health lines
Monthly Provider Newsletter

UCare

August 2016

UCare Provider Website
www.ucare.org/providers

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

Share Your Feedback in the Provider Services Survey

UCare continuously works to improve the support we give providers so you can focus on delivering the best patient care and experience. Earlier this month, we emailed a survey to providers to gain a better understanding of what we do well and where we have opportunities for improvement. UCare will use the survey results to prioritize resources, enhancements and processes.

Please take a few minutes to share your feedback with us by clicking here. Upon completion of the survey, you can enter a drawing to win free lunch from UCare for your office. Take the survey soon! It will close on August 26. Thank you for helping us serve you better!

New Board Certification Requirements for Credentialed Physicians

On **June 14, 2016**, UCare began requiring board certification for physicians. Physicians include Medical Doctors (MD/DO, MBBS/MBChB/MBBch), Doctor of Dental Surgery (DDS), Doctor of Medicine in Dentistry or Doctor of Dental Medicine (DMD) in Oral and Maxillofacial Surgery, and Doctors of Podiatric Medicine (DPM).

Physicians requesting network participation after June 14, 2016, must be board certified or have their board certification(s) in process.

Physicians who have boards in process must become board certified within six (6) years from the completion of an approved residency/fellowship program.

Physicians with specialties that require certification must comply with their board's recertification requirements. It is UCare's expectation that physicians will maintain their certification to remain eligible for network participation. This applies only to physicians initially credentialed on or after June 14, 2016.

Physicians who UCare credentialed prior to June 14, 2016, will not be required to have board certifications to participate in UCare's network as long as all other credentialing criteria are met.

If a physician does not meet the criteria for board certification, UCare will issue an Administrative Denial Letter. Re-considerations are allowed within 30 days of the date on the denial letter. If a re-consideration is not requested within this timeframe, the physician must wait to apply for participation six months from the date on the denial letter.

Welcome Back, UCare Mobile Dental Clinic

The UCare Mobile Dental Clinic returns to Minnesota roads this fall to offer UCare members preventive dental care. Faculty-supervised dental, dental therapy and dental hygiene students from the University of Minnesota School of Dentistry provide check-ups, cleanings and simple restorative care at this dental clinic on wheels.

After a seven-month hiatus, the wheelchair-accessible clinic starts services Aug. 29, in Roseville, Minn. The 2016 schedule includes stops at six Twin Cities metro area sites and four Greater Minnesota sites. The 2017 service schedule will be announced later this year.

UCare members can schedule an appointment by calling:
612-624-5654 or 1-866-451-1555 toll free
TTY: 711 or 1-800-627-3529
8 a.m. to 4:30 p.m., Monday through Friday

Transportation is available for this service to qualified members. Members should refer to the dental benefits included in their plan type for coverage details or contact Customer Services at the phone number on the back of their ID card.

If you know UCare members who need dental care but are having difficulty accessing it, encourage them to call the number above to see if a Mobile Dental Clinic appointment is available in their area.

Documentation Improvement: Focus on Coding and Reporting

ICD-10 is rapidly approaching its one-year anniversary marking the end of the five-year freeze on the code set. As expected, this thaw is producing a tidal wave of updates. ICD-10-CM, used for reporting diagnostic information, has 1,974 new codes, 425 revisions and 311 deletes taking effect October 1, 2016. These changes add specificity and update diagnostics to represent the ever-changing field of medicine.

The ICD-10-CM Official Guidelines for Coding and Reporting have also been updated for FY 2017. There are many minor changes adding clarification on proper code assignment, additions to address coma and NIH Stroke Scale (NIHSS) codes, and the clarification of the Excludes 1 definition. A notable change occurs in the conventions of the ICD-10-CM in clarifying the term "with." Historically the guideline has noted "with" to represent "associated with" or "due to" when located in the code title, Alphabetic Index or noted within the Tabular List. The following verbiage has been added:

The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated. For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related.

This presumed causal relationship is then noted in the guidelines for Chapter 9: Diseases of the Circulatory System – Hypertension, where there has been a presumed relationship between hypertension and chronic kidney disease. Now there is a presumed relationship between hypertension and heart disease. This long-standing dilemma will end many physician queries, but clear documentation will be critical in situations where the presumed relationship is not the cause. The provider will need to note this different cause in order for the proper code assignment to be reported.

Complete review of the guidelines by your coding professionals will ensure proper coding and help guide providers in accurate diagnosis documentation. Who knows, maybe one of the 1,974 new codes will be the chosen to report your next patient's condition.

Prescription Drug Monitoring Program Registration Requirement

Beginning July 1, 2017, Minnesota law will require every prescriber licensed by a health-related licensing board who can prescribe controlled substances to register for a user account with the prescription monitoring program (PMP). This same requirement applies to every pharmacist licensed in Minnesota who practices within the state. Currently, it is estimated that only 35 percent of prescribers have registered with the PMP.

The Minnesota PMP is run by the Minnesota Board of Pharmacy and collects information on all prescriptions filled for a schedule II-V controlled substance, gabapentin or butalbital. This registry can help prescribers and pharmacists identify patients who may be doctor shopping or misusing controlled substances. This tool is useful in helping to combat opioid substance abuse while still managing pain in patients who truly need it. For more information about the Prescription Monitoring Program, the registration requirement and account creation, please visit the program's website: http://pmp.pharmacy.state.mn.us.

UCare Provider Website
www.ucare.org/providers

UCare
P.O. Box 52
Minneapolis, MN
55440-0052

Provider Assistance Center
612-676-3300
1-888-531-1493 toll free
Contact the newsletter staff: healthlines@ucare.org

Follow UCare:

Blog: Health Smarts