Health Lines

Monthly Provider Newsletter

February 2019

UCare Provider Website
www.ucare.org/providers

Provider Assistance Center
612-676-3300

1-888-531-1493 toll free

Enhanced Prior Authorization DME/Supply Form Available Feb. 1, 2019

UCare is launching an enhanced form for Durable Medical Equipment (DME)/Supply Prior Authorization and Pre-Determination requests. The form enhancements will ensure that all of UCare's prior authorization forms have a similar look and feel, provide clear instructions for what is needed to efficiently process requests and reduce the amount of administrative time for the provider community.

The DME/Supply Prior Authorization form has been reorganized and updated based on provider and UCare staff feedback. As we transition to the new form, UCare's Clinical Services team will reach out to providers who submit requests on the old form and will inform and remind providers to use the new form.

The updated form was added to product authorization pages at www.ucare.org/en-us/providers on Feb. 1, 2019. If you submit prior authorization requests to UCare, please ensure staff members are using the latest version of the form to avoid confusion.

Paper Claim Submission Changes Effective March 1, 2019

Beginning March 1, 2019, UCare will require all Minnesota providers to submit claims electronically. Mailed paper claims received from Minnesota providers will be rejected for all products including: Medicare, Individual & Family Plans, and Minnesota Health Care Programs. UCare will continue to accept paper claims from providers outside Minnesota.

UPDATED 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 2400 SV101-07*
  - Facility – UB04 - Loop 2400 SV202-07*
- 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.

* Loop numbers have been updated.

Make Your Provider Directory Updates

Please remember to update all practitioner additions, changes and terminations for our 2019 directories. You can submit an online request to update our provider directory/provider search tool. Keep in mind that both providers and their affiliated facilities should reflect your current practice. It is especially important for new practitioners to be set up in our billing system prior to submitting claims. If a provider is not listed, payments may be delayed or claims may be rejected. The online forms can be found via https://home.ucare.org/en-us/providers/provider-center/provider-profile/.

March 4, 2019 Alert: UCare's online submission of Claim Reconsideration Requests for Adjustments/Appeals and Recoupments has been delayed. Following is the original article. Please note, the dates listed below are no longer valid.

UCare to Introduce Online Submission of Claim Reconsideration Requests for Adjustments/Appeals and Recoupments

On March 4, 2019, UCare will introduce online submission of the Provider Claim Reconsideration Form. Online submission offers many benefits to providers, including:

- Notification of request receipt.
- Reduction in clerical paperwork and staff-time to submit, follow-up, and track.
- Lower paper and postage costs.
- Quicker overall processing time.

Effective April 1, 2019, UCare will no longer accept paper Claim Reconsideration Forms submitted through traditional mail or secure fax. After that date, mailed or faxed forms will be returned.

Please see the Jan. 17, 2019, Provider Bulletin for additional information.

New Case Management Programs for PMAP and MinnesotaCare Members!

UCare developed and launched an Integrated Case Management (ICM) program and Medication Assisted Treatment (MAT) Protocol for Prepaid Medical Assistance Program (PMAP)/MinnesotaCare (MNCare) members who are age 18 and older.

ICM is focused on members with co-occurring medical and behavioral health conditions. The ICM program is staffed by case managers (both registered nurses and social workers) and health coaches.

The MAT Protocol focuses on members who are new to Methadone treatment or new to UCare and on Methadone treatment.

If you have a PMAP or MNCare member you would like to refer to either of these programs, please use our Care Coordination Referral Form found under the "Resources" section at www.ucare.org/providers/care-managers/.

Accurate Member Information Is Key to Smoother Claim Submissions

Providers should ask for a current subscriber insurance card each time a subscriber presents for services and update information in their electronic records system to reduce rejected claim submissions or delayed claims processing.

The subscriber ID 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 individual unique ID numbers.

Maintaining current insurance information for subscribers 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 for the member receiving the service (name, member ID#, birth date, address, etc.).

Documentation Improvement: Focus on Obesity

Obesity is a popular topic in today's society. The average consumer won't read a magazine or watch a television show without seeing an advertisement for the next best weight loss solution or medication to help manage a chronic disease associated with obesity. Approximately two-thirds of adult Americans are overweight or obese and spend more than $150 billion on health care every year as a result.

Documenting obesity and any associated chronic conditions should be a common practice due to this alarming percentage. Obesity has been linked to many health complications such as type 2 diabetes, heart disease, stroke, certain cancers and more. It is important that the medical record reflect the complete patient health profile not just the chronic condition but also any contributing factors, such as obesity.

Clinical documentation of obesity should include:
- Weight gain or loss
- Physical exam signs
- BMI
- Related laboratory values
- Severity
- Notation of any underlying medical conditions
- Conditions associated with
- Treatment plan

Obesity is defined as having a BMI of 30 or more and morbid obesity as having a BMI of 40 or more. BMI calculates a person's body fat based on their weight in relation to their height. When obesity is being addressed, it should always be documented. A diagnosis of obesity or morbid obesity cannot be assigned based on the BMI value alone and needs to be documented by the provider if valid.

Proper documentation and reporting of all active conditions and relevant historical conditions supports the medical needs of your patients. Obesity affects the majority. Does your documentation accurately reflect your patient population's prevalence?