UCare

February 2016

In this Edition

Payment Date Added Through Feb. 29, 2016

As we shared in the January 2016 edition of *health lines*, UCare began conducting one payment cycle each week for all lines of business effective Jan. 1, 2016. This means that UCare Minnesota will remit payments each Friday for claims processed in the prior calendar week.

Due to continued high year-end claim volumes, UCare will perform two check runs per week during the month of February with an additional payment date each Monday unless claim volumes stabilize before the month ends.

After the week of Feb. 29, 2016, UCare will resume the weekly payment cycle.

As always, claim status and remits can be accessed via UCare's Provider Portal.

Documentation Improvement: Focus on Stroke

Documenting and coding for cerebrovascular accidents (CVA/stroke) can be challenging due to the meaning behind the diagnosis and code set. During a CVA, blood supply to the brain is interrupted or dramatically reduced; without the supply of blood, the affected area of the brain starts to die. It is only during the initial care of a CVA/stroke that the diagnosis of stroke and corresponding diagnosis codes are appropriate.

When a provider is evaluating and treating a patient in the office after the initial care of CVA/stroke (i.e., after hospital discharge), the provider is usually addressing one of two situations: The patient either has made a recovery without lasting complications or there is one or more residual conditions. When there are no lasting complications, history of CVA/stroke is the appropriate diagnosis and code assignment. If there are late effects of the CVA/stroke, the documentation should clearly note the deficit and treatment allowing the sequelae of stroke code to be assigned. Using an acute CVA/stroke diagnosis for either of these two types of visits would be erroneous.

Accurate documentation and code selection is necessary to correctly report the health status of your patients and their needs post CVA. Taking an extra moment to document the correct diagnosis and select the corresponding diagnosis code will ensure this accuracy.

2016 HEDIS Season

UCare's 2016 Healthcare Effectiveness Data and Information Set (HEDIS) season begins this month. This year, UCare has again contracted with Optum to collect the data for the HEDIS measures. Optum began scheduling in November with your staff to determine a date and time that their vendor, Enterprise Consulting Services (ECS), can come and collect the chart data. Thank you for your help and dedication to the HEDIS process. Data that is collected

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612-676-3300
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with your support drives the critical quality improvement work of UCare; as well as assists state and national health care leaders in setting health priorities for our communities.

Elderly Waiver Updates

Effective Jan. 1, 2016, all Elderly Waiver (EW) services will require an authorization from the assigned MSHO/MSC+ case manager for claims payment purposes. If you do not have documented written approval, please contact the member's case manager or UCare Clinical Services at 612 676-6705 for assistance.

Unused Units of Elderly Waiver Services Cannot Be Carried Over

Please remember that unused units of EW services (such as homemaking and adult day services) cannot automatically be carried over to the next week unless there is a request, and it has been approved by the assigned UCare case manager. If UCare receives claims for a greater number of units than is authorized on a weekly basis, this may result in the claim being denied.

Advanced Directive Reminders

UCare provider contracts (Sections 1.1 and 5.7) require providers to accurately document in the patient's medical record whether or not advance directive rights were discussed. If executed, the advance directive must be maintained in the patient's file.

The term "advance directive" is used in federal law and regulation, while the state of Minnesota uses the term "health care directive." A health care directive is "a written instrument that complies with section 145C.03 (https://www.revisor.mn.gov/statutes/?id=145C.03&year=2013) and includes one or more health care instructions, a health care power of attorney, or both; or a durable power of attorney for health care executed under this chapter before August 1, 1998." For the purposes of this article, the terms are used interchangeably.

A health care directive is a tool allowing a member age 18 years or older to:

- Leave written instructions so that another person can make decisions based on the member's wishes and preferences; and/or
- Appoint another person (called an agent) to make health care decisions for the member when, in the judgment of the member's attending physician, the member is unable to make or communicate health care decisions.

The appointed agent cannot be: 1) the attending health care provider on the date the health care directive was executed or on the date the agent must make decisions for the member; or 2) an employee of the attending health care provider on the date the health care directive was executed or on the date the agent must make decisions for the member. There are two exceptions: 1) the individual is related to the member by blood, marriage, registered domestic partnership or adoption; or 2) the member has otherwise specified that agent in the health care directive.

Each year, UCare conducts an Advance Directive Audit as part of the Medical Record Standards Audit. We (or our vendor) document whether an advance directive, or evidence of a discussion about advance directive planning, is found in the UCare member's medical record (for adults age 18 and older). We share results of these audits with providers.

Additional information about UCare's requirements can be found in Chapter 16 of our Provider Manual found on this page of our website: https://ucare.org/providers/Resources-Training/Provider-Manual/Pages/ProviderManual.aspx. If you have further questions, contact UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free.

Other References:

- Sections 1866(f), 1902(a)(57), and 1902(w) of the Social Security Act
- 42 CFR §§422.128, 431.20, and 489.100-.104
- Minnesota Statutes, chapter 145C

UCare Products for 2016

UCare will proudly serve members of these health insurance products in 2016.

- Minnesota Senior Health Options (MSHO) – Integrates Medical Assistance and Medicare services and payments for people age 65 and older.
- Minnesota Senior Care Plus (MSC+) – For people eligible for Medical Assistance age 65 and older.
- *UCare Connect* (a.k.a. Special Needs BasicCare, or SNBC) – For adults with certified disabilities (physical and/or mental illness, certified by state or federal government) ages 18-64 (may remain in SNBC when they turn 65).
- *UCare Choices* and *Fairview UCare Choices* – Commercial products for individual and family coverage available through MNsure.
- *UCare for Seniors* (UFS) – Medicare Advantage products for people eligible for Medicare.
- *EssentiaCare* – A new Medicare Advantage product offered in partnership with Essentia Health for Medicare-eligible people in 10 north-central Minnesota counties.
- MinnesotaCare and PMAP in Olmsted County – Income-based Minnesota Health Care Programs for individuals and families.

Click **here** to view UCare's 2016 Service Area by County

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