

health lines

Monthly Provider Newsletter



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UCare Provider Website
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Provider Assistance Center
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April 2017

UCare prepares for MinnesotaCare and Medical Assistance expansion

UCare is making preparations to begin serving an estimated 165,000 additional members of Prepaid Medical Assistance Program (PMAP) and MinnesotaCare in Minnesota on May 1, 2017. Minnesota Department of Health (DHS) invited UCare to help fill the coverage gap created by the withdrawal from this service by another Minnesota health plan, effective April 30, 2017. Under amended contracts with DHS, UCare will offer MinnesotaCare in 55 counties and PMAP service in 38 counties.

UCare currently serves approximately 12,000 PMAP and MinnesotaCare members in Olmsted County.

More Information

UCare has created an informational web page to assist with the transition. It can be found at

www.ucare.org/HealthPlans/Pages/StatePublicProgramExpansion.aspx.

UCare is working closely with DHS to smoothly transition care for impacted recipients. We are also partnering with providers to ensure you have the tools and information you need during this transition. Watch your email and our [Provider Website](#) for Provider Bulletins and other information in the coming weeks.

Taxonomy code requirements now in effect for claims payment

Professional and facility claims began rejecting on March 1, 2017, when billing and rendering or attending taxonomy is not properly reported. When providers submit NPI(s) anywhere on a claim, the corresponding taxonomy must also be submitted. Provider types that do not submit NPI do not need to submit taxonomy on claims to UCare.

When billing and rendering/attending NPI is included on a claim that may be coordinated with UCare coverage, the corresponding taxonomy must be included in order for UCare to process the claim. Claims that are coordinated with UCare coverage and do not have taxonomy reported, when applicable, will be rejected.

The taxonomy code(s) submitted must be registered with the corresponding NPI in the Centers for Medicare and Medicaid Services (CMS) [National Plan and Provider Enumeration System](#) (NPES), and it must closely align with the services being

provided. It is important that providers regularly verify and update their enumeration with CMS. Please confirm the taxonomies linked to your CMS enumeration are up to date and accurately reflect the provider specialties billed under each NPI.

When a claim is rejected due to taxonomy not being properly reported, a provider may see the rejection or error category of A6 (The claim/encounter is missing the information specified in the status details and has been rejected) and error code 145 (Entity's specialty/taxonomy code) on their 277CA, rejection report from their clearinghouse. To avoid payment delays on these claims, add taxonomy to the claim and resubmit it to UCare.

More information about the taxonomy code requirement is available in the [Provider Bulletin](#) and [Frequently Asked Questions](#) that were sent to providers earlier this year.

UCare's medical and behavioral health utilization criteria - medical necessity hierarchy

UCare or delegated approval authorities use written medical necessity review criteria based on clinical evidence to make authorization decisions. UCare uses a hierarchy of medical necessity clinical decision support tools and published criteria when evaluating medical necessity.

This hierarchy is product specific.

Medicare products (*UCare for Seniors, EssentiaCare*)

Medical:

- McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.
- Written criteria developed and published by Medicare: National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).
- UCare Medical Policy when InterQual and the regulatory criteria established by Medicare are not met.

Behavioral health:

- McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.
- Written criteria developed and published by Medicare: National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).

Dual integrated products (*Minnesota Senior Health Options and UCare Connect + Medicare*)

Medical:

- McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.
- Written criteria developed and published by Medicare: National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).
- Minnesota Medicaid medical necessity criteria.
- UCare Medical Policy may be used for decision-making for state and federal programs when InterQual and the regulatory criteria established by Medicare or Minnesota Medicaid are not met.

Behavioral health:

- McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.

- Written criteria developed and published by Medicare: National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).
- Minnesota Medicaid medical necessity criteria.

State Public Programs products (*UCare Connect (SNBC), Prepaid Medical Assistance Program, MnCare and Minnesota Senior Care Plus*)

Medical:

- McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.
- Minnesota Medicaid medical necessity criteria.
- UCare Medical Policy may be used for decision-making for state and federal programs when InterQual and the regulatory criteria established by Minnesota Medicaid are not met.

Behavioral health:

- McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.
- Minnesota Medicaid medical necessity criteria.

The Exchange (*UCare Choices, Fairview UCare Choices*)

Medical:

- McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.
- UCare medical policy, which supports decision-making of medical necessity determinations.

Behavioral health:

- McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.

For more information, please see the Medical Necessity section of [UCare's Provider Manual](#).

UCare's Medication Therapy Management program

UCare offers a Medication Therapy Management (MTM) program for eligible members with multiple chronic disease states and medication therapies. Administered by Outcomes MTM, our MTM program uses community pharmacists, a telephonic team and other channels to assess and address potential drug-related problems. These pharmacists collaborate with prescribing providers to ensure members are on a safe drug regimen and are taking prescribed therapies as intended.

As part of the MTM program, pharmacists may:

- Conduct a comprehensive medication review of prescription and nonprescription medications to identify concerns and improve patient understanding of medication therapies.
- Counsel on appropriate medication to use to support adherence to critical therapies.
- Reconcile medication lists post-hospital discharge.
- Recommend ways to manage side effects, resolve adverse drug events or close gaps in therapy.
- Identify cost-savings opportunities according to the plan formulary.

When MTM pharmacists identify potential drug therapy problems or cost-saving opportunities, they will consult the prescribing provider to determine if a change in therapy is appropriate. Providers can also assist members by:

- Reviewing and responding to pharmacist inquiries and recommendations.
- Encouraging members to talk to their pharmacist about their medications.

- Advising members to share their discharge medication list with their preferred pharmacy.

If you have any questions about the MTM program or would like additional information, please contact Outcomes MTM at 1-877-237-0050.

STI annual testing day

As part of Sexually Transmitted Infections (STI) Awareness Month in April, Community Restoring Urban Youth Health (CRUSH) is planning its 3rd annual STI Testing Day on Tuesday, April 25. On that day, low-cost and/or no-cost, youth-friendly, walk-in STI testing services will be available across the state. The organization is hoping to get as many clinics, health centers and school health services as possible to participate.

Coordinating services in this way helps to bring awareness to the need for STI testing, decreases the stigma of seeking sexual health services, and connects teens and young adults to clinics for on-going care. This statewide testing can serve as a call to action for youth, empowering them to take control of their sexual health.

Join us in promoting CRUSH's STI Testing Day. More information is available at www.crushsti.com.

UCare to launch member outreach campaign promoting annual wellness exams

In the coming weeks, UCare Customer Service will be contacting members to encourage them to see their primary care physician at their preferred clinic for an annual wellness exam. Members will have the option to schedule an appointment on their own or stay on the line while the Customer Service representative calls the provider's appointment scheduling team. This program has been successful in encouraging UCare members to address their health status while using zero-cost benefits.

Documentation improvement: focus on quality documentation

The importance of quality documentation can never be underestimated. Documentation records your patient's medical conditions, progressions and management. The chart also supports the work performed in establishing a diagnosis and treating the patient. Sounds simple enough, but with the multiple asks providers are facing, documentation has suffered a significant decline in quality.

You may have heard the saying, "If it's not documented, it wasn't done." No truer words have been spoken. Yet, with all of the technology available, quality documentation is becoming extinct. Following a few simple tips will help keep your documentation off the endangered species list.

- **Diagnosing from a drop down list** – Technology makes looking up a diagnosis and associated ICD-10-CM code easy, but often, the least specific or unspecified code is listed first. Take an extra moment to scroll through the listing to select the most appropriate diagnostic wording to accurately reflect the patient's condition.
- **Diagnosing from a problem list** – Again, technology makes it easy to pull forward the patient's active problem list. Make sure the list is accurate and represents the specificity needed to reflect the condition(s).
- **Limiting the number of diagnoses** – There is truly no limit to the number of conditions that you can document, even if there is a limit to the number listed on a claim. Document not only the

main reason for the visit but all conditions that were evaluated, assessed, monitored or taken into consideration when treating the patient at the visit.

- **Medical history** – A patient’s history can have significant impact on his or her medical management. Make sure you reflect conditions in the current status. Often historical conditions are documented and coded as current conditions and vice versa.
- **Chronic conditions** – Each time a condition is managed, it should be documented. There are often times when a chronic condition exists silently with no current medical needs. This doesn’t mean that the condition is resolved, and at a minimum, it needs a yearly assessment.

Coding rules and health care regulations may change on a continual basis, but quality documentation remains the solid foundation to support these changing needs. Take a moment to accurately reflect your patients’ health and your management. This not only supports claims but it also ensures that your patients are receiving the appropriate care.

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