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Monthly Provider Newsletter

UCare



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

New leaders strengthen clinical and behavioral health expertise at UCare

UCare has hired Scott Kammer, M.D., and Amy Burt, D.O., as Associate Medical Directors. Beth Allen joins UCare as its new Behavioral Health Associate Director. Drs. Kammer and Burt report to UCare's Senior Vice President and Chief Medical Officer, Larry Lee, M.D., and Allen reports to Jeri Peters, R.N., UCare's Vice President and Chief Nursing Officer.

Dr. Kammer was most recently Regional Medical Director, East Region, for the Allina Health Group Primary Care Clinical Service Line where he led 11 clinics and 114 clinicians in clinic operations and also system outpatient access improvement work. Prior to that, he served as a Family Physician for Allina Health Clinic Forest Lake and the U.S. Naval Hospital in Yokosuka, Japan. Dr. Kammer has an M.D. from the Medical College of Wisconsin and an A.B. in Chemistry from Duke University. Dr. Kammer is a diplomate of the American Board of Family Medicine, and member and fellow of the American Academy of Family Physicians.

Dr. Burt comes to UCare from North Memorial where she was Medical Director for primary care, urgent care, occupational medicine and urgency centers. During a career spanning more than 20 years, she has re-engineered processes at a number of health care organizations resulting in increased revenue, improved quality and better experiences for patients and care teams. Dr. Burt holds a D.O. from Nova Southeastern University, B.S. in Exercise Physiology from the University of Michigan and B.S. in Physical Therapy from the University of Toledo/Medical College of Ohio. She is a member of the Minnesota Chapter of the American Academy of Pediatrics.

Prior to joining UCare, Allen was an Internal Consultant for the Behavioral Health Administration at the University of Minnesota Medical Center – Fairview leading change management, quality improvement, patient safety and role development for inpatient services. Previously, she worked for Guild Incorporated in progressively responsible positions directing care management, integrated care and nursing services. Allen is experienced at developing innovative services in pursuit of the Triple Aim, including data-driven, integrated patient-centered care and population health quality programs. She has a B.A. in Nursing from Gustavus Adolphus College and an M.A. in Nursing Leadership from St. Catherine University.

New drugs to require prior authorization beginning April 1, 2018

Effective dates of services April 1, 2018, and forward, UCare will require prior authorization on the following injectable drugs for members on **all** UCare plan(s):

- Bavencio
- Tecentriq
- Benlysta
- Ocrevus
- Spinraza
- Exondys 51
- Cimzia

Each year, UCare holds an annual review of the list of drugs requiring prior authorization and releases it in the fall before the year it takes effect. Sometimes, the Pharmacy & Therapeutics Committee updates that list at other times of the year due to the release of new medication specific billing codes. The full lists of drugs requiring prior authorization are available at <https://www.ucare.org/providers/Eligibility-Authorizations/Pages/EligibilityAuth.aspx>.

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 and update information in their electronic records system to reduce rejected claim submissions or delayed claims processing.

The UCare member ID number 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 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.).

Dental highlight

UCare offers great dental benefits to members enrolled in State Public Programs (MinnesotaCare, Minnesota Senior Care Plus, Minnesota Senior Health Options, Prepaid Medical Assistance, *UCare Connect* and *UCare Connect + Medicare*). During your next visit with a UCare member in one of these plans, please refer them to our **Dental Connection team at 1-855-648-1415**, where they can receive assistance locating a dental provider and scheduling a dental appointment.

Good oral hygiene results in better overall health. Early detection is key for reducing the amount of pain, difficulty and cost when it comes to dental problems. Help us empower our members to take charge of their health!

Important reminder to Medicare providers regarding billing beneficiaries enrolled in the Qualified Medicare Beneficiaries (QMB) program

This is an important reminder that federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance or copayments from Original Medicare and Medicare Advantage beneficiaries enrolled in the Qualified Medicare Beneficiaries (QMB) program. The QMB program is a state Medicaid benefit that covers Medicare deductibles, co-insurance and co-payments.

Note: Copayments still apply for Medicare Part D benefits. For those eligible for QMB, this will be copayments at the Low Income Subsidy level.

Medicare providers must accept Medicare payment and Medicaid payment (if any) as payment in full for services given to individuals enrolled in the QMB program. Medicare providers who violate these billing prohibitions are violating their Medicare Provider Agreement and may be subject to sanctions. (See Sections [1902\(n\)\(3\)](#); [1905\(p\)](#); [1866\(a\)\(1\)\(A\)](#); [1848\(g\)\(3\)](#) of the Social Security Act.)

The QMB program applies to all Medicare providers, both participating and non-participating. Further, providers are obliged to accept assignment on all services to these beneficiaries, even if they would not do so otherwise. Accepting assignment means you agree to accept the Medicare and Medicaid payment as payment in full, regardless of whether Medicaid pays or not.

Providers who are not enrolled as a Medicaid provider are still subject to the QMB program limitations. Because Medicaid won't pay providers if you aren't enrolled with Medicaid, Medicare cost-sharing balances must be written off and may not be billed to QMB program enrollees.

At this time, there are a number of potential ways to identify QMB individuals:

- If you are a Minnesota Health Care Programs (MHCP) provider, you can directly query the Minnesota Department of Human Services (DHS) [MN-ITS](#) system to verify QMB eligibility.
- You can ask the beneficiary if they are enrolled in the Qualified Medicare Beneficiaries (QMB) program through (MHCP). Medicare beneficiaries eligible for Medicaid QMB programs may have documentation, e.g., QMB eligibility verification letters from DHS they can show providers.

For Original Medicare (Medicare fee-for-service), see [CMS MLN Matters](#) "Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System" (Transmittal R3764CP, MM Article # MM9911). This notes providers are able to identify the QMB status of patients in CMS' [HIPAA Eligibility Transaction System \(HETS\)](#).

- If you are not a MHCP provider, you can contact UCare Provider Assistance Center for assistance querying the DHS [MN-ITS](#) system to verify QMB enrollment for Medicare beneficiaries:

Provider Assistance Center
612-676-3300
1-888-531-1493

For more information on QMB plans, visit: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/QMB.html>

Copayments and cost sharing reminders for Minnesota Health Care Programs members

UCare members who qualify for Minnesota Health Care Programs may have special circumstances related to their copays and cost sharing. The following reminders will help you as you provide services to these members:

- Children younger than age 21 and pregnant women on UCare Prepaid Medical Assistance (PMAP) and MinnesotaCare do not have copays.
- Also, non-pregnant adults on PMAP and Minnesota Senior Care Plus (MSC+) have monthly cost sharing limited to 5% of household income. This means that some non-pregnant adults on PMAP and MSC+ with very low incomes may have no copay or copays lower than the base amounts printed on UCare Member ID cards. Copay responsibility for these members changes monthly, and a member's progress towards the limit is calculated across the month, so it is not possible to put the exact cost sharing on the Member ID card. If a PMAP or MSC+ member insists that they do not have cost sharing, contact UCare Provider Assistance Center at 612-676-3300 or 1-888-531-1493, and a representative can verify the cost sharing level for the member.
- *UCare Connect* members do not have any cost sharing responsibility. Dual-eligible enrollees in *UCare Connect + Medicare* and UCare MSHO are only responsible for Part D prescription drug copays, but only if they reside in the community and are not receiving Home and Community Based Services (waiver services).
- UCare waives the family deductible for PMAP, MSC+, SNBC and MSHO members subject to cost sharing. DHS policy on billing Minnesota Health Care Programs enrollees for services can be found [here](#).
- Providers cannot deny services to enrollees who are unable to pay cost sharing.

Documentation improvement: Focus on amputation status

Patients have many medical conditions that need to be monitored, assessed and treated. Most conditions receive routine care, but there are some conditions that are continually overlooked. Status of an amputation is one of the conditions that is often missing from the patient's medical documentation. An amputation often becomes a normal part of the patient but can be high risk and require ongoing care. Examination and evaluation of an amputation should be performed and documented at least annually to monitor the condition.

The following should be documented:

- Amputation site including laterality
- Assessment and status of the amputation site – well healed, etc.
- Ongoing care plan
- Counseling on any risk concerns, such as fall risk

Documentation of ongoing assessment of amputations is needed to monitor the complete health status of patients, providing risk assessment and resources needed for patient management currently or in the future.

UCare MOMS program

Our Management of Maternity Services (MOMS) program provides pregnant UCare members in our Prepaid Medical Assistance Program, MinnesotaCare, *UCare Connect* and *UCare Connect + Medicare* plans with important information and resources to help them stay healthy during and after pregnancy. Members can receive a MOMS handbook with facts, tips and resources to help make pregnancy easier, including information about breastfeeding, eating healthy, car seats and more. Here are some UCare resources available to your patients:

Pregnancy Advisor Nurses	Telephone-based support from experts with advice, answers to pregnancy questions and resource referrals.
Childbirth, Pregnancy and Breastfeeding Education Classes	Classes are available at most hospitals and clinics at no charge to members.
Breast Pump	Members may be eligible for a free breast pump after delivery. A medical order is required.
Car Seat	Our Seat Education and Travel Safety (SEATS) program offers free car seats and education to eligible members through our car seat partners.
Gift Card Incentive Rewards	Earn a gift card for completing a prenatal visit during the first 3 months of pregnancy or 42 days of UCare enrollment. A gift card can also be earned by completing a postpartum visit between 3-8 weeks after delivery.
Quit Smoking Program	Our program offers 1-on-1 coaching 24/7, nicotine replacement therapy support, and mobile and web capabilities. Pregnant and postpartum members can receive a \$25 gift card incentive for calling the tobacco quit line at 1-855-260-9713.

To learn more, members can call the UCare Customer Services number on the back of their member ID card or visit www.ucare.org and select Health and Wellness at the top.

It's survey season...CAHPS-Medicare Experience Survey starts in March

In the coming weeks, random Medicare members will receive the Consumer Assessment of Healthcare Providers and Systems (CAHPS)-Medicare Experience Survey from the Centers for Medicare and Medicaid Services (CMS). Respondents are asked to assess their health care experiences. The goal of the survey is to improve health care services for everyone.

How can you impact a member's experience?

The information below highlights survey sections that are directly related to the service you provide, along with best practices for you and your colleagues.


- **Providers discuss prescription medications patients are taking.** Not all patients are aware of their options for filling prescriptions (e.g., mail order), dosage amounts, possible side effects, and interactions with current medications. Discussing these options with your patients will keep them informed and more satisfied with their prescription drug experience.
- **Getting appointments as soon as patients need them.** If a patient's condition is urgent, ensure they are seen as quickly as possible. Educate patients on how to get care after office hours.

- **Patients see their provider within 15 minutes of the appointment time.** If your office is experiencing delays, notify patients as they check into the office. Informing patients ahead of time of any wait in care may ease their concerns.
- **Provider offices follow up with patients to give test results after ordering a blood test, X-ray, or other test.** Establish clear expectations with your patients about when they should expect to hear from your office regarding their test results.
- **Personal physicians help their patients manage their care and stay informed.** Prior to appointments, it is best to speak with your patients' specialists to review the care they have provided and to coordinate care properly.

How does this impact you?

- A portion of the survey results feed into the CMS Star Ratings program that determines a portion of Medicare funding.
- If UCare receives high survey scores, there is an opportunity to earn money that is invested directly back into services for our members.
- Happy patients are good for business – They become returning customers. They bring in new customers. They reinforce clinical staff to continue providing excellent services!

Learn more about the CMS surveys here: [Member Experience Survey](#) and [Health Outcomes Survey](#)

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