

Nursing Facilities and UCare

Working Together



April 2010

Agenda

- **Overview of UCare**
 - About UCare
 - UCare Products
- **Coverage Guidelines**
 - Medicare Coverage
 - Part A
 - Part B
 - Medicaid Coverage
- **Denial Notices**
 - Forms
 - Proper Delivery
 - Authorized Representative
 - Invalid Notices
- **Billing**
 - Coding
 - Guidelines
 - Filing
- **Resources**

Objective

- To provide a comprehensive overview of the operational functions performed by nursing facilities that care for UCare members including:
 - Product and benefit coordination.
 - Proper handling of denial forms.
 - Appropriate claims payment practices.
 - Available resources.

About UCare

- UCare was created in 1984 by the Department of Family Practice and Community Health at the University of Minnesota and is the fourth-largest health plan in Minnesota.
- UCare is an independent, nonprofit health plan providing health coverage and services to more than 185,000 members in Minnesota and western Wisconsin.
- UCare's Mission Statement:
 - *"UCare will improve the health of our members through innovative services and partnerships across communities."*

Snapshot of UCare

- Network (in Minnesota and Wisconsin):
 - 691 primary care clinics.
 - 36,419 health care providers.
 - 171 hospitals.
 - Medicare Advantage statewide in Minnesota.
 - 26 counties in Wisconsin.

What makes UCare different?

- UCare was rated 9 out of 10 Overall Rating of Health Plan by members of the *UCare for Seniors* Medicare Advantage plan.
 - This 2009 Consumer Assessment of Health Care Providers and Systems (CAHPS) score is higher than the national average and all other Minnesota Medicare Advantage plans.



UCare Products

- **Minnesota Health Care Programs (MHCP)**
 - MinnesotaCare (MnCare)*
 - Prepaid Medical Assistance Program (PMAP)
 - General Assistance Medical Care (GAMC)*
 - Minnesota Senior Care Plus (MSC+)
- **Special Needs Plans (SNPs)**
 - UCare's Minnesota Senior Health Options (MSHO)
 - *UCare Connect* (Special Needs Basic Care – SNBC)
 - *UCare Complete* (Minnesota Disability Health Options - MnDHO)
- **Medicare Advantage (MA) Programs**
 - *UCare for Seniors*
 - *Group UCare for Seniors*

*Does not have SNF/NF benefit.

Skilled Coverage (Medicare Part A)

- Products with this benefit:

- Medicare Advantage Products:
 - *UCare for Seniors.*
- Special Needs Plans:
 - MSHO.
 - *UCare Connect.*

- Benefit outline

- 100 skilled days.
 - Must meet Medicare definition of "skilled".
 - 60 day separation period.
 - Days must be authorized by UCare or Delegated Entity.



Skilled Coverage (Medicare Part A)

Qualifying Event/Waiving the 3 day hospital stay

- UCare does not require a prior three-day hospitalization for SNF room and board coverage for *UCare for Seniors*, MSHO, or *UCare Connect* members. (The three-day stay requirement does apply to *UCare SeniorSelect* members.) In order to be eligible for room and board coverage, the member must meet SNF coverage/eligibility criteria and must meet one of the following:
 - The member must present to a clinic, ER, or urgent care setting and require ongoing skilled care/observation/monitoring that cannot be appropriately provided in the home setting. The member would have to meet SNF coverage/eligibility criteria guidelines. The member would be eligible for room and board coverage in the SNF only until their condition no longer required daily skilled nursing and/or daily skilled rehabilitation services.
 - If the member is a long-term care resident, they must be experiencing an acute illness or exacerbation of a chronic condition that would meet criteria for an inpatient admission, but because care can be safely provided in the SNF, they remain in the SNF. The member would have to meet SNF coverage criteria. Coverage will only be authorized for the period of time that the member requires skilled services that meet coverage criteria.

*** UCare's Clinical Services or Delegated Entity needs to approve the waiving of the three-day hospital stay.***

Medicare Part B Coverage

- Products with this benefit:
 - Medicare Advantage Products:
 - *UCare for Seniors*.
 - MSHO.
 - *UCare Connect* (dual-eligible).
- Part B Therapies
 - Members in the plans listed above are eligible to receive Part B therapy benefits, provided they meet Medicare criteria for these services.
 - The Medicare therapy capitation does not apply to UCare members. Instead, an authorization is required beyond the 50th date of service for each type of therapy.

Medicaid Coverage (Room and Board)

- Products with this benefit:

- | | |
|--|-----------------|
| – Minnesota Senior Care Plus (MSC+) | 180 days |
| – <i>UCare Complete</i> (MnDHO) | 180 days |
| – <i>UCare Connect</i> | 100 days |
| – Minnesota Senior Health Options (MSHO) | 180 days |



- Benefit Outline:

- UCare has 100/180 days of liability when a member is admitted from community.
- Reimbursement is identical to the State (State RUGS), including the 120% reimbursement for the first 30 days of care.
- UCare does not have NH liability when a member is enrolled with UCare while residing in a nursing facility. The State would be liable from **day one** of the member's enrollment.
- ❖ Private Rooms
 - If stay is medically necessary – (base rate + 11.5%) x 60% = payment (11.5% effective 10/1/09, prior to 15%).
 - If not medically necessary – processed as normal, 60% of the RUG.

Coverage Recap

Product	Medicaid	Medicare
PMAP does not exist		
<i>UCare for Seniors</i>		✓
MSC+	✓	
<i>UCare Connect</i>	✓	✓ (not always)
<i>UCare Complete*</i>	✓	
MSHO**	✓	✓

*PMAP benefits only as of 1/1/10, no Medicare benefits.


**As of 1/1/10, MSHO members must have Medicare and PMAP coverage to be eligible for this plan. If a member only has PMAP and is over 65 years old, they will be enrolled in MSC+.

Authorizations

- The following nursing home services require an authorization:
 - Part A days.
 - Part B therapies (beginning the 51st visit of the year).
 - Specialized durable medical equipment (DME).
 - Waiving of the three-day hospital stay.
- Established turnaround time for reviews: 14 days.
- Established turnaround time for expedited reviews: 72 hours.
- Nursing Home Admission Form:
 - Faxed upon admission.
 - Faxed for change in level of care (including discharge to hospital, significant change, end of benefit days).
 - Faxing the admission form does not guarantee authorization.

Nursing Home Admission Form

- The facility must fax the Nursing Home Admission Notification Form to UCare's Clinical Services or Mayo Management Services, Inc. (MMSI).
- UCare or MMSI will review the request and contact the nursing facility with a determination.
- Fax completed forms to either:
 - UCare at 612- 884-2499.
 - MMSI at 1-888-889-7822.



Nursing Home Admission Notification Form
 UCare for Seniors (MN & WI), MSHO, MNDHO (UCare Complete, Connect or MSC+)
 To fax to UCare: (612) 884-2499 or (866) 610-7215
 To fax to MMSI: (888) 889-7822
 Please submit this form to UCare or MMSI upon admission, discharge and whenever there is an update or change within 24 hours

Today's date _____ Date of Admission to Nursing Home: _____
 Member Name _____ UCare Mbr ID# 000 _____ 00
 Member DOB _____ Primary Care Clinic _____
 Facility Name _____ Facility Provider ID # NH _____
 Facility Contact Name _____ Facility Contact Phone # _____
 Facility Contact Fax # _____ Admit Diagnosis (ICD9) _____
 Additional Diagnosis _____
 Admit from Community/Nursing Home Resident? _____
 Admit from Hospital? _____ Name of Hospital _____
 Hospital Admit Date _____ Hospital D/C Date _____
 Discharge Diagnosis _____

Reason Code:	1. Initial Admission	6. Discharge Home	11. Bed Hold Days-Medical
	2. Category Change	7. Discharge to Hospital	12. Bed Hold Days-Therapeutic
	3. Readmission	8. Member Expired	13. Other* please specify
	4. End of Stay†	9. Transferred to another SNP	PLEASE ENTER DATE UCARE OR UCARE
	5. Notice of Non-Coverage or ND/MNC Given	10. Discharge Part A, reverts to some SNP	ATTORNEY FEE AND OTHER FEE APPLICABLE
			NUMBER OF PAY STAYS

Product type description: UCare for Seniors (Medicare-MD/WH) UCare MSHO UCare Complete UCare Connect® MSC+ ** **Health Plan Date Case Mix Index only 180 days ***only Base Case Mix Day by MSC- Newberry way how Medicare through member/provider or PPS	Category level requested- Skilled, Complex or Therapy- UCare	Medicare Days- Part "A" Yes or No	State Case Mix RUG Code (e.g. 222.044 PDI) (enter RUG)	Number of State Case Mix Days (at current RUG)
Admission (A) Change (C) Discharge (D) Discharge (D)	Effective Date Change/Discharge	Reason Code		

Please include therapy evaluations, hospital discharge orders, nursing home admission orders and all supporting documentation if available to assist in determining coverage with the initial admission form and with subsequent updates.

A Utilization Review Nurse will contact you to determine coverage and category level for Part A stay. Facility requirements including UCare approved dental letters are found on the UCare Website www.ucare.com. Provider requirements are found in Chapter 7 of the Provider Manual on the UCare website as stated in facility contracts.

Form Revised 8/4/09

Documentation Needed to Authorize Services

- Please include therapy evaluations, hospital discharge orders, nursing home admission orders, and other supporting documentation, if available, to assist in determining coverage with the initial admission form and with subsequent updates.
- A Utilization Review Nurse will contact you to determine coverage and category level for Part A stay. Facility requirements, including UCare approved denial letters, are found on the UCare web site at www.ucare.org. Provider requirements are found in Chapter 7 of the Provider Manual on the UCare web site, as stated in facility contracts.

Days Counted Towards Liability

- SNF and NF days.
- Swing bed days.
- Leave days per DHS allowed limits:
 - 18/episode: Hospital bed-hold.
 - 36/calendar year: Therapeutic leave.

Authorizing Entities

- UCare delegates utilization review to the following entities.
- All other clinic assignments are reviewed by UCare's Clinical Services.

UCare
2010 Authorization Grid

Services	Prior Authorization Requirements*	Products	Approval Authority
Skilled Nursing Facility	Within 1 business day of admission to facility and upon request.	MSHO	Aspen, Evercare, Fairview Partners, MMSI UCare for all others
		MSC+	Contact DHS
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		MnDHO PD (<i>UCare Complete</i>)	UCare
		PMAP	Contact DHS
		MnCare	Contact DHS
		<i>UCare for Seniors MN</i>	Aspen, Evercare, MMSI UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Denial Forms

- The Forms.
- Valid Delivery.
- Authorized Representative.
- Invalid Notice.

Denial Forms

- Denial forms:
 - Notice of Medicare Non Coverage (NOMNC)*
 - Notice of Denial of Medical Coverage (NDMC)*
 - Notice of Medicare Non Coverage-DSNP (NOMNC)†
 - Notice of Denial of Medical Coverage (NDMC)†
- UCare products:
 - * *UCare for Seniors*
 - † *MSHO and UCare Connect*

Which Form?

- **NOMNC or "Advance Notice":**
 - Product: *UCare for Seniors*.
 - Delivered whenever skilled services are being discontinued.
 - Services no longer meet the Medicare definition of "skilled".
 - The goals of skilled care have been met.
- **NOMNC or Advance Notice-DSNP:**
 - Products: MSHO and *UCare Connect*.
 - Delivery circumstances are identical to the NOMNC.
- **NDMC:**
 - Product: *UCare for Seniors*
 - Admission to SNF is denied.
 - 100 day benefit is exhausted.

(Note: This form is also used when an outpatient service has been denied.)

Denial Shortcuts

NOMNC <i>Notice of Medicare Non-Coverage</i>	NOMNC-DSNP <i>MSHO and UCare Complete Medicare Notice of Non-Coverage</i>	NDMC <i>Notice of Denial of Medical Coverage</i>
<ul style="list-style-type: none">● End of skilled care.	<ul style="list-style-type: none">● End of skilled care.	<ul style="list-style-type: none">● Denied admission.● 100 day benefit exhausted.

Valid Delivery

NOMNC

- Delivered no later than two days before the effective date of the termination of skilled services.
 - The delivery must take place before "close of business day" (typically 4:30 pm) for that day to count as Day 1 of the advance notice.
- The form must be signed and dated by either the patient or their **authorized representative**.
- The date the coverage of services end and when the enrollee's financial liability begins must be indicated.

Authorized Representative

- If the member is unable to understand and sign the notice, their **authorized representative** has the authority to do so.
- Telephone notification:
 - Representative must be informed of the contents of the notice.
 - The date, time, and phone number of the call must be documented on the form.
 - The notice must be mailed to the representative.
 - NOMNC Valid Delivery Documentation Form may be used to assure valid delivery.

Invalid Notices

- Notice missing the enrollee's or the representative's signature.
- Notice missing the date on which the services are ending.
- Notice given to an enrollee who is not able to understand the notice or their appeal rights.
- Notice given by leaving a voicemail message for the enrollee's representative.
- Notice not given on correct form (the BIPA form, for example).

Stratis Health

- Stratis Health: Provider Resources toll-free number
 - 1-877-787-2847.
 - Specifically for NOMNC provider questions.
 - For both Medicare Advantage, DSNP and Fee-for-Service (FFS) Medicare.

Billing

- Part A Claims (MSHO, *UCare for Seniors*, and *UCare Connect*)
 - Bill Type: 21x.
 - Revenue Codes:
 - 191 = Category 1.
 - 192 = Category 2.
 - 193 = Category 3.
 - 194 = Category 4.
 - 199 = Category 5.
 - Always include the category description in FL43.
 - All nursing home claims must be billed on the UB-04.

Billing, Cont'd.

- Custodial Claims (MSHO, PMAP, MnDHO, and MSC+)
 - Bill Type: 21x.
 - Revenue code: 120.
 - State RUGS.
- Part B Claims
 - Therapies, labs, diagnostic tests, surgical dressings...
 - Billed **separately** from room and board charges.
 - Common Bill Types:
 - 22x (resident) - Medicare certified.
 - 23x (non-resident) - non-Medicare Certified.

Resources

- **Claims & Payment Questions**

- ✓ Northern Region: Sherry Miller

(612) 676-3252

shmiller@ucare.org

- ✓ Southern Region: Mary Dufour

(612) 676-3250

mdufour@ucare.org

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).



Resources



www.ucare.org

- Log on to www.ucare.org then select “Providers”.



The screenshot displays the UCare website interface. At the top left is the UCare logo. To the right is a search bar with a magnifying glass icon. Below the logo is a navigation menu with the following items: Home, About Us, Health Programs, Media, Contact Us, Careers, Help, and Member sign-in. The main content area is titled "Home > Providers". On the left side, there is a vertical menu with a "Providers" header and several sub-links: Access UCare, Care Management Manual, Clinical Services Newsletter, Critical Access Hospitals (CAHs), Culture Care Connection, Dental Health (with sub-links for DentaQuest and See-a-Dentist Guarantee), E-Mail List Server, Electronic Fund Transfer (EFT), Find A Doc, Forms, Formularies, Fraud, Waste, and Abuse Training, and Health and Wellness. The main content area features a section titled "UCare - Providers" with a sub-header "UCare - Providers". Below this is a paragraph of text: "Our Provider Network Management site is your resource for the latest UCare information, including our provider manual, authorization guidelines, and drug formulary. And we're proud to introduce **Access UCareSM**, our secure providers-only site. Use Access UCare to verify eligibility, search the provider network, and check the status of a claim or referral/authorization. **Access UCare User Guide**". To the right of this text is a photograph of a male doctor in a white coat and a female nurse in blue scrubs. Below the text is a "Provider Assistance Center" section with the phone number "612-676-3300 or 1-888-531-1493 (toll free)". Below this is a paragraph: "We can help answer your questions and we're just a phone call away. [Note: In order to identify you and locate your information quickly our PAC Representatives will ask you for your NPI Number(s) and/or Federal Tax ID Number(s).]". At the bottom of this section is a link: "Click here to view past announcements". On the right side of the main content area, there is a box titled "Access UCare" with a mouse cursor icon and the text "View UCare member eligibility, claims status, and more.". Below this box is a section titled "UCare's Member ID Card Reference Guide for Providers".

Navigational Links

You'll be able to access information, such as:

- Access UCare
- Care Management Manual
- Clinical Services Newsletter
- CAH
- Culture Care Connection
- Dental Health
- E-mail List Server
- Electronic Fund Transfer
- Find A Doc
- Forms
- Formularies
- Fraud, Waste, and Abuse Training
- Health and Wellness
- health lines
- NPI
- Network Services Coordinator
- News and Notes
- Past Announcements
- Pay for Performance
- Provider Alerts
- Provider Manual
- Provider Maps
- Provider Suggestions
- Quality Initiatives
- Resources
- WebEx

The screenshot displays the UCare website interface. At the top left is the UCare logo. Below it are 'Home' and 'About Us' tabs. A 'Providers' dropdown menu is open, listing various services such as 'Access UCare', 'Care Management Manual', 'Clinical Services Newsletter', 'Critical Access Hospital (CAHs)', 'Culture Care Connection', 'Dental Health', 'E-Mail List Server', 'Electronic Fund Transfer (EFT)', 'Find A Doc', 'Forms', 'Formularies', 'Fraud, Waste, and Abuse Training', and 'Health and Wellness'. The main content area features a search bar, navigation links for 'Contact Us', 'Careers', 'Help', and 'Member sign-in', and a promotional banner for 'Access UCare' with a photo of a doctor and a patient. Below the banner is the text 'UCare's Member ID Card Reference Guide for Providers' and the phone number '300 or 1-888-531-1493 (toll)'. At the bottom, it says 'It's just a phone call away. Get your information quickly our PAC number(s) and/or Federal Tax ID'.

health lines

- *health lines*

- For the latest edition of *health lines* as well as archived editions log on to www.ucare.org, then select “Providers,” and “*health lines*.”
- If you have comments and/or suggestions for future content please email us at healthlines@ucare.org.

health lines

- health lines Spring 2010

Spring 2010

UCare healthlines

A newsletter for our providers

IN THIS EDITION

- A Message from Nancy Feldman
- Update: GAMC
- New CMO Joins UCare
- 2010 P4P Details
- New Prior Auth Details
- ERA Reminder
- PCA Enrollment Process
- Care Coordination for UCare Complete
- Request for NPIs
- WebEx Session Access
- Friendly Reminders
- Maternal Depression
- Licensing of LPCCs
- Guidance for Boys
- Minnesota Credentialing Collaborative and UCare
- Medicare Parts B & D
- Quality Corner

PNM Editorial Staff
Marilee J. Moritz
See Som

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.

A Message from Nancy Feldman



When we say that UCare is “health care that starts with you,” we count our provider partners as a big part of “you.” You are on the front lines of service to our 190,000 members, and we appreciate all you do to deliver high-quality care.

As you know, national health care reform legislation was signed into law in March of 2010 as the Patient Protection and Affordable Health Care Act (PPACA) and the Health Care and Education Reconciliation Act. This reform affects providers and health plans alike. Health care access will expand to millions of uninsured individuals. Medicare and Medicaid programs will change. Reforms will be made in the insurance market.

The changing government health care picture is familiar territory to UCare. And we are well positioned to work with you to continue providing our members high-quality health care and services. In 2009, you helped us achieve customer satisfaction scores above 90% in the Consumer Assessment of Health Providers & Systems (CAHPS) surveys. Our Medicare Advantage members reported high satisfaction with their personal doctor and office staff. You also helped us significantly improve UCare’s HEDIS scores for our Medicare and state public programs in 2009.

We believe health care reform presents us with challenges – and opportunities. We now are analyzing the impact of this 10-year plan in order to understand its short and long term implications. Going forward, our partnership with you will be even more important as attention continues to be focused on plans and providers that can collaborate closely to deliver high-quality, high-value health care.

Thank you for all your work to improve the health of our members. We truly value your partnership and look forward to working even more closely together as we navigate this new health care landscape.

Update: GAMC now fee-for-service program

Minnesota’s General Assistance Medical Care program (GAMC) moved from a managed care structure (offered by UCare) to fee-for-service (FFS) on April 1, 2010. No eligible members will lose health care coverage, and they may see any provider who takes Minnesota Health Care Program (MHCP) coverage.

Providers with questions about the program should contact the MHCP Provider Call Center at 651-431-2700 or 1-800-366-5411 (toll free). This line and all communications are being managed by Minnesota’s Department of Human Services.

This information also is posted on our [Provider](#) page.

Provider Education and Training

- **E-mail List Server**
 - Sign up to receive provider news and updates, including *health lines*, via e-mail. To subscribe, log on to **www.ucare.org**, then select “Providers,” and “E-mail List Server.”
- **UCare Product Information “Tip Sheets”**
 - For more information on UCare’s products, our product “Tip Sheets” are available for your convenience, just log on to **www.ucare.org**, then select “Providers,” and “Resources.”

Questions?



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