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**Provider Assistance Center**  
612-676-3300  
1-888-531-1493 toll free

**Jennifer J. Garber, LICSW, to lead UCare’s Behavioral Health Services**

UCare welcomes Jennifer J. Garber to Behavioral Health Services as Associate Vice President. Garber will lead UCare’s behavioral health strategic goals for all Medicare, Medicaid and Individual & Family Plan members. She also manages UCare’s expanded behavioral health case management and substance use disorder reform to improve treatment delivery. Finally, she will drive the organization’s vision to be a leader in ensuring behavioral health equity – especially for members of our Special Needs Plans.

Jennifer brings more than 29 years of behavioral clinical experience including 17 years of management experience within health plan behavioral programs. Most recently she was Director of Clinical Operations and Community Initiatives and Government Programs at Optum Health Behavioral Health Solutions with oversight of the Medica Behavioral Health Care Advocacy Center.



Garber joined UCare on June 24, 2019, and reports to Julia Joseph-Di Caprio, MD, UCare’s Senior Vice President and Chief Medical Officer.

**Ineligible Provider List Updated July 29, 2019**

Contracted UCare providers must make sure that they, their company, owners, managers, practitioners, employees and contractors are not on the [UCare Ineligible Providers List](#).<sup>\*</sup> Providers should search the list of UCare Ineligible Providers on a regular basis, and before hiring or entering into contracts with individuals to provide services or items to UCare members. Please reference Chapter 5 of the [UCare Provider Manual](#) for additional information.

Questions regarding the UCare Ineligible Providers List should be directed to [compliance@ucare.org](mailto:compliance@ucare.org).

<sup>\*</sup>Please note: This list is in addition to any prior and ongoing communications regarding ineligible individuals that network providers may receive.

## UCare Provider Manual July 2019 Update

UCare's 2019 Provider Manual contains critical information that providers need to know to effectively work with UCare and our members. It is important that providers reference the online manual regularly for up-to-date content.

The Q3 Provider Manual has been updated to reflect current business practices in the following chapters:

- Provider Responsibilities
- Provider Credentialing
- Claims & Payment
- Member Appeals & Grievances
- Behavioral Health
- Comprehensive Outpatient Rehabilitation Facility Services
- UCare's FQHC - RHC Payment Carve-Out Process
- Interpreter Services
- Nursing Facility Services

The 2019 Provider Manual can be accessed on the [Provider Manual](#) page of our website.

### Partial Hospitalization Claims

Based on the April 22, 2019, Minnesota State Register, billing for partial hospitalization services for State Public Program products changed from "per hour" to "per session" effective for dates of service April 23, 2019, and after. Payment rates were increased to reflect the per session unit of service.

UCare is implementing the new billing guidelines and rates effective Sept. 1, 2019, for claims with dates of service of April 23, 2019, and after. When submitting claims to UCare, please follow the guidelines below:

- Submit partial hospitalization claims using the MN-ITS 837-I format or the electronic equivalent.
- Indicate the patient status information as continuing service.
- Enter Type of Bill (TOB) 13X (Outpatient) or 76X (Community Mental Health Center (CMHC)).
- Use Revenue Code 0912 or 0913, as appropriate.
- Use HCPCs code H0035 for adult services (ages 18 and over).
- Use HCPCs code H0035 with modifier HA for children/adolescent services (ages 0-17).
- Submit each date of service on a separate claim line.
- Submit a single unit of service per day for each partial hospitalization session. If more than a single unit of service is submitted on the claim line, the line will be denied.

Effective Sept. 1, 2019, UCare will deny only the claim line that has been submitted with the incorrect number of units.

We are working to develop claim logic at the clearinghouse level to address incorrect units of service for partial hospitalization. When the clearinghouse is able to handle partial hospitalization services the entire claim will be rejected. UCare will issue an update in *Health Lines* prior to implementing claim rejections at the clearinghouse level.

Claims submitted to UCare prior to Sept. 1, 2019, already incorporating per session billing guidelines will be reviewed and adjusted to reflect the per session rate where appropriate. Adjustment requests are not needed.

## Documentation Improvement: Metastatic Cancer

Metastatic cancer spreads from the primary site of origin to other areas of the body. Malignant neoplasms can be classified as either primary, secondary or carcinoma *in situ*. A primary malignant neoplasm is the originating site of the neoplasm and will remain the primary site even if the neoplasm spreads or invades other body areas. A secondary site or “metastasis” is where the primary neoplasm has spread to another site. Carcinoma *in situ* is generally a non-invasive malignant neoplasm.<sup>1</sup>

When documenting metastatic cancer, it is important to use words such as “secondary” or “metastatic” to indicate that the cancer is secondary. This will help ensure proper reporting of medical condition and diagnosis code assignment.

Be sure to include the following in the medical record when documenting metastatic cancer:

- Metastatic site
- Laterality
- Whether the cancer is active or historical
- Whether the primary cancer is being treated
- Whether the metastatic site is being treated

Also, make sure to document any active treatment such as:

- Surgery
- Chemotherapy
- Radiation therapy
- Adjuvant hormonal therapies

When documenting metastatic cancer, be sure to provide clear and concise documentation. Including the above elements in the patient’s medical record will provide complete and accurate reporting of the cancer. Accurately documenting and reporting the condition reflects the patient’s true health status and can improve patient management.

1. HCPro website. Tip: Coding for cancer. [www.hcpro.com](http://www.hcpro.com), Accessed June 18, 2019

## UCare Introduces Universal Referral Form

UCare would like to announce the availability of a [Universal Referral Form](#) on our Provider Website. This form may be used by Medical and Behavioral Health providers to communicate referrals.

The form is available on the [Eligibility & Authorization](#) page under “Universal Referral Form.”

## PAC Holiday Closure

UCare and the Provider Assistance Center (PAC) will be closed Monday, Sept. 2 for Labor Day. If you need assistance that day, log into the Provider Portal.

## Skilled Nursing Facility CMS Methodology Change

The Centers for Medicare & Medicaid Services' (CMS) regulatory methodology for Skilled Nursing Facility (SNF) providers is moving from the RUGs methodology to the Patient Driven Payment Model (PDPM) effective Oct. 1, 2019. UCare is also planning to implement this change at the same time. UCare will send two electronic communications to contracted SNF organizations.

- The first email communication, which was sent Aug. 1, will validate email contacts for the contracted provider. Any updates are needed by Aug. 9.
- The second email communication will provide the cover letter and unilateral amendment for the change noted above to the organization's agreement.

Please refer to the prospective payment system index from [CMS Skilled Nursing Facility PPS](#) for additional information on this change.

If you have any questions, please contact [ProviderContracts@ucare.org](mailto:ProviderContracts@ucare.org) with the following subject line: "[Name of SNF or Management Company] – Contract Contact Update."

### UCare Provider Website

[www.ucare.org/providers](http://www.ucare.org/providers)

### UCare

P.O. Box 52  
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### Provider Assistance Center

612-676-3300

1-888-531-1493 toll free

Contact the newsletter staff: [providernews@ucare.org](mailto:providernews@ucare.org)

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