# Health Lines

## ICD-10-CM Coding for Social Determinants of Health

Providers are encouraged to submit Z codes to UCare with their ICD-10-CM coding.

Z codes address societal and environmental conditions such as food, housing, transportation, education, violence, social support, health behaviors and employment. The availability of this data will help providers improve the health of their patients and communities.

Guidance on using Z codes is available through the American Hospital Association online at https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf.

## UCare Members to Receive In-Home Test Kits

UCare understands that we are in unprecedented times with COVID-19 and that it is more important than ever for members to stay healthy. So, when it comes to staying up to date on important screenings, we looked for innovative and safe ways that appeal to members so time, travel and fear won't get in the way.

This year, we're offering members home testing kits for microalbumin, A1c and colorectal cancer screenings. We hope that by increasing the convenience of this test and addressing barriers like time, transportation and availability of clinic time, we're providing a safe way for our members to get the care they need, when they need it.

If the member completes the testing and returns the kit to the lab for analysis, both the primary care clinic and the patient will receive the lab results from our trusted vendor, BioIQ. The letter to your patient(s) will include a note telling them to contact their doctor to discuss those results. There's no extra cost for this test to either providers or members.

If you have questions about this program, please contact ucarequality@ucare.org.

### Table of Contents

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

# 2020 Formulary Status for Influenza Treatments

Below is a list of products for the treatment of influenza and their coverage status on the UCare formularies. Prescribing non-formulary or non-preferred products could result in delays in treatment and require prior authorization. Please note that for our State Medical Assistance Programs, the drug status is determined by the Preferred Drug List as directed by the Minnesota Department of Human Services.

| Drug Name | Medicare Programs | Medicare + Medical Assistance | State Medical Assistance Programs | UCare Individual & Family Plans |
|---|---|---|---|---|
| **Oseltamivir capsules** | Tier 2 | Tier 1 | Preferred | Tier 2 |
| **Oseltamivir suspension** | Tier 2 | Tier 1 | Preferred | Tier 2 |
| **Tamiflu capsules** | Non-formulary | Non-formulary | Non-Preferred | Non-formulary |
| **Tamiflu suspension** | Non-formulary | Non-formulary | Non-Preferred | Non-formulary |
| **Relenza** | Tier 3 | Tier 1 | Preferred | Tier 3 |
| **Xofluza** | Tier 3 | Tier 1 | Non-Preferred | Tier 3 |

# Ineligible Provider List Updated 08/31/2020

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. 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.

# September is Falls Prevention Awareness Month!

Falls are the leading cause of fatal and nonfatal injuries for older adults. Each year 1 in 3 adults 65 or older experience falls. Since falls are all too common among older adults, many people develop a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility, loss of physical fitness and an increased risk of falling. Dangerous falls can happen to anyone, at any time. Make sure to assess every patient over 65 years for fall risk and talk to members about falls prevention measures.

For more information visit ucare.org/falls.

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# Adult Residential Services:  High Intensity Committed/Complex Reminder

The Minnesota Department of Human Services (DHS) requires providers who see state public program patients with adult residential services to capture intensity levels accurately with high intensity committed/complex coding. UCare follows DHS guidelines closely. Providers should review the CCDFT Service Rates Grid to understand any level of treatment.

Following is an excerpt emphasizing high intensity committed/complex coding and which type requires additional modifiers. When billing, the high intensity committed/complex modifier needs to be listed on the same line as the other complexity/intensity modifiers. For example, you would bill one service line for the expected number of dates with H2036 & TG, U4, HK on that same line.

## Adult Residential Treatment Rates - acuity addressed in intensity

| Treatment Settings Descriptions | Addiction Only Basic Rate | Co-occuring complexity HH | Special Populations complexity U4 | Clients with their Children complexity U6 | Medical Services complexity U5 |
|---|---|---|---|---|---|
| High Intensity (Minimum 30 hours/week) * H2036 TG | $179.25 | +$10.76 | +$5.37 | +$5.37 | +$10.76 |
| High Intensity Committed/Complex * H2036 HK (effective 10/01/15) (Min 30 hrs/week, be committed and have severity ratings of "3" in dimension 3 and a 4 in dimension 4, 5, or 6 **OR** two "4" ratings in dimensions 4, 5, or 6). All with these rate combinations being placed at a CARE facility are entitled to the rat without a commitment. Pd in addition to high intensity rate above. | $151.50 | NA | NA | NA | NA |
| Medium Intensity (Minimum 15 hours/week)* H2036 TF | $132.90 | +$7.97 | +$3.99 | +$3.99 | +$11.96 |
| Low Intensity (Minimum 5 hours/week)* H2036 UD | $63.87 | +$3.83 | +$1.92 | +$1.92 | +$11.49 |
| Hospital Inpatient Per Diem Rates 0101 | $309.06 | +$18.55 | +$9.27 | NA | NA |
| Room and Board Rates 1002 & 1003 | $55.72 | NA | NA | +$13.37 | +$11.71 |

*References:*

MHCP Manual-SUD section

CCDFT Service Rates Grid

UCare Provider Bulletin dated 06/05/2020

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# Provider Relief Fund Application Deadline Extended to Sept. 13

The U.S. Department of Health and Human Services (HHS) has extended the deadline for the Provider Relief Fund applications until **Sunday, Sept. 13, 2020**.

HHS opened the application period in June and plans to distribute approximately $15 billion to eligible providers that participate in state Medicaid and CHIP programs who had not yet received a payment from the $50 billion General Distribution. Since that announcement, HHS has hosted webinars for providers to answer questions and assist those eligible through the application process.

Read the full announcement here: https://www.hhs.gov/about/news/2020/07/31/hhs-extends-applicationdeadline-for-medicaid-providers-and-plans-to-reopen-portal-to-certain-medicare-providers.html.

To stay updated on the latest information, we invite you to visit the following resources:

CARES Act Provider Relief Fund – https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

CARES Act Provider Relief Fund FAQs - https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html.

DHS Message on Provider Relief Fund - https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/provider-news/

# Model of Care Training

UCare's Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare plans are Dual Eligible Special Needs Plans, meaning that the member's Medicare and Medicaid benefits and services are integrated into one benefit package, with Long Term Services and Supports incorporated in the MSHO product. The Model of Care (MOC) describes the population, management, procedures and UCare's approach to caring for our population. It also details how UCare provides and coordinates benefits and services for these members.

UCare's 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.

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 to promote knowledge of the MSHO and Connect + Medicare population and assist providers in caring for these 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 (https://home.ucare.org/en-us/providers/model_of_care_training).

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. UCare recommends that you document and maintain training completion records.

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

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# Reminder:  New Member ID Card Design Started in August

Beginning August 2020, UCare introduced a new member ID card design for all products that will be issued for members who join UCare or seek a replacement ID card during the remainder of this year.

UCare will not replace the cards issued earlier this year for its other members (refer to the current Member ID Card Tip Sheet for examples of the current ID card). Providers should accept both ID card designs for the remainder of 2020. All members will have cards with the updated format after Jan. 1, 2021.

Read the June 15 Provider Bulletin for additional details.


# Documentation Improvement: Sepsis

Sepsis happens when an existing infection—in the skin, lungs, urinary tract or somewhere else—triggers a chain reaction throughout the body.[1] Sepsis is life-threatening and requires immediate treatment. Without timely treatment it can lead to tissue damage, organ failure and death.

Often, sepsis is reported incorrectly; therefore, it is crucial that sepsis is documented properly and clearly in order to ensure accurate reporting. To report sepsis as a diagnosis, the provider must document sepsis in the medical record.

Keep these in mind when documenting sepsis:
- Document the infection - If the patient is admitted with a localized infection and develops sepsis after admission, document the localized infection along with the sepsis or severe sepsis.
- When there is documentation of severe sepsis, there should be evidence of organ dysfunction or perfusion.
    o Severe sepsis may not be reported without documentation of the organ dysfunction.
- Sepsis and severe sepsis should not be reported unless the provider has documented sepsis, severe sepsis or an acute organ dysfunction.
- Use words such as "due to" to specify a causal organism. Example: sepsis due to E.Coli.
- Do not report sepsis if the condition has resolved during a patient's hospital stay.

To ensure the quality of care for a patient, is it important to provide very specific and accurate documentation. Attention to these details in documenting sepsis supports medical necessity and improved patient care.

1. Centers for Disease Control (CDC). What is Sepsis? https://www.cdc.gov/sepsis/. Accessed August 2020.

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