

health lines

Monthly Provider Newsletter



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UCare Provider Website
www.ucare.org/providers
Provider Assistance Center
612-676-3300
1-888-531-1493 toll free

December 2016

UCare holiday hours

All of us at UCare wish our provider partners a very happy holiday season! Our offices, including the Provider Assistance Center (PAC), will be closed in observation of the holidays on the following dates:

- Friday, Dec. 23
- Monday, Dec. 26
- Monday, Jan. 2
- Monday, Jan. 16

If you need assistance during these times, please visit www.ucare.org/providers or log into the Provider Portal to verify member eligibility, check claim status or send a message to PAC. On all other weekdays, PAC representatives are available to take your call from 8 a.m. to 5 p.m. at 612-676-3300 or 1-888-531-1493 toll free.

2017 authorization and notification grids now available

The 2017 medical, behavioral health and pharmacy authorization requirements are now available at www.ucare.org/providers on the [Eligibility and Authorizations page](#). In November, Dr. Larry Lee, UCare's Senior Vice President and Chief Medical Officer, emailed providers an outline of the specific changes.

Prior authorization reminder

Obtaining a prior authorization does not guarantee that a claim will be paid. Any claim for a service or supply, regardless of whether a prior authorization has been obtained, must still be submitted with correct CPT or HCPCS codes, appropriate modifiers and if applicable, required ICD-10-CM diagnosis codes.

If a claim for which a prior authorization has been obtained contains coding or diagnosis errors, it will be denied.

Be sure to verify that claims meet all coding and billing requirements prior to submission to ensure timely and appropriate payment.

Summary of UCare health care plan benefit changes for 2017

Below is a high-level summary of key benefit changes in all UCare products for 2017. For more information on our health plan benefits, please visit UCare's [Health Plan web page](#).

Two 2017 changes affect all UCare products:

- Fairview Specialty Pharmacy will become UCare's exclusive specialty pharmacy provider effective Jan. 1, 2017. The previous specialty pharmacy provider was Accredo.
- All UCare members have access to Whole Health Living, an affinity program that offers discounts for complementary services and products, such as acupuncture, massage and exercise wear.

State Public Programs benefit changes for 2017

New Product: *UCare Connect + Medicare*

In 2017, we will introduce *UCare Connect + Medicare*, a new product that combines Special Needs BasicCare (SNBC) and Medicare coverage for adults with disabilities. The plan, which is available to Medicaid and Medicare (dual) eligible adults between 18 and 64 years old living in 10 metro counties (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Wright and Washington) and Olmsted County, provides Medicare Parts C and D coverage plus all services that are currently available to *UCare Connect* members. Eligible individuals must enroll directly with UCare's Sales Department.

State Public Programs benefit changes for 2017 include:

- Coverage of Gender Confirmation Surgery (formerly a non-covered service known as Sex Reassignment Surgery).
- Coverage of Institution for Mental Disease for adults in lieu of other covered services (e.g., inpatient psychiatric services often used for chemical dependency).
- Health plans are required to use DHS-preferred drugs and authorization criteria for treatment of Hepatitis C.

Psychiatric Residential Facility care is covered for certain children with severe aggression. Health plans also cover all modes of emergency transportation for children enrolled in a State Public Program.

The Minnesota Senior Health Options (MSHO) formulary will undergo annual changes with a goal of enhancing quality, controlling costs and supporting STAR rating measures. The UCare State Programs formulary is continually updated as new generics come to the market and treatment guidelines are updated.

DID YOU KNOW you can verify claims status 24/7?

UCare offers multiple options to providers to check on the status of claims submitted to UCare for processing, many of which are available 24 hours a day, 7 days a week:

- Use the Claims Search feature on the [UCare Provider Portal](#).
- Access the 276/277 transaction via McKesson PCS Support. If your clearinghouse has not already done so, they can enroll with PCS to begin transmitting these transactions to your organization. Have your clearinghouse contact PCSSupport@Mckesson.com or call 1-877-411-7271 to begin the enrollment and provisioning process.
- Call the Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free. For claim status inquiries, have your NPI number, UCare member ID, member's date of birth and the claim date of service ready.

UCare for Seniors and EssentiaCare benefit changes for 2017

Part D is the focus of most *UCare for Seniors* (UFS) and *EssentiaCare* changes for 2017. Deductibles for Part D will be introduced or increased for all products, a three-month supply of drugs at retail will require three copays (mail order will retain two copays for a three-month supply), and some high-cost generics will move to Tier 4. The UFS and *EssentiaCare* formulary will undergo significant changes, with a goal of enhancing quality, controlling costs and supporting STAR rating measures.

Other important UFS and *EssentiaCare* changes include:

- Changes in cost sharing for skilled nursing facility stays.
- Effective Jan. 1, 2017, *UCare for Seniors* and *EssentiaCare* will no longer cover home infusion services. This change more closely aligns with Medicare reimbursement for these services.
- Effective Jan. 1, 2017, *UCare for Seniors* and *EssentiaCare* members receiving Medicare-covered Part B chemotherapy* at the doctor's office or pharmacy will incur a 20% coinsurance. In 2016, chemotherapy drugs incurred a \$25 or \$75 copay at the doctor's office or pharmacy. For 2017, members will pay the coinsurance amounts on those Part B chemotherapy medications until they reach the out-of-pocket maximum. This same 20% coinsurance applies to all Medicare-covered Part B drugs. *UCare* notified affected members via letter of the upcoming benefit change for chemotherapy drugs. Providers do not need to do anything different when prescribing or administering chemotherapy agents.

** Please note that oral chemotherapy medications are only classified as Part B when they have an IV form of the drug available*

Introducing *UCare for Seniors* Prime

UFS has introduced a new product for 2017. UFS Prime is a low-premium plan available in the 10-county metro area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Wright and Washington). Key features include:

- Standard Medicare Part D benefits (e.g., \$400 deductible, 25% cost share)
- \$166 deductible for Part C benefits, with 20% coinsurance for most services and flat office visit copayment (\$35 primary care and \$50 specialist) after deductible
- \$6,700 maximum out-of-pocket limit in-network
- Point-of-Service benefits out of network with higher cost-sharing levels
- Fitness benefit and worldwide emergency/urgent care benefit
- **No** dental benefits or supplemental annual physical

A new, optional dental plan is available to members of UFS Value, Value Plus and Essentials Rx, and *EssentiaCare* Secure and Grand in 2017. Choice Dental is similar to the existing dental plan available to UFS Classic members, but with somewhat lower benefit levels at a lower premium. The plan is designed to complement the basic dental coverage embedded in the UFS plans.

***UCare Choices/Fairview UCare Choices* plan benefit changes for 2017**

Choices and *Fairview Choices* members have unlimited, no-cost access to e-visits with Virtuwell and Zipnosis. *Choices* Core and Gold plan members also have lower office visit and retail visit copays in 2017. Deductible levels are increasing for Core and Bronze plans, as are maximum out-of-pocket limits for all plans. There are 22 additions to the drug formulary, as well as 56 removals of drugs that have generic or therapeutic equivalents. *UCare* will follow the DHS guidelines for preferred Hepatitis C drugs and prior authorization criteria.

Documentation improvement: risk adjustment

Risk adjustment is a fairly new concept in health care based on old school actuarial practices. It adjusts payments to health plans or other entities based upon the reported risk of a member or population to cover the expected health care costs. Risk adjustment is critical in identifying a member's health status to ensure resources are appropriately allocated to treat and manage care.

Risk adjustment assigns a risk factor based on an individual's demographics (age/gender) and health status (diagnostic data). Based on this factor, a health plan receives capitated payments each month to cover the beneficiaries' health care expenses. This differs from standard fee-for-service payments where payment is received for each service provided.

UCare must provide valid and accurate diagnostic data to government agencies for calculating risk adjustment payments. This data collection ensures the proper payment and resources are available for member care. Risk adjusted payments occur in Medicare Advantage, Minnesota state health care programs and the MNSure exchange marketplace.

For risk adjustment and reimbursement to be accurate, it is critical for providers to document visits completely and accurately, ensuring the patients' medical records reflects their full health status. Chronic conditions must be documented each time they are monitored, evaluated, assessed or treated, including times when these conditions are considered in the treatment of the patient's acute care. Accurate diagnosis codes per medical documentation and claims are critical to reporting complete data for risk adjustment.

All UCare providers: critical business reminders

On Dec. 14, UCare emailed [critical business reminders](#) to all accounts in our email database. The document addresses UCare's:

- Quality Program
- Pharmacy
- Medical and Behavioral Health clinical practice guidelines
- Complex case management referral process
- Utilization management
- Member Rights and Responsibilities
- Complaints, Appeals and Grievance procedures
- Disease management information
- Provider Manual

A copy of the critical business reminders is available at www.ucare.org/providers/Documents/Bulletin_12_14_16_CriticalBusinessReminders.pdf.

Member rights and responsibilities statement

UCare takes member rights and responsibilities seriously. Members and providers can access these rights and responsibilities in the member's Evidence of Coverage or Member Contract, which are available [here](#) by product on the provider website. UCare providers should be aware of our member rights and responsibilities.

UCare Provider Website
www.ucare.org/providers

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