

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.

Electronic Submission Requirements for Provider Changes/Updates

This year, UCare is requiring providers to submit practitioner and facility changes/updates electronically via online forms, rather than submitting paper forms via fax, e-mail, or mail.

Here is an outline of the effective 2010 dates for submitting online forms electronically, along with submission and form details:

- **Effective Aug. 2**, we no longer accept the paper-submitted UCare Facility Change/Update. Instead, the paper version of this form has divided into three separate electronic online forms: Facility Change Form-Demographic Change/Update, Facility/Clinic Closing, and Facility Location Add.
- **Effective Oct. 1**, we will no longer accept paper-submitted:
 - Minnesota Uniform Practitioner Change forms for non-credentialed practitioners. Instead, we have created a new electronic online form specifically for changes/updates to non-credentialed type providers. The new form is called “Non-Credentialed Practitioner Change/Add Form.”
 - UCare Personal Care Attendant (PCA) Unique Minnesota Provider Identifier (UMPI) forms. You can submit this information in the new electronic online form, which features the same fields as the paper version.



As a reminder, please send us all changes/update no fewer than 60 days prior to the effective date of the change. If a change/update is submitted retrospectively, please allow 15 days for the information to be entered into our systems. By sending the information on time, you will help prevent delays and/or errors with payment of your claims. The online forms can be found in our web site at www.ucare.org/providers/pages/forms.aspx.

A new electronic submission requirement will also be implemented effective **Jan. 1, 2011** for contracted providers who are submitting the Initial Minnesota Uniform Credentialing Application for a new practitioner who will be going through the credentialing process.

Beginning Jan. 1, 2011, we will require contracted providers to submit Initial Minnesota Uniform Credentialing Applications electronically through the Minnesota Credentialing Collaborative (MCC). As noted previously in our Spring and Summer 2010 *health lines*, the MCC developed a centralized, web-based clearinghouse for information used in the credentialing process. The online, easy-to-use resource offers ways to enter, save, and send credentialing and re-credentialing applications that are accepted by participating Minnesota health plans and hospitals. Learn more at www.mncred.org/home.html.

UCare's turn-around-time for completing the credentialing process is 90 days. Practitioners who have not gone through our credentialing process yet should not see UCare members until their credentialing process has been completed and approved. For inquiries on the status of credentialing applications, please call us at **612-676-3660**.

News and Notes

2010 Provider Satisfaction Surveys Underway

We conducted a provider satisfaction survey earlier this year with behavioral health providers. We thank all of the providers that submitted their feedback and responses to UCare.

As part of our ongoing effort to determine how UCare is working with providers, we are now conducting provider satisfaction surveys for three provider groups:

- **Critical Access Hospital (CAH).**
- **Primary Care Clinic (PCC).**
- **Skilled Nursing Facility.**



If you are one of these provider types, we'd love to hear from you! Please log onto our Provider home page at www.ucare.org/providers/pages/default.aspx and click on your provider type to start the survey. **The deadline to take the surveys is Oct. 8, 2010.**

New UCare Provider Portal

On Sept. 20, 2010, we launched the new [UCare Provider Portal](#); which replaced the old secure web portal, Access UCare (ePlan).

Access UCare will only be available until Oct. 15, 2010; therefore, it is imperative that all current Access UCare Administrators and Users who have *not* re-registered for the new UCare Provider Portal do this **immediately**.

If do not have a username to log into the new UCare Provider Portal, first, please check within your facility to see if there is a UCare Provider Portal Administrator.

- If there is not an Administrator yet, one person within your facility may register as the Administrator. Once the Administrator is approved and receives an activation link from us, they may setup Users.
- If there is already an existing UCare Provider Portal Administrator, please ask your Administrator to set you up with a username.

The web site to "Register" and "Re-Register" is <https://provider.ucare.org/pages/login.aspx?ReturnUrl=%2fPages%2fdefault.aspx>.

Upcoming Provider Trainings/Meetings

In the months of October and November, UCare will be holding a few provider trainings/meetings.

There will be informational sessions regarding the *UCare Complete* (Minnesota Disability Health Options – MnDHO) program that will be ending effective Jan. 1, 2011. The meetings will be held at UCare's office on Oct. 15th and 29th, and is open to Home and Community Based Services (HCBS) providers only.

There will be provider trainings for mental health and chemical dependency providers held at the end of Oct. and early Nov. The locations and dates are as follows:

- Jackson, MN – Tuesday, Oct. 26.
- Owatonna, MN – Wednesday, Oct. 27.
- Baxter/Brainerd, MN – Tuesday, Nov. 2.
- Mora, MN – Wednesday, Nov. 3.

Mental health trainings will be from 9-10:30 a.m. while chemical dependency trainings will be from 1-2:30 p.m. These two trainings will be available at all four locations.

If you receive an invitation from us, please make sure you RSVP as there are limited spaces.

UCare Restricted Recipient Program

When a UCare member is enrolled in UCare's Restricted Recipient Program, the member must obtain services from a designated primary care provider (PCP), PCC, hospital, pharmacy, and/or another specified health care provider. To find out if a UCare member is in the Restricted Recipient Program, please check MN-ITS prior to providing services.

Effective July 1, 2010, UCare implemented these additional guidelines for restricted members:

- Emergency department services provided to a UCare member who is in our Restricted Recipient Program will only be paid if the services are provided in response to an emergency, as defined by Minnesota Rules part 9505.0175 (*a condition, including labor and delivery, that if not immediately diagnosed and treated could cause a person serious physical or mental disability, continuation of server pain, or death*). All claims for emergency department services will be reviewed to determine appropriate level of care (reviewed for medical necessity).
- Specialty and urgent care services will require a referral from the member's designated PCP. The referral must be submitted by the designated PCP to

UCare's Clinical Services **before** the member receives services. Retrospective referrals will be reviewed on a case-by-case basis (e.g., urgent care). Please note that a referral does not satisfy prior authorization requirements for services and procedures listed in UCare's prior authorization grid located in our Provider Manual, **Chapter 5: Prior Authorization and Notification**.

PCPs can find the UCare Restricted Recipient Referral Form online at www.ucare.org/providers/pages/forms.aspx. The MRRP referral form will be accepted by UCare; however, it must be faxed to UCare for our members. The form should be faxed to UCare Clinical Services at **612-884-2316**.

If you have any questions about the program or a member's restriction status, please contact UCare's Clinical Services by calling **612-676-3397** or **1-877-447-4384** (toll free), or e-mail us at restrictedrecipient@ucare.org.

Fraud, Waste, and Abuse Reminder

If you suspect fraudulent, abusive, or wasteful conditions, or if you have any questions, there are several ways to may contact our Special Investigation Unit.

- Call our toll free hotline at **1-877-826-6847**. *You may remain anonymous.*
- E-mail us at compliance@ucare.org.
- Mail to us at:
UCare
Attention: Special Investigation Unit
P.O. Box 52
Minneapolis, MN 55440-0052

Completion of Interpreter Provider Request for Proposal (RFP)

In July, we completed the interpreter provider RFP process. New contracts will be issued to all of the selected interpreter providers, including providers who were contracted with UCare prior to the RFP that passed the RFP process.

UCare's Provider Manual, **Chapter 11: Interpreter Services**, was updated to reflect the new list of interpreter providers and was also updated with information on interpreter provider expectations.

We encourage you to use UCare's new network of interpreters for our members. We also welcome your feedback so we can address your and our members' needs. If you have feedback about the new interpreter network, please send it to May Ly Yang, Contract Specialist, via e-

mail at myang@ucare.org. Any opportunity to work with the interpreter providers on performance, quality, access, and other issues are important to us.

UCare Fund Announces 2010 Grants

UCare announced in early September that its **UCare Fund** has distributed 27 grants totaling \$829,000 to Minnesota organizations working to reduce obesity and promote healthy lifestyles among people of all ages, cultures, and abilities.

The UCare Fund is a community-directed initiative of UCare, the fourth-largest health plan in Minnesota. 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.

"We know there is greater need in the community this year for health care services funding, and the response to our grant solicitation reflected that," said Ghita Worcester, Senior Vice President of Public Affairs and Marketing, UCare. "We're pleased to be able to distribute grants this year to programs that help underserved Minnesotans live healthier lives."

A list of the 2010 UCare Fund grants and grantees can be found at

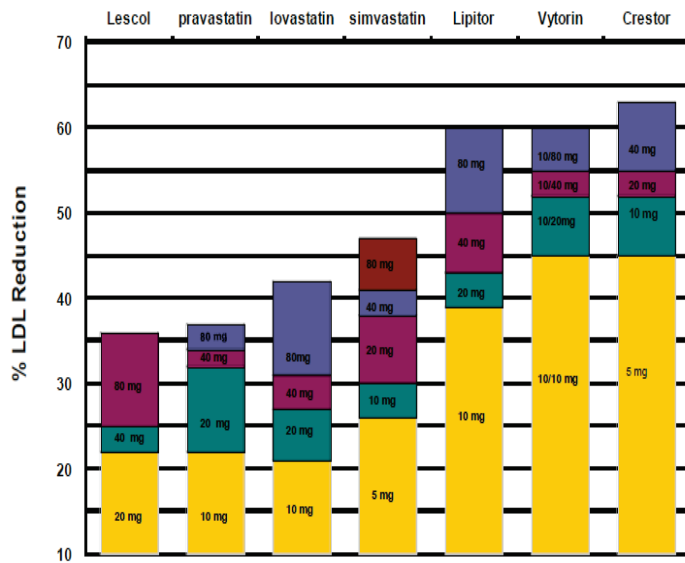
www.ucare.org/SiteCollectionDocuments/media/NewsReleases/2010-UCare_Fund_grantrelease9-3-10.pdf.

Formulary Change for Cholesterol Lowering Drugs

When it comes to health care, quality is the most important consideration, but cost counts too. Some drugs *cost* more, but don't necessarily *do* more. There are generic cholesterol medications available that have been proven to work as well as more expensive brand drugs.

The 2001 National Cholesterol Education Program (NCEP) guidelines and the 2004 update to those guidelines, do not specify a preferred statin to treat high cholesterol because no unique benefit at equipotent LDL-C reducing doses has been proven for one statin over others.

Comparative LDL Reduction (based on manufacturer package inserts):



In order to reduce costs without reducing quality – we will be removing Lipitor and Vytorin from our Minnesota Health Care Programs (MHCP) formulary effective Oct. 1, 2010 and removing Lipitor and Vytorin from UCare’s Minnesota Senior Health Options (MSHO) formulary effective Jan. 1, 2011. In addition, Lipitor will be moved to the 3rd tier (non-preferred brand) on the *UCare for Seniors* formulary effective Jan. 1, 2011.

Generic alternatives for these two drugs are simvastatin, pravastatin, and lovastatin. For UCare members needing a high potency HMG, Crestor is available on the UCare formulary (Tier 2 drug for *UCare for Seniors*).

Prior Authorization Requests for Off-Label Drug Usage

UCare strives to minimize the administrative requirements of members and providers so that our members can easily obtain needed care.

In order to effectively and efficiently review these requests, we ask that you please submit the following information upon an **initial request** for an off-label use of a cancer drug for one of our members:

- 1) A compendium reference that supports the off-label use for the condition they are treating. This could be from NCCC, MicroMedex, American Hospital Formulary or any other nationally recognized pharmacologic compendium accepted by Medicare.

- 2) Documentation that this drug is being used in a federally qualified clinical trial that is listed on the Clinicaltrials.gov website (all we need is the NCT number).
- 3) Published articles from mainstream journals that support reasonable safety and efficacy of the proposed off-label use. We don’t need the actual articles, just the references. A faxed copy of a couple of key articles will suffice.

Thank you in advance for your assistance in making this process more effectively and efficiently.

Quality Corner

Thank You for a Successful HEDIS Season

UCare stands on our reputation for providing high-quality health care to our members. Of course, we rely on our network of dedicated providers to make this possible.

Each year, UCare asks providers to assist us with the Healthcare Effectiveness Data and Information Set (HEDIS) medical record abstraction, which includes medical records standards review, and advance directive review.

We know that coordinating medical record abstraction can be burdensome for clinics. We appreciate that providers facilitated reviews for our HEDIS medical record review vendor, MedAssurant, this past spring. Thank you for your hard work, patience, and professionalism during this process!

UCare takes your feedback and suggestions seriously. Please send your concerns or comments for improvement regarding our HEDIS data abstraction process, as well as the contact person’s information for HEDIS-related health information at your clinic, to Kristjan Selvig, Performance Improvement Project Manager, at **612-676-3341** or kselvig@ucare.org.

Thank you for partnering with us to improve the health of individuals, families, and communities, and making this year’s HEDIS season a real success!

Coding Zone

Roster Billing

With the peak of the influenza season just around the corner, we have been asked by several providers if we will

accept roster billings for flu shots and other eligible health care-related services.

Since we now require Minnesota health care providers who serve MHCP members to submit claims electronically for all services effective July 1, we no longer accept roster billing for any type of services for MHCP members.

Roster billing is a single document that is submitted via fax or mail from the provider as one claim for one type of service (e.g., flu shots). However, the document lists multiple UCare members serviced by that provider. Roster billing includes all of the necessary information that would normally go on a paper claim form in order for us to process the claim; e.g. a member's name and ID #, CPT code, diagnosis code, date of service, provider's information, etc.

UCare no longer accepts this type of billing by providers for MHCP members. Roster bills submitted by Minnesota providers for MHCP members will be returned to the provider with a note to submit the claims electronically instead.

Preventive vs. Non-preventive Screenings

We have recently received an increase in inquiries from *UCare for Seniors* members regarding co-pay(s) being applied to what they thought was a *routine/preventive* screening, for which no co-pay is required.



The issue arises when, after the member's claim is received and processed by UCare, the code that the provider submitted is defined as a

diagnostic procedure/screening rather than *routine*.

In our *UCare for Seniors* benefit, a preventive screening test (as defined by Medicare) is covered at no cost to our members when it is received through a contracted provider. Please make sure that you are billing with the appropriate procedure code related to the service in order to prevent additional administrative costs on claim adjustments.

Claim Recoveries for Non-Method 2 CAHs

In July 2010, our Claims Recovery Team audited paid claims for dates of services from July 15, 2009- to July 15, 2010, from CAHs that were designated as Method 1. We found that some Method 1 CAHs submitted professional services charges on their UB-04 claims and were paid for it in error.

UCare's Claims Recovery Team has already sent out recovery letters to the CAHs that were affected by this; however, we would like to remind all CAHs that you must follow the billing guidelines that have been set forth by Centers for Medicare & Medicaid (CMS) for your designated payment method to prevent future claim recoveries.

You may also find additional information regarding billing in the Minnesota Uniform Companion Guide for the 837I health care claim by visiting the Administrative Uniformity Committee's web site at

<http://www.health.state.mn.us/auc/index.html>.

Friendly Reminders

- 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](#).

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