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Coming soon: Enhanced prior authorization forms for Elderly Waiver (EW), genetic testing and personal care assistant (PCA) providers

Effective July 10, 2017, UCare will launch enhanced prior authorization forms for EW services, genetic testing and PCA services. The form enhancements will ensure that all of UCare's prior authorization forms have a similar look and feel, provide clear instructions for what is needed to efficiently process requests and reduce the amount of administrative time for the provider community.

The EW and PCA forms have been reorganized and updated based on provider and UCare staff feedback. The Genetic Testing Prior Authorization Form is a brand new, service-specific form designed to capture the unique data elements UCare needs to complete the prior authorization review for this set of services.

Thank you to the providers who took time out of their busy schedules to provide us with feedback and suggestions!

Watch UCare's provider website for links to the updated forms on July 10, 2017!

If you submit prior authorization requests to UCare for EW services, genetic testing or PCA services, please share this information with all staff members who currently complete and submit these forms. On July 10, 2017, please start using the new, enhanced forms and shred any previous versions to avoid confusion. Thank you!

Taxonomy codes required on crossover claims

UCare has been rejecting claims submitted directly to UCare that do not have taxonomy properly reported since March 1, 2017. Beginning June 15, 2017, UCare will begin rejecting claims that need to be coordinated with UCare coverage (e.g., COB, Medicare crossover claims) that do not report taxonomy.

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

Additional information about the taxonomy requirement on crossover claims is available in the May 30, 2017, Provider Bulletin.

UCare Provider Website
www.ucare.org/providers
Provider Assistance Center
612-676-3300
1-888-531-1493 toll free

Updated information on submitting a Provider Assurance Statement for Telemedicine form

In the Provider Bulletin dated Feb. 23, 2017, UCare provided instructions related to the submission of Provider Assurance Statement for Telemedicine forms. UCare has since updated its requirements regarding submission of these forms.

As previously stated, to be eligible for reimbursement, providers must self-attest that they meet all of the conditions of the UCare telemedicine policy. However, moving forward, this requirement can be met either by:

1. Completing and submitting the UCare Provider Assurance Statement for Telemedicine form or
2. Sending UCare a copy of the Provider Assurance Statement for Telemedicine form that was submitted to DHS.

Please fax either form to 612-676-6501--ATTN: CLAIMS SUPPORT to satisfy the assurance form requirements for both Minnesota Health Care Program (MHCP) and Commercial products (only one form is needed).

Additional information is available in the UCare Provider Manual.

Antidepressant Medication Management and Follow-Up after Hospitalization improvement projects

In compliance with federal and state regulations, UCare participates in Performance Improvement Projects (PIP) for State Public Programs and Quality Improvement Projects (QIP) for Medicare. UCare collaborates with other Minnesota health plans on these projects. Below are the descriptions of the mental health PIPs and QIPs that UCare is currently engaging in with our members and providers. Additional information about these projects is available on the UCare Quality Programs web page.

Prepaid Medical Assistance Program and MinnesotaCare Antidepressant Medication Management (AMM) PIP

Purpose: To improve the rate of the UCare non-white population that is compliant with the HEDIS AMM Continuation Phase measure.
Goal: Increase the AMM rate by 6%.
Timeframe: January 2015-December 2017

***UCare for Seniors*, Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) AMM QIP**

Purpose: To improve the rate of compliance for UFS, MSHO and MSC+ members with the HEDIS AMM Continuation Phase measure.
Goal: Increase the AMM rate by 6% for MSHO and MSC+, increase by 3% for UFS.
Timeframe: January 2016-December 2018

***UCare Connect* Follow-Up after Hospitalization (FUH) PIP**

Purpose: To increase the HEDIS FUH measure for *UCare Connect* members.
Goal: Increase the FUH rate by 7%.
Timeframe: January 2015-December 2017

How can you help?

You can help by ensuring that members are adherent to antidepressant medications and that they receive appropriate and quality follow-up after hospitalization for a mental illness.

The Collaborative of Minnesota health plans that are working on these PIPs and QIPs have created a Provider Toolkit for providers and care coordinators that includes best practices for depression care, mental health resources and cultural competence. The Collaborative has also hosted several webinars to assist providers with providing mental health services to older adults and racial and ethnic minorities. Each of these tools and resources can be found at http://www.stratishealth.org/pip/antidepressant.html.

We look forward to continuing to work to improve the delivery of mental health services to our members and thank you for your support and efforts in this important area of health care.

Twin Cities Mobile Market

Twin Cities Mobile Market is a grocery store on wheels that brings affordable, healthy food directly into under-resourced neighborhoods. It fills a gap between food shelves and full-service supermarkets by providing a wide selection of fresh foods at or below market prices in areas where access to healthy food is limited. The Twin Cities Mobile Market now has recently added a second bus, expanding its ability to serve under-resourced neighborhoods in Saint Paul and other Twin Cities neighborhoods. The Mobile Market is now serving 33 stops in the Twin Cities.

Share this schedule with your patients who live in the Twin Cities and may need access to affordable, healthy food.

Submitting medical record documentation

UCare needs your help in making your medical records easier to read. We have been receiving electronic medical records with a 6 to 8 point font size on the text. This makes the notes almost impossible to read, even with a good pair of “cheater” glasses.

Please ensure any electronic medical records you send are at least 200 DPI. DPI stands for “dots per inch” and 200 is the setting that will allow the highest resolution of the print that is transmitted. Using a 200 DPI setting will allow records to be easily read. This is especially important when documentation is being reviewed to determine whether it supports the service(s) billed. Usually, your Information technology team can assist you with changing the DPI.

Check with your Medical Records area and ask them to use 200 DPI when sending medical records to UCare. Records that are sent in a format that compromises the legibility of the document may be returned or the associated claim may be denied. Thank you for your help!

Depression in older adults webinar

Please join us for the webinar Senior Matters – Depression in Older Adults on Monday, June 19 from 11 a.m. to 12:30 p.m. The webinar is being led by Kay King, Older Adults Program Coordinator and Community Educator at the National Alliance on Mental Illness (NAMI) Minnesota. Kay will address risk factors, warning signs, stigma, treatment, recovery and resources for depression in older adults. This information may be helpful in working with patients coping with depression. Click here to register.

Documentation improvement: Common diagnosis coding errors

Diagnosis documentation is a critical factor when documenting an office visit. The diagnosis is the reason why the visit occurred and substantiates the level of medical decision-making involved in assessing and planning treatment. Unfortunately, the associated ICD-10-CM code is often inaccurate. Here are a few common coding errors and solutions for correcting them:

Error: The diagnosis code assigned does not match the documentation.
Resolution: Review the current status of the patient and select the diagnosis that most clearly represents the diagnosis and status. An example of this error is a patient has a history of CVA 2 years prior with no residual effects and an acute CVA diagnosis code is assigned, or patient had a partial foot amputation due to diabetes last year and a traumatic amputation code is assigned. ICD-10-CM contains a code grouping for "Factors Influencing Health Status and Contact with Health Services" that would be used to report these examples.

Error: The diagnosis code is more specific than the documentation.
Resolution: Completely document the specificity of the condition. An example of this error is when the documentation only states "depression" and the associated diagnosis code is for major depression, recurrent, moderate. The documentation and code selection must match.

Error: An unspecified diagnosis is assigned when documentation support higher specificity.
Resolution: This is the opposite of the above error. The documentation clearly states a specific chronic condition but the unspecified code is associated. An example of this is reporting E11.9-Type 2 diabetes mellitus without complication, when the documentation clearly states DM 2 with circulatory issues.

Error: Coding history of a disease, when the condition is still active.
Resolution: Clearly document any condition being assessed and/or treated during the visit. If the condition is listed in the past medical history but the patient is taking a medication to treat, it creates confusion for determining the disease state and assigning the appropriate diagnosis code. A common example of this error is found for cancer codes when patients are still receiving active management (medication, radiation, etc.).

Complete documentation is the best method for capturing the provider's work and the health status of the patient. Diagnosis documentation is key to establishing complete documentation and reducing common coding errors.

UCare Provider Website
www.ucare.org/providers

UCare
P.O. Box 52
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55440-0052

Provider Assistance Center
612-676-3300
1-888-531-1493 toll free
Contact the newsletter staff: providernews@ucare.org

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