

healthlines

Monthly Provider Newsletter



November 2018

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

Summary of 2019 UCare Health Care Plan Benefit Changes

UCare Medicare plan and benefit changes for 2019

Medicare product development for 2019 focused on the Cost Plan transition that affects UCare competitors and more than 300,000 Medicare beneficiaries across 66 Minnesota counties. UCare is responding with several new Medicare Advantage choices, including additional plan options attractive to former Cost Plan members. To avoid disrupting current UCare members, minimal changes were made to existing plan options.

Beginning in 2019, the *UCare for Seniors* branding will be eliminated and UCare's Medicare products will be known as UCare Medicare Plans. One 2018 option (Value Plus) will no longer be available. This plan will merge with the Classic plan in both Metro and North regions, and members currently enrolled in Value Plus will be automatically enrolled in Classic, effective Jan. 1, 2019.

Two new broad network options will be available in 2019. UCare Total, the richest Medicare plan at the highest premium, will have low-to-no copays on many services and will be available statewide. UCare Complete will be a new offering near the mid-point of Medicare options, with modest copays at a reasonable premium. It will be available in the Metro and South regions.

EssentiaCare will expand to three Wisconsin counties in 2019: Bayfield, Douglas and Washburn. EssentiaCare is a Preferred Provider Organization plan combining Essentia Health's network of physicians, advanced practitioners, clinics and hospitals as well as the Mayo Clinic for rare or complex health issues.

UCare, Fairview Health Services and North Memorial Health are launching a new Medicare Advantage HMO-POS plan for 2019. This new partner plan will be available to individuals in eight metro counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey and Washington. Members enrolled in this plan will receive care in a defined, comprehensive health network.

Medicare Special Enrollment Period



Several product enhancements for 2019 impact all or most plans:

- UCare’s HMO plans include a Point-of-Service benefit, which can be used when traveling outside the UCare network within the U.S. With Minnesota “snowbirds” in mind, UCare will enhance this benefit on broad network plans by offering in-network copay amounts for primary and specialty office visits to out-of-network (OON) providers. Members need to see U.S. providers that accept Medicare, and UCare will continue to cover 70-80% of most other OON service costs.
- The preferred pharmacy network will be an option on all UCare Medicare Plans. In 2019, Walmart/Sam’s Club will join the preferred network, which currently includes Target/CVS, Costco and other pharmacies.
- All plans will have some level of improvement to Part D benefits to increase the affordability of drugs. All plan options will exclude Tier 1 from upfront deductibles, and mid-to-higher premium plans will exclude both Tiers 1 and 2. Two plans will have no deductibles on Part D. Two lower priced plans will move from coinsurance to copays on Tiers 1 and 2.

State Public Programs benefit changes for 2019

Beginning Jan. 1, 2019, UCare will no longer be the authorizing entity or the claims payer source for Personal Care Assistance and Home Care Nursing (formerly private duty nursing) for PMAP and MnCare members. UCare PMAP and MnCare members still have this benefit, but claims will be paid by the Department of Human Services (DHS). Providers will still be able to bill UCare for services rendered prior to Jan. 1, 2019. Also, DHS dramatically increased MnCare cost sharing for 2019. These changes will include new cost sharing for durable medical equipment and non-routine dental and increased amounts across most categories.

Benefit	2019 Co-pay
Prescription drugs - generic	\$7
Prescription drugs - brand	\$25
Combined pharmacy monthly max	\$70
Non-preventive office visit	\$25
Non-routine dental services	\$15
Emergency Room visit	\$75
Inpatient hospital	\$250
Outpatient hospital	\$0
Ambulatory Surgery	\$100
Radiology visit	\$40
Eyeglasses	\$25
Durable Medical Equipment	10%

Refer to the table for 2019 values:

UCare’s MSHO will feature a number of new supplemental benefits in 2019. Added coverage includes: additional dental coverage (including root canal, planning/scaling and one crown per year), limited post-discharge meals for non-Elderly Waiver members and post-discharge medication reconciliation, transportation to the health club, an electric toothbrush, routine foot care, nutritional counseling and Personal Emergency Response Systems for non-Elderly Waiver members. UCare’s Connect + Medicare will have new additional coverage in 2019 for post-discharge medication reconciliation, an electric toothbrush and a \$25 incentive for an annual face-to-face assessment.

UCare Individual & Family Plan benefit changes for 2019

Beginning in 2019, the *UCare Choices* and *Fairview UCare Choices* branding will be eliminated. *UCare Choices* plans will be known as UCare Individual & Family Plans, and *Fairview UCare Choices* plans will be called UCare Individual & Family Plans with Fairview. These plans will continue to be available exclusively through MNsure, Minnesota’s health insurance marketplace. Individual & Family Plans will offer the same coverage and network options as in 2018.

All plans will feature free, unlimited convenience care visits and two new wellness programs in 2019:

- Healthy Savings, offering up to \$200 in monthly savings on certified, high-quality groceries; and
- Community Education discounts (up to a \$15 discount on three classes per year).

Annual cost sharing changes include lower deductibles on Bronze and Gold plans, a higher out-of-pocket limit on all plans, and lower copays for office visits, generic prescription drugs, and ER visit on UCare Gold. On average, premiums will be 10% lower than in 2018.

With the addition of Todd and Wadena counties in 2019, the service area for UCare Individual & Family Plans will expand to 28 metro and northeastern Minnesota counties. UCare Individual & Family Plans with Fairview will continue to be offered in 10 greater metro area counties. Entira Family Clinics has joined Fairview and will be part of the network for both products in 2019.

The 2019 Tip Sheets across UCare health plans summarize this information and will be available online in the coming weeks.

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.

Following is a list of Cost Plans:

- **Health Partners:** Freedom Active, Freedom Active with Rx, Freedom Balance, Freedom Balance with Rx, Freedom Basic, Freedom Ultimate, Freedom Ultimate with Enhanced Rx, Freedom Ultimate with Rx, Freedom Vital, Freedom Vital with Rx
- **Medica:** Prime Solution Basic, Prime Solution Basic with Rx, Prime Solution Basic with Rx2, Prime Solution Enhanced, Prime Solution Enhanced with Rx, Prime Solution Enhanced with Rx2, Prime Solution Thrift, Prime Solution Thrift with Rx, Prime Solution Thrive with Rx, Prime Solution Value, Prime Solution Value w/Rx, Prime Solution Value w/Rx2
- **Blue Cross:** Platinum Blue Choice Plan, Platinum Blue Choice Plan with Rx, Platinum Blue Complete Plan, Platinum Blue Complete Plan with Rx, Platinum Blue Core Plan, Platinum Blue Core Plan with Rx

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.

New Leaders Join UCare’s Senior Management

Following a national search, UCare welcomed two leaders Oct.1. Dr. Julia Joseph-DiCaprio leads the Medical Director team, as well as the Clinical Services, Pharmacy and Quality Management departments. Daniel (Dan) Santos is the new leader of UCare’s Legal department, and serves as UCare’s chief attorney and Secretary to the Board of Directors, in addition to leading the Compliance and Internal Audit departments.



Dr. Joseph-DiCaprio was most recently the Fairview Health Services Medical Leader, Connected Care. Her extensive professional career in the Twin Cities community includes 22 years at Hennepin County Medical Center (now Hennepin HealthCare), Medical Director for Medica, and Senior Medical Director of Care Management for HealthEast. Dr. Joseph-DiCaprio is a long-time Assistant Professor for the University of Minnesota Department of Pediatrics. She earned her M.D. from the University of Illinois and Masters in Public Health from the University of Minnesota.

Dan Santos comes to us from Sentara Healthcare, a non-profit, integrated health system headquartered in Norfolk, Virginia, serving as General Counsel and Corporate Secretary to support the health plan’s lines of business including Medicaid, Medicare Advantage and Individual and Family Plans, and its 12 hospitals and 4 medical groups (1,000+ providers). Previously, he practiced health law in Virginia and Pennsylvania. He earned his J.D. from the Pennsylvania State University Dickinson School of Law, and his B.A. from the University of Virginia.



UCare Introduces Claims Processing Updates for Telemedicine

UCare has updated how Medicare and State Public Programs claims will be processed for telemedicine services. Claims submitted on or after Oct. 17, 2018, for telemedicine services will now require Place of Service 02 (Telemedicine) for all professional (submitted using the 837-P format) telemedicine claims, or the claim will be denied.

Medicare and State Public Programs will follow different guidelines when it comes to the use of the -GT (Via interactive audio and video telecommunication systems) and/or -95 (Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System) modifiers.

Medicare

UCare has implemented the following guidelines for all eligible telemedicine services, which are consistent with those outlined in [MM10583](#):

- The -GT modifier is only allowed for distant site services billed when:
 - The type of bill is a Method II Critical Access Hospital (CAH) using revenue code 96X, 97X or 98X, or
 - With a service line that contains HCPCS code Q3014, or
 - The type of bill is a Method II CAH with revenue code 942 and contains G0420 or G0421.
- Place of service 02 (Telemedicine) must be used when submitting professional claims. Claim lines submitted with any other place of service will be denied using:
 - CARC 5: The procedure code/type of bill is inconsistent with the place of service.
 - RARC 77: Missing/incomplete/invalid/inappropriate place of service.
- Claims submitted with the -GT (and/or -95 modifiers) will be denied regardless of what place of service is submitted on the claim using:
 - CARC 4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
 - RARC: Contractual Obligation
- When submitting claims for a UCare dual-eligible product (Minnesota Senior Health Options or *UCare Connect + Medicare*), follow the Medicare guidelines outlined above.

State Public Programs

UCare has implemented the following guidelines for all eligible telemedicine services furnished to State Public Program only members:

- The -GT modifier is required with a service line that contains HCPCS code Q3014.
- Place of service 02 (Telemedicine) must be used when submitting professional claims, including mental health services. Claim lines submitted with any other place of service will be denied using:
 - CARC 5: The procedure code/type of bill is inconsistent with the place of service.
 - RARC 77: Missing/incomplete/invalid/inappropriate place of service
- UCare would prefer that telemedicine modifiers not be appended to a claim line. If the -GT and/or the -95 modifiers are appended to a claim line, the modifiers will be considered informational.

Using the guidelines outlined above, UCare will review and reprocess telemedicine claims that were incorrectly denied with dates of service Mar. 1, 2018, or later.

Clinical Practice Guidelines 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 (September 2018) the following Behavioral Health clinical practice guidelines:

[Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder](#)

Primary Source: American Academy of Child and Adolescent Psychiatry

[Assessment and Treatment of Children and Adolescents with Depressive Disorders](#)

Primary Source: American Academy of Child and Adolescent Psychiatry

[Treatment of Patients with Major Depressive Disorder](#)

Primary Source: American Psychiatric Association

[Treatment of Patients with Schizophrenia](#)

Primary Source: American Psychiatric Association

[Treatment of Patients with Substance Use Disorders \(SUD\)](#)

Primary Source: American Psychiatric Association

To view UCare's most currently adopted clinical practice guidelines, visit Chapter 15 in the [UCare Provider Manual](#) or find them on the [Clinical Practice Guideline page](#) of the provider website.

Year-End Provider Contract Updates

Prior to the end of the year, UCare will be mailing providers two notices related to their provider contract. These notices will:

- Add language to the agreement related to Confidentiality of Substance Use Disorder Patient Records and the CMS Preclusion List. This language is required in order to comply with Federal regulations.
- Update the names of the UCare products contained in existing provider agreements, as applicable. UCare is changing the names for some of its Medicare and Commercial products, effective Jan. 1, 2019.

These notices are being issued for administrative purposes only and do not require signature.

Please email prcontractadmin@ucare.org with any questions or concerns regarding this information.

2019 Opioid Edits

Effective Jan. 1, 2019, UCare will be employing several opioid edits that will apply to all lines of business. These edits will be uniform across all of UCare's Medicare, Medicaid and Health Exchange plans and exhibit our compliance and participation in the national effort to encourage appropriate opioid prescribing practices and the safety of our members.

- 1) Day Supply Limits for Opioid-Naïve Patients: Implementation of a hard safety edit at the pharmacy which limits initial opioid prescription fills for the treatment of acute pain to no more than a seven-day supply. Subsequent fills will not be subject to this safety edit limit.
- 2) Long-Acting Opioids: A hard safety edit (prior authorization) is required for all long-acting opioid medications to ensure appropriate utilization and safe prescribing.
- 3) Formulary Quantity Limits: For Medicaid and Health Exchange, quantity limits will limit opioid prescriptions to an average daily morphine milligram equivalent (MME) of 90.
- 4) For Medicare, we have a soft-safety edit (i.e., can be overridden by the pharmacist) for an average daily MME of ≥ 90 . In addition, there is a hard-safety edit (i.e., requires prior authorization) for an average daily MME of > 200 .

2019 Formulary Updates

UCare has updated the formulary for 2019. The formulary changes noted below are considered high impact and are not an all-inclusive list of 2019 updates.

Medicare-Related Updates:

UM Additions	Tier Changes (Up-tier)	Additions	Removals	Alternatives to consider
Testosterone Cypionate	Zolpidem (tier 4)	Colchicine tablets	Restasis	Xiidra
Nuplazid	Nortriptyline (tier 4)	Travatan Z	Trulicity	Ozempic, Bydureon, Victoza
Nuedexta	Amitriptyline (tier 4)	Anoro Ellipta	Namenda XR	Memantine ER, galantamine XR
		Synthroid	Levemir	Lantus, Toujeo

Medicaid-Related Updates:

UM Additions	Additions	Removals	Alternatives to consider
Synagis (new starts only)	Esomeprazole (with step)	Venlafaxine ER tablets*	Venlafaxine ER capsules
	Buprenorphine patch	Hydrocortisone valyrate & butyrate	Betamethasone valerate, fluocinolone, mometasone
	Colchicine	Xiidra	Restasis
	Amitiza	Asacol HD	Mesalamine ER

*Venlafaxine ER capsules will remain on the formulary.

In addition, the Medicaid line of business will have an expanded list of covered over-the-counter (OTC) products (500+ additional NDCs [National Drug Codes]).

Health Exchange-Related Updates:

UM Additions	Additions	Removals	Alternatives to consider
Exjade	Trintellix	Premarin cream	Estradiol cream, estradiol tabs
Ferriprox	Lyrica (with PA)	Aubagio, Betaseron, Extavia	Avonex, glatiramer, Plegridy
Jadenu	Soliqua	Zepatier, Epclusa	Mavyret, Vosevi
		Asacol HD	Mesalamine ER

Treatments for Hepatitis C Virus (HCV)

For 2019, UCare will cover only Mavyret and Vosevi for all lines of business. Prior authorization will be required for both Mavyret and Vosevi.

Diabetic Testing Supplies

One Touch Verio and One Touch Ultra meters and test strips will be the only covered testing products on formulary for all lines of business.

Documentation Improvement - Congestive Heart Failure

Congestive heart failure (CHF) is a chronic condition in which the heart muscle is unable to pump blood as well as it should. It is a progressive condition and can be caused by obesity, tobacco use, coronary disease, hypertension, diabetes and lung disease.

Documenting CHF - to determine the correct code assignment for CHF, document:

- Is the patient's condition acute, chronic or acute on chronic for the current visit?
- Where is the disease's etiology (left, systolic or diastolic areas of the heart)?
- Is there a known cause(s) for the condition? What lead to CHF? Is CHF "due to," "associated with" or secondary to another condition? If so, document how these conditions are related.
- Is the patient experiencing any current complications(s) (i.e., cardiac arrhythmias, respiratory failure)?
- Did the patient have surgery that required any implants or replacements, such as artificial valves, stents, LVADs, pacemaker, transplant? If so, document an assessment of them.
- How are you treating the patient (i.e., ACE inhibitors, beta blockers, lifestyle change, etc.)?

When documenting for CHF, be sure to provide clear and concise documentation. Accurately documenting and reporting of the condition, including the above elements, reflects the patient's true health status and can improve patient management.

Delta Dental of Minnesota Network Update

Delta Dental of Minnesota is changing the names of its dental networks. Effective January 1, 2019:

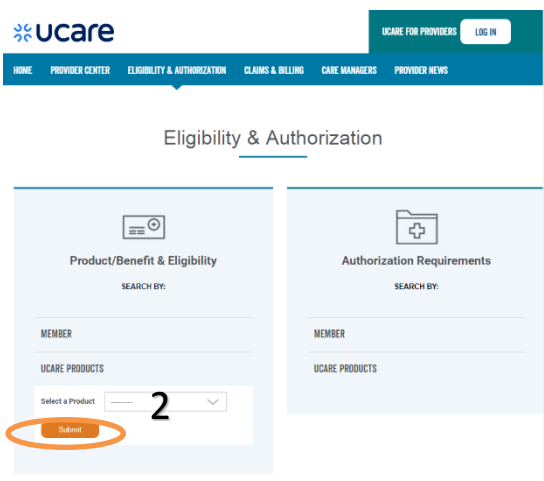
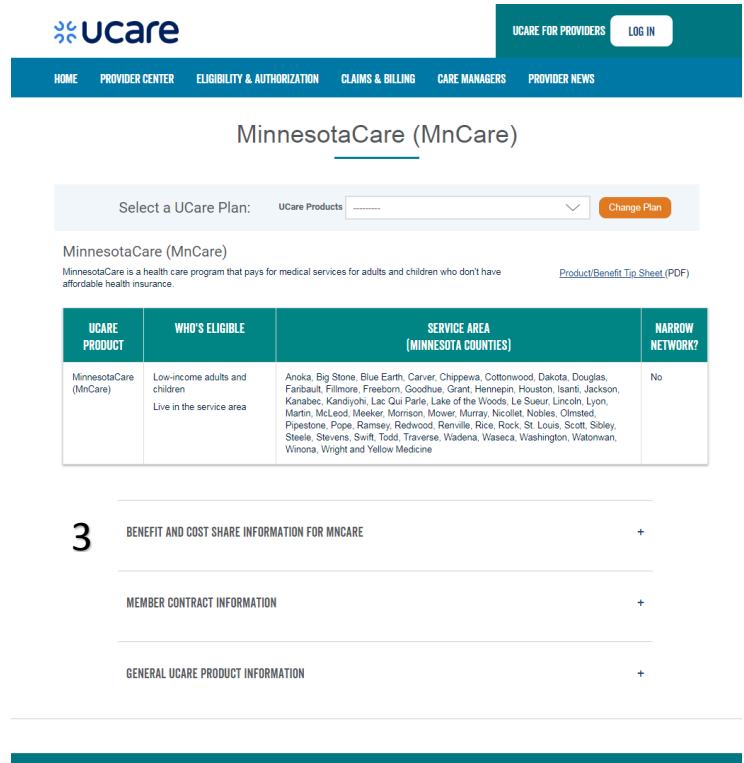
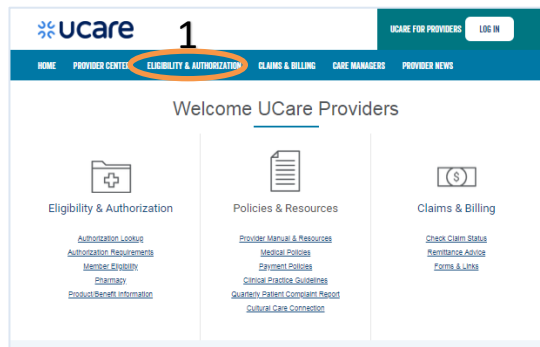
- CivicSmiles is becoming Minnesota Select Dental. This network is used by UCare Minnesota Health Care Programs members. It is also used by UCare Individual & Family Plan members.
- CivicSmiles Senior is becoming Delta Dental Medicare Advantage. This network is used by UCare Medicare Plan members.

Please visit dentalcareforu.org for additional information on UCare dental benefits.

Website Tip of the Month: Product/Benefit & Eligibility

With plans and enrollment top of mind for your patients, this month's tip is focused on the [Product/Benefit & Eligibility](#) tools on our website. Find eligibility by county and Benefit and Cost Share information for a UCare plan.

1. Go to **Eligibility & Authorization**.
2. Select the patient's **product**, then **SUBMIT**.
3. Click the **Benefits and Cost Share** drawer.



Eligibility, benefits and cost share information displayed is for the current plan year unless otherwise noted.

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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