



2010 Prior Authorization and Notification Grid Changes

February 2010

History

- Each UCare product had their own referral grids prior to 1/1/08.
- Effective 1/1/08, UCare decided to eliminate written referrals to participating providers and changed the requirements to prior authorization or notifications only.
- Set thresholds for some services/treatments before a prior authorization is needed.

History (continued)

- The Authorization/Notification grid merged into plan-wide grid for medical services.
 - In 2010, there are two Authorization/Notification grids.
 - One for the Prepaid General Assistance Medical Care (PGAMC) plan only, as this plan will be available until the termination date determined by the Minnesota Department of Human Services (DHS).
 - One for all other UCare plans.
- A Pre-Notification/Authorization grid for mental health and chemical dependency services was created separately from the medical prior authorization and notification grid.

Changes for 2010

The following grid below will outline any additions, deletions, and/or changes to services in the **Prior Authorization** grid from 2009 to 2010.

Services	2009	2010
Back (Spine) Surgery	N/A	New. Prior authorization required.
Circumcision	Prior authorization required for all circumcision procedures.	Removed. Information regarding circumcisions will be added to the Provider Manual, Chapter 23.
Procedure that may be Cosmetic or Reconstructive procedure		Revised the title to “Cosmetic or Reconstructive Procedure” and also added three new procedures to the list: female breast reductions, sclerotherapy for varicose vein treatment, and sclerotherapy for varicose vein in leg.
Durable Medical Equipment – Rental and Purchase		Removed Bone Growth Stimulator from the exclusion list.

Changes for 2010 (cont.)

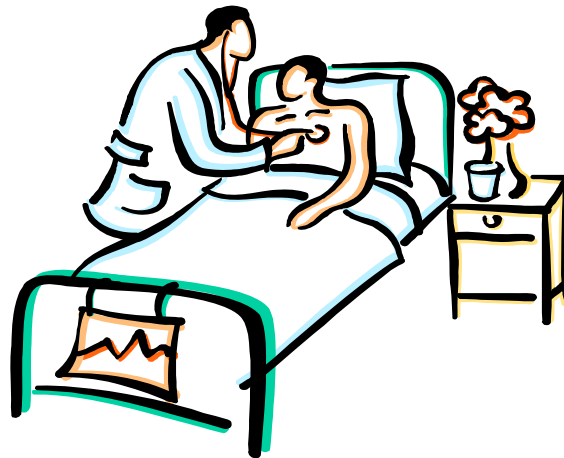
Continued changes for Prior Authorization grid from 2009 to 2010.

Services	2009	2010
External and Internal Electric Bone Growth Stimulator	N/A	New. Prior authorization is required prior to 5 th month rental for external. Prior to placement for internal.
Private Duty Nursing		Added “Must be received through a Medicare certified home health agency.”
Radiofrequency Ablation (Percutaneous) for Facet Mediated Neck and Back Pain	N/A	New. Prior authorization required.
Spinal Cord Stimulation	N/A	New. Prior authorization required.

Changes for 2010 (cont.)

The following grid below will outline any additions, deletions, and/or changes to services in the **Notification** grid from 2009 to 2010.

Services	2009	2010
Long-Term Acute Care (LTAC)	N/A	New. Within 24 hours of admission.



Definition of Terms

- **Approval Authority:** It is either UCare or an organization approved by UCare who can make decisions to approve or deny prior authorizations.
- **Prior authorizations:** An approval by an Approval Authority prior to the delivery of a specific service or treatment. Prior authorization requests require clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary, an eligible expense, and that appropriate, less expensive alternatives have been considered.
- **Notifications:** The process of informing UCare of a specific medical treatment or service involving a member prior to or within a specified time period of the treatment or service.

What Services Require a Prior Authorization or Notification?

- Refer to the grids to determine what services require prior authorizations or notifications and when it is needed by.
- The grids will also indicate who the Approval Authority is that receives and/or makes the determinations.
- Only the services listed in the grids will require a prior authorization or notification from the Approving Authority.

Exceptions to the Prior Authorization for Non-Participating Providers

- Generally, UCare has the responsibility for approving non-participating provider prior authorizations and benefit requests for all products.
- Exceptions to this are listed below:
 - Waiver services do not require out-of-network prior authorizations.
 - MMSI and Evercare may authorize non-participating providers.
 - Point-of-Services for *UCare for Seniors* do not require prior authorizations for services received out-of-network, except for the services and procedures listed in the authorization grid.
 - Urgent and emergency care.



Submitting a Prior Authorization Request

- Submit authorization requests in writing with the below information to the Approval Authority:
 - Member demographics, including name and UCare ID #.
 - Detail of requested services and rationale.
 - Past medical history and treatment pertinent to the request.
 - Photographs/x-rays where appropriate.
 - Pertinent primary care clinic and/or specialist notes.
 - Proposed date of service, provider, and location.
 - Requestor's name, title, and contact information.
- Authorization requests must be received by UCare at least 14 calendar days/10 business days prior to the start of service for non-urgent conditions.
- Upon receiving all medically necessary information, providers can expect a written response within 10 business days.
- For urgent requests, UCare will respond within 72 hours.
- Please contact the other Approving Authorities for their turn-around-time.



Submitting a Notification Document

- Forms are used to notify the appropriate entity when a UCare member receives a service.
- Some examples of the forms that are available through UCare are:
 - Nursing Home Admission Form.
 - Birth Notification.
 - Hospice Election Form.



Who to Contact?

Medical Services

– Aspen Medical Group

- For nursing home, DME, or home health care services, please call Pat at 612-262-7738 or fax the information to her 612-262-7786.
- For all other services, please call the member's primary care clinic for authorization/notifications and/or to find out the appropriate fax number of where to send in the information.

– Evercare

- Phone: 952-931-5900 or 1-800-896-8936 (toll free).
- Fax: 952-931-5901.



Who to Contact? (continued)

Medical Services (cont.)

- **Fairview Partners**

- Phone: 952-914-1720
- Fax: 952-914-1731

- **Mayo Management Services, Inc. (MMSI)**

- Phone: 1-800-645-6296 (toll free).
- Fax: 1-888-889-7822 (toll free).

- **UCare's Clinical Services**

- Phone: 612-676-6705 or 1-877-447-4384 (toll free).
- Fax: 612-884-2499 or 1-866-610-7215 (toll free).



Who to Contact? (continued)

Delegated Business Entities

– Chiropractor: ChiroCare

- Phone: 1-888-638-7719 (toll free)
- Fax: 1-800-599-8350



– Dental: DentaQuest

- Phone: 1-800-341-8478 (toll free)
- Fax: 262-241-7150



– Pharmacy: Express Scripts, Inc. (ESI)

- Phone: 1-877-558-7521 (for Medicare members)
- Phone: 1-877-558-7523 (for Medicaid members)
- Fax: 1-800-357-9577 (for both Medicare and Medicaid members)



Who to Contact? (continued)

Behavioral Health Services

- Behavioral Healthcare Providers (BHP)
 - Phone: 763-525-9919 or 800-361-0491
 - Fax: 763-486-4435

- MMSI
 - Phone: 800-645-6296
 - Fax: 888-889-7822



Provider Assistance Center

- Respond to incoming calls from providers:
 - Claims questions.
 - Authorization questions.
 - Benefit questions.
- Respond to provider correspondence.
- Available Monday-Friday 7 a.m. to 5 p.m.
- 612-676-3300 or 1-888-531-1493 (toll free).



Network Services Coordinator

- 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 processes.
 - 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 care system, and/or geographical area.
 - To obtain the name and phone number of your UCare Network Services Coordinator, log on to www.ucare.org, select “Providers,” and “Network Services Coordinator”.



UCare's Web Site

- Log on to www.ucare.org. Click on “Providers.”

- **Provider Manual**

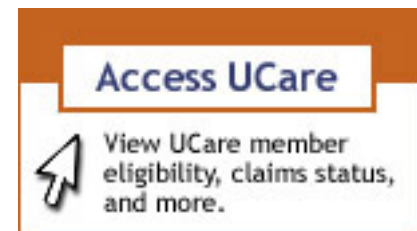
- Chapter 5: Prior Authorization and Notification

- **Access UCare**

- View claim status, authorization status, check member eligibility, and much more.
- A login and password is required.

- **Forms**

- Nursing Home Admission Form
- Birth Notification Form
- Hospice Election Notification Form



Resources

- *health lines*
 - A comprehensive newsletter for UCare providers. Each quarter, *health lines* will bring you UCare news, coding and billing updates, reminders, and more. For the latest *health lines* as well as archived editions, log on to UCare’s website. Then select “**Providers**” and “*health lines*.”
- **UCare’s E-mail List Server**
 - Receive provider news, alerts, and updates, including *health lines*, via e-mail. To subscribe, log on to UCare’s website. Then select “**Providers**” and “**E-mail List Server**.”
- **Administrative Uniformity Committee (AUC) Web Site**
 - <http://www.health.state.mn.us/auc/>
 - Mission: To develop agreement among Minnesota payers and providers on standardized administrative processes when implementation of the processes will reduce administrative costs.



Thank you for attending!

If you have any questions, please send us an e-mail at healthlines@ucare.org.

