health lines
Monthly Provider Newsletter

UCare

UCare Provider Website
www.ucare.org/providers

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

Notification No Longer Required for Orthopedic Procedures

Effective June 1, 2016, UCare no longer requires notification prior to providing total knee arthroplasty and total hip arthroplasty. The 2016 authorization grids (available here) have been updated to reflect this change.

UCare Offering a Convenient Screening Option for Osteoporosis

UCare offers in-home bone mineral density testing, the most common screening method for osteoporosis, to Minnesota Senior Health Options (MSHO) and *UCare for Seniors* members. UCare partners with MED XM to complete this testing on female members who are 67-85 years old and have had a fracture within the last six months.

An Engagement Specialist from MED XM will contact identified members to review the service. If the member is interested in having an in-home appointment, one will be scheduled at a time convenient to them.

The screening is conducted by a health care technician to detect bone loss. The results from this screening will be sent to the member's primary care physician and should be incorporated into the member's care plan, as needed.

Documentation Improvement: Focus on Specificity

Office visit documentation must accurately reflect the patient's condition. Incomplete diagnostic specificity can leave gaps in both patient care and coding. Consistently adding clarity to the medical record will support complete coding, which promotes quality patient care by helping to ensure that the appropriate screenings and assessments are supported.

Arthritis is an example of non-specific diagnostic documentation. Simply stating that a patient has arthritis without adding additional specificity could affect care. A patient with rheumatoid arthritis that requires disease-modifying anti-rheumatic drug (DMARD) treatment with frequent follow-up visits and labs could be missing the appropriate disease management if simply diagnosed as arthritis (M19.90 - unspecified osteoarthritis). Complete documentation would support the volume and intensity of services being provided.

The medical world is continually advancing with the discovering and defining of conditions. ICD-10-CM codes are regularly being added and revised to accurately represent all health conditions. Many combination codes as well as location-specific ones are a part of the code set. The use of unspecified codes could soon become unavailable.

Documentation that clearly represents the specificity of a patient's health condition along with reporting the appropriate ICD-10-CM code will support medical necessity and appropriate care. Using unspecified codes and incomplete documentation does not support quality care management.

Provider Manual Chapter 17 (Provider Enrollment) Has Been Updated

Please review the changes that were recently made to the Provider Enrollment section of the UCare Provider Manual. Below is a summary of the revisions.

1. The following practitioner types were added to the list of practitioners that require credentialing at UCare:
   - Certified Independent Clinical Social Workers (CICSW) in Wisconsin only.
   - Licensed Clinical Counselor (LPC) in Minnesota only. To be credentialed, LPCs must be able to practice without supervision.
2. Removed the requirement for a copy of general and professional liability insurance for organizational credentialing. This information is no longer required for organizational level credentialing.
3. Added Practitioner Rights regarding UCare's credentialing review process.

Changes to the Elderly Waiver program effective July 1, 2016

Customized Living Services and Adult Foster Care Monthly to Change Daily Rate and Billing Code Transition

The Minnesota Department of Human Services (DHS) Aging and Adult Services Division is changing the authorization and billing codes for some Elderly Waiver (EW) services in order to simplify authorization and billing procedures. This includes a change from monthly to daily authorization and billing codes. The changes outlined below are applicable to services provided to individuals enrolled in managed care organizations, including UCare.

These changes will apply to customized living services (CLS) and adult foster care provided on or after July 1, 2016, under the EW program.

The code changes are:
- Convert the CLS monthly code T2030 to daily code T2031
- Convert the CLS 24 hour monthly code T2030 TG to daily code T2031 TG
- Convert the Adult Foster Care (Family) monthly code S5141 to daily code S5140
- Convert the Adult Foster Care (Corporate) monthly code S5141 HQ to daily code S5140 U9

Lead agencies and Minnesota Health Care Programs (MHCP) enrolled providers who serve EW individuals must begin using the daily codes and calculated daily rates for dates of service effective July 1, 2016, and discontinue the monthly codes and rates effective June 30, 2016.

UCare case managers will begin including a daily rate rather than a monthly rate on authorizations for CL and Adult Foster care services. Providers will submit claims using the approved service authorization, which will reflect one unit per day for the authorized time period(s) and the daily authorized rate.

For example:
- Your authorization is approved for 31 units for dates July 1, 2016, through July 31, 2016.
- You provided services for all 31 days.
- On the claim, you bill one line for dates of service July 1, 2016, to July 31, 2016, for 31 units.

Background Information

Currently, providers can experience difficulty when they are authorized to provide customized living or adult foster care services, and the recipient is absent from the facility in the middle of the month. Using a daily rate rather than a monthly rate will simplify both the authorization and billing procedures and improve overall authorization and billing integrity.

Specifically, this change will:
- Increase transparency and eliminate the need to split service agreements into multiple lines for a month. The provider will simply bill for the actual dates of service provided.
- Decrease the risk of the provider's claims being recouped. If billed as a daily rate, UCare claims processing staff can see the exact dates of service and then determine if the dates of services overlap with inpatient hospital or nursing facility claims.

- Create consistency in the unit that authorizes services across waivers.

Increases to Elderly Waiver Budgets and Rates
The Department of Human Services increased the monthly case-mix budget caps for members who are receiving Elderly Waiver (EW) services as of July 1, 2016.

The following increases will be made:
- 0.2% rate increase for Consumer Directed Community Supports (CDCS), Consumer Support Grant (CSG), and Personal Care Assistance services (PCA).
- 21.3% increase to EW and Alternative Care (AC) Individual case-mix caps, EW Customized Living and 24-hour Customized Living service limits, and CDCS monthly case-mix limits in EW and AC.
- Mileage rate adjustment.

UCare has an established process to apply mid-year rate changes to existing authorizations. Case managers or providers do not need to take additional steps to adjust existing authorizations to reflect July 1st rate changes. For more detailed information please reference the DHS Bulletin #16-25-01.

Reminder: *UCare Connect* Service Area Is Expanding on July 1, 2016

UCare Connect, UCare's Special Needs BasicCare (SNBC) product offering, will expand to 20 more counties in northern Minnesota on July 1, 2016. This mid-year expansion is the result of a recent Request for Proposals (RFP) by the Minnesota Department of Human Services (DHS). SNBC serves Medicaid-eligible adults, ages 18-64, with physical, developmental and behavioral health disabilities. UCare has been serving individuals in SNBC since 2008.

The following counties will be added to the *UCare Connect* service area: Aitkin, Becker, Cass, Clay, Cook, Crow Wing, Itasca, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Red Lake, Roseau and Wilkin. The inset map indicates these expansion counties and the counties where *UCare Connect* will continue to be an option for SNBC enrollees.

2016 *UCare Connect* (SNBC) Service Area

■ 2016 UCare Connect SNBC Service Area
■ 2016 UCare SNBC Service Area Expansion
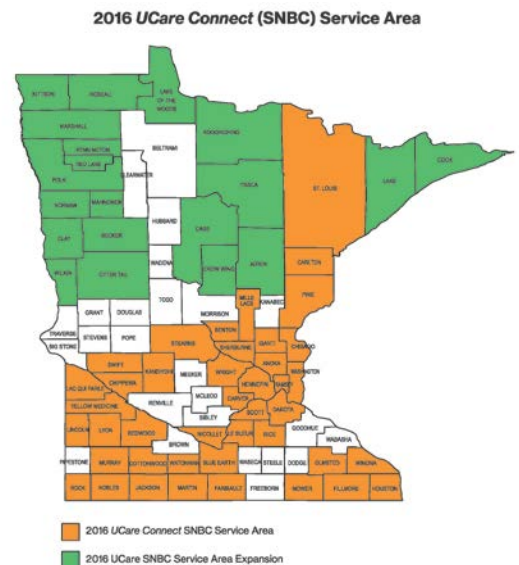
We recognize the importance of existing provider relationships to our members, and will work with providers to prevent disruption of care for SNBC members who may transition their health care coverage to UCare from another health plan. UCare is already working with DHS and the other health plans to ensure that authorization and service data is shared between the prior and new SNBC plans in counties where SNBC health plan options are changing.

Sign Up to Have UCare Provider News Delivered to Your Email

If you haven't done so already, please consider signing up to receive emails from UCare Provider Services. Encourage staff in your organization to do so as well! Once you sign up, you will receive the monthly *health lines* newsletter and other essential, timely updates from UCare via email.

Signing up is easy! Just fill out this simple form.

You will be asked to subscribe to an email list. If you want all provider communications from UCare, please select the "All UCare Providers Updates" list. On occasion, UCare will do targeted communications to specific provider specialties or topics. If you would like to receive specific topic/specialty communications, subscribe to the applicable email lists included on the sign up form. Please note that all subscribers will receive the provider newsletter and communications intended for the broader provider network.

Thank you for your help in improving our communications to the provider community!

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