

UCare healthlines

A newsletter for our providers

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

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

Note: Links contained within PDF are active.

UCare in Top 8 Percent of National Medicare Advantage plans

CMS Performance Assessment Report places UCare for Seniors among top Medicare Advantage plans in region and nation

The Centers for Medicare & Medicaid Services (CMS) has ranked UCare's *UCare for Seniors* plan among the top eight percent of Medicare Advantage plans nationwide for 2006. UCare achieved a “high” category placement for its 2007 CMS Performance Assessment Organizational Composite Score both regionally and nationally. “High” is the top of five categories used to rank Medicare Advantage plans across the United States.

This 2007 CMS Performance Assessment Report ranking is a consolidation of data from outcome-oriented performance measures from five sources: Health Plan Employer Data and Information Set (HEDIS); Medicare Health Outcomes Survey (HOS); Consumer Assessment of Health Plan Survey (CAHPS); voluntary disenrollment rates; and the Targeted Appeals Monitoring Strategy (TAMS) Report. These reports present important information about health care quality, access, and satisfaction levels for Medicare beneficiaries.

The CMS Performance Assessment Report is intended to enhance the way in which CMS assesses the performance of Medicare Managed Care plans. A high percentile ranking indicates high overall plan performance.

“We achieved a high regional and national ranking by offering a wide range of programs and outstanding customer service to our more than 36,000 *UCare for Seniors* Medicare Advantage plan members across Minnesota,” said Nancy Feldman, President and CEO. “When members call UCare, they reach people who can help them, not an automated system. And our innovative disease management programs help members manage chronic conditions such as diabetes and heart failure.”

UCare Brand Goes Global

Now that UCare is expanding beyond Minnesota into Wisconsin, our brand name will be UCare. We are dropping the Minnesota name from our logo and in most, but not all, references to the company name. This will eliminate confusion and ensure consistency in our communications and branding efforts, regardless of the state in which we are offering products. Note that the legal names of our corporations remain UCare Minnesota, Inc., and UCare Wisconsin, Inc.

You may already think of us as UCare. Now it’s official.

Please remember to use the UCare brand name in any references to us, including print and verbal communications. Thanks for your attention to this matter.



Ranked by Medicare in the top 8% of health plans nationwide.

UCare for Seniors Expands into Wisconsin

UCare is expanding its *UCare for Seniors* Medicare Advantage plan to cover 23 western Wisconsin counties in 2008. This is the first out-of-state expansion for UCare, which also is completing its statewide coverage of this plan in Minnesota.

“We are very pleased and proud to offer a comprehensive and affordable health plan like *UCare for Seniors* to Medicare beneficiaries living in the western one-third of Wisconsin,” said Nancy Feldman. “We know that Wisconsin residents are looking for a Medicare plan with the features and benefits available in *UCare for Seniors*. We already have Wisconsin clinics and care systems like Mayo Health System in our provider network, so it makes great sense to extend our presence across Minnesota’s eastern border.”

Ghita Worcester, Senior Vice President of Public Affairs and Marketing, recently told the *MedFax* newsletter, published by Minnesota Physician Publishing, Inc., that UCare has been discussing an expansion into western Wisconsin for several years. She noted that we have good working relationship with Wisconsin providers, such as those in the Mayo system. In addition, a number of Minnesota businesses offer UCare products to retired employees, some of whom live in western Wisconsin.

“It seemed like the kind of product ... that people [in western Wisconsin] would be extremely interested in,” Worcester said. “It seemed like the natural place to move.”

Worcester said the product will be exactly the same as what we offer in Minnesota, so support and sales of *UCare for Seniors* in Wisconsin will be handled by the existing Minneapolis-based staff. Worcester says UCare believes there is a market for this product in western Wisconsin. “There isn’t anything quite the same over there,” she said. “Wisconsin has a competitive insurance market, but the 23 counties we’re entering seem to be looking for a product like ours, and there’s not a lot of choice there.”

UCare has more than 36,000 *UCare for Seniors* members in Minnesota. The plan offers three levels of coverage: Classic, Value, and Value Plus, all of which include hospital and medical coverage. The Classic and Value Plus plans include Medicare Part D drug coverage.

Recent News Articles

The following article in the *Minneapolis-St. Paul Business Journal* highlights UCare’s agreement with Park Nicollet..

UCare adds Park Nicollet to seniors program

Minneapolis-St. Paul Business Journal, Oct. 9

“UCare said Monday that it has signed an agreement with Park Nicollet Health Services to add its clinics to its *UCare for Seniors* Medicare Advantage program.”

<http://twincities.bizjournals.com/twincities/stories/2007/10/08/daily6.html?surround=1fn>

UCare grant to aid Northland health programs

Duluth News-Tribune, Oct. 9

UCare also was featured in the *Duluth News-Tribune* in an article about a grant we awarded to the Carlton, Cook, Lake, and St. Louis Community Health Board.

“UCare announced today that its community benefit program has awarded \$100,000 to the Carlton, Cook, Lake, and St. Louis Community Health Board to support health programs for women, children, and seniors.”

www.duluthnewstribune.com/articles/index.cfm?id=51852§ion=News

2007 Legislature Provides Rate Increases for Continuing Care and Other Providers

There have been some legislative changes which will involve rate increases for continuing care and other providers for services performed on or after Oct. 1, 2007; and for Managed Care Organizations, on or after Jan. 1, 2008.

This Minnesota law (Laws 2007, Chapter 147, Article 7) states that a managed care plan (managed care organization) receiving state payments for the services in section 71 of the law, must include these increases in their payments to providers on a prospective basis.

You may access additional information at the Minnesota Department of Human Services web site at www.dhs.state.mn.us, Bulletin #07-69-03.

News and Notes

Influenza: Nothing to Sneeze About

Reminder Mailing

Flu season is upon us, and that means gearing up for flu shots. The good news is that no influenza vaccine shortages are anticipated this season, which starts October 2007 and continues through March 2008. UCare mails a postcard reminder to members age 50+, children ages 6 – 59 years, and members with a chronic condition. The postcard will be mailed during the last two weeks of October.

Flu Shots for Health Care Workers

In addition to immunizing patients, UCare providers are also urged to make sure their employees are protected by a flu shot. Health care workers are an at-risk group, and their patient contact can render them unintentional carriers of the disease. According to the CDC, health care facilities with 60 percent of workers immunized experience significantly fewer outbreaks than facilities with lower rates of immunized workers.

Unfortunately, less than half of health care employees get a flu shot annually. This leads to absenteeism due to the flu, and a burden on healthy employees who are covering shifts for the sick. The National Foundation for Infectious Diseases has launched a “Call to Action” campaign designed to improve the rates of flu shots among health care workers. Details are available at www.nfid.org/pdf/publications/calltoaction.pdf.

Walk the talk: Protect your patients, your family, and yourself by getting a flu shot this fall!

UCare Part of Flu Fighter Clinics in Metro Area

As part of our HealthFair 11 partnership with Cub Pharmacy and KARE 11 TV, UCare is a sponsor of the metro-area Flu Fighter Clinics, which were announced in October by the Minnesota Visiting Nurse Agency (MVNA).

For the first time this year, children as young as five can be vaccinated at these clinics. Minors must be accompanied by a parent or guardian. All proceeds from this flu shot program will support health care nursing services for disadvantaged families in the community.

The walk-in clinics will be held at all Minnesota Cub Foods and MVNA headquarters in Minneapolis beginning Oct. 10. For a complete schedule, cost, and insurance coverage details, visit www.mvna.org/attachments/clinic%20list%2009152007.pdf. Also visit www.ucare.org and click on the Flu Fighter banner on our home page.

Fluoride Dental Varnish: Primary Prevention for Young Teeth

Dental caries is the most prevalent chronic disease of children in the United States. Among children in poverty, dental caries is twice as likely to occur when compared to children in higher-income families. One growing intervention strategy is the application of fluoride dental varnish.

Across Minnesota, children are receiving dental varnish as part of routine Child and Teen Checkups (C&TC). Dental varnish is a topical fluoride treatment containing 5 percent sodium fluoride that is applied to the surface of the teeth. It prevents new cavities from forming and helps stop cavities that have already started. It is recommended that children receive dental varnish applications at 3-6 month intervals, beginning when the first tooth erupts.

Primary care providers and other trained primary care clinic staff can apply the fluoride varnish. Before beginning dental varnish applications, providers should complete the online course titled “Dental Health Screening and Fluoride Varnish Application,” sponsored by the University of Minnesota at: www.meded.umn.edu/apps/pediatrics/FluorideVarnish/index.cfm.

UCare providers can bill for dental varnish applications in addition to regular C&TC services and receive additional payment. Information on billing is available at: <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5012-ENG>.

Asthma Action Plan

UCare encourages members with asthma and their provider to complete and/or review the Asthma Action Plan (AAP). This plan is available online at www.ucare.org/providers/provresources.html.

Child and Teen Checkups (C&TC) October Workshops: *Piecing Together Children's Health*

These workshops are presented to you as a result of the collaboration among the Child & Teen Checkups Programs at Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties; UCare; Blue Plus, HealthPartners; Medica; Metropolitan Health Plan; and the Minnesota Department of Health.

CEUs are available.

For more information and to register visit us online at www.ucare.org/providers/index.html.

Q&A on UCare's Breast Pump Program

UCare believes breast milk is the optimal form of infant nutrition, and supports our members as they work toward successfully breastfeeding their babies. That's why UCare covers breast pumps at no charge for pregnant members and new mothers when ordered by a physician, certified nurse midwife, or nurse practitioner.

Q: Why are breast pumps a covered benefit for individuals on PMAP and MinnesotaCare?

A: In addition to UCare's commitment to support breastfeeding, PMAP health plans must provide their members at least the same level of service and coverage they would receive under straight Medical Assistance (MA). Breast pumps are covered under straight MA and so must be by PMAP plans. Offering breast pumps to women who might not otherwise have access to them is one way to increase the number of mothers who successfully breastfeed.

Q: What are the eligibility requirements for a mother who wants to obtain a breast pump through UCare?

A: The woman may either be pregnant and planning to nurse her infant, or a mother who already is nursing. In either case, the mother must be subject to separation from her baby because of work, school, illness, or for other medically necessary reasons.

Q: When should a breast pump be ordered for the mother?

A: The answer to this question depends on the member's life circumstance and how soon she will begin spending time away from her newborn after birth. If working with a prenatal educator, the mother might like to receive the breast pump before birth so that she can learn how to operate it and be ready when the baby arrives. Other mothers may request the pump soon after birth – anywhere from a few days to 6 weeks – to be ready to use it when they need to return to work or school.

Q: What do members need to do to request a breast pump?

A: Members who need a breast pump should be instructed to call one of the Durable Medical Equipment Vendors listed in their UCare Provider Directory, or UCare Member Services at (612) 676-3200 or 1-800-203-7225 (toll-free). The DME Vendor will be able to tell the member what type of prior authorization is required in order for her to obtain the breast pump.

2007 Year-End Blood Lead Screening Test Incentive Program

UCare's 2007 Year-End Blood Lead Screening Test Incentive Program is here.

Lead screening tests have been an important part of our Childhood Preventive Health initiative for several years. As you know, federal Medicaid regulations require all children to be lead-screened by a blood lead test (not just by a screening history). A simple capillary blood lead test, performed ideally at 12 months and again at 24 months of age, is sufficient. Venous lead tests are unnecessary unless screening levels are > 10mcg/dl. This mandate applies to ALL UCare state program members.

As a Minnesota health plan serving state public program recipients, we are required to increase the number of blood lead screening tests given annually to children age 9 months through 30 months. To help us achieve the necessary lead testing rate increase for 2007, we are offering an additional **\$100.00 per test** incentive as an encouragement for your assistance.

Lead tests are counted by the qualifying claims we receive. Current member lists of children assigned to your clinic who meet this criteria (meaning, we have not yet received a claim) as of Oct. 24, 2007, are available by accessing our secure server online at <https://secweb.ucare.org>.

For more information about this incentive program, as well as coding and billing guidelines, visit us online at www.ucare.org/providers/index.html.

Call it Quits

Call it Quits is a collaboration among Minnesota's health plans and Clearway Minnesota. Working together, this group focuses on supporting clinics and care systems as they help and

encourage patients to quit tobacco. Watch your mail for more information on how to register your clinic for a program to help stop tobacco use.



Call it Quits postcard.

You also can get more information by visiting UCare online at www.ucare.org/providers/index.html, or calling 651-662-4054.

News and Notes

The Exchange: NEW and IMPROVED

www.health-exchange.net adds content on health communication; new site went “live” September 15.

Looking for a one-stop, online resource for translated health education and information about health communication? Look no further than the newly expanded Multilingual Health Resource Exchange, a web site shared by a collaborative of Minnesota health care organizations, including UCare.

Health communication tools, a calendar of events, tips, recent news, frequently asked questions, and a discussion forum have all been added to the existing Exchange site, which also houses more than 2,280 translated PDFs on health issues ranging from adolescence to x-rays. The expanded web site went “live” on Sept. 15, 2007.

“The Exchange is already a great resource for UCare and its providers because it offers a lot of essential materials translated into languages spoken most commonly in Minnesota,” said Carol Berg, UCare’s Public Health Manager. “The expanded Exchange provides a context for these materials. And the fact that the expansion pages are constantly updated will ensure that people keep coming back to the site to see what’s new.”

The expansion of the Exchange makes it an even more valuable resource for Minnesota health care providers. “Health educators and providers exploring how health communication is affected by a patient’s race, class, culture, language, literacy, and spirituality will find plenty of thought-provoking material geared specifically to Minnesota communities,” said Exchange Coordinator Patricia Ohmans.

The Exchange is a five-year-old collaboration among more than a dozen Minnesota health care organizations, including insurers, HMOs, hospital consortiums, clinics, and the Minnesota Department of Health. Representatives of these organizations share the responsibility and cost of creating and distributing health education materials for non-English speaking patients. The database can be easily searched and is available to Exchange members. UCare makes it available to our provider network (type in user name ucare; the password is ucare).

Visit the Exchange site at www.health-exchange.net. For more information on the Exchange, contact Carol Berg at 612-676-3635 or cberg@ucare.org.

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.*

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 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:

*Nursing Home
Home Care*

Past presentations include:

*Product Overview
Access UCare*

For more information and to register for one of these special presentations, please visit us online at www.ucare.org/providers/webex.html.

National Provider Identifier (NPI)

UCare strongly encourages covered entities to notify us of your National Provider Identifier (NPI), if you haven’t already done so. To learn more about the different methods available for NPI submission, please visit our NPI page online at www.ucare.org/providers/npi.html.

For additional information about the NPI and for a complete list of FAQs, please visit us online at www.ucare.org/providers/npi.html.

Questions can also be sent to NPI@ucare.org.

News and Notes

New: Nursing Facility Fact Sheets

We strive to ensure successful billing and timely reimbursement for providers who serve our members. That's why we've created fact sheets about billing and clinical issues surrounding Skilled Nursing Facilities and Nursing Homes.

Three new fact sheets have been developed on the following topics:

- Care Coordinator and Skilled Nursing Facility Expectations Fact Sheet
- Skilled Nursing Facility 'In-Lieu-of' Fact Sheet
- Skilled Nursing Facility Part B Billing Fact Sheet

These informative pages are available online at www.ucare.org/providers/provresources.html. You may also access our Provider Manual for additional information and resources on Skilled Nursing Facilities.

Provider Manual Updates

The following chapters have recently been updated:

- Chapter 13: Provider Resources for Child & Teen Checkups (C&TC) & Blood Lead Testing (*Revised June 2007*)
- Chapter 5: Prior Authorization, Referral and Notification (*Revised July 2007*)
- Chapter 16: Quality Management (*Revised August 2007*)
- Chapter 20: Delegated Business Services (*Revised October 2007*)

Note: Our Provider Manual is updated periodically to reflect current information. You can access our Provider Manual online at www.ucare.org/providers/provmanual.html.

MMSI authorizations no longer available via phone

MMSI is a Mayo health company that works with employers to support the health and wellness of their employees. MMSI authorizations are no longer available via phone. All medical and behavioral health providers must contact MMSI via mail or fax.

Mailing address:

MMSI
4001 41st St. NW
Rochester, MN 55901

Fax number:

888-889-7822

Reminder: Fax Number in Place for Use by Critical Access Hospitals (CAHs)

If your facility is designated as a Critical Access Hospital (CAH), you receive letters from CMS that assign your Medicare service rates. **Each CAH is responsible for sharing this information with their payers to ensure the correct and prompt payment of claims**, because CMS does not send a copy of these service rate letters to payers.

To streamline this process for UCare providers, please fax your hospital's CAH rates to this dedicated UCare phone line each time they are changed by CMS: **612-884-2232**.

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

ICD-9-CM Codes

2008 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) updates will be effective Oct. 1, 2007. This year, there are 144 new codes, 17 deleted and five revised codes. Providers should use the new ICD-9-CM codes beginning Oct. 1, 2007; **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 the following web site: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage.

The final addendum for ICD-9-CM is available through the National Center for Health Statistics at this web site: www.cdc.gov/nchs/datawh/ftpser/ftpicd9/ftpicd9.htm.

Electronic Data Interchange

UCare encourages all providers to submit claims via electronic data interchange (EDI).

Please contact one of the following clearinghouses to set up EDI transmissions with UCare. Clearinghouses currently working with UCare to ensure format compatibility include:

ClearConnect

ClaimLynx

McKesson

PerSe (formerly known as NDCHealth)

eProvider Solutions

CortexEDI

SSIGroup

Bilateral Radiology Billed on a CMS 1500

UCare follows CMS guidelines for bilateral eligible codes. Procedures that are bilateral eligible codes are indicated in the Medicare Physician Fee Schedule Relative Value File (MPFSRVU).

Radiology codes can be billed as bilateral if the indicator in the MPFSRVU is “3” and the service(s) must have been performed bilaterally. The MPFSRVU database may be accessed at www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage.

When a radiology service is performed bilaterally and the indicator for the procedure is “3”, report the code on two separate lines. Submit one line with the RT modifier, and the other line with the LT modifier with one unit on each line.

Influenza and Pneumococcal Immunizations Billing and Coding Guidelines

The approaching flu season prompts us to share a few coding and billing reminders with you.

HIPAA requires all claims to be submitted with ICD-9 diagnosis codes coded to their highest level of specificity on a CMS 1500 claim form (August 2005). We prefer that you submit via the standard CMS 1500 billing form; however, if you do not have the capability, we will accept Roster billing. Any claim not coded to its highest level of specificity will be denied with explanation code D9:

DHS/CMS requires fourth/fifth-digit level of diagnosis specificity. Claims must also have the appropriate CPT codes and administration code for immunizations.

Influenza and Pneumococcal Immunizations Billing and Coding Guidelines

UCare Product	Vaccine	CPT code	Diagnosis code	Administration Code
PMAP, PGAMC, and MinnesotaCare	Influenza	≥ age 3: 90658 < age 3: 90657 Preservative free: ≥ age 3: 90656 < age 3: 90655 FluMist (5-18 years of age): 90660	V04.81	-With either vaccine administration code 90471 (single rate) or code 90472 (multiple vaccine rate) -Intranasal admin: 90473
	Pneumococcal	90732	V03.82	
MSHO, UCare Complete, Partners Choice Network, and UCare for Seniors	Influenza	≥ age 3: 90658 < age 3: 90657 Preservative free: ≥ age 3: 90656 < age 3: 90655	V04.81	G0008
	Pneumococcal	90732	V03.82	G0009

Reminder: New CMS 1500 Claim Form and UB04 was Effective July 16, 2007; Begin Using it Now

Health care providers should begin using the revised version of the CMS 1500 claim form (August 2005) and the new UB-04 (CMS-1450) claim form effective for claims submitted on and after July 16, 2007.

Paper claim submissions using the older version of the CMS 1500 (December 1990) and UB-92 claim forms on and after July 16, 2007, will no longer be accepted and will be returned to the provider requesting resubmission on the newer claim forms.

Claim resubmissions, including Claim Status Adjustments, should be submitted on the revised forms, even though the older version was used upon initial claim submission.

For additional information about the acceptance of the new CMS-1500 claim form and UB-04, please visit us online at www.ucare.org/providers/index.html.

NEW: 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 quick access 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 online visit us at www.ucare.org/providers/accessucareprovider.html.

The image shows a registration form titled "Access UCare Registration Form". It includes fields for Provider Name, Address, City, State, Zip, Federal Tax ID#, and UCare Provider #. There are checkboxes for "To print and submit form on fax or mail please click here" and "To submit form electronically via Email please click here". The form also includes a "Please fax to: 612-676-3300" section and a "Health" section with a large text area. At the bottom, it says "Note: Please allow 3-7 business days from the date of receipt to process your request. If you have any questions please contact our Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493."

Access UCare Registration Form.

Claim and Claim Adjustments

Please use these addresses:

Claim Address:

UCare
Attn: Claims
P.O. Box 52
Minneapolis MN 55440-0405

Claim Adjustment Address:

UCare
Attn: Claims
P.O. Box 405
Minneapolis MN 55440-0405

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 of your UCare Network Services Coordinator, please contact Provider Network Management at 612-676-3260.

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).**

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

Provider Assistance Center
612-676-3300 or
1-888-531-1493 (toll free)