



Monthly Provider Newsletter

November 2019

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Provider Assistance Center

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Summary of UCare Health Care Plan Benefit Changes for 2020

UCare Medicare Plans benefit changes for 2020:

For 2020, UCare will continue to offer its current range of Medicare Advantage plans, most of which include 96% of Minnesota providers in network. UCare's two partner plans will also return next year. EssentiaCare will continue to be available in 10 northern Minnesota and three Wisconsin counties. UCare Medicare with M Health Fairview and North Memorial Health will be in eight Twin Cities Metro counties (M Health Fairview is the new name for the combined health care services of Fairview, HealthEast and M Health). The UCare Complete plan will become a statewide option as it expands into northern Minnesota. Medicare Group plans will also continue to be available in Minnesota and parts of Wisconsin.

All UCare Medicare plan options except the EssentiaCare product will include a new hearing aid benefit and an over-the-counter (OTC) allowance benefit:

- **TruHearing** will administer UCare's hearing benefit, which includes the annual routine hearing exam, two levels of hearing aids (Advanced for a \$699 copay per aid and Premium for a \$999 copay per aid), and hearing aid fitting and evaluations. UCare members must use a TruHearing contracted provider to use this benefit, starting with the annual exam. Minnesota audiology providers that are currently not contracted with TruHearing may reach out to TruHearing directly to participate in the network.
- **Healthy Savings OTC** will administer UCare's over-the-counter benefit. Members will receive a \$25 allowance per quarter, accessible via a card or smart phone app that can be used online at Walmart.com or at participating retail stores including Walmart and CVS among others. OTC orders may also be placed over the phone.

Certain UCare Medicare plans will offer targeted benefits for members with chronic health conditions in 2020, based on new benefit flexibility from the Centers for Medicare & Medicaid Services (CMS).

- **Mom's Meals** will provide post-discharge, home delivered meals for UCare members with congestive heart failure (CHF) who are on the UCare Classic plan in the Metro and both Partner Plans (Essentia Health and M Health Fairview). Two daily meals for two weeks will be delivered to eligible members after UCare and/or Mom's Meals have been notified the member is leaving the hospital to return home.
- UCare's Classic Metro plan will also cover **acupuncture** services for members with certain diagnoses for pain management and relief. Eligible conditions include: cancer, neuropathy, multiple sclerosis, spinal stenosis and fibromyalgia.

State Public Programs benefit changes for 2020:

UCare is proud to offer new supplemental benefits for members of our Minnesota Senior Health Options (MSHO) plan in 2020.

- New supplemental dental coverage will include an additional porcelain-fused-to-metal crown per year (we will cover two crowns each year) and one additional tissue conditioning for dentures per year (in addition to Medical Assistance coverage).
- We will offer up to one round trip ride per day to Alcoholics Anonymous or Narcotics Anonymous meetings for MSHO members with assessed substance use disorder (requires authorization).
- For MSHO members on Elderly Waiver with documented Instrumental Activities of Daily Living dependencies, UCare will cover up to two hours per month of Independent Living Skills training up to six months per year (requires authorization).
- UCare will offer supplemental coverage for anti-glare lens coating (one pair of glasses per two years).
- We will provide a \$450 annual allowance for bath safety equipment (grab bars, raised seats, shower bench, hand held shower) for MSHO members who have a risk or history of falls but do not qualify for Elderly Waiver services (requires authorization).

Effective Jan. 1, 2020, integrated SNBC coverage will be available through UCare Connect + Medicare in 51 additional counties across greater Minnesota. UCare will now offer integrated SNBC in all counties where we currently offer Medicaid-only SNBC. UCare Connect + Medicare will also include new supplemental benefits in 2020. These include:

- Dental root planing and scaling (one per two years in provider's office)
- Anti-glare lens coating (one pair of eyeglasses per two years)
- A routine foot care visit each month (not related to a specific diagnosis already covered by Medicare, by podiatrist)

State Public Programs benefits did not change significantly for 2020, with one notable exception: effective July 1, 2020, [Housing Stabilization](#) services will be covered by Medical Assistance for seniors and enrollees with disabilities across all Minnesota Health Care Programs (MHCP). Housing Stabilization Services are for seniors and people with disabilities, including individuals with mental illness and substance abuse disorder who are homeless or at risk of becoming homeless. These services are also appropriate for people who live in institutions or other segregated settings or are at risk of living in those settings. The goal of this benefit is to support a person's transition to housing, avoid future periods of homelessness and increase long-term stability in community-based housing. MHCP health plans began working with the Department of Human Services (DHS) in October to make arrangements for implementation of these services in mid-2020.

There are minimal additional MHCP benefit changes for 2020, but DHS did provide clarification that pregnant women on MinnesotaCare (MnCare) should have access to the full Medical Assistance benefit set for pregnant women (such as transportation, no co-pays and enhanced dental benefits). Pregnant MnCare enrollees qualify for Medical

Assistance and should work with their county to transition to that program, but while they are pregnant and enrolled in MnCare, any cost sharing that they pay beyond \$30 will be refunded to the member retroactive to date of conception.

UCare Individual & Family Plan benefit changes for 2020:

There are no service area changes for 2020. UCare Individual & Family Plans (IFP) will continue to be available in 28 metro and northeastern counties, while UCare Individual & Family Plans with M Health Fairview (new plan name effective Jan. 1, 2020) will be offered in the current 10 greater metro area counties. UCare Individual & Family Plans will continue to be available exclusively through MNsure, Minnesota's health insurance marketplace.

UCare is also excited to announce effective Oct. 1, 2019, Allina Health is part of UCare Individual & Family Plans broad network options. With the addition of Allina Health, UCare Individual & Family Plans offer one of the largest provider networks in the market.

In 2020, UCare is pleased to offer new health plan options that can be paired with Health Savings Accounts (HSAs). Available at the Bronze and Silver levels – and with our broad and focused networks – the new plans feature lower monthly premiums and can be paired with a tax-preferred HSA. UCare will offer only the compatible health plans and not the HSAs. However, we are collaborating with the Minnesota Credit Union Network (a non-profit association) to educate members about HSAs and help interested individuals find credit unions that offer them.

While there are no major changes to the Essential Health Benefits (the core set of covered services) in 2020, there are a handful of noteworthy changes in the Individual & Family Plans portfolio:

- UCare Individual & Family Plans will feature a new, five-tier formulary that allows more differentiation between preferred and non-preferred medications. In addition, UCare will implement a \$25 maximum copay for formulary insulin products on all IFP plans. The \$25 copay cap will apply to each monthly prescription filled at an in-network pharmacy. Copays will apply to members' out-of-pocket limit but not their deductible.
- Annual cost-sharing changes include the following:
 - Lower deductibles on Bronze, Silver and Gold plans
 - Lower office visit copays on Silver plans
 - Lower copays for preferred drugs, including select brand drugs
 - Higher out-of-pocket limits on all plans; higher coinsurance on Silver plans

Premium changes will be minimal, supporting another year of stability for Individual & Family Plan consumers.

Provider Assistance Center Phone Message Updated

When you call the Provider Assistance Center, please listen closely to the menu since many of the options have changed. UCare has reorganized the options to make it easier to be directed to the appropriate team or system to meet your needs. The new menu options will also provide easy access to UCare's self-service option to check member eligibility or claim status.

The updated Main Menu is as follows:

- If you are a UCare member, please Press 1
- For Eligibility & Benefit inquiries, Press 2
- For Prior Authorizations, Press 3
- For Claims inquiries, Press 4
- For all other inquiries, Press 5

As always, UCare will continue to have representatives available to assist you during our normal business hours of 8 a.m. to 5 p.m., Monday through Friday. So we can continue to improve your experience, we invite you to share your feedback on the new phone message with one of our representatives or via pac@ucare.org.

Provider Portal Updates

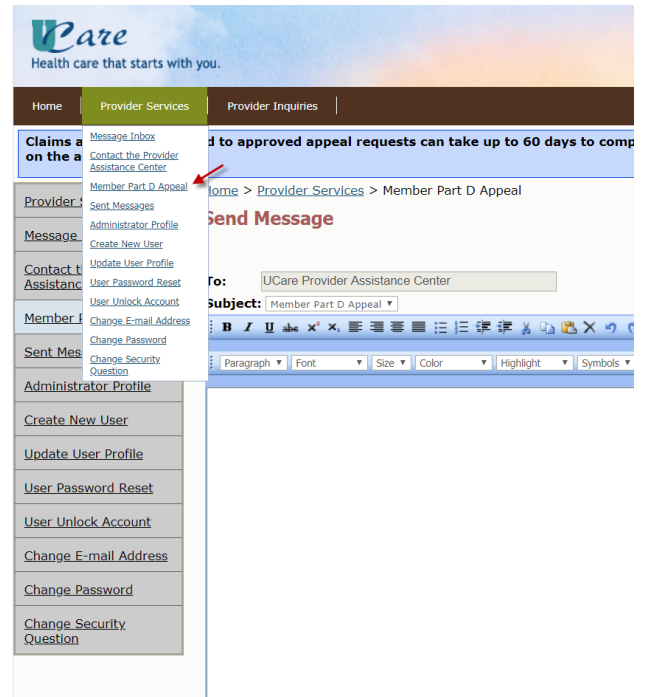
Medicare Part D Prescription Drug Program Appeal

Providers can now file a Medicare Part D Prescription Drug Program Appeal for a member on the Provider Portal. This appeal can be used for members in the following plans: UCare Medicare Plans (Total, Classic, Complete, Essentials Rx, Standard, Prime, Value, Group), EssentiaCare (Grand, Secure), UCare Medicare with Fairview & North Memorial (renamed UCare Medicare with M Health Fairview & North Memorial for 2020) (Care Core, Care Advantage), UCare's Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare.

The online form is available on the Provider Portal under the Provider Services tab. Users can select "Member Part D Appeal" and send a message to UCare with all of the appeal details for UCare to review and start the appeal process.

Ineligible Provider List

The UCare Ineligible Providers List is now located on the Provider Portal under the Provider Inquiries tab. Search this list 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.



CMS/DHS Billing Requirements for the 340B Drug Pricing Program

Use of Modifiers -UD, -JG, -TB

Modifier Usage for UCare's Prepaid Medical Assistance, Minnesota Care, Minnesota Senior Care Plus, and UCare Connect Programs

Effective for dates of service Jan. 1, 2020, and after, UCare will implement Department of Human Services (DHS) billing requirements and reimbursement guidelines for outpatient drugs acquired under the 340B program.

Providers participating in the 340B drug program are required to append modifier -UD on the drug line to identify 340B acquired drugs.

Modifier -UD: Drug or biological acquired with 340B during pricing program discount (Medicaid level of care 13, as defined by each state)

UCare follows DHS reimbursement guidelines for 340B-acquired drugs. At the time of this publication, the discount rate for drugs administered to state public program members is 28.6%. The discount is subject to change based on DHS published information.

The discount will be applied when **all** of the following criteria are met:

- Bill Type = 13x
- HCPCS submitted with modifier –UD
- HCPCS identified as eligible for 340B purchase by a Status Indicator of “K,” separately payable OPPS drugs, on the *CMS Addendum B. Final OPPS Payment by HCPCS Code* file
- The Provider’s payment is based on the UCare State Public Programs Hospital Outpatient Fee Schedule

Claims will be audited for compliance with modifier –UD and payment adjustments will be made where appropriate.

Modifier Usage for UCare’s Medicare Programs, Minnesota Senior Health Options, UCare Connect + Medicare Integrated and UCare Individual & Family Plans

As a reminder, on Jan. 1, 2018, Medicare began paying an adjusted amount of the average sales price (ASP) minus 22.5, equating to a discount of 26.9% of the fee schedule rate, for certain separately payable drugs or biologicals acquired through the 340B Program and furnished to a Medicare beneficiary by a hospital paid under the Outpatient Prospective Payment System (OPPS) that is not excepted from the payment adjustment policy.

At that time, UCare also implemented Medicare guidelines for payment of 340B-acquired drugs for products reimbursed on CMS OPPS methodology. The discount above is in effect at the time of this publication. It is subject to change based on CMS published information.

Reminder: Providers paid under OPPS are required to submit modifier –JG or –TB as appropriate to identify 340B-acquired drugs on hospital outpatient claims.

Modifier -JG: Drug or biological acquired with 340B during pricing program discount.

Modifier -TB: Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes.

CMS guidelines may be found in Publication #100-04, Medicare Claims Processing Manual at: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms018912.html>

UCare will audit claims for modifier compliance and make payment adjustments where appropriate.

UCare 2019 Q4 Provider Manual Update

The [2019 Q4 Provider Manual](#) has been updated to reflect current business practices. See the Oct. 31 Change Table for quick links to updates in these chapters:

- Chapter 3 Working with UCare
- Chapter 6 Sales & Marketing by Providers
- Chapter 9 Provider Credentialing
- Chapter 21 Behavioral Health
- Chapter 29 Nursing Facility Services

The latest version of the Provider Manual is available at home.ucare.org/providers then click "Provider Manual & Resources."

Documentation Improvement: Status Codes

Diagnostic status codes oftentimes get overlooked. It is important to properly document and report a member's complete health status at least once annually. Even if you're not providing direct treatment for these conditions, make sure to document and report these codes so the medical record reflects the true health status of the patient.

Focus on reporting of supplementary health status codes that are used in situations such as:

- When a patient is not sick, but receiving treatment (e.g., vaccinations, organ recipient)
- To document an encounter for health care treatment (e.g., renal dialysis)
- When a circumstance or problem influences health status, but it's not currently active (e.g., HIV, amputation)¹

Some examples of status codes that should be documented and reported:

- Ostomy status: Tracheostomy, Gastrostomy, Ileostomy, Colostomy, Enterostomy, Cystostomy
- Amputation status
- Asymptomatic HIV status
- Dialysis status
- Artificial opening status
- Respirator dependence status

With a new year approaching, keep in mind while providing care for your patients to document and report any status codes. Capturing and reporting these diagnoses early in the year will ensure that it has been reported for the year at least once. Proper documentation and reporting will support improved patient care.

1. Health Alliance website. "Status Codes." <https://www.healthalliance.org/>, Accessed October 2019.

Upcoming Cervical Screening Webinar to Offer Free Nursing CEUs

The American Cancer Society and the Minnesota Department of Health will host a webinar presentation on changes in cervical screenings on **Wednesday, Nov. 20** from 12-1 p.m. Presenters include [Debbie Saslow](#), Ph.D., from the American Cancer Society and Elizabeth Lando-King, Ph.D., RN, from the Sage Cancer Screening Program. The webinar will review recent changes in recommended cervical screening intervals, tests and the implications for the prevention and early detection of cancer.

Participants will be eligible to receive nursing CEUs at no cost to them. Space is limited. If you would like to attend, R.S.V.P. at <https://www.surveymonkey.com/r/8ZVHTKF>.

Model of Care (MOC) Training for Providers - UCare's MSHO and UCare Connect + Medicare

UCare's Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare members face a host of unique challenges and barriers to getting the care they need. These products are designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

Both plans are Dual Eligible Special Needs Plans, meaning that the member's Medicare and Medicaid benefits and services are integrated into one benefit package. The Model of Care (MOC) describes the population and UCare's approach to caring for our population. It also details how UCare provides and coordinates benefits and services for these members.

The Centers for Medicare and Medicaid Services (CMS) requires training on the Model of Care for providers on the management and procedures necessary to provide services and coordination of care to members.

All providers are required by CMS to complete one training option annually. Two options are available:

- Review the MSHO and UCare Connect + Medicare Model of Care description posted on UCare's [website](#) and maintain a signed attestation of training completion.

OR

- Attend in-person presentations, which are available upon request.

Following the training, share or review the information with all appropriate staff and partners at your clinic. You must document and maintain training completion records and provide such records to UCare upon request to confirm that the training has been completed.

Providers may also contact us at clinicaliason@ucare.org for information about our MSHO and UCare Connect + Medicare Model of Care training.

Happy Thanksgiving from UCare!

UCare and the Provider Assistance Center (PAC) will be closed Thursday, Nov. 28 and Friday, Nov. 29 for the Thanksgiving holiday. We will reopen Monday, Dec. 2 at 8 a.m.

At this time of Thanksgiving, please know we are thankful for our partnership with you in delivering high quality care to UCare members. Have a wonderful holiday!



UCare Provider Website

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