

UCare healthlines

A newsletter for our providers

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PNM Editorial Staff

Douglas Hauge
Marilee J. Moritz

Provider Assistance Center

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

UCare

P.O. Box 52
Minneapolis, MN
55440-0052

Attn: Provider Network
Management

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.

Welcome to 2008

As we wrapped up 2007, there was an unmistakable buzz in the air at UCare. Calls and applications were streaming in from the moment Medicare annual enrollment opened on Nov. 15 to its close on Dec. 31. Our *UCare for Seniors* Sales staff processed thousands of Medicare Advantage applications, while our member and enrollment groups were busy welcoming new members. The rest of us were revamping systems, streamlining processes, and preparing materials to ensure the smooth entry of new Medicare members.



Nancy Feldman

I am so pleased to report that on Jan. 1, we had more than **6,000** new *UCare for Seniors* member applications. More than 5,300 enrollments were from Minnesota, and 725 came from Wisconsin. And we're not finished yet! Medicare open enrollment extends through Mar. 31, when Medicare Advantage plan members have one more chance to switch plans.

You may recall that we expanded *UCare for Seniors* to 23 western Wisconsin counties for 2008. Large and receptive audiences attended scores of information meetings we held there. Our efforts were rewarded with an enrollment that exceeded our initial projections by nearly 40%; in fact, our net growth was more than 50% higher than our closest competitor. These enrollees began receiving care from our new network of medical providers in Wisconsin on Jan. 1.

The enrollment surge greatly exceeded our expectations, and clearly shows that our Medicare Advantage plan is outperforming the competition. Great advertising, sales presentations, community relations efforts, and positive word of mouth are sending the message that *UCare for Seniors* is the best value Medicare option for Medicare beneficiaries in our service area.

In October, we welcomed Park Nicollet Clinic and Park Nicollet Methodist Hospital to UCare's metro-area pool of high-quality health care providers in the *UCare for Seniors* provider network. These highly regarded facilities already are included in provider networks serving members of our Minnesota Health Care Programs, including Minnesota Senior Health Options (MSHO); *UCare Complete*, a Minnesota Disability Health Options (MnDHO) program for people with physical disabilities; and *Partners Choice Network*, a MnDHO pilot program for people with developmental disabilities.

But that's not all we accomplished last year. We completed preparations for the introduction on Jan. 1 of two new Special Needs Plans (SNPs) in Minnesota. Read more about them on page 2. You also can read about our new Minnesota Senior Care Plus (MSC Plus) plan on page 3.

Thank you for being our partners in these exciting new plans, and for steadfastly providing value and quality care to our more than 140,000 members in Minnesota and western Wisconsin.

UCare Introduces Two Special Needs Plans

Two Special Needs Plans (SNPs) designed to provide health care to Minnesotans experiencing barriers to quality care debuted Jan. 1. The *UCare for Seniors* provider network serves members of both products.

UCare Connect is an innovative plan designed expressly for adult Minnesotans with physical or developmental disabilities, and/or mental illness. Offered in 34 Greater Minnesota counties, it is a new type of Medicare Advantage SNP for Medicare beneficiaries. The Minnesota Department of Human Services (DHS) classifies *UCare Connect* as a Special Needs BasicCare plan for Medicaid recipients in Minnesota. Enrollment is voluntary.

UCare Connect was created to deliver a coordinated approach to care that will help eligible Minnesotans take control of their health and improve their quality of life. It will connect community resources and health care providers to ensure that members get necessary care and support. The plan focuses on prevention, disease management, and management of chronic care needs to Minnesotans who:

- Are 18-64 years of age.
- Receive Medical Assistance without Medicare, or with Medicare Parts A and B.
- Have a certified physical disability or mental illness, or a developmental disability.
- Reside in Benton, Blue Earth, Carlton, Chippewa, Chisago, Cottonwood, Faribault, Fillmore, Houston, Isanti, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mille Lacs, Mower, Murray, Nicollet, Nobles, Olmsted, Pine, Redwood, Rice, Rock, Sherburne, Stearns, St. Louis, Watonwan, Winona, Wright, or Yellow Medicine County.

UCare Connect provides coverage for Medical Assistance (Medicaid) basic care services, Medicare-covered services, and includes the Medicare Part D prescription drug coverage. Coverage is not provided for personal care, private-duty nursing, home- and community-based waivers, or county-targeted case management.

“We are very proud to work with Minnesota counties to offer *UCare Connect*,” said Nancy Feldman. “This new product offers choices to a population that has not had the opportunity to choose many aspects of their health care. With *UCare Connect*, we are extending our expertise and coverage to populations that clearly will benefit from a personal, case management approach that will contribute significantly to their health and well-being.”

UCare partners with many of the 34 counties in the plan’s service area to provide increased coordination of health care and social service programs to plan members. UCare provides training and consultation in the form of clinical, administrative, and operational support, including utilization management. By working together, UCare and the counties will help inform and empower members to maximize available resources, while facilitating connections that will lead to sustained improvements in members’ health.

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*UCare Secure* is designed for Medicare beneficiaries in 12 Minnesota counties who live with one or more of seven chronic health conditions, as diagnosed by a physician.

*UCare Secure* delivers a coordinated approach to care that will help eligible Minnesotans take control of their health under the management of a skilled care manager. It provides Medicare Advantage benefits, Medicare Part D outpatient prescription drug coverage (including Part D gap coverage for generic prescriptions), preventive dental care coverage, five round-trip rides to meet health care needs, and intensive care management. Eligible people must:

- Receive Medicare Parts A and B.
- Have one or more of the following chronic conditions: asthma, cardiovascular disease, chronic obstructive pulmonary disease (COPD), dementia, diabetes, heart failure, or hypertension.
- Reside in Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Rice, Scott, Sherburne, St. Louis, Washington, or Wright County.
- Do not have chronic end-stage renal disease (kidney failure).

Evercare, Fairview Partners, North Clinic, and St. Mary’s Duluth Clinic are partnering with UCare to offer this product. These systems have longstanding relationships with more than 90 senior living campuses where many people meeting eligibility criteria reside.

**“We designed *UCare Secure* in a way that reduces barriers to care that have long been experienced by people living with difficult and chronic diseases,” said Nancy Feldman.**

There are no co-pays for primary or specialty physician visits. Members will receive disease-specific case management services from a health care professional, who is part of a multidisciplinary medical team that includes a primary care physician and nurse practitioner with one of the four care systems. The teams will use a collaborative process to address members’ medical, social, functional and safety needs, while a care manager monitors, coaches, and helps members access additional resources as needed.

## Minnesota Senior Care Plus Joins UCare Product Lineup

You may be familiar with Minnesota Senior Care (MSC) as a Minnesota Health Care Program. MSC is a joint federally and state-funded program that provides medical services for low-income people who are age 65 or older in the seven-county metro area. MSC benefits include primary and acute care, Medicare cost sharing, drugs not covered under Medicare Part D, supplies, equipment, and therapies. In addition, MSC members have access to transportation, a home health aide, private duty nursing, skilled nurse visits, extensive personal care services, and 90 days of nursing home coverage.

As of Jan. 1, 2008, MSC is offered in the following counties: Anoka, Carver, Dakota, Hennepin, Ramsey, and Washington.

As of Jan. 1, 2008, MSC Plus is offered in Aitkin, Benton, Blue Earth, Carlton, Chippewa, Chisago, Cook, Cottonwood, Dodge, Faribault, Fillmore, Houston, Isanti, Jackson, Kandiyohi, Kittson, Lac Qui Parle, Lake, Le Sueur, Lincoln, Lyon, Marshall, Martin, Mille Lacs, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Sherburne, Stearns, Swift, Wabasha, Watonwan, Winona, Wright, and Yellow Medicine.

### Transition from MSC to MSC Plus

Until Dec. 31, 2007, MSC was offered statewide. On Jan. 1, 2008, counties in Greater Minnesota that had been MSC counties transitioned to MSC Plus counties, while the seven metro-area counties remained MSC counties.

To be eligible for MSC or MSC Plus, a person must:

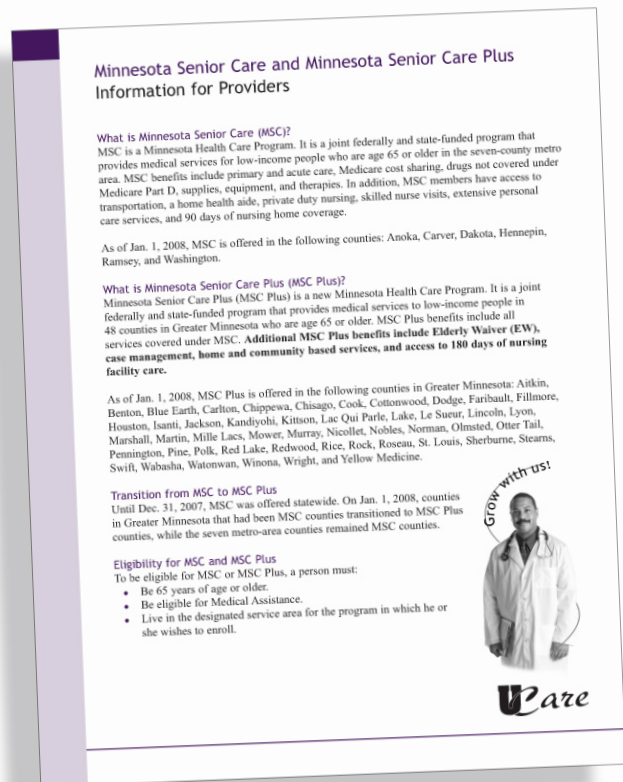
- Be 65 years of age or older.
- Be eligible for Medical Assistance.
- Live in the designated service area for the program they wish to enroll in.

### MSC Plus Case Management

UCare works with many health care providers to serve members who live at home or in a nursing home. When members enroll in MSC Plus, they choose a primary care clinic. After enrolling, members will be eligible for an initial health status and risk screening assessment. If members are getting home- and community-based services through the Elderly Waiver at the time they enroll, they will continue to receive case management services through their county of residence or UCare designee.

### For more information

A Provider Tip Sheet describing MSC and MSC Plus is available online at: [www.ucare.org/providers/provresources.html](http://www.ucare.org/providers/provresources.html). If you have questions or want more information about these products, please call UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free).



A variation of MSC is now available: **Minnesota Senior Care Plus (MSC Plus)**. It's a new, joint federally and state-funded program Minnesota Health Care Program that provides medical services to low-income people in 48 counties in Greater Minnesota who are age 65 or older. MSC Plus benefits include all services covered under MSC. Additional MSC Plus benefits include Elderly Waiver (EW), case management, home and community based services, and access to 180 days of nursing facility care.

## News and Notes

### 2008 Authorization/Notification Grids Now Available

We are excited to present a new, streamlined look to UCare's planwide authorization and notification grids, which became effective Jan. 1, 2008. Based on your feedback, we updated the grids to include all products, and highlighted items that require special attention. We hope these changes will improve how we work together to provide services to our members.

You will find the list of services that require prior authorization or notification in a grid format in Chapter 5 of our online Provider Manual. The 2008 changes include a separate grid for behavioral health services, and the addition of Independent Living Skills (ILS) benefits for our Minnesota Senior Health Options (MSHO) members.

Note that separate authorization and notification grids were created for UCare's new *UCare Connect*, *UCare Secure*, and Minnesota Senior Care Plus products. These grids will familiarize you with these products, and help you easily navigate the authorization and notification process.

| Service                          | Prior Authorization                              | Product                                                                                                                                          | Approval Authority                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adult Inpatient Rehabilitation   | Before admission and as requested for admissions | MSHO<br><br>UCare for Seniors MN<br><br>UCare for Seniors WI<br>(UCare Complete)<br>MSHO: ED (Partners Choice Network)<br>GARC<br>McCare<br>PMAP | Altu, Appen, Evercare, HealthEast (includes Quila, Lakeside, Multicare & Bloomington Lakes), MMSI and North Clinic, UCare for all others<br><br>Altu, Appen, Evercare, HealthEast (also handles MultiCare), MMSI and North Clinic, UCare for all others<br><br>UCare<br><br>UCare<br><br>UCare<br><br>UCare, MMSI, Altro<br>UCare, MMSI, Altro<br>UCare, MMSI, Altro |
| Alpha 1 Anti-trypsin Medications | Before administration of medication              | MSHO<br><br>UCare for Seniors MN<br><br>UCare for Seniors WI                                                                                     | Altu, Appen, Evercare, HealthEast (includes Quila, Lakeside, Multicare & Bloomington Lakes), MMSI and North Clinic, UCare for all others<br><br>Altu, Appen, Evercare, HealthEast (also handles MultiCare), MMSI and North Clinic, UCare for all others<br><br>UCare                                                                                                 |

\* Highest authorization request to administer drug prior to the start of service for inpatient conditions.  
† Medication grids require the appropriate medical or nursing diagnosis.  
‡ All services subject to member eligibility and benefit coverage.  
§ Special rules apply to certain products.  
NOTE: The authorization is needed for Delivery and Provider.  
MSO Authorization Grid 11.16.07

You can access the new 2008 Authorization/Notification Grids online at: [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

We also are offering a special WebEx Teleconference Presentation outlining the new grids. Register online at: [www.ucare.org/providers/webex.html](http://www.ucare.org/providers/webex.html).

### Behavioral Health Care Administrative Changes Effective Jan. 1, 2008

In addition to the creation of the new grids, there are other administrative requirements and processes affecting certain services that we believe will have a positive impact on you.

For example, beginning Jan. 1, 2008, we eliminated the pre-notification requirement for certain mental health services.

Services provided in excess of the limits will require authorization. Pre-notification is still required for other mental health services not listed above. (See the attached grid for more information.)

You can access the new 2008 Pre-Notification/Authorization Grid for Mental Health Services online at: [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

### New Pharmacy Benefit Management: RxAmerica

UCare is pleased to announce its affiliation with **RxAmerica**, a Utah-based Pharmacy Benefits Manager (PBM). Effective Jan. 1, 2008, all covered new and refill prescriptions, including mail order, are processed through **RxAmerica**. We have worked with **RxAmerica** to smoothly transition our members and pharmacies to this new PBM. **ProCare Rx** no longer provides PBM services for UCare.

Further information on UCare's pharmacy benefits, formularies, or forms needed for exception requests can be found online at: [www.ucare.org/providers/formularies.html](http://www.ucare.org/providers/formularies.html). As always, contact the Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free) if you have questions about pharmacy benefits, or formularies.

### 2008 Formularies Available Online

The new 2008 Formularies are available online at: [www.ucare.org/providers/formularies.html](http://www.ucare.org/providers/formularies.html).

## Notification of Change in P.O. Box Number for Paper Claim Submission

A new P.O. Box number has been created to streamline our administrative processes. Effective immediately, please submit paper claims to the following:

### CLAIM MAILING ADDRESS

UCare  
Attn: Claims  
P.O. Box 70  
Minneapolis, MN 55440-0070

### CLAIM ADJUSTMENT MAILING ADDRESS

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

## Pay for Performance (P4P) Update

We are pleased and excited to share information about our 2008 Pay for Performance program (P4P). It's important that you know our plan recognizes both superior and improved performance, and includes **all** Minnesota-based primary care providers in the UCare network. Even smaller network practices are eligible!

The 2008 Topic List and Technical Specifications for UCare's P4P went out to providers in December and the Payment information was sent in January. Both are available on the web site at the address already included in the article. It is important to note that providers have had access to P4P Member Action Lists online via secure server since last April. The 2008 lists are now available. Starting in March we will refresh the lists every other month throughout the year. *(Please note: If you already access a secure site with UCare, this is a separate site that has a separate ID and password for entry.)*

The lists can be accessed by logging in to <https://secweb.ucare.org>. *(Please note: If you already access a secure site with UCare, this is a separate site that has a separate ID and password for entry.)* Login I.D.'s and passwords have been sent to separately to clinics.

Any questions regarding the secure server access, Action List data or problems with the reports, please contact Jennifer Medina at 612-676-3637 or by e-mail at [jmedina@ucare.org](mailto:jmedina@ucare.org).

For more information about our P4P program please visit us online at: [www.ucare.org/providers/p4p.html](http://www.ucare.org/providers/p4p.html).

## New Member Liability and Waiver Reference Sheet

Did you know that a waiver form is issued by the provider when it is expected that the health plan may deny payment for services? The waiver serves as protection for the provider, and allows the provider to bill the patient for services the patient received after signing an acceptable waiver.

**UCare has created a "Member Liability and Waiver Reference Sheet and Sample Waiver" as an easy reference sheet and form to use to ensure all state and regulatory requirements are followed. The Member Liability and Waiver Reference Sheet and Sample Waiver form are located in Chapter 6 of our online Provider Manual, and on our provider page, under Forms, at [www.ucare.org](http://www.ucare.org).**

## New Benefits Administrator for Chiropractic Care of Minnesota, Inc. (aka Chirocare and CCMI)

UCare contracts with Chiropractic Care of Minnesota, Inc. (a.k.a. Chirocare and CCMI), for chiropractic benefits management.

CCMI changed its subcontractor for its benefits administrator effective Jan. 1, 2008. The new benefits administrator for CCMI is **Landmark Healthcare**. We expect the transition to be seamless for members; however, UCare, CCMI, and Landmark are monitoring the transition to quickly identify and resolve any issues.

CCMI has added a "Locate a Chirocare provider" button to its website, found at [www.chirocaremn.org](http://www.chirocaremn.org). CCMI/Landmark determines if prior authorization is necessary; the CCMI prior auth requirements vary based on the chiropractor's specific tier category.

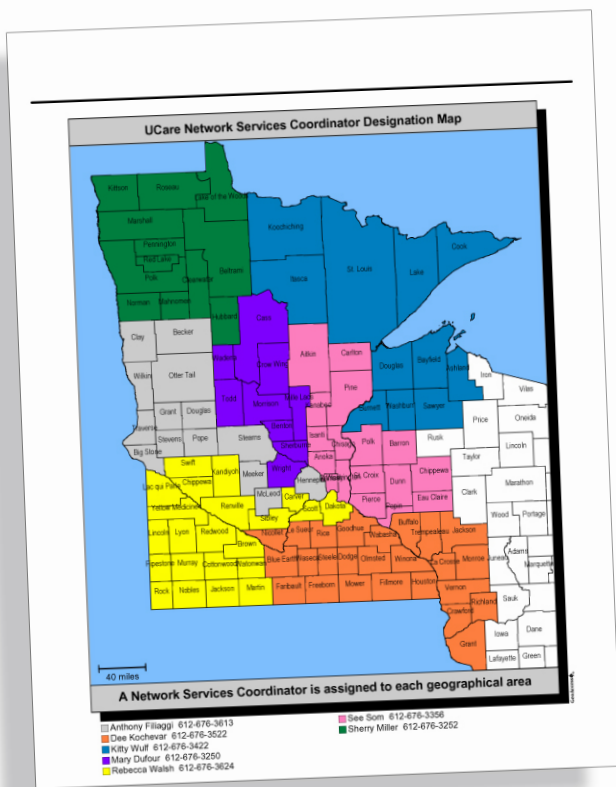
Here are contact details:

Chirocare / Landmark: 1-888-638-7719  
7:30 a.m. to 7 p.m., Monday through Friday.

## Network Services Coordinator Designation Map

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 providers and billing.
- Serve as a resource if you have claim payment concerns that are trends, or that may have a significant impact on your account receivables.
- Meet with your clinic, facility, or organization every year to provide you with annual, up-to-date information relevant to your operations.



A Network Services Coordinator is assigned to each provider, health system and/or geographical area. To obtain the name and phone number of your UCare Network Services Coordinator, please visit us online at: [www.ucare.org/providers/provmaps.html](http://www.ucare.org/providers/provmaps.html) and click on *UCare Network Services Coordinator Designation Map*.

## Assertive Community Treatment (ACT), Intensive Residential Treatment Programs (IRTS), and Crisis Residential Services (CRSS) Change Effective Jan. 1, 2008

The Minnesota Department of Human Services (DHS) is transferring the responsibility for ACT, IRTS, and CRSS services for Minnesota Health Care Program members to the health plans. As a result, UCare will be responsible for plan coverage and coordination for our members.

When you provide these services to a UCare member, your claims should be submitted using your UCare facility ID number to P.O. BOX 52, Minneapolis, MN, 55440-0052.

If you are an approved ACT, IRTS, or CRSS provider through DHS, it will not be necessary to have a contract with us to provide these services. Moreover, you will not need to amend your contract if you already are a contracted provider with us.

Please note that an authorization will be required for services that exceed the threshold:

- ACT: None
- IRTS: After 90 days
- CRSS: After 10 calendar days in a month

If you reach these thresholds, you will need to contact the appropriate UCare mental health delegate for an authorization.

## DHS information About MnVFC influenza Vaccine Billing

**MDH has received the following information from DHS about billing for MnVFC influenza vaccine. (DHS also included this message in its Dec. 11, 2007, pay run).**

2007/08 Flu Season Influenza Vaccine Shortage; latest information at: [http://www.dhs.state.mn.us/dhs16\\_139916](http://www.dhs.state.mn.us/dhs16_139916).

If you had to purchase an influenza vaccine because a free MnVFC vaccine was not available, you may bill for the purchased influenza vaccine administered to MHCP recipients under age 19 between Nov. 1, 2007, and May 31, 2008.

For more information please visit: [www.health.state.mn.us/divs/idepc/immunize/mnvfc/bf12dec07.pdf](http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/bf12dec07.pdf).

## Electronic Data Interchange (EDI) 837I Remarks Update

Recently, UCare implemented a new expanded EDI format. One of the features of this update is the capability to capture remarks from claims submitted using the 837 Institutional format (the electronic equivalent of the UB-04). When a provider, such as a one who provides chemical dependency services is required to submit additional information on the 837 Institutional transaction, UCare will now be able to capture that information.

The provider should include any necessary information in the NTE (Billing Note) segment in loop 2300 of the 837 Institutional transaction. The NTE01 data element should contain the string "ADD". The NTE02 data element should contain the text of the information the provider is required to send.

Example: NTE\*ADD\*A2Z Recovery Program

## EDI Trading Partners Receiving 835s Effective Dec. 10, 2007

UCare is revising the processes that generate the electronic remit (often referred to as the 835) that is transmitted to providers. The revisions to the process are intended to clarify how service lines are corrected and subsequently repaid (or denied).

Currently, when a service line is reversed and then repaid, the electronic remit will contain the information about the reversal and the repayment within a single Claim Payment Information (CLP) loop, and with a claim status code of 22 indicating a reversal of previous payment.

When the changes to the process are implemented, the electronic remit will contain two Claim Payment Information loops when a service line is corrected. The first will contain information on the reversal with a claim status code of 22. The second CLP loop will contain information on the new payment (or denial), including a claim status code of 1, 2, or 4 as appropriate. In addition, Group Adjustment codes and Claim Adjustment Reason Codes will be correctly applied in CAS segments for reversal and repayment /denial situations.

Please note that this modification to the UCare electronic remit affects only those service lines that are being readjusted to correct erroneous or disputed payments.

The revised process was implemented in production systems on Dec. 10, 2007.

## Electronic Data Interchange (EDI)

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 us to ensure format capability include:

*ClearConnect*  
*ClaimLynx*  
*McKesson*  
*PerSe (formerly known as NDCHealth)*  
*eProvider Solutions*  
*CortexEDI*  
*SSIGroup*

## Primary Care Clinic Reporting Responsibility and Requirement

Primary Care Clinics are required to send a quarterly report to UCare listing all written and verbal complaints that the clinic received from UCare members. Minnesota rule requires that UCare conduct ongoing evaluation of all member complaints, including those from participating providers (Minnesota Rule 4685.110 Subpart 9). Failure to comply with this procedure is considered a breach in contractual responsibilities.

You may send the completed complaint form to us in one of the following ways:

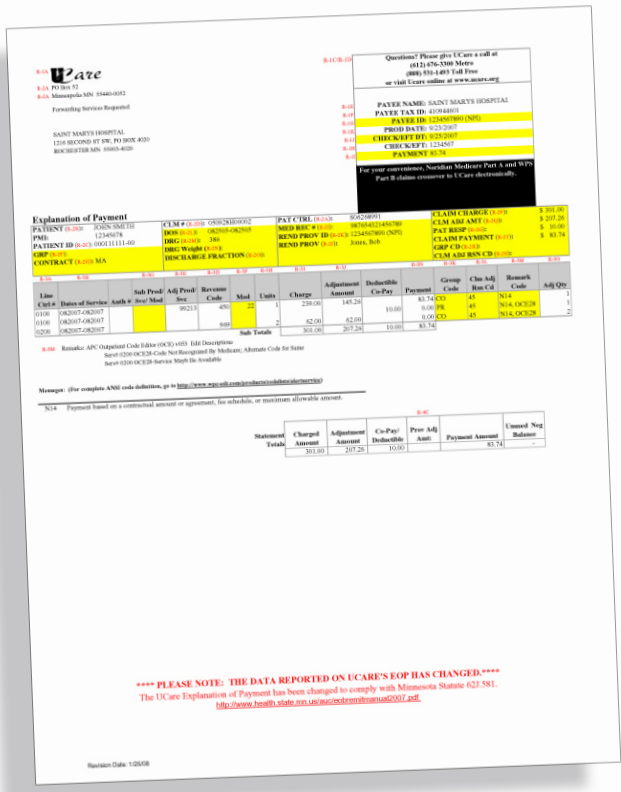
- **Fax: 612-884-2021**
- **Mail: UCare,  
Quality Management Administrative  
Assistant  
P.O. BOX 52  
Minneapolis, MN 55440-0052**

**If there are no complaints for the quarter in question, call the Quality Management Administrative Assistant with this information at: 612-676-3298 or 1-877-523-1517 (toll free).**

For more information and to access the Quality Complaint Reporting Form, visit us at [www.ucare.org](http://www.ucare.org), and refer to Chapter 18 in our online Provider Manual.

## New Minnesota Provider Remittance Advance Requirements

The UCare Paper Explanation of Payment has been changed to comply with Minnesota Statute 62J.581 changes, which are effective Mar. 1, 2008. Additional information on the data elements can be found at: [www.health.state.mn.u/auc/eobremittmanual2007.pdf](http://www.health.state.mn.u/auc/eobremittmanual2007.pdf).



*It is important to note the following article regarding the new Minnesota State Law affecting all providers and payers regarding electronic health care transactions.*

## 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](http://www.health.state.mn.us/auc/index.html).

## Several Minnesota Health Care Program Changes are Effective in 2007-2008

As you may know, the Minnesota legislature extended health care coverage for more Minnesota children, increased eligibility and benefits for adults without children, expanded QCare pay-for-performance initiatives, and developed provisions to more effectively coordinate health care services.

For more information about these changes, please visit the Minnesota Department of Human Services (DHS) web site at: [www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DY\\_NAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_140525](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DY_NAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140525).

You can also access our UCare Explanation of Payment (EOP) Reference Guide online at: [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

## The Administrative Uniformity Committee

The Administrative Uniformity Committee (AUC) is a voluntary group representing Minnesota providers, payers, and state agencies. Its purpose is to develop standardized administrative processes when implementation of the processes will reduce administrative costs. This includes uniform billing forms, claim procedures, and electronic billing procedures.

For more information, please visit [AUC@health.state.mn.us](mailto:AUC@health.state.mn.us).

## 2007 Year-End Blood Lead Screening Test Incentive Program

Lead screening tests have been an important part of our Childhood Preventive Health initiative for several years.

As you know, under Federal regulations applicable to Medicaid, all children are 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 and again at 24 months of age, is sufficient. Venous lead tests are not necessary unless screening levels are >10mcg/dl. This mandate applies to ALL UCare state program members.

Thanks to all providers who participated in our 2007 Year End Incentive Program. We appreciate your ongoing support with our effort to get UCare kids tested for lead. Please make sure that you have **submitted ALL BLOOD LEAD SCREENING CLAIMS for November and December 2007**. The children must have received the test while they were between the ages of 9-30 months and the lead test must be coded with an 83655 code. Payments will be sent out in late March or early April.

If you have any questions regarding our 2007 Year End Incentive Program please contact Ali Ralston in our Quality Department at 612-676-3658 or [aralston@ucare.org](mailto:aralston@ucare.org).

For more information, please visit us online at: [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

## 2008 Regional Trainings

An invitation... to grow with us!

Once again, UCare will conduct free, educational training opportunities designed for providers like you. By attending these informative sessions, you will enhance your ability to care for your UCare patients, work more efficiently with UCare to deliver the best care possible, and learn about the UCare departments that serve you every day. *CEUs will be available for Social Workers and Nurses.*

Invitations with seminar and registration details will be mailed to providers in the spring. You'll also find dates, locations, and registration details at: [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

We hope you'll take advantage of these helpful training sessions, brought to you by UCare's Provider Network Management and Clinical Services departments.

## Credentialing and Facility Change Notification Process

Credentialing is the process UCare uses to determine if an individual or organizational applicant is qualified and competent to render acceptable care to UCare members. All actions related to acceptance, denial, discipline, and termination of participation status of an individual or organizations are governed by UCare's credentialing policy.

**Critical to note: Providers should not see UCare members until the credentialing process has been completed.**

In order to prevent delays or errors with the payment of claims, we ask providers to notify us of changes **no less than 60 days** prior to the effective date of the change.

Here are a few quick facts to keep in mind about the use of our forms:

- Adding or terminating an existing practitioner, or simply changing a practitioner's name, should be executed using the Uniform Practitioner form.
- Information about a practitioner who has not been credentialed should be submitted using a completed Uniform Application form.
- Any changes to your clinic should be communicated to UCare by using the Facility/Update Form.

Credentialing information can be sent to:  
E-mail: [CredentialingInfo@UCare.org](mailto:CredentialingInfo@UCare.org)  
Fax: 612-884-2184

Facility changes can be sent to:  
E-mail: [prupdate@ucare.org](mailto:prupdate@ucare.org)  
Fax: 612-884-2080

**If you have credentialing questions, please note UCare's new dedicated voicemail for credentialing inquiries: 612-676-3660.**

## News and Notes

## Access and Availability Standards

We want to ensure that our members have access to health care services in a manner consistent with UCare's Access and Availability standards. Below is a list of standards we expect our Primary Care Clinics and OB/GYN clinics to maintain.

The image shows a document titled "UCare Primary Care Clinic Access and Availability Standards". It lists various service categories and their corresponding response times or requirements.

| Service Category                                                             | Emergency                                                                                                                                                  | Immediate |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Appointment                                                                  | Urgent: 24 hours<br>Subacute: 1 Week<br>Routine: 3 Weeks                                                                                                   |           |
| Tand Waiting Time for Appointments (includes wait office and exam room wait) | 15 minutes or less                                                                                                                                         |           |
| Telephone                                                                    | *Calls answered in 4 rings or less<br>*No hold 3 minutes or less                                                                                           |           |
| Telephone Care (during office hours)                                         | *Primary medical phone calls are returned by M.D. or designee within:<br>- 30 minutes for urgent issues<br>- 8 hours, or as arranged, for nonurgent issues |           |
| After Hours Coverage                                                         | Required - able to provide 24 hours/day, 7 day/week on-call coverage                                                                                       |           |
| Handicap Accessibility                                                       | Required                                                                                                                                                   |           |

UCare will conduct "secret shopper" surveys in addition to a written survey during the year to review compliance with these standards.

## Minnesota Care Limited Benefit (MLB) 2008 Benefit Changes

Effective Jan. 1, 2008, the MinnesotaCare Limited Benefit (MLB) set was discontinued. Current MLB eligible members now receive the MinnesotaCare Basic Plus One benefit set. The Basic Plus One benefit provides more services than the Limited benefit set. Here are some of the changes:

| Additional Covered Services                                                                                                                                                                                                                                                                         | Co-pay Changes                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>▪ Emergency ambulance</li> <li>▪ Eye Exam/Eyeglasses</li> <li>▪ Dental care</li> <li>▪ Hearing aids</li> <li>▪ Home care</li> <li>▪ Hospice care</li> <li>▪ Medical Supplies/Equipment</li> <li>▪ Podiatrists</li> <li>▪ Rehabilitation Therapies</li> </ul> | <ul style="list-style-type: none"> <li>▪ Office visit - \$3</li> <li>▪ Non-emergency ER Visit - \$6</li> <li>▪ Prescription - \$3 (\$20 monthly maximum on Rx co-pay will not apply)</li> <li>▪ Eyeglasses - \$25</li> <li>▪ No change to inpatient co-pay</li> </ul> |

## 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:

### Mar. 4

*UCare for Seniors (Wisconsin)* -- 1 – 2 p.m.

### Mar. 6

*UCare for Seniors (Minnesota)* -- 9 – 10 a.m.

### Mar. 11

*UCare Secure* -- 2 – 3 p.m.

### Mar. 13

*UCare Connect* -- 10:30 – 11:30 a.m.

### Mar. 18

*Authorization/ Notification Grid Overview* -- 1 – 2 p.m.

### Mar. 20

*Access UCare* -- 2 – 3 p.m.

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

## 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, rationale for modifications and measurement specifications. The guidelines are available online at: [www.ucare.org/providers/provmanual.html#ch24](http://www.ucare.org/providers/provmanual.html#ch24) and are updated after each review by QIACC.

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](mailto:aralston@ucare.org).

## 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](http://www.ucare.org/providers/npi.html).

At this time, we are currently unable to accept and pay claims submitted with only the National Provider Identifier (NPI). While we prepare for the implementation of NPI, we will accept claims with either of the following identifiers until May 23, 2008:

- Both NPI and UCare Provider ID (dual IDs) reported on the claim.
- Single UCare Provider ID reported on the claim.

For more information about the NPI and a complete list of FAQs, please visit us online at [www.ucare.org/providers/npi.html](http://www.ucare.org/providers/npi.html).

Questions can also be sent to [NPI@ucare.org](mailto:NPI@ucare.org).

## Have You Completed Your Provider Satisfaction Survey?

**We are always looking for ways to serve you better!**

In December 2007, we sent a satisfaction survey to contracted, Minnesota-based primary care clinics to complete because clinics' needs and opinions are important to us.

The survey is designed to let us know how we are doing in the areas of service, quality, and overall satisfaction. Your feedback will help us improve our services. We will report survey results in an upcoming issue of *health lines*, as well as in the provider section of our web site. During 2008, we will update you regularly about improvements we are making based on your feedback.

If you have already completed and returned a survey, *thank you*. If you have questions about completing the survey, or would like another survey to complete, please contact Joan Benson at Modern Survey at 612-399-3837.

**Thank you for your continued support of UCare and our members.**

## Site Surveys

To maintain compliance with NCQA, QISMC, and MDH requirements, UCare conducts an office site survey at all primary care and OB-Gyn clinics that participate in our provider network. The site visit must occur **prior to** the credentialing decision of the practitioner(s) practicing at the office site. If a primary care or OB-Gyn clinic relocates or opens an additional office, UCare must evaluate the new site.

During the site survey, the Network Services Coordinator will complete UCare's Site Survey document, which includes, but is not limited to, an assessment of the following:

- Test results reviewed and signed by the ordering provider.
- Medication list.
- Problem list.
- Immunization record.
- Advance directives noted in a prominent part of the chart (18 years of age or older).
- Physical accessibility.
- Physical appearance.
- Adequacy of waiting and exam room space.
- Access and availability.
- Adequacy of medical recordkeeping.

Copies of UCare's Site Survey document and standards are included in Chapter 17: Credentialing of our Provider Manual.

## Take the Exchange User's Survey; Win a \$25 Gift Certificate!

Are you an Exchange user?

The Exchange is an online library of almost 3,000 translated health materials that help non-English speakers understand their medical problems and treatment. It also features the latest Minnesota-specific news and advice on providing culturally competent care.

We need your feedback to make sure the Exchange serves your needs. Please, fill out our online user's survey at:

[www.surveymonkey.com/s.aspx?sm=KBZU9zcOiN\\_2bSK9YWKOTYcA\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=KBZU9zcOiN_2bSK9YWKOTYcA_3d_3d).

By completing the survey, you'll be entered in drawing for one of three \$25 Target gift certificates. Thanks!

## UCare Product Map Now Available on the Provider Page

UCare's recent expansion of our *UCare for Seniors* Medicare Advantage plan to nine additional counties in north central Minnesota made UCare a truly statewide program in 2008. In fact, our plans now serve more than 140,000 members throughout Minnesota and western Wisconsin. We partner with health care providers, counties, community organizations, and other member-directed groups to create and deliver innovative health coverage plans for:

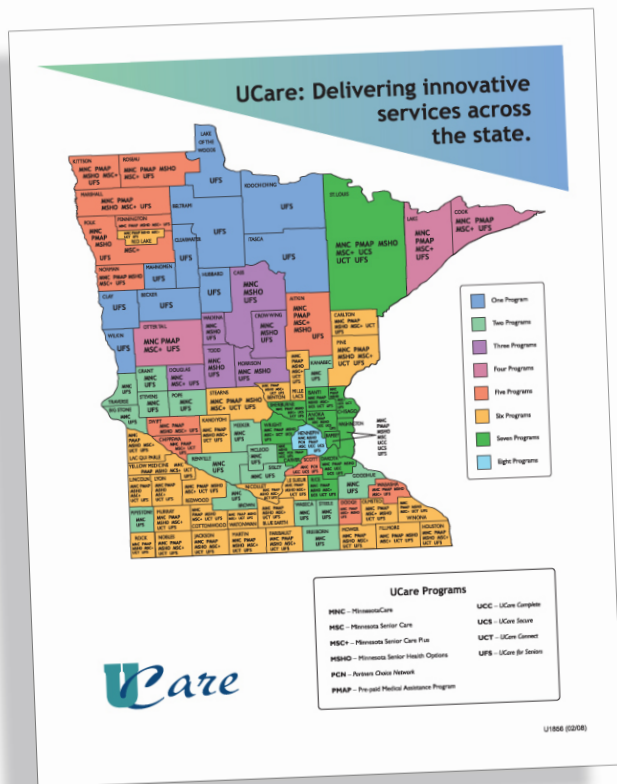
- Medicare-eligible individuals throughout Minnesota, and in western Wisconsin.
- Individuals and families enrolled in Minnesota Health Care Programs, such as MinnesotaCare, and Prepaid Medical Assistance Program.
- Adults with disabilities and Medicare beneficiaries with chronic health conditions.
- Minnesotans dually eligible for Medicaid Assistance and Medicare.

## 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.



The location and availability of our plans in Minnesota are illustrated by county on a colorful 2008 UCare Product Map that you can access online at: [www.ucare.org/providers/provmaps.html](http://www.ucare.org/providers/provmaps.html).

News and Notes

## 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.

### HCPCS Code H1000

**MPAF Submitters:** As of July 1, 2005, MHCP no longer required the Minnesota Pregnancy Assessment Form (MPAF) to be submitted to DHS. HCPCS code H1000 is no longer reimbursed. Enhanced service codes H1001-H1004 continue to be covered.

### Excerpt From the False Claims Act

The **False Claims Act** (31 U.S.C. § 3729 et seq., also called the "Lincoln Law") is an American federal law which allows people, whether affiliated with the government or not, to file actions against federal contractors claiming fraud against the government. The act of filing such actions is informally called "whistleblowing." Persons filing under the Act stand to receive a portion (usually about 15-25 percent) of any recovered damages.

The Act provides a legal tool to counteract fraudulent billings turned in to the federal government. Claims under the law have been filed by persons with insider knowledge of false claims, which have typically involved health care, military, or other government spending programs.'

"The most commonly used of these provisions are the first and second, prohibiting the presentation of false claims to the government and making false records to get a false claim paid. By far the most frequent cases involve situations in which a defendant -- usually a corporation but on occasion an individual -- overcharges the federal government for goods or services. Other typical cases entail failure to test a product as required by the rigorous government specifications or selling defective products.

"By the late 1990s, however, the focus had shifted to health care fraud, which now accounts for the majority of cases filed by whistleblowers and by the government."

"Under the False Claims Act, the Department of Justice is authorized to pay rewards to those who report fraud against the federal government in an amount of between 15 and 30 percent of what it recovers based upon the whistleblower's report."

## Provider Manual Updates

The following chapters have recently been updated:

- Chapter 1: Introduction to UCare (*Revised December 2007*)
- Chapter 3: Sales and Marketing (*Revised November 2007*)
- Chapter 4: Benefits Comparison (*Revised December 2007*)
- Chapter 5: Prior Authorization, Referral and Notification (*Revised December 2007*)
- Chapter 7: Skilled Nursing Facility (*Revised January 2008*)
- Chapter 8: Home Care Services (*Revised December 2007*)
- Chapter 11: Interpreter Services (*Revised November 2007*)
- Chapter 12: Transportation (*Revised January 2008*)
- Chapter 17: Credentialing (*Revised November 2007*)
- Chapter 18: Member Complaints, Appeals, and Grievances (*Revised November 2007*)
- Chapter 24: Clinical Practice Guidelines (*Revised March 2008*)
- Chapter 26: HCBS Waiver Services (*Revised November 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](http://www.ucare.org/providers/provmanual.html).

### 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 online, visit us at [www.ucare.org/providers/accessucareprovider.html](http://www.ucare.org/providers/accessucareprovider.html).

## And introducing UCare *health lines* BULLETIN

UCare *health lines* BULLETIN is a new communication from Provider Network Management informing providers of timely issues. Look for health lines BULLETINS online at:  
[www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).



# Spring 2008

## 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](mailto: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](http://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](mailto:healthlines@ucare.org).

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