effective 1/1/2024

The Minnesota Legislature authorized several rates and monthly budget increases effective Jan. 1, 2024, for some home and community-based waiver services (HCBS), home care nursing, home health and personal care assistance (PCA). Information about the service rates and budget changes, including links to resources, rate methodologies, instructions, and contacts, can be found on the [Long-term services and supports rates changes](#) webpage.

Updated PCA Communication Form

UCare has updated the PCA Communication Form that should be utilized in the following situations:

- Approve a 45 Day Temp Start of PCA services
- Approve a 45 Day Temp Increase in PCA hours
- Approve Extended PCA services
- Approve PCA services per the MnCHOICES or 3428D legacy PCA assessment
- Reduce PCA services in lieu of EW services
- Split PCA hours between 2 PCA agencies
- Deny early PCA assessment (when the member has not had a change in health condition)
- Terminate/Deny PCA Services
- Provide notice of a chosen PCA agency
 - When the member did not have an in-network PCA agency at the time the assessment was completed
- Provide notice of a change of PCA agency
- Request for a copy of the member's most recent PCA assessment
 - If you were not the care system that conducted the most recent assessment

The member information and care coordination information sections are required every time the form is submitted. All other information should be completed as applicable for timely processing of the request. Please allow 14 calendar days for processing. The updated PCA Communication form can be found in the PCA Authorization drawer on the MSC+ and MSHO Care Coordination Resources pages. The form should be submitted to UCarePCA@UCare.org or via fax to 612-884-2094. For questions, please reach out to the UCare PCA Intake team at 612-676-6705, option 2 then option 4.

MSHO Supplemental Benefit: Companion Service to Sunset 12/31/23

The UCare Companion Service Program operated by Accra Care will end on December 31, 2023, and will not be available in 2024.

Here are other resources for members looking for companion services in MN:

- Senior companion services: 888.205.3770 or www.lssmn.org/services/older-adults/companion-services/senior-companion
- Senior LinkAge Line: 800-333-2433 or dial 711

Reminder Regarding Members Receiving Customized Living Services

Please complete all annual reassessments for members receiving customized living services in a timely manner. If care coordinators are unable to reach a member or their representative, the care coordinator must contact the customized living facility staff and arrange a time to complete the assessment with the member. If all avenues have been exhausted and the member is unable to meet for an assessment resulting in the exit of Elderly Waiver, the care coordinator is required to submit a DTR form indicating the termination of customized living services and Elderly Waiver. The DTR form is located in the Denial Forms drawer on the MSC+ and MSHO Care Coordination Resources pages.

QUALITY REVIEW CORNER



UCare's Quality Review Team would like to thank all the delegates that have participated in the Quality Reviews for 2023. 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 and Connect + Medicare

- ★ Koochiching County: It was documented in case notes that Care Coordinators reviewed eligibility in MN-ITS upon new member enrollment or assignment.
- ★ Lac Qui Parle County: Care Coordinators documented in the case notes that relevant Supplemental Benefits were offered.
- ★ Olmsted County: Upon initial assignment, the Care Coordinators reviewed the role of a Care Coordinator with the member and explained the benefits of care coordination.

MSC+ and MSHO

- ★ Koochiching County: Care Coordinators had good notes about member involvement during the Institutional Health Risk Assessments, as well as documentation of how other ICT members contributed.
- ★ Lac Qui Parle County: Care Coordinators documented detailed case notes on institutional members which included monthly reviews and care conference notes.
- ★ Olmsted County: Care Coordinators included the necessary steps to achieve the member's goals including the actions and supports that the member, CC, and others will provide.

DHS NEWS AND UPDATES



Reminder: Exception allowing PCA Provider agencies to bill for services provided by spouses and parents of minors end in November

As mentioned in the [May 12, 2023, eList announcement](#), the Centers for Medicare & Medicaid Services (CMS) will end the exception that allowed DHS to pay PCA provider agencies for services provided by spouses and parents (including stepparents and legal guardians) of minors. This is effective Nov. 12, 2023. CMS began the exception during the COVID-19 peacetime emergency.

Before the COVID-19 pandemic, PCA provider agencies could not bill DHS or a person's managed care organization for services provided by these specific family members.

DHS first announced this exception in an [Aug. 11, 2021, eList announcement](#).

MnCHOICES Phase Two

We are halfway through phase two of the MnCHOICES phased launch. A big thank you to everyone who has been working hard to practice in MTZ, complete assessments in PROD and provide feedback from your findings. Below is a reminder of what phase two entails.

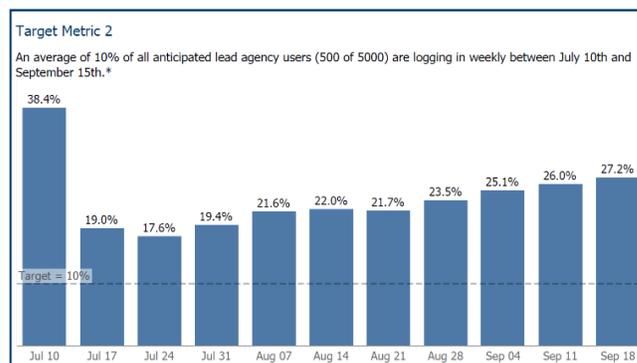


Phase 2 – Oct. 2 to Nov. 30, 2023

Lead agencies should:

- Continue to assign staff members to practice in MTZ.
- Have **up to 30%** of users complete HRAs, assessments and support plans in production environment.
- Allow remaining staff members to continue using legacy systems.

Below are metrics provided from DHS showing the percentage of MnCHOICES usage is increasing across all lead agencies. Overall, participation has been steady and will continue to increase as we move through phase 2! Thank you again to everyone embracing the change!





Free Virtual Conference

This is a **free virtual conference** for health care providers who seek increased knowledge and training on providing quality and dignified care for patients with disabilities. The hope is that this conference will result in decreased health inequities faced by the disability community and improve trust with a community that disproportionately requires complex care.

Agenda:

The half-day virtual event will involve four educational sessions between the medical community and the disability community. The session topics are as follows (subject to change, speakers will be added as they are confirmed):

- Ableism and Disability Bias in Health Care (10AM - 11AM)
- Inclusive Communication (11AM - 12PM)
- Intersectionality (12PM - 1PM)
- Accessibility and Person-Centered Health Care (1PM - 2PM)
- Optional Debrief and After Care Session** (2PM - 3PM)

Date and time: Wednesday, November 29 · 10am - 3pm CS

Location: Online

About this event: 5 hours

Registration: <https://www.eventbrite.com/e/2023-disabled-not-disposable-a-health-equity-conference-tickets-499737587577>

Registration closes: November 27 at 11:59PM

REMINDERS

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.

Coordination Questions?

We want to be a great resource to you when you have care coordination questions! For us to help you, please include as much detail as possible with your question(s): e.g., member name and ID number, date of birth, product, details about the situation and your 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. You can create a secure email account using this [link](#).

UCare Care Coordination Contact Numbers

Please refer to the [Clinical Phone List](#) for Care Coordination 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.