

UCare healthlines

A newsletter for our providers

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

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

Note: Links contained within PDF are active.

Nancy Feldman is Chair of Minnesota Council of Health Plans

Nancy Feldman, CEO, has been appointed chairwoman of the Minnesota Council of Health Plans (MCHP). Her new responsibilities at the trade association last until August 2010.

"I'm honored to chair the MCHP Board in this exciting year of health care reform," says Nancy. "The council will continue to support changes that will help improve the quality, accessibility, and affordability of health care for all Minnesotans."



Positions are rotated annually among the council's 24-member board. Nancy replaces outgoing chairwoman Mary Brainerd, president and CEO of Bloomington-based HealthPartners.

"Our new leaders will offer valuable insight and experience as we work to make high quality, affordable health care sustainable," comments Julie Brunner, the council's executive director.

Established in 1985, the Minnesota Council of Health Plans is a trade association of eight licensed nonprofit health plans, the largest of their kind in Minnesota. The Council is dedicated to strengthening Minnesota's position as the nation's healthiest state.

Editorial Features UCare's Health Care Reform Lessons

UCare's views on ways the Minnesota lawmakers and health care communities can build on our health care successes in an editorial written by Nancy Feldman and published in the Sunday, Sept. 28, *St. Cloud Times*.

The "UCare can offer reform lessons" editorial offers four substantive and sound lessons about what *can* be achieved in health care reforms for Minnesota. Find out why Nancy recommends that "... we shouldn't discount the tried and true — and the new ... What's good for Minnesota's nonprofit health plans can be good for our nation's health, too."

The *St. Cloud Times* is a leading daily print publication and online source for state and regional news in central Minnesota.

UCare Outperforms Traditional Medicare on Key Quality and Cost Measures

In a new analysis comparing UCare and a group of similar Medicare Advantage health plans with traditional fee-for-service Medicare, UCare was found to have significantly lower rates of preventable admissions and emergency department visits, as well as hospital readmissions, than traditional Medicare. The report documents the difference that Medicare Advantage care coordination programs make in improving quality and lowering costs in the Medicare program, especially for members with chronic conditions. (*continued on page 2*)

Preventable Hospital Admissions and Emergency Department Visits

- Preventable hospital admissions were about 85 percent lower for UCare’s Medicare Advantage members (2.6 percent) than the national average of traditional Medicare (19 percent).
- Preventable emergency department visits were 90 percent lower for UCare’s Medicare Advantage members (1.6 percent) than the national average of traditional Medicare (15.5 percent).
- Preventable or so-called “Ambulatory Care Sensitive Conditions” are those that could have been prevented had the patient received good primary care and related services. These conditions include pneumonia, coronary artery disease, asthma, and diabetes.
- The results of this new report from researchers at [Johns Hopkins University](#) and the [Alliance of Community Health Plans \(ACHP\)](#), demonstrate that UCare’s high degree of coordination and integration of care can serve as a blueprint for achieving better delivery, improved outcomes, and lower costs in the Medicare program.

UCare’s Chief Medical Officer, Barry Baines, M.D., credited UCare’s complex care case management – and its disease management programs for members with chronic conditions – for causing lower hospital admission and emergency department visit rates.

“We offer our members with complex medical needs a coordinated care approach focusing on prevention, early identification, and intervention in the chronic disease process,” says Dr. Baines. “UCare has disease management programs for members with asthma, chronic kidney disease, diabetes, heart failure, and hypertension. The providers in our physician network also play a significant role in providing high-quality, evidence-based care and collaborating closely with us on our chronic care management programs.”

Lower Hospital Readmissions

- The analysis showed that UCare’s readmission rate was 25 percent lower than traditional Medicare’s national average. UCare’s readmission rate was 13.9 percent compared with Medicare’s 18.6 percent national average.
- According to the Director of the Office of Management and Budget for the Obama Administration, Peter R. Orszag, “we could

significantly reduce costs and improve quality by moving towards the medical practices adopted in the more efficient parts of the country.”

“Our members who face the daily challenges of living with a chronic condition prefer to receive good preventive care that keeps them healthy and out of the hospital,” said Dr. Baines. “These results confirm that our investment in better care, member education, and disease management programs results in better outcomes.”

The analysis of UCare’s hospital admission, readmission, and emergency department visit rates is part of a larger report, authored by Johns Hopkins University researcher Gerard Anderson, Ph.D., and commissioned by the Alliance of Community Health Plans (ACHP), a Washington-based membership organization of 19 non-profit, community-based and regional health plans and provider organizations from across the country. These plans are similar to UCare because they all focus on improving the health of the communities they serve through integrated and coordinated care delivery.

The report documented that it is possible to improve quality and lower costs in the Medicare program if the delivery system is structured differently. Like UCare, the regional, non-profit, community-based Medicare Advantage health plans that are ACHP members are able to keep more of their Medicare patients out of the hospital and avoid unnecessary costs because they invest in delivering the kind of coordinated, patient-centered medical care that traditional fee-for-service Medicare cannot consistently provide.

“ACHP commissioned this report in response to issues raised by Congress, the Administration and the Medicare Payment Advisory Commission (MedPAC),” said Patricia Smith, President and CEO of ACHP. “There is a broadly shared concern that hospitalization rates are too high and that a lack of coordination is the cause. Our goal for this report is to provide guideposts for Congress as they write health reform legislation, and to work in partnership to establish sensible market incentives that will lead to coordinated, integrated care, as well as continuous patient engagement.”

Study Highlights

- The Medicare fee-for-service rate of preventable inpatient admissions per 100 beneficiary months

was 19.0 in 2007. The average rate across ACHP plans was 2.5 per 100 beneficiary months – 87 percent lower than Medicare’s national fee-for-service average.

- The Medicare fee-for-service rate of preventable emergency department visits was 15.5 visits per 100 beneficiary months in 2007. The average rate across ACHP plans was 2.2 visits per 100 beneficiary months – 86 percent lower than Medicare’s national average.
- The Medicare fee-for-service average hospital readmission rate (30 days post-discharge) for the country in 2007 was 18.6 percent. The average readmission rate across ACHP plans was 13.6 percent – 27 percent less than traditional Medicare’s national average. Hospital readmissions cost Medicare \$17.4 billion in 2004.

UCare Funds Minnesota’s First Online Cultural Competency Learning Center for Health Care Practitioners

A unique, state-focused online resource and learning center– the Culture Care Connection (www.culturecareconnection.org) – launched Sept. 30. The web site is designed to help Minnesota health care providers, staff, administrators, and county agencies offer culturally and linguistically appropriate care to the state’s growing multicultural populations in order to reduce health care disparities and achieve improved health care outcomes.

The Culture Care Connection web site is a “cyber-clearinghouse” of information tools and resources developed to be concise, actionable, and evidence-based. It was created by Stratis Health and funded by a UCare grant announced in October 2008. The site offers current information on cultural competence concepts, health topics, ethnicities, stakeholder organizations, and resources that reflect the needs of Minnesota’s diverse populations, as well as the health care organizations that serve them.

UCare and Stratis Health share the mutual goal of increasing cultural competence among Minnesota’s health care provider community in order to reduce racial and ethnic disparities, improve the quality of health care received by Minnesota’s multicultural populations, and achieve better health outcomes. Many emerging populations are represented among UCare’s more than 180,000 members. Stratis Health

works with health care providers, care systems, and consumers to develop and implement initiatives and projects for clinical and organizational change, as well as connect them with health education and quality improvement information.

“Minnesota’s population is becoming more diverse every day, and our health care provider community and county resources are often challenged by language and cultural barriers that impede care delivery to multicultural populations. This lack of knowledge can lead to disparities in health care access and outcomes,” says Nancy Feldman. “UCare is very proud to support the creation of this remarkable web site and make this rich repository of cultural competency and health literacy resources available to Minnesota’s health care providers, county agencies, and the public.”

According to the Minnesota State Demographic Center, Minnesota State Demographic Center Minnesota’s multicultural population is projected to increase from 14 percent in 2005 to 25 percent in 2035.* As Minnesota’s population becomes more diverse, health care providers are seeing a patient population that may not speak English, may not be familiar with Western medical customs, and may be distrustful of how health care is delivered in the United States.

Site resources will help clinics meet the 14 national standards on Culturally and Linguistically Appropriate Services (CLAS) of the U.S. Department of Health & Human Services’ Office of Minority Health.

The new Culture Care Connection web site offers profiles of each Minnesota county with key demographic, socioeconomic, and health status data so health care practitioners can learn more about the characteristics of the communities they serve. The profiles are one of several Culture Care Connection resources Stratis Health developed with the UCare grant. Other site highlights include:

- A free, online CLAS Assessment, to assess how well health care organizations meet national cultural and linguistic standards.
- Fact sheets to help health care providers learn more about the background, religious and cultural beliefs, and common health issues of the predominant minority populations in Minnesota, including African American, American Indian, Hispanic/Latino, Hmong, Russian, and Somali.

UCare is also funding Stratis Health to provide cultural competency training materials and programs to more than 20 UCare-contracted, adult primary care clinics that work with underserved populations.

News and Notes

UCare Fund grants for 2009 announced

UCare's [UCare Fund](#) recently announced the awarding of 19 grants totaling \$266,400 to Minnesota organizations working to reduce obesity and promote healthy lifestyles among people of all ages. A \$100,000 grant also was made to a program that offers companion services to seniors in order to help them maintain optimal health and live independently.

[Click here](#) to read the list of grant recipients.

UCare Fund grant criteria in 2009 focused on two major goals:

- **Obesity reduction:** Projects addressing obesity intervention, reduction, and prevention in communities across Minnesota.
- **Promoting healthy lifestyles:** Projects with a goal of addressing wellness issues, especially those that deal with physical activity, healthy nutrition, and lifestyle behavior changes.

“The UCare Fund supports innovative efforts by health care, social service, and community based organizations to address pressing health issues,” says Ghita Worcester, Senior Vice President of Public Affairs and Marketing, UCare. “We’re pleased to distribute grants this year to programs that help people avoid a wide range of life-disrupting diagnoses and costly care by increasing their physical activity, learning about healthy nutrition, and making positive lifestyle and behavior changes.”

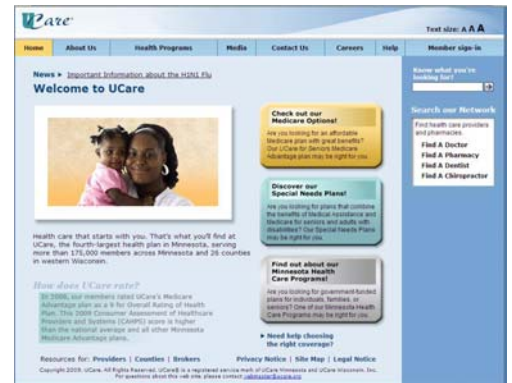
The UCare Fund is a community-directed initiative of UCare. Established in 1998, the Fund provides grants and staff support to projects that advance [UCare’s mission](#) to improve the health of UCare members through innovative services and partnerships across communities, and reduce health disparities for disadvantaged populations in the Twin Cities and throughout Greater Minnesota. [Click here](#) for grant application information.

[Click here](#) to learn more about the fund and grant application details. The next funding cycle occurs Sept. 1, 2009-Aug. 31, 2010.

UCare debuts new web site

Seeking to improve the user-friendliness and site graphics of our online address, UCare unveiled a new web site mid-September. The colorful site features new interactive features, new copy, and a whole new design.

Changes to the site and its architecture address gaps identified during usability testing held last fall. The new web site improves the site’s functionality in several ways. Indeed, it is more intuitive and easy to navigate. More and better visuals and less copy clearly delineate paths and links to key information, and fewer clicks are needed to navigate its pages.



Take some time to check out the new www.ucare.org!

Posting Advice for Electronic Mandates

The most recent electronic transaction set forth by the Minnesota Statute, section 62J.536, was the submission of electronic claims from health care providers. The *next* transaction for health care providers is to be ready to receive the electronic remittance advices (835s) starting Dec. 15, 2009.

Find out how you can sign up with UCare to receive electronic funds transfer (EFT) along with 835 files at our EFT page at [www.ucare.org/providers/Pages/ElectronicFundTransfer\(EFT\).aspx](http://www.ucare.org/providers/Pages/ElectronicFundTransfer(EFT).aspx).

Please note: You must also contact and enroll with a clearinghouse that has partnership with UCare to be able to receive the 835 files. The list of clearinghouses with this capability can be found in our online Provider Manual, **Chapter 6: Claim Submission Information;**

just log on to www.ucare.org/providers/Pages/ProviderManual.aspx.

It's not too late to comply

We do thank all providers now complying with the state's law by submitting their claims, attachments, and/or appeals to us electronically as of July 15. We also remind providers not yet in compliance that it is not too late to enact this process. Check out that list of clearinghouses for help in doing so.

Remember, too, that UCare has set up a designated fax number that will ease providers' submission of any attachments and/or adjustments/appeals information associated with electronic claims. The designated fax number is **612-884-2261**. Please be sure to accompany the documents the appropriate cover sheet and fax the documents face up.

New Pharmacy Benefit Manager set for 2010

Effective Jan. 1, 2010, the new Pharmacy Benefit Manager (PBM) for UCare and our beneficiaries is Express

Scripts, Inc.,

located in



EXPRESS SCRIPTS®

St. Louis, Mo. Express Script will replace CVS Caremark (formerly RxAmerica). All covered new and refill prescriptions, including mail-order, should be processed through Express Scripts.

The PBM's mission is to make "...the use of prescription drugs after and more affordable for tens of millions consumers..." We are confident that the new partnership with Express Scripts will allow UCare to continue to serve the interests of our members, and the community at large, while staying true to our mission as an organization.

Doral Dental to Become DentaQuest

Doral Dental, UCare's delegation oversight for dental services, will become DentaQuest, effective Dec. 1, 2009. Doral has been part of the parent company, DentaQuest, since 2004, which is known as the nation's fourth-largest oral health enterprise.

For more information about Doral and/or DentaQuest, visit their web sites at www.doralusa.com or www.dentaquest.com. **Please note:** In December, Doral's web site address will change to

dentaquest.com. Visitors to doralusa.com in December will be redirect to the dentaquest.com site.

Clinical Nurse Specialist Credentialing

Historically, UCare has not required Clinical Nurse Specialists (CNSs) to be credentialed; however, effective Sept. 15, 2009, UCare will require all new CNSs to be credentialed and providers should complete an Initial Uniform Credentialing Application for the CNS. For an existing CNS in our system, we will contact the provider and request the Initial Uniform Credentialing Application from them. You may send all credentialing applications, questions, and/or forms to UCare via e-mail credentialinginfo@ucare.org or fax to 612-884-2184.

UCare to Collect Hospital-based Practitioner Data

On Oct. 26, 2009, UCare started to add hospital-based practitioners who are new to a hospital into our systems.

Therefore, existing hospital-based providers will need to send UCare the practitioner's information using the MN Uniform Practitioner Change Form found in the "Forms" section of the UCare Provider Page at www.ucare.org/providers/Pages/Forms.aspx. Send the completed form to us via e-mail at demographicupdates@ucare.org or fax to 612-884-2072.

Note: Please allow 20 business days for your information to be processed rather than the normal turn-around-time of 15 business days on this project.

Quality Corner

The Referral Note: Reviving an Old Tradition

New electronic patient records give clinics, and care systems better access than ever before to a patient's previous history, lab values, medications, and other treatments.

Unfortunately, this information does not yet get shared well across systems. With patient care often

involving multiple primary and specialty providers, communication to and from primary and referral clinicians about what has been done already can help reduce unnecessary, repeat testing, or repeated failed treatments.

A brief note faxed to the other clinician with selected important history, tests, or treatments already provided, current, drug lists, and drugs already tried and failed or weren't tolerated can help colleagues be more effective and more efficient.

For example, many drugs now have "step therapy" edits in place that require first-line drugs be tried before more expensive second-line drugs can be approved for coverage. Sharing information about drugs that have been tried before referring a patient can save a lot of callbacks from the pharmacy (and from your referring provider).

Supporting Documentation Needed for Unlisted Procedure Codes

An unlisted procedure code is used when another specific code is not available to define a service/procedure. When billing with an unlisted procedure code, you must accompany the code with a concise description of the service/procedure on the claim form, and/or attach any pertinent documentation(s) with the claim.

In recent reviews of documentations for unlisted procedure codes, we have encountered difficulty recognizing the specific information that supports the unlisted procedure codes.

Please make sure that when you are submitting documents to support the unlisted code, please mark the areas/sections of the documents that support the unlisted code that you are billing for. Marking the areas/sections will decrease errors and increase a faster turn-around-time in review. *Thank you.*

Diagnosis Codes Project is Validated

As a contracted health maintenance organization (HMO) with Medicare, UCare is required to submit all ICD-9 diagnoses attributed to our Medicare Advantage beneficiaries to the Centers for Medicare & Medicaid Services (CMS). This also comes as part of the continued implementation of the Medicare Modernization Act of 2003 and a risk adjustment methodology for all Medicare Advantage

beneficiaries. This initiative's goal is to accurately reflect the health status of all beneficiaries.

UCare has delegated the review of medical records to two companies, and the in-home assessment evaluations on high-risk patients to another company. *[Please note this applies to primary care clinics (PCCs) and/or primary care physicians (PCPs) only.]*

Leprechaun

UCare has partnered with Leprechaun, a Hierarchical Condition Code (HCC) Management Outsourcing firm, to retrieve medical records and identify all documented and appropriate ICD-9 codes associated with patients who are members of UCare's Medicare Advantage health plans.

Before conducting an on-site review, a Leprechaun representative will contact the PCC to schedule a visit. After the scheduling is done, a letter and a list of members selected for the medical record review will be sent to the PCCs. A team of scanners will arrive at the office and electronically scan or digitally capture the medical records. If the PCC has electronic medical records, data can be electronically saved to minimize the time spent in the office by the representative(s).

If you have questions about the site visit, scheduling, or processes, call MedSave USA directly at 1-800-453-4071.

MedAssurant

As announced in the spring (2009) edition of *health lines*, UCare has already started the Healthcare Effectiveness Data and Information Set (HEDIS) medical record and the MN Community Measurement data abstraction processes for UCare-contracted PCCs. A letter dated March 11, 2009, was sent to all the PCCs notifying them of this data abstraction process.

UCare contracted with MedAssurant, Inc., to perform HEDIS medical record data abstraction, as well as MN Community Measurement abstraction on our behalf. Before conducting an on-site review, MedAssurant will contact the PCC to schedule a time for the visit. It will then send a letter that explains data collection process and includes a list of members selected for the medical record review.

If there are questions about the site visit, scheduling, or processes, please call MedAssurant directly at 1-800-390-3180.

Matrix Medical Network

UCare is please to announce a new outreach initiative for our high-risk *UCare for Seniors* and Minnesota Senior Health Options (MSHO) members. Starting in September, these members may choose to receive a free Health Risk Assessment (HRA) in their home administered by a physician or a nurse practitioner.

UCare has contracted with Matrix Medical Network to schedule appointments with our members and provide the in-home assessments. The program is part of our ongoing efforts and is designed to support the care that is provided by the member's PCP.

These home assessments are not intended to replace any existing appointments members may have with, or to replace care they receive through, their PCP. However, a copy of the completed assessment will be provided to the member's PCP for review.

NEW: Mandatory CMS Compliance Requirement: "Fraud, Waste, and Abuse Awareness" Training

The mandatory "Fraud, Waste, and Abuse Training" training requirement applies to all organizations that provide health care services or administrative services for Medicare-eligible individuals under the Medicare Advantage or Medicare Part D programs. Training is required to be completed by Dec. 31, 2009.

You can download a copy of the PowerPoint training module for your organization in our "Fraud, Waste, and Abuse Training" site at www.ucare.org/PROVIDERS/Pages/FWA.aspx.

When training has been completed, sign the attestation form, and mail it or fax it in to UCare within 30 days of your organization completing the training, but no later than Jan. 15, 2010. An officer or director from your organization must attest your organization's completion of the training by filling out and returning the attestation form.

Access to Health Records Notice of Rights

On Aug. 17, 2009, the State Register published a notice with an update from the Minnesota Department of Health (MDH) on the Access to Health Records Notice of Rights document. This notice tells patients how they may access and obtain copies of their health

records, and how their health records may be disclosed without their consent.

Health care providers are required to post the "Access to Health Records Notice of Rights" in a clear and prominent place to its patients.

For more information and to read the State Register regarding this notice in its entirety, please log on to www.comm.media.state.mn.us/bookstore/stateregister/34_07.pdf. You also can find information about the Access to Health Records Notice and other related information at MDH's web site at www.health.state.mn.us/divs/hpsc/dap/notices.html.

Coding Zone

Clarification: Lifeline Services for MSHO Members

Last quarter's *health lines* edition (Summer 2009 edition) included an article entitled "Billing Correctly for Lifeline under a Waivered Benefit." It stated that this is a covered benefit for MSHO members if it has been approved by the member's Care Coordinator or Case Manager to be applied towards their waived benefit.

We are clarifying this statement and restating that lifeline service is a covered benefit for all MSHO members, including members who do not have a waived benefit.

This is a new benefit in 2009 for UCare MSHO members. We apologize for the incorrect information and we value your feedback.

Child and Teen Checkup Referral Coding

In recent claims activities, UCare's Claims Department has noticed that providers are billing the Child and Teen Checkup (C&TC) referral code(s) in the modifier field of the CMS 1500 claim form. The C&TC referral code(s) should not be entered in the modifier field of the claim, as this will deny the claim as billing with an invalid modifier. The referral codes should be billed in the "EPSDT/Family Plan" field (box 24H) instead. Please make sure that when you are billing for a C&TC, the referral code is entered in the correct field.

Need Help with Access UCare?

- **Having troubles logging in? Need your password reset?** Contact your Access UCare Administrator to help troubleshoot your issue. If you are the administrator, or you do not know who your administrator is, send us an e-mail at AccessUCare@ucare.org and a representative from UCare will contact you shortly.

Please provide your full name, the name of your organization/provider's office, telephone number, and any other pertinent information that can help us identify who you are in your e-mail message. *(Please note: This is only applicable to providers who currently have a username/password and is having troubles logging in.)*

- **Need a username/password?**
Go to our Access UCare page at: <http://www.ucare.org/providers/Pages/AccessUCare.aspx> and complete the form. Once completed, a representative will contact you shortly to finish the registration process. It's quick, easy, and it only takes a few minutes!

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.

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.
- As a valued provider within the UCare network, you have a dedicated **Network Services Coordinator** who can help you in many ways. A Coordinator is assigned to each health system and/or geographical area.

If you do not know who your Coordinator is, visit our "Network Services Coordinator" page at www.ucare.org/providers/Pages/NetworkServicesCoordinator.aspx.
- 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/Pages/E-MailListServer.aspx.
- 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)**.

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

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