

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.

UCare Launches New Web Site Platform

Our refreshed and upgraded site is up and running!

Pay a visit to UCare's refreshed web site www.ucare.org. It features clean and brighter colors, and some fresh images and faces that reflect our diverse membership.

Several other improvements were made to the look and feel of the pages. The changes were possible because we've upgraded the former "platform" (the software that ran our previous site) to the new and improved SharePoint platform. Rest assured that you still have access to the same great provider resources, including Access UCare. And, most importantly, our site remains user-friendly for our valued members and providers.

The upgrade adds a number of efficiencies to our site, including:

- A better search tool that quickly provides web page and document links.
- An "enhanced feature set" which offers drop-down menus, easier navigation, and a greater ability to track use and readership of web pages, for example.
- A larger font size for improved readability.
- A set of images on the home page that change each time the page is refreshed.
- Increased security.
- Greater flexibility to add more features in the future.
- Quick and easy management of the site's content and images.

Check out our revised Providers Page at www.ucare.org. Then select "Providers," and let us know what you think. We welcome your feedback at healthlines@ucare.org.



Fall 2008 Edition

Partners Choice Network (PCN) to Close by end of 2008

After thoughtful consideration, UCare, Mount Olivet Rolling Acres (MORA), and the Minnesota Department of Human Services (DHS) made the difficult decision to discontinue our pilot program, *Partners Choice Network (PCN)* (Minnesota Disability Health Option-Developmentally Disabled). New members are no longer being accepted, and the program will close at the end of 2008.

UCare will continue to serve current *PCN* members through the end of this year. We are working closely with DHS; the Centers for Medicare & Medicaid Services (CMS); Carver, Hennepin, and Scott counties; and the affected Counties of Financial Responsibility (CFRs) to ease the transition of our *PCN* members to county case management or other programs in 2009.

Any alternative services not funded by Medicaid or Medicare currently approved by the person-centered plan teams will be funded by MORA through 2009. Dual-eligible *PCN* members will need to enroll in a Medicare prescription drug coverage product, so there is no interruption in coverage or service.

Voluntary plan was innovative, effective

You may recall that *PCN* is a voluntary health plan we offer with Mount Olivet Rolling Acres (MORA), working together with Lutheran Social Service of Minnesota (LSS) and Fraser, for people 18-64 with developmental disabilities. It offers a total system of coordinated services, overseen by trained service coordinators working to provide the best possible health, work, and living environment for each member.

Two years of development preceded the start of *PCN*, which began enrolling voluntary members in January 2006.

The demonstration plan sought to improve both client outcomes and client satisfaction, and to facilitate expanded consumer choice of services and providers. It also sought to contain costs under a capitated system that integrated all Medicaid and Medicare funding for work, residential, and medical/pharmacy/DME services under one coordinated umbrella. Additionally, the plan aimed to stabilize the funding process for providers, thus lending more predictability to the delivery of services to members.

Among the factors that influenced our decision to close the program were the limited pool of enrollees available through our partnerships with MORA, LSS, and Fraser; the availability of similar services provided in other settings; and inherent conflicts of interest with the

counties' role in case management. There also are some significant and projected marketplace, regulatory, and economic changes do not suit the *PCN* in its current structure. Though the operational model was strong, a different economic model must be developed to ensure its viability in the future.

We are proud of *PCN*. In fact, the value of this model was affirmed in two evaluation phase reports prepared by the University of Minnesota Research and Training Center on Community Living. We believe that the *PCN* model was progressive, effective, and possibly a bit ahead of its time. It certainly helped us lay valuable groundwork for a new generation of disability programs.

We thank all the valued providers who helped us deliver quality health care to our *PCN* members. UCare will carry forward the valuable lessons we learned about the rewards and challenges of offering a coordinated care program for people with developmental disabilities, and continue to seek progressive health care solutions.

Marketing in Health Care Settings

The Center for Medicare and Medicaid Services (CMS) recently issued new Marketing Guidelines following the passage in July 2008 of the Medicare Improvements for Patients & Providers Act of 2008 (MIPPA).

Several health plans requested clarification from CMS about the display and distribution of marketing materials in health care settings. Specifically, plans have asked if it is acceptable for providers to distribute and/or display materials only for those plans that respond with materials.

CMS has advised plans that providers should attempt to display plan materials for ALL plans with which they participate.

If a particular plan fails to provide materials, the provider may display the materials for ONLY those plans that have provided them.

Protect Yourself From the Flu

With the first signs of autumn approaching, health care providers start to think of flu season. Every fall, UCare sends out postcards reminding members that they can get a flu shot at no cost. Our Customer Services “hold” messages also remind callers that flu shots are important.

What is the flu?

“The flu is a contagious respiratory illness caused by influenza viruses,” says Barry Baines, M.D., Chief Medical Officer at UCare. “It can cause mild to severe illness, and in rare cases, it can lead to death.”

Who should get a flu shot?

Anyone who wants to protect themselves can get a flu shot. The following people, and anyone who lives with or cares for them, are at high risk for serious complications from the flu and should get a flu shot each year:

- Children age 6 months up to their 19th birthday.
- Pregnant women.
- People age 50 and older.
- People with certain chronic medical conditions.
- People who live in nursing homes or other long-term care facilities.

Health care workers also need shots

And finally, don’t forget, health care workers also need to protect themselves. Only 50-60 percent of health care workers get their annual flu shot. With the upcoming holidays, the last thing you need is to get sick with the flu. Getting a flu shot now can help protect you through the spring.

Remember: *Get your flu shot – not the flu.*

Here is a link to educational resources from CMS:
<http://www.cms.hhs.gov/MLNProducts/Downloads/FluProducts.pdf>

Effective Influenza Immunization Strategies

Key updates and changes for the 2008-2009 influenza season are:

- New recommendation that children aged 5-18 years receive annual influenza vaccination.
- Continue annual vaccination of children aged 6 months through 4 years (59 months).
- New recommendation that either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV) be used when vaccinating health persons aged 2-49 years (was previously for persons aged 5-49 years). (MMWR, Vol. 57/RR-7, Aug. 8, 2008)

Vaccinating patients throughout the influenza season (from September into January and beyond) is a vital part of improving prevention of influenza. While influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later.

Vaccination rates may be improved by strategies that increase patient demand and access to vaccine and overcome practice-related barriers. Examples of these interventions include:

- Vaccination-only clinics.
- Standing orders.
- Strong recommendation from health care provider for patient to receive the vaccine.
- Reminder and recall notices.

To help meet public health vaccination goals, health care professionals (HCP) are also being asked to increase their own influenza immunization rates (which are only about 40 percent during annual influenza seasons now). The Minnesota Department of Health (MDH) has set a standard for influenza vaccination of HCP at 90 percent to improve patient safety and quality of care statewide, and to meet the national goal for Healthy People 2010.

Thank you for helping ensure that patients coming to your clinic receive their influenza vaccination. And further thanks for taking steps to ensure that you and your staff are protected against influenza this season!

UCare Quality Initiative: 2008 HPV PIP

UCare's 2008 Medicaid Performance Improvement Project (PIP) initiative is promoting awareness of the human papillomavirus (HPV) vaccination through member education, and provider and key organization partnerships. Our goal is to increase the percentage of Minnesota Health Care Program (MHCP) females ages 11 and 12 who have had at least one administered dose of the HPV vaccine.

Here's a quick link for detailed information:
www.stratishealth.org/Medicaid_PIP

Direct links to resources for providers:

- Letter to Providers:
http://www.stratishealth.org/clientuploads/documents/Medicaid_TR_HP_V_ProviderLetter_0208.pdf
- Updated Immunization Guidelines:
http://www.stratishealth.org/clientuploads/documents/Medicaid_TR_HP_V_IMMguidelines_0508.pdf
- Strategies for Fostering HPV Acceptance Clinical Study:
http://www.stratishealth.org/clientuploads/documents/Medicaid_TR_HP_V_GonikStrategies_0508.pdf
- MDH HPV: What You Should Know fact sheet
http://www.stratishealth.org/clientuploads/documents/Medicaid_TR_HP_V_Updatedhpvfs_0508.pdf
- Updated MDH Preteen Vaccination Schedule
http://www.stratishealth.org/clientuploads/documents/Medicaid_TR_HP_V_UpdatedMDHpreteens_0508.pdf

The HPV PIP Initiative is a collaborative effort by UCare and eight other health plans contracted to provide the Prepaid Medical Assistance Program (PMAP) in Minnesota.

The UCare contact for this PIP is Ali Ralston, Performance Improvement Project Manager. She can be reached at 612.676.3658, or aralston@ucare.org.

News and Notes

Interactive Voice Response (IVR)

During the month of December 2008, UCare will launch an interactive voice response (IVR) system to offer our providers the opportunity to use self service features to verify a member's eligibility or check the status of a claim. The IVR is a Nuance product and will have the capability to recognize the speech of a caller as a response. This system will also allow easy access to our providers during and outside normal business hours.

Staying consistent with UCare's commitment to provide excellent service to you as a valued provider, we will also attempt to route a provider call to the Customer Services representative who last interacted with the provider office calling.

Credentialing Update

Effective Jan. 15, 2009, Urgent Care practitioners will be required to be credentialed. Please submit credentialing applications to UCare no later than Nov. 25, 2008, to ensure your credentialing application will be processed.

Attention: Contracted Personal Care Attendant Organizations and PCA Choice Providers

RE: Billing PCA services using NPI and UMPI numbers

Effective Oct. 1, 2008, UCare will require all Personal Care Attendant (PCA) providers to start billing with the individual UMPI numbers for each of their PCAs.

For more information please visit us online at www.ucare.org. Then select "Providers."

New Denial Notices for SNFs, CORFs, and Home Health Agencies

Effective immediately, new denial notices are to be issued for UCare's Dual Special Needs Plans (D-SNPS): MSHO, MnDHO, and *UCare Complete*. The notices now bear closer resemblance to the forms currently in use for the *UCare for Seniors* plan. For more information including notice instructions, and a special upcoming WebEx Teleconference Presentation, please visit us online at www.ucare.org. Then select "Providers."

Notice: Change in Medicare Part D Vaccine Administration Reimbursement was Effective Jan. 1

CMS set forth changes to the payment policy for the administration costs associated with Medicare Part D-covered vaccines beginning Jan. 1, 2008. This change requires the payment for the administration costs associated with vaccines covered by Part D to be submitted to the Part D plan for reimbursement.

For more information, please visit us online at www.ucare.org. Then select "Providers."

UCare health lines BULLETIN: Coding Structure for Chemical Dependency Services

UCare health lines BULLETIN is a new communication vehicle from Provider Network Management informing providers of timely issues.

DHS has redesigned the Rule 25 and 31 programs. Effective July 1, 2008, UCare began following the new guidelines and coding changes.

Look for the "Coding Structure for Chemical Dependency Services" *health lines BULLETIN* and other issues online at www.ucare.org. Select "Providers," "health lines," and "health lines BULLETIN."

Special Needs Provider Survey for UCare Connect

On Jan. 1, 2008 UCare began offering a new special needs product called *UCare Connect*. This product is designed for people with physical disabilities, developmental disabilities, and/or mental health issues.

DHS requires UCare to collect information from its primary care network about the physical accessibility of your office. UCare will share this information with our members and potential members. This information also will also be used to ensure UCare members are using the most accessible clinics to meet their needs.

In the next couple of weeks, you may receive a survey from us to complete.

If you have already completed and returned a survey, thank you. If you have questions about completing the survey, please contact Joan Benson, Modern Survey, at 612-399-3837.

Hospital Notification Process

UCare is making some changes to the Hospital notification process. Beginning Nov. 1, 2008 we will no longer be requesting discharge dates for hospital admissions. For questions, please call our Clinical Intake team at 612 676-6705. Thank you.

Coding Zone

Note: 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.

ICD-9 CM Annual Updates

The annual ICD-9 CM update will be effective for dates of service on or after Oct. 1, 2008. **There is no grace period.** Claims containing expired or invalid codes will be denied.

A list of the new, revised and deleted ICD-9 CM codes can be found at:

http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage

New Addition to Claim System offers Advantages to Providers

UCare will soon implement an addition to the current claim editing system. The addition of this editing system, along with our claim payment system, will enable us to manage cost-effective health care, and delivery and reimbursement, by identifying potentially incorrect coding relationships on submitted claims.

The benefits to you as a health care provider are:

- Equitable reimbursement.
- Efficient reimbursement.
- Accurate and consistent claims processing and reimbursement.

Stay tuned for the upcoming effective date, which will be posted on our Providers page online at www.ucare.org.

Minnesota Law Mandates Electronic Health Care Transactions in 2009

Minnesota State Statute, section 62J.536, requires all health care providers, payers, and group purchasers to exchange eligibility requirements, claims, and remittance advices electronically using a standardized format. This mandate is particularly important to providers who currently submit and receive paper claim transactions.

MDH is consulting with the Minnesota Administrative Uniformity Committee (AUC) to develop uniform standard companion guides for such transactions. These guides will standardize the process for checking eligibility, submitting claims, and receiving remittance advices in an electronic format for providers. Also in development are guides for payers to plan, program, and accommodate these electronic transactions.

Additional information is located at:
www.health.state.mn.us/auc/index.html

WebEx TeleConference Presentations

UCare is now offering special WebEx TeleConference presentations, which combine web-based Internet technology and teleconference services. There is no fee to view these presentations, and no travel is required.

Participants who register for these sessions receive a log-in meeting number and code in an e-mail. At the time of the presentation, participants log into *AT&T TeleConference Services* to view the presentation, and then call the teleconference number provided to listen to it.

For the current schedule and to register for an upcoming presentation, please visit us online at www.ucare.org. Then select “Providers,” and “WebEx.”

Help Us Help You

We’d like to hear from *you* what you’d like to hear from *us* in 2009.

UCare is committed to ongoing service improvement, and your needs and opinions really matter. We hope you will take a few minutes and send us your comments and/or suggestions for future *health lines* content.

Please e-mail us at healthlines@ucare.org.

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

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

UCare health lines

Face-to-Face Provider Training with a UCare Network Services Coordinator

We're hitting the road again this fall to offer training on claims processing, remittances, and other provider business issues. Called Face-to-Face, these sessions offer great information and opportunities to build strong relationships between providers and UCare.

Our Face-to-Face sessions will help your staff learn:

- UCare products.
- Claims processing and remittance procedures.
- How to work negative balances.
- How to navigate within UCare provider web site and Access UCare.
- What to look forward to in 2009.

Who should attend?

Billers, coders, business office managers, and other support staff at primary care clinics.

For upcoming dates and locations please visit us online at www.ucare.org; then select “Providers.”

Provider Manual Updates

The following chapters have recently been updated:

- Chapter 6: Claims Submission Information (*Revised September 2008*)
- Chapter 14: Obstetrics and Gynecology (*Revised August 2008*)
- Chapter 20: Delegated Business Services (*Revised September 2008*)
- Chapter 21: Point-of-Service (POS) *UCare for Seniors* (*Reviewed September 2008*)
- Chapter 23: Medical Necessity Criteria (*Revised September 2008*)

Note: Our Provider Manual is updated periodically to reflect current information. To access our Provider Manual please visit us online at www.ucare.org. Then select “Providers,” and “Provider Manual.”

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. *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.
- 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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