



a healthier U

Spring 2016 ■ ucare.org

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PMAP MnCare MSC+ SNBC H2456_041116_1 IA (04112016)
DHS Approved (04222016) CMS/DHS Approved (05122016)



“Fairview and UCare have similar values, missions and – most significant – commitment to members, patients and the community.”



Dear member,

You may have heard the exciting news that we are merging with Fairview Health Services. And you may be asking, “Why?”

Quite simply, this brings together two extraordinary pieces of the health care puzzle.

Fairview is an award-winning, nonprofit health care system that includes hospitals, clinics, senior housing, pharmacies and other providers of care. Fairview has more than a 100-year history of meeting community needs and achieving breakthrough advances in medical care.

At UCare, we are a nonprofit health plan dedicated to improving the health of members through innovative services and partnerships across communities. During our more than 30 years in business, we have thrived by providing access to care for those who need it most.

With our combined experience and expertise, we can better serve our members and patients. Together we’ll strive to provide enhanced care

coordination, improved outcomes and an overall better health care experience.

Please keep in mind that our merger DOES NOT affect your current UCare health plan or the doctors, clinics and hospitals you can use in our network. We will continue to provide you with the variety of high-quality providers and facilities that you have enjoyed to date.

Fairview and UCare have similar values, missions and – most significant – commitment to members, patients and the community. As we bring these pieces of the health care puzzle together, we share a goal to create a beautiful picture – a healthier you.

Have a happy and healthy summer!

Sincerely,

Jim Eppel
President and Chief Executive Officer

President and CEO

Jim Eppel

Board of Directors

Macaran Baird, M.D., Chair
Patricia (Pita) Adam, M.D.

Catherine Godlewski

John Gross

Jay Kiedrowski

Teresa McCarthy, M.D.

Bert McKasy

James Miller

Peter Mitsch

William Roberts, M.D.

Sharon Shonka

Lance Teachworth

James Van Vooren, M.D.

Michael Wootten, M.D.

Emergency room, urgent care or doctor visit?

Know where to go when you need care



When you're in pain or feeling ill, where should you go for health care? Choosing the right place at the right time can help you get the care you need when you need it.



You should get most of your care through your regular doctor (also called your primary care doctor). Your doctor knows your health history, including any chronic conditions you are managing. Primary care also gives you a role as a partner in your health care. If it isn't urgent, your primary care clinic is the best place to go.



Go to an urgent care clinic for prompt care when your primary care clinic is not open or available. Urgent care centers can treat:

- Colds and flu, earache, sore throat, headache, low-grade fever and rashes
- Minor injuries, such as sprains, back pain, minor cuts and burns



Call 911 or go to the nearest hospital if you believe a situation is life-threatening. Examples of conditions and symptoms that require an ER visit include:

- Uncontrolled bleeding
- Seizure or loss of consciousness
- Shortness of breath/trouble breathing
- Chest pain or squeezing sensation in the chest
- Sudden numbness/weakness, slurred speech or visual changes
- High fever with headache and stiff neck
- Head injury or major trauma
- Severe burns
- Intense pain
- Poisoning or suspected overdose
- Severe reaction to an insect bite, medication or food

NOT SURE WHERE TO GO?

- Contact your doctor or call your primary care clinic nurse line
- If you are unable to reach your doctor, call the UCare 24/7 nurse line at **1-800-942-7858** (TTY: **1-855-307-6976**)

WANT GENERAL HEALTH ADVICE ONLINE?

For convenient, confidential and trusted general medical information, use UCare's WebNurse. Here's how it works:

- Log into our member site at **ucare.org**
- Go to the "Message Center" and select "Create New WebNurse Message"
- Submit your question
- Receive a reply from a nurse within 24 hours

Take your medicine. Take back your health.



Taking a pill should be simple, but “take as directed” can be a tricky order. It’s rarely that easy, which is why many people don’t take the medicine they need.

Reasons why people don’t take their medicine:

- It’s easy to forget
- Not convinced it works
- Side effects
- Medicine is hard to take, such as with injections or inhalers
- Too expensive

We get it. We also understand that sometimes it’s a mix of these reasons. However, skipping or splitting pills can lead to serious risks. It takes the lives of 125,000 Americans every year and can mean more visits to the doctor and the hospital.¹

If you find yourself struggling to take your medication(s) as prescribed, you are not alone. Reach out to your doctor or pharmacist, and they can help eliminate obstacles that may prevent you from taking your medication.

“Taking your medication as prescribed gives you the best chance to manage your condition and take back your health,” Patrick Mitsch, UCare Clinical Pharmacist says. “It can mean the difference between living the life you want and the life your condition lets you live.”

1. McCarthy R. The price you pay for the drug not taken. *Business Health*. 1998;16:27–33.

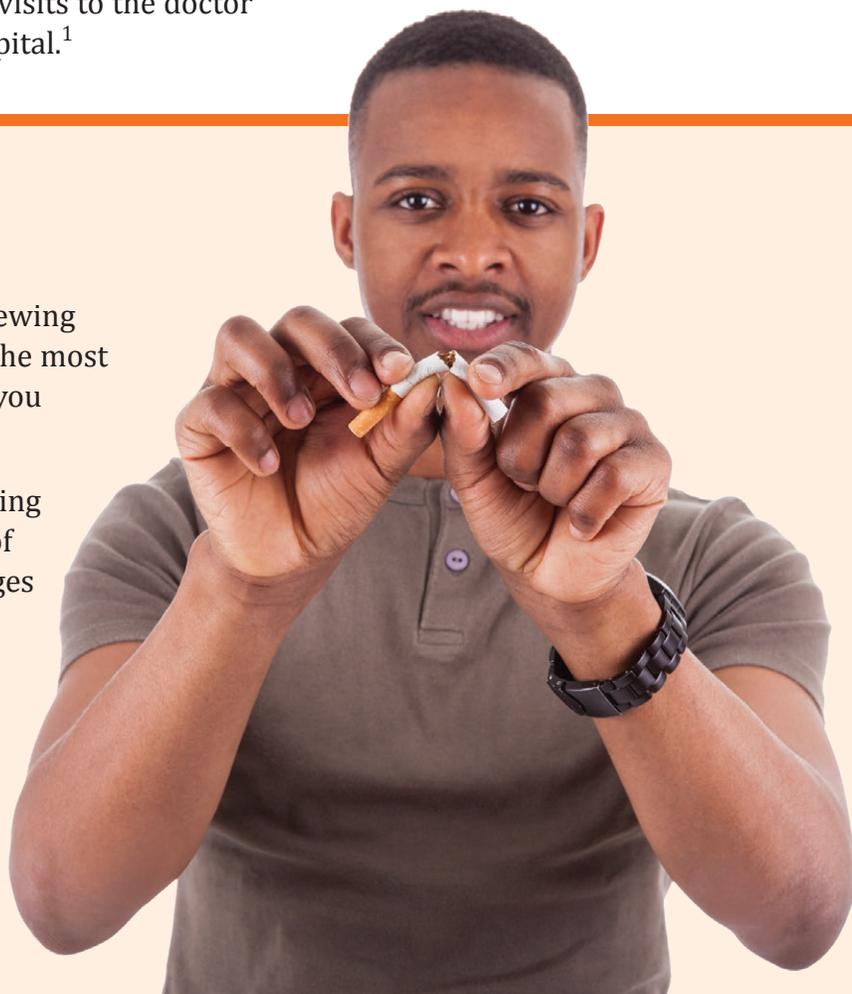
You can quit tobacco



Ask people who’ve quit smoking or chewing tobacco and they’ll tell you it’s one of the most difficult things they’ve ever done. But you CAN do it! And UCare can help.

Call our tobacco quit line and get free help quitting smoking or chewing tobacco from the comfort of your own home. Nicotine patches, gum or lozenges are also available to eligible UCare members at no charge.

Call the tobacco quit line at **1-888-642-5566 toll free** (TTY: **1-866-228-2809 toll free**). The tobacco quit line hours are 7 a.m. to 10 p.m., Monday through Friday, and 10 a.m. to 4 p.m. on Saturdays.



2015 REPORT TO THE COMMUNITY



2015 highlights

UCare is proud to share our news from 2015 with our *a healthier U* members.

Everyone at UCare highly values our roots as a program created by physicians in 1984 to serve low-income people in Hennepin County. Through 2015 we grew to serve more people in MHCP than any other health plan. And we proudly provide community-based services to meet diverse health care needs and communities across our state.

COMMITTED TO MEMBER HEALTH, SAFETY

We introduced many new health and wellness programs in 2015. Adult Medicaid and MinnesotaCare members enjoyed a new health club savings benefit. Younger members of these plans received our *Ready, Get, Fit!* Kit of tools for at-home fitness fun. New “Connect to Wellness” kits with health and fitness tools were developed and shared with *UCare Connect* members. And our Strong & Stable program helped our Minnesota Senior Health Options (MSHO) members prevent falls and be safe at home.

Our new online WebNurse service offers fast and reliable health information from UCare nurses. WebNurse joins our phone-based 24/7 Nurse Line as round-the-clock resources for quality health help any time of day. A new My Pharmacy service also was added to help members understand and manage their pharmacy benefits.

The UCare Mobile Dental Clinic traveled Minnesota giving quality dental care to about 1,000 MHCP members in 2015. Our Seats, Education And Travel Safety Program (SEATS) distributed more than 7,800 free car seats and safety education to help keep children safe on the road.

UCare staff were on Minnesota roads, too, connecting with communities at hundreds of local festivals and events. Cinco de Mayo in St. Paul, National Alliance on Mental Illness fundraiser in Minneapolis, Lake Region Run in



Fergus Falls and Head Start celebration in Duluth were just a few of many destinations. We also donated hundreds of our UCare tote bags to many foodshelves across Minnesota.

We continue to listen closely to our members and welcome their feedback on a wide range of coverage and service matters. Member feedback communities and our Disability Advisory Committee representatives contribute helpful and valued input, too.

Jim Eppel joined UCare in June 2015 as President and Chief Executive Officer. Jim brings broad health care industry experience to us. His support for our mission and values was welcomed by members, employees and communities. We also welcomed our seventh annual *Star Tribune* Top Workplace 150 Award for being a great place to work.

In 2015, our leadership team launched several strategic initiatives to grow UCare in the years ahead. These actions included pursuing care system partnerships and the beginning of plans for the Fairview merger news you read about in Jim’s message in this newsletter.

2015 was a year of change for us. But what will never change is that our valued members remain at the center of everything we do today – and in the future – at UCare.

UCARE SUMMARIZED STATEMENT OF REVENUE AND EXPENSES Years Ended Dec. 31, 2015 and 2014

Revenues	2015	2014
Premiums Earned	\$3,579,768,007	\$3,134,396,114
Investment Income and Other	7,127,824	17,656,775
Total Revenues	\$3,586,895,831	\$3,152,052,889
Expenses		
Medical and Hospital Services	\$3,313,059,878	\$ 2,817,187,642
Administrative Expenses	265,012,458	233,627,139
Total Expenses	\$3,578,072,336	\$3,050,814,781
Revenue over Expenses	\$8,823,495	\$101,238,108

UCARE SUMMARIZED BALANCE SHEET

Assets	2015	2014
Cash and Investments	\$951,514,570	\$1,104,714,124
Receivables, Net	227,449,707	177,124,459
Prepaid Expenses	2,621,253	3,507,656
Property and Equipment, Net	40,822,547	34,374,833
Restricted Assets	40,476,008	39,721,979
Other	1,245,592	1,096,882
Total Assets	\$1,264,129,677	\$1,360,539,933
Current Liabilities and Net Assets		
Claims and Settlements Payable	\$489,287,913	\$526,377,679
Premium Deficiency Reserve	57,659,091	5,282,373
Trade Payable and Other	31,166,696	15,953,533
Accrued Taxes and Assessments	16,231,865	12,988,782
Accrued Compensation	17,741,844	10,477,008
Unearned Premiums	56,068,959	198,311,927
Total Liabilities	\$668,156,368	\$769,391,302
Long Term Liabilities	23,403,806	27,402,623
Net Assets	572,569,503	563,746,008
Total Liabilities and Net Assets	\$1,264,129,677	\$1,360,539,933

SENIOR LEADERSHIP

Jim Eppel, President and Chief Executive Officer

Larry Lee, M.D., Senior Vice President and Chief Medical Officer

Hilary Marden-Resnik, Senior Vice President and Chief Administrative Officer

Beth Monsrud, Senior Vice President and Chief Financial Officer

Mark Traynor, Senior Vice President of Provider Relations and Chief Legal Officer

Ghita Worcester, Senior Vice President of Public Affairs and Chief Marketing Officer

UCARE AT A GLANCE

UCare is an independent, not-for-profit health plan serving approximately 150,000 members.

Founded in 1984, UCare serves people shopping for health insurance on MNSure, Medicare beneficiaries in Minnesota, adults with disabilities, older Minnesotans qualifying for Medical Assistance, and Olmsted County residents enrolled in state public programs.

Street Address

500 Stinson Boulevard NE
Minneapolis, MN 55413

Mailing Address

P.O. Box 52
Minneapolis, MN
55440-0052

Consumer leadership on our Board

UCare reserves seats on our Board of Directors for current members. Here are profiles of five individuals who serve in this capacity.

Lance Teachworth was elected to the board in 2014. He has been a member of UCare's Senior Member Advisory Committee since 2013 and a *UCare for Seniors* member since 2006. Lance served as Commissioner of the Minnesota Bureau of Mediation Services. He is a member of the UCare Compensation Committee.

Bert McKasy became an elected UCare board member in 2011 and 2014. He served as Minnesota Commerce Commissioner and as a member of the Minnesota House of Representatives, and is a partner and attorney with Lindquist & Vennum. Bert is a member of UCare's Senior Member Advisory Council, Finance & Audit and Compliance committees.

James Miller was elected in 2009, 2012 and 2015. A retired school administrator, Jim has been a *UCare for Seniors* member since 1998. He has been on UCare's Senior Member Advisory Committee. He serves on the board's Governance and Compliance committees.

John Gross was elected to UCare's board in 2013. He spent 40 years with the Minnesota Department of Commerce, most recently as Director of Health Care Policy before retiring in 2011. He is a member of *UCare for Seniors*, UCare's Senior Member Advisory Committee and serves on the Compensation and Compliance committees.

Sharon Shonka joined *UCare for Seniors* in 2007 and was elected to the board in 2007, 2010 and 2013. She worked 30 years for the Teamsters Union and has served on the board of SCORE®. She is a member of UCare's Senior Member Advisory Committee and serves on the Compensation and Governance committees.

Our Mission and Values

UCare will improve the health of our members through innovative services and partnerships across communities. We are committed to serving our members, communities, business partners and employees from a foundation built on these values:

- Integrity
- Community
- Quality
- Flexibility
- Respect

Fit in fitness

UCare helps members achieve their fitness and wellness goals



Experts recommend exercising for at least 30 minutes a day.

That shouldn't be too difficult. After all, there are 48 half-hours in every 24-hour day. But finding free time can be overwhelming when your day is already jam-packed.

At UCare, we make fitting in fitness a little easier. Find your plan below and discover the at-home and in-the-club fitness options available to you.

PLAN NAME	HEALTH CLUB BENEFITS
UCare Connect (Special Needs BasicCare) and UCare's Minnesota Senior Health Options (MSHO)	SilverSneakers® Fitness Receive a free, basic membership through SilverSneakers Fitness at more than 13,000 participating fitness locations nationwide. You'll also have access to online resources, at-home kits and more! For details and a full list of participating locations, visit silversneakers.com .
MinnesotaCare and Prepaid Medical Assistance Program (PMAP) (members age 18 and older)	Health Club Savings Get up to \$20 back on your monthly fitness club fees if you attend 12 or more times in a month. You can enroll in person at any participating health club by simply presenting your UCare member ID card. Visit ucare.org for a list of clubs.
PLAN NAME(S)	FREE MEMBER FITNESS AND WELLNESS KITS
UCare Connect (Special Needs BasicCare)	Connect to Wellness Kits Our at-home wellness kits were created with all abilities in mind! Choose from kits themed Sit & Be Fit, stress relief, Tai Chi or Latin dance.
UCare's Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+)	Strong & Stable Kit Falls can cause serious injury and other health problems. That's why we offer a free kit that includes a DVD, tub grips to make your shower safer, a nightlight and a medication box.
MinnesotaCare and Prepaid Medical Assistance Program (PMAP) (members age 17 and younger)	Ready, Get, Fit! Kits From yoga mats to jump ropes to workout DVDs, you can choose from a selection of four fun kits to get your family moving!

If you have questions or would like to order a kit, please call the Customer Services number on your UCare member ID card.

Medicare updates for UCare's Minnesota Senior Health Options (MSHO) members



The Centers for Medicare & Medicaid Services (CMS) periodically publishes notices about changes to Medicare covered services. To ensure all UCare's MSHO members are informed of these changes, we'll include these notices in *a healthier U*.

TITLE: STEM CELL TRANSPLANTATION (MULTIPLE MYELOMA, MYELOFIBROSIS, AND SICKLE CELL DISEASE) (CAG-00444R)

Decision: The Centers for Medicare & Medicaid Services (CMS) will modify existing National Coverage Determinations Manual to expand national coverage for allogeneic hematopoietic stem cell transplantation (HSCT) for three separate medical conditions:

- Multiple Myeloma
- Myelofibrosis, and
- Sickle Cell Disease

What this means: Medicare will cover items and services necessary for research under Coverage with Evidence Development for members participating in an approved prospective clinical study.

Effective: January 27, 2016

TITLE: PERCUTANEOUS LEFT ATRIAL APPENDAGE (LAA) CLOSURE THERAPY (CAG-00445N)

Decision: The Centers for Medicare & Medicaid Services (CMS) covers percutaneous left atrial appendage closure (LAAC) for non-valvular atrial fibrillation (NVAf) through Coverage with Evidence Development (CED) with specific conditions.

What this means: Medicare will cover items and services necessary for research under Coverage with Evidence Development for members enrolled in a CMS approved registry.

Effective: February 8, 2016



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Spring 2016
ucare.org

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Managing Editor

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Associate Editor

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Like us on Facebook!



Have you liked UCare on Facebook yet?

Don't miss our great wellness tips and community news. Like us today at [facebook.com/ucarehealthplan!](http://facebook.com/ucarehealthplan)



UCare's MSHO is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.