



COVID-19 Information for Providers

The COVID-19 situation is changing quickly, and we are monitoring changes closely. To assist our provider partners in navigating this changing situation, UCare created a [COVID-19 Information for Health Care Providers](#) page on our Provider Website.

Recently, we updated the following sections:

- On the **Billing and Payment** page, under “COVID-19 Vaccines,” added information about temporary expansion sites, roster billing for vaccines and guidance for vaccine administration services for State Public Programs and UCare Individual & Family Plans.
- On the **Authorizations** page, the end date for the waiving of authorization for post-acute care services was extended from Feb. 28, 2021, to March 31, 2021.

UCare is monitoring inquiries for common questions and will update these web pages with additional information as it becomes available. We recommend [visiting the website](#) regularly for the latest information.

COVID-19 Vaccine Connector Website Available

Last month, Minnesota launched the [COVID-19 Vaccine Connector](#) website to help residents find out where, when and how to get their COVID-19 vaccine. All Minnesotans are encouraged to sign up.

The Vaccine Connector will alert those who sign up when they are eligible to receive the vaccine and will connect them to resources to help them schedule an appointment. Minnesotans age 65+ who sign up will be automatically included in the selection process for appointments at state-run community vaccination sites.

Signing up is free and does not require insurance information or personal identification forms. Minnesotans who are not able to sign up online may call 1-833-431-2053 (toll free) for assistance. Translation is available by phone in all languages.

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UCare Provider Website
www.ucare.org/providers
Provider Assistance Center
612-676-3300
1-888-531-1493 toll free

For more information on COVID-19 vaccinations in Minnesota, visit the [Minnesota Department of Health's COVID-19 Vaccine information hub](#).

UCare's Maternal & Child Health Program

UCare is committed to improving members' maternal health and birth outcomes. In July 2020, we expanded our current maternity program by extending the scope of our high-risk case management to at-risk and high-risk pregnant women and their babies.

Kubra Dire, UCare's Perinatal Outreach Specialist, makes outreach calls to pregnant and postpartum members. "I call members to inform them of prenatal/postpartum resources through UCare and their community," says Dire. "I refer them to resources such as the UCare MOMS Handbook, UCare's free car seat program, breast pumps and offer incentives for timely care visits. I also regularly refer members to public health home visiting programs and WIC."

UCare identifies pregnant and postpartum members for outreach through claims, provider referrals and hospital records. In 2020, we reached over 1,200 pregnant and postpartum members to provide support and connect members to resources.

Members who may experience an at-risk or high-risk pregnancy are referred to UCare's Maternal & Child Health (MCH) case management program for telephonic perinatal case management. Through the program, members receive check-in calls and education from a perinatal nurse throughout their pregnancy (including care planning, when to contact their doctor, breastfeeding support) and more. Our outreach efforts have helped us better understand our members' needs and develop programs to serve them.

MCH Case Managers, MySee Yang and Lisa Kjeseth state, "We assist members to prepare for the birth of their child by helping to facilitate appointments, assist with transportation to appointments, and provide incentives for them to attend early prenatal and postpartum appointments. The goals of maternity case management are to prevent complications, focus on a positive birth experience and healthy outcomes for both mom and baby."

In 2020, 136 women opted in to UCare's MCH telephonic case management.

Sometimes a baby needs to be admitted to the Neonatal Intensive Care (NICU). NICU hospitalizations can range from a day or two, to over a year, and can challenge a family emotionally, financially and physically. UCare's specialty NICU Case Manager, Lori Sydow shares, "Our team offers ongoing case management throughout the baby's NICU stay, and during transition to home. We offer emotional support and education for parents, who are experiencing the joy of a new baby, the recovery from childbirth, the potential fear for the health of their child, and the mourning of the birth experience they had hoped to have." The NICU Case Managers also connect parents with mental health resources, encourage new moms to obtain appropriate postpartum care and offer transportation help for parents who need it.

Our goal is to promote a healthy pregnancy," continues Kubra. "We're addressing social risk factors through collaboration with county partners, WIC, Second Harvest Heartland and through tools such as NowPow, a community resource search application. The members I've connected with are excited and appreciative, and most importantly, now well informed of resources."

For more information about UCare's MCH outreach and case management program, contact UCare's MCH Manager, Kaying Vang-Lor, kvanglor@ucare.org.

Avivo and Mental Health Resources FoodRx Box Pilot

There is exciting work underway in connecting UCare members experiencing mental illness and other chronic health conditions with healthy food. In partnership with Avivo, Mental Health Resources (MHR), MN Community Healthcare Network and Second Harvest Heartland, UCare launched a FoodRx box pilot last December in the seven-county metro area, with 160 PMAP, MNCare, UCare Connect and UCare Connect + Medicare members.

Participants receive a monthly healthy food box delivered to their home containing healthy shelf-stable food, recipe cards and educational material. The goal of the pilot is to help members improve their chronic conditions while receiving mental health support one-on-one from our provider partners, Avivo and MHR.

Ineligible Provider List Updated 2-10-21

Contracted UCare providers must make sure that they, their company, owners, managers, practitioners, employees and contractors are not on the UCare Ineligible Providers List.* Providers should search the list of UCare Ineligible Providers on a regular basis, and before hiring or entering into contracts with individuals to provide services or items to UCare members. The most current list can be found under Provider Inquiries on the [Provider Portal](#). Please reference Chapter 5 of the [UCare Provider Manual](#) for additional information.

Questions regarding the UCare Ineligible Providers List should be directed to compliance@ucare.org.

*Please note: This list is in addition to any prior and ongoing communications regarding ineligible individuals that network providers may receive.

Model of Care Training

UCare's Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare plans are Dual Eligible Special Needs Plans, meaning that the member's Medicare and Medicaid benefits and services are integrated into one benefit package, with Long Term Services and Supports incorporated in the MSHO product. The Model of Care (MOC) describes the population, management, procedures and UCare's approach to caring for our population. It also details how UCare provides and coordinates benefits and services for these members.

UCare's MSHO and UCare Connect + Medicare members face a host of unique challenges and barriers to getting the care they need. These products are designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

The Centers for Medicare and Medicaid Services (CMS) requires training on the Model of Care for providers on the management and procedures necessary to provide services and coordination of care to members to promote knowledge of the MSHO and Connect + Medicare population and assist providers in caring for these members.

All providers are required by CMS to complete one training option annually. Two options are available:

- Review the MSHO and UCare Connect + Medicare Model of Care description posted on UCare's [website \(https://home.ucare.org/en-us/providers/model_of_care_training\)](https://home.ucare.org/en-us/providers/model_of_care_training).

OR

- Attend in-person presentations, which are available upon request.

Following the training, share or review the information with all appropriate staff and partners at your clinic. UCare recommends that you document and maintain training completion records. UCare may request a copy of the completed training document for compliance reasons.

Providers may also contact us at clinicaliason@ucare.org for information about our MSHO and UCare Connect + Medicare Model of Care training.

Documentation Improvement: Documentation Guidance for Telemedicine

Telemedicine is a service provided on a communication platform that supports both audio and video two-way synchronous communication when the clinician and the patient are in different locations. Examples of technology with synchronous audio and video:

- FaceTime, Zoom, Skype, etc.

Examples of telecommunication services that do not have synchronous audio and video:

- Telephone calls – audio only
- Emails – internet communication that is not synchronous

E/M services require a face-to-face evaluation; therefore, if this service is being provided through telemedicine, this must be done using a platform with both audio and video. Documentation **MUST** state “audio and video.” Simply stating telemedicine or telehealth visit is insufficient.

Include these elements when documenting for telemedicine:

- Document patient’s consent for telemedicine.
- Document the physical location of the patient and your physical location.
- Document if the service was provided via technology with synchronous audio/video.
- Complete visit documentation as you would for an in-person visit. Some or all the following may apply based on type of visit conducted:
 - Personal identifying information
 - Past medical, family and social history
 - Chief complaint
 - History of present illness
 - State all diagnosis pertinent to the visit, including chronic conditions
 - Specificity - documentation must be as specific as possible
 - Status condition – is the condition worsening, improving, unchanged, etc.?
 - Plan of care – document any medications, labs, referrals, etc.
 - Assessment and plan

ONLINE

www.ucare.org/providers

Call

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