UCare Health Lines®

Monthly Provider Newsletter

January 2020

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

Reminder: Changes Affecting Claims Submissions for UCare Medicare Plans Beginning Jan. 1, 2020

UCare will continue implementing its new claims system in 2020. The Payor ID for all UCare Medicare Plans, EssentiaCare and renamed UCare Medicare with M Health Fairview & North Memorial Health plans will change to **55413** for electronic claims submitted with dates of service on and after Jan. 1, 2020. This is the same Payor ID currently used for UCare Individual & Family Plans.

All members in the impacted plans will receive a new 9-digit Member ID and card for 2020. Please make sure that your systems and clearinghouses are prepared for the Jan. 1, 2020, changes.

Claims for members that are not submitted to the correct Payor ID will be rejected with one of the reasons below:

- Entity not eligible for benefits for submitted dates of service.
- Subscriber not found.
- Member cannot be identified.

For additional details regarding these changes, please refer to the Oct. 30, 2019 Provider Bulletin or the Provider FAQs for the New Claims System.

Potential Delay for Some 2020 UCare Medicare ID Cards

UCare learned that some of the 2020 member ID cards for UCare Medicare Plans, EssentiaCare and renamed UCare Medicare with M Health Fairview & North Memorial members may be delayed. To ensure access to benefits and services on Jan. 1, 2020, UCare has sent all impacted members a letter with their new 2020 member ID. Please accept this letter as proof of coverage until the member ID cards arrive.

Providers have several options to check eligibility and access Medicare members' new, 9-digit member IDs for 2020. Provider can verify member eligibility by using the Interactive Voice Response, checking on the Provider Portal or referring to UCare's 270/271 HIPAA Transaction.

New Authorization Number Format on Provider Portal for 2020

All authorizations issued Jan. 1, 2020, or later will have a new number format on the Provider Portal, one or two letters followed by six numbers (e.g., S######). Authorization numbers issued before Jan. 1, 2020, could look like S######, $S0000###### or 0000###### on the provider portal.

The letter at the front of the authorization number is determined by the type of authorization. Following is a key to the most common types of authorizations:

- A - Admission authorizations both Medical and Behavioral Health
- H - Authorizations received for Outpatient Physical, Occupational and Speech Therapy
- R - Used for UCare Individual & Family Plan and UCare Individual & Family Plans with M Health Fairview members between 1/1/2019-12/31/2019
- S - Services such as DME, Procedures, psychotherapy sessions

Please use the number format you originally received (if applicable) for the authorization in UCare's provider portal, on the Claim Reconsideration Form or in the fax to request the authorization.

Inpatient Hospital Readmission Payment Policy

In January 2020, a payment policy was posted regarding UCare hospital readmission (https://home.ucare.org/en-us/providers/payment-policies-disclaimer/). To assure payment aligns with the policy, UCare will be conducting a post claims review for claims received on March 1, 2020, and forward. Any incorrect payments will be recouped.

Website Update: Provider Center Changes to Network Resources

On Dec. 30, 2019, in response to feedback we received from providers in UCare's Annual Provider Satisfaction Survey, UCare updated the Provider Center section of its website and renamed it **Network Resources**. Although the name has changed, the information is still the same. However, it is organized a little differently to help visitors navigate and find information easier.

The Network Resources page now has four main options to choose: **Join Our Network**, **Manage Your Information** (formerly Manage Your Provider Profile), **Credentialing Information** and **Provider Search**. Each of these options will take visitors to a different page with information about that topic.

Behavioral Health Provider Survey 2019

In addition to UCare's Annual Provider Satisfaction Survey, the Behavioral Health Services Department conducted a Behavioral Health provider survey in August 2019 seeking feedback on our authorization process. We contacted providers who have worked with UCare on obtaining a prior authorization within the past 12 months.

Here are the results:

- We doubled or response rate from 130 in 2018, to 260 in 2019.
- Timelines and clarity of our communication: overall satisfaction was 74%.
- Timeliness of our authorization process: overall satisfaction was 73%.
- Provider knowledge of our authorization process: overall satisfaction was 62%.

Provider comments from the survey allowed us to understand our areas for opportunity and improvement.

Areas for opportunity and improvement include:

- Improve timelines for concurrent reviews/approving additional days.
- Increase clarity around process for providers to submit a prior authorization.
- Improve communication with providers.

Behavioral Health Services implemented the following interventions:

- Significant process change for authorization of concurrent reviews.
    - The Utilization Review team was able to significantly decrease our turnaround time.
    - Average turnaround time currently is less than 72 hours.
- Create a step-by-step process for submitting prior authorizations.
    - This will be posted on UCare's provider website in the coming months.
- Implementation of Behavioral Health Triage line.
    - Provides direct assessment for members and providers to speak with staff from the Behavioral Health department.

Our Behavioral Health Services team would like to thank all providers for taking the time to share feedback on UCare's processes related to authorizations!

Behavioral Health Case Management

The goal for behavioral health case management is to provide member-centric advocacy and access to appropriate care for member's mental health, substance use and/or social determinant needs. Behavioral health case management is offered to Prepaid Medical Assistance Plan (PMAP), Minnesota Care (MnCare), Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members with the goal of expanding to additional products in 2020.

The criteria for members to qualify for behavioral health case management are as follows:

- 2 behavioral health admissions in the past 12 months of the following:
    - Inpatient mental health, substance use disorder or eating disorder.
    - Residential Treatment for mental health, substance use disorder, IRTS or eating disorder.

- 3 admissions in the past 6 months for crisis residential.
- 2 episodes in the past 12 months for partial hospitalization program.
- 2 visits in the past 6 months of behavioral health related emergency room visits.
- 2 admissions in the past 6 months for detox.

Please Note: Member must meet one or any combination of these criteria to be qualified for behavioral health case management.

If you would like to refer a member to behavioral health case management, please complete the Behavioral Health Case Management referral form. If the member does not meet criteria for behavioral health case management, there is an option to consult with a behavioral health case manager to discuss the member's behavioral health care needs via UCare's Behavioral Health Triage Phone Line.

Behavioral Health Triage Line

UCare's Behavioral Health Triage Phone Line is designed to support member's behavioral health needs, such as:

- Crisis Intervention
- Behavioral health referrals
- Behavioral health case management consultation
- Behavioral health provider in-network and specialty search
- Behavioral health service authorization and notifications
- Identification and connection to community resources

UCare's Behavioral Health Triage Line is available to all UCare members, providers and care coordinators Monday through Friday, 8:00 am-5:00 pm with afterhours support available. You may reach the Behavioral Health Triage Line at 612-676-6533 or toll-free at 1-833-276-1185.

Ineligible Provider List Updated Dec. 31, 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.* 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. The most current list can be found under Provider Inquiries on the Provider Portal. In addition 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.

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

Promoting Food Access for UCare Members

We're working hard to improve members' access to food in their communities. Since 2018, we've implemented several initiatives to address food insecurity among UCare members.

- **Outreach**
  Through targeted integrated voice response outreach calls and referrals from our case management teams, we've connected hundreds of families across Minnesota with advocates who help screen members for Supplemental Nutrition Assistance Program (SNAP) eligibility, provide SNAP application assistance, help with finding local food resources (food shelves, Fare for All, summer meal programs, Market Bucks, etc.), and referrals to social programs. Of the members who we've assisted, roughly 25% received help with applying for SNAP benefits, in addition to community resources.

  In partnership with Second Harvest Heartland and Hunger Solutions, we've conducted outreach in areas identified as having high food insecurity rates, including counties such as Olmsted, St. Louis, Freeborn, Kandiyohi, Mower, Winona and the seven-county metro area.

> "A member with four young children had been aware of the local food shelf. However, due to past experiences, was not comfortable using their services. We connected the member to another food shelf she was unaware of that was walking distance from her home, as well as the local summer meal sites for her children. We were also able to help the family renew their SNAP benefits."
> – Hunger Solutions staff

- **Savings on healthy food at the grocery store**
  Through our Healthy Savings* program, members receive special discounts on healthy foods at the grocery store on items such as milk, eggs, fruits, vegetables and so much more. In 2019, UCare members saved more than $37,000 at over 180 grocery stores across Minnesota! To learn more about the Healthy Savings program, visit healthysavings.com/ucare.

- **Pilot program: Healthy food box for members with chronic conditions**
  In partnership with Second Harvest Heartland, we piloted a 6-month FoodRx box program for Medicaid members with hypertension to promote healthier eating and improve health outcomes. The program provided participants with a shelf-stable healthy food box and educational materials once per month, as well as a blood pressure monitoring wrist cuff and monthly check-in calls. At the end of the program in April 2019, we found that participants who remained in the program were more likely to experience more favorable outcomes (decreased medical costs, ER visits, inpatient visits) compared to those who dropped from the program. Currently, we are piloting the FoodRx box program through our Health Journey Program for members with other chronic health conditions.

* Healthy Savings is a registered trademark of Solutran, Inc.

PAC Hours on Martin Luther King Day (Jan. 20).

The Provider Assistance Center will be closed on Monday, Jan. 20 for Martin Luther King Day. If you need assistance that day, log into the Provider Portal.

2020 Anti-Glare Lens Coating Coverage for UCare MSHO and Connect + Medicare Members

Beginning Jan. 1, 2020, UCare will offer supplemental coverage for Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare members for anti-glare lens coating on eyeglasses, once every two-years.

- Providers should bill using code V2750 – most often billed as 2-units, on a single line. Limit 2 units every 2-years.
- No diagnosis restrictions.
- No authorization required.
- Payment will not exceed $100.
- Claims exceeding the 2 units /2-yr limit will deny. Practitioners will see:
  - **CARC: 119**, Benefit maximum for this time period or occurrence has been reached.
 - **RARC: N640**, Exceeds number/frequency approved/allowed within time period.

Accurate Member Information Is Key to Smoother Claim Submissions

Providers should ask for a current member insurance card each time a member presents for services. This lets you update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing.

The UCare member ID number (1) 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 unique member ID numbers. Do not submit claims using the subscriber ID number with a dependent code.

Maintaining current insurance information (2) for members 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 of the member receiving the service (name, member ID#, birth date, address, etc.).

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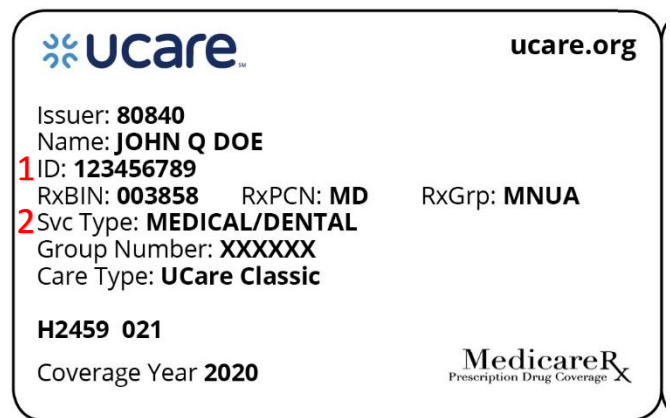
Documentation Improvement: Acute and Chronic Respiratory Failure

Respiratory failure occurs when not enough oxygen transfers from the lungs to the blood, or when the lungs can't properly remove carbon dioxide from the blood.[1] Respiratory failure may be due to several causes and can be an acute or chronic diagnosis. Acute respiratory failure usually is treated in an intensive care unit. Documenting the correct status of respiratory failure will ensure the health status gets documented accurately in the medical record and the diagnosis code is reported appropriately on claims.

Documenting respiratory failure
When documenting respiratory failure be sure to include the following in the patient's medical record:
1. Specify the acuity of the failure as one of the following:
    a. Acute
    b. Chronic
    c. Acute and Chronic
2. Identify the type of respiratory failure:
    a. With hypoxemia
    b. With hypercapnia
3. Document any treatment, including supplemental oxygen dependence, medication or pulmonary rehabilitation.
4. Document and code any underlying conditions causing the respiratory failure, such as COPD, fibrosis, injury or pneumonia.[1]

For accurate documentation and proper code assignment, it is important to include the above elements when documenting respiratory failure. Attention to these details in documenting and coding respiratory failure status helps support medical necessity and improve patient care.

1. Premera website: Acute and Chronic Respiratory Failure (accessed December 2019): premera.com

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