

IN THIS EDITION

- Are You Ready to Submit Electronic Claims?
- EDI Connections
- Electronic Attachments, Appeals Take Effect July 15
- News and Notes
- Coding Zone
- Friendly Reminders

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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.

Are You Ready to Submit Electronic Claims on July 15?

The next set of electronic transactions required by Minnesota Legislature's Administrative Simplification Act (Minnesota Statute, section 62J.536) must begin July 15, 2009. On that date, all Minnesota health care providers and licensed group purchasers are required to exchange health care claims electronically.

If you currently submit paper claims, please be aware of this law so you are compliant with the mandate. For more information about the Administrative Simplification Act, visit the Minnesota Department of Health (MDH) web site at www.health.state.mn.us/asa/index.html, or the Administrative Uniformity Committee (AUC) web site at www.health.state.mn.us/auc/index.html.

Electronic Data Interchange Connections

UCare offers providers the ability – and encouragement – to submit claims and provide other electronic transactions via Electronic Data Interchange (EDI) through several clearinghouses. A list of clearinghouses used by UCare can be found in our online Provider Manual, **Chapter 6: Claim Submission Information**, by logging on to UCare's web site – www.ucare.org/providers/pages/providermanual.aspx – and looking at page 3 of the PDF.

Note that providers interested in submitting their claims electronically must complete the New EDI Provider Questionnaire, which also is included in Chapter 6.

UCare and other Minnesota health plans collaborated to contract with Infotech Global, Inc., (IGI) to offer a web-based tool that health care providers can use to electronically submit claims. This tool is available to *all* providers and may be of particular help to smaller organizations that have no other way to meet the law's requirements. For more information about the solutions IGI can provide, please visit its web site at: www.mneconnect.com.



Electronic Attachments, Appeals Take Effect July 15

Claims are not the only documents that must be electronically submitted beginning July 15. Paper attachments or adjustments/appeals to a claim will have to be submitted electronically, too.

UCare has set up a designated fax number that will ease providers' submission of any attachments and/or adjustments/appeals information associated electronic claims. The designated fax number is 612-884-2261.

Please note: This process is not effective until July 15, 2009, and the fax number is not valid until that date.

News and Notes

Amendment to False Claims Act

Congress recently enacted the Fraud Enforcement and Recovery Act of 2009. Of certain interest to UCare providers is a provision within this Act that amends the Federal False Claims Act, 31 U.S.C. §3729.

As most providers know, the False Claims Act prohibits a health care provider from knowingly submitting to the government a false claim for payment. The amendment clarifies that a provider may be liable under the False Claims Act for submitting a fraudulent bill to a federal government contractor if the payment comes from federal funds.

This means that providers contracted with UCare could violate the federal False Claims Act for submitting a fraudulent claim to UCare for services delivered to a Medicare or State Public Program member. The government could impose civil penalties of up to \$10,000 for each false claim. Most significantly, the government also could seek damages from the provider equaling three times the total amount fraudulently claimed.

Congress' expansion of the False Claims Act coincides with the government's increased funding of and attention to health care fraud investigations. UCare is required to notify the government of any suspected fraud and abuse by providers, and we expect to conduct more audits to detect questionable billing practices.

UCare also has a "Fraud, Waste, and Abuse" chapter in our Provider Manual, Chapter 22. To find out what UCare is doing about fraud, waste, and abuse; to whom these actions should be reported at UCare; and much more, log on to www.ucare.org. Select "Providers," "Provider Manual," and then "Chapter 22."



Mental Health-Targeted Case Management WebEx Trainings

Effective July 1, 2009, UCare will be responsible for the management of mental health-targeted case management services to eligible recipients enrolled in Minnesota Health Care Programs. We will conduct special WebEx trainings for county staff and providers who are contracting with UCare to provide this service.

Learn the times and dates for these trainings on our web site at:

www.ucare.org/providers/Pages/WebEx.aspx.

Provider Surveys are Around the Corner

In 2009, our Provider Network Management Department will conduct several required and data-gathering provider surveys, which are new or done annually.

Currently, we plan to conduct a Special Needs Survey, a Hospital (Interpreter) Survey, a Utilization Management Survey, and an Access and Availability Survey.

We will appreciate your completion of one or more surveys you may receive, and we welcome your feedback. *Thank you.*

Pay for Performance Update: Diabetes Measure Changes

For our 2009 Pay for Performance (P4P) Program, one of the composite measures for In-Control Diabetes is HbA1c level <7.

On Feb. 27, 2009, Minnesota Community Measurement changed its HbA1c level target to ≤ 8 and updated its guidelines. UCare, along with other Minnesota health plans, aligns P4P measures with Minnesota Community Measurement; therefore, UCare has updated this P4P measure to <8.

This change impacts the 2009 program and is effective immediately. Furthermore, the 2009 P4P Payment Rates and Specifications are now updated to reflect this change and are on our web site. Visit our P4P site at: [www.ucare.org/providers/pages/payforperformance\(P4P\).aspx](http://www.ucare.org/providers/pages/payforperformance(P4P).aspx) for more information.

Primary Care Clinic Link Benefits Providers and Members

UCare has long supported the development and maintenance of strong provider-patient relationships between our valued clinics and care system partners and our members. By working together, we increase the quality of care for our members, and achieve operational efficiency in the process.

This approach is in line with the “health care home” concept being championed by the Minnesota Department of Human Services (DHS) and MDH.

Our policies promote and build this kind of connection, too. For example, we require that every UCare member be assigned to a Primary Care Clinic (PCC). If an enrolling member does not request a clinic, a clinic within a reasonable geographic location from the member’s home address is selected and assigned.

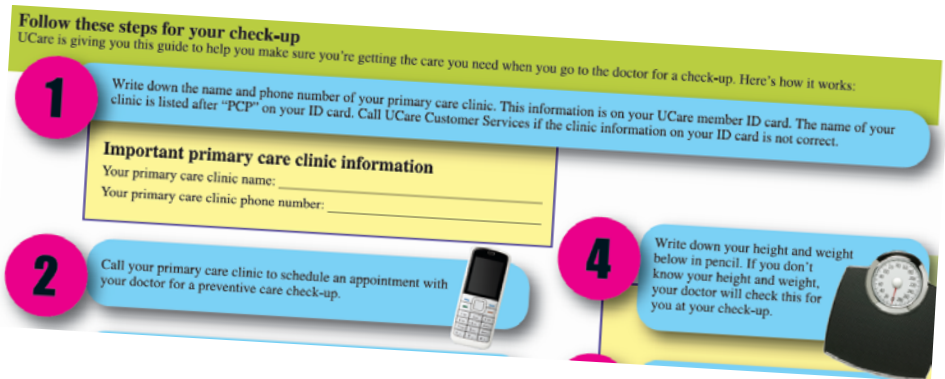
We also work to solidify UCare member relationships with you by:

- Being the only health plan in the state that lists both the name and phone number of the PCC right on every member’s identification card.
- Verifying clinic assignments during our Welcome Calls to new members.
- Processing “Clinic Change Requests” as promptly as possible.

Despite our best efforts to connect our members with their PCC, we recognize that many members seek care from providers other than their assigned clinic.

To help strengthen the primary care connection and remind members to seek regular and preventive check-ups, we recently produced and distributed an innovative and compact information tool to our Prepaid Medical Assistance Program (PMAP) and MinnesotaCare members.

It’s a handy, two-sided brochure that folds up to the size of a credit card and fits easily into a wallet or pocket. The side labeled “6 Easy Steps to Adult Check-ups” version is directed at our adult members of these products. The flip side, labeled “6 Easy Steps to Child and Teen Check-ups,” is directed at parents of young members.



The first of the six action steps presented on each side tells members to write down the name and phone number of their primary care clinic, which they can get from their UCare member ID card. It also directs members to record this same information further down on the same page so it’s easily found. The second action step directs them to call their PCC for a check-up appointment.

If they can’t recall their PCC, members are directed to call UCare Customer Services and get the answers they need.

As always, providers with questions about a product, benefit, or other matter are encouraged to call our Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free).

New 2009 Performance Improvement Project has an Ambitious Goal

UCare is one of nine Minnesota health plans collaborating on a statewide Performance Improvement Program (PIP) to encourage new members to schedule a comprehensive preventive care check-up within the first six months of enrollment. In fact, the goal of the “New Member Utilization of Preventive Care” PIP is to increase the utilization rate of specific preventive visit codes by 5 percent over the baseline rate.

The project’s target populations are community-based members, ages 21 and older, enrolled in one of the following Minnesota Health Care Programs:

- Minnesota Senior Health Options (MSHO).
- Prepaid Medical Assistance Program (PMAP).
- MinnesotaCare.
- General Assistance Medical Care (GAMC).
- Special Needs Basic Care (SNBC).
- Minnesota Disability Health Options – Physical Disabilities (MnDHO-PD).

UCare will encourage members to obtain a comprehensive, preventive care check-up through a number of member-, provider-, and Care Coordinator-focused interventions. We expect providers to see an increase in members seeking prevent care check-ups.

Please direct your questions about this project to UCare's Holly Heisler at 612-676-3589, or Laura Green at 612-676-3403.

Fluoride Varnish: Set up Your Clinic's Program with These Great Resources!

Fluoride varnish application is an easy, effective, and reimbursable way for primary care providers to prevent dental caries. Is your clinic offering it?



If the answer is “no,” University of Minnesota resources are available to help your clinic establish a dental varnish program. Any clinic wanting

to implement a primary caries prevention program as part of well-child care can contact Amos Deinard, M.D., M.P.H., at deina001@umn.edu. Through funding provided by the National Children's Oral Health Foundation, Dr. Deinard will:

- Send your clinic a “starter pack” on fluoride varnishing. It includes information about purchasing and billing for fluoride varnish, risk assessment, and an atlas of common dental pathology.
- Schedule a conference call with a person from your clinic's administrative area and one from the medical area. During the call, Dr. Deinard can provide more detailed information on fluoride varnish and provider training, as well as discuss the potential barriers your staff anticipates. Strategies for overcoming barriers also will be addressed.
- Visit your clinic to conduct an on-site training.

Fluoride varnish application is a covered service for children enrolled in Minnesota Health Care Programs.

*Note: Effective Oct. 1, 2006, when the fluoride varnish application procedure is done at a C&TC screening, UCare will reimburse the provider as an add-on to the C&TC rate. Fluoride varnish application should be billed on the same claim as the other C&TC screening services and may be billed electronically or the CMS-1500 claim form. **Providers must use code D1206 when billing for fluoride varnish application.***

Child and Teen Check-up (C&TC) Reminders

Summer is here! There's a good chance that your office is filling with children needing physicals for camps, school sports, preschool screenings, or perhaps a physical in order to attend daycare or Head Start. Therefore, this is a friendly reminder to perform a complete preventive care visit, rather than just the components required by the camps, schools, daycare, or Head Start.

All UCare children between the ages of 0 and 20 should receive a complete “Child and Teen Checkup” (C&TC). We know that some members have multiple barriers to making and keeping their health care appointments. That's why we encourage you to perform a complete C&TC if the child is already in your office having one of the above-mentioned types of screenings/physicals. Taking advantage of these need-driven appointments reduces the risk of “no-shows” at choice-driven ones.

It's pretty easy to turn a sports physical into a complete C&TC. In fact, there are just six C&TC components missing from the Minnesota State High School League's (MSHSL) Sports Physical Examination Clearance form:

- Verbal referral for preventive dental checkups.
- More thorough developmental assessment.
- General nutrition assessment and eating habits.
- Labs such as Hgb, urinalysis and/or cholesterol, STI, and TB.
- Hearing exam using pure tone audiometry.
- A place to record referral when appropriate.

You can access the MSHSL sports physical form at <http://www.mshsl.org/mshsl/publications.asp#5>.

For the supplemental sheet where you can document the additional six C&TC components, go to <http://www.co.dakota.mn.us/NR/rdonlyres/12BE6329-9968-4854-9019-0CF8F6B20204/4422/Sportsphysicalsupplement.pdf>.

Moreover, if you turn these types of physicals/ screenings into a complete C&TC, you can bill the S0302 code and receive an additional \$60 reimbursement for the visit.

For additional information and resources on a complete C&TC and lead testing, refer to Chapter 13 in the Provider Manual.

Child and Teen Check-up Trainings Set

DHS is working with MDH to develop and implement trainings that provide professionals with the C&TC screenings or components of screenings. Trainings will occur in locations convenient for clinic staff, nurses, and primary care practitioners.

Visit the [DHS](#) or [MDH](#) web sites to learn more about the sessions.

Health Plan Employer Data and Information Set

UCare heartily thanks every primary care clinic that helped us successfully collect information for the Health Plan Employer Data and Information Set (HEDIS) measures. We couldn't have done it without you!

Check Out the New UCare Facility Change/Update Form

At the end of June, we are changing the UCare Facility Change/Update form, as well as the way in which it will be submitted to us.

The form no longer will be in a PDF or Word document, and you no longer will be required to fax it in. Instead, the form will have active fields that can be completed right online so you can submit your changes with a click of a button. Watch for the new form and process.

UCare
Facility Change/Update Request Forms

Main Menu
Welcome to UCare's Facility Change/Update Request Forms. To begin a new request, please select a button below.

Changes must be submitted at least 30 days before the effective date. Ownership and/or Legal Name change will require a new contract. For more information, contact UCare's Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493

* For Non-Participating Providers that are requesting a new contract, visit UCare's website at www.ucare.org for further information.

The confirmation number for this transaction is: 905921009136132

Coding Zone

Billing Correctly for Lifeline under a Waivered Benefit

Lifeline is a personal response system that links members to emergency assistance. UCare covers this special service for members in UCare's MSHO or *UCare Complete/MnDHO* products under their waived benefits.

In recent claim activities, we have noticed that the procedure code being billed for Lifeline charges for waived services is incorrect.

When a member's Care Coordinator or Care Manager has approved this service to be applied toward their waived benefit, Lifeline providers should bill with the procedure code **T2029**. Doing so will ensure that the claims are processed correctly under the member's benefits, and that waived dollars are being applied to members who have a waiver obligation.

Attention: Chemical Dependency Providers

UCare has been receiving claims from chemical dependency (CD) providers who are interchangeably and/or incorrectly using the patient discharge status code (form locator 17) on the UB-04 claim form. This error has caused encounter data issue on our submissions to DHS.

Please use the information below to ensure that the correct status code is being used for the following Type of Bill (TOB):

- TOB XXX1 = use status code "01".
- TOB XXX4 = use status code "01".
- TOB XXX2 = use status code "30".
- TOB XXX3 = use status code "30".

Routine vs. Non-routine Colonoscopy Screenings

UCare's Complaints, Appeals, and Grievances department has received several appeals from *UCare for Seniors* members regarding co-pay(s) being applied to what they thought was a *routine/preventive* colonoscopy, which requires no co-pay(s). The issue arises when, after the member's claim is received and

processed by UCare, the provider's billing to the member shows the procedure described as a *diagnostic* colonoscopy.

In our *UCare for Seniors* benefit, a *preventive* colorectal screening test (as defined by Medicare) is covered at no cost to our members when it is received through a contracted provider. If the service is being billed as a *diagnostic* colonoscopy (CPT Code 45378) from a provider, a co-pay will be applied.

The appropriate G-code should be billed instead of CPT 45378 if the member is being seen for a routine colorectal screening.

Body Mass Index Coding is Requested

UCare is encouraging providers to code for Body Mass Index (BMI) accurately.

Obesity is on the rise, and providers can help address this health concern in the patient's visit. We encourage providers to discuss physical activity, nutrition, and healthy dieting with patients who are potentially at high-risk for this condition.

To document the BMI accurately for adults and youth, please use these guidelines:

- For adults: Documentation in the medical record should indicate the date the assessment was performed, and the calculated BMI.
- For children under 18 years of age: BMI will vary with age and gender. Practitioners should include the BMI percentiles as part of documentation. (This is based on the Center for Disease Control's BMI for age growth charts.)

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. *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/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).**

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