Health Lines

February 2022

UCare Prepares to Launch New Provider Portal

UCare will soon launch a new provider portal. We will contact current provider portal administrators with more information on setup, training and instructional resources available for the new system.

Watch for additional information for all UCare Provider Portal users in upcoming issues of *Health Lines*.

UCare Welcomes New Medical Directors

New Medical Director: Jodie Dvorkin, MD

Dr. Dvorkin brings years of health care performance improvement expertise to UCare's Medical Director team. She is responsible for conducting day-to-day medical management and leads ongoing improvement in collaboration with Health Services.

Prior to joining UCare, Dr. Dvorkin was Associate Medical Director at ICSI (formerly the Institute for Clinical Systems Improvement) where she managed ICSI clinical guidelines and participated in the ICSI Immunization Work Group and the Minnesota Health Collaborative Opioid and Mental Health Initiatives. Dr. Dvorkin has also led projects for the American Medical Association-convened Physician Consortium for Performance Improvement (PCPI) in Chicago.

Dr. Dvorkin earned her MD from Emory University and MPH from the University of Illinois. She completed Internal Medicine

UCare Provider Website
www.ucare.org/providers

Provider Assistance Center
612-676-3300
1-888-531-1493 toll free

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and Pediatrics residency training at the University of Chicago, and a Preventive Medicine Residency at the John H. Stronger, Jr. Hospital in Chicago.

Two New Part-Time Medical Directors: Michelle O'Brien, MD, MPH and Sarah Bronner, MD, MPH
Michelle O'Brien, MD, MPH, and Sarah Bronner, MD, MPH began conducting day-to-day medical management reviews in December 2021.

Dr. O'Brien is a family physician who has practiced in a variety of settings over the last 20 years including rural practice, academic medicine and private practice. Dr. Bronner practices occupational medicine.

Billing Requirements Reminder for End-Stage Renal Disease (ESRD) Providers

In November 2019, UCare notified End-Stage Renal Disease (ESRD) providers that they needed to bill ESRD services to UCare in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines, including all required data elements. UCare will begin denying ESRD (Bill Type 72x) claims with dates of service April 1, 2022, or later, that are not submitted according to CMS billing requirements.

These guidelines apply to ESRD claims submitted for **all** UCare plans.

Please refer to the CMS Claims Processing Manual for additional detail on required elements.

Available Funds Through the Energy Assistance Program

The Energy Assistance Program (EAP) is a federally funded program that helps pay for home heating, water costs and furnace repairs for income-qualified households. Renters and homeowners can find more information and apply for these funds on the Minnesota Department of Commerce's Energy Assistance Program webpage. Providers are encouraged to share information about this program with patients.

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 section:
- On the Authorizations page, the end date for the waiving of authorization for post-acute services was extended from January 31, 2022, to April 30, 2022.

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.

Interpreter Service Verification Reminder

Service providers who use translation services through in-house interpreters or through UCare's contracted interpreter service agencies, must complete proper, accurate documentation and make it available upon request

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for translation services that are billed to UCare. Service providers who use contracted interpreter agencies must ensure that interpreter service work orders are reviewed for completion and accuracy and then signed by the service provider or appropriate office staff.

Review the UCare Provider Manual for requirement details. Providers can contact their contract manager within UCare's Provider Relations & Contracting Department with questions.

Preventing Falls

Falls are the leading cause of fatal and non-fatal injuries for older adults. Each year one in three adults, 65 or older, experience a fall. Since falls are common among older adults, many people develop a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility, loss of physical fitness and an increased risk of falling.

Strong & Stable Kit
UCare created the Strong & Stable Kit to help prevent falls. This kit is available to UCare's Minnesota Senior Health Options (MSHO), UCare's Minnesota Senior Care Plus (MSC+), UCare Advocate Choice and UCare Advocate Plus members.

Members can contact their care coordinator to order a kit. Order forms are on the Care Management pages of the UCare provider website.

Members are eligible for one kit per year. The Strong & Stable Kit includes:

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

For more information on preventing falls, visit ucare.org/falls.

Documentation Improvement: Coronary Artery Disease

Coronary artery disease (CAD) is the most common type of heart disease in the United States. Accurate documentation and diagnostic reporting are essential in capturing the patient's current health status, treatment plan and enhance provider communication for improving patient outcomes.

When documenting atherosclerotic heart disease with angina pectoris, include the following:[1]
- **Cause:** Assumed to be atherosclerosis; document if there is another cause.
- **Stability:** "Stable angina pectoris," "unstable angina pectoris"; if "angina equivalent," document the associated symptoms.
- **Vessel:** Note which artery (if known) is involved and whether the artery is native or autologous (for example: mammary, radial, etc.), chronic total occlusion of coronary artery.

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- **Graft involvement:** If appropriate, whether a bypass graft was involved in the angina pectoris diagnosis; also note the original location of the graft and whether it is autologous or biologic.
- **Tobacco use or exposure:** Any related tobacco use, abuse, dependence, history or exposure (secondhand, occupational, etc.).

1. Optum: *Documenting to satisfy reporting requirements 01/08/2020*

Reminder: UCare Medicare Part D Vaccine Information

As a reminder, UCare began denying claims for providers administering Part D vaccines in their clinics.

The preferred method is to have Part D vaccination provided at a pharmacy provider. A member would buy a Part D vaccine at a pharmacy and have it administered at the pharmacy. The member would only be responsible for the coinsurance or copayment. Additional information is available in the Claims & Payment section of the [Provider Manual](#).

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 MOC 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 MOC training at https://ucare.webex.com/recordingservice/sites/ucare/recording/ee744c92b6541039bdbd00505681645f/playback or via the Play Recording hyperlink at the bottom of the [UCare website](#).

OR
- Attend an in-person/live WebEx presentation, visit the [UCare website](#) for the training schedule. Individual meetings are also available upon request, email clinicalliaison@ucare.org to schedule.

Following the training, share or review the information with all appropriate staff and partners at your clinic.

UCare recommends that you complete the Model of Care Attestation, found on the [UCare website](#), for your training completion records.

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Providers may contact us at clinicalliaison@ucare.org for information about MSHO and UCare Connect + Medicare MOC training.

Ineligible Provider List Updated January 25, 2022

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.

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