

healthlines

Monthly Provider Newsletter

UCare

February 2015

In This Edition

[Upcoming UCare server maintenance February 27-March 1](#)

[New process for making “encounter” payments to Federally Qualified Health Centers \(FQHCs\) and Rural Health Clinics \(RHCs\)](#)

[2015 HEDIS Season](#)

[HOS and CAPHS surveys on the way!](#)

[The -59 Modifier and X\(EPSU\) Modifiers – Effective January 1, 2015, for all UCare products](#)

[UCare’s Chronic Condition Web Resource: Diabetes Management](#)

UCare Provider Website
www.ucare.org/providers

Provider Assistance Center
612-676-3300
1-888-531-1493 toll free

Upcoming UCare server maintenance February 27-March 1

Please be informed that UCare’s server will undergo scheduled maintenance over the weekend of February 27, 2015. While the maintenance is in process, UCare’s website as well as our Provider Portal will be temporarily unavailable. UCare will post more information on this maintenance closer to that date. Please also regularly check our provider website home page for any further updates on this matter. Thank you.

New process for making “encounter” payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

UCare, along with other managed care organizations (MCOs) that offer Minnesota Health Care Programs (MHCP), has been working closely with the Minnesota Department of Human Services (DHS) on implementation of a new process for making “encounter” payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

Effective January 1, 2015, Minnesota Statute 2014, Section 256B.0625, subd. 30, requires a change in claims processing methodology for some MHCP managed care participants and services. You can find the related statute at:
www.revisor.mn.gov/statutes/?id=256B.0625

UCare’s goal is to implement a process that ensures timely, accurate payments to FQHC and RHC providers while maintaining continuity of care for UCare members.

This new process does not apply to claims for members who are eligible for Medicare, with the exception of dental services. This means, with the exception of dental services, this process **does not** apply to claims for individuals enrolled in:

- UCare Minnesota Senior Health Options (MSHO).
- UCare Minnesota Senior Care Plus (MSC+) who are eligible for Medicare.*
- *UCare Connect* (aka Special Needs Basic Care) who are eligible for Medicare.*

**Note: Not all MSC+ and UCare Connect members are eligible for Medicare. Medicare eligibility can be confirmed in MNITS. All MSHO members are Medicare eligible.*

The following are the critical process changes MCOs, DHS and FQHC/RHCs will experience for impacted services rendered on and after January 1, 2015:

- FQHC/RHCs will *continue* to receive Remittance Advice (RA) or provider explanation of Payment (EOP) from the member’s MCO and from DHS. However, DHS will no

longer deduct payments made to providers by MCOs from the FQHC/RHC encounter rate DHS pays FQHC/RHC providers, other than eventual deduction of member copayments by DHS.

- MCOs will pay \$0 (zero dollars) on the applicable claims. The \$0 payment transaction will be reflected on UCare’s RA 835 transactions or EOPs.
- If the MCO submits a \$0.00-payment claim to DHS, and DHS denies it, DHS will send a denial on their EOP/RA to the provider and UCare.
- If an applicable claim needs to be resubmitted, the FQHC/RHC cannot submit a replacement claim until DHS has fully adjudicated the claim and issued their RA/EOP. FQHC and RHC providers need to include both UCare’s Internal Control Number (ICN) and the DHS Transaction Control Number (TCN) on replacement claims. The DHS TCN is included on the DHS RA/EOP for the encounter payment.

Please note: If you are a Provider-Based Biller, this will only impact claims filed on a CMS-1500 form.

Below is a high level overview of what is staying the same:

- There is no change to the initial claim submission process. Providers should conduct business as usual.
- If UCare denies a claim, you will receive an EOP from UCare indicating this denial. UCare will not send denied claims to DHS.
- Member copayments associated with the claim will continue to display on UCare’s RA/EOP.

Below are the ANSI codes that will display in UCare EOPs for various FQHC/RHC claim status scenarios:

SCENARIO	CARC	RARC
UCare “paid” claims at \$0.	256 – Service not payable per managed care contract.	N193 – Specific federal/state/local program may cover this service through another payer.
UCare applied copayment to “paid” claim.	3 – Co-payment amount.	MA125 – Per legislation governing this program, payment constitutes payment in full.
UCare “paid” replacement claim at \$0.	256 – Service not payable per managed care contract.	N193 – Specific federal/state/local program may cover this service through another payer.
UCare applied copayment to replacement claim.	3 – Co-payment amount.	MA125 – Per legislation governing this program, payment constitutes payment in full.
DHS TCN missing.	16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M47 – Missing/incomplete/invalid/internal or document control number.
Voided claim.	16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N463 – Missing support data for claim.

For questions about claims processed by UCare, call UCare’s Provider Assistance Center (PAC) at 612-676-3300 or 1-888-531-1493.

For questions about DHS encounter payments, call MHCP Provider Call Center at 651-431-2700 or 1-800-366-5411. Thank you for your patience as we implement this new statute.

2015 HEDIS Season

UCare's 2015 HEDIS (Healthcare Effectiveness Data and Information Set) season is underway and will run from February to May. This year, UCare has again contracted with Optum to collect the data for the HEDIS measures. Optum is in the process of contacting primary care clinics and some specialty clinics to determine a time that their vendor, ECS (Enterprise Consulting Services), can come and collect the chart data. We greatly appreciate assistance and patience with this important effort. Thank you!

HOS and CAHPS surveys on the way!

The Centers for Medicare and Medicaid Services (CMS) administers two member surveys yearly to monitor and help improve the quality of care provided to Medicare members. The Health Outcomes Survey (HOS) is administered April through the end of July; the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey is administered mid-February through the end of May. Members are randomly sampled and may receive one or both surveys in the mail this spring. The surveys may look similar but they collect different kinds of information.

In addition, DHS annually administers its own CAHPS survey. The DHS survey has the same core CAHPS questions as the CMS version, but includes different supplemental questions. DHS sends its survey to a random sample of all state public program members: PMAP, MinnesotaCare, MSHO, MSC Plus, and *UCare Connect*. The CMS survey is sent to a random sample of Medicare (*UCare for Seniors*) Minnesota and Wisconsin and UCare's MSHO members. An MSHO member could potentially receive all three (two CMS and one DHS) surveys, but the likelihood of this is small.

- The HOS survey monitors the quality of care provided to Medicare beneficiaries by asking questions about a member's health status over a period of time. Some of the information collected in the HOS survey relates to the following health conditions:
 - Physical and mental health status
 - Appropriate physical activity
 - Bladder control/urinary incontinence
 - Reducing the risk of falling
- The CAHPS survey gathers information on a member's health care experience and satisfaction. Examples of information collected by the CAHPS survey include:
 - Overall health care and health plan satisfaction.
 - Health plan customer service
 - Personal doctor and specialist satisfaction
 - Getting needed care and care without delays
 - Preventive services such as flu and pneumonia

Please encourage members to complete the survey(s) they receive and return the completed survey(s) in the stamped, addressed envelope provided with each one. Member responses offer important information that enables UCare to ensure our members are receiving high-quality care.

The -59 Modifier and X(EPSU) Modifiers - Effective January 1, 2015, for all UCare products

Providers now have additional modifiers to choose from to identify the necessity of performing a distinct procedural service. In addition to the -59 Distinct Procedural Modifier, effective January 1, 2015, Medicare introduced four additional situational modifiers:

Modifier	Situational Definition
-XE Separate Encounter	A service that is distinct because it occurred during a separate encounter
-XS Separate Structure	A service that is distinct because it was performed on a separate organ/structure
-XP Separate Practitioner	A service that is distinct because it was performed by a different practitioner
-XU Unusual, Non-Overlapping Service	A service that is distinct because it does not overlap with the usual components of the primary/main service performed

Effective January 1, 2015, UCare has made the decision to accept the -59 Distinct Procedural Service and the four X(EPSU) situational modifiers for all of their products. At this time, there is no plan to discontinue use of the -59 modifier. When submitting claims, providers should follow the guidelines outlined below:

- The -59 modifier and the situational modifiers will be adjudicated in the same manner. By appending any of the modifiers, providers are indicating that there is sufficient documentation to support the modifier used, and the service provided is separate and distinct from other services provided.
- The -59 modifier and a situational modifier should not be appended to the same service.
- One of the four situational modifiers should be used in place of the -59 modifier when it more accurately and specifically defines the circumstance that necessitated a distinct service.
- More than one situational modifier should not be appended to a service. Select the situational modifier that most accurately identifies the circumstances that necessitated a distinct service.

It is UCare's intent to align with Medicare; therefore, we will continue to monitor Medicare guidelines regarding the use of the -59 modifier and the X(EPSU) situational modifiers. Included below are links to pertinent Medicare communications regarding the -59 Distinct Procedural and X(EPSU) Situational Modifiers.

Links:

- <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8863.pdf>
- <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1422OTN.pdf>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1503.pdf>

UCare's Chronic Condition Web Resource: Diabetes Management

In 2015, UCare launched a chronic condition resource site on our website. Providers may refer diabetic and pre-diabetic members to our website for education and support to help them better understand their diabetes.

Tools and resources include:

- An interactive online learning center to learn about diabetes
- Online enrollment for UCare's Health Coaching Disease Management Program
- Health tracking forms and checklists (home blood sugar diary, home food lists)

For more information visit ucare.org>Health and Wellness>Health News & Tools>Diabetes Management (<https://ucare.org/HealthWellness/Pages/DiabetesManagement.aspx>).

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