

health lines

Monthly Provider Newsletter



January 2016

In This Edition

[UCare Products for 2016](#)

[Changes to UCare Claims Payment Schedule](#)

[Therapy Providers: Health Services Management, Inc. \(HSM\) Is Now Magellan Healthcare](#)

[Attention All Prescribers: Provider Enrollment Requirements for Writing Medicare Prescriptions](#)

[Effective Jan. 1, 2016, a Child and Teen Check-up \(C&TC\) Referral Code Is Required When Billing C&TC Services](#)

[Documentation Improvement: Focus on Correct Condition Definitions \(Acute vs. Chronic vs. Acute on Chronic\)](#)

[Webinar: Behavior Health Care for Refugees: Barriers, Best Practices and Cultural Humility](#)

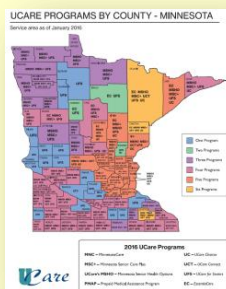
UCare Provider Website
www.ucare.org/providers

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

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

Changes to UCare Claims Payment Schedule

Effective Jan. 1, 2016, UCare is conducting one payment cycle each week for all lines of business. This means that UCare Minnesota will remit payments each Friday for claims processed in the prior calendar week.

Prior to Jan. 1, 2016, UCare Minnesota payments were made three times a week.

UCare is returning to this payment frequency due to the decreases in membership and claim volume we will experience in Prepaid Medical Assistance Program and MinnesotaCare this year.

Until our claim volumes become more aligned with our new membership numbers, providers may experience delays in receiving remittance advice. UCare sends remits up to three business days after payment is made on a claim. Claim status and remits can be accessed via UCare's [Provider Portal](#).

Thank you for your patience and understanding as we make this adjustment.

Therapy Providers: Health Services Management, Inc. (HSM) is Now Magellan Healthcare

Effective November 30, 2015, Health Services Management, Inc. (HSM) changed its name to Magellan Healthcare. This name change does not impact day-to-day operational activities between Magellan Healthcare and UCare providers. Visit Magellan Healthcare at <https://www.hsminc.com/ucare> for more information or call 952-225-5700 or 1-888-660-4705.

Did you know you can request therapy authorizations online? Just create an account and log in using the link above. It's easy and fast! If you prefer to fax authorizations, fax them to 1-888-656-1952 or 1-888-656-2205.

Attention All Prescribers: Provider Enrollment Requirements For Writing Medicare Prescriptions

The Centers for Medicare & Medicaid Services (CMS) recently updated a new rule that was originally finalized in 2014. This rule requires any physician or other eligible professional who prescribes Part D drugs to enroll in the Medicare program or opt out of receiving Medicare reimbursement in order to prescribe drugs to patients with Part D prescription drug benefit plans.

The new policy became *effective* January 1, 2016, but CMS has delayed *enforcement* until June 1, 2016.

Prescribers who are not currently enrolled in Medicare are advised to submit an enrollment application to their Part-B Medicare Administrative Contractor (MACS) by June 1, 2016. Applications should be submitted as soon as possible to allow CMS enough time to process enrollment paperwork. If prescribing providers are not enrolled in Medicare by June 1, 2016, patients' Part-D prescription drug claims may be denied.

For more information about this requirement, review the related Medicare Learning Network (MLN) Matters bulletin [here](#) and the CMS Prescriber outreach communication [here](#). The CMS site [here](#) includes all the information Part D prescribers need to enroll in Medicare. You may submit your enrollment application electronically using the Internet-based [Medicare Provider Enrollment page](#) or by completing the paper CMS-855I or CMS-855O application, which are available online under the [CMS Forms List](#) for Medicare.

Effective Jan. 1, 2016, a Child and Teen Check-up (C&TC) Referral Code Is Required When Billing C&TC Services

Effective for dates of service on and after Jan. 1, 2016, UCare will reject any claims that include the S0302 Procedure Code that do not include a C&TC Referral Code.

The Minnesota Department of Human Services (DHS) added a requirement to its 2016 contracts with managed care organizations (MCOs) related to population of C&TC Referral Codes on claims for C&TC services. MCOs are required to ensure that a C&TC Referral Code is included on all claims for C&TC services.

This applies to members enrolled in the Prepaid Medical Assistance Program (PMAP) and MinnesotaCare (MCRE). In 2016, UCare offers PMAP and MCRE only in Olmsted County.

C&TC claims must include the following four elements:

1. **S0302 Procedure Code.** This indicates a Completed Early Periodic Screening Diagnosis and Treatment (EPSDT)* visit.
2. **Appropriate C&TC Referral Code.** Providers must include the appropriate C&TC HIPAA-compliant referral condition code at the claim (header) level. Valid values include: NU, ST, S2 or AV (see table below for Referral Code descriptions).
3. **Appropriate Diagnosis Codes.**
Note:
 - The S0302 should not be billed separately.
 - All C&TC services should be billed on one claim.
 - Include Evaluation and Management (E&M) Procedure Code, if/as appropriate.

If a claim has the S0302 procedure code but is missing the C&TC Referral Code, UCare will send the X12 Error Codes shown below on 277 Claims Acknowledgement (CA) transactions:

- A3 - Acknowledgement/Returned as un-processable claim – The claim/encounter has been rejected and has not been entered into the adjudication system.
- 564- EPSDT Indicator

C&TC Referral Codes - entered at the claim (header) level

HIPAA Compliant Referral Condition Code	Use this referral condition code for billing when a C&TC screening results in one of the following:
NU (no referral – not used)	No referral(s) given (“NU”) <ul style="list-style-type: none"> • If only a verbal dental referral was made for preventive dental health care.
ST (new diagnosis or treatment service requested)	One or more referrals were made (“ST”) <ul style="list-style-type: none"> • Patient is referred to another provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals). - or - • Patient is scheduled for another appointment with the screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).
AV – refused referral (referral recommended but it was refused)	One or more referrals were made and the patient refused one or more of the referrals (“AV”).
S2 (continue current services/treatment)	The patient is currently under treatment for a diagnostic or corrective health problem(s).

Documentation Improvement: Focus on Correct Condition Definitions (*Acute vs. Chronic vs. Acute on Chronic*)

Medical documentation needs to be an accurate record of a patient’s health. Sometimes a simple word can completely change the meaning of a patient’s condition. The word *chronic* is an example of this. There are many medical conditions that can be *acute*, *chronic* or *acute on chronic*. With the addition of appropriate term(s), you can accurately document your patient’s condition.

- *Acute* – condition with rapid onset that are generally brief in duration
- *Chronic* – condition that persists for a long time, often for the remainder of a patient’s life
- *Acute on Chronic* – exacerbation of a chronic condition

Remember to add clarification to your documentation. A patient with *acute* bronchitis or *acute* renal failure would be very different from a patient with *chronic* bronchitis or chronic renal failure. This clarification will increase your documentation accuracy.

Webinar: Behavior Health Care for Refugees: Barriers, Best Practices and Cultural Humility

Please join us on Wednesday, Feb. 3 at 12 p.m. for a presentation on overcoming the unique challenges in providing mental health care for refugee populations. Georgi Kroupin, Ph.D., LMFT, from the HealthPartners Center for International Health will identify major factors affecting adherence to treatment and ways to improve the patient/provider relationship. He will also describe the relationship of culture has on help-seeking and mental health adherence practices.

This webinar is appropriate for providers, nurses (1.2 CE contact hours available), social workers, public health professionals, therapists and Community Health Workers. See [flyer](#) for more information, or click [register](#) to sign up free of charge.

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: 