



August 2006

Dear UCare Minnesota Participating Provider,

Enclosed, please find UCare Minnesota's second quarter edition of *health lines*.

Health lines is a comprehensive newsletter for our contracted providers. Each quarter, we will bring you UCare news, events, coding and billing updates, as well as other provider information that will enable your organization to run more efficiently when you encounter a UCare Minnesota member.

Let me take this opportunity to share with you a few highlights in this edition:

- **Prior Authorization and Quantity Limit Changes:** Effective **8/1/06**, UCare will re-implement Prior Authorization and Quantity limits for UCare members with Medicare Part D prescription drug coverage including UCare for Seniors, MSHO and MnDHO members.
- **Minnesota Disability Health Options (MnDHO):** A brief summary of this program, (UCare Complete and Partners Choice Network), with specific attention to the office visit copay requirements that we hope you will find useful in your every day practice.

UCare is on the move! Effective, August 14, 2006 we will be moving to 500 Stinson Boulevard NE, Minneapolis Minnesota 55443. It is important to note our phone numbers and mailing address for claim submission and adjustments will remain the same.

We'll continue to keep you up to date on details and developments that affect your organization.

If you would like to receive news and updates including our newsletter *health lines* via email, just click on the "subscribe" link located on our provider page at www.ucare.org, and send.

If you have any comments and/or suggestions regarding the content, please email us at healthlines@ucare.org.

UCare is committed to providing excellent service to you as a valued provider.

Sincerely,

Marilee Moritz, CPC
Network Services Manager
UCare Minnesota
www.ucare.org
Health Care That Starts With You



healthlines

A newsletter for our providers

IN THIS EDITION:

- Urinary Incontinence: Many Seniors Suffer in Silence
- UCare is 'On the Move' to New Office Space
- News and Notes
- Coding Zone
- Reminders

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If you have comments and/or suggestions for future content, please email us at healthlines@ucare.org.

For more information and updates, please visit www.ucare.org.

Urinary Incontinence: Many Seniors Suffer in Silence

Between 15-30% of non-institutionalized seniors in the United States have a significant problem with urinary incontinence. Many suffer embarrassment, skin breakdown, and other problems in silence. Their physicians often don't inquire about the problem, but many seniors wish they would.

In a recent "Health of Seniors" survey of senior UCare members, less than half the respondents reported that their physician had inquired about urinary incontinence.

Step one for physicians is to incorporate a simple question into their evaluation of patients over 50 years of age: *"Many people encounter occasional problems with the urinary tract as they get older. In the last six months, have you accidentally leaked any urine?"*

Asking this question creates the opportunity to explore the problem at the evaluation or at a separate appointment. What's more, many patients who have been having trouble will be glad their doctor brought up this sensitive issue. The basic evaluation for urinary incontinence is low tech, and most problems can be successfully diagnosed and treated by the patient's primary care physician.

Common causes of urinary incontinence are:

- Low-grade urinary infection (in which loss of continence may be the only obvious symptom).
- Drugs that disrupt the balance between detrusor and sphincter muscles.
- Common bowel problems such as constipation and impaction that put pressure on the bladder.
- Detrusor over-activity and instability.

Standard texts of general medicine and geriatrics often have useful initial evaluation outlines. *Geriatric Medicine*, edited by Christine Cassel, et al., has a particularly good chapter on this topic. Treatments are often simple but can improve a patient's quality of life tremendously. *It all starts with the doctor asking the question.*

R. Craig Christianson, M.D., Associate Medical Director

UCare is 'On the Move' to New Office Space

Thanks to our growing membership and provider network, UCare is growing, too. That is why we are moving just two blocks southeast of our Summer Street location. Beginning Aug. 14, visit us at 500 Stinson Blvd. NE.

Note: While our street address is changing, our phone numbers and P.O. Boxes will remain the same.

All links contained within are active in the electronic PDF version of *health lines*.



*R. Craig
Christianson, M.D.*

News and Notes

2006 "Real Pay" for Performance (P4P)

UCare Provider Incentives can have a real dollar impact for your clinic! Two of the performance measures included in P4P this year are focused on children:

- *Blood Lead Testing (BLT) at 12 and 24 months (eligible range is 9-30 months).*
- *Immunizations Up-to-Date (UTD) by 2 years of age.*

You can earn \$200 per child (\$100 incentive per performance measure) if you reach the 75th percentile of UCare's network rate for both measures. You may still earn \$100 per child (\$50 incentive per performance measure) for demonstrating improvement over your 2005 rate.

Helpful information and work tools are available in the Provider Manual; check Chapter 13, "C&TC and Blood Lead Resources," on the UCare web site. You also can contact your Provider Network Management Coordinator, or contact Ali Ralston in Performance Improvement by phone at 612-676-3658 or by e-mail at aralston@ucare.org.

Quality Complaint Reporting form

June is the official start to summer and the end of the second quarter of 2006. The end of the quarter means it is time to complete a **Quality Complaint Reporting form**.

Minnesota Rule 4685.1110 Subpart 9 requires UCare to conduct ongoing evaluations of all member complaints, including those from participating providers.

Send the completed complaint form to UCare in any of the following ways:

- Fax: 612-884-2021
- Mail:
UCare Minnesota
Quality Management Administrative Assistant
P.O. Box 52
Minneapolis, MN 55440-0025
- If you have no complaints, you can call 612-676-3298

Completed forms for the second quarter 2006 must be sent to UCare **no later than July 31, 2006**. For details about this reporting requirement, please review pages 8–10 of Chapter 18 in the UCare Provider Manual.

Minnesota Disability Health Options (MnDHO)

UCare Minnesota offers two products under the Minnesota Disability Health Options (MnDHO) program, *UCare Complete* and *Partners Choice Network*. These programs are relatively new to the provider community so we would like to briefly highlight the office visit co-payment requirements and provide you with background information.

UCare Complete is an innovative health coverage plan for patients with physical disabilities. Unlike other plans, *UCare Complete* combines the benefits and services of Medical Assistance, and Medicare Parts A and B. Please find the *UCare Complete* product information sheet attached with additional information for your review.

Partners Choice Network is a two-year pilot program overseen by Department of Human Services (DHS) for persons with developmental disabilities. Like *UCare Complete*, *Partners Choice Network* combines the benefits and services of Medical Assistance, and Medicare Parts A and B. *Partners Choice Network* places its members at the center of a planning process that identifies psychosocial, quality of life, medical, preventive, and environmental needs. It provides a total system of coordinated services and uses a primary care clinic (PCC) model. A single service coordinator organizes, tracks, and handles each member's work, health, and living needs while maintaining communication with the member's family or guardian. Our partner in this venture is Mount Olivet Rolling Acres (MORA), a nonprofit provider of long-term residential services and short-term support programs.

Please review the UCare Member Guide and Certificate of Coverage for co-payment information. You may access the UCare Member Guides online at www.ucare.org; just click on *Providers*, and then *Provider Manual*; they're listed under *Appendices*. We would also like you to note that co-pays for the dual eligible members differ from those on products that have Medicaid eligibility only. For example, members who have both Medicare and Medicaid eligibility under the MnDHO program do not have co-pays for services covered by Medicare unless covered under the Medicare prescription drug program. This means these members should not be charged an office visit co-pay if the services would typically be covered by Medicare fee-for-service.

UCare recognizes the importance of accurate information and encourages providers to verify member eligibility monthly. Please take note that the *UCare Complete* and *Partners Choice Network* products may include Medicaid benefits only, or may also contain Medicare benefits and funding, thus making it a dual eligible program.

Note: New member cards have been issued for *UCare Complete* and *Partners Choice Network* to reflect correct co-pay assessments. Please refer to the Reminders section on page 6 for examples.

Nursing Homes in Greater Minnesota

As a result of our Minnesota Senior Health Options (MSHO) expansion, many of the Nursing Homes in Greater Minnesota are now working with a benefit set that is completely new to their staff. The following are some “tips” to keep in mind when managing the care of these members.

- Whenever a member is admitted, discharged, or has a change in level of care, this must be communicated directly to UCare Clinical Services via fax using the Nursing Home Notification Form. This form can be found on www.ucare.org; just click on *Providers*, and then *Forms* – **be sure that your form is current!!!**
- MSHO is a *Dual Eligible* product – this means that the members qualify for the Skilled Nursing Facility (SNF)/Nursing Facility (NF) benefits traditionally allowed by Medicare and Medicaid. This would include the 100 day skilled benefit period and custodial care.
- UCare is liable for 180 days of custodial care only when a member joins MSHO while residing in the community (this includes Assisted Living). The state will have liability when: 1. the member joins MSHO while residing in the Nursing Home and 2. when UCare’s 180 day liability is exhausted.
- For Medicare Part A stays, UCare reimburses its providers according to their contracted Category levels, found in Exhibit B of their contract. UCare reimburses at the State Resource Utilization Groups (RUGs) for custodial care and Medicare rates for Part B therapies.

If you are a non-contracted provider, please contact Anthony Filiaggi at (612) 676-3613 in the Provider Network Management Dept to initiate the contracting process.

Any questions can be directed to UCare’s Provider Assistance Center at (612) 676-3300.

Referral to Non-Contracted Providers

UCare maintains a very broad network, with more than 15,000 participating providers of medical supplies and services. A list of these providers can be found using the “Find a Doctor” link at www.ucare.org; just click on *Providers*.

Occasionally, a UCare member may need a service from a non-contracted provider. Before sending a UCare member to a non-contracted provider, please contact UCare’s Clinical Services Department at 877-447-4384, ext 6705 (toll free). UCare must prior authorize all non-contracted medical supplies and services. This helps protect members from getting unexpected bills and helps assure quality service and follow up. This also allows UCare’s Clinical Services Department to verify the member’s benefits to ensure he or she has coverage for the service or supply and to make members aware of any limitations before charges are incurred.

Effective 08/01/06, UCare will re-implement Prior Authorization and Quantity Limits for UCare members with Medicare Part D

Effective 08/01/06, UCare will re-implement Prior Authorization and Quantity Limits for UCare members with Medicare Part D prescription drug coverage including UCare for Seniors, Minnesota Senior Health Options (MSHO) and Minnesota Disability Health Options (MnDHO) members.

The drugs which require prior authorization or have a quantity limit are designated on the UCare formulary: Part D Formulary: 4 Tier Open. You may access the formulary at www.ucare.org; just click on *Providers*, and then *Formularies*. Criteria and prior authorization forms are also available.

Requests for coverage review or exceptions should be directed to ProCare Rx by fax at (800) 662-0590 or by phone at (800) 662-0586.

Access UCare

Did you know that UCare Minnesota offers providers access to member information through our secure web site? *Access UCare* offers you several features that help streamline business operations and provide quick access to valuable information.



For example, you can use *Access UCare* to verify member eligibility, or check the status of a claim and/or a referral/authorization. To register for online access, go to www.ucare.org; click on *Providers*, and then *Access UCare*.

New Credentialing Correspondence

All credentialing paperwork (applications/adds/terminations) can be sent to UCare in any of the following ways:

- Mail:
UCare Minnesota
Attn: Credentialing
P.O. Box 52
Minneapolis, MN 55440
- Fax: 612-884-2184
- E-mail: CredentialingInfo@ucare.org.

National Provider Identifier (NPI)

The Centers for Medicare & Medicaid Services (CMS) announced a start date of May 23, 2005, for the National Provider Identifier (NPI) enumeration process.

The NPI is defined as the standard unique health identifier for health care providers. It was adopted by the Secretary of Health and Human Services under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The CMS announcement informs health care providers about the NPI, instructions on how to obtain an NPI, and guidance on what to do once an NPI has been obtained.

You may view up to date information at http://www.cms.gov/hipaa/hipaa2/npi_provider.asp.

UCare is committed to ensuring a smooth transition from UCare provider ID numbers to NPIs by partnering with the Minnesota HIPAA Collaborative NPI Workgroup. We will provide more information in the near future as we move closer to the May 23, 2007, target date.

Provider Manual Updates

A new chapter has been added to our Provider Manual. It's Chapter 26: "Home and Community Based Services (HCBS) Waiver Services." Chapter 26 includes the criteria that must be met for waived services, and outlines the standards for all providers who bill for these types of services.

In addition to the new chapter, the following chapters have recently been updated:

- Chapter 14 – "Obstetrics and Gynecology" (Revised February 2006)
- Chapter 20 – "Carved-Out Entities" (Revised February 2006)
- Chapter 24 – "Clinical Practice Guidelines" (Revised January 2006)
- Chapter 25 – "Health Promotion Programs" (Revised February 2006)

Note: The Provider Manual is updated periodically to include current information. You can access The Provider Manual online at www.ucare.org; just click on *Providers*, and then *Provider Manual*.

We would appreciate your feedback about this manual. You can access our **Provider Feedback Form** at www.ucare.org; just click on *Providers*, *Provider Manual*, and then *Provider Feedback Form*.

Coding Zone

UCare's Automation of APC Pricing

Ambulatory Payment Classification (APC) is a reimbursement methodology affecting the reimbursement for outpatient hospital claims. The reimbursement methodology may be in the form of fixed payments, bundling, and discounts for multiple services.

In December 2005, we began the automation implementation process. This process provides new information on Explanation of Payment (EOP) for outpatient hospital claims priced with CMS Medicare based APC rates. The new information is in the form of remarks: *APC Outpatient Code Editor (OCE) Edit Descriptions*. These remarks add additional explanations for paid and denied service lines.

UCare follows **Medicare** APC guidelines, rules, and edits. An example is the assignment of status codes that affect the payment of certain services and procedures. Procedures assigned status code B are codes that are considered APC non-allowable CPT/HCPCS codes, and will deny the entire claim. The procedures assigned status code E are also adhered to. These are single line item denials that are not allowed and are not paid under CMS APC guidelines; however, the remainder of the claim line items allowed under APC pricing are paid.

CMS has a general overview of APC pricing. We have provided links to resources that may help you understand APC pricing. We encourage providers to visit these web sites for further details.

- Main CMS site for APC pricing: <http://www.cms.hhs.gov/HospitalOutpatientPPS/>
- Addendum A & B updates where APC status codes are updated: <http://www.cms.hhs.gov/HospitalOutpatientPPS/AU/list.asp#TopOfPage>
- Description of OPPTS Program Transmittals which include APC changes: http://www.cms.hhs.gov/HospitalOutpatientPPS/99_OPPStransmittals.asp#TopOfPage
- CMS link to original June 2000 edits – Transmittal A-00-35: <http://www.cms.hhs.gov/hospitaloutpatientpps/downloads/a003560.pdf>
- CMS link – code 90714: <http://www.cms.hhs.gov/transmittals/downloads/R910CP.pdf>
- CMS link to APC overview: http://www.cms.hhs.gov/HospitalOutpatientPPS/01_overview.asp

Correct Modifier Usage

Correct coding is of utmost importance. The use of correct and up-to-date coding will expedite payment and ensure correct reimbursement. To promote consistent and accurate claim payment, UCare will assist providers with interpretation and the use of coding systems and guidelines,

In our last edition of *health lines*, we provided common modifiers that are often missed, causing denials or a reduction in payment. In this edition, we provide correct and incorrect coding scenarios specific to modifiers -25 and -59:

Correct usage of the 25 modifier

Patient goes into the physician's office complaining of knee pain for a month. Physician evaluates the problem and decides that an injection would be the choice of treatment. Patient agrees to have the injection done that day. Physician performs the procedure.

- Both the evaluation and management (E/M) service and the procedure can be billed based on the fact that it was not known at the time of the visit that a procedure would be performed that day. The physician needed to evaluate the problem and, based on the evaluation, it was decided that the procedure would be performed.

Incorrect usage of the 25 modifier

Patient comes in for another treatment of her warts. This is her second treatment. Physician performs a minimal history and exam and performs the procedure.

- Only the procedure should be billed. Performance of a procedure includes an evaluation of the patient as it related to that procedure code.

Correct usage of the 59 modifier

Patient went to physical therapy where manual therapy (97140) and direct therapeutic activities (97530) were performed. Physical therapist documented that 97140 was performed from 10-10:15 a.m. and then 97530 was performed from 10:15-10:30 a.m.

- According to the Correct Coding Initiative Edits, the 97140 is the comprehensive code to 97530. Since the services were clearly performed at different 15-minute sessions, it would be correct to bill for both services. When submitting the claim, the 97530 would need to have the 59 modifier appended to the code.

Incorrect usage of the 59 modifier

Patient had a bone marrow biopsy (38221) and a bone marrow aspiration (38220) performed. These two procedures were performed through the same skin incision at the same site.

- According to the Correct Coding Initiative Edits, 38221 is the comprehensive code to 38220. You would only report these two procedures together if they are performed at separate sites or at separate patient encounters. A separate site refers to different bones or two separate skin incisions over the same bone.

The Coding Consultant Service is available to providers for coding and billing issues. Coding questions should be sent via e-mail to codingconsultant@ucare.org.

Reimbursing Surgical Procedures

Effective March 1, 2006, UCare began reimbursing multiple surgical procedures performed in Ambulatory Surgical Centers (ASCs) based on the Department of Human Services (DHS) guidelines.

Effective April 1, 2006, UCare began reimbursing multiple surgical procedures performed by physicians based on the DHS guidelines.

DHS multiple procedure reimbursement guidelines are 100% of fee schedule, or contracted rate, for the primary (major) procedure, and 50% for each additional procedure. Multiple procedures may be bilateral procedures when a bilateral procedure code is not available.

Home Health Claims

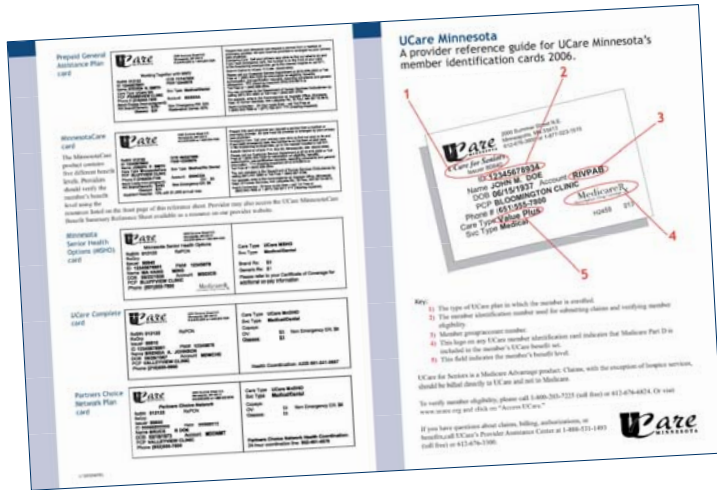
Here's a reminder to the Medicare Certified Home Health Providers for MSHO: If the member meets the homebound criteria, please bill using the appropriate G codes for the Medicare reimbursement and the appropriate T codes when members do not meet homebound status and receive the Medicare Advantage (MA) or Minnesota Health Care Programs (MHCP) reimbursement.

It is important to note that UCare does not follow Medicare's reimbursement methodology; therefore, the use of Health Insurance Prospective Payment System (HIPPS) codes is not recognized.

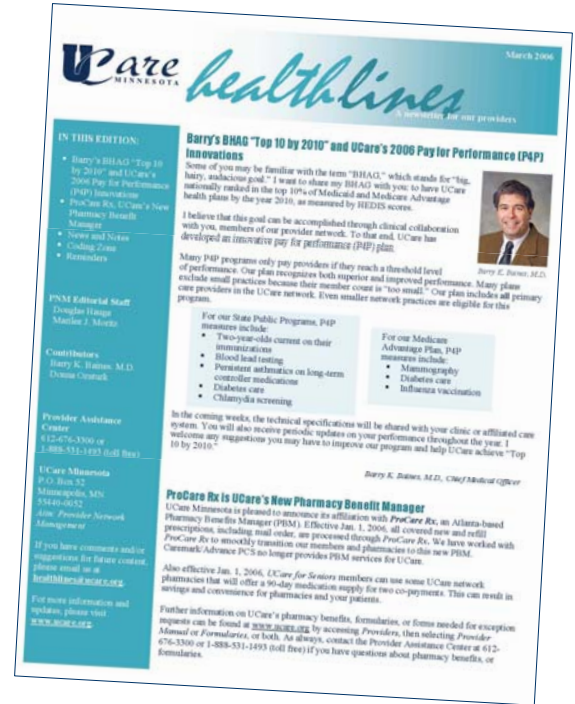
Reminders

- Don't forget to sign up for the Provider List Serve at www.ucare.org to receive news and updates including *health lines* via e-mail. Just click on *Providers*, and then *Subscribe*.
- The new Provider Reference Guide for UCare's Member ID Cards is available online for your convenience at www.ucare.org; just click on *Providers*.

- Back issues of *health lines* are available at www.ucare.org; just click on *Providers*.



Provider Reference Guide



health lines March 2006

Note: New member cards have been issued for UCare Complete and Partners Choice Network to reflect correct co-pay assessments, these changes are not reflected in the Provider Reference Guide. Please see below for new examples.

2000 Summer Street N.E. Minneapolis, MN 55413 612-676-3200 or 1-800-203-7226		Care Type UCare MnDHO Svc Type Medical/Dental Copays: OV: \$3* Non Emergency ER: \$6 Glasses: \$3 Brand Rx: \$3 Generic Rx: \$1 *No copays for Medicare covered services, except Medicare prescription drugs Health Coordination: AXIS 651-641-0887
RxBIN 012122 RxPCN RxGrp Issuer 80840 ID 9999999900 PMI# 00647693 Name JOHN A DOE DOB 01/01/1950 Account MDABMT PCP HEALTHPARTNERS REGION HLTH CTR Phone (651)254-3500		

New MnDHO Member Card (UCare Complete)

2000 Summer Street N.E. Minneapolis, MN 55413 612-676-6767 or 1-800-402-5019		Care Type UCare MnDHO Svc Type Medical/Dental Copays: OV: \$3* Non Emergency ER: \$6 Glasses: \$3 Brand Rx: \$3 Generic Rx: \$1 *No copays for Medicare covered services, except Medicare prescription drugs Partners Choice Network Health Coordination: 24-hour coordination line 952-401-4879
Partners Choice Network RxBIN 012122 RxPCN RxGrp Issuer 80840 ID 9999999900 PMI# 00024654 Name JOHN A DOE DOB 01/01/1950 Account MDDYMT PCP LAKEVIEW CLINIC CHASKA Phone (952)556-0120		

New MnDHO Member Card (Partners Choice Network)

If you have comments and/or suggestions for future content, please e-mail us at healthlines@ucare.org.

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 612-676-3300 or
 1-888-531-1493 (toll free)