

health lines

Monthly Provider Newsletter



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

May 2017

Transition resources for providers

Thank you for helping to ensure a smooth transition for the more than 180,000 new UCare Prepaid Medical Assistance Program (PMAP) and MinnesotaCare members who joined our health plan on May 1. UCare has prepared several resources to assist providers with questions about eligibility, authorizations, continuity of care, in-network referrals, claims, behavioral health services and more.

You can find general information about the PMAP and MinnesotaCare expansion, including a list of expansion counties, at

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

The [April 24, 2017, Provider Bulletin](#) highlights key information to help all providers navigate the transition. Behavioral Health providers will find guidance related to providing behavioral health services to new PMAP and MinnesotaCare members in the [May 1, 2017, Provider Bulletin](#).

As always, we are committed to helping you help our members. Please watch for additional updates in your inbox, on the [UCare provider website](#) or in upcoming issues of *health lines*.

Providers encouraged to use self-service options

UCare offers several self-service options to assist providers in obtaining member eligibility and claim information. If possible, please try to obtain the information you need from one of the following resources before you call the Provider Assistance Center (PAC).

[UCare Provider Portal](#): Check member eligibility, claims and authorization status.

Interactive Voice Recognition (on PAC line 612-676-3300 or 1-888-531-1493): Verify eligibility and check claim status.

[270/271](#): Inquire about Eligibility and Benefits inquiries.

[276/277](#): Check Claim Status.

UCare's MSHO Model of Care trainings for providers

Members of UCare's Minnesota Senior Health Options (MSHO) product face a host of unique challenges and barriers to getting the care they need. Challenges can

include a high prevalence of acute and chronic medical conditions, advancing age, geographic location and several others.

UCare's MSHO product is designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

A key component of the MSHO product is the assignment of a care coordinator to every MSHO member, who coordinates care for the member and acts as a liaison with the member's care providers.

UCare provides training on our Model of Care (MOC) to our providers. The training promotes understanding of the MSHO care coordination model and how care coordinators can assist providers in coordinating services and supports for MSHO members.

UCare offers provider training on our MSHO MOC in a variety of ways:

- An audio recording and PowerPoint presentation of MOC training posted on UCare's website.
- In-person presentations at select provider offices and available upon request.
- MOC brochure mailed to select provider offices and available upon request.
- MOC information in new provider orientation packets and on our website.

Please contact us at clinicaliason@ucare.org for more information about our MSHO MOC training.

Health Outcomes Survey highlight: Improving bladder control

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 Bladder Control

This question measures the percentage of members whose bladder control was the same or better than expected after two years. To measure bladder control, the survey asks these four questions:

- In the past six months, have you experienced leaking of urine?
- How much did leaking of urine make you change your daily activities or interfere with your sleep?
- Have you ever talked with a doctor, nurse or other health care provider about leaking of urine?
- There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse or other health care provider about any of these approaches?

Be sure to discuss urinary incontinence and treatment options with all Medicare members. Urinary incontinence can be a sensitive topic to discuss with your patients. However, it's important for improving their quality of life and identifying other health concerns.

Behavioral Health practitioners must be eligible with Medicare

Please be aware that according to Centers for Medicare and Medicaid Services (CMS) regulations, you must be an eligible Medicare practitioner to provide Outpatient Psychiatry and Psychology Services to *UCare for Seniors* and *EssentiaCare* members. Please refer to the [Local Coverage Determination \(LCD\) for Psychiatry and Psychology Services - L33632](#).

If your Medicare eligibility changes, please update your information with UCare by filling out the appropriate Demographic Change Request form located under Provider Profile at www.ucare.org/providers. Please allow 45 business days for your request to be completed. UCare will verify the request and make any applicable license/degree demographic changes.

The effective date of the change will be the date UCare's staff can verify the practitioner's correct degree level. Once the changes have been made in UCare's billing system, notification will be sent to the person that filled out the Demographic Change Request form.

Please note claims for covered services will not be paid until the practitioner profile updates are made in our system.

Documentation improvement: Focus on COPD

Chronic obstructive pulmonary disease (COPD) is a group of chronic lung diseases that restrict airflow making it difficult to breathe. The most common diseases that are categorized under the COPD umbrella term are emphysema, chronic bronchitis and chronic asthma. With multiple diseases encompassed by the COPD term, it is important to document some additional information to help clearly define the patient's condition.

The following is a list of items to consider and document when treating COPD:

- **Type** – Define the type of COPD that the patient has. For example: Smokers' cough/Simple chronic bronchitis or chronic asthmatic bronchitis.
- **Severity** – Chronic, acute exacerbation, hypoxia, etc.
- **Circumstance** – Document any medical or social conditions that are influencing the status of the patient's COPD.
- **Infection** – Notate any current respiratory infections.
- **Cause** – Include any external agents that are causing or exacerbating the condition. For example: fumes, ventilation system, dust, etc.
- **Substance use/Exposure** – Document any known tobacco use, dependence, history or exposure.

COPD documentation should be clear, concise, consistent and complete to accurately reflect the patient's health and your medical management. A few extra moments to fully document the condition's specificity and medical treatment plan will improve clinical communication, support medical necessity and improve patient care.

Did you know: UCare's Medicare Advantage Plans waive the "SNF 3-Day Rule"?

Medicare requires that beneficiaries must have a prior inpatient hospital stay of no fewer than three consecutive days in order to be eligible for Medicare coverage of inpatient Skilled Nursing Facility (SNF) care. This requirement is referred to as the "SNF 3-Day Rule."

Unfortunately, it is all too common to hear about individuals who suddenly discovered they needed to make an up-front payment of thousands of dollars to a SNF even though they'd been in a hospital for three days. While in the hospital, they may have been on "observation status" for a day or two, and not officially admitted as an inpatient until the following day.

However, members in a UCare Medicare Advantage plan (*UCare for Seniors* or *EssentiaCare*) will not face this concern. *UCare for Seniors* and *EssentiaCare* are some of the few health plans in Minnesota that waive the 3-Day Rule. Both plans' Evidence of Coverage state the SNF benefit clearly:

“No prior hospitalization required – With our *UCare for Seniors/EssentiaCare* plan options, we waive the three-day Medicare-covered hospital stay that is required by Original Medicare and many of our competitors. This means you may have access to coverage in more situations that occur.”

Although members may be subject to some cost-sharing for inpatient and outpatient services and stays, and SNF stays, they will not be surprised with a big up-front payment when being referred to a SNF for Medicare-qualified care after a hospitalization.

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