December 2018

In this Edition

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

A Salute to Excellence

Top-performing providers delivering excellent care to our members were honored October 25 at UCare's ninth annual **"A Salute to Excellence!"** event.

The event at the University of Minnesota's McNamara Alumni Center included a reception, dinner and awards program. In addition, Children's Minnesota and Fairview Clinics provided presentations on UCare-funded programs to address social determinants of health.

Honorees were: Allina Health Clinics, Burnsville Family Physicians, Carris Health, CentraCare, Essentia Health, Hennepin Healthcare, Mankato Clinic, Mayo Clinic, Olmsted Medical Center, Park Nicollet, Sanford, HealthPartners Stillwater Medical Group, University of Minnesota Physicians. They were recognized for outstanding HEDIS (Healthcare Effectiveness Data and Information Set) scores on a variety of health measures.

UCare CEO Mark Traynor addresses the audience.

2019 Authorization and Notification Grids Now Available

The 2019 medical, behavioral health and pharmacy authorization requirements are now available at www.ucare.org/providers on the Eligibility and Authorizations page. In November, a letter was sent to providers outlining the specific changes from Dr. Julia Joseph-Di Caprio, UCare's Sr. V.P. and Chief Medical Officer, and Jeri Peters, V.P. of Clinical and Behavioral Health Services and Chief Nursing Officer.

Prior Authorization Reminder

Obtaining a prior authorization does not guarantee that a claim will be paid. Any claim for a service or supply, regardless of whether a prior authorization has been obtained, must still be submitted with correct CPT or HCPCS codes, appropriate modifiers and, if applicable, required ICD-10-CM diagnosis codes.

If a claim for which a prior authorization has been obtained contains coding or diagnosis errors, it will be denied.

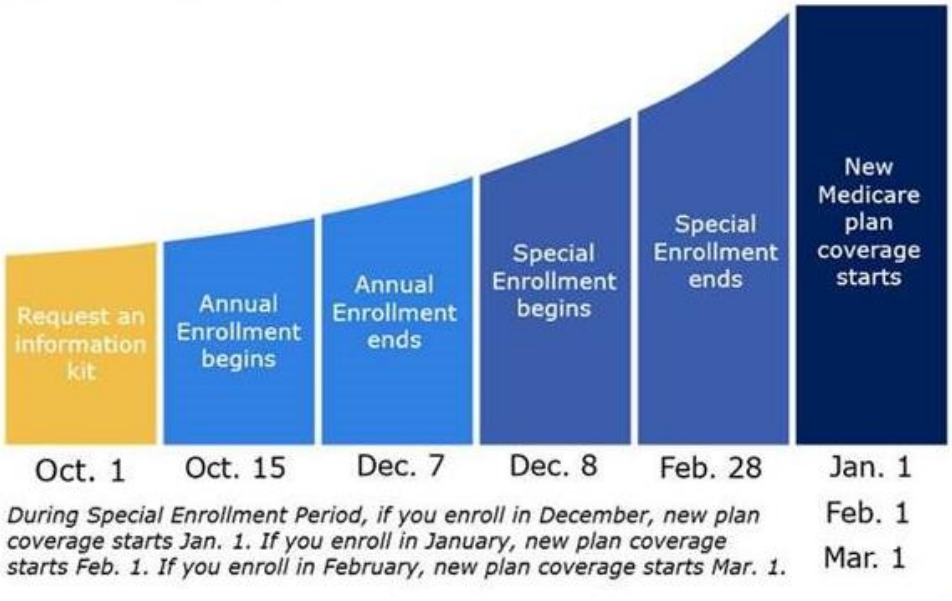
Be sure to verify that claims meet all coding and billing requirements prior to submission to ensure timely and appropriate payment.

Medicare Cost Plan Changes Coming in 2019

On Jan. 1, 2019, Cost Plans, a type of Medicare plan, will be closing in 66 Minnesota counties. **UCare members are not impacted by these changes**. UCare plans are Medicare Advantage plans and are not affected. The changes to Cost Plans will, however, impact about 315,000 of the total 370,000 Cost Plan members.

Again, this change does not impact our members or members of Medicare Advantage plans. If you receive questions from our members, please assure them that we will continue to offer them great service, now and in the future.

For those who are losing their coverage, we are available to help with their Medicare questions or concerns – 1-877-523-1518. Note: UCare 2019 Medicare Advantage product information is now available online.

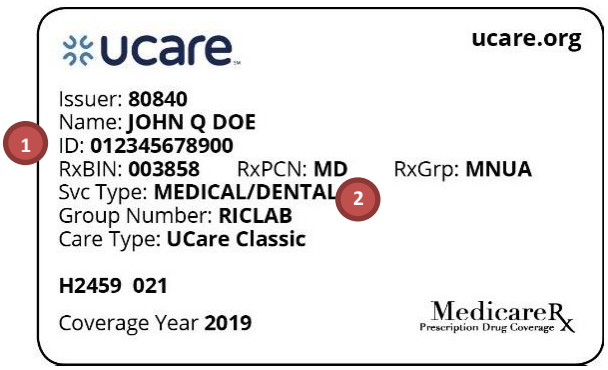


Accurate Member Information Is Key to Smoother Claim Submissions

Providers should ask for a current member insurance card each time a member presents for services. This lets you update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing.

The UCare **member ID number** (1) listed on the card or returned on the electronic eligibility and benefit transaction should be submitted on the claim exactly as provided. No digits should be added or excluded. Please note that all UCare members have their own unique member ID numbers. Do not submit claims using the subscriber ID number with a dependent code.

Maintaining current **insurance information** (2) for members is imperative to successful and timely claims processing. Wrong member information can cause suspected fraudulent claims investigations and HIPAA violations, so please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID#, birth date, address, etc.).



Model of Care (MOC) Training for Providers - UCare's MSHO and UCare Connect + Medicare

All providers are required by the Centers for Medicare & Medicaid Services (CMS) to complete annual Model of Care (MOC) Training. The training promotes understanding of the management and procedures necessary to provide services and coordination of care to members.

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.

CMS requires training be provided to participating providers on the Model of Care. Providers are required to complete one training option annually. Two options are available:

- Review the MSHO and UCare Connect + Medicare Model of Care description posted on UCare's model of care training page for providers and maintain a signed attestation of completion within your site.

OR

- Attend in-person presentations, which are available upon request.

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 information about our MSHO and UCare Connect + Medicare Model of Care training.

New UCare Billing Requirement Regarding Claims Billed With Zero Units/Minutes

Beginning Dec. 27, 2018, UCare will reject claims that are billed with a unit of zero (0) and/or zero minutes to align with the change in the Minnesota Department of Human Services (DHS) billing guidelines that was introduced last fall.

DHS updated encounter code **D189** (The unit on a claim line is missing, a non-numeric character, zero or a negative number) from a warning to a denial, effective October 1, 2017.

If the encounter error is applied on previously submitted claims, the claim will be recouped and an encounter error will deny with the following reason codes:

- **CARC 16** (Claim/service lacks information or has submission/billing error(s))
- **RARC M79** (Missing/incomplete/invalid charge)

A replacement claim is required to correct the error.

Alliance of Community Health Plans (ACHP) and UCare

Strong partnerships among health plans and providers improves the adoption of evidence-based care for patients, according to a new report released today from the Alliance of Community Health Plans (ACHP), which included UCare practices in its 18-month study. As a result of this payer-provider collaboration, care improves, costs go down and patients experience better outcomes.

The report, "Accelerating Adoption of Evidence Based Care: Payer-Provider Partnerships," illustrates how collaboration among health plans, physicians and communities speeds medical evidence from the lab room to the exam room. The report also finds that community health plans like UCare have a unique ability to influence clinician behavior, aiding in adoption of evidence-based health interventions and delivering higher quality care.

The new report, case studies and related materials can be found at transforming-care.org.

Submitting Unlisted CPT or HCPCS Codes for Reimbursement

Effective for claims received on or after Jan. 1, 2019, UCare will deny the entire claim when any line on the claim is an unlisted HCPCS or CPT code submitted without supporting documentation. These denials will apply to all UCare products.

- UCare will deny the line(s) that require(s) supporting documentation with the RARC code M127 - Missing patient medical record for this service.
- The remaining lines on the claim will be denied using CARC 163 - Attachment/other documentation referenced on the claim was not received.

Supporting documentation must clearly provide a description of the service or item provided and may include, but is not limited to:

- operative reports
- clinical notes from the patient's medical record
- drug name, NDC code and drug dosage
- detailed invoices

In order for the review process to go as quickly as possible, follow the guidelines outlined below:

- Submit a detailed description of the unlisted service or item that was provided. This can be done by submitting a separate document or by providing a brief description electronically in one of the following loops:
    - Professional – CMS1500 - Loop 2300 NTE01 and NTE02
    - Facility – UB04 - Loop 2300 NTE01 and NTE02
- Information submitted should be limited to the description of the unlisted service and its medical necessity. Submit only the information directly related to the unlisted service.

Circle or asterisk pertinent information; do not use a highlighter. When highlighted information goes through the scanner, the information looks as if it has been blacked out.

Documentation Improvement: Focus on Diagnosis Capture

Diagnosis documentation is a key component of an office visit. It helps clarify the complexity of the visit and the level of medical decision-making involved in assessing and planning treatment. Documentation of all active conditions assessed while identifying the health care needs of the patient, is often found in multiple elements of the medical note.

- **History of presenting illness (HPI)** may contain documentation of comorbidities that could modify the present illness. Often the HPI contains the current status of multiple chronic conditions, during follow-up care.
- **Review of systems (ROS)** can be used to capture the pertinent positive and negative indications related to any active medical condition including chronic conditions.
- **Past medical, family and social history (PFSH)** captures past conditions and social habits affecting care management. 'History of' indicates that the diagnosis / condition is resolved and is no longer an active condition requiring treatment. This area is often mixed with the active problem list and can cause issues in documenting and capturing all current diagnoses that contribute to the patient's health status.
- **The exam** can capture the status of many conditions. Amputations, -ostomies and ulcers are examples of diagnoses that can be noted during the exam. Documenting these health status conditions can support additional health care needs.
- **Medical decision-making** noted in the assessment and plan, is by nature the area that documents the final diagnoses and plan to care for the condition(s). It is the summary of the work performed to establish the appropriate treatment.

Health care continues to be in a state of change. Providers need to be aware of on the changes in quality programs, payment models, regulatory requirements and individual clinical programs. Good documentation prevails as the best method to capture the provider's work and the health status of the patient, which in return covers the needs of the other programs. Diagnosis documentation is key to establishing the support for all requirements while focusing on patient care.

Happy Holidays from UCare

UCare and the Provider Assistance Center will be closed the following days during the holiday season:

- Monday, Dec. 24
- Tuesday, Dec. 25
- Tuesday, Jan. 1

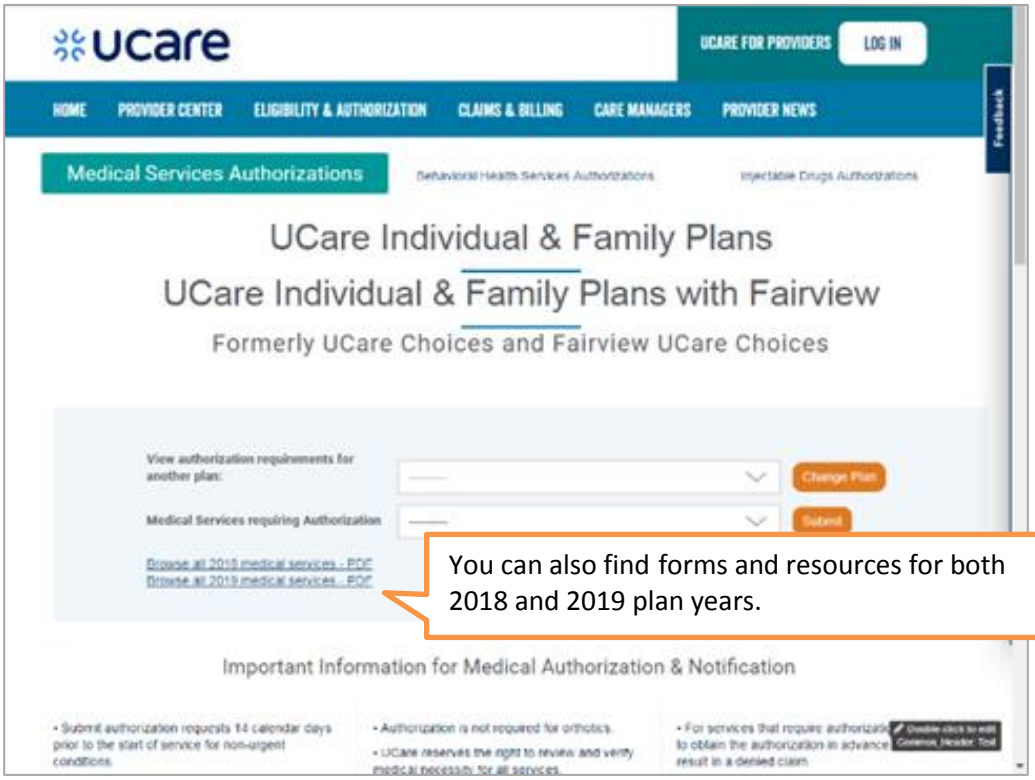
If you need assistance during these times, log into the Provider Portal.

Website Tip of the Month: Crosswalk for 2019

UCare announced new names and a new Medicare Advantage health plan in November 2018. Here is a quick guide to help you find the plans you need on our provider website after January 2019.

Old product name	New product name
UCare for Seniors	UCare Medicare Plans
UCare Choices	UCare Individual & Family Plans
Fairview UCare Choices	UCare Individual & Family Plans with Fairview
	UCare Medicare Plans with Fairview & North Memorial (new product)

During January, you will see the transition from the old names to the new names. When applicable, we will provide crosswalks showing both the new name and the former name of the plan on the page to assist you with this change.



If you have a website question you'd like to see answered in a future column, please email it to providernews@ucare.org.

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