

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.

UCare is part of group behind DIAMOND, an innovative approach for improving depression care in Minnesota

Shared effort is led by Institute for Clinical Systems Improvement

As you may be aware, a collaborative of health plans, physicians, and employers in the Twin Cities, Duluth, and Rochester is now offering a new, more effective care model for patients with depression. The new model is called Depression Improvement across Minnesota: Offering a New Direction, or DIAMOND, and UCare is proud to be one of the plans involved in its development and implementation.

DIAMOND features the use of a standard assessment tool to improve the diagnosis and management of depression among adults in the primary care clinic. It adds a care manager and consulting psychiatrist to the patient's treatment team; uses tools to prevent the patient from relapsing; and incorporates a tracking system to monitor follow-up care and treatment effectiveness. The model allows for comprehensive care, with a constant sharing of information among care providers.

DIAMOND is the result of a unique collaboration between Minnesota medical groups, UCare and five other regional health plans, and the Minnesota Department of Human Services (DHS). These efforts have been guided by the Institute for Clinical Systems Improvement (ICSI). ICSI is an independent, non-profit organization of 58 medical group members representing 9,000 physicians.

UCare's Dr. Barry Baines, Senior Vice President and Chief Medical Officer, reports that more than 250 patients have enrolled in DIAMOND since it debuted in March 2008. A new group of clinics will implement DIAMOND every six months during the next two years. Dr. Baines says the medical community will be assessing the program and patient results to determine DIAMOND's effectiveness. ICSI is now gathering data and monitoring outcomes for this purpose.

"This model offers an ongoing way for providers to identify and then closely monitor the issues, status, care, and progress of patients with depression. This enables professionals to really help patients move forward – and, if needed, modify treatment in a timely way," explains Dr. Baines.

"Moreover, participating health plans reimburse clinics for their members who are actively enrolled in DIAMOND," he continues. "I'm proud to report that UCare is including all of our members and patients in this payment structure, and there's no cost to our members who participate in DIAMOND."

Eligible patients must be age 18 and older, have a diagnosis of major depression or dysthymia, have a Patient Health Questionnaire (PHQ-9) score of 10 or above, and can remain active in DIAMOND for 12 months in order to receive coverage of service. ([Click here](#) to view a PHQ-9, which is a nine-item depression scale that assists primary care clinicians in diagnosing depression, and selecting and monitoring treatment.)

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DIAMOND has made a difference for many

According to ICSI, clinical trials have been very positive. In fact, the use of DIAMOND in the primary care setting reduces the incidence of suicidal thoughts, puts patients in remission faster, results in 100 additional productive days over a two-year period, and reduces health care costs by more than \$3,000 per patient over a four-year period compared to patients who receive the usual primary care treatment and/or referral approach for depression.

DIAMOND currently is available in 10 clinics associated with five medical groups:

- Community-University Health Care Center: Minneapolis clinic.
- Family HealthServices Minnesota: Vadnais Heights, Banning, Gorman, and Highland Park clinics.
- Mayo Clinic: Northwest Rochester primary care clinic.
- SuperiorHealth Center: Piedmont and Proctor clinics, both in the Duluth area.
- HealthPartners Medical Group and Clinics: Arden Hills and White Bear Lake clinic locations.

Additional medical groups and clinics are completing training and other preparations through ICSI to become certified to offer the program. At least 90 primary care clinics in large and small communities across Minnesota and northern Wisconsin plan to use the DIAMOND model by March 2010.

Payment structure supports success

DIAMOND's payment structure requires medical groups to establish a care manager role and make other changes in their depression care practices. Through ICSI, health plans and medical groups worked together on a new pay model whereby medical groups receive a periodic fee from health plans that covers the costs of these services. The health plans and medical groups negotiated the reimbursement rates individually.

Learn more!

If your clinic or care system would like to be in the queue to participate in DIAMOND, contact Nancy Jaekels, ICSI, at (952) 814-7060.

UCare Tooth Care Q&A



UCare is proud to be the only health plan in Minnesota to own and operate a mobile dental unit. Our UCare Tooth Care unit travels about 15,000 miles each year providing preventive cleanings and check-ups to UCare members across the state.

1. Why did UCare launch UCare Tooth Care?

As a longtime provider of Minnesota Health Care Programs, UCare has been concerned for many years about dental access for our state public program members.

- Not all dentists choose to accept state public program members.
- There is a maldistribution of dentists in Minnesota and most of the surrounding states. In 2006, there were 3,041 dentists licensed and actively practicing in the state. The average age of these dentists is about 49.
Source: Minnesota Department of Health
- Dental practices are not equally distributed across Minnesota.
- Dental practices are mostly located in metropolitan areas, small cities, and regional centers.
- There is a direct correlation between the status of oral health and general health. Dental caries are a chronic childhood disease. Periodontal disease is the result of poor oral hygiene and other health issues. Oral and pharyngeal cancer is the sixth most common cancer in the developed world. And orofacial pain is often a major cause of poor quality of life.

2. Why does this solution make sense?

It's really very simple: Through UCare Tooth Care, we bring the dentist to our members. UCare Tooth Care can serve 15-20 people in a day, and it can travel across the state reaching communities where our members have limited access to dentists.

- UCare Tooth Care's goal is to address immediate needs for dental services and to link UCare members with dentists in their communities for ongoing follow-up care. This creative partnership between UCare and the University of Minnesota School of Dentistry fills a gap in access to dental health care throughout the state, educates UCare members on dental care and oral health issues, and encourages members to develop positive oral health care routines.
- The concept fits perfectly with the missions of both UCare and the School of Dentistry.

- It begins to address the problems that low-income Minnesotans have had in seeing a dentist. We all need to keep looking for more ways to address the problem of access to dental care in Minnesota.
- The unit provides unique opportunities for dental and dental hygiene students to participate in community outreach activities and treat patients in underserved areas of the state. These valuable service-learning experiences reinforce the dental school's community-based educational goals, help instill a sense of professional responsibility, and introduce students to life and practice opportunities in communities of need.
- Because poor oral health can lead to a multitude of health issues, regular preventive care can help people avoid periodontal and other oral diseases that are being linked to systemic diseases, such as cardiovascular disease and pulmonary disease.

3. Why is UCare the only health plan with a mobile dental unit like this?

UCare was created to serve a population with complex needs. We continually look at how we can best meet their needs in terms of the services we provide and the health care programs we offer. We frequently find the best solutions are those that combine creative approaches with community partnerships.

Thus, our partnership with the School of Dentistry helps address dental access challenges by putting a dental office in a recreational vehicle and taking it to our members.

4. Was it expensive to create UCare Tooth Care?

UCare Tooth Care is an investment in our members' health. Clearly, there is a cost to putting UCare Tooth Care on the road. But considering the number of patients receiving preventive dental care on the unit, which is in the many thousands, we believe the mobile dental unit pays for itself.

5. What do the two partners (UCare / School of Dentistry) bring to UCare Tooth Care?

UCare provides the vehicle (we bought and outfitted the unit) and works with counties around the state to book the visits. The School of Dentistry provides the clinical supervision and staffing by qualified dental and dental hygiene students. UCare also coordinates the schedule and communicates with members about the opportunity to make appointments.

6. Is the quality of dental care on UCare Tooth Care as good as it is in a dentist's office?

Senior dental and dental hygiene students at the School of Dentistry treat patients under faculty supervision. The dental services on UCare Tooth Care meet the same standards of care as those in patient clinics at the School of Dentistry and are consistent with those found in private dental practice.

To learn when and where **UCare Tooth Care** will be in 2008, visit us online at www.ucare.org. Then select "Providers," and "UCare Tooth Care."

Summer 2008



UCare's S.E.A.T.S. Program works to reduce child injuries

Motor vehicle injuries are the leading cause of death among children age 14 and younger.¹ This is a sobering statistic, given that many of these deaths are preventable with the proper use of child safety seats.

In passenger cars, child safety seats reduce the risk of death by 71 percent for infants, and by 54 percent for toddlers ages 1 to 4 years.² In addition to preventing injury, car seats save medical costs. A study released in January 2008 indicated that distributing child safety seats among economically disadvantaged children could be as cost-effective as long-established federal vaccination programs.³

The data above underscore the need for UCare's S.E.A.T.S. (Seats, Education, and Travel Safety) Program. Since 1997, UCare has provided car seats and safety education at no cost to eligible UCare members who are pregnant or are parents of children up to age 4. UCare works with public health and other agencies statewide to distribute car seats and provide safety education to members. By talking with patients about the importance of child safety seats, providers can also play a key role in injury prevention.

UCare members who want to obtain a car seat can call UCare's Health Promotion Department at **612-676-3351** or **1-866-610-7213** (toll free). They will get the name and phone number of a partnering agency in their county of residence, or can schedule an appointment to get a car seat. Hearing impaired members can call **612-676-6810** or **1-800-688-2534** (toll free).

Footnotes

1. CDC. Web-based Injury Statistics Query and Reporting System [online]. (). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Available from URL: www.cdc.gov/ncipc/wisqars. [2008 April 15].

2. Department of Transportation (US), National Highway Traffic Safety Administration (NHTSA), Traffic Safety Facts 2005: Children. Washington (DC): NHTSA; 20066b. Available from URL: <http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSF2005/810618.pdf>. [2008 April 30].

3. Goldstein JA, Winston FK, Kallan MJ, Branas CC, Schwatz JS. Medicaid-based child restraint system disbursement and education and the vaccines for children program: comparative cost-effectiveness. *Ambul Pediatr*. 2008 Jan-Feb;8(1):58-65.

News and Notes

Reimbursement for CHW education services

Community Health Workers (CHWs) provide patient education in clinics and outpatient and community settings to increase access to health care and promote health and disease prevention.

“Community Health Workers are an important team member,” explains Carol Berg, UCare's Public Health and County Manager. “They help health care consumers better understand their health needs, more fully participate in prevention and management of their health problems, and navigate the various health care settings involved in providing care to them,.

On Dec. 19, 2007, DHS received federal approval to reimburse services provided by CHWs enrolled as fee-for-service (FFS) Minnesota Health Care Providers effective for dates of service on and after July 1, 2007. Coverage of CHW services for enrollees of managed care organizations (MCOs) began on Feb. 18, 2008.

UCare is following the DHS guidelines, which require that, to enroll as an MHCP provider, a CHW must meet one of the following criteria:

- Have a certificate from the Minnesota State Colleges and Universities (MnSCU)-approved community health worker curriculum, or
- Have at least five years of supervised experience with an MHCP-enrolled physician or advanced practice registered nurse (APRN) providing education services. CHWs under this provision must complete the MnSCU certification program before Jan. 1, 2010, to continue to provide CHW services.

DHS's Community Health Worker (CHW) [web page](#) enables CHWs and their employers to obtain:

- Current news.
- Provider updates.
- Resource Documents/Forms (that include all three of the required CHW enrollment forms).
- Remittance advice (RA) messages.
- Billing information.
- Provider Manual.

MHCP will cover supervised, diagnosis-related patient education services provided by a CHW with the following criteria:

- The CHW is supervised by an MHCP-enrolled physician or APRN.
- A physician or APRN must order the patient education service(s) and must order that they be provided by a CHW.
- A physician order or care plan signed by an MHCP-enrolled physician or APRN is in the recipient's record and specifies whether group and/or individual services are ordered.
- The CHW shall document the date of service, and start and end times for each service, whether the service was group or individual, and if group, number of patients present, summary of the session's content, and the CHW's signature and printed name.
- The service involves teaching patients how to effectively self-manage their health in conjunction with the health care team.
- The service is provided face-to-face with the recipient (individually or in a group) in an outpatient, home, or clinic setting.
- The content of the educational and training program is a standardized curriculum consistent with established or recognized health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms, and health literacy of an individual patient .

Providers who employ CHWs may bill Minnesota Health Care Programs for the following:

- **FFS recipients:** for dates of service on and after July 1, 2007.
- **MCO enrollees:** for dates of service on July 1, 2007, through Feb. 17, 2008.

Contracted UCare providers may bill UCare for UCare members with dates of service on or after Feb. 18, 2008. Bill UCare using the CMS-1500 or UB-04 paper claim form:

- Use the National Provider Identifier (NPI) or UCare provider number of the hospital, clinic, physician, or APRN as the billing provider.
- Use the appropriate procedure code:
 - 98960: Self-management education & training, face to face, 1 patient.
 - 98961: Self-management education & training, face-to-face, 2 – 4 patients.
 - 98962: Self-management education & training, face-to-face, 5 – 8 patients.
- Bill in 30-minute units: limit 4 units per 24 hours; no more than 8 units per calendar month per recipient.

- Bill separate lines for each day service provided.
- Enter appropriate ICD-9-CM diagnosis code(s).
- Use your CHW non-pay-to Unique Minnesota Provider Identifier (UMPI) number as rendering or attending provider.

You may call UCare's Provider Assistance Center at 612-676-3300 (or 1-888-531-1493) if you have questions about billing, or Carol Berg at 612-676-3635 if you have questions about CHWs and the training opportunities available through MNSCU.

Digitek recall

The FDA has issued a Class I recall on Digitek (digoxin oral tablets) manufactured by Actavis Totowa Pharmaceuticals. In response, RxAmerica (UCare's pharmacy benefit manager) has placed an immediate block of adjudication of all Digitek NDCs for UCare members.

Health care professionals who prescribe Digitek should consider the following:

- If there is a "dispense as written" requirement for Digitek, please change the prescription to allow substitution with an AB-rated equivalent oral digoxin tablet product (e.g., generic digoxin or brand Lanoxin)
- If there is not a "dispense as written" requirement for Digitek, the drug may be automatically switched at the pharmacy to an AB-rated bioequivalent product.

We have contacted all UCare members for whom our providers prescribed Digitek since Jan. 1, 2008, to let them know of the implications of this FDA action.

The following notice was released from the FDA Med Watch alert web site, dated April 28, 2008:

"Actavis Totowa LLC, a United States manufacturing division of the international generic pharmaceutical company Actavis Group, is initiating a Class I nationwide recall of Digitek (digoxin tablets, USP, all strengths) for oral use. The products are distributed by Mylan Pharmaceuticals Inc., under a 'Bertek' label and by UDL Laboratories, Inc. under a 'UDL' label. The voluntary all lot recall is due to the possibility that tablets with double the appropriate thickness may have been commercially released. These tablets may contain twice the approved level of active ingredient than is appropriate. Digitek is used to treat heart failure and abnormal heart rhythms. The existence of double strength tablets poses a risk of digitalis toxicity in patients with renal failure. Digitalis toxicity can cause

nausea, vomiting, dizziness, low blood pressure, cardiac instability and bradycardia. Death can also result from excessive Digitalis intake. Several reports of illnesses and injuries have been received.”

Any customer inquiries related to this action should be addressed to the Mylan recall customer service line at 1-888-276-6166, or TTY 1-800-688-2534 (both toll free). Representatives are available Monday through Friday, 7 a.m. to 4 p.m., CST. Additional information about the voluntary recall can also be found at www.actavis.us.

UCare partners with Edgepark Medical Supplies

UCare is pleased to announce our new partnership with Edgepark Medical Supplies to provide home delivery of medical supplies to all of our members.

Edgepark, a family-owned, independent home medical supplier, offers outstanding service and value, as well as quick and convenient access to an inventory of more than 30,000 high-quality medical supplies. Edgepark’s extensive experience and knowledge working with diabetic supplies, ostomy care, wound care, and incontinence products guarantee delivery of supplies to our members on time, every time.

This partnership offers our members:

- A one-stop-shop inventory to complete orders.
- Fast and free delivery.
- Outbound customer service.
- Dedicated customer care specialists to assist with orders.
- A supply management program that ensures members receive re-orders at the **right time** which leads to better compliance.
- Lower out-of-pocket costs, when applicable.

This partnership offers our providers:

- Benefit and eligibility verification.
- Necessary authorizations from the member’s physician will be obtained by Edgepark.
- Direct billing on member’s behalf.
- Convenient mail order delivery to the member’s home.
- Easy and convenient online ordering.

Place an order:

Contact Edgepark at 1-800-321-0591 (toll free), from 8:30 a.m. to 8 p.m. EST, Monday through Friday. A 24-hour answering service is available by dialing the same phone number after regular business hours. You also can visit www.edgepark.com.

Hospital bill audit of diagnostic-related Groups (HBA-DRG)

UCare is always working to make processes and procedures with hospitals as efficient as possible. An important measure of our success is the prompt and accurate handling of invoices from providers, vendors, and other business partners.

UCare will soon implement a hospital bill audit of diagnostic-related groups (HBA-DRG). The review will help us improve our administration, processing, and payment of claims.

Our partner in this effort is Ingenix. Ingenix is a leading health information technology company whose professionals will help us identify, reduce, and correct billing errors, including over- and underpayments.

Under the Health Insurance Portability and Accountability Act of 1996, (HIPAA) permits Ingenix access to information as a Business Associate. Together we’ll also review coding discrepancies and devise ways to avoid costly and time-consuming coding errors.

Clinical practice guidelines

UCare provides access to our Clinical Practice Guidelines that have been adopted by the Quality Improvement Advisory and Credentialing Committee (QIACC). Each guideline includes the primary source with a direct link to online content, modifications if needed for our unique populations, and rationale for modifications and measurement specifications. The guidelines are available online at: www.ucare.org/providers/provmanual.html#ch24 and are updated after each review by QIACC (the most recent update was July 2008).

Please refer any questions regarding availability online or to obtain a printed copy by contacting Ali Ralston in our Quality Department at 612-676-3658 or aralston@ucare.org.

\$25 gift card incentive aims to reduce smoking during pregnancy

Research has shown that smoking during pregnancy increases the risk of pregnancy complications and adverse birth outcomes such as premature delivery and low birth weight.¹ Smoking is also one of the most widespread risk factors among pregnant UCare members. This is why UCare is offering a \$25 gift card incentive to pregnant members who complete an initial phone counseling session with [Mayo Tobacco Quitline](#) (MCTQ). Also eligible for this incentive are members who have given birth, up to one year postpartum.

Members can call MCTQ directly at 1-888-642-5566 to start counseling. Through MCTQ, UCare covers the cost of nicotine patches, gum, or lozenges.

For more information on the incentive, members can call UCare Customer Service at 612-676-3200 or 1-800-203-7225 (toll free). Hearing impaired members can call 612-676-6810 or 1-800-688-2534 (toll free).

Footnotes

1. CDC. 2004 Surgeon General's report on the health consequences of smoking: Impact on unborn babies, infants, children, and adolescents. May 27, 2004. Available from URL: www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/highlights/1.htm. [2008 April 30].

Take advantage of the Multilingual Health Resource Exchange

UCare has teamed up with a dozen other Minnesota health care organizations to create the Multilingual Health Resource Exchange.

The Exchange is a web site that features an online database of printed health education materials that are accessible without cost only to Exchange members such as UCare. Materials in the languages spoken by the majority of Minnesota's immigrant patients, and in 40 different topic areas, are available at the click of a button on a special internet site. As of May 2008, the Exchange's database has more than 2,800 titles on health issues ranging from adolescence to x-rays.

Health communication tools, a calendar of events, tips, recent news, frequently asked questions, and a discussion forum have been added to the existing Exchange site. The expanded web site went "live" on Sept. 15, 2007.

To access the Exchange, simply log on to www.health-exchange.net. Our organization's log-in name is "ucare"

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and our password is "ucare". You may download any of the PDF files in the database as often as you need them.

You can find the latest version of the Exchange e-letter at: <http://www.health-exchange.net/eletter.html>.

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 assists providers with interpretation and use of coding systems and guidelines.

Over-the-counter formulary for Minnesota Health Care Program (MHCP)

UCare and its pharmacy benefit management company [RxAmerica](#) maintain drug formularies for UCare benefit programs:

Here are some key points of clarification when prescribing over-the-counter (OTC) medications:

- OTC coverage is restricted to certain drugs.
- Generic substitution by pharmacies would apply to a prescribed drug where a generic is available.
- UCare supports "dispense as written" by prescribers as specified; however, we do not allow member preference brand substitution.
- Providers who wish to prescribe a non-formulary OTC chemical entity must follow the exception process as for any non-formulary drug.

For the most up-to-date OTC formulary listing, please visit us online at www.ucare.org. Then select "Providers," and "Formularies."

Minnesota state 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 specifically important to those providers who currently submit and receive paper claim transactions.

The Minnesota Department of Health (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.

Billing claims for childbirth and pregnancy education classes

Pregnancy comes with a huge learning curve, and UCare wants to make sure its members are prepared. All pregnant UCare members can take pregnancy-related classes at no charge on topics such as:

- Childbirth preparation.
- Childbirth refresher.
- Vaginal birth after a cesarean delivery.
- Breastfeeding.
- Nutrition during pregnancy.
- Infant Safety/Infant CPR.
- Basics of infant care.

For class listings, members should contact their clinic, the hospital where they will deliver, or their local public health agency. Members also can call UCare Customer Service at **612-676-3200** or **1-800-203-7225** (toll free) for more information.

Hospitals and clinics should bill UCare Claims for these education classes. The member should not be charged for the cost of the class, a practice which differs from most commercial insurance plans. The following providers may provide and bill for prenatal education classes:

- Certified nurse midwives.
- Clinical nurse specialists.
- Enrolled physicians.
- Nurse practitioners.
- Physician assistants.
- CPR instructors (non-physician).

For questions about billing for prenatal education classes, contact UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free). For questions on billing codes for prenatal and childbirth education, contact UCare's coding consultant at: codingconsultant@ucare.org.

Note: Correct coding is of utmost importance

The practice of medicine and emerging use of new technology is ever changing; the coding resources and tools are ever changing. It is very important to keep abreast of the most current resources. The use of correct and up-to-date coding will expedite payment and ensure correct reimbursement.

Here are some frequent used References:

- The Health Insurance Portability and Accountability Act Transaction and Code Set Rule require the using the medical code sets that are valid at the time the service is provided.
- If discontinued codes are submitted they will be denied.
- Coding references
 - Healthcare Common Procedure Coding System Level II (HCPCS) - Updated and published annually in January with quarterly updates.
 - International Classification of Diseases, ninth revision clinical modification (ICD-9-CM)- Updated and published annually in October.

National Correct Coding Initiative:

- The Centers for Medicare & Medicaid Services (CMS) developed the Correct Coding Initiative (CCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims.
- The purpose of the CCI edits is to ensure the most comprehensive groups of codes are billed rather than the component parts.
- www.cms.hhs.gov/NationalCorrectCodInitEd.
- www.ingenixonline.com.
- www.dhs.state.mn.us.
- Minnesota Hospital Association, Education Division
.2550 University Ave. W, Suite 350
St Paul, MN 55114-1900

To promote consistent and accurate claim payment, UCare assists providers with interpretation and use of coding systems and guidelines. UCare's Coding Consultant Service is available for coding and billing issues. Coding questions should be sent vial email to codingconsultant@ucare.org

New claim system edition

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.

UCare *health lines* BULLETIN: Vision care benefits for UCare for Seniors product

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

A bulletin has been issued to clarify vision care benefits for UCare for Seniors members, and is not intended to represent a change in the benefit set.

Look for the “Vision Care Benefits for the UCare for Seniors Product” *health lines* BULLETIN and other issues online at www.ucare.org. Select “Providers,” “health lines,” and “health lines BULLETIN.”

Dedicated fax number for Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs) rate information

If your facility is designated as a Critical Access Hospital (CAH) or Rural Health Clinic (RHC), you receive letters from the Center for Medicare & Medicaid (CMS) that assign your Medicare services rates.

To help streamline this process, please fax your hospital's CAH or clinic's RHC rates to this dedicated UCare fax number each time these rates are changed by CMS: **612-884-2232**

We strive to provide a very high level of service to you and other CAH and RHC facilities. By using this new fax number to communicate your current CAH or RHC rates to us, we will improve our service to you, your patients, and, ultimately, our members.

Provider Manual updates

The following chapters have recently been updated:

- Chapter 7: Skilled Nursing Facility (*Revised January 2008*).
- Chapter 8: Home Care Services (*Revised May 2008*).
- Chapter 12: Transportation (*Revised January 2008*).
- Chapter 17: Credentialing (*Revised July 2008*).
- Chapter 20: Delegated Business Services (*Revised March 2008*).
- Chapter 21: Point-of-Service (POS) UCare for Seniors (*Revised March 2008*).
- Chapter 25: Health Promotion Programs (*Revised May 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.”

WebEx teleConference presentations

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

Participants who register for these sessions receive a log-in meeting number and code. 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.

Upcoming presentations include:

August 14: Provider Education and Training

August 21: Provider Education and Training

For more information and to register for one of these special presentations, please visit us online at www.ucare.org. Then select “Providers,” and “WebEx.”

Access UCare registration form

Register online today!

Did you know that UCare offers providers access to member information through our secure web site?

Access UCare offers you several features that help streamline business operations and provide a quick connection to valuable information. For example, you can use Access UCare to verify member eligibility, or check the status of a claim and/or referral/authorization. And now registration is quick and easy with the new *Access UCare Registration Form*.

For more information and to register, visit us online at www.ucare.org. Then select “Providers,” and “Access UCare.”

Network Services Coordinator is your resource for help, training

As a valued provider within the UCare provider network, you have a dedicated Network Services Coordinator to assist you in a variety of ways. This person can:

- Provide onsite training on a variety of topics, such as new UCare products and billing.
- Serve as a resource if you have claim payment concerns that are trends, or that have had a significant impact on your accounts receivables.
- Meet with your organization every year to provide you with annual, up-to-date information relevant to your organization’s operations.

A Network Services Coordinator is assigned to each health system and/or geographical area. To obtain the name and contact information of your Network Services Coordinator, please visit us online at www.ucare.org. Then select “Providers,” and “Network Services Coordinator.”

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. Then select “Providers,” and “E-mail List Server.”
- 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.

Provider Assistance Center
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