

# UCare healthlines

A newsletter for our providers

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Attn: Provider Network  
Management

If you have comments and/or suggestions for future content, please e-mail us at [healthlines@ucare.org](mailto:healthlines@ucare.org).

For more information and updates, please visit [www.ucare.org](http://www.ucare.org).

Note: Links contained within PDF are active.

## Thank You, Providers

Dear Provider Partner:

I would like to thank each of you for your delivery of quality care and services to more than 160,000 UCare members in Minnesota and western Wisconsin. Yes, 160,000.

Because we enjoyed a very healthy *UCare for Seniors* enrollment growth effective January 1<sup>st</sup>, we have been working very hard to process and welcome this large wave of new members. We have added staff in order to improve our call responsiveness and service quality. We are also reaching out to welcome our new members with information sessions in a number of Minnesota communities.



Nancy Feldman

As you know, health care is at the top of political and policy agendas this year. Budget challenges exist on many fronts, and changes are likely in store for our Medicare and Medicare members. You can be sure that UCare is at the policymaking table. We are actively advocating for the interests of our members and providers at all levels of government and points of service delivery.

In anticipation of potential changes, we are committed to ensuring that UCare will remain a strong and viable health plan. Specifically, we are:

- Identifying new ways of keeping our business expenses as low as possible.
- Working with our providers to make sure quality health care continues to be delivered efficiently.
- Developing benefit options that maintain the excellent coverage our members have enjoyed.
- Striving to maintain the low premiums that our *UCare for Seniors* members currently pay.

As always, we welcome your ideas to improve our working relationship today and in future. Your participation and input is always encouraged and valued.

Thank you for everything you do to care for our members.

Nancy J. Feldman  
President and CEO

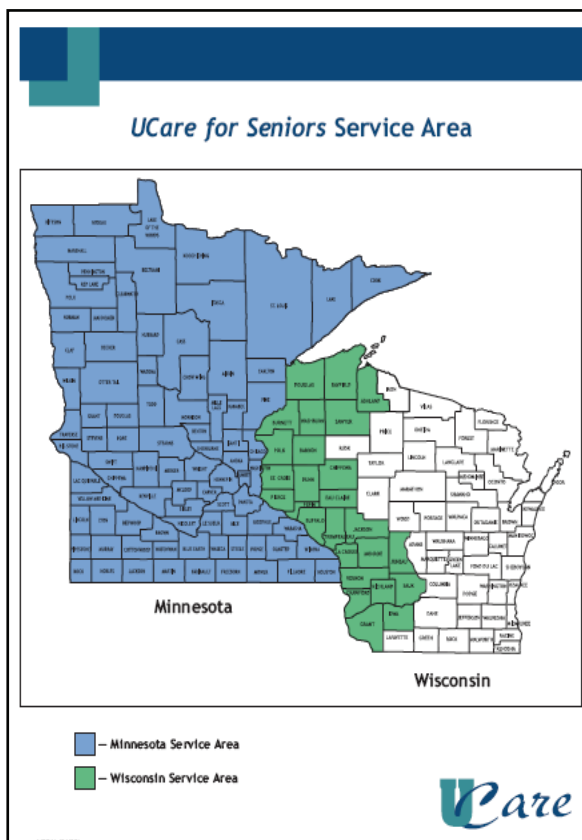
## News and Notes

### Expansion/Service Area Updates

Here are two updates about the expansion/service area updates that were effective Jan. 1, 2009.

The first update is about our Medicare Advantage plan, *UCare for Seniors*. This comprehensive plan is now available in Juneau, Iowa, and Sauk counties in western Wisconsin, bringing to 26 the number of counties we serve in the Badger State. This plan remains available throughout Minnesota.

Here's a map of the entire *UCare for Seniors* service area:



Secondly, we have transitioned members of Minnesota Senior Care (MSC; part of Minnesota Health Care Programs) to the Minnesota Senior Care Plus (MSC Plus) plan. Until Dec. 31, 2008, MSC – only offered in the seven-county metro area – was discontinued and its counties and members became part of MSC Plus.

Information about MSC Plus and other UCare plans can be found [here](#). The UCare Product Information “Tip Sheets” also are “quick information” resources for you and your staff.

### Are You Ready for Electronic Transactions?

Do you know – *and* are you *ready?* – for the next electronic transaction mandated by the Minnesota Statute, section 62J.536?

If you answered “no” to any part of this question, please be aware that health care providers are mandated to submit all of their claims electronically to payers and group purchasers no later than July 15, 2009.

UCare works with several clearinghouses to ensure the compatibility of electronic data interchange (EDI) claims so that they are accepted when submitted by providers. To learn which clearinghouses work with UCare, visit our online Provider Manual, **Chapter 6: Claims Submission Information**, at [www.ucare.org](http://www.ucare.org). Select “Providers” and then “Provider Manual.” A list of all our contracted clearinghouses and their contact information is there for your convenience.

Did you also know that the first electronic transaction was implemented on Jan. 15, 2009? The first set of electronic transactions required providers, payers, and group purchasers to have the capability to submit, receive, and/or transmit a 270/271 eligibility inquiry files.

If you intend to submit a 270 file to UCare for eligibility inquiries, please submit your contact information using this dedicated e-mail address: [270271EligTrans@ucare.org](mailto:270271EligTrans@ucare.org). A UCare representative will contact you shortly to complete the process.

You may also visit the Administrative Uniformity Committee (AUC) web site at <http://www.health.state.mn.us/auc/> for more in-depth information regarding each electronic transaction, associated companion guides, and best practices.

### Mental Health Targeted Case Management

Effective July 1, 2009, all managed care organizations (MCOs), including UCare, will be responsible for the management of mental health targeted case management (MH-TCM) for recipients enrolled in Minnesota Health Care Programs (MHCP).

MHCP recipients enrolled in a Prepaid Medical Assistance Program (PMAP), General Assistance Medical Care (GAMC), MinnesotaCare, Minnesota

Senior Health Options (MSHO), Minnesota Disability Health Options (MnDHO), and Special Needs BasicCare through UCare may be eligible for this service if he or she is an adult experiencing serious and persistent mental illness (SPMI) or if the person is a child with severe emotional disturbance (SED). The claims are to be submitted to UCare as of July 1, 2009.

## Data Abstraction Processes to Begin for 2008 HEDIS and MN Community Measurement

In March 2009, UCare started the HEDIS medical record and the MN Community Measurement data abstraction processes for UCare-contracted primary care clinics (PCCs). A letter dated March 11, 2009, was sent to all the PCCs notifying them of this data abstraction process.

UCare has contracted with MedAssurant, Inc., to perform HEDIS medical record data abstraction, as well as the MN Community Measurement abstraction on our behalf.

Prior to conducting an on-site review, MedAssurant will contact the PCC to schedule a visit. This organization also will send a pre-visit letter explaining its data collection process. The pre-visit letter will include a patient list and MedAssurant's contact information. Should certain criteria apply, MedAssurant may also request that copies of chart components be sent via mail or fax for off-site review.

Providers with questions or concerns about the process may contact Jody Goken at 612-676-3282, or [jgoken@ucare.org](mailto:jgoken@ucare.org). If you have questions for MedAssurant about the site visit, scheduling, or processes, please call it directly at 1-800-390-3180.

## Medical Records Audit Results

Our regulators require UCare to review a random sample of primary care medical records to assess accurate documentation. From our 2008 audit on 2007 medical records, our overall compliance was 91 percent. This rate reflects that, overall, UCare's network of providers is doing a good job complying with the medical record standards.

However, there were several areas frequently missed in charts.

One major area found to be deficient in many charts was the documentation of advance directives. UCare auditors are looking for either an advance directive placed in the chart, or documentation that advance directives were discussed with patients. This very important topic was found to be missing in 64 percent of charts reviewed. Please remember to keep a copy of the member's advance directive prominently in the chart, and document all discussions on this topic.

Other items with high deficiency rates in charts were current immunization records maintained, and documentation of inquiry or counseling regarding alcohol or substance abuse. Please remember to keep the member's immunization records up-to-date, and please document discussions regarding alcohol and substance abuse.

Overall, UCare's medical record audit revealed that medical record-keeping practices are quite robust throughout the network. Improvements can be made in the three areas noted previously.

Thank you for your continued efforts to keep and maintain members' medical records according to our guidelines and requirements.

## Clinical Practices Guidelines

UCare provides access to the Clinical Practice Guidelines adopted by our Quality Improvement Advisory and Credentialing Committee (QIACC). Each guideline includes the primary source with a direct link to online content, modifications if needed for UCare members, rationale for modifications, and measurement specifications. The guidelines are available online at: <http://www.ucare.org/providers/Pages/ProviderManual.aspx#ch24> and are updated after each QIACC review.

## Electronic Submission of Credentialing and Re-Credentialing Applications

UCare is now part of the MN Credentialing Collaborative (MCC), which provides a centralized, web-based clearinghouse for information used in the credentialing process. This product is an online, easy-to-use way to prepare, save, and send the credentialing and re-credentialing application that is accepted by participating Minnesota health plans and hospitals.

Visit [www.mncred.org](http://www.mncred.org) for more information.

If you have not enrolled with the MCC to use the ApplySmart system, check with your clinic credentialing staff or go to [www.applysmart.net/mccprac](http://www.applysmart.net/mccprac). To sign up, click on “Individual Providers.”

Once you have registered, you will receive an e-mail with your User ID and instructions about how to log into the system and enter your credentialing information.

For more information on completing the application, click “Help and Tutorials” on the left navigation bar on the web site after you have logged in.

### “Implementing NPI or UMPI FAQ” Document is Updated

We have recently updated the Implementing National Provider Identifier (NPI) or Unique Minnesota Provider Identifier (UMPI) frequently-asked-questions (FAQ) document. You can find it our web site in the NPI section by clicking [here](#).

The document was updated to include information mainly related to UMPI numbers; e.g., where to submit the UMPI numbers (if not on file), where the UMPI number is required on the claim form, and similar topics.

### Practitioner and Facility Change/Update Notification Process

Credentialing is UCare’s process to determine if an individual or organizational applicant is qualified and competent to render acceptable care to UCare members. All actions related to acceptance, denial, discipline, and termination of participation status of an individual or organizations are governed by UCare’s credentialing policy.

**Critical to note:** Providers should not see UCare members until the credentialing process has been completed.

To prevent delays or errors with the payment of claims, we ask providers to notify us of changes **no less than 60 days** prior to the effective date of the change.

Please use the following grid to determine which forms should be used for requests to add, remove, change, and/or update your information with UCare and where it should be submitted.

Credentialed Practitioner	Non-Credentialed Practitioner	Facility
<ul style="list-style-type: none"> <li>• Credentialing Application</li> <li>• Re-credentialing Application</li> <li>• Minnesota Uniform Practitioner Change Form</li> </ul> <p>Submit to UCare via:</p> <ul style="list-style-type: none"> <li>• Fax: 612-884-2184</li> <li>• E-mail: <a href="mailto:credentialinginfo@ucare.org">credentialinginfo@ucare.org</a></li> </ul>	<ul style="list-style-type: none"> <li>• Minnesota Uniform Practitioner Change Form</li> <li>• Personal Care Attendant (PCA) UMPI Form</li> </ul> <p>Submit to UCare via:</p> <ul style="list-style-type: none"> <li>• Fax: 612-884-2072</li> <li>• E-mail: <a href="mailto:demographicupdates@ucare.org">demographicupdates@ucare.org</a></li> </ul>	<ul style="list-style-type: none"> <li>• UCare Facility Change/Update Form</li> </ul> <p>Submit to UCare via:</p> <ul style="list-style-type: none"> <li>• Fax: 612-884-2080</li> <li>• E-mail: <a href="mailto:prupdate@ucare.org">prupdate@ucare.org</a></li> </ul>
<p>Direct credentialing inquiries to UCare’s Credentialing Dept. at 612-676-3660.</p>		

### Coding Zone

#### Claims Processing Tips

Here are reminders of two key items to ensure your claims are processed efficiently:

**1)** Providers designated as a Critical Access Hospital (CAH), Rural Health Clinic (RHC), or a Federally Qualified Health Center (FQHC), will need to submit their most current rate letter from the Centers for Medicare & Medicaid Services (CMS) if UCare does not have your most current rates.

CMS does not forward or provide us that information; therefore, it is providers’ responsibility to forward it to the health plans. It is important that we receive it promptly to ensure your claims are processed at the most current rate.

UCare has a designated fax number for CAH, RHC, and FQHCs to fax in their CMS rate letters. Please send it to this UCare fax number 612-884-2232.

2) When submitting a new claim to UCare for the first time, please do not submit a Claim Status Adjustment/Recoupment form along with your new claim. The Claim Status Adjustment/Recoupment form is to be used only when a claim has been previously processed by UCare and you are submitting corrections or changes to the previously processed claim.

## Primary Care Clinic Reporting Responsibility and Requirement

Primary care clinics are required to send a quarterly report to UCare listing all written and verbal complaints that the clinic received from UCare members. Minnesota requires UCare to conduct ongoing evaluations of all member complaints, including those from participating providers (Minnesota Rule 4685.110 Subpart 9). Failure to comply with the procedure is considered a breach in contractual responsibilities.

You may send the completed complaint form to us in one of the following ways:

- Fax: 612-884-2021
- Mail to:  
UCare  
Quality Management Administrative Assistant  
P.O. Box 52  
Minneapolis, MN 55440-0052

**If there are *no* complaints for the quarter in question, call the Quality Management Administrative Assistant with this information at: 612-676-3298 or 1-877-523-1517 (toll free).**

For more information and to access the Quality Complaint Reporting Form, visit us at [www.ucare.org](http://www.ucare.org) and refer to Chapter 18 in our online Provider Manual.

## Access and Availability Standards

We want to ensure that our members have access to health care services in a manner consistent with UCare's Access and Availability standards. So, in addition to a written survey during the year, UCare conducts "secret shopper" surveys to review compliance with these standards.

To learn UCare's expectations for access and availability for the primary care and OB/GYN clinics, click [here](#).

## Waiver Residential Services Provider – Clarification on Leave Days

UCare complies with CMS policy that states Medicaid payment is only made for waiver or state plan services actually provided to an eligible person; this does not include leave days. "Leave days" means days when the member, who is a waiver recipient, is not receiving residential services. Examples of leave days include days absent for:

- Crisis services.
- Hospitalization.
- Therapeutic leave.
- Any days away such as home visits and vacation days.

The overhead expense of days when the person is away from a residence is accepted by CMS as a part of a waiver provider's cost of doing business. Overhead expenses may be factored into a provider's rate for the days a person is actually receiving services. The member's plan of care (NOSA for MnDHO members) and the provider's contract, or the rate arrangement for that member, will include documentation of:

- A description of the services being purchased for that member.
- The negotiated monthly rate for that member.
- The process to adjust the negotiated monthly rate for the days on which services are not actually provided to the recipient.

Direct questions about payment processes for the leave days to the member's Care Coordinator or your UCare Contract Manager.

## Paperless Daily Hospital Admission Reports

Effective May 1, 2009, UCare will provide online, secured access to the daily hospital admission reports to help improve efficiencies and better serve provider hospitals.

UCare will no longer fax a paper version of the reports as of that day. The online access enables you to download the report to an Excel spreadsheet and provides additional options, as well.

To sign up for the online access, send an e-mail to Louann Daniels at [ldaniels@ucare.org](mailto:ldaniels@ucare.org) with the following

information: the name(s) of the person(s) who will download the reports, along with the(ir) e-mail address(es).

When we receive this information, we will send the appointed user(s) the(ir) user ID, password, and the secure web site address.

Please contact Louann at 612-676-3385 or Mary Jo McKinney at 612-676-3276 if you have any questions or would like more information regarding this change.

## Help Us Help You

UCare is committed to providing excellent service to you as a valued provider in our network! That's why we'd like to hear from you about what *you'd* like to hear from us this year!

Your needs and opinions really matter. Please send us your comments and/or suggestions for future *health lines* content at [healthlines@ucare.org](mailto:healthlines@ucare.org).

Thank you for your continued support of UCare and our members.

## Friendly Reminders

- UCare's **Coding Consultant Service** is available to providers for coding and billing issues. Coding questions should be sent via e-mail to [codingconsultant@ucare.org](mailto:codingconsultant@ucare.org). *Note: There is a four-day turnaround time on these requests.*
- Don't forget to subscribe to our **E-mail List Server** to receive provider news and updates, including *health lines*, via e-mail. To subscribe, visit us online at [www.ucare.org/providers/emaillistserver.html](http://www.ucare.org/providers/emaillistserver.html).
- Our **Provider Assistance Center** can help answer your questions and we're just a phone call away! **612-676-3300 or 1-888-531-1493 (toll free).**

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