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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.

New Medicare Part D Prescription Drug Coverage

I'm sure you are hearing more and more about Medicare's Prescription Drug Coverage, and we want you to know that UCare has developed several reasonably priced, high-value drug benefit products to meet the needs of our members. In addition, these benefit programs should also be very attractive to Medicare recipients who are not yet UCare members but who are interested in purchasing Part D. We have conducted numerous meetings throughout the state explaining Part D in general, and have held member information sessions regarding the specific advantages of UCare's products.



Sharon Carlin

We know many individuals will ask their physician's advice when selecting a new health plan, and we feel it's important that you are armed with adequate information. We have already provided many physician offices with educational materials regarding Part D, and a more complete packet will be mailed to you within the next two weeks. These materials should answer your Part D questions and provide you with enough information to answer general questions from your patients.

We hope that you will support UCare and offer a positive recommendation to your patients regarding enrollment in one of our Medicare products.

Sharon A. Carlin, Vice President, Operations

Medicare Part D

What the new prescription drug insurance means for Medicare patients

By Nancy Feldman

(Excerpts from a July 2005 *Minnesota Physician* article by UCare's President and CEO)

As news of the new Medicare prescription drug program known as Medicare Part D begins to spread, your patients may have questions about this Medicare program and whether it's the best choice for them. Medicare Part D, which goes into effect in January of 2006, provides some relief from prescription expenses for seniors eligible for Medicare. However, the benefits of Part D vary from individual to individual, depending on each person's situation and coverage. The new benefit is especially valuable to low-income seniors and those with very high prescription costs.

The Part D offering is optional and, like all insurance, comes with a price for most people. The program will be packaged differently by different organizations and may replace prescription programs with less coverage.

All these changes mean that your patients on Medicare will have some important decisions to make in the not-so-distant future about how to spend their health care dollars. As prescription drug insurance, Part D is designed to cover high prescription costs now and in the future. Like all insurance, it benefits those who take a long-range view and do not focus solely on current prescription costs. If your patients wait to enroll until their prescription costs have risen, they will likely have to pay a late enrollment penalty. Therefore it's important for them to assess their current coverage and future Part D options to decide whether Part D is right for them.

For more information on Medicare Part D, including FAQ's, and the full article by Nancy Feldman, please visit www.ucare.org, and click on *Providers*.

Note: Web links contained within are live.

News and Notes

PMAP members passively enrolled into MSHO

Do you know how the new Medicare prescription drug coverage will affect your senior patients/residents with Medical Assistance?

As part of the recent Medicare legislation, seniors enrolled in the Prepaid Medical Assistance Program (PMAP) and Medicare will no longer receive health or prescription drug coverage through PMAP. On Jan. 1, 2006, they will be passively enrolled into Minnesota Senior Health Options (MSHO), a Medicare Advantage plan offered by UCare and other approved providers. MSHO will provide both health and prescription drug coverage to these individuals.

The exceptions to this new arrangement are the PMAP members who voluntarily opted out of this passive enrollment by the Oct. 31, 2005 deadline. PMAP members who chose to opt out were required to select a stand-alone Prescription Drug Plan (PDP) for their drug coverage but will remain enrolled in PMAP for their health coverage.

MSHO is an innovative plan that provides both health and prescription drug coverage to individuals eligible for Medical Assistance with or without Medicare Parts A and B. UCare MSHO members receive coordination of services, making it easier for them to manage their health and navigate the health care system.

Many changes are occurring with the new Medicare prescription drug coverage benefit. We strongly encourage you to learn how these changes will impact your patients/residents now and next year. For more information about this coverage and how it will affect individuals with PMAP and Medicare coverage, please call us at 612-676-3554 or 1-800-707-1711.

Asthma Care Project underway

Large gaps exist between current management and best practice for asthma care. One of the areas needing the most improvement in the prevention of acute asthma episodes, patient and family anxiety, ER visits, and hospitalizations is the regular use of long-term controller asthma medications.

To improve the rates of long-term controller medication use, UCare has launched the Asthma Care Project. It uses specific interventions such as "asthma assessment" lists to alert clinics and clinicians of patients who need long-term controller meds, case management of at-risk patients, and follow up for patients with ER visits for asthma.

UCare is eager to assist with case management for persistent asthma.

Pediatric Lead Screening 'Fax Back' program

It's a fact: Low income children have three times greater risk of elevated blood lead levels than other children.

Not everyone is aware that capillary blood lead testing is sufficient as an initial screen. Blood lead and hemoglobin screening can be done using the filter paper sample collection method and only *two* drops of blood.

All UCare and other children covered on state public programs should have a capillary blood lead level done at 12 and 24 months of age. Children up to the age of 6, who have not previously been drawn, also should be tested.

Lead testing rates are measured using claims data. In order to help us capture all blood lead testing claims, UCare asks clinics to participate in **UCare's Lead Fax Back** program, which includes at-risk lists and chart flags.

Please contact UCare's Ali Ralston at 612-676-3658 for more information and sign-up details.

Blood Lead Workshops now available

Workshops about blood level testing are available as a result of collaboration between UCare Minnesota, Blue Plus, First Plan of Minnesota/ First Plan Blue, HealthPartners, Medica, Metropolitan Health Plan, Minneapolis Department of Health and Family Support, Minnesota Department of Health, and the Sustainable Resources Center.

CME and CEU credits are available at no cost. Here is the November schedule. Note that **all sessions are from 8 a.m. to 12 noon.**

November 9, 2005

Minnesota Department of Health
Snelling Office Park-Mississippi Room
1645 Energy Park Drive
St. Paul, MN 55108
651-917-4874

November 10, 2005

Radisson
505 West Superior Street
Duluth, MN 55802
218-727-8981

November 15, 2005

Holiday Inn Lakeside
HWY 10 East
Detroit Lakes, MN 56501
218-847-2121

Coding Zone

Coding Consultant Service introduced

UCare Minnesota now has a helpful new **Coding Consultant Service** that will answer coding questions from providers. This service will give responses to coding questions prior to the submission of a claim. It also will respond to questions about claim denials due to coding issues.

Coding questions should be sent by e-mail to this service at codingconsultant@ucare.org.

A Coding Consultant will respond to an inquiry within four business days.

For claims and other non-coding issues, please continue to contact UCare Minnesota's Provider Assistance Center at (612) 676-3300 or (888) 531-1493. We also recommend that you take advantage of UCare's online reference materials, including the UCare Provider Manual at www.ucare.org, just click on *Providers*.

Transportation provider coding news

UCare contracts with a large number of transportation providers throughout Minnesota. It is important to review the definition of "Common Carrier," "Special Transportation Services (STS)," and billing requirements to ensure correct claim submission and reimbursement.

Common Carrier Transportation services (Heath Ride Transportation, County Volunteer Driver Service, and Bus Systems) are providers classified as Common Carriers and that offer transportation to members using buses, taxi cabs, and volunteer driver vehicles.

STS-certified vehicles provide transportation services for ambulatory and non-ambulatory persons who are unable to use Common Carrier transportation due to a physical or psychological impairment. STS may involve wheelchair vans or using other special durable medical equipment within a vehicle.

The billing requirements differ depending on the type of transportation provided. For this reason, it is important to bill with the provider ID number assigned, and use the

appropriate codes to represent the type of transportation provided. For example, if Common Carrier transportation services are provided, you must bill with the Common Carrier provider ID number, and use appropriate codes such as T2003 for pick up and A0080 for mileage (Volunteer Common Carrier transportation).

If these guidelines are not followed, the claim will be denied as "Services Billed in Error" (EX Code V1).

The same billing requirement applies to STS. UCare follows DHS guidelines for billing requirements for this service category.

Codes for Common Carrier Transportation only:

Provider Type	Service	Code	Service	Code
Volunteer Services	Pick Up	T2003	Mileage	A0080
City Bus Services	Pick Up	A0110		
County Bus Services	Pick Up	A0120		
Employed Common Carrier	Pick Up	T2003	Mileage	S0215

For additional information on Transportation, including coding examples, please visit www.ucare.org and refer to the Provider Manual, Chapter 12.

Coding Reminders

- For a detailed list of ICD-9 code changes, additions, revisions, and deletions as of October 2005, visit www.cms.hhs.gov/medlearn/icd9code.asp.
- Roster billings are still an acceptable form of billing for flu shots; however, they need to include the following: Member Name, Member Number, Provider Name, Provider Number, Diagnosis, CPT Code, Itemized Charges, Units, and Date of Service.

Reminders

- Don't forget that you can access our Provider Manual online at www.ucare.org. Just click on *Providers*, and then *Provider Manual*.
- For credentialing information, including credentialing forms, access Chapter 17 of the Provider Manual.
- UCare follows DHS payment rate changes.**

health lines extra: UCare's Medicare Part D FAQs

Q: What is UCare's new Medicare prescription drug coverage?

A: This coverage is a new Medicare prescription drug insurance that becomes available from UCare on Jan. 1, 2006.

Q: What does it cover for my patients with UCare?

A: Your patients will have co-pays ranging from \$10 to \$50 for the first \$2,200 of their total prescription drug costs. Then, when their out-of-pocket prescription costs reach a total of \$3,600 for the year, they will pay \$2-\$5 or 5% (whichever is greater) for their prescriptions for the remainder of the year.

Q: Who qualifies for UCare's prescription drug coverage?

A: The coverage is available to all people with Medicare who have Medicare Part A and Part B and live in our service areas.

Q: What does the coverage cost?

A: The cost for Part D coverage is included in the total plan premium. UCare offers two Part D plans in three different service areas. One plan offers prescription coverage in a comprehensive package with coverage for preventive dental care, vision, hearing aids, and more. The other plan offers prescription coverage with complete medical and hospital coverage. If your patients have limited income and resources, and qualify for extra help, they may not have to pay a premium or deductible.

Q: Do my patients have to enroll in the Medicare prescription drug coverage?

A: They can choose to enroll. However, if they don't enroll when they're first eligible to apply, they will likely pay a late enrollment penalty equal to 1% of the base premium for each month not enrolled. There are some exceptions to this late penalty. For example, patients may avoid the penalty if their current plan offers coverage that is on average at least as good as the Medicare prescription drug coverage, and they have not had a break in coverage for 63 days or longer. Some group retiree plans, and Veterans Administration and military plans, offer coverage of this type.

Q: When are the enrollment periods?

A: The initial enrollment period – or the first time a person with Medicare can apply – is Nov. 15, 2005, to May 15, 2006. People who apply in 2005 will have coverage effective Jan. 1, 2006. People who apply between Jan. 1 and May 15, 2006, will have coverage effective the first of the month following the month of application. The next election period is Nov. 15, 2006, to Dec. 31, 2006, for coverage effective Jan. 1, 2007. There are exceptions (“special election periods”) to the election period.

Q: Who offers this coverage?

A: Your patients can enroll in Medicare's prescription drug coverage through two types of organizations: 1) Medicare Health Plans with Prescription Drug Coverage such as *UCare for Seniors*, and 2) Stand-alone Prescription Drug Plans.

Q: What prescriptions are covered by UCare plans?

A: UCare uses a comprehensive list of medications, or formulary, to determine which drugs are covered. You may access the formulary at www.ucare.org.

Q: Which pharmacies will accept the prescription drug coverage?

A: Patients will be able to use any pharmacy (retail, mail order, home infusion, long-term care facility, tribal and Indian Health Service) in UCare's network of 1,005 pharmacies. Our mail order pharmacy and some of our other pharmacies also offer an additional savings of a 90-day supply of medications for two co-payments.

Q: Where can I find more information about the new Medicare prescription drug coverage?

A: In addition to www.ucare.org, the following organizations and web sites are helpful resources:

- Medicare: 1-800-633-4227 (TTY/hearing impaired 1-877-486-2048), www.medicare.gov.
- RxConnect/Senior Linkage Line: 1-800-333-2433, www.mnaging.org.
- Minnesota Senior Federation: 651-645-0261 or 1-800-365-8765, www.mnseiors.org.
- Minnesota Dept. of Human Services, Minnesota Board on Aging, and Hennepin County site: www.MinnesotaHelp.info.
- Social Security Administration: 1-800-772-1213 (TTY/hearing impaired 1-800-325-0778).
- www.medicarerights.org.
- www.cms.hhs.gov/medicarereform/pdbma.
- www.cms.hhs.gov/healthplans.
- www.cms.hhs.gov/pdps.
- www.kff.org/medicare/index.cfm.

This FAQs sheet is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.