

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

New submission options for CMS Interim Rate Letters

UCare has updated the methods Rural Health Centers and Critical Access Hospitals use to submit Centers for Medicare and Medicaid Services (CMS) Interim Rate Letters to allow for better tracking. Effective immediately, providers should email the rate letters to RateLetters@UCare.org. Upon receipt, UCare will send a confirmation to the sender.

Providers who are unable to email the CMS Interim Rate Letters may send them to our **new** fax number at **612-884-2382**. The fax number has changed, so please update any pre-programmed fax machines (the old fax number was 612-884-2232).

UCare will apply the new rates within 30 days of receiving the rate letter.

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 clinicalliaison@ucare.org for more information about our MSHO and UCare Connect + Medicare Model of Care training.

October 1 updates to Child & Teen Checkup

On Oct. 1, 2017, the Minnesota Department of Human Services (DHS) is updating the Minnesota Child & Teen Checkup (C&TC) periodicity schedule. The new updates will better align with recommendations from the American Academy of Pediatrics, Bright Futures, the U.S. Preventive Services Task Force, Minnesota Community Measurement guidelines and recent health data for the Minnesota C&TC population.

Key changes include:

- Adding C&TC visits at age 30 months and annual visits for children and youth between the ages of 6 and 20 years.
- Requiring fluoride varnish application at every C&TC visit beginning at the eruption of first tooth through 5 years of age.
- Requiring standardized depression or mental health screening annually from ages 12 through 20 years.
- Requiring a screening HIV test for all youth at least one time between ages 15 through 18 years and risk assessment for HIV testing followed by appropriate action for youth ages 11 to 14 years and 19 to 20 years (this risk assessment is a part of the previously required sexually transmitted infection (STI) risk assessment).
- Adding near vision screening (plus lens) beginning at 5 years to the standard visual acuity screening (which starts at 3 years) for children who pass their distance visual acuity screening and do not have corrective lenses.
- Adding high frequency screening (6000 Hz) for noise-induced hearing loss at 11 years and older to the standard hearing screening (which starts at 3 to 4 years).
- Clarifying dyslipidemia risk assessment followed by appropriate action for ages 24 months, 4 years, 6 years and 8 through 20 years.
- Including social determinants of health in the health history.
- Continued emphasis on social-emotional, developmental and autism screening recommended for all infants and toddlers.

The updated [C&TC Periodicity Schedule \(DHS-3379\)](#) and other C&TC materials are available on the DHS website. For DHS communications regarding the Minnesota C&TC schedule of Age-Related Screening Standards and related policy, refer to the MHCP biweekly [Provider News](#) posted on the DHS website.

Upcoming enhancements to UCare's 270/271 HIPAA transaction

Based on provider feedback and interest, UCare has worked with McKesson PCS Support to include **Plan ID** and **Group Number** to the 271 HIPAA response. This information should be available before the end of September.

UCare's Plan IDs and Group Numbers

Plan ID	Plan Description(s)
CH	<i>Fairview UCare Choices UCare Choices</i>
CT	<i>UCare Connect</i>
ME	Minnesota Senior Care Plus Prepaid Medical Assistance Program
MN	MinnesotaCare
MS	Minnesota Senior Health Options
RE	<i>EssentiaCare</i>
RI	<i>UCare for Seniors</i>
SI	<i>UCare Connect + Medicare</i>

For complete listings of all UCare **Group Numbers**, please review each of the [2017 UCare member ID card samples](#) on the Provider Website.

Where to find this information in the 271 Transaction

The Plan ID and Group Number for a specific inquiry will be supplied in Loop 2100C for Subscriber (Plan #: REF01=18, Group #: REF01=1L). Please note: [UCare's 270/271 Companion Guide](#) states that inquiries must be in the Subscriber loop; UCare will not accept Dependent Loops (21xx D loops).

Messaging the Provider Assistance Center

Help us to serve you better. When communicating with the Provider Assistance Center (PAC) through the provider portal messaging center or pac@ucare.org, be sure to include the following information so a PAC representative can begin researching your question faster:

- A direct email address for follow-up questions
- Date(s) of service
- NPI numbers for facility and practitioner
- UMPI number

When applicable, provide the following information:

- UCare legacy number(s) (rendering and billing)
- Elderly Waiver (EW) legacy number (if you have two legacy numbers and your question pertains to EW services)
- Member's UCare identification number
- Billed charges
- Claim number
- Check inquiries details required (the check number, issue date and amount issued)
- Confirmation number received after submitting a form to UCare to change, add or terminate a practitioner or facility (e.g., Confirmation number would begin with FAF, FCF or PCA and be followed by numerical values)

The importance of HPV vaccinations and STD screenings

According to the Centers for Disease Control and Prevention (CDC), nearly 80 million people are infected with the Human Papillomavirus (HPV) in the United States. In an effort to reduce its incidence, it is recommended that adolescents receive two doses of the HPV vaccine by age 13. The CDC now recommends initiating the first dose of the HPV vaccination series between 11 and 12 years of age and scheduling the second dose six to 12 months later.

When teens have been identified as being sexually active, it is important to discuss sexually transmitted disease (STD) screenings. Chlamydia is one of the most common STDs and can be diagnosed with a urine sample. Younger patients will most likely be more comfortable with this option versus a more invasive screening technique; as pap smears are not recommended until a patient is 21 years old, regardless of sexual activity. It is important to remind patients that not all STDs have symptoms; therefore, routine screening for sexually active patients is essential.

Discussing these topics with our adolescent members during their preventive or regular office visits is a great way to educate them and empower them to be more engaged with their health.

Documentation improvement: Focus on hypertension

Hypertension affects millions of adults and is a major risk factor for chronic kidney disease, stroke, vascular disease and heart failure. Proper documentation supports provider communication and medical resources to improve patient outcomes.

Documentation should include¹:

- The initial diagnosis of hypertension and subsequent visits note status of hypertension.
- Blood pressure reading at each visit.
- Type: Essential, secondary to, renovascular, etc.
- Acuity: Hypertensive urgency.
- Systemic involvement: Note associated conditions. A causal relationship between hypertension and heart disease, and hypertension and chronic kidney disease is assumed. Document the type of heart failure and the chronic kidney disease (CKD) stage in these situations.
- Note end stage renal disease (ESRD) or kidney transplant status.
- Substance use: Related tobacco use, dependence, past history or exposure.
- Treatment: Medications, lifestyle changes, other.

Documentation that includes these elements will support complete and accurate coding/billing and support medical necessity by reflecting the health status of your patient.

¹ Optum: *Documenting to satisfy reporting requirements 11/29/2016*

Member rewards and incentives

Patients who are behind on some routine screenings may be eligible for an incentive. Below are incentives listed for two of UCare's Medicare products – *UCare for Seniors* (UFS) and Minnesota Senior Health Options (MSHO). Members should contact UCare Customer Services with questions regarding incentives. Additional information is also available at

<https://www.ucare.org/HealthWellness/Pages/RewardsandIncentives.aspx>.

Incentive Action	Eligibility Requirements	Incentive Value/Reward	Plan Type
Colorectal Cancer Screening	<input type="checkbox"/> Qualifying colon cancer screening tests include: a colonoscopy, sigmoidoscopy or CT colonography. <input type="checkbox"/> No at-home tests qualify for incentive. <input type="checkbox"/> Must be age 50-75 at the time of the exam.	\$25 gift card	UFS
	<input type="checkbox"/> \$50 for qualifying colon cancer screening: colonoscopy, sigmoidoscopy or CT colonography. <input type="checkbox"/> \$20 for at-home kit: FOBT or Cologuard - auto-redeemed by claims only, one year look back. <input type="checkbox"/> Must be age 65-75 at the time of the exam.	\$20 or \$50 gift card option	MSHO
Diabetes Care	<input type="checkbox"/> \$25 for Diabetic dilated eye exam. <input type="checkbox"/> \$25 for Diabetic A1c and Nephropathy testing. <input type="checkbox"/> Must be age 18-75 at the time of the exam or test. <input type="checkbox"/> Total incentive is equal to \$50 using two vouchers; vouchers may be returned separately or together.	\$25 gift card each = \$50 gift card total	UFS & MSHO
Mammogram	<input type="checkbox"/> Mammogram completed. <input type="checkbox"/> Must be age 50-74 at time of visit.	Stamps	UFS
		\$50 gift card	MSHO
<p><i>Vouchers apply to current members, enrolled at the time of the exam, test or screening. Provider signature required. Limit one gift card reward per event per calendar year. Allow 4-6 weeks for gift card delivery. Benefits may change each year. Incomplete or ineligible vouchers will be returned.</i></p> <p>Visit https://www.ucare.org/HealthWellness/Pages/RewardsandIncentives.aspx for rewards and incentives listing by product.</p>			

Did you know? UCare offers free car seats to eligible members

UCare members who are pregnant or under age 8 and participate in Prepaid Medical Assistance Program, MinnesotaCare, *UCare Connect* or *UCare Connect + Medicare* may be eligible for a free car seat through the Seats, Education and Travel Safety (SEATS) program. Through UCare's 67 car seat partners, Certified Passenger Safety technicians help distribute car seats and provide car seat installation and safety education to members, free of charge.

If you know a UCare member who may benefit from this program, encourage them to call the UCare Customer Services phone number on the back of their member ID card to find a car seat partner in their area.

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