

health lines

Monthly Provider Newsletter

UCare

March 2016

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Michael Ruiz Joins UCare as Vice President of Provider Relations & Contracting



We welcomed Michael Ruiz to UCare on Feb. 15, 2016, as Vice President of Provider Relations and Contracting. Mike brings more than 15 years of health care executive experience in provider relations, contracting, network management and strategies to our provider management team.

Mike leads our provider negotiation activities and develops innovative Medicare and commercial value-based contracting arrangements. He also manages teams and processes to support improved operations and performance at UCare.

He reports to Mark Traynor, UCare's Senior Vice President of Provider Relations and Chief Legal Officer.

"Mike brings excellent experience and talents to UCare," said Mark. "Mike will serve the interests of our UCare members in all he does, while building strong relationships with our provider partners who deliver high-quality health care to our members across Minnesota every day."

"I am extremely pleased to join U Care and believe we are positioned for growth and innovation. I have always had great admiration for UCare's commitment to both our members and our provider partners," said Mike. "I am excited to join my new colleagues in capitalizing on the remarkable opportunity and unique culture to ensure that UCare remains an important part of the health care community."

Mike was most recently Vice President, Medicare Market Performance at UnitedHealthcare in Minnetonka, Minn. His responsibilities included overseeing value-based contracting analysis for incentive programs, addressing gaps in Medicare Star Ratings and improving medical cost performance for health plan members. He previously held leadership positions at Blue Cross Blue Shield of Minnesota, Medical Management, Inc., of Portland, Ore. and Banfield Pet Hospitals in the Twin Cities area.

MAFP Spring Refresher, April 14-15: See You There!

Stop by and see us at the 2016 Minnesota Academy of Family Physicians (MAFP) [Spring Refresher](#), which will be held April 14 - 15 at The Depot Minneapolis. The

conference offers the opportunity to update medical knowledge, acquire new skills, improve clinical practices and reinforce appropriate practices. See you there!

Reminder: Weekly Payment Cycle

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

UCare is returning to this payment frequency because of decreases in membership and claim volume 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](#).

Use of Unlisted CPT or HCPCS Codes

To facilitate the prompt adjudication of claims, providers are reminded to submit documentation with any claim that contains an unlisted CPT or HCPCS code.

Because an unlisted code can represent a wide variety of services, documentation should clearly indicate the procedure, service or supply that is being reported under the unlisted code. Documentation should also indicate why the procedure, service or supply was necessary.

Each section of the CPT book contains at least one unlisted code that represents a procedure or service for which a more specific CPT code, Category III code or HCPCS code does not exist. Many unlisted CPT codes end with "99" and are typically found at the end of each specific section of the manual, although there are numerous exceptions to that throughout the manual. Two examples of this include CPT code 49659, which represents an unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy, and CPT code 58579, which represents an unlisted hysteroscopy procedure, uterus.

Claims reporting an unlisted code that are submitted without accompanying documentation will initially be denied and returned to providers with a Claims Adjustment Reason Code (CARC) of 16 (*Claim/service lacks information or has submission/billing error(s) which is needed for adjudication*) and a Remittance Advice Remark Code (RARC) of M127 (*Missing patient medical record for this service*) indicating that documentation is required before the claim can be processed.

Refer to [Chapter 6](#), Claims and Payment, in the UCare Provider Manual for questions on submitting medical record documentation.

New in 2016: Helping UCare Members Quit Smoking Got a Little Easier

Effective January 1, 2016, tobacco treatment medication for UCare members in Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+), Minnesota Senior Health Options (MSHO) and *UCare Connect* (Special Needs BasicCare) is completely free.

Law changes passed during in the last legislative session waive copays for preventative services that are "A or B" rated by the U.S. Preventive Task Force. Examples include tobacco treatment counseling as well as medications and nicotine replacement therapies like patches, gum and lozenges. This means Minnesotans on Medical Assistance now have free access to quit smoking resources.

ClearWay Minnesota and the Minnesota Department of Health created a brochure called “You Can Afford to Quit” to help inform eligible Medical Assistance patients about this benefit. To order copies of the brochure fill out the form available [here](#). Go [here](#) for more information about the elimination of copays for quit-smoking treatments.

UCare continues to offer a free tobacco quit line to all of our members. Providers can refer patients to these one-on-one telephonic counseling services. Nicotine patches, gum or lozenges are also available to eligible UCare members at no charge when they call the tobacco quit line.

HOS and CAPHS Surveys on the Way!

The Centers for Medicare and Medicaid Services (CMS) administers two member surveys per year to monitor and help improve the quality of care provided to Medicare members. The Health Outcomes Survey (HOS) is administered April through the end of July; the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is administered mid-February through the end of May. Members are randomly sampled and may receive one or both surveys in the mail this spring. The surveys may look similar, but they collect different kinds of information.

In addition, DHS annually administers its own CAHPS survey. The DHS survey has the same core CAHPS questions as the CMS version, but it includes different supplemental questions. DHS sends its survey to a random sample of all state public program members: PMAP, MinnesotaCare, MSHO, MSC Plus, and *UCare Connect*. The CMS survey is sent to a random sample of Medicare (*UCare for Seniors*) Minnesota and UCare’s MSHO members. An MSHO member could potentially receive all three (two CMS and one DHS) surveys, but the likelihood of this is small.

- The HOS monitors the quality of care provided to Medicare beneficiaries by asking questions about a member’s health status over a period of time. Some of the information collected in the HOS relates to the following health conditions:
 - Physical and mental health status
 - Appropriate physical activity
 - Bladder control/urinary incontinence
 - Reducing the risk of falling

- The CAHPS survey gathers information on a member’s health care experience and satisfaction. Examples of information collected by the CAHPS survey include:
 - Overall health care and health plan satisfaction
 - Health plan customer service
 - Personal doctor and specialist satisfaction
 - Getting needed care and care without delays
 - Preventive services such as flu and pneumonia

Please encourage members to complete the survey(s) they receive and return the completed survey(s) in the stamped, addressed envelope provided with each one. Member responses offer important information that enables UCare to ensure our members are receiving high-quality care.

Documentation Improvement - Focus on Lists

An essential element in providing patient care is an accurate problem list and medication list. Electronic medical records have made creating these lists easier; however, they do present new obstacles. The overall value of a complete and accurate problem/medication list allows providers to quickly access a patient’s full health status while managing care. Lists also help identify patient populations that require additional services.

Keeping these lists updated can be complicated and time consuming, but the benefits far outnumber the negatives.

The problem list area of the medical record accurately records the patient's medical profile. Chronic or recurring medical conditions, active problems requiring medication and/or monitoring, and persistent symptoms that require consideration or intervention while providing medical care are part of a problem list. Lists can easily be pulled into a current visit note to help manage the patients' care. Simple notations added to this data pull can clearly notate the current status. Noting that a patient's COPD is being treated by Dr. Smith at XYZ Specialty Clinic or that their hypertension is well controlled on ABC medication quickly adds meaning to the list. Adding that a condition has resolved helps keep the list accurate from visit to visit. Past medical events that are important for patient care should be recorded as "history of," instead of noting the condition as "active." Examples of this are stroke, cancer, myocardial infarction, etc.

Medication lists are also an important part of a patient's medical record. There should be a clear understanding of why a patient is taking a prescribed medication. Assuming that a member is taking ABC to control their ZZ condition is not a reliable method since ABC can also treat their CC symptoms and their XX status. Another common problem is a listing for a medication when the patient has no indicated medical reason requiring this treatment. Clear notation indicating why a patient is on each prescribed medication reduces errors and confusion in patient care.

Make lists work for you and your colleagues. Take a few moments to update the lists, add a status notation in your current visit summary and note the condition a medication is treating. This will create an accurate review of your patient's medical profile and help you provide the best medical management for today and the future.

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.



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UCare's 2016
Service Area by
County

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P.O. Box 52
Minneapolis, MN
55440-0052

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Contact the newsletter staff: healthlines@ucare.org

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