

health lines

Monthly Provider Newsletter



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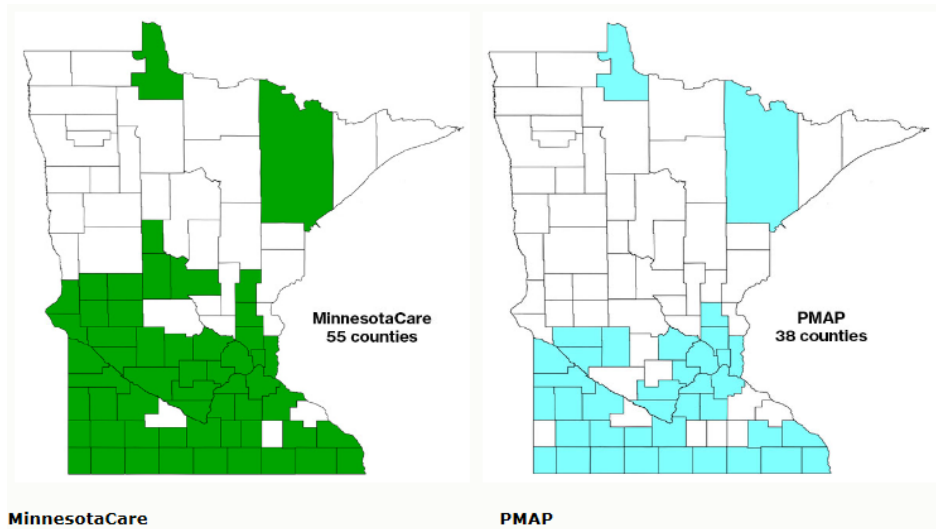
March 2017

UCare to expand MinnesotaCare and Medical Assistance services in Minnesota

On May 1, 2017, UCare will begin serving an estimated 165,000 additional members of Prepaid Medical Assistance Program (PMAP) and MinnesotaCare in Minnesota. 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.

UCare PMAP & MinnesotaCare Expansion Counties



More Information

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

<https://www.ucare.org/HealthPlans/Pages/StatePublicProgramExpansion.aspx>.

UCare is currently working closely with DHS to smoothly transition care for impacted recipients. We will keep providers updated about the PMAP and MinnesotaCare expansion in future monthly provider newsletters (*health lines*), on our [Provider Website](#) and in Provider Bulletins.

Taxonomy code requirements now in effect for claims payment

Starting March 1, 2017, professional and facility claims will reject 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.

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](#) (NPPES), 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.

Rejected claims will be reported to providers by their clearinghouses on acknowledgement or 277CA reports. These reports indicate if a claim was accepted into or rejected from UCare's claim payment system. The report also indicates why a claim was rejected.

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). 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 replaces modifier for submitting separately payable laboratory tests for State Public Program members

Effective March 1, 2017, outpatient claims for UCare's State Public Programs (PMAP, MSC+, MinnesotaCare and Special Needs BasicCare (SNBC) or *UCare Connect*), modifier -59 must be appended instead of -L1 to the laboratory service to indicate these are the only services submitted on the claim and are eligible for separate payment. If the -59 modifier is not appended to stand-alone laboratory services, the service line will pay at zero.

Modifier -59 must be appended to laboratory services in this situation only. Previously, separately payable laboratory services were identified by the -L1 modifier. The -L1 modifier is no longer a valid modifier as of January 1, 2017.

New provider appeal process and form

UCare will implement a formal provider appeal process effective April 1, 2017. When a provider is requesting an adjustment, recoupment or appeal on a claim, the new, universal [Claim Reconsideration Request Form](#) must be thoroughly completed and submitted to UCare along with additional documentation to support the appeal request.

Providers must begin using the new form for appeals, adjustment and recoupment requests by April 1, 2017. The previous Adjustment/Recoupment Request Form will no longer be accepted after April 1, 2017. If the previous form is submitted to UCare after April 1, 2017, it will be returned immediately to the provider via the method it was received and no action will be taken on the request until the new Claim Reconsideration Request Form is submitted.

UCare will review claim appeal requests upon receipt and a determination will be made within 60 calendar days. After review, providers will receive a written notice of appeal determination. For more detailed information regarding the provider appeal process, please refer to the [UCare Provider Manual](#), Claim Adjustments section, page 10-5.

Health Outcomes Survey (HOS) highlight: Improving or maintaining mental health

In the next few months, many *UCare for Seniors* and MSHO members will receive the Health Outcomes Survey (HOS) required by the Centers of Medicare and Medicaid Services (CMS) for all Medicare Advantage plans. The HOS measures UCare on how often our members are discussing health prevention with their providers and improving or maintaining their mental and physical health. We will highlight some of these topics in *health lines* from time to time.

Improving or Maintaining Mental Health

This question measures the percentage of members whose mental health was the same or better than expected after two years. To measure mental health the survey asks these three questions:

1. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
 - Accomplished less than you would like.
 - Didn't do work or other activities as carefully as usual.
2. During the past 4 weeks, how often have you:
 - Felt calm and peaceful?
 - Had a lot of energy?
 - Felt downhearted and blue?
3. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

According to the Centers for Disease Control and Prevention, providers may mistake an older adult's symptoms of depression as a natural reaction to illness or the aging process. As a result, older adults are often misdiagnosed and undertreated.

During medical visits, be sure to discuss mental health with members and look for signs of depression. There are many resources to assist you in caring for members with depression.

- MSHO and MSC+ members are assigned health plan care coordinators who can assist with locating and arranging needed services. Call 612-676-6622 for MSHO and MSC+ care coordination.
- Mental Health Minnesota has a page on [services for seniors](#).
- The health plan collaborative [provider toolkit](#) includes numerous resources on depression care.

Documentation improvement: Focus on "history of"

Medical record documentation needs to be an accurate reflection of a patient's overall health profile. It provides the foundation for current and future medical care. A single word or phrase can completely

change the meaning of a patient’s condition. The phrase “*history of*” is an example of this difference in meaning.

Listing a condition as “*history of*” indicates the condition has resolved and is no longer requiring medical management. This error can occur within the visit note documentation or in a problem/past medical history listing. Providers can make this error in one of two ways; by documenting a past condition as active or by documenting an active condition as historical.

Here are a few office visit examples:

Incorrect Documentation	Correct Documentation
H/O PVD	PVD – refilled statin, continue exercise plan
History of COPD, albuterol refilled	COPD – stable on albuterol
H/O Depression	Major recurrent depression in remission
Stroke, improved balance	History of stroke – balance improved
History of CHF	CHF – refilled ACE inhibitor, follow low sodium diet
History of Breast Cancer	Breast Cancer – continue tamoxifen

Remember to document the diagnoses accurately and in the appropriate context. Active conditions need to be clearly identified, even those that coexist at the time of an acute illness. This clarification will increase documentation accuracy and enhance patient care.

Practitioner’s rights related to the credentialing process

UCare wants providers to know what their rights are when they are becoming a credentialed practitioner with us. Credentialed practitioners have the right to:

1. Review the information submitted in support of their credentialing application;
2. Correct erroneous and/or discrepancy information that varies substantially from the information verified during the credentialing process; and
3. Be informed, upon request, of the status of their credentialing application.

For more information on this process, refer to the **Provider Credentialing** (Practitioner’s Rights) section of the [Provider Manual](#).

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.

After you've subscribed, make sure your workplace email security doesn't mark the messages as spam or send them to your junk email folder. To make sure you keep receiving *health lines* and other provider communications from UCare, please add providernews@ucare.org to your safe senders list. Each email program has different ways to do this, so check with your IT department or email provider for instruction.

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