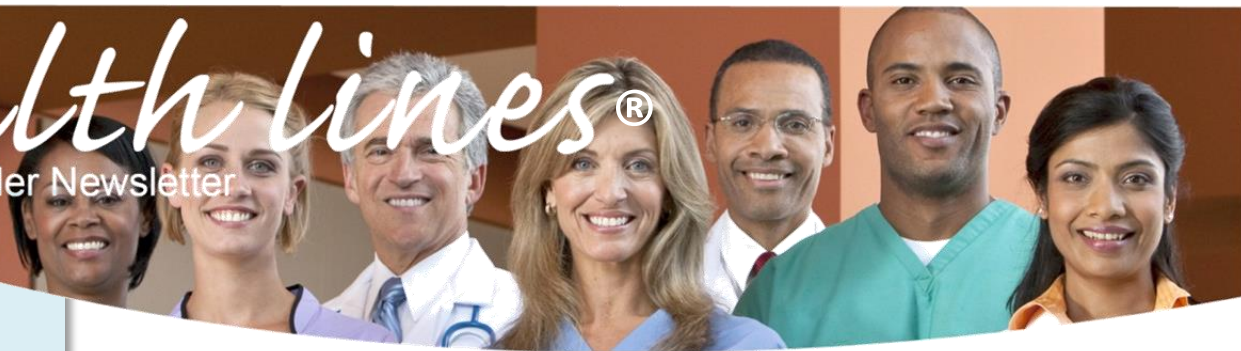


healthlines®

Monthly Provider Newsletter

UCare



January 2018

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

Clinical practice guideline approved

UCare, through its Quality Improvement Advisory and Credentialing Council (QIACC), adopts and disseminates evidence-based clinical practice guidelines from nationally or locally recognized sources to support good decision making by patients and clinicians, improve health care outcomes, and meet state and federal regulatory requirements.

At least every two years, QIACC reviews and approves the content of the guidelines. UCare recently reviewed and approved the following clinical practice guideline:

[Preventive Services for Children and Adolescents \(Temporary Approval 12-29-17\)](#)

Source: Institute for Clinical Systems Improvement (ICSI)

To view UCare's most currently adopted clinical practice guidelines, visit the Clinical Practice Guidelines section of the [UCare Provider Manual](#).

UCare launches new tool to update provider demographic information

UCare has launched a new tool named Phoenix that allows providers to see and update their demographic data in our systems. We will be rolling out this new tool in phases, introducing new features that will eventually replace the current online change forms.

Reference the [Phoenix user guide](#) to see who can use the tool currently. In the user guide, you will also find a link to the tool, instructions on how to register and use the tool, and a list of frequently asked questions. Please share this information with others who would make demographic updates for your organization.

If you are able, you should begin using Phoenix as soon as possible to make demographic changes and confirm that your data is accurate. Once you register to use Phoenix, you will receive quarterly reminders to update your data or confirm that everything is complete and accurate.

If you have any questions or concerns, please email us at providerdatavalidation@ucare.org or contact the UCare Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

We are excited to be partnering with you on this new endeavor and thank you for your time and patience in learning this new tool.

Part D administration fees for vaccines

Effective March 1, 2018, UCare will begin capping the administrative fee portion of the claims for Part D vaccines administered in the clinic or physician office. The administrative fee paid will be billed charges or \$20, whichever is less. Providers may see a change to the amount of reimbursement received for the administrative fee portion of these claims. The reimbursement methodology for the vaccine itself will not be changed.

TransactRx claims adjudication portal reminder

Last fall in health lines, we highlighted another option for claims payment for vaccines. 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.

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>.

UCare announces new tobacco cessation partner

UCare is excited to partner with the Quit For Life program to help members quit tobacco use. The Quit For Life program is a phone-based coaching and web-based learning support service to help smokers quit. The program includes:

- A personal a coach
- Quitting aids such as free nicotine replacement products
- Web coaching – a private, online community where you can track your progress and get support
- Text2Quit – text messages to help you manage urges and avoid relapse

You can refer members directly to the Quit For Life program as it is available to all UCare members 24 hours a day, 7 days a week by calling 1-855-260-9713 or visiting www.quitnow.net.

Reminder: Notifying UCare of contracts with third-party billers

If you contract with a third-party biller to call on your behalf to UCare, we need a signed acknowledgement form on file giving UCare permission to release information. The form requires the third-party biller's name, contact information and the effective date of your relationship with them. In addition, your name and title and other location information are required on the acknowledgement form.

You can find the [Provider Notification/Change/Update/Termination Third-Party Agreement](http://www.ucare.org/providers) form at www.ucare.org/providers under Provider Profile.

Additional instructions for third-party billers calling UCare:

- When a third-party biller calls the Provider Assistance Center (PAC), please instruct them to tell the PAC representative what company they are calling from (ABC billing, etc.). In doing so, we can verify that we have a signed acknowledgement on file to release information to them.
- To protect members' personal health information (PHI) according to HIPAA, we will not release information to any third-party biller if we do not have the acknowledgement form on file at UCare.
- If the third-party biller does not reveal that they are a third-party, UCare may call the phone number displayed on caller ID to verify who is calling. We do not want to share PHI with any ineligible persons that should not have access to PHI for our members.

National Committee for Quality Assurance rates UCare for Seniors plan as "Excellent"

Last fall, UCare's *UCare for Seniors* Medicare plan in Minnesota was recognized by the [National Committee for Quality Assurance \(NCQA\)](http://www.ncqa.org) for excellent member experience and quality outcomes.

UCare's Medicare plan is one of the highest-rated plans in NCQA's Health Plan Report Card nationwide listings, and one of only two Medicare plans awarded Excellent accreditation in Minnesota. This is a repeat performance. From 2014-2016, UCare's Medicare plan was also awarded the highest level of accreditation possible from NCQA.

"Our UCare team strives to meet and exceed stringent NCQA requirements promising our members high-quality and high-value health care," said Mark Traynor, President and CEO, UCare. "We are proud to sustain these outstanding performance levels for four consecutive years."

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations and recognizes clinicians in key clinical areas. NCQA's HEDIS® is the most widely used performance measurement tool in health care. NCQA's web site (www.ncqa.org) contains information to help consumers, employers and others make more informed health care choices.

New year, new dental goals

Oral health disparities are profound in the United States. Despite major improvements in access to and affordability of dental care, many Americans go without basic dental care. This leads to greater rates of oral diseases such as tooth decay, gum disease and oral cancer. The prevalence and severity of decay and periodontal disease is significant. According to the [Centers for Disease Control](http://www.cdc.gov) (CDC), one in four American adults have untreated tooth decay and nearly 46% of all adults over age 30 show signs of gum disease.

Maintaining good oral health improves our ability to smile, speak and eat. Research shows there is a strong correlation between dental, medical and mental health. This emphasizes the importance of getting regular dental care in conjunction with regular preventive health services. Lack of dental care and poor oral hygiene correlates to systematic diseases such as diabetes, heart disease and pneumonia.

Good oral hygiene results in better overall health. The American Dental Association (ADA) recommends visits to the dentist at regular intervals determined by an individual's dental provider. Depending on the state of the individual's oral health, this may be every six months or once a year. Early detection is key for reducing the amount of pain, difficulty and cost when it comes to dental problems.

UCare offers great dental benefits to our members. During your next visit with UCare members, 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.

Documentation improvement: Back to the basics

January brings a fresh start—a time for making resolutions and improving upon the past. Before you can improve upon something, you must begin with a solid foundation. Documentation improvement starts with a strong understanding of the basic guidelines. Fundamental elements such as date of service, provider signature, provider credentials and orders for services have become standard in most practices and fully supported by electronic medical records.

Beyond those base elements, what is essential to documentation?

- Sufficient documentation to validate that the services provided were “reasonable and necessary” and substantiate the level of service billed.
- Assessment of each diagnosis.
- Clear and complete plan of care to treat condition.
- Documented information accurately represents the patient's medical status, including chronic conditions affecting current care.
- Each date of service stands independent of the complete medical record, no references to previous documentation. Needed information is restated within the current date of service.

Documentation must support the submitted claim. The evidence to uphold the services and diagnoses on the claim is the provider's responsibility. Start the year off right. Make a resolution to improve your documentation and start with these basics.

Reference: Noridian Healthcare Solutions. “Documentation Guidelines for Medicare Services.” *Noridian Medicare*, 20 Oct. 2017, med.noridianmedicare.com/web/jeb/cert-reviews/mr/documentation-guidelines-for-medicare-services

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