

The logo for Uccare features a dark blue icon on the left, composed of four curved, hook-like shapes arranged in a 2x2 grid. To the right of the icon, the word "Uccare" is written in a white, rounded, sans-serif typeface. A registered trademark symbol (®) is positioned at the end of the word.

Uccare®



UCare
Connect/Connect + Medicare
& MSC+/MSHO

4th Quarterly Meeting

December 12, 2023



Questions welcome!

Welcome!

ucare

Remember to mute your phone and computer microphone and disable your webcam during this presentation.

Mute Disable

mute keypad speaker merge calls swap contacts

Mute Start video Share X Chat

Chat

from Jennifer Redman to all panelists: 12:45 PM
test question

To: All Panelists

Enter chat message here

Q & A

Participants Chat

12:55 PM
9/13/2022

Today's Agenda



Time	Topic	Audience	Presenter
9:00-9:05am	Welcome	All	Clinical Liaisons
9:05-9:45am	Care Coordination Updates	All	Clinical Liaisons
9:45-10:05am	Pharmacy 2024 Readiness Overview	All	Pat Mitsch
10:05-10:20am	2024 D-SNP Supplemental Benefits	All	Rob Burkhardt
10:20-10:35am	Health Promotions 2024 Programs	All	Ashley Bruggman
10:35-10:45am BREAK			
10:45-10:55am	Intensive Community Based Services (ICBS)	All	Malorie Potter
10:55-11:05am	Behavioral Health Home (BHH)	All	Jennie Paradeis
11:05-11:15am	Gaps in Care	All	Jenn Redman
11:15-11:30am	Member Experience Survey (CAHPS)	All	Emily Eckhoff
MSHO Presentations (SNBC Optional)			
11:30-11:45am	HEDIS Overview and Reminders for Care Coordinators (MSHO)	MSHO	Chelsey Doepner



Care Coordination Updates

Presenter: Clinical Liaisons

Care Coordination Meeting Schedule



- UCare Quarterly All Care Coordination Meeting
 - Attendance required for all care coordinators.
- CEU Events
 - Attendance is optional for all.
- Office Hours
 - Attendance is optional for all
 - MSC+/MSHO and Connect/Connect + Medicare will be separate, offered same day at different times.

Registration for all events can be found in the monthly newsletter.



➔ Save the date ←

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+/and MSHO Connect/Connect + Medicare	UCare Quarterly All Care Coordination Meeting	December 12 th , 2023, 9am-12pm March 12 th , 2024, 9am-12pm June 11 th , 2024, 9am-12pm September 10 th , 2024, 9am-12pm December 10 th , 2024, 9am-12pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	2024 topics and dates coming soon!
MSC+/MSHO	Office Hours (optional)	January 23 rd , 2024, 10am-11am April 23 rd , 2024, 10am-11am July 23 rd , 2024, 10am-11am October 22 nd , 2024, 10am-11am
Connect/Connect + Medicare	Office Hours (optional)	January 23 rd , 2024, 11:30am-12:30pm April 23 rd , 2024, 11:30am-12:30pm July 23 rd , 2024, 11:30am-12:30pm October 22 nd , 2024, 11:30am-12:30pm

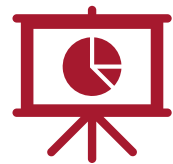
Care Coordination Requirements

All products



Actionable Attempts

- All members receive who are unable to be reached receive four actionable attempts to schedule an Assessment.
- Actionable attempt is defined as something a member can act on.
 - **Actionable:** Message left on known voicemail and a letter mailed to a known address
 - **Not Actionable:** Unanswered call with no voicemail, letter returned to sender
- All actionable attempts made to schedule an HRA for Connect + Medicare and MSHO members must be recorded on the Monthly Activity Log.
 - MSC+ and Connect do not need to record actionable attempts on logs. However, are still required to complete four actionable attempts and document in member record.



CMS Data Validation (Monthly Activity Log)

- As UCare approaches our CMS Data Validation Auditing in January, we need to ensure that all delegates complete their logs accordingly and turn them in timely.
 - MSHO: All Monthly Activity Logs are turned in by the 10th of January for December activities.
 - Connect + Medicare: All Monthly Activity Logs are turned in by the 15th of January for December activities
 - Connect THRA: log all THRA activity – see updated Job Aid
- Please respond promptly to any clarifications UCare may have on activity reporting or missing logs that may be needed. We appreciate your time and promptness.

Care Coordination Requirements

All products

Transfer Health Risk Assessment (THRA)

- The THRA is a tool that can be used in lieu of an assessment in various situations(see table below).
- In all cases where a THRA is used, the care coordinator must receive member transfer documents and is adopting the assessment and support plan as their own.
 - Receiving CC is responsible for using best judgement when determining if a new assessment is needed.
- In all New member and Product Change THRAs, it is required to make an entry in MMIS.
- Without an MMIS/MnCHOICES entry, assessments appear late/invalid from a data perspective.
- Activity Type should be 07 and Activity result is 51 for non-EW members.
 - When entering Activity Type 05/Activity Result 98 in MMIS, this appears to DHS as a late HRA
 - 05/98 **CAN** be used for the THRA of an EW member as withholds work differently for waiver members.

▼ **Assessment Information**

HRA type
Transitional HRA

Transitional HRA type
Product change

HRA method
Face-to-face

THRA is Appropriate	THRA is Not Appropriate
Member transfer MCO to MCO	The last assessment was an unable-to-reach or refusal HRA
Product Change (UC MSC+ to UC MSHO)	SNBC to MSC+ or MSHO
UCare delegate to UCare delegate	The only assessment completed within the past year was a disability waiver assessment and no HRA was completed
Transfer from FFS to MSC+ or MSHO with a valid assessment in the last 365 days	Transfer from FFS without a valid assessment in the last 365 days
65 th birthday assessment that resulted in opening to EW	

Care Coordination Requirements

All products

What's Important to Me? (e.g. living close to my family, visiting friends)

Initial/Annual: Fred is a 56 year old former quarry rock digger who lives in his own home with his wife, Wilma, their daughter, Pebbles and their pet dinosaur, Dino. Fred is close with his neighbor friends, Barney and Betty Rubble. It's especially important to Fred that he is able to return to work, at least part time as this activity gave him great satisfaction and allowed him to socialize more with his cronys.

Update: 9/28/22 SH Fred recently began a new friendship with the Great Gazo. He continues to attend weekly Water Buffalo Lodge meetings with his friend Barney. He's been in contact with his former boss to discuss returning to work options.

<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	Fred will self report seeing a dentist within the next 3 months	Fred is having tooth pain in his upper molar. CC assisted Fred with locating new dentist during visit and scheduled an acute dental appointment for 3.28.22. Fred will follow through on attending his dental visit and additional preventative dental care thereafter.	6/15/22	9/28/22 6 mo update SH Fred completed his acute dental visit in March 2022. He had a cavity which was causing his pain. He also scheduled a 6 month follow up exam. Fred received his electric toothbrush. Goal met	3/22 SH Goal met
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Barriers to meeting my goals: No barriers identified

Initial/Annual: Fred admits he lacks motivation at times to follow through on his medical care. Wilma provides support, reminders and encouragement to overcome this barrier.

Support Plan Reminders

- Care Coordinator credentials
- Every Support Plan is completed fully and reviewed at a minimum of during mid-year time frame.
 - At time of 6-mo/mid-year review, update all applicable areas on the Support Plan (Example of this on CC website).
 - Person centered questions
 - Example: Who I am and what is important to me.
 - Goals
 - Barriers
 - Any additional updates or changes reported by member
- Document Support Plan was shared with waiver CM as applicable.



Changes coming in 2024

- UTR and Refusal Support Plans will be optional for **Connect** and **MSC+** members.
 - Tool remains available
 - Document efforts to complete assessment
- TOC Logs will be optional for **Connect** members mirroring **MSC+** current practice.
 - Tool remains available
 - Continue to reach out to your member post-discharge and document in member record.
 - **NOTE:** TOC audits are coming up for all products (MSC+/MSHO and Connect/Connect + Medicare). Please look for log requests in February 2024. Thank you for your prompt responses in submitting logs/documentation.
- Mid-Year Review
 - Connect/Connect + Medicare will move from 6-month review to “mid-year” review.

Care Coordination Requirements MSC+/MSHO



Effective 1/1/2024, the IHRA will be split into 2 documents:

- **IHRA Assessment**
- **IHRA Support Plan and Signature Page**

The Care Coordinator is required to obtain a signature from the member/representative on the Institutional Support Plan. The Institutional Support Plan is not considered valid unless signed and dated by the member/representative.

- If the signature page is mailed to the member/representative to obtain the signature, document the date of when the signature page was sent and conduct at least one follow up attempt within 2 weeks of the signature page being sent if CC has not received back. Document the date(s) of the follow up.

Care Coordinator must sign the Support Plan signature page and include CC's credentials.

The Institutional Support Plan must be shared within 30 calendar days of the assessment. Day 1 is the date of the assessment.

- Share with applicable ICT members. At minimum, the Support Plan should be shared with:
 - Member and/or representative
 - PCP by fax or EMR (if PCP onsite providing Support Plan to facility is sufficient)

As a reminder, the IHRA is required to be in-person with the member. Be proactive and plan ahead of schedule to ensure timeliness of the assessment in the event of illness of the member/representative and/or CC. All delegates should have a backup plan in place for these situations.

Care Coordination Requirements MSC+/MSHO



All possible attempts to meet with Elderly Waiver members residing in customized living and foster care for their assessment should be made prior to considering the member Unable to Reach (UTR).

Best practice tips to reach member:

- Follow an 11-month assessment schedule to allow time for scheduling, cancellations, no shows, illness
- Develop delegate staffing back-up plan
- Minimum of 4 actionable attempts to reach the member/representative by phone, letter, verified email sent securely
- Contact county financial worker and/or UCare Health Ride for known phone number
- Contact the customized living or foster care facility staff to assist with coordinating assessment
- Show up at the facility member resides
- Reach out to Clinical Liaisons to consult if running into issues with no response from member, representative, and facility staff



Care Coordination Requirements Connect/Connect + Medicare



When to change the Health Status (HS) code on the Monthly Activity Log:

- When an assessment activity (HRA, UTR/Refusal) has been completed.
- At any time during the year, if a previous UTR/Refusal (NR/NI) member has completed an assessment, add the member to the Monthly Activity Log and update the HS code to HP.
 - Example: If a delegate-to-delegate transfer results in changing from UTR/Refusal to an HRA, update the HS code on the Monthly Activity Log.



When to NOT change the Health Status code:

- Delegate-to-delegate transfers, mid-year review or Support Plan updates. The HS code follows the member for the time between assessments even when changing between delegates.
 - Example: If a transferred member was unable to be reached for the THRA, HS code would remain the same because an assessment was completed in the last 365 days.



Revised MnCHOICES Update

[DHS has extended Phase 2](#) of the MnCHOICES revision rolling launch to March 29, 2024. During phase 2 agencies should:

- Continue to assign staff members to practice in the MnCHOICES Training Zone (MTZ).
- Have at least 30% of staff members complete health risk assessments (HRAs), assessments and support plans in the production environment.
- Allow other staff members to continue using legacy systems.

As a reminder, delegates can choose to have more than 30% of their staff members completing MnCHOICES.

The new rolling launch plan allows legacy systems to be utilized through 6/30/2024 and all assessments completed on or after 7/1/2024 must be completed in MnCHOICES.



Reminder

Once a care coordination assessment has been completed in the revised MnCHOICES platform, all care coordination activities must continue in MnCHOICES.



Pharmacy 2024 Readiness Overview

Presenter: Pat Mitsch

PBM Change Information

Navitus PBM* Implementation

Retiring ESI 12/31/2023



What is happening?

UCare is implementing a new Pharmacy Benefit Manager (PBM) on **1/1/2024**.

Navitus Health Solutions will replace Express Scripts as UCare's new PBM.

Who will it impact?



This impacts almost every department at UCare. Any workflow and communication that references ESI will change. New Navitus systems will replace ESI systems.

400+
Processes impacted

What is changing?

- Mail order pharmacy will be Costco
- Medication Therapy Management programs supported by Navitus
- Pharmacy claims adjudication system
- Data integrations
- Navitus systems to replace ESI systems
- Delegate files: inbound and outbound
- Business processes to support new PBM

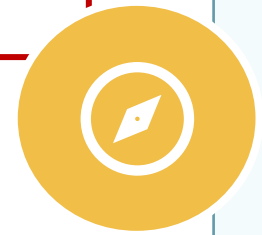
Not Changing

- Grievance and Appeals process
- Support of member and provider calls
- Medical Pharmacy claims in Health Rules
- Clinical Pharmacy and Therapeutics (P&T)



Why are we doing it?

- Reduced drug prices
- Mission-aligned with UCare: Not for profit and members first
- Strong clinical and quality programs
- Nationwide network + Costco mail order
- Same e-tools for providers
- Experience with Government programs



Renewed for 1.01.2024

- Renewed Fairview Specialty Pharmacy partnership
- Renewed CareContinuum as the medical drug delegate



How will we communicate?

- Dr. Tenbit Emiru email announcement sent on 6/15/2023
- Email, Hub posts, CEO videos, town hall meetings
- The [Pharmacy department site](#) on the Hub will stay up to date with internal communications about the implementation



*PBM = Pharmacy Benefits Manager

Navitus Highlights

- 11 million members in 2024
- Implemented 3 clients with 1M+ member
- Over a dozen clients with 100,000+ memk
- \$6+ billion in paid claims annually
- \$1.25B in customer rebates



Founded in 2003
Owned by SSM Health and Costco



NaviClaimRx
claims
adjudication
system



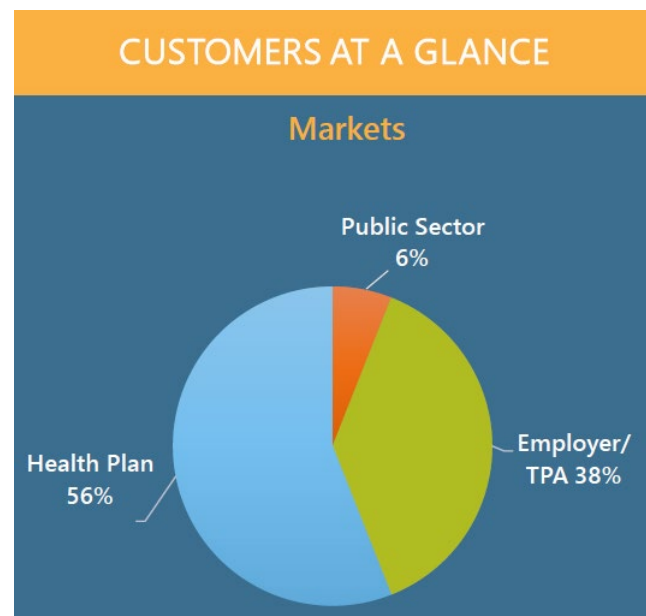
URAC-accredited
PBM and
specialty
pharmacy



4.5 out of 5 Stars
EGWP
Rating by CMS

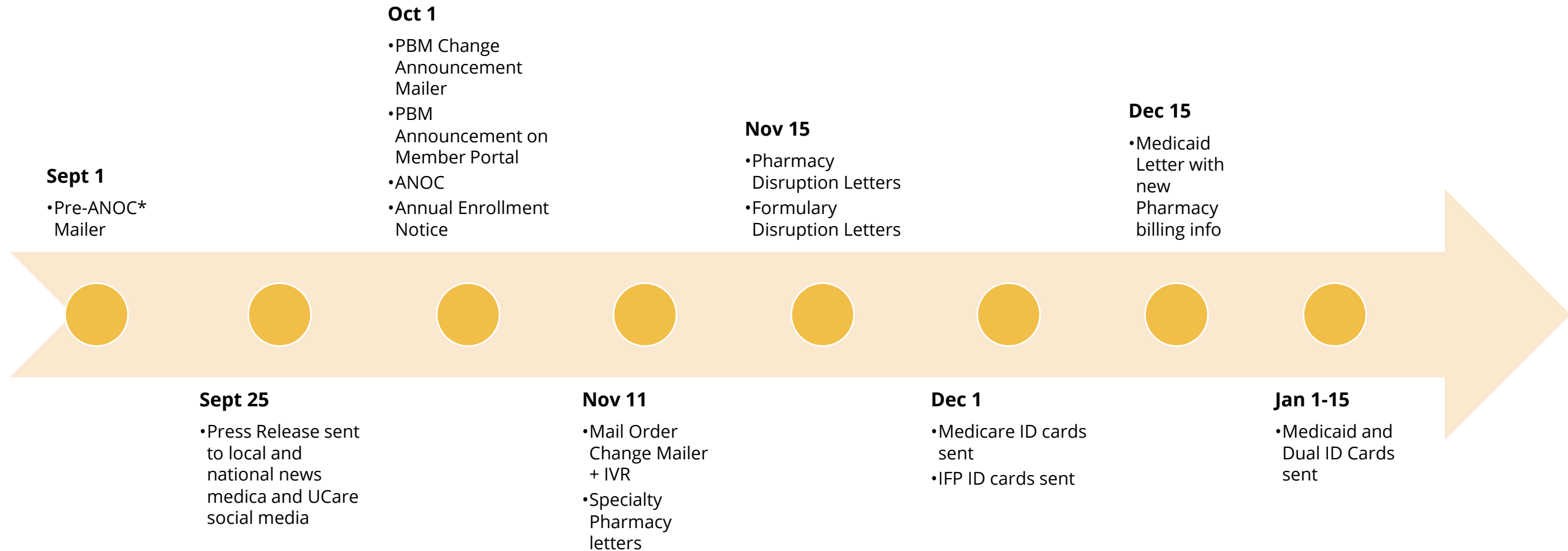


PQA Excellence in
Quality Award
recipient



- Notable Health Plan Clients
 - Hennepin Health
 - Aspirus Commercial
 - Dean Health Plan
 - Moda Health
 - L.A. Care
 - Texas Children’s Health Plan

Communication Timeline to Members



*ANOC- Annual Notification of Change; required for Medicare plans

How will members find out about the change?

- Medicare members will be notified of this change in annual Medicare materials like the ANOC, EOC.
- Medicare, IFP, and Medicaid(used benefit in last 6 months) members will also receive a postcard around October 1 that will give them more information about this change
- UCare will also be launching a website, ucare.org/pbm24 which will give information and responses to FAQs

We're changing our pharmacy benefit manager

On January 1, 2024, we're changing our pharmacy benefit manager (PBM) — the company we use to manage your pharmacy benefits — to Navitus Health Solutions. This change will help you save on your drug costs, provide a better mail order pharmacy experience and give you access to a nationwide network of over 63,000 retail pharmacies. As we move forward with this transition, we want to make sure you're informed and feel supported.

What you need to know about the change



We'll mail you a new UCare member ID card for 2024

Your new card — which we'll mail to you in the coming months — has your updated pharmacy billing information. Bring your new ID card to the pharmacy the first time you fill a prescription in 2024 so they can update your information.



We'll continue to manage the Formulary (List of Covered Drugs)

Most members won't experience drug coverage changes. We'll reach out to you if there are changes that require your attention.



You'll have access to 63,000+ retail pharmacies

Most members will be able to keep their current pharmacy. Visit ucare.org/pbm24 to confirm that your pharmacy will be in our network or find a new pharmacy using our online search tool.



We'll transfer your mail order prescriptions

As of January 1, 2024, Costco Mail Order Pharmacy will be your mail order pharmacy. We'll transfer current eligible mail order prescriptions and reach out to you soon with more information. You don't need to be a Costco member to use this service.

We'll reach out to you if there are changes that require your attention.

Got questions? Visit ucare.org/pbm24 for our convenient FAQs or call the customer service number on the back of your current member ID card. We're here to help.

Thanks for choosing UCare.



Scan this code using the camera on your phone to visit the UCare PBM change webpage.

PBM Change FAQ Page

Design Draft Only

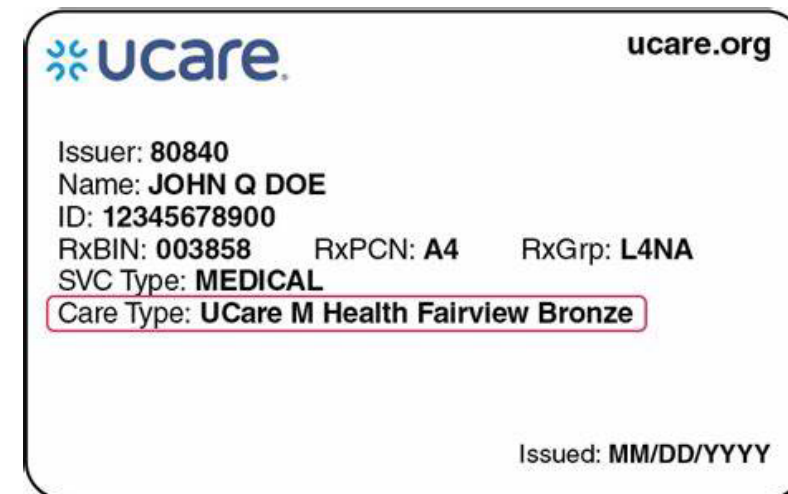
- Live after October 1, 2023
- Includes an FAQ section with information about the change from the member's perspective.
- Will live on UCare.org and will be linked in the Member Hub.

Member ID Card Sticker

- New offering from our print vendor Clarity.
- Sticker will be applied to all Member ID cards sent to returning members in December and early January.
- Marketing is currently working on the design.

Draft Design Only

Your pharmacy billing information is new for 2024. **Please update it with your pharmacy.**



New Mail Order Pharmacy – Costco Mail Order

- Members will need to use Costco Mail Order pharmacy in 2024, Express Scripts will no longer be a mail order option.
- UCare will communicate to impacted members in mid-November to let them know of this change.
- Members will have their prescriptions transferred automatically from Express Scripts to Costco Mail Order (with exceptions for controlled substances and prescription on file that have never been filled)
- Members will need to create a Costco Mail Order account in order for Costco to ship their medications.
- Members do **not** need to have a Costco membership to use Costco Mail Order pharmacy.





2024 Pharmacy Medicare Formulary and Benefit Changes

Pharmacy Benefits at a Glance - 2024

The Part D program is undergoing significant changes over next two years (2024-2025)

Below are major changes proposed for UCare's 2024 Medicare products – more details after June 5 bid submission

- Continue with two formularies in 2024:
 - “value” formulary, for our age-in and PPO growth focused segments
 - “legacy” formulary, for our current members enrolled in HMO-POS products (e.g., UCare Classic)
- Eliminate deductibles and reduce copays on several plans
- Eliminate preferred pharmacy copay distinction – all network pharmacies to offer “preferred” pricing in 2024
 - Improves UCare's competitive position
 - Prepares UCare for future IRA changes (2025)
- Continue to offer discounts through mail order, with potential for Costco cross-brand promotion
- Continue to implement regulatory changes, such as Insulin at a set \$35 copay

2024 Formulary Changes

- **How many members will be impacted by formulary changes?**
 - Approximately 1,500 members will be impacted by some type of negative change such as an increase in the tier level, additional Prior Authorization (PA) or Step Therapy(ST) requirements or product removals. Another 25,000 members will have favorable changes with an extended PA approval duration, PA removal or a lower tier.

Negative Formulary Changes

Drug Name	Change for 2023	Alternatives to consider	Member Impact
Symbicort Inhaler	Formulary Removal	Budesonide-Formoterol(generic for Symbicort)	1250 members
Testosterone Cypionate	Addition of PA	N/A	125 members
<u>Nuplazid</u>	Tier 3 to Tier 4	No lower tier alternatives	15 members

Positive Formulary Changes

Drug Name	Change for 2023	Alternatives to consider	Member Impact
Omeprazole	Tier 2 to Tier 1	N/A	16,000 members
Latanoprost Eye Drops	Tier 2 to Tier 1	N/A	6,000 members
Meclizine tablets	Tier 4 to Tier 2	N/A	1,000 members

Summary of Formulary Changes

- 56/50 proposed formulary removals, 38 with no impact
 - Impacts 1361 members (962 are Symbicort)
 - Most impactful removals: Symbicort (generic added), Mounjaro (PPO only, narrow formulary design), Tamiflu (shortage of generic resolved), Mitigare (cover generic cochlincine tabs)
- 6/3 additions, 62 members getting these as NF exceptions
- 38/35 unique drugs will experience a positive tier change
 - Impacts 25,053 members
 - omeprazole to tier 1 for legacy (16,795)

Summary of Formulary Changes

- 4/37 unique drugs will experience a negative tier change, many with no impact
 - Impacts 39 members
 - Most impactful changes include Nuplazid, Oxervate
- ~150-200 unique prior authorization groups being updated in alignment with Navitus standard
 - Generally, minimal changes compared to current criteria
 - PAs are typically approved for 1 year.
 - Minimal off-label indications are listed but can be approved for off-label indications on initial determinations depending on compendia support.

Summary of Formulary Changes

- 11 new PAs are being implemented
 - Affects 32 members (24 are type 2 PAs, which will not result in member impact)
 - Most impactful: Uceris, Fycompa
- 12 PAs are being removed
 - Affects 2299 members
 - Most impactful: topiramate/zonisamide, pimecrolimus/tacrolimus, memantine

Summary of Formulary Changes

- 335 QL removals
 - Biggest impact: statins, generic diabetes drugs, PPIs
- 243 QL additions
 - Biggest impact: Steroid topicals, eye drops
- 271 QL updates
 - Biggest impact: fewer type 2 QLs, Navitus more generous
 - QL2 = 60 tablets over the past 60 days + refill too soon logic
 - QL1 = 60 tablets per 60 days or per fill + refill too soon logic
 - Should result in significantly fewer QL rejections

2024 Part D Benefits

Plan	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Deductible	Tier Exclusion
Classic	\$0	\$7	\$35	\$100	33%	N/A	N/A
Complete	\$0	\$10	\$47	\$100	29%	\$235	Tiers 1,2
Essentials Rx	\$0	\$10	\$47	\$100	28%	\$295	Tiers 1,2
Standard	\$0	\$10	\$47	\$100	25%	\$480	Tier 1
Aware	\$0	\$10	\$47	\$100	28%	\$295	Tier 1
Advocate Choice	\$3	\$15	\$47	\$100	31%	\$125	Tiers 1,2
Advocate Plus	\$2	\$12	\$47	\$100	33%	N/A	N/A
Your Choice	\$0	\$12	\$47	\$100	33%	N/A	N/A
Your Choice Plus	\$0	\$10	\$47	\$100	33%	N/A	N/A
Care Core	\$0	\$15	\$47	\$100	28%	\$295	Tiers, 1,2
Care Wise	\$0	\$15	\$47	\$100	25%	\$480	Tier 1
EssentiaCare Secure	\$0	\$10	\$47	\$100	28%	\$295	Tiers 1,2
EssentiaCare Grand	\$0	\$10	\$47	\$100	33%	N/A	N/A
EssentiaCare Access	\$0	\$10	\$47	\$100	28%	\$345	Tier 1

2024 Part D Benefit Updates

- No preferred pharmacy network, all network pharmacies have “preferred copays”
- Tier 4 is now a copay(\$100/month) in 2024 for all plans, was previously coinsurance in 2023
- 3 months(extended day supply) for 2 copays at mail order only applies to Tiers 1-3
- 3 months (extended day supply) benefit is up 100 days in 2024 (was 90 days in 2023)
- Specialty tier day supply is now limited to 30 days per fill

Inflation Reduction Act Changes

- 2023 Benefits Still in Effect
- \$35 monthly copay cap for Part B and Part D insulin
- Part D vaccines at \$0
 - Includes RSV(60+), Shingrix, TdAP
- 2024 Benefits Being Implemented
- \$0 cost share in the Catastrophic phase of the Part D benefit
- Reclassification of LIS 4 members. LIS 4 members will have same Part D benefits as LIS 1 members

2024 Medicare Pharmacy Network Updates

Medicare Network Disruption

- UCare Medicare plans will utilize Navitus Broad National Network
 - 63,000+ pharmacies
- National Chains
 - CVS, Walgreen's, Wal-Mart
- Grocery Stores
 - Cub Foods, Hy-vee, Coborn's, Cash Wise
- Health System Pharmacies
 - Essentia, Allina, Fairview, Mayo, HCMC

Pharmacy Name	Unique Member Count
EXPRESS SCRIPTS	15513
MAYO CLINIC PHARMACY	206
LongBella Drug Inc	116
LongBella Drug Clinic	103
ALLINA HEALTH HOME INFUSION TH	42
TAREEN DERMATOLOGY	42
MINNESOTA UROLOGY	38
CAREMARK	31
MATTSON PHARMACY	29
SEIP DRUG #13	25
CVS CAREMARK SPECIALTY PHCY	23
RANDY'S FAMILY DRUG	20
BOYNTON PHARMACY	16
EAST SIDE FAMILY CLINIC PHCY	16

*Navitus is actively reaching out to these pharmacies to attempt to contract

2024 MSHO/C+M Pharmacy Network Updates

- UCare Medicare plans will utilize Navitus Broad National Network
 - 63,000+ pharmacies
- National Chains
 - CVS, Walgreen's, Wal-Mart
- Grocery Stores
 - Cub Foods, Hy-vee, Coborn's, Cash Wise
- Health System Pharmacies
 - Essentia, Allina, Fairview, Mayo, HCMC

MSHO/C+M Network Disruption

Pharmacy Name	Unique Member Count
EXPRESS SCRIPTS	729
MAYO CLINIC PHARMACY	126
EAST SIDE FAMILY CLINIC PHCY	50
LONGBELLA DRUG INC	43
SELECTRX	42
SEIP DRUG #13	35
MATTSON PHARMACY	34
LONGBELLA DRUG CLINIC	32
RX EXPRESS	25
CAREMARK	23
FAMILY HEALTHCARE PHCY NDSU	11
ORSINI PHARMACEUTICAL SERVICES	10
ALLINA HEALTH HOME INFUSION TH	10

*Navitus is actively reaching out to these pharmacies to attempt to contract



2024 Medicaid Pharmacy Formulary and Benefit Changes

2024 Medicaid Pharmacy Benefits Summary

- Copay updates
 - Medical assistance plans(PMAP, MSC+, Connect) now have \$0 cost share for all benefits
 - MinnesotaCare copays are updated for 2024 (\$10 generic drug copay, \$25 brand drug copay)
- Day supply updates
 - 90-day supply updates
 - UCare will use Navitus extended day supply lists to drive 90-day supply benefit, this may mean some members will only be allowed to fill 30 days
 - Birth control is now covered for up to 365 days at a time due to new legislation going into effect 1/1/2024

2024 Medicaid Pharmacy Network Updates

- UCare Medicaid plans will utilize Navitus Broad National Network
 - 63,000+ pharmacies
- National Chains
 - CVS, Walgreen's, Wal-Mart
- Grocery Stores
 - Cub Foods, Hy-vee, Coborn's, Cash Wise
- Health System Pharmacies
 - Essentia, Allina, Fairview, Mayo, HCCM
- *Medicaid members will have access to mail order in 2024
- *Effective 7/1/2024, to remain in network, pharmacies must be enrolled with DHS as a provider

Medicaid Network Disruption

Pharmacy Name	Unique Member Count
MAYO CLINIC PHARMACY	673
SEIP DRUG	289
SEIP PRESCRIPTION SHOPPE	230
PROPEL PHARMACY	224
COBORN'S PHCY SERVICES #1702	117
TAREEN DERMATOLOGY	105
RX EXPRESS	87
SMARTSCRIPTS	84
TRUEPILL NY LLC	81
FAMILY HEALTHCARE PHCY NDSU	36
MEDCURE PHARMACY	35
SEIP DRUG #13	34
RIVER CITY PHARMACY LLC	26

*Navitus is actively reaching out to these pharmacies to attempt to contract

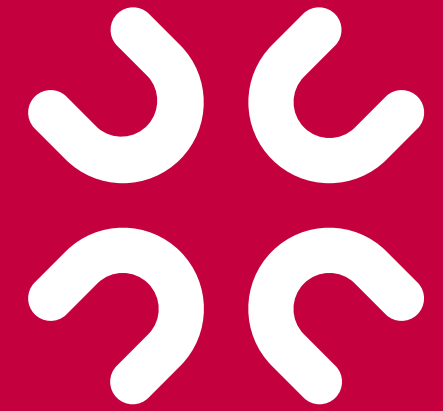


Mail Order Change for 2024

- Existing Express Scripts Mail Order members will have their prescriptions with refills transferred to Costco Mail Order on January 1, 2024
 - Prescriptions with no refills, controlled substances, or prescriptions on file that have never been filled will not transfer
- UCare will notify impacted members via mail, phone, and e-mail heading into new year
- UCare members will need to create account with Costco Mail Order prior to receiving prescriptions from Costco Mail Order
- UCare members do **NOT** need to be Costco members to utilize Costco Mail Order

Resources for UCare Departments

- Pharmacyintake@ucare.org for assistance
- Pharmacy Department Page for PBM implementation FAQs
- UCare PBM Change Website
- Medicare Drug Calculator
 - Updated with Navitus network files, pricing, and formulary files



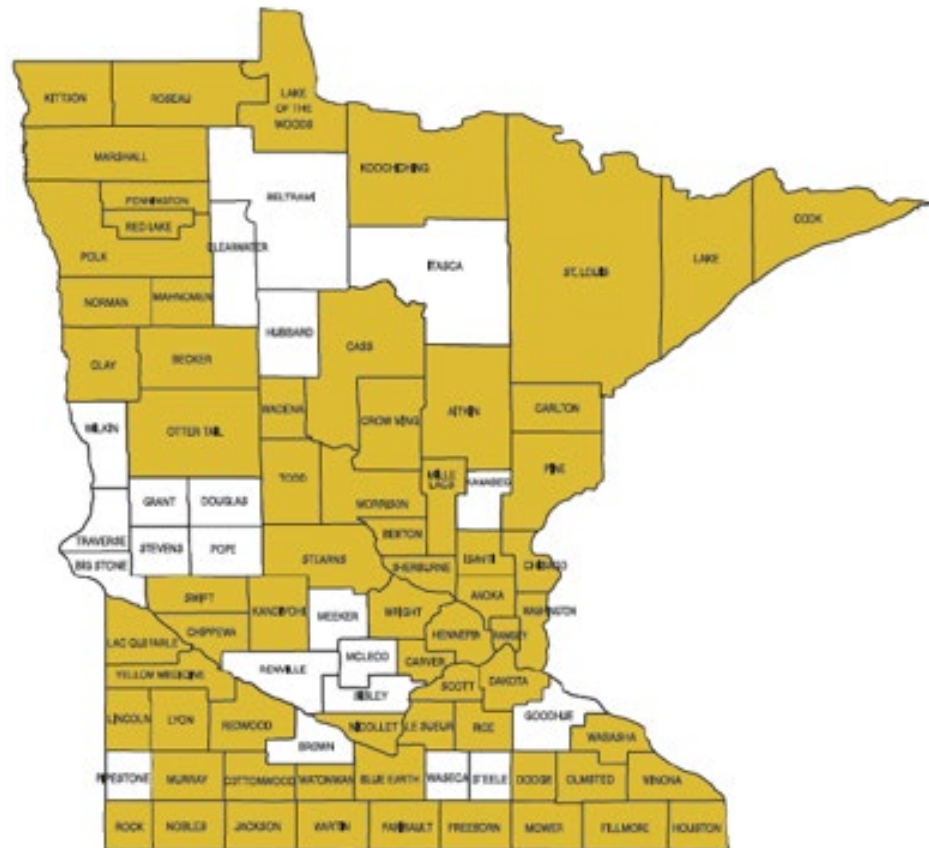
2024 D-SNP Supplemental Benefits

Presenter: Rob Burkhard

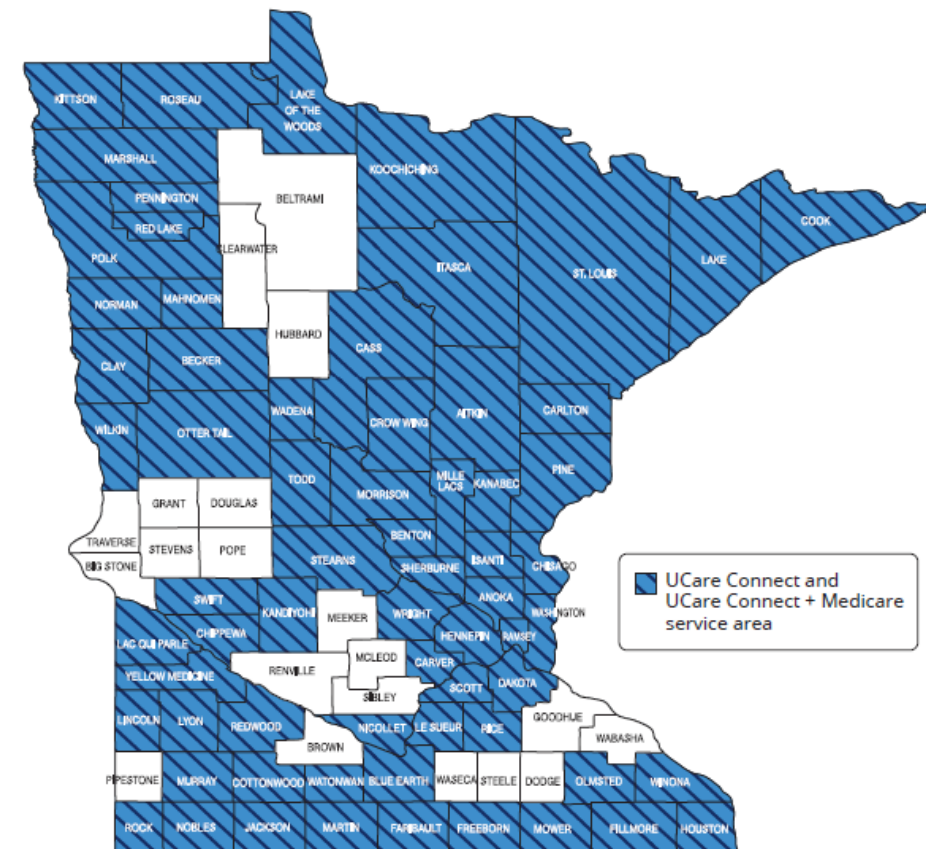
2024 MSHO/MS C+ & SNBC Service Areas

- No change from 2023

MSHO and MSC+



UCare Connect (SNBC) and UCare Connect + Medicare (HMO D-SNP)



D-SNP: MSHO, Connect + Medicare

- Most 2023 supplemental benefits continue for 2024 – removals listed in following slide
- Significant Medicaid benefit changes for 2024
- Eligibility renewal support – Transportation to county / tribe / MNSure office and MNSure Navigator agencies

New Supplemental Benefits

Benefit	Product	Vendor	Auth
Nutritional Food Allowance rides – 1 ride / week to Healthy Savings locations for mbrs w/ nutritional food allowance (same conditions as food allowance (different by product)	MSHO Connect +	UCare	Yes
OTC allowance - \$60/quarter , SNP relevant items in <u>addition</u> to rich formulary OTC -- (CVS)	MSHO Connect+	CVS*	No
Utilities Allowances - \$50 / mo (hypertension, diabetes, CHF, IHD)	MSHO	Healthy Savings*	No
Pain Mgmt - Acupuncture: Up to 12 additional visits /yr for acute low back pain	MSHO Connect +	UCare	No
Pain Mgmt – Routine chiropractic - Up to 12 additional visits / year for musculoskeletal conditions (includes exams, extremity adjustments)	MSHO Connect +	Fulcrum	No
Pain Mgmt - Therapeutic massage therapy - Up to 6 (60-minutes each) visits/yr (lower back pain, fibromyalgia, joint pain, arthritis, headaches, tendinitis)	MSHO Connect +	Fulcrum	No

Supplemental Benefits **Enhancements**

Benefit	Product	Claims / Vendor	Auth required?
Bath & Home Safety Allowance \$750/yr – expanded items - bath (toilet bars) bedroom safety items, home safety (rails, bars)	MSHO	UCare network DME	Yes
Reemo activity tracker - add for Connect +	Connect + (MSHO already has)	Reemo*	No
Reemo Blood Pressure monitor – members with hypertension only	Connect + (MSHO already has)	Reemo*	Diagnosis confirmation needed
Caregiver Support – Up to 12 visits/year, removed condition-specificity – all members eligible	MSHO	M Health Fairview	No

Supplemental Benefits Removals

Benefit	Product	Vendor	Rationale
Dental - Root planning and scaling, tissue conditioning for dentures, others continue	MSHO, Connect +	Delta	DHS coverage expansion
WW(fka Weight Watchers) vouchers - 13 weeks access to vouchers for local (and virtual) WW weight management and wellness workshops and online apps	MSHO, Connect +	WW*	Many in-person workshops closed, WW approaches
Personal Protective Equipment kit: Reusable mask, N95 mask, hand sanitizer, sanitizing wipes (1 kit / year)	MSHO, (Connect +)	UCare*	Items will be available under OTC
Respite - Up to 8 hrs/month additional respite for members with dementia living in community	MSHO	UCare	Lack of availability / demand
Individualized Home Supports with training (IHS) - - 4 hours / month up to 6 months of Individualized Home Supports with training (IHS), for members enrolled in Elderly Waiver with Instrumental Activities of Daily Living (IADL) dependencies indicated in care plan.	MSHO	UCare	Minimal utilization, accessibility of service
72/hours / year companion services	MSHO	ACCRA*	Benefit termed (<i>note: post-discharge companion/ CHW continues</i>)

Medicaid Benefit Changes

- Per 2024 DHS Contract (final language TBD)

Cost Sharing

- All Medical Assistance cost-sharing removed – both copays and deductibles
 - Effective 1/1/24
 - MnCare cost-sharing remains
- Pharmacy Cost Sharing
 - No cost sharing for Medical Assistance drugs
 - Part D copays continue for those who pay copays
 - Prohibiting cost-sharing for certain drugs and supplies

New MHCP Medical Benefits

Additional detail still under development by DHS – look to DHS contracts for final language.

- Dental Benefits: medically necessary services now covered for non-pregnant adults (federal approval needed)
- Gender Confirmation Surgery
- Coverage of Biomarkers (medical not pharmacy benefit) (federal approval needed)
- Seizure detection devices and monitoring
- Payment of long-acting contraceptives during inpatient hospitalization for childbirth
- Rare Disease Coverage
- Recuperative Care
- Tobacco and Nicotine services and drugs
 - legislation moves this to state rather than federal authority

MHCP Benefit Changes

- **Benefit Changes**

- Numerous changes to children and adult mental health services and SUD including:
 - More benefits coming for Children's Intensive Behavioral Health (formerly Intensive treatment in foster care)
 - Children's Mental Health Crisis Response Services
 - Children's Residential Crisis Stabilization Services – effective 1/1/23 but still no federal approval.
 - Changes to Housing Supportive Services (HSS)

- **Transportation Services**

- Medical transportation services must be provided for all State plan services, all services covered under state law, including for services carved out of this contract and paid by FFS. (not waiver)
- All MHCP plans: Effective Aug. 1, 2023, UCare covers rides to MNsure Navigator Organizations and county or tribal agencies within 90 days of the member's renewal date.

In Lieu of Services (ILOS)

- DHS is allowing plans to add specific In Lieu Of Services (ILOS) - non-covered services UCare can cover to help a member avoid more intensive care (covered by Medicaid) specifically related to supporting social determinants of health. Example: covering food for a diabetic member to avoid an ER visit.
- UCare was approved to provide a specific roster of waiver benefits to MSC+ and MSHO members not eligible for a waiver **if** this coverage will avoid a more expensive covered benefit (SNF, inpatient, etc.) – **implementation is in process**
- Homemaker
- Chore
- Individual Community Living Supports (ICLS)
- Night Supervision
- Respite (out of home)
- Specialized Equipment & Supplies
- Caregiver Counseling

Feedback!

- What feedback do you have to offer on the new or continuing supplemental benefits?
- Is there a benefit that you would like UCare to cover for MSHO and / or Connect + Medicare? (MSC+, Connect?)
- Are you having any issues accessing supplemental benefits for your members?
- Is there a better way that UCare can communicate these benefits to you / members?

More Resources

- Clinical Liaison team will distribute summaries of 2024 supplemental benefits with information on qualifying products and how to access
- Many of the supplemental benefits (and rewards) can be found by following the Health & Wellness link at ucare.org
- Please provide feedback to the team throughout the year about things that work / don't work about the benefits we are offering – we try to design and adjust to ensure that benefits support you and the members
 - Quarterly meetings
 - Feedback to liaison team

More information:

Member Brochures

UCare Connect + Medicare offers more benefits
 UCare Connect + Medicare (SNBC) (HMO D-SNP) and UCare Connect (SNBC)

Additional benefits to improve your health		UCare Connect + Medicare	UCare Connect
Key perks	No premiums* or deductibles	✓	✓
	Transportation at no added cost to medical, dental and pharmacy appointments	✓	✓
	Keep Your Coverage team to help members with Medicaid (Medical Assistance) renewal paperwork.	✓	✓
	One member ID card for Medicaid, Medicare and prescription drugs	✓	—
	Part D prescription drug coverage	✓	—
	Earn rewards for completing certain preventive screenings, tests or exams	✓	✓
New in 2024	\$60 quarterly over-the-counter (OTC) allowance through CVS to purchase eligible OTC items including surgical masks, vitamins, allergy medications, first aid supplies, toothpaste and more!	✓	—
	Activity tracker plus Personal Emergency Response System (PERS) device with 24/7 call-for-help, step and heart rate tracking and built-in GPS.	✓	—
	Blood pressure monitor for members with a hypertension diagnosis who use the activity tracker plus PERS device	✓	—
	Six therapeutic massage visits per year, for qualifying members with chronic pain	✓	—
	12 routine chiropractic visits per year, including additional exams and extremity adjustments for members with musculoskeletal disorders	✓	—
	Acupuncture for low back pain — up to 12 additional visits per year	✓	—

*You must continue to pay your Medicare Part B premium unless it is paid by the state.

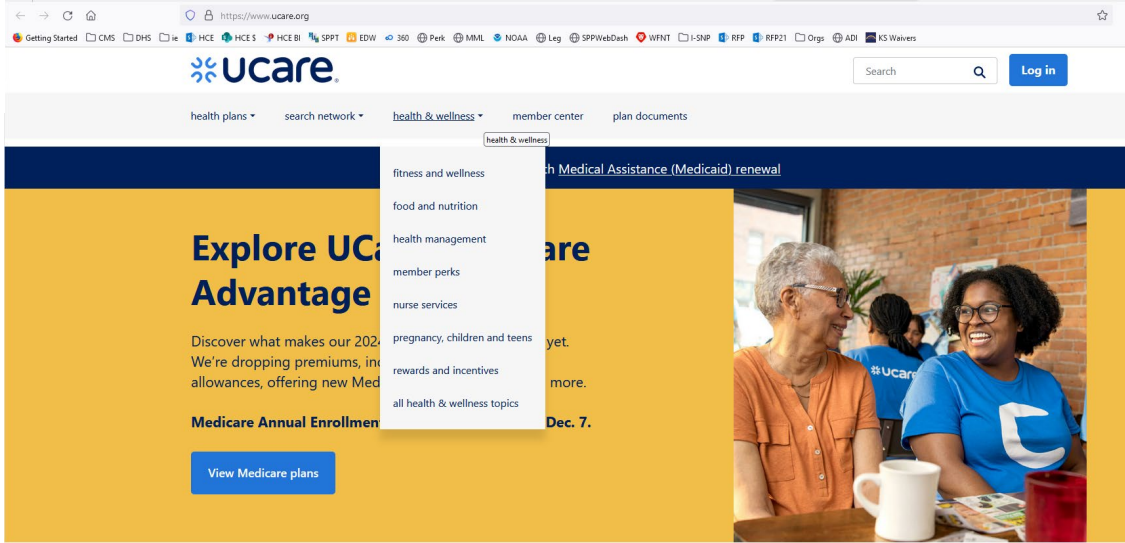
Care Coordinator Summary

UCare MSC + / MSHO 2024 Additional / Supplemental Benefit Summary

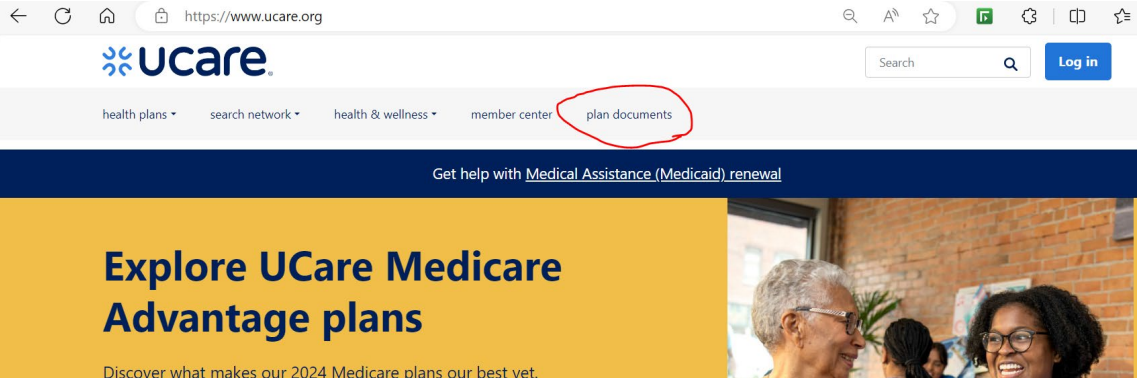
(Highlighted = NEW in 2024)
 Information on each benefit including instructions on how to obtain: [Benefits, Perks, Resources](#)

Benefit Details	MSHO	MSC+	Eligibility / How to obtain Member / Care Coordinator
Grocery Discounts Healthy Benefits+ Visa card	✓	✓	Qualifying Conditions: No. Available to all MSHO and MSC+ members. MSHO members who are eligible for the Healthy Food Allowance benefit will receive a UCare Healthy Benefits+ Visa® card during the first month of their plan. All other MSC+ and MSHO members will need to request a UCare Healthy Benefits+ Visa® card by calling 1-833-862-8276 Care Coordinators: May request a UCare Healthy Benefits+ Visa® card by calling 1-833-862-8276 Members will need to register and activate the UCare Healthy Benefits+

ucare.org> Health & Wellness



ucare.org> plan documents (member materials)



MSHO Supplemental Benefits Continuing in 2024

- **GrandPad** – tablet for members with depression
- **OnePass - Health club membership**, fitness kits, videos, brain training
- **Nutritious Food Allowance** - \$60/mo for members with hypertension, diabetes, CHF and IHF
- **Dental:**
 - Crowns – two per year, any tooth
 - Crown repair
 - One electric toothbrush /three years, two replacement heads/year

DHS adult dental will expand in 2024
- **Kits:**
 - **Strong & Stable** - 1 kit/year
 - **Stress & Anxiety** – 1 kit/ year
 - **Memory Support** – 1/year **animatronic animals / dolls**, other products for members with dementia
- **Routine foot care** - one routine foot care visit
- **Eyewear Upgrades**
 - Anti-glare lens coating 1/year (two lenses), lens tinting 1/ year (two lenses), progressive lenses 1/year (two lenses)-*available exclusively through EyeKraft*
- **Readmission prevention:**
 - **Medication reconciliation** - post-discharge medication reconciliation in pharmacy
 - **Meals** - Two meals a day for up to four weeks following discharge.
 - **Healthy Transitions** – four CHW sessions following discharge
- **Transportation**
 - **One Pass Fitness** centers - up to three rides per week
 - **AA/NA meetings** – members with SUD – CC requests
- **Lifeline/PERS (non-EW)** - Personal Emergency Response System for members not eligible for Medicaid PERS coverage through Elderly Waiver.
- **Eyewear** - Anti-glare lens coating, lens tinting, progressive lenses (1/year)
- **Bath & Home safety items** - Up to **\$750** / year for bath safety and home safety items.
- **Caregiver training / support** - MHealth Fairview caregiver support for members (all members qualify)
- **Reemo Health Smartwatch** - one watch / 2 years (Health Promotion will administer)
- **Juniper** evidence-based health education classes

Connect + Medicare Supplemental Benefits Continuing in 2024

- **Healthy food allowance**, **\$50** / month nutritional food allowance for members with diabetes, hypertension and lipid disorders
- **OnePass** - Health club membership, fitness kits, videos, brain training
- **Transportation**
 - **One Pass fitness locations** – 3 round trip rides per week
 - **AA/NA meetings:** Max 7 rides / week for members with SUD (CC requests)
- **Dental:**
 - Crowns – two per year, any tooth
 - Crown repair
 - One electric toothbrush /three years, two replacement heads/year

DHS adult dental will expand in 2024
- **Post-discharge Rx reconciliation** - post-discharge medication reconciliation by pharmacist
- **Eyewear Upgrades** - Anti-glare lens coating, photochromic tinting, progressive lenses (1/year (two lenses) for each – *exclusively through Eyekraft*
- **Routine foot care** - one routine foot care visit per month not related to a specific diagnosis already covered by Medicare
- **Connect to Wellness Kits – 1/year:** options include: fitness, sleep aid, stress reduction, smart home device, weighted blanket*



Health Promotion 2024 Programs

Presenter: Ashley Bruggman

Health and Wellness for members

- Prevention focused – keeping members healthy
- Supplemental benefit support – all products
- Member focused

2024 Programs

- Car Seat program
- Community Education
- CVS OTC
- Food Access
- Healthy Benefits+
 - Grocery Discounts
 - Food Allowance
- LSS Community Companion Post Discharge
- Mobile Dental Clinic
- MOMS Program
- One Pass
- Juniper Classes
- Reemo
 - Smart watch activity tracker
 - Blood pressure monitor
- Rewards & Incentives
- Tobacco/Nicotine Cessation
- Wellness Kits
 - Adult Dental Kit
 - Connect to Wellness Kit
 - Medication Toolkit
 - Memory Support Kit
 - Stress & Anxiety Kit
 - Strong & Stable Kit

2024 New Offerings + Program Adjustments

Reemo

Activity Tracker plus PERS device and optional Blood Pressure Monitor

Reemo Activity Tracker + Blood Pressure

Eligible: MSHO, Connect + Medicare

- MSHO and Connect + Medicare members are eligible for the activity tracker plus personal emergency response system (PERS) watch through care coordination referral. No authorization is needed.
- MSHO and Connect + Medicare members with hypertension who already use the activity tracker plus Personal Emergency Response System (PERS) device are eligible for a blood pressure monitor with a diagnosis of hypertension on file with UCare.
- Blood pressure monitor syncs with activity tracker to capture results supporting self-management and condition awareness
- Available through care coordination referral. No authorization for either the activity tracker or blood pressure monitor is needed.



CVS OTC

MSHO & Connect + Medicare

OTC through CVS

- **Products:** MSHO and Connect + Medicare
- **Dollar Amount:** \$60/quarter (both products). Use or lose; dollars expire
- **How members shop:**
 - A catalog of eligible items will be sent to the members. Catalog orders placed online or over the phone. Catalog will be available to CS to view.
 - <https://www.cvs.com/benefits>
 - M – F 8 AM – 7 PM CST 1-888-628-2770 (TTY: 711)
 - No in-store experience
 - No physical OTC card. Dollars are **not** loaded to their Benefit Reward Card

OTC through CVS

Product Categories

- Acne
- Adult Care
- Allergy
- Cold Remedies
- Deodorant
- Digestive Health
- Eye & Ear Care
- Facial Care
- Feminine Care
- First Aid
- Foot Care
- Hair Care
- Hand & Body
- Home Health Care
- Household
- Nicotine Replacement
- Oral Hygiene
- Pain Relievers
- Reading Glasses
- Shaving Needs
- Sun care
- Vitamins

OTC
Health Solutions

ucare.

2024 Over-the-counter (OTC) Item Catalog



Healthy Benefits+ Visa Card

Replacing the UCare Rewards Benefit Mastercard and the Healthy Savings card

Healthy Benefits+ Visa Card

- **1/1/2024 all products will transition** from having the UCare Rewards Benefit Mastercard and the Healthy Savings Card to having all allowances and reward dollars on one Healthy Benefits+ Visa Card
- **The card is reloadable** - do not throw the card away
- **The card can be used anywhere a Visa debit card is accepted**
 - This card can't be used for cash or any cash equivalent
 - This card will not work at liquor, firearm and tobacco/vaping retailers
 - Other limits may apply (no Target or Amazon purchases)
 - Walmart is back in under their S3, UPC level network
- **How do members receive a card**
 - All members with an allowance will automatically be issued a card
 - Members without an allowance will be issue a card upon earning a reward
 - Members who only have the Grocery Discount program and have not earned a reward will only be issued a card upon request



Healthy Benefits+ Visa Card

- Allowances
 - Food Allowance (monthly)
 - Utilities Allowance (monthly) **NEW!**
- Rewards
- Grocery Discount Program

healthy benefits+

PO Box 52
Minneapolis, MN 55440-9682

Important Plan Information

<<Firstname Lastname
Address 1
Address 2
City, State, Zip>>

Activate your card to start spending

Your UCare Healthy Benefits+ Visa® card is here. When your 2024 coverage begins, you'll get:

<<\$XXX>>
twice a year on over-the-counter (OTC) items

<<\$XXX>>
annually on prescription eyewear expenses

weekly discounts on groceries

Coming to your mailbox soon.
Keep an eye out for your 2024
OTC catalog.

If prompted, your PIN is the last
4 digits of your card number.

Your allowance will automatically load onto your card. Your OTC allowance expires on June 30 and December 31. Your prescription eyewear allowance expires on December 31. Allowances expire upon termination of your plan.



The easiest way to activate your card



Scan the QR code to
download Healthy
Benefits+™ mobile app.

You can also activate your card at
HealthyBenefitsPlus.com/UCare or by
calling 1-855-256-4620 (TTY 711).

Shopping instructions on the back

UCR2001

Utilities Allowance (New!)

- For MSHO members with CHF, IHD, diabetes, hypertension
- \$50 monthly allowance that expires at the end of each month
- Can use to pay utility bills such as
 - Gas/electric/fuel oil
 - Water/sanitary/sewer
 - Internet & telecommunications
 - Government services/municipalities
- Ways to pay bills
 - Online at healthybenefitsplus.com/ucare through bill payer tool
 - Over the phone by calling Healthy Benefits+
 - Over the phone or online directly through their utility provider

Healthy Benefits+ Visa Card

Plan	OTC Allowance	Food Allowance	Rewards	Grocery Discount	Eyewear Allowance	Combined Flexible Benefit Allowance (D/V/H)	Utilities Allowance	Transportation Allowance
UCare Medicare	\$75		X	X	\$100-\$200			
UCare Medicare w/MHFVNM	\$75		X	X	\$100			
EssentiaCare	\$75		X	X	\$100-\$200			
Aspirus	\$75-\$125		X	X	\$175-250			
ISNP	\$75			X	\$200-\$225			\$500
Medicare PPO	\$75		X	X		\$1,200-\$2,000		
EC Access plan	\$75		X	X		\$900		
MSHO		\$60*	X	X			\$50*	
Connect + Medicare		\$50*	X	X				
Connect			X	X				
PMap			X	X				
MNCare			X	X				
MSC+			X	X				
IFP			X	X				

*With eligible chronic condition

Yellow= semi-annual allowance. Expires June 30 and December 31

Blue= monthly allowance. Expires at the end of each month

Red= annual allowance. Expires at the end of each calendar year

Continued Programs

2024

Community Education

Eligible: All UCare plans, except Aspirus/I-SNP

- Up to a \$15 discount on most community education classes
 - **PMAP/MNCare (and all other SPP):** Unlimited discounts per calendar year (one discount per class enrollment)
 - **Medicare, EssentiaCare and IFP:** 3 discount per calendar year
- Check a local community education catalog or contact the local school district for class times and locations
- Show UCare member ID card when enrolling in a class

MOMS: Management of Maternity Services

Eligible: Connect, Connect + Medicare

Overview

- MOMS Handbook
- Caring for Your Baby guide
- SEATS Car Seat Program



SEATS Program (car seats)

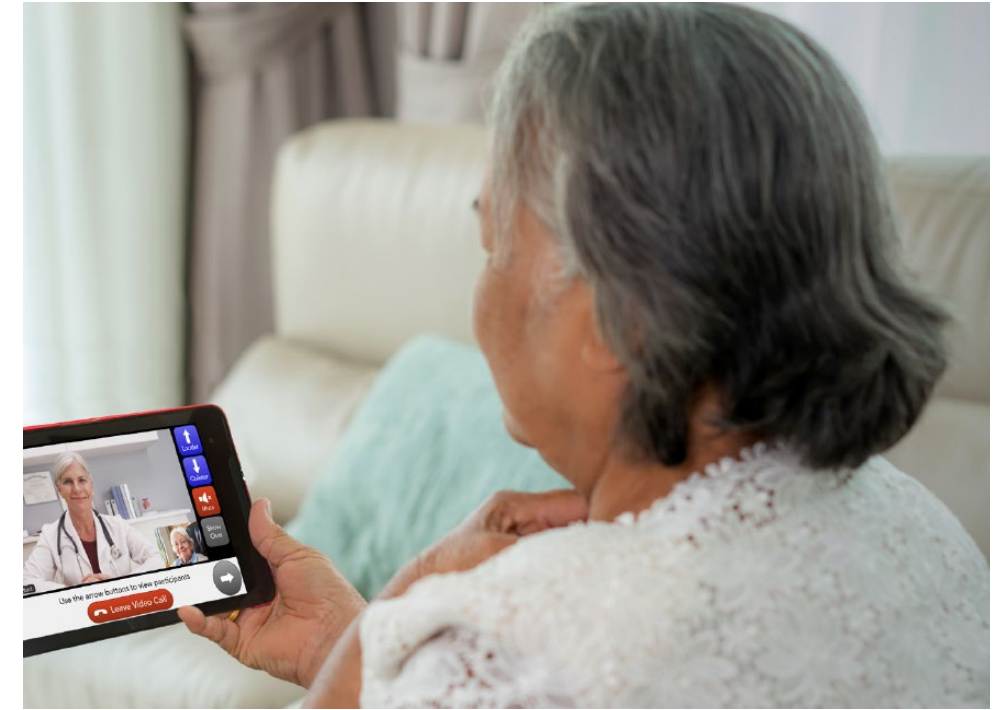
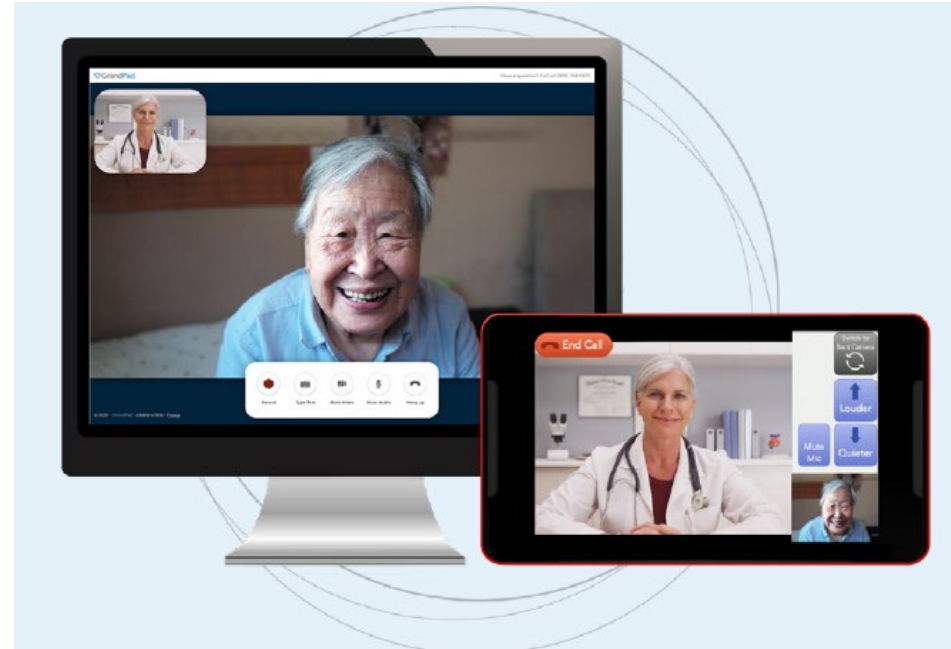
Eligible: Connect, Connect + Medicare

- Eligible:
 - Pregnant (1 seat per year)
 - Child under age 8 (1 seat per 3 years)
- Free car seat
- Car seat education required by a UCare SEATS Partner before receiving a seat.
- **See Customer Service SEATS page for Car Seat Partners List**
- IFP – Everyday Miracles for ALL members



GrandPad

Eligible: MSHO



A tablet designed for seniors offered to MSHO members that have a depression diagnosis.

GrandPad is a full-service solution that reduces the devastating impact of social isolation on the health and well-being of older adults. The customizable platform of GrandPad allows healthcare companies to keep patients and families engaged, and to improve clinical workflows and outcomes.

Available through care coordination

Key GrandPad Features for the User:

- ✔ Super-simple interface (for any age / ability)
- ✔ Keep in contact w/ loved ones (help prevent loneliness)
- ✔ Remote setup: customize from website and app anywhere
- ✔ Personalized support 24/7, just one button away
- ✔ Ideal for those who'd struggle w/ iPhones / iPads etc.
- ✔ No need for WiFi (cloud based, 4G LTE internet included)
- ✔ Take photos & videos – easily share with friends & family
- ✔ Video calls (one-to-one and multi-party connections)
- ✔ Phone calls (speak to loved ones anytime, anywhere)
- ✔ Music streaming with easy-listen playlists, ad-free
- ✔ A personal email (can restrict senders, no junk / no scams)
- ✔ Web browser: restricted to family-selected sites or with full access
- ✔ 18 games (inc. Bingo, card, word & number puzzles), ad-free
- ✔ Picture gallery w/ slideshow mode
- ✔ Stay up to date w/ curated news & articles
- ✔ Global weather (shows weather / time of contacts locations)
- ✔ Search the internet, encyclopedia or dictionary with ease
- ✔ Useful tools like a calculator, flashlight, magnifying glass
- ✔ Cable-free charging cradle, ideal for arthritic hands
- ✔ No on/off button, case wakes up and sleeps device
- ✔ Folding case, quality stylus pen, and 1 screen cleaning cloth
- ✔ Magnet with customer support contact info



GrandPad comes complete with everything needed for patients to connect with caregivers, family, and more, and the service to support it.

Juniper Classes (Supplemental Benefit)

Eligible: MSHO



- Evidence-based health management and wellness classes
 - Falls Prevention
 - Chronic Pain and Disease Management
 - Diabetes Prevention and Self-Management
- Statewide network of community-based classes available at participating facilities including customized living facilities, community centers, senior centers, churches, and fitness centers

LSS Healthy Transitions - Post discharge (Supplemental Benefit)

Eligible: MSHO

- Members discharged from hospital get access to community health worker (2 in person and 2 telephonic) within the first 30 days of discharge.
- Individualized support, education, and resources to members during the first critical 30 days after a stay at the hospital or short-term rehabilitation center
- Care Coordinator referral after hospital connects with the Care Coordinator

Mobile Dental Clinic

Eligible: All UCare plans, except Aspirus

- Offers basic dental care – checkups, cleanings, simple restorative care
- 15 locations across MN
- Operates 48 weeks of the year
- Check ucare.org/mdc for calendar and scheduling info.



Mobile Dental Clinic

Seven outstate sites

- Duluth
- Rochester
- Mankato
- Winona
- Walker
- St. Cloud
- Austin

Eight metro sites

- South Minneapolis
- North Minneapolis
- Blaine
- Forest Lake
- West St. Paul
- Eden Prairie
- Roseville
- Apple Valley

One PassTM

Eligible: MSHO, Connect, Connect + Medicare

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 20,000 participating fitness locations nationwide
- More than 20,000 on-demand and live-streaming fitness classes
- Workout builders to create personalized workouts
- Home Fitness Kits
- 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

One Pass™

<FIRSTNAME> <LAST NAME>
<ADDR1>
<ADDR2>
<CITY, STATE, ZIP>



It's nice to meet you. We're One Pass.

Congratulations! You are eligible for One Pass™, a complete fitness solution for the body and mind. One Pass is available to you through UCare at no additional cost.

A program designed to fit your needs



Fit body

Create your own fitness experience

- Access a large gym network, from national fitness centers to specialty studios
- Enjoy the flexibility to use any location within the network to create a routine unique to your needs and interests
- Bring a caregiver to the gym with you, at no additional cost
- Use on-demand and livestreaming digital fitness programs from home
- Try our workout builders to learn new movements



Fit mind

Engage your mind and train your brain with more than games

- Gain unlimited access to personalized, online brain training to help improve aspects of cognition, including memory, attention, focus and brain speed
- Set reminders and track progress to help reach your goals



Fit for life

Stay active and get involved with like-minded people

- Find local communities, clubs and social events that match your interests
- Connect and engage with others who share the same passions
- Attend group activities for fun and increased accountability
- Get access to an exclusive Fitbit Community®

Create a One Pass account to get your unique Member Code and access to all that One Pass has to offer.

Visit ucare.org/onepass or call **877-504-6830** (TTY: 711) to get started.

Have your UCare member ID card ready.
Telephonic support available from 8a.m.–9p.m. CT.

Send Food Access Referrals

Eligible: All UCare plans, except Aspirus

- Partnership with Second Harvest Heartland
- If member is experiencing food insecurity, they can get 1-1 help with SNAP application or finding local food resources via a 2HH advocate.
- **Starting 1/1/24** members in need can call the SHH Care Center directly 651-401-1411 or 1-866-844-FOOD (toll free) or email shhcarecenter@2harvest.org
- **For program questions** wellness@ucare.org
 - If there is a specific member question, please include:
 - Name and UCare ID
 - Address (if different from record)
 - Best phone number to reach, email
 - Need help w/ SNAP application?
 - Need help w/ local food resources?
 - Ask for member permission before sending referral



Healthy benefits of quitting

20 MINUTES

Your heart rate drops.

12 HOURS

Carbon monoxide level in your blood decreases to normal.

48 HOURS

Nerve endings start to regrow and the ability to smell and taste is enhanced.

14 TO 90 DAYS

Your heart attack risk drops and lung function begins to improve.

1 TO 9 MONTHS

You may cough less and you don't get short of breath as easily.

1 YEAR ♥

The excess risk of coronary heart disease is half that of a continuing smoker.

Tobacco/Nicotine Cessation

Eligible: All UCare plans

- Call **1-855-260-9713** or visit **myquitforlife.com/ucare** (or /aspirus or /essentiacare)
- 1-on-1 quitting support with a coach via phone or web support
- Free Patches and Gum support to help with quitting
- 4 programs: Adult, Pregnancy, Behavioral Health, & Youth (ages 13-17)
- Mobile app, text support
- Message coaches online, member-only
- Website/resources/workbooks
- E-cigarette/Vaping support

Wellness kits

[Member Fitness Resources for an Active Lifestyle | UCare](#)

- **Connect to Wellness Kits**
 - Eligible: Connect, Connect+Medicare
 - Fitness, Sleep Aid, Stress Relief, Dental, Smart Home Device
 - *New in 2023* – Weighted Blanket (CT+ only)
- **Memory Support Kit**
 - Eligible: MSHO, ordered by care coordinator
 - Photo album, memory training game, books; weighted blanket, etc.
- **Adult Dental Kit**
 - Eligible: MSHO, Connect+Medicare, I-SNP
 - Electric toothbrush, charger, toothpaste, floss – 1 every 3 years
 - Refill kit – replacement heads, toothpaste, floss
- **Medication Toolkit**
 - Eligible: MSHO, Connect+Medicare
 - Pillbox alarm, pill splitter, pillbox(2), medication tracker, bag, etc.
- **Strong & Stable Kit** (*Falls prevention*)
 - Eligible: MSHO, MSC+
 - Nightlight, bathtub grips, medication box, simple strength exercises with TheraBand, tip sheets
- **Stress & Anxiety Kit**
 - Eligible: MSHO
 - Sleep Aid, Stress Relief, Smart Home Device

2023 Discontinued Programs

- WW Local and Online Group Vouchers
- UCare Companion Program (Accra Care)

Questions?

10-minute Break

10:45-10:55





Intensive Community Based Services (ICBS)

Presenter: Malorie Potter

What is ICBS?

- ICBS is an intensive community-based, Mental Health and Substance Use feet-on-the-street case management program
 - Case managers will go to the members home, hospital, treatment or wherever the member is residing

Our ICBS Partners

Mental Health Resources

- Serves the 7 metro counties: Anoka, Hennepin, Ramsey, Washington, Carver, Scott, and Dakota

Human Development Center

- Serves the counties: St. Louis, Lake, and Carlton

Northern Pines

- Serves the counties: Crow Wing, Morrison, Todd, Wadena, Cass, and Aitkin

Zumbro Valley

- Serves the counties: Olmsted, Filmore, Dodge, Mower, Winona, Freeborn, Steele, Goodhue, and Wabasha

Vail Place

- Serves the counties: Hennepin, Ramsey, parts of Scott and Anoka

Canvas Health

- Serves the counties: Isanti, Chisago, Pine, Kanabec, Mille Lacs

Products Eligible for ICBS

PMAP

MNCare

Connect

Connect + Medicare

MSHO

MSC+

What Does ICBS Assist With?

- Mental Health stabilization and services
- Substance Use Disorder resources and referrals
- Access to food resources
- SMRT referrals and follow-up
- Referrals to MNChoices assessments
- Assistance with finding stable housing
- Referrals to short term supports (ex. IRTS)
- Assistance with finding employment
- Culturally appropriate services

Care Coordinator and ICBS Partnership

Care Coordinators will remain involved in the member's care

ICBS is short-term lasting approximately 3-6 months

Regular collaboration between CC and ICBS CM

ICBS CM should be included on the member interdisciplinary care team

ICBS CM is focused on meeting the mental health and substance use disorder needs of the member

How To Refer A Member



Obtain member permission



Member must have a Mental Health or Substance Use Disorder diagnosis



No SUD information can be released on the ICBS referral form without a signed ROI form completed by the member



Complete referral form located [HERE](#). Care Management and Care Coordination > Benefits Perks and Resources > Referral Forms



If you have any questions, please reach out to the Liaisons and they will connect you.

QUESTIONS?



Behavioral Health Home (BHH)

Presenter: Jennie Paradeis

BHH Overview



The term “behavioral health home” services refer to a model of care focused on integration of primary care, mental health services, and social services and supports for adults diagnosed with mental illness.

The goals of BHH services are that an individual:

- Has access to and utilizes routine and preventative health care services;
- Has consistent treatment of mental health and other co-occurring health conditions;
- Gains knowledge of health conditions, effective treatments, and practices of self- management of health conditions;
- Learns and considers healthy lifestyle routines; and
- Has access to and uses social and community supports to assist the individual in meeting his or her health wellness goal(s).



Eligible Providers

To provide BHH services, a clinic or agency must be enrolled as a MHCP provider and must successfully complete the MHCP certification process. [Link to DHS certified BHH providers.](#)

CC Collaborative Process with BHH



DHS expects that BHH staff and CCs work cooperatively and collaboratively, to ensure that services and activities are coordinated to most effectively meet the goals of the person and to ensure that duplication is avoided.

How will a CC know if one of their assigned members is in a BHH?

- The BHH services provider must send a copy of the Notification of Eligibility for BHH Services (DHS-4797) (PDF) to UCare within 30 days of intake.
 - UCare as the MCO will identify who the CC agency is. If external, UCare will notify delegates by sending a copy of the DHS-4797 form.
 - For internally managed members, the assigned CC will be notified through the documentation system with an activity.

What should a CC do upon receipt of a member in a BHH?

CCs are to reach out to the BHH provider within 30 business days of the delegate receipt of notification.

During that call CC discusses the following:

- Provide the BHH staff with the CC's contact information,
- Share information related to the members care plan,
- Establish contact frequency between BHH provider and CC.
- Discuss what the preferred method of communication will be between the CC and the BHH staff.

CC Collaborative Process with BHH



Activity	BHH Provider	MCO/Care Coordinator
Assessment, care plan, and monitoring	If the individual receiving BHH services has been assigned a case manager or care coordinator by the health plan, the BHH services team must record the case manager or care coordinator's name and contact information in the person's BHH services record(s), and a schedule for how frequently the BHH services team will check in with the CM/CC.	<p>CC must record the BHH name and contact information on the member's care plan and a schedule for frequency of contact with BHH team.</p> <p>CC must document contacts with BHH service providers as they normally would document other provider contacts.</p>
Emergency Room Visits and Hospitalizations	BHH to alert UCare or individuals CC (if known) of any ER admission, hospitalization admission and/or discharge.	CC to alert BHH of any known ER admission, or hospitalization admission and/or discharge.
Transitions of Care	BHH to contact member to ensure that the member is able to access all needed services and supports at the time of discharge or other transition. BHH to notify UCare or individuals CC (if known) if the member requires assistance to ensure access to needed treatment or services upon discharge	CC to notify BHH of any transitions of care, post discharge plans, follow-up plans.

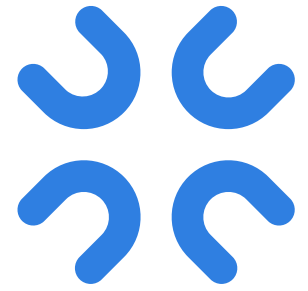




Gaps in Care!

Presenter: Jenn Redman

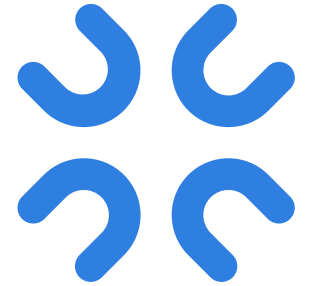
Gaps in Care Reports*



Gap/Measure	Gaps in Care (MSHO and CT+Med)
Breast Cancer Screening	X
Colorectal Cancer Screening	X
DM Eye Exam	X
DM Kidney Health Eval	X
Statin Therapy (Cardiovascular Disease)	X
Annual Wellness Visit	X
DM A1C	X
DM Med Adherence	X
HTN Med Adherence	X

*Stars Provide Action List – Name will change in Feb to Gaps in Care Report

Gaps in Care Reports



Monthly Gaps in Care Report Data: Missing preventative care measures identified using claims information for Connect + Medicare and MSHO members Gaps in Care.

How are they useful? Reports provide claims information about preventative care services like: PCP annual wellness visit, colonoscopy, mammograms, and diabetic preventative visits completed over the past 12 months.

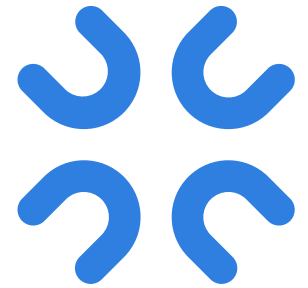
If an item appears on the report, it means the person has not completed the preventative care measure.

When there is evidence of a claim for a preventative care measure – the gap/measure is closed. Closure helps ensure the member is receiving optimal medical care.

Where can I get reports? Reports are provided to dedicated agency staff at each delegate via UCare's SecFTP.



Tangible Support Using UCare Reports



Knowledge is
Power!

Understanding how a member is using their health care can provide Care Coordinators essential information to help your members obtain the best care!

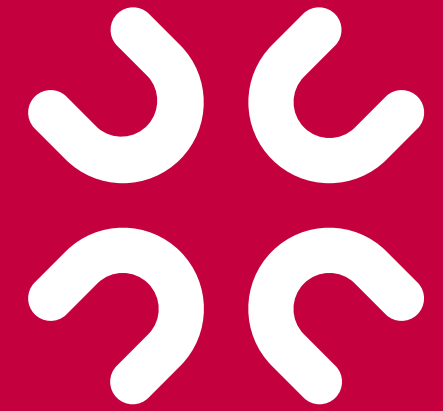


Gaps are addressed in the day-to-day work of care coordinators.

- Screenings/annual visits
 - Breast Cancer
 - Kidney Health (Diabetes)
 - Colorectal Cancer Screening
 - Dental
 - Diabetes eye exam
- Care Plan/Support Plan
 - My Goals
 - Barriers to achieving goals
- Transition of Care
 - Address primary care
 - Post hospitalization follow up care
 - Post ED visit follow up care

Prepare before a visit:

- Review for noted open quality metrics/gaps in care from reports.
- Data can provide talking points for reminders, health education and the opportunity to assist with identifying obstacles and barriers the member may have with meeting a measure.



Member Experience Survey (CAHPS[®])

CMS Star Ratings

Presenter: Emily Eckhoff

Goal of the Survey

Understanding Patient Experience—Patient experience encompasses the range of interactions patients have with the health care system, including:



Good communication with health care providers



Ability to schedule timely appointments



Coordinated care from doctors and nurses



Easy access to information



Experience with drug plan

Why is this survey so important?

- **9** survey questions are part of Stars Program
 - Allows members to compare plans based on quality
 - Determines a portion of Medicare funding
- If UCare receives high survey scores, there is an opportunity to earn money that is invested directly back into our members.



2023 Key Findings

Strengths

- **MSHO**—Improved in 5 out of 9 measures
- **Connect+Medicare**—Getting Appointments and Care, UCare’s Customer Service & Rating of Drug Plan

Opportunities

- **MSHO**—Rating of Health Care Quality
- **Connect+Medicare**—Rating of Health Plan & Getting Needed Prescription Drugs

Looking Ahead

- 2024 Member Experience Surveys
 - Fielded in March
- Pre-survey Initiatives
 - Member guidebooks
 - Survey communication/education
- Ongoing Initiatives
 - PBM transition
 - Understanding the voice of the member
 - Benefits review

Thank you for your Feedback!

- [Quarterly Care Coordination Meeting Feedback Survey](#)

Your feedback helps us improve our meetings each quarter and provide information relevant to care coordinators in a way that is digestible. We appreciate you!





HEDIS Overview and Reminders for Care Coordinators (MSHO)

December 12th, 2023

Chelsey Doepner, UCare HEDIS Manager

What is HEDIS and Why do Health Plans Report it?

- **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et
- Measurement set for comparing health plans in an “apples to apples” standard on health care quality and the health of their members.
- HEDIS is owned by NCQA (National Committee for Quality Assurance)
- CMS and States REQUIRE all health plans in the country to report for ALL populations they serve.
- Medicare, Medicaid, Commercial, Marketplace/Exchange
- 95 clinical measures for HEDIS MY 2023 (reported in 2024)

MY = Measurement year/look back period

How and when is HEDIS Reported?

- Multiple Data Sources are combined:
 - Health plan enrollment data
 - Claims
 - Immunization registries (MIIC)
 - Provider EMR Exchanges
 - Lab vendor Exchanges
 - Case management information
 - Medical Record Reviews
 - and more
- Annually, health plans report HEDIS by June 15th to NCQA
- HEDIS Data takes a lot of time to pull together! January – June, every year.

Some High Priority HEDIS Measures

- Breast Cancer Screening (BCS)
- Colorectal Cancer Screening (COL)
- Cervical Cancer Screening (CCS)
- Osteoporosis Management for Women with a new fracture (OMW)
- Diabetic Eye Exams (EED)
- Diabetes A1c Control (HBD)
- Diabetic Kidney Health (KED)
- Controlling High Blood Pressure (CBP)
- Transitions of Care (TRC)
- Care of Older Adults (COA)
- Plan All Cause Readmissions (PCR)
- Antidepressant Medication Management (AMM)
- Follow-up after Hospitalization for mental illness (FUH)
- Statin Therapy for Patients with Diabetes or Cardiovascular Disease (SPD and SPC)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)

Measures Care Coordinators Impact

- Care Coordinators collect a substantial amount of valuable information across the 95 HEDIS measures. A few important measures Care Coordinators complete are:
 - Helping members close gaps of care in breast/cervical/colon cancer screening
 - Members with chronic conditions like hypertension and diabetes having regular visits to monitor blood pressure control, A1c Control, Kidney function labs, eye exams etc...
 - Scheduling Annual Well Visits and routine care
 - Managing transitions of care from home to acute or non-acute inpatient settings (Hospital, SNF, TCU etc...)

Measure Spotlight – Care of Older Adults (COA) – MSHO and ISNP Only



1. Evidence of a **Pain Assessment** in the measure year (2023). Obtained from the Comprehensive Care Plan.



2. Evidence of a **Functional Status Assessment** in the measure year (2023). Obtained from the Health Risk Assessment.



3. Evidence of **Medication List & Review** in the measure year (2023) from an appropriate provider type.

Collecting COA data from MSHO Care Coordinators

- Requests will be sent to counties/delegates for information that supports measures in early February 2024.
- Provide the following **2023** information:
 - Completed LTCC/HRA.
 - POC/Care/Support plans including completed signature page and date summary sent to PCP.
 - Signed Medication review (list) from an MD, NP, PA or Pharmacist.
 - For institutional members provide:
 - Any Institutional HRAs.
 - MDS Assessment (if you can get it).
 - LTCC/HRA as above if resided in community at any point during 2023.
- Provide all documents in separate document format.

Timeline for Request

- Initial Request Letter with identified members will be sent approximately:

February 5th, 2024

- We need complete documentation by:

March 1st, 2024

- We know it's a tight turnaround , but your support is critical to scoring well on this Stars HEDIS measure! Every piece of information can help!
- How many members? Some may have none, some may have 2 and some may have 20-50. The sampling is random and UCare will not know until late January, early February.

Commonly Asked Questions

- Do you need the refusal care plan?

No, just send an email to let us know.

- Do you need to replace refused members with another member?

No.

- What if I did my HRA and Care Plan within MnCHOICES?

Please communicate that to us and we can look in MnCHOICES to find the documentation for that member.

- What if I get a member that was not mine in 2023?

Please let the UCare Liaisons know so that we can find who may have managed the member in the prior year. Please still send any 2023 documents if you have them.

- What if my member is institutionalized?

If you receive a request for an institutional member and can provide us any of the documents, please do.

****Otherwise, please inform us of the facility name and contact.**

Some Tips for Sending Documents

- Use zip files: <https://www.youtube.com/watch?v=78dc2qX7GpQ>
- Save pdfs as “reduced size” <https://www.youtube.com/watch?v=AwpczYKh8hc>
- Sending multiple emails is appropriate.
- If using fax, please do not send everything in one fax. Keep each member as a separate fax and even keeping documents separate is best.

Questions?

Chelsey Doepner, HEDIS Manager

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Questions?

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