

# health lines

Monthly Provider Newsletter



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October 2017

## UCare Board names Mark Traynor as President and CEO *UCare veteran provides stable and forward-looking leadership*

UCare's Board Chair, Macaran Baird, M.D., announced that the Board's Executive Search Committee selected Mark Traynor, current Interim President and CEO as the organization's permanent President and CEO. Traynor's appointment follows a six-month period as interim leader. During that time, he led the organization through significant growth with the return of state public program members. Traynor and the management team also provided strategic direction for transforming UCare's digital presence, operational processes and platforms.

Traynor held leadership roles at the not-for-profit health plan for 18 years. He is a key member of the senior leader team, instrumental in leading UCare's strategic planning. Traynor was most recently UCare's Senior Vice President of Provider Relations and Chief Legal Officer responsible for leading the provider relations, legal, compliance and internal audit of the organization. He was previously UCare's General Counsel/Chief Legal Officer and served as Secretary of the Board. Prior to joining UCare, Traynor held executive and legal positions at the Minnesota Attorney General's Office and the Minnesota Department of Human Services. In 2015, he received the Minnesota Law Review Distinguished Alumni Award.

"I am very pleased about this new direction for UCare," said Dr. Baird. "Mark is the right leader for the organization at this time. His deep knowledge of Minnesota health care and strong commitment to UCare's mission and member focus enable him and senior management to lead the organization into an era of growth and success."

Traynor is excited to move the organization forward. "UCare strives to be the market leader in serving Medicare enrollees, those eligible for Medicaid and adults with disabilities while continuing to grow opportunities for individuals and families to access our high-value, responsive health plans and services," he affirms. "It's an honor to lead the committed UCare team who go the extra mile to serve our members."

Throughout its 33 years, UCare has focused exclusively on serving the health care needs of Minnesota's individuals and families. As the state's fourth largest health plan, the organization is poised to grow through continued expansion of state public program service, and a portfolio of competitive Medicare, individual marketplace and disability plans across the region. UCare is committed to providing the best health plan experience in the marketplace for our providers and looks forward to continuing to strengthen our partnerships with our provider community.

## UCare launches new prior authorization forms for General Services and Pre-determination Requests

On Oct. 2, UCare launched enhanced prior authorization forms for **General Prior Authorization Requests** and **Pre-Determination Requests (Medicare only)**. The form enhancements will ensure that all of UCare's prior authorization forms have a similar look and feel and provide clear instructions. This is phase two of a multi-phase project to improve our provider-facing forms. In July, UCare shared enhanced prior authorization forms for Elderly Waiver, Genetic Testing and PCA.

The forms have been reorganized and updated based on provider and UCare staff feedback. Until now, General Requests and Pre-determination Requests were submitted on the same form. Since the criteria and needs differ, we created the Pre-determination Request form to capture the unique data elements UCare needs to complete the review. By having a separate form, we could also enhance the General Request Form.

As we transition to the new form, UCare's Clinical Services team will reach out to providers who submit requests on the old forms to inform and remind them to use the new forms.

The updated forms are now available on [UCare's Provider Website](#). Please notify the staff members in your office that the new forms are available so they can begin using them and avoid confusion.

## RelayHealth customer service number to change

On Nov. 1, 2017, one of UCare's electronic claims submission trading partners, RelayHealth, will change its customer service number for providers. On that date, please use the following contact information:

RelayHealth  
1-866-735-2963 (select option 1, Customer Support)  
[support@relayhealth.com](mailto:support@relayhealth.com)  
[www.relayhealth.com](http://www.relayhealth.com)

This information will be updated on UCare's Provider Website and in the Provider Manual on Nov. 1. More information on UCare's [Resources for Electronic Transactions](#) is available on our website.

## Non-residential medication-assisted treatment (MAT)

If you submit claims to UCare for **non-residential** medication-assisted treatment (MAT) for methadone (HCPCS code H0020) for state public program (SPP) members, you need to do the following to ensure timely and appropriate processing of those claims.

- Submit claims on a CMS 1500 claim form (or 837P electronic equivalent).
- Report the appropriate HCPCS code with the place of service where the medication was distributed (for example: POS 11 – office or POS 22 – outpatient hospital department) on the first line of the claim with the corresponding date of service.
- Report the appropriate HCPCS code on a single claim line with POS 12 (home) for each subsequent date of service. Claims for multiple dates of service cannot be submitted on a single claim line with a date span. There should be one claim line for each date of service for which a dose of medication was provided.

The [DHS MHCP Provider Manual](#) offers clear direction on how to submit claims for this service. Refer to the chapter on Alcohol and Drug Abuse Services. Under the section titled "Billing," there is a table in a sub-section titled "Revenue and Procedure Codes." This provides the appropriate HCPCS code(s) to

report, and there is an example of how a CMS 1500 (837P) claim for non-residential MAT services should be submitted.

Claims submitted with date spans will be denied and returned to the provider.

## Real-time Part D vaccine claims

Physicians who see UCare members have access to an electronic claims adjudication portal called TransactRx that allows them to electronically submit vaccine claims for their patients. By submitting the claims electronically, the patient is charged the same copay that they would receive at a retail pharmacy at the time of service, and the physician is reimbursed for their cost in a timely manner. There is no need to submit a claim form to UCare, and with real-time copayment information, there's no invoicing and collecting from the patient.

This is a voluntary process for the physician offices administering Part D vaccines to UCare members. If a physician's office or clinic prefers the current method of billing UCare directly, that process is still available.

### Processing of vaccine claims via UCare and TransactRx

- The physician or office manager logs onto the TransactRx portal to check patient eligibility and verify UCare is the appropriate Part D plan to bill.
- A UCare member is administered a Part D eligible vaccine.
- The physician office manager submits the member's claim to TransactRx. Vaccine claims are adjudicated electronically to UCare's Pharmacy Benefit Manager (PBM).
- The PBM processes the claim and TransactRx returns the member's out of pocket cost information to the physician's office.
- The physician collects the out of pocket cost from the member.
- TransactRx reimburses the physician for the submitted cost less member's out of pocket cost.

### Registration, training and reporting

To use the TransactRx claims submission portal, physicians will need to enroll with POC Technologies at: <http://www.transactrx.com/physician-vaccine-billing>.

The online application asks for the physician's current DEA #, NPI # and Medical License #. Once submitted, POC Technologies will run both a DEA and OIG check on the physician. This process generally takes less than 24 hours. When the application is accepted, two emails will be sent: one for acceptance and one with activation information.

POC Technologies offers free, one-hour training sessions of their portal each week. See the portal for the current schedule. Physicians and their staff members may attend as many sessions as they need. Individual training is also available upon request.

Physicians who need to track vaccine claims trends and reimbursement for claims will be able to so with TransactRx, as POC Technologies saves past data.

## UCare's MSHO and UCare Connect + Medicare Model of Care (MOC) training for providers

UCare's Minnesota Senior Health Options (MSHO) and *UCare Connect + Medicare* members face a host of unique challenges and barriers to getting the care they need. These products are designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

Both plans are Dual Eligible Special Needs Plans, meaning that the member's Medicare and Medicaid benefits and services are integrated into one benefit package.

The Centers for Medicare and Medicaid Services (CMS) requires training be provided to participating providers on the Model of Care. The training promotes understanding of the management and procedures necessary to provide services and coordination of care to members.

All providers are required by CMS to complete one training option annually. Two options are available:

- Review the MSHO and *UCare Connect + Medicare* Model of Care training posted on UCare's [website](#).
- Request an in-person presentation.

Following the training, share or review the information with all appropriate staff and partners at your clinic. Providers must document and maintain training completion records and provide such records to UCare upon request to confirm that the training has been completed.

Providers may also contact us at [clinicaliaison@ucare.org](mailto:clinicaliaison@ucare.org) for more information about our MSHO and *UCare Connect + Medicare* Model of Care training.

## Breast cancer screening awareness

A recent study conducted by the Centers for Disease Control and Prevention (CDC) concluded that fewer women are dying from breast cancer. The report found that between 2010 and 2014, the mortality rate of breast cancer for women decreased 1.5 to 1.9 percent dependent on race. Click [here](#) to view the article.

Many efforts have been made to reduce breast cancer death rates. Early detection is a key factor in the diagnosis and treatment of breast cancer. Therefore, routine mammograms are extremely important. UCare strongly encourages members between the ages of 50 and 74 years to participate in routine mammogram screenings. It is recommended that members continue receiving mammograms until age 74, regardless of a clean screening history. This preventive exam is offered to eligible members at no out-of-pocket cost. Multiple screening options are covered based on provider recommendation. In addition, UCare members can receive a [gift card incentive](#) when they complete their routine mammogram.

Encourage members to schedule their mammograms and remind them why it is important to complete this preventive screening. By supporting preventive care, you can play a crucial role in the overall health of UCare members.

## Documentation improvement: Focus on breast cancer

In honor of Breast Cancer Awareness Month, we focus on correct reporting of breast cancer by the primary care provider. Accurate diagnostic reporting is essential in capturing the patient's current health status.

The main consideration for complete documentation and coding is determining if the cancer is current or historical. Patients receiving active treatment for cancer should be documented with the appropriate malignancy diagnosis. Active treatment includes chemotherapy, radiation or adjunct therapy even if these treatments are occurring post cancer surgery. Cancer medications, such as Tamoxifen, are considered adjunct therapy and while a patient is prescribed this therapy their documentation and coding should reflect the breast malignancy. Once there is no evidence of the cancer and the patient is no longer undergoing active treatment, documentation and problem lists should state history of cancer. Z85.3 - *personal history of malignant neoplasm of the breast* would be the appropriate diagnosis code.

Documentation for active breast cancer should contain location, treatment, care managed by, complications and any related conditions. This would provide a brief assessment and document the patient's coexisting condition. Per the *Official ICD-10-CM Guidelines for Coding and Reporting*: "physicians should code chronic and coexisting conditions as often as they are treated or affect patient care, treatment or management." Thus, even if you are not the primary provider managing the malignancy, you should code the condition if it was considered in the assessment and care of your patient's other conditions.

Associating an active cancer diagnosis or historical cancer diagnosis is essential for reflecting the true status. Ordering labs, imagery or referrals with the wrong code significantly changes the reported health status. Strengthen the integrity of your patient's medical record by taking a few moments to document and report the correct breast cancer diagnosis.

## Credentialing announcements and reminders

Please keep the following items in mind when apply for credentialing with UCare.

### **Revised Minnesota Uniform Credentialing Applications for initial and reappointment**

The Minnesota Uniform Initial and Reappointment Credentialing Applications were recently updated with a version date of **October 2016**. UCare will only accept the Minnesota Uniform Initial and Reappointment Credentialing Applications with version dates of **August 2011** and **October 2016**. Any older applications will be returned, and you will be asked to resubmit the application using the **October 2016** version.

Aperture will update the MN Credentialing Collaborative (MMC) applications by Dec. 1, 2017.

UCare recognizes that some organizations need time to implement the revised applications in their systems; therefore, we are granting a one-year transition period. The transition period will expire on Oct. 1, 2018. All credentialed-type practitioners at UCare contracted or pending contracted locations should start using the new applications immediately.

You may find the **October 2016** version of the applications at [www.ucare.org/providers](http://www.ucare.org/providers), on the Provider Profile page.

### **Disclosure questions (attestation) and authorization and release signatures for both credentialing and reappointment applications**

At this time, the only electronic signatures that are accepted by UCare's Credentialing Department are those applications that are submitted via ApplySmart (MCC) or DocuSign. Please note that if applications are submitted and are not the acceptable signature format, the application will be returned requesting that the application be resubmitted along with the updated signatures. Applications are worked in date order of receipt. If the application is returned, this will delay the practitioner's set up in the UCare network. UCare will not expedite the credentialing, and UCare does not retro dates.

### Status of applications submitted via ApplySmart (MCC)

If you are a provider that uses ApplySmart (MCC) to submit your credentialing application(s) to UCare, please remember to log into your ApplySmart (MCC) account and check the application status. If UCare is unable to accept your application due to missing or incomplete information, this information will be posted on your ApplySmart account. No other notice will be sent to you. If you have any questions on how to check the application status or to change default notification settings, please visit [www.mncred.org](http://www.mncred.org), click “Resources” at the top and then watch the recorded training video. If you need further training or questions, you may contact ApplySmart (MCC) directly at 847-425-4616 or [supportmcc@credentialsmart.net](mailto:supportmcc@credentialsmart.net).

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