

health lines

Monthly Provider Newsletter

UCare

September 2016

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Thank You, and Keep the Feedback Coming! Continuity of Care and Utilization Review Survey Now Open

Last month, we asked for your feedback on UCare's service and communications that primarily support timely and accurate payment. Many of you completed the Provider Experience Survey. Thank you! We are in the process of analyzing the results and will share what we learned next month.

Congratulations to the following office lunch winners! UCare will bring lunch for up to 20 people to their office soon as a "thank you" for their time and feedback.

- Dr. Pamela Peterson, LLC
- Kari Loisel, Human Development Center

Now our Clinical Services team is seeking feedback on UCare's processes related to continuity of care and utilization review. Earlier this week, you may have received an email invitation from Dr. Larry Lee, UCare Chief Medical Officer, to complete this survey. We would like to hear from office staff and/or practitioners who work with patients to coordinate care or submit utilization reviews.

Please take a few minutes to share your feedback with us by [clicking here](#). Upon completion of the survey, you can enter your office in a drawing to win one of three free lunches from UCare. Take the survey soon! It will close on Sept. 30, 2016.

Options for Verifying Member Eligibility and Benefits

UCare encourages all providers to verify patient eligibility and coverage before rendering services to avoid claim denials/rejections. To verify that an individual is an active UCare member, providers have three options available 24 hours a day, seven days a week:

- Use the Member Lookup page on the [UCare Provider Portal](#).
- Use the Interactive Voice Response (IVR) system by calling the Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free).
 - Have the individual's UCare member ID number and date of birth ready.

UCare Provider Website
www.ucare.org/providers

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

- For claim status inquiries, have your NPI number, UCare member ID, member's date of birth and the claim date of service ready.
- Access the 270/271 transaction via McKesson PCS Support. If your clearinghouse has not already done so, they can enroll with PCS to begin transmitting these transactions to your organization. Have your clearinghouse contact PCSSupport@Mckesson.com or call 1-877-411-7271 to begin the enrollment and provisioning process.

For Minnesota Health Care Program members, you can also use MN-ITS, the Minnesota DHS system for MHCP claims and other transactions. You must be MHCP-enrolled and registered with MN-ITS to use the system. If you have questions or need access to MN-ITS, contact the MHCP Provider Call Center at 651-431-2700 or 1-800-366-5411.

Please note that MN-ITS has the most current eligibility information and reflects changes in a member's eligibility *before* the health plan is notified. You should use MN-ITS to verify a patient's eligibility on the working day before or the day services are provided. MN-ITS indicates which health plan a patient is assigned to but does not include specific information such as primary clinic or member ID number. If UCare is the patient's health plan, you can use the UCare Provider Portal to obtain primary care clinic information and the member's UCare ID number.

A Transition in UCare's Behavioral Health Authorization Program

This is a reminder of the upcoming transition occurring in UCare's behavioral health authorization program. Effective Oct. 31, 2016, UCare will no longer use Beacon Health Strategies LLC ("Beacon") to perform utilization review of behavioral health prior authorization requests. While Beacon has been a good partner in performing utilization management functions on behalf of UCare for the past several years, we have decided to bring behavioral health utilization management functions in-house beginning in mid-October.

What Does This Mean For You?

- For the most part, this change will be seamless for you.
- This transition will be seamless for UCare members.
- There will be no change to the behavioral health/chemical dependency provider network as a result of this transition.
- You will continue to submit your claims directly to UCare for payment.
- You will continue to call the UCare Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (follow the prompts).
- Any changes to the prior authorization fax number will be communicated prior to the mid-October transition date, and the prior authorization forms will be updated accordingly.
- You will receive additional communications in October prior to the transition.

Again, we anticipate minimal impact as a result of this transition. We value your relationship and look forward to continuing to provide valuable care to our members. If you have questions about this transition, please contact the Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

Documentation Improvement: Focus on Major Depression

The general term depressed or depression has many clinical definitions that must be clarified in medical documentation in order to report the correct diagnosis. Simply documenting “depression” does not classify the severity of the illness and is often considered a minor symptom that requires little medical management. Clearly documenting the disease severity will support the level of complexity required for major depression management.

According to the *Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, five or more symptoms from the following list must be present during the same two-week time period to classify the condition as major depressive disorder.

- Depressed mood or irritable – most of the day, nearly every day by subjective report or observation of others
- Loss of interest or pleasure in all or most activities, most of the day
- Change in sleep - Insomnia or hypersomnia
- Significant weight change or change in appetite
- Change in activity - Psychomotor agitation or retardation
- Fatigue or low energy
- Diminished concentration or indecisiveness
- Feelings of worthlessness or excessive or inappropriate guilt
- Recurrent thoughts about death or suicidal ideation

If your patient meets the above criteria the following must be documented:

- Define the depressive episode as single or recurrent.
- Note the depression severity: Mild, Moderate, Severe, With or without psychotic features.
- Indicate the clinical status of the current episode: Partial remission, Full remission.
- Add specific findings indicating depression: PHQ-9 score.
- Tell if the depression is in combination with another condition: Anxiety, Substance Abuse, etc.
- Provide treatment and follow-up plan.

Completely documenting the above will result in the appropriate diagnosis and ICD-10-CM code assignment that indicates the severity of illness, risk and resource utilization needed for patient management. Good documentation represents the provider’s thought process in managing the health status of their patients.

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