



General Overview Minnesota Counties

July 19, 2010

*“Discover ways of how to work effectively and successfully
within UCare’s operations.”*

Agenda

- **UCare Overview.**
- **Authorization Requirements and Process.**
- **Electronic Data Interchange (EDI) and Claims Submission Information.**
- **Behavioral Health:** Chemical Dependency (CD) Assessments and Mental Health-Targeted Case Management (MH-TCM).
- **Care Coordination/Case Management.**
- **Public Health and Child & Teen Checkups (C&TC).**
- **Resources.**
 - E-mail questions and comments to us at healthlines@ucare.org.



UCare History

- Founded in 1984 by faculty of the Department of Family Medicine (DFM) at the University of Minnesota Medical School.
- Initial purpose: To support the DFM residency clinics in a managed care environment and provide quality care to low-income people.
- State-licensed health maintenance organization (HMO) since 1989.
- Medicare Advantage plan called *UCare for Seniors* launched in 1998.
- UCare Wisconsin launched in 2008.



UCare's Mission

- **UCare will improve the health of our members through innovative services and partnerships across communities.**
 - UCare exists to provide comprehensive health care to selected populations through a community-based, holistic approach, and to support family medicine education and research so that this philosophy of care can be carried on into the future.



What Makes UCare Different?

- Committed to primary care/medical home coordinated care model.
- Market stability as compared to future of private fee-for-service (PFFS) and cost plans.
- Targeted disease management programs.
- Expertise in working cooperatively with federal, state, and local governments.
- Rated 4.5 out of 5 stars by the Centers for Medicare and Medicaid Services (CMS) at www.Medicare.gov.
- Recently named one of the Top 100 Workplaces by the *Star Tribune* (published June 20, 2010).



Snapshot of UCare

- **205,807 Members**

- Fourth largest HMO in MN with 194,070 plan members and 11,737 TPA members.

- **Contracted Provider Network (in MN and WI)**

- 8,620 physicians.
- 18,646 specialists.
- 325 hospitals.

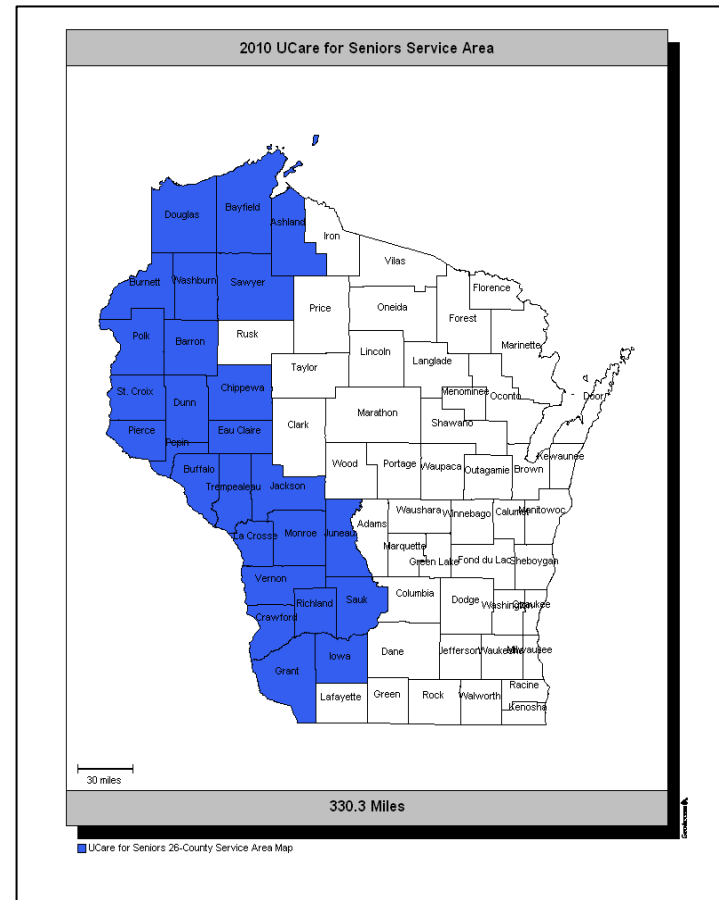
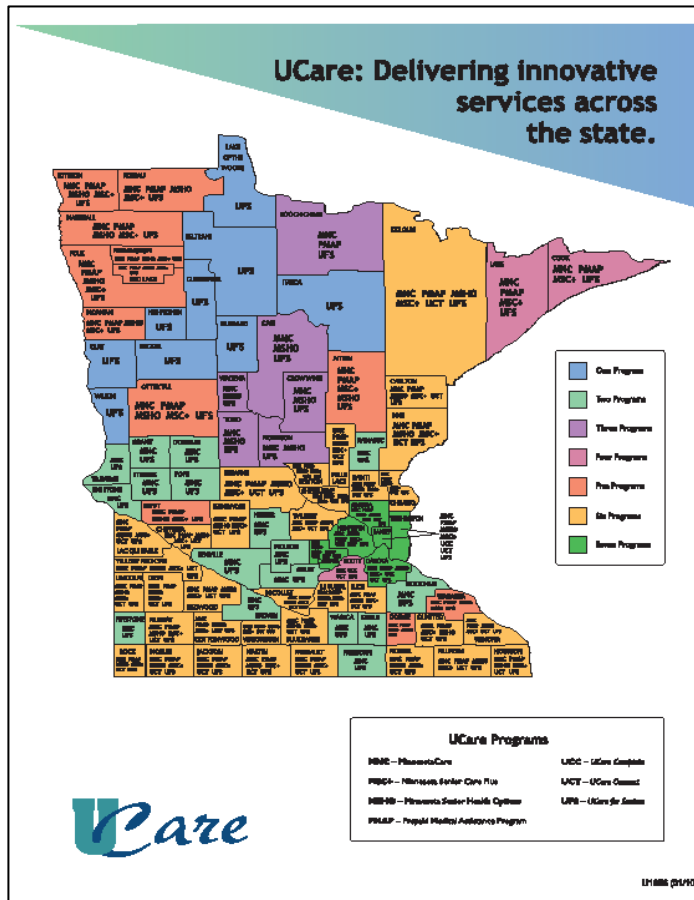


UCare Products

- **Medicare Advantage (MA) plan – MN & WI**
 - *UCare for Seniors.*
- **Special Needs Plans (SNPs) – MN only**
 - UCare's Minnesota Senior Health Options (MSHO).
 - *UCare Connect.*
- **Minnesota Health Care Programs (MHCP) – MN only**
 - Prepaid Medical Assistance Program (PMAP).
 - MinnesotaCare (MnCare).
 - Minnesota Senior Care Plus (MSC Plus).
 - *UCare Complete* (available through 12/31/10 only).



2010 Service Area



A copy of these two maps can be found in our web site at:
<http://www.ucare.org/providers/Pages/ProviderMaps.aspx>.



Prior Authorization and Notification Grids

- UCare's Prior Authorization and Notification Grids are located in our Provider Manual, **Chapter 5: Prior Authorization and Notification**.
 - To download a copy of Chapter 5, log on to <http://www.ucare.org/providers/Pages/ProviderManual.aspx>.
- The grids are also available in our “Resources” page by logging on to <http://www.ucare.org/providers/Pages/Resources.aspx>.
- There are two separate authorization and notification grids for the types of services:
 - Prior Authorization/Notification Grid for medical services.
 - Pre-Notification/Authorization for mental health/chemical dependency services.

Prior Authorization Grid

UCare
2010 Authorization Grid

Services	Prior Authorization Requirements*	Products	Approval Authority
Acute Inpatient Rehabilitation	Before admission and as requested for extensions.	MSHO	Aspen, Evercare, MMSI UCare for all others
		MSC+**	Aspen, MMSI UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		MnDHO (<i>UCare Complete</i>)**	UCare
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, Evercare, MMSI UCare for all others
<i>UCare for Seniors WI</i>	UCare		

Services	Prior Authorization Requirements*	Products	Approval Authority
Alpha 1 Anti-trypsin Medications	Before administration of medication.	MSHO	Aspen, Evercare, MMSI UCare for all others
		MSC+**	Aspen, MMSI UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		MnDHO (<i>UCare Complete</i>)**	UCare
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, Evercare, MMSI UCare for all others
<i>UCare for Seniors WI</i>	UCare		

Note:

*Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.

- All services subject to member eligibility and benefit coverage.
- Clinical criteria determined by product.
- No authorization is needed for Orthotics and Prosthetics.
- UCare reserves the right to review and verify medical necessity for all services.

**Medicare benefits must be utilized for Medicare eligible/covered services or equipment for MSC+ and MnDHO (*UCare Complete*) members if Medicare is primary. Obtain verification from DHS (MN-ITS) regarding Medicare coverage.

Revised 7/7/10

1



Notification Grid

UCare
2010 Notification Grid

Services	Notification Due	Products	Who Needs to be Notified
Hospice	When member elects hospice	MSHO	Complete the Hospice Election form and send to UCare. It can be found on UCare's website under General Forms.
		MSC+**	
		SNBC (<i>UCare Connect</i>)	
		MnDHO (<i>UCare Complete</i>)**	
		PMAP	
		MnCare	
		UCare for Seniors MN UCare for Seniors WI	

Services	Notification Due	Products	Who Needs to be Notified
Inpatient Behavioral Health Admissions	Within 24 hours of admission.	MSHO	BHP, MMSI
		MSC+**	BHP, MMSI
		SNBC (<i>UCare Connect</i>)	BHP, MMSI
		MnDHO (<i>UCare Complete</i>)**	BHP, MMSI
		PMAP	BHP, MMSI
		MnCare	BHP, MMSI
		UCare for Seniors MN	BHP, MMSI
		UCare for Seniors WI	BHP, MMSI

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Revised 5/11/10

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Mental Health and Chemical Dependency Pre-Notification/Authorization Grid

UCare
2010 Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services

Service	Codes	Pre-Notification Required?	Initial Authorization Required?	Calendar Year Threshold Units	Authorization Required Beyond Threshold Units?	Medicare Covered?
Diagnostic Assessment	90801	No	No	2 Sessions of 90801	Yes	Yes
Psychotherapy* Individual (non HK modifier)	90804 – 90809 90816 -- 90829	No	No	20 Units of any combination of 90804-90829, except for 90810 through 90815 26 Sessions, cumulative, of any combination of 90846-90849 52 Sessions of 90853	Yes	Yes
Family (non HK modifier)	90846 - 90849	No	No			
Group (non HK modifier)	90853	No	No			
*Includes UA modifier.						
Psychological Testing	96101 96102 96103	No	No	4 Units of any combination of 96101-96102 1 Unit of 96103	Yes	Yes
Medication Management	90862	No	No	12 Units of 90862	Yes	Yes
Crisis Assessment	H0031	No	No	Contact BHP or MMSI for more information.		
Children's Crisis Response	S0484	No	No			
Crisis Stabilization	S0484	No	No			
Crisis Intervention Mobile	H2011	No	No			

Any services provided by non-network providers would need pre-notification

Revised 11/5/09

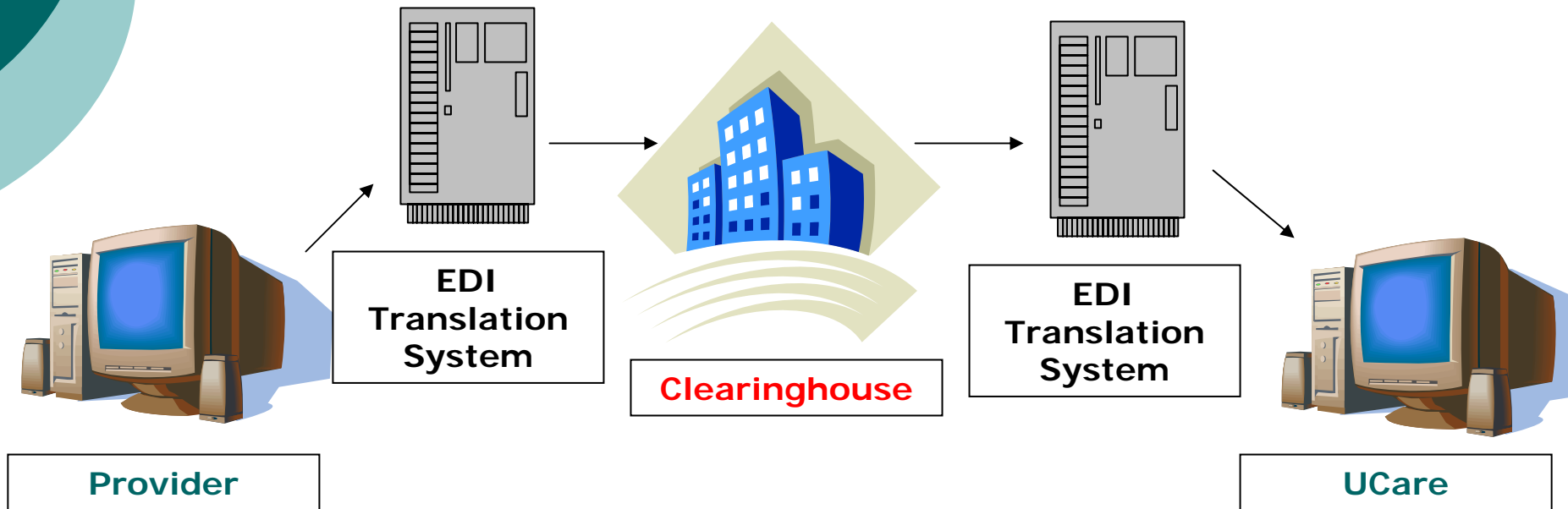
Court ordered mental health services do not require authorization or a separate medical necessity review.
 1 Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.
 All services subject to member eligibility, and benefit coverage.
 Clinical criteria determined by product.
 For Calendar Year Threshold Units not listed above, contact BHP or MMSI for additional information.

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What is EDI?

- EDI is the computer-to-computer exchange of routine business documents (data) in a standard format between trading partners.
- EDI transactions generally contains the same information that is found on a paper form.
 - For example:
 - 837P transaction = CMS-1500 paper claim form.
 - 837I transaction = UB-04 paper claim form.
 - The “837” is defined as a health care claim transaction. The “P” after 837 means it is a professional health care claim transaction and the “I” after 837 means it is an institutional health care claim transaction.

How Does EDI Work?



Importance of Submitting Electronic Claims

- ***Effective July 1, 2010, UCare will no longer accept the submission of paper claims, according to the Minnesota State Statute, section 62J.536.***
- To avoid the return of paper submitted claims and processing delays, providers must follow the requirements set forth in the Minnesota Uniform Companion Guide and Administrative Uniformity Committee (AUC) Best Practices.
 - The Minnesota Uniform Companion Guides and AUC Best Practices can be found in the AUC web site at www.health.state.mn.us/auc/index.html and select “Guides” in the left navigational pane.
- Failure to comply with these requirements will result in returned claims and processing delays.



Timely Filing

- UCare's standard timely filing for a **newly submitted claim** is 12 months from the date of service.*
- UCare's standard timely filing for a **claim adjustment** is 12 months from the initial claim's payment or denial date.*
- There is no time limit for a **claim recoupment** request, unless otherwise stated in your UCare contract.*

**Individual contracts may vary; therefore, please refer to your UCare contract for timely filing limits.*



Claims Submission

- All claims should now be submitted via EDI. This includes:
 - New claims.
 - Adjustment to a claim.
 - Void of a claim.
 - Coordination of benefits (COB).
- The AUC Best Practices provides guidelines and specific information as to the loops, segments, and elements that the best practice applies to.
 - The AUC Best Practices can be found in the AUC web site at www.health.state.mn.us/auc/profguide.htm.
- For newly submitted electronic claims that have attachments, please fax in your claim attachments to **612-884-2261**.
- For electronic claim adjustments that have attachments, please fax in your claim adjustment attachments to **612-884-2186**.

Clearinghouses

- Clearinghouses that currently work with UCare to ensure EDI format capability includes:
 - RelayHealth (www.relayhealth.com).
 - Emdeon (www.emdeon.com/providers/).
 - Availity (www.availity.com).
 - CortexEDI (www.cortexedi.com).
 - eProvider Solutions (www.eprovidersolutions.com).
 - SSI Group (www.ssigroup.com).
 - ZirMed (www.zirmed.com).
 - ClaimLynx (www.claimlynx.com).

Note: *ClearConnect is no longer as of 6/30/10.*



Direct Data Entry



E - Connect

- UCare uses a web-based tool developed by Infotech Global, Inc. (IGI) for direct data entry of claim submissions.
- This is available to smaller providers or organizations that do not have the resources and/or tools to work with a clearinghouse to meet the law's requirements.
- To register with IGI, please visit their web site at www.mneconnect.com.

Billing with the Appropriate Provider Numbers

- All “covered entities,” as defined by the Health Insurance Portability and Accountability Act (HIPAA), are to submit their claims with their National Provider Identifier (NPI) number.
- Counties are considered “covered entities” and must bill using their NPI number.
 - This includes services for MH-TCM, public health, and etc.
- Currently, UCare is only accepting the Unique Minnesota Provider Identifier (UMPI) numbers for individual personal care attendants (PCAs).
- To apply for an NPI number, you will need to log on to the CMS NPI web site at <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>.

Claim Adjustments and Voids

○ **Claim Adjustments**

- Claim adjustments may also be referred to as “replacement claims.”
- A claim adjustment will need to be sent when an element of data on the claim was either not previously sent or needs to be corrected. Examples include incorrect dates of service or units.

○ **Voided Claims**

- When identifying elements change, a void submission is required to eliminate the previously submitted claim.
 - The entire claim must match the original with the exception of the claim frequency code, condition code, and the payer assigned claim number. Examples include incorrect provider, patient, payer, and etc.
 - Upon the claim getting voided, a new original electronic claim should be sent with the correct information.
- Refer to the AUC Best Practice titled, “Replacement/Void Claims” for complete details of how to submit a replacement or voided claim.

Explanation of Payments (EOPs), including Denials

- UCare maintains a 30-day turnaround time on all clean claims.
- All processed claims are accompanied by an EOP that outlines billing information submitted and the amount allowable by UCare.
- We list payment/non-payment code explanations at end of each EOP.
- **Read your EOPs as you receive them.**
- If a claim is denied, please make sure you fully understand the reason why it has been denied.
- Some denial reason examples are:
 - Duplicate claim.
 - No authorization on file.
 - Coding or billing error.
- Address any questions or concerns about your EOP with the Provider Assistance Center and **not** by resubmitting the claim to UCare.
- The Provider Assistance Center can assist you in determining what your next steps are and also help you understand the denial.



CD Assessments

- CD assessments are covered.
- The appropriate procedure code to use is H0001.
- Bill UCare for this service.

Overview of MH-TCM

- The MH-TCM Model of Care follows the Minnesota statutes defining criteria for members qualifying for TCM.
 - Children with a diagnosis of severe emotional disturbance (SED), as defined in Minnesota statute, section 245.4871, subd. 6.
 - Adults with serious and persistent mental illness (SPMI), as defined in Minnesota statute, section 245.462, subd. 20.
- UCare plans include the following:
 - PMAP.
 - MinnesotaCare.
 - MSHO.
 - MSC Plus.
 - *UCare Connect.*
 - *UCare Complete.*

MH-TCM Assessments

- Counties will need to complete the functional assessment.
- If the member needs a diagnostic assessment and would like to know which providers are in the network, the county or member may contact either:
 - BHP's Intake Line at **763-525-9919** or **1-800-361-0491** (toll free) for members that are *not* assigned to a Mayo primary care clinic (PCC).
 - UCare's Customer Services at **612-676-3200** or **1-800-203-7225** (toll free) for members that *are* assigned to a Mayo PCC.

Notification Process

- BHP/MMSI will grant authorizations up to six months only.
- The county should fax the one page MH-TCM Form to either BHP or MMSI at the following fax numbers:
 - BHP: **763-486-4437.**
 - MMSI: **1-888-889-7822.**
- This form is available in UCare's web site by logging on to <http://www.ucare.org/providers/pages/forms.aspx> under the "Provider Network Management" header and then "Paper Forms."

Review

- For the six months review, counties will need to fax BHP or MMSI all of the following documents:
 - An updated functional diagnostic assessment (if applicable).
 - The updated Individual Family Community Support Plan or Individual Community Support Plan.
 - The one page MH-TCM form.
- For subsequent reviews, counties will need to fax BHP or MMSI the updated Individual Family Community Support Plan or Individual Community Support Plan, and provide clinical updates contained in the one page MH-TCM form.

Discharge

- Upon the member discharging from the program, please complete the “Discharge Summary Form for MH-TCM” found in UCare’s web site at:
<http://www.ucare.org/providers/pages/forms.aspx>.
- Completed forms should be faxed to BHP or MMSI at:
 - BHP’s fax number: **763-486-4437**.
 - MMSI’s fax number: **1-888-889-7822**.

MH-TCM Case Management Collaboration

- Contact UCare's Care Management Intake Line when you:
 - Identify a need for a clinical/medical case manager.
 - Have medical/clinical questions.
 - Have questions regarding UCare's available resources/services.

- UCare Intake Line Numbers
 - Metro area: **612-676-6622**
 - Toll free: **1-877-447-4384**
 - Fax: **612-884-2057**

Procedure Codes for MH-TCM

Code	Modifiers	Description	Units
T2023		Targeted Case Management, per month.	1 unit per month
	HE and HA	Face-to-face contact between case manager and recipient under age 18 years.	
	HE	Face-to-face contact between case manager and recipient age 18 years and older.	
	HE and U4	Telephone contact (recipient age 18 years or older).	

Modifiers:

HA = Child or Adolescent

HE = Mental health

U4 = Telephone contact for case management

Level of Care Modifiers:

None = Low

TF = Intermediate

TG = Complex/High



Lifeline

- Lifeline electronic monitoring devices are covered for MSHO community-based or elderly waived members.
- The procedure code to bill for Lifeline is:
 - T2029 for elderly waiver members.
 - A9280 for community-based members.

Elderly Waiver (EW) and PCA Services

- EW and PCA services for UCare members are reimbursed by UCare, not DHS. Therefore, the provider of services are to submit claims directly to UCare only.
- Counties do not need to be involved with the billing and claims submission of these services.
- If the providers have questions about billing or claims submission, please refer them to UCare's Provider Assistance Center by calling **612-676-3300** or **1-888-531-1493** (toll free).

MSHO Care Coordination

- Long Term Care Consultation (LTCC) assessments are paid out at a flat rate.
- Care Coordination is paid at per member, per month rate that is automatically paid each month to the care coordination entity.

UCare Connect Case Coordination

- Assessments are paid out at flat rate.
- Case Coordination is paid at per member, per month rate that is automatically paid each month to the case coordination entity.

Public Health (PH) Services

- Authorization is not required for health promotion/counseling visits provided by Public Health Nurses (PHNs) for up to 30 visits per year.
- Do not need to a Medicare-certified agency for these visits.
- If 30 visits or more are needed by the PHN, the PH agency is to contact the Authorizing Entity.
- Refer to UCare's Provider Manual, **Chapter 9: Public Health Services**, for additional and valuable information. Log on to www.ucare.org/providers/Pages/ProviderManual.aspx to download Chapter 9.

PH Services (continued)

- UCare reimburses PH for services, such as:
 - Home health visits for maternal and child health clients, children and adults at first for abuse, and children with special needs.
 - C&TCs/immunizations/blood lead tests.
 - Health education/counseling (PHN clinics).
 - Dental (fluoride) varnish.
 - Medication Management (such as DOT).
 - Enhanced prenatal care.
 - S.E.A.T.S. program.

Billing Guidelines for PH

- UCare partners with other health plans and the Department of Human Services (DHS) to periodically update some billing grids for PH, including:
 - Maternal child health grid.
 - C&TC billing grid for providers.

Billing Codes for C&TC

- The procedure code **S0302** may be billed when all of the C&TC components are completed.
 - It is still considered a complete C&TC screening if a component was done outside the clinic setting (i.e. blood lead testing), as long as it is documented in the chart.
 - Also, it is still considered a complete C&TC screening for good faith failed attempts (i.e. hearing test), as long as it is documented in the chart.
 - **All the components must be documented and the billing includes the 2-character referral codes.**
- The procedure code **D1206** may be billed when billing for a fluoride varnish application.
 - The reimbursement is per procedure (not per tooth) with a maximum number of one unit per claim.

Blood Lead Test

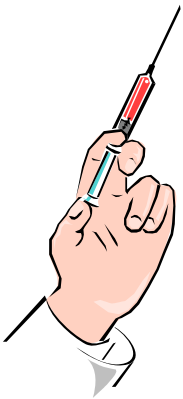
- If a PH does the blood lead test, bill CPT code 83655 (capillary or venous) without the UC modifier.
 - *Note: This code is also to billed to UCare, even if we are the secondary payer.*
- If a blood lead test was sent to an outside lab, bill CPT code 83655 with a modifier 90 along with \$0.00 charge amount.
 - *Note: UCare will accept \$0.01 if your system cannot send out a zero dollar charge amount; however, we prefer \$0.00 but will also accept \$0.01.*
- Capillary blood collection may be billed using CPT code 36416 (with diagnosis code V20.0 for routine child exam).
- This year, PHs is also part of the Pay for Performance (P4P). (Will receive bonus if UCare achieves the 2010 DHS lead withhold goal.)

Immunizations

- Minnesota Vaccine for Children (MnVFC) vaccines must be used for UCare members, according to the DHS guidelines for MHCP enrollees.
- The C&TC charge ticket for clinics already provides the vaccine and administration codes; however, you must bill with \$0.00 for the MnVFC vaccine(s).
 - *Note: UCare will accept \$0.01 if your system cannot send out a zero dollar charge amount; however, we prefer \$0.00 but will also accept \$0.01.*
- Vaccines on the MN Adult Immunization schedule may be billed to UCare, such as: seasonal influenza vaccine, H1N1 vaccine, pneumococcal vaccine, and etc.

Reimbursement for Part B and D Vaccines

- In Jan. 2010, UCare released two *health lines* BULLETINS that addresses pharmacy updates, including changes to the Medicare Part B and D vaccines.
- These two BULLETINS include information as to where members are to receive these vaccines and how it will be reimbursed based on the location of service, especially Part D vaccines when given in a clinical setting.
- To get a copy of these BULLETINS, log on to our *health lines* BULLETIN page at www.ucare.org/providers/Pages/healthlinesBULLETIN.aspx.



Maternal Depression Screening

- PH may bill for maternal depression screening using a validated tool (began this as quality improvement initiative in 2005) with CPT code 99420 along with one of the appropriate diagnosis codes:
 - Prenatal: V22.2.
 - Post partum: V24.2.

Delegated Business Partners

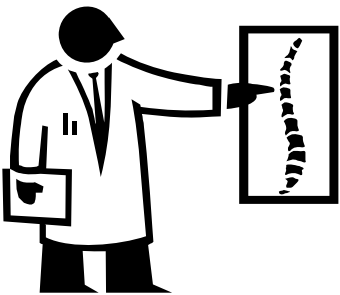
○ Pharmacy Benefit Management

- Express Scripts, Inc. (ESI)
 - Physician fax number for mail order prescriptions: **1-800-636-9494.**
 - Prior authorization and formulary exceptions:
 - For MHCP members, call: **1-877-558-7523.**
 - For Medicare members, call: **1-877-558-7521.**



○ Chiropractic Services

- Chiropractic Care of Minnesota, Inc. (ChiroCare)
 - Call ChiroCare at **1-888-638-7719.**
 - Visit their web site at www.chirocaremn.org.
 - ChiroCare contracts with Landmark Healthcare for administrative services. *(Note: There is no out-of-network benefits for chiropractic services.)*



Delegated Business Partners (continued)

- **Behavior Health (includes MH and CD)**

- Behavioral Health Care Providers (BHP)

- Call BHP at **763-525-9919** or **1-800-361-0491** (toll free).

- Visit their web site at www.bhpcare.com.

- Benefit management for inpatient and outpatient care for members statewide, except Mayo members.

- Mayo Management Services, Inc. (MMSI)

- Call MMSI at **1-800-645-6296**.

- Benefit management for members that have a Mayo primary care clinic.

BHP

Behavioral Healthcare Providers

Mayo Health System

Ucare

Delegated Business Partners (continued)

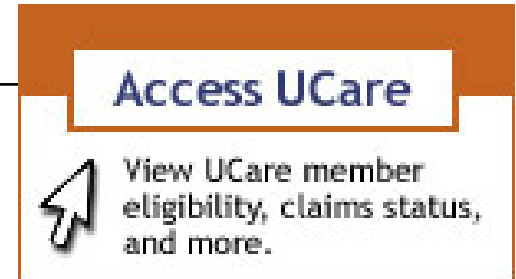
○ Dental Services

- DentaQuest
 - Call DentaQuest at **1-800-341-8478**.
 - Respond to provider inquiries (e.g. claims status, benefits, etc.)
- See-A-Dentist Guarantee Hotline
 - Call **1-800-235-0564**.
 - Help get an appointment within 30 days.
- UCare Tooth Care (Mobile Dental Unit)
 - Call **651-455-1555** or **1-866-451-1555** (toll free).
 - Services limited to preventive and some routine restorative care.
 - Members in need of further treatment are referred to DentaQuest's Customer Services.



Access UCare

- Access UCare is UCare's secure web portal for providers.
- It provides the following information when logged in:
 - Verification of a member's eligibility.
 - Check the status of a submitted claim.
 - Find locations of participating providers.
 - Retrieve remittance advices.
- A username and password is required to log in.
- For more information and to register online, log on to www.ucare.org/providers/pages/accessucare.aspx.



***Coming soon!* An improved secure provider web portal will be released in Fall 2010.**



Online Resources

- UCare's web site has a variety of resources available at your fingertips.
- Just log on to www.ucare.org and select "Providers".
- Once in the Provider home page, you will see resources and references that will be beneficial to you in the left navigational pane. They include some of the following:
 - Access UCare.
 - C&TC page.
 - Culture Care Connection.
 - Find-A-Doctor.
 - Forms.
 - *health lines*.
 - Provider Manual.
 - Resources.
 - WebEx.

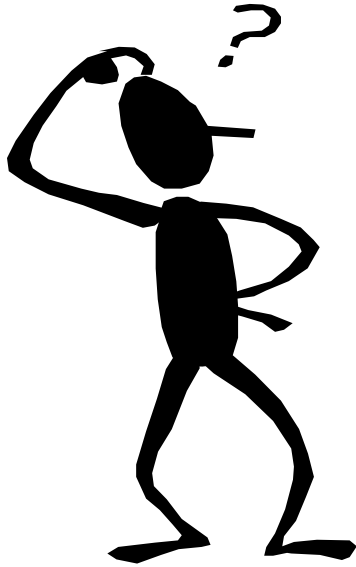


Provider Assistance Center

- The Provider Assistance Center is always your first call for help.
- They respond to incoming calls from providers regarding:
 - Claims/billing questions.
 - Authorization/notification questions.
 - Benefits.
- Available Monday to Friday, 7 a.m. to 5 p.m.
- Just call **612-676-3300** or **1-888-531-1493** (toll free)!



Questions or Comments?



If you have additional questions or would like to leave us a comment about today's presentation, please send us an e-mail at healthlines@ucare.org and your questions will be appropriately addressed.

We value your feedback and appreciate any comments!

