UCare

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www.ucare.org/providers

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612-676-3300
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Have You Notified UCare About Third-Party Agreements?

As a payer, UCare must ensure proper safeguards are in place to protect members' personal health information, including claim information. For this reason, it is necessary for UCare to verify that individuals and entities that are requesting member information from us are properly authorized to obtain and/or have access to that information. When third parties request information on behalf of a contracted provider, UCare must have documentation from the provider that the third party is contracted and authorized to obtain protected health information as well as claims information on your behalf.

UCare will not disclose member information to a third party if we do not have a current record from the provider indicating the third party is contracted with the provider and is authorized to obtain PHI on their behalf. We will direct the third party to inform the provider/entity they are working with to update their third-party information with UCare. Until this documentation is received from the provider, UCare will not disclose member information to a third party.

Providers should use the **Provider Third-Party Agreement Form** to notify or update UCare of any third-party agreements with billing intermediaries, pharmaceutical companies or pharmaceutical assistance programs. The form can be found [here](#). Completed forms should be submitted to pac@ucare.org. If you have any questions about the form, you may contact the Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

Your cooperation in sharing your third-party agreement information with UCare will help us prevent patient and financial information from being released to unauthorized parties.

Avoid Claim Payment Delays and Denials for Unlisted Drugs

Partner with us in processing your claims for Part B drugs by reporting the most specific HCPCS code for each drug submitted on a claim. Effective August 1, 2016, claims submitted with any "unlisted drug," "not otherwise specified drug" or "not otherwise classified drug" HCPCS code will pend for review. If it is determined that a more accurate or specific HCPCS code exists for the drug(s) reported, the claim will be denied.

Below is a list of HCPCS codes that will cause a claim for a Part B drug to pend:

Unlisted, Not Otherwise Classified or Not Otherwise Specified HCPCS Codes
J3490 – *Unclassified drug*
J3590 – *Unclassified biologic*
J7599 – *Immunosuppressive drug, not otherwise classified*
J7699 – *Not otherwise classified drugs, inhalation solution administered through DME*

J7799 – *Not otherwise classified drugs, other than inhalation drugs, administered through DME*
J7999 – *Compounded drug, not otherwise classified*
J8499 – *Prescription drug, oral, non-chemotherapeutic, not otherwise specified*
J8999 – *Prescription drug, oral, chemotherapeutic, not otherwise specified*
J9999 – *Not otherwise classified, antineoplastic drug*

You can avoid having Part B drug claims pend by not using these HCPCS codes and reporting a more specific HCPCS code whenever one exists.

"A Salute to Excellence!" Event Honors16 High-Performing Health Care Providers

UCare held its eighth annual "A Salute to Excellence!" event Thursday, June 23, to recognize 16 clinics and care systems participating in UCare's 2015 Pay for Performance (P4P) and quality programs.

This event is held annually to recognize health care providers who earned quality excellence awards for providing outstanding, high-quality service to UCare's Medicare and Medicaid members. Additional awards honor providers who go the extra mile to deliver culturally responsible health services and reduce barriers to care for people with disabilities.

From left to right: Jim Eppel, CEO, UCare; Brenda Carriveau, Registered Nurse, CentraCare Family Health Center; Shar Wallack, Clinic Coordinator, CentraCare Family Health Center; Paul Schoenberg, Director, CentraCare Family Health Center; Paul Knutson, Mission Development Specialist, St. Cloud Hospital; Dr. Larry Lee, Chief Medical Officer, UCare.

UCare's A Salute to Excellence! event at the University of Minnesota's McNamara Alumni Center included a reception, dinner and awards program. Jim Eppel, President and CEO, UCare, and Dr. Larry Lee, Senior Vice President and Chief Medical Officer, UCare, honored guests representing top-performing health care organizations.

The following provider organizations were recognized at the event:

Medicare/Minnesota Senior Health Options (MSHO)

Overall Performance Quality of Care

- Allina Health System
- CentraCare Family Health – Long Prairie Clinic
- CentraCare Family Health – Paynesville Clinic
- Fairview Partners
- Gateway Family Clinic, Ltd.
- Family Practice Medical Center
- Lake Superior Community Health Center
- Neighborhood HealthSource
- Winona Health Services

Medicaid Overall Performance Quality of Care

- CentraCare Family Health – Paynesville Clinic
- CentraCare Family Health – Sauk Centre Clinic
- Foley Medical Center
- Gateway Family Clinic, Ltd.
- Hennepin County Medical Center
- Mankato Clinic
- Mille Lacs Health System
- North Clinic, PA
- Unity Family Healthcare

Excellence in Culturally Competent Care Award

- CentraCare Family Health Center for making significant changes to improve culturally appropriate care and communication with patients from other cultures.

Excellence in Disability Care Award

- CentraCare Family Health Center for making significant changes to remove barriers to care for people with physical disabilities and mental illness, and helping UCare members access preventive services.

"UCare is committed to working closely with valued providers to deliver quality care and outstanding service to each and every UCare member," said Dr. Lee. "Our Pay for Performance Program in 2015 focused on preventive care and screenings for health risks such as breast and colorectal cancers, as well as antidepressant medication management, child and adolescent well-care visits, and monitoring nephropathy and eye exams in members with diabetes. I congratulate each of the 16 clinics and care systems earning this performance recognition this year."

Performance measures are based on specifications from the Minnesota Department of Human Services (DHS), Minnesota Department of Health, the Healthcare Effectiveness Data and Information Set, the Institute for Clinical Systems Improvement (ICSI), and MN Community Measurement.

UCare's MSHO Model of Care Trainings for Providers

Members of UCare's Minnesota Senior Health Options (MSHO) product face a host of challenges and barriers to getting the care they need, including a high prevalence of acute and chronic medical conditions, advancing age, geographic location, ethnic/cultural beliefs and many others.

UCare's MSHO product is designed with a unique set of benefits and services to help members meet these needs, stay healthy and independent.

A key component of the MSHO product is the assignment of a care coordinator to every member, who will:

- Conduct a face-to-face health risk assessment in the member's home to help identify care needs.
- Develop a comprehensive care plan for each member, which is shared with their primary care clinic.
- Act as a liaison with health care providers.

Our care coordinators are qualified professionals such as registered nurses, nurse practitioners and licensed social workers who are experienced in working with the elderly. Care coordinators work with the provider, member and other members of the interdisciplinary care team to help coordinate care for members. They also provide support in the event of a care transition. Our robust provider network is designed to meet the needs of MSHO members, and providers are encouraged to follow clinical practice guidelines available on our website. Our model of care is evaluated annually.

UCare requests providers attend annual training on our Model of Care (MOC), to find out how care coordinators can help coordinate services for MSHO members.

UCare offers training to providers on our MSHO MOC in a variety of ways, via:

- An audio recording and PowerPoint presentation of MOC training posted on UCare's website.
- In-person presentations at select provider offices (and available upon request).
- Annual MOC overview presented at care coordinator trainings.
- MOC brochure mailed to select provider offices and available upon request.
- MOC information in new provider orientation packets.
- FAQ document available to providers that outlines our MOC.

The audio recording consists of a short presentation designed to give providers a high-level overview of the MSHO product and highlight the care coordinator's role in working with providers to help members get needed services and supports.

Documentation Improvement: Focus on Yearly Evaluation

Office visit documentation is often multi-faceted. The provider needs to accurately document the immediate problem or condition that the patient is being seen for, as well as all conditions affecting the patient's overall health status.

Any conditions that are considered in treating the immediate problem or condition should be documented and reported. Patients who present with an acute injury or illness who currently take multiple medications for chronic

conditions will need their treatment options assessed differently than patients being treated for the same acute injury or illness with no other health factors. Those chronic conditions are evaluated/monitored in the process of treating the acute injury or illness.

Another factor to consider in evaluation and documentation are conditions that complete the overall health profile of the patient. These conditions are often overlooked in documentation but clearly play a role in the management of the patient. Some of the patient health factors that are rarely documented/reported include: amputations, dialysis, insulin dependence, alcohol dependence in remission, or artificial openings such as a colostomy. These statuses are often missed but are essential in providing complete documentation.

Although documenting all of a patient's conditions at every visit would be a time consuming task, it is essential to document the patient's complete health profile at least annually. This can be accomplished at one visit or throughout the course of the year. Accurate, specific and complete documentation and reporting of your patients' entire health profile will support their health management needs.

Chiropractic Care Offers Patients With Low Back Pain an Option for Pain Relief

Low back pain is the most common physical condition for which Americans visit their doctors. In fact, the lifetime prevalence of low back pain in adults is thought to be 85 percent, with non-specific low back pain accounting for up to 90 percent of those affected.

Because back pain is so common, primary care providers' offices are often faced with a number of low back pain patients who are seeking quick relief, but find a lack of appointment availability to address rapid interventions for back pain. Conservative approaches — like chiropractic care—may be an option for these patients.

Patients and primary care clinics may have questions about health care coverage for chiropractic care, if a referral is needed and/or how to identify a high-quality chiropractic provider.

All UCare members have chiropractic benefits and direct access to chiropractic services; however, the level of coverage varies by product. Members should review their plan Evidence of Coverage or call UCare to verify the services covered by their plan.

UCare contracts with Fulcrum Health, Inc. (formerly Chiropractic Care of Minnesota, Inc.) to establish and monitor the quality of the chiropractic provider network available to our members. Fulcrum Health's ChiroCare Centers of Excellence (CCoE) are high-quality clinics that adhere to defined clinical protocols, outcomes measurement and an integrated spinal pain treatment approach. Knowing the debilitating but short-term nature of uncomplicated low back pain, these value-based, patient-centered clinics provide patients with conservative care treatment options and often offer same day or next day appointments.

There are many reasons to consider quality chiropractic care for patients with low back pain. Among them:

- Chiropractic clinics can deliver care in a timely manner.
- Chiropractic care is affordable and often provides relief without the use of opioids or other pain medications.
- Spinal manipulation by chiropractors can aid in quick recovery.
- An active care approach encourages patient engagement and helps prevent reoccurrences of spinal pain.

Key Components of Conservative Chiropractic Care:

Spinal Manipulative Therapy: A form of manual treatment to influence joint and neurophysiological function. It involves a non-invasive diagnosis and hands-on therapy to restore spinal function and mobility.

Active Care: Training motor control patterns that protect the spine. This begins with step-by-step instruction to improve stability and neuromuscular control, progresses to stabilization exercises, and concludes with active conditioning.

- Chiropractors collaborate and coordinate patient care with a variety of other health care providers.

"We recently conducted a survey that revealed nearly 73 percent of patients with neck and back pain said if they could start treatment over again, they would choose the least invasive treatment first, rather than resorting to pills or surgery," says Tabatha Erck, CEO of Fulcrum Health. "This affirms our commitment to promoting and supporting collaborative, conservative care through CCoE, and across our entire network."

To locate a ChiroCare provider, verify chiropractic benefits for a UCare member or learn more about Fulcrum Health's CCoE program, log on to www.ChiroCare.com, or call the Fulcrum Health Provider Service Department toll free at 1-888-638-7719.

Webinar Series: Behavior Health Care for Refugees

Please join us on Monday, July 25, 2016, from 12-1 p.m. for the second free webinar in a series regarding mental health issues in the refugee communities. Georgi Kropin, Ph.D., LMFT, from HealthPartners Center for International Health, will continue to explore behavioral health challenges and barriers in refugee populations. He will discuss screening, diagnosis and effective treatment of these patients.

This webinar is free and appropriate for health care providers, nurses (1.2 CE contact hours available), social workers, public health professionals, therapists and Community Health Workers. See flyer for more information. Please register by emailing CJ at Carroll.J.Helm@HealthPartners.com.

Results From 2015 Medical Records Standards Audit

Each year, UCare's Quality Management team conducts an annual Medial Records Standards Audit. The purpose of the audit is to assess provider medical record keeping practices. In 2015, 245 UCare members were randomly selected for the Medical Records Standards Audit and all records selected were from primary care providers (PCPs).

Listed below are the results for our 2014 and 2015 Medical Record Standards Audit.

Audit Item	2014	2015
Medical Record is legible to someone other than the author.	99.6%	**98.2%**
For every entry, the visit note includes the practitioner's signature and credentials with the date and time documented.	93.0%	**93.7%**
Record contains a current problem list or problems are documented in the progress notes.	80.0%	**87.0%**
The medication list, including OTC drugs, is updated at the last visit and is documented in the progress notes. Prescribed medications should include dosages and dates of initial and refill prescriptions.	85.5%	**76.7%**
The presence/absence of allergies/adverse reactions is documented in a consistent, prominent location. If the member has no known allergies or adverse reactions, this is noted in the record.	90.4%	**91.2%**
*If the member has been referred to a specialist, the summary of care and/or operative treatment reports and other reports are present in the medical record.	73.3%	**63.6%**
*If the member received care at a hospital or an outpatient care facility, the report for that care is in the medical record.	65.6%	**61.8%**
Immunizations are updated and documented on an immunization record.	44.1%	**37.2%**
Documentation exists related to the inquiry/counseling of smoking habits.	89.2%	**85.2%**
Documentation exists related to the inquiry/counseling of alcohol/other substances habits.	67.7%	**66.3%**

*Abnormal lab/diagnostics are noted and there is documented follow-up.	95.6%	**99.2%**
Documentation addresses the availability of preventive screening services.	92.5%	**85.9%**

*Only members who met the criteria for these questions were included in the totals.

Overall, a positive result was achieved with most measurements being above 80 percent compliant or improvements were made between 2014 and 2015. The purpose of a Medical Record Standards Audit is to identify opportunities for better documentation and patient care to support improved patient outcomes and other quality initiatives; whether at the provider or health plan level. The results highlighted above have been identified as key metrics for monitoring and improvement in future audits.

Strong communication between primary care providers and specialists is a significant factor for influencing patient health outcomes and was a key finding in the audit. At the heart of this matter is coordinating medical record information between various levels of care including primary, specialty and hospital care. Magnifying this issue are studies showing that a PCP with a patient panel of 100 Medicare beneficiaries would, on average, interact with an equal number of additional specialist providers.[1]

Research has shown strong provider-to-provider communication incorporates the following best practices:

- Take advantage of Care Everywhere and other health information technology to share and transfer patient records. Attach actual reports into the patient's primary medical record.
- Send a letter ahead of time to a consulting specialist or back to a PCP introducing yourself and summarizing the care you have provided thus far. Be sure to include these letters or standard notes in the patient's chart.
- Use clinic care coordinators to communicate between practices on behalf of patients and include their documentation in the patient's medical record.
- Ensure that your referral network is well established and maintain good working relationships with other providers.
- Develop a mechanism for confirmation that a provider or clinic received records that were sent on behalf of a patient.

Approximately 69 percent of PCPs report sending notification of patient history, but only 35 percent of specialists confirmed receiving these histories. Conversely, 80 percent of specialist reported sending consultation notes with 62 percent of primary providers confirming receipt. [2]

Part of our quality improvement program is to share quality measurement results with our provider communities as often as possible. Complete and accurate patient record documentation assists with the continuous quality improvement process and ensures continuity of care for members.

The collection and results of our 2016 audit will be conducted and published in fourth quarter 2016 and again during our 2017 HEDIS collection timeframe of June 2017.

Thank you for your efforts in providing quality care to our members. Practitioner and provider input is critical to the success of our quality initiatives, and we welcome your comments.

[1-2] O'Malley AS, Reschovsky JD. Referral and Consultation Communication Between Primary Care and Specialist Physicians: Finding Common Ground. *Arch Intern Med.* 2011;171(1):56-65. doi:10.1001/archinternmed.2010.480 http://archinte.jamanetwork.com/article.aspx?articleid=226367

Diagnostic Testing for Zika Virus

In late June, the Centers for Medicare and Medicaid Services (CMS) released MLN matters SE1615 addressing Medicare coverage of diagnostic testing for the Zika virus.

In that article, CMS informs the public that Medicare covers the Zika virus testing under Medicare Part B as long as the clinical diagnostic test is reasonable and necessary for the diagnosis and treatment of a person's illness or injury.

Medicare advises laboratories and providers to contact their Medicare Administrative Contractor (MAC) for guidance on the appropriate codes to use on claims for Zika virus testing.

When that information becomes available from the MAC, UCare intends to follow their guidance for reporting HCPCS codes for Zika virus testing. We will update our providers regarding these codes as soon as they become available.

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