

# UCare healthlines

A newsletter for our providers

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Attn: Provider Network  
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If you have comments and/or suggestions for future content, please e-mail us at [healthlines@ucare.org](mailto:healthlines@ucare.org).

For more information and updates, please visit [www.ucare.org](http://www.ucare.org).

Note: Links contained within PDF are active.

## UCare Selected as PMAP and MinnesotaCare Choices for 7-County Metropolitan Area

Earlier this year, Gov. Mark Dayton announced that a competitive bidding process would be used to streamline and save costs in the managed care system serving Prepaid Medical Assistance Program (PMAP) and MinnesotaCare members in the 7-county metropolitan area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties).

The Minnesota Department of Human Services (DHS) issued a request for proposal in April. Following careful review, DHS selected the managed care organizations (MCOs) for this service area. PMAP and MinnesotaCare contract negotiations are complete, and we are excited to share with you that UCare has been selected as one of the MCOs serving *all seven* of the metropolitan-area counties for these programs.

PMAP and MinnesotaCare recipients residing in the 7-county metropolitan area have already begun to choose UCare as their health plan. No change is required for current UCare members if they choose to stay with us. Recipients whose current MCO is no longer an option in their county must choose another MCO, such as UCare, as their health plan before mid-December, or DHS will assign recipients to a health plan. Recipients in Anoka, Carver, Dakota, Ramsey, Scott, and Washington counties who do not choose a health plan will be assigned to UCare.

The selected plans will begin serving new members on Jan. 1, 2012.

Please note that this process does not apply to Minnesota Senior Care Plus (MSC Plus), Minnesota Senior Health Options (MSHO), and Special Needs BasicCare (SNBC) recipients.



## News and Notes

### Product Updates for 2012

Beginning Jan. 1, 2012, there will be changes to some UCare products. Some of the changes for the plans are:

**Prepaid Medical Assistance Program (PMAP) and MinnesotaCare** – The 2011 legislation has amended Minnesota Statutes 256B.0631 and 256L.03 to implement recipient cost-sharing in the form of a family deductible for PMAP and MinnesotaCare recipients.

*continued*

# News and Notes

## Product Updates, *cont'd.*

Effective with services provided on or after Jan. 1, 2012, a family deductible will be applied on a monthly basis at the maximum allowed under CFR title 42, part 447.54 to claims for covered services. The maximum deductible amount is \$2.55 per month. This applies to medical services only.

In addition to the monthly deductible, PMAP and MinnesotaCare members will have co-pays, which are as follows:

- PMAP members: Co-pays vary between \$0-\$3.50 for each visit/service. Note: The monthly cap for prescription drug co-pays is \$12 per month. In addition to the pharmacy prescription drug cap, monthly co-pays are limited to 5% of family income for adults with incomes at or below 100% of federal poverty guidelines.
- MinnesotaCare members: Co-pays vary between \$0-\$25 for each visit/service. There are no monthly co-pay limits for MinnesotaCare members.

Please remember that children under age 21, pregnant women, people receiving hospice care, and people residing in a long-term care facility for more than 30 days are **exempt** from paying deductibles and co-pays. Therefore, covered services (e.g., office visits, lab services, etc.) for these patients do not cost them anything.

### PMAP and MinnesotaCare Benefit Changes

- **Acupuncture** for pain management will be covered if provided by any licensed acupuncture provider, including certified chiropractors (previously limited to physicians or physician supervised practitioners) effective 1/1/12.

Effective Jan. 1, 2012, acupuncturists must be credentialed with UCare. If an acupuncturist has not gone through the credentialing process with UCare, he or she must submit the Initial Minnesota Uniform Credentialing Application electronically through ApplySmart, a web-based software through the Minnesota Credentialing Collaborative (MCC). Learn more about ApplySmart by logging on to the MCC's web site at [www.mncred.org/home.html](http://www.mncred.org/home.html).

For more information about UCare's credentialing process and policy, download Chapter 17: Provider Enrollment of the Provider Manual by logging on to

[www.ucare.org/providers/Pages/ProviderManual.aspx](http://www.ucare.org/providers/Pages/ProviderManual.aspx) and then clicking on "Chapter 17: Provider Enrollment." Questions about credentialing and/or the status of a submitted credentialing application should be directed to our dedicated credentialing line at **612-676-3660**.

- **Specialized maintenance therapy will be covered** for persons 20 years of age and younger (covered for all ages in 2011). Applies to case-specific therapy services intended to maintain the member's current state. Therapies intended to return an individual to a previous state of function are not affected by this change.

### UCare Connect Benefit Changes

This product no longer is an integrated Medicare and Medical Assistance plan, effective Jan. 1, 2012. Instead, it will be a Medical Assistance-only plan under Special Needs BasicCare (SNBC). If patients are eligible for Medicare benefits, they may receive their Medicare from Original Medicare or another Medicare plan. Co-pays and deductibles will be waived for patients in *UCare Connect*.

### UCare for Seniors Co-pay Changes

Effective 1/1/12, the co-pay changes to the *UCare for Seniors* plans Value, Value Plus, Standard D, and Classic are as follows:

- \$0 co-pay for diagnostic test, x-rays, and lab services when performed at primary care or specialty clinic.
- \$65 co-pay for each emergency room visit.
- Comprehensive outpatient rehabilitation facility (CORF) for physical, occupational, and speech therapies.
  - Value and Value Plus - \$30.
  - Standard D - \$35.
  - Classic - \$15.

For more information on UCare's products, please refer to the individual Product Tip Sheets made specifically for providers. The Product Tip Sheets can be found in our web site by logging on to [www.ucare.org](http://www.ucare.org). Select "Providers" and then "Resources."



2012

### Prepaid Medical Assistance Program (PMAP) Information for Providers

PMAP is a Minnesota Health Care Program (MHCP) that pays for medical services for low-income families, children, pregnant women, and people who have disabilities. PMAP helps members get the care they need to be healthy. This includes coverage for hospital stays, physician services, rehabilitation services, and preventive care.

UCare contracts with the Minnesota Department of Human Services (DHS) to offer PMAP in 61 counties. UCare has been serving people enrolled in PMAP since 1985.

#### Who is eligible?

To be eligible for UCare PMAP, a person must:

- Be enrolled in PMAP through DHS.
- Live in the UCare PMAP service area.

Once a person is eligible for PMAP, he or she may choose a managed care organization, such as UCare, to be his or her health plan or remain in fee-for-service and receive coverage from DHS. If a person chooses UCare as his or her health plan, all claims should be submitted to UCare for processing.

#### Deductible and co-pay information

Some services require deductibles and co-pays. Members in the following list do not have to pay deductibles and co-pays for medical covered services:

- Pregnant women
- Children under age 21.
- People receiving hospice care.
- People residing in a nursing home or other long-term care facility for more than 30 days.

#### Deductible

Members who do not meet the criteria above may have a monthly deductible for health care services. The maximum deductible amount is \$2.55 per month.

#### Co-pay

Adults ages 21 or older (except for those listed above) have the following co-pays:

- \$3 co-pay for non-preventive visits; no co-pay on mental health visits.
- \$3.50 co-pay for emergency room visits when it is not an emergency.
- \$3 co-pay for brand name and \$1 co-pay for generic prescription drugs; no co-pay on some mental health drugs and family planning drugs. (NOTE: The monthly cap for prescription drug co-pays is \$12 per month.)

Cost sharing (deductible and co-pay combined) is limited to 5% of family income for adults with incomes at or below 100% of federal poverty guidelines.

As a reminder, if a member becomes pregnant while on PMAP, please instruct her to contact her county worker right away. By informing her county worker promptly that she is pregnant, the member's status will be updated to reflect that she does not have to pay for deductibles and co-pays, and is eligible for expanded benefits.

Prepaid Medical Assistance Program

finalized and are now available online in our web site at [www.ucare.org/providers/pages/authgrids.aspx](http://www.ucare.org/providers/pages/authgrids.aspx).

UCare 2012 Authorization Grid			
Services	Prior Authorization Requirements	Products	Approval Authority
Acute inpatient rehabilitation	Before admission and as required for extensions.	MSHO	MSHO
		MSC+ **	UCare for all others
		SNBC (UCare Connect) **	UCare for all others
		PMAP	UCare, MSHO
		UCare	UCare, MSHO
		UCare for Seniors MN UCare for Seniors WI	UCare for all others UCare
Back (Spine) Surgery Percutaneous vertebroplasty / kyphoplasty Spinal fusion – lumbar only	Prior to Service Excludes: • Emergency surgery for trauma • Acute transverse myelopathy • Tumors	MSHO	MSHO, UCare for all others
		MSC+ **	MSHO
		SNBC (UCare Connect) **	UCare for all others
		PMAP	UCare, MSHO
		UCare	UCare, MSHO
		UCare for Seniors MN UCare for Seniors WI	UCare for all others UCare

Note:  
 \* Submit authorization requests 34 calendar days prior to the start of service for non-urgent conditions.  
 \*\* All services subject to member eligibility and benefits coverage.  
 • Clinical criteria determined by product.  
 • No authorization is needed for Genetics 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 SNBC (UCare Connect) members if Medicare is primary. Obtain verification from DHS (MN/ITS) regarding Medicare coverage.  
 Revised 12-10-2011 Page 1

## Quality Corner

### Controlling High Blood Pressure

The 2011 Quality Improvement Project (QIP), “Controlling High Blood Pressure,” targets UCare for Seniors members (in Minnesota and Wisconsin), UCare’s Minnesota Senior Health Options (UCare’s MSHO), and UCare Connect members who have a diagnosis of hypertension. The goal of this QIP is to increase the rate of blood pressure control in members with hypertension.

Interventions are targeted toward members and you, the providers. Member communications will focus on the risks of hypertension, benefits of lowering blood pressure, and advice on lifestyle modification and treatment options for attaining blood pressure control. Provider interventions include outreach through partnerships and education.



The project’s success will be measured by the increase in the rate of members who have blood pressure in control, as measured by the Healthcare Effectiveness Data and Information Set (HEDIS).

Direct your questions or for more information, please contact Lorraine Cummings, Quality Improvement Specialist, at [lcummings@ucare.org](mailto:lcummings@ucare.org) or 612-676-3246.

## New UCare Member ID Numbers

As of Jan. 2012, UCare member ID numbers have surpassed the one millionth number; therefore, you may start to see new UCare member ID numbers that begin with **two** zeros instead of three. Please note that this is **not** an error, and UCare ID numbers may begin with either two or three zeros. Please see the examples below.

### UCare ID Number Examples:

- **00**xxxxxxxx00 – There will be **seven** digits in between the zeros.
- **000**xxxxxxxx00 – There will be **six** digits in between the zeros.

As a reminder, please be sure to verify that you are using the correct UCare member ID number when submitting claims in order to avoid disruptions in your claims payment.

## 2012 Prior Authorization /Notification Grids Now Available Online

Each year, UCare reviews the medical and behavioral health prior authorization/notification grids and makes necessary changes for the upcoming year.

The 2012 prior authorization/notification grids for medical **and** behavioral health services have been

## HEDIS 2012 Data Abstract to Begin in March

UCare will launch the HEDIS 2012 data abstraction process of UCare-contracted providers in March 2012. HEDIS 2012 is based on 2011 member records and our abstraction process will begin in March and end in May.

UCare will get in touch with you soon to update your medical records contact information with us to facilitate the HEDIS 2012 scheduling and medical record reviews. UCare is contracting with a vendor to perform the HEDIS medical record data abstraction. Prior to conducting reviews, the vendor will contact your medical records personnel to either schedule an on-site visit or request faxed records.

We appreciate your cooperation and thank you for partnering with us to improve the health of individuals, families, and communities. Please contact Caroline Dietz-Carlson, Quality Improvement Specialist, at [cdietz-carlson@ucare.org](mailto:cdietz-carlson@ucare.org) or **612-676-334** with any questions or suggestions for improvement.

## Coding Zone

### C&TC Billing Reminder

Earlier this year, DHS announced that when you are billing for a C&TC screening for dates of service on/after June 1, 2011, you must append a two-character referral code to the C&TC procedure code or else your claim will be denied. UCare is also following the same billing guideline and effective date.

The following is a list of the two-character referral codes that must be appended to the C&TC procedure code:

- **NU:** No referral(s) made.
- **ST:** Referral to another provider for diagnostic or corrective treatment, or scheduled for another appointment with a screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (does not include dental referrals).
- **AV:** Patient refused referral(s).
- **S2:** Patient is currently under treatment for referred diagnostic or corrective health problem(s).

When a C&TC screening is attempted but not completed, you may still bill UCare the C&TC procedure code along with the appropriate referral code as if the C&TC was completed. However, you must document the reason(s) why the component(s) was not completed in the patient's chart when the attempt was made.

## Pharmacy Updates

### UCare P&T Committee Decisions

UCare is committed to covering safe, effective, and affordable medications, so we regularly review and update our drug formulary. Our Pharmacy and Therapeutics (P&T) Committee is made up of a group of practicing physicians and pharmacists who meet quarterly to recommend changes to our formulary based on the latest medical literature, consultations with physicians, and information from the Food and Drug Administration.

Changes to the Formulary from the October 2011 P&T Committee meeting can be found in our Formularies web page by logging on to [www.ucare.org/providers/Pages/Formularies.aspx](http://www.ucare.org/providers/Pages/Formularies.aspx).

### High Risk Medication in Elderly

Inappropriate medication use is a concern for all patients. However, for Centers for Medicare & Medicaid Services (CMS), the inappropriate use of medication in elderly patients is a criterion for evaluating Medicare Part D plans.

One of the most frequently cited consensus criteria documents published on the inappropriate use of medications in the elderly is the Beer's "Criteria or Beer's List." The Beer's List was developed by a United States expert panel after doing an extensive literature review and obtaining input from nationally recognized experts in geriatric care, clinical pharmacology, and psychopharmacology.

One of the criteria for inclusion on the Beer's List is medications or medication classes that *should generally be avoided* in persons 65 years or older because they are either ineffective or they pose unnecessarily high risk for older persons and a safer alternative is available. The updated Beer's List published in 2003 details 48

individual medications or classes of medications to avoid in older adults and their potential concerns.

To help ensure the safe use of medication by our members, UCare continues to review our Medicare formularies and make changes in coverage for drugs with available alternatives.

**Effective Jan. 1, 2012**, the following drugs will be **non-formulary** for our Medicare members:

- Nifedipine immediate release capsule (Adalat / Procardia / generics).
- Dicyclomine tablet, capsule, syrup, injection (Bentyl / generics).
- Propantheline tablet (generics).
- Chlordiazepoxide / amitriptyline tablet (Limbitol DS / generics).
- Skeletal muscle relaxant combination products (Soma Compound / Parafon Forte / Norgesic / Norgesic Forte / generics).
- Nitrofurantoin capsule, suspension (Furadantin / Macrobid / Macrochantin / generics).

## 2012 Changes in Utilization Management

The following drugs will require prior authorization effective Jan. 1, 2012, to ensure appropriate use – FDA-approved indication or off-label use with documentation of clinical efficacy from peer-reviewed literature:

- Amevive
- Arcalyst
- Botox
- Lidoderm
- Remicaid
- Rituxan
- Xeomin



The following drugs and/or drug classes will require Step Therapy effective Jan. 1, 2012, to ensure appropriate trial of other agents prior to the use of a more costly agent. Providers can request an exception if a trial of a step 1 drug is not appropriate for a specific patient.

- Step Therapy for **Antipsychotics**

- First Line – Step Therapy will require the use of risperidone prior to use of a second line product
- Second Line – Step Therapy will require the use of Seroquel, Seroquel XR, or Zyprexa prior to the use of other novel antipsychotics
- Step Therapy for **BPH** (benign prostatic hyperplasia)
  - First Line – Step Therapy will require the use of finasteride prior to the use of Avodart, Proscar, or Jalyn
- Step Therapy for **Apidra** (brand of insulin)
  - First Line – Step Therapy will require the use of Novolog or Humalog prior to the use of Apidra
- Step Therapy for **Ophthalmic Prostaglandins** (drugs to treat glaucoma)
  - First Line – Step Therapy will require the use of latanoprost (generic Xalatan) prior to the use of Travatan
  - Second Line – Step Therapy will require the use of Travatan prior to Lumigan or Xalatan

## Revisions to Current Step Therapy Programs

- Step Therapy for **ARB/Tekturna** (drugs to treat hypertension)
  - First Line – Step Therapy will require the use of losartan or losartan/hctz prior to the use of Diovan or Diovan HCT
  - Second Line – Step Therapy will require the use of Diovan or Diovan HCT prior to use other ARBs or ARB combination products
- Step Therapy for **Bisphosphonates** (drugs to treat osteoporosis)
  - First Line – Step Therapy will require the use of alendronate prior to the use of Boniva
  - Second Line – Step Therapy will require the use of Boniva prior to the use of Actonel or Fosamax

## Hydroxyprogesterone Caproate (17P)

Since 2000, when Delalutin was removed from the market, hydroxyprogesterone caproate injection has been compounded and formulated by pharmacies for the pregnant women with a history of singleton spontaneous

preterm birth. The injection given weekly by intramuscular injection beginning at 16-20 weeks gestation, continuing until 37 weeks gestation, significantly decreases the incidence of preterm birth.

In 2011, a commercially available product once again became available on the market. This drug, called Makena, has caused controversy because of the pricing strategy of its manufacturer, KV Pharmaceuticals.

The original proposed price was \$1,500 per dose. That price was later reduced to \$690 per dose following pushback from health care organizations and patient advocacy groups. Although the price has been reduced, this price is still at least 10 times higher than the going rate for the compounded product.

Because of the pricing concerns, UCare has not added Makena to its formulary. We will continue to cover the compounded product available through a number of pharmacies including any Fairview Health Service Pharmacy.

## Friendly Reminders

### Dedicated Web Page for Version 5010

UCare has a dedicated web page for news, updates, and frequently asked questions (FAQs) regarding Version 5010 (V5010). To find out more, just on to our web site at [www.ucare.org/providers/pages/5010.aspx](http://www.ucare.org/providers/pages/5010.aspx).

### Cultural Competency is Valuable Knowledge

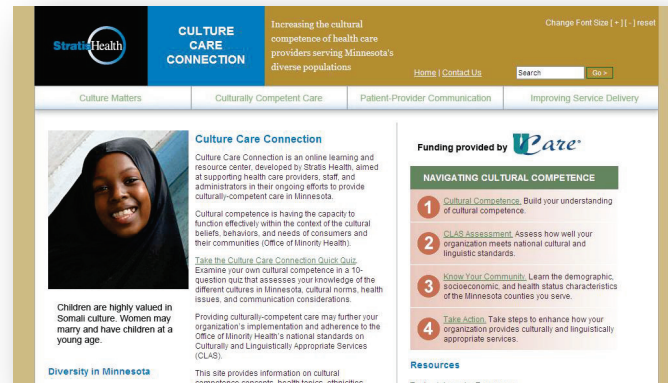
Culturally responsive care, or cultural competence in health care, is defined as the ability of individuals and systems to respond respectfully and effectively to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families, and communities.

Cultural competence is important in every aspect of our public lives. It is critical for health care providers, who deal daily with diverse people in life-and-death situations.

As a reminder, UCare has several online resources that support the development of cultural competency for

yourself and your colleagues. These resources can be found on [www.ucare.org/providers](http://www.ucare.org/providers):

- Link to the **Culture Care Connection** web site.
- Provider Manual, **Chapter 19, Culturally Responsive Care.**
- **Multilingual Health Resources Exchange**



document in the “Resources” link.

## Fraud, Waste, and Abuse Reminder

If you suspect fraudulent, abusive, or wasteful conditions, or if you have any questions about these matters, please contact UCare’s Special Investigation Unit in any of the following ways:

- Call our toll-free hotline at **1-877-826-6847**.  
*You may remain anonymous.*
- E-mail us at [compliance@ucare.org](mailto:compliance@ucare.org).
- Send mail to us at:

**UCare**  
**Attention: Special Investigation Unit**  
**P.O. Box 52**  
**Minneapolis, MN 55440-0052**



**BENEFIT FRAUD**

## Primary Care Clinic Reporting Responsibility and Requirement

PCCs are required to submit 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 evaluations of all member complaints, including those from participating providers (Minnesota Rule 4685.1110 Subpart 9).

PCCs must submit the **Quality Complaint Reporting Form** to UCare within 30 days after the end of the quarter. The online form to use can be found by logging on to UCare's web site at [www.ucare.org/providers](http://www.ucare.org/providers). Select "Forms," and then "Quality Complaint Reporting Form."

***You must complete this form even if there were no complaints for the quarter for which you reporting. Failure to comply with this procedure is considered a breach in contractual responsibilities.***

PCCs can learn more about reporting requirements and responsibilities in UCare's Provider Manual, **Chapter 18: Member Complaints, Appeals, and Grievances**. If you have any questions, please call UCare's Quality Management at **612-676-3298** or **1-877-523-1517** (toll free).

## At Your Service

As a valued provider within the UCare network, you have a dedicated **Network Services Coordinator** who can help you in many ways. A coordinator is assigned to each health system and/or geographical area.

If you do not know who your coordinator is, visit our "Network Services Coordinator" page at [www.ucare.org/providers/Pages/NetworkServicesCoordinator.aspx](http://www.ucare.org/providers/Pages/NetworkServicesCoordinator.aspx).



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If you have comments and/or suggestions for future content, please e-mail us at [healthlines@ucare.org](mailto:healthlines@ucare.org).

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