Jim Eppel selected as next UCare CEO

Jim Eppel will succeed Nancy Feldman as Chief Executive Officer after she retires this summer. Eppel currently is Senior Vice President of OptumInsight, a division of UnitedHealth Group.

A search committee of the UCare Board of Directors, working with an executive recruitment firm, conducted a national search to identify and interview candidates to succeed Feldman, who is retiring after leading UCare since 1995. Eppel will assume CEO duties on June 22 following Feldman’s retirement on June 19.

“Jim has a wealth of experience with both health plans and providers, and is extremely well regarded throughout the community,” said Macaran Baird, M.D., chair of UCare’s Board of Directors. “What’s more, he is deeply committed to UCare’s mission and values and will be an exceptionally good cultural fit for the organization.”

Prior to his work at Optum, Eppel served in executive leadership roles for Blue Cross Blue Shield of Minnesota, Allina Health, UnitedHealth Group, Medica, and MedCenters Healthcare. He began his career with KPMG Peat Marwick and is a graduate of St. Thomas University.

“I have long admired and respected UCare, and I look forward to joining an organization with such a demonstrated commitment to the health of the populations it serves,” Eppel said.

What’s Up with ICD-10 at UCare?

Since the beginning of the year, UCare has picked up the pace of its preparations for the new ICD-10 go-live date of October 1, 2015. That is when all HIPAA-covered entities must begin using the new code set. Compared to version 9, ICD-10 will be larger, more complex, and much more comprehensive. It will affect most health care businesses including providers, payers, vendors, and clearinghouses. ICD-10 will have an impact on technology systems, clinical documentation practices and behaviors, business rules and reporting, training and education programs, and more.

Electronic claims testing with UCare partners continues

Shortly, UCare will resume testing electronic claims submissions with several groups of
providers using the ICD-10 code set. We are also refining data analysis techniques that streamline how we will analyze the test results.

Our current ICD-10 testing process is to use the most commonly received ICD-9 codes to create ICD-10 claims. Then, we will run the ICD-10 coded claims through the test claims system to validate that the codes process as expected. Other external testing involves ensuring that ICD-10 codes are not stopped in between our provider partners and UCare.

In order to ensure your UCare-specific testing concerns and questions are addressed, we invite you to write to Angela Amendolare at aamendolare@ucare.org. We will continue to report on our testing initiatives up until the cutover date of October 1, 2015.

ICD-10 resources
ICD-10 compliance on October 1, 2015, is mandatory for all HIPAA-covered entities. The clock is definitely ticking. Fortunately, there are many resources available to help providers meet the deadline. While we can’t endorse any one in particular, here is a short list we think you’ll find useful as you work toward the date:

- Centers for Medicare and Medicaid (CMS)
  CMS Provider Resources Page
  CMS Road to 10: The Small Physician Practice's Route to ICD-10
  Workgroup for Electronic Data Interchange (WEDI)
  American Medical Association
  American Health Information Management Association (AHIMA)
  American Academy of Professional Coders (AAPC)
  HIMSS ICD-10 Playbook

Industry involvement aids process
UCare ICD-10 team members are active members of WEDI and the Minnesota ICD-10 Collaborative. They meet regularly with other payers, providers, vendors, and government agencies to discuss ICD-10 implementation strategies. We encourage you to visit the WEDI website for more information about available ICD-10 preparation resources.

Tips for ICD-10 success
UCare shares these tips to help providers through the ICD-10 transition:

- Begin training physicians, nurses, coders and staff NOW for ICD-10
- Have a Clinical Documentation Improvement (CDI) program in place
- Talk with vendors about ICD-10 planning
- Collaborate with trading partners and get involved with testing
- Submit claims containing ICD-9 codes (service date prior to Sept. 30, 2015); the sooner the better

If you have questions about this activity or have suggestions to help UCare be a better provider partner in ICD-10 preparations, send inquiries to icd10@ucare.org. We welcome your input.

National Drug Code - Claims Data Submission
Since October 2013, the Minnesota Department of Human Services (DHS) requires health plans contracted to provide Minnesota Health Care Programs to report National Drug Code (NDC) when specific HCPCS codes are submitted on a claim or encounter. The DHS list of required HCPCS requiring NDC reporting can be found
Please note this list is updated by DHS each quarter. Beginning in June 2014, DHS expanded health plan encounter reporting requirements to include the unit of measure (dosage) and drug quantity (number of units) on the encounter information along with the NDC.

To meet DHS requirements, UCare requires the following three data elements be populated on every applicable claim: a valid NDC number, measure and drug quantity information. At this time, this requirement is for all Medicaid claims but is not applicable to Medicare claims. Therefore, the following UCare plans are impacted: PMAP, MnCare, MSHO, MSC+ and *UCare Connect* (SNBC).

When all of the appropriate NDC information is not supplied on a claim, the claim may initially pay but payment on individual service lines will be recouped if and when UCare receives an NDC encounter error from DHS.

The Administrative Uniformity Committee (AUC) is a helpful resource for information regarding how NDC information should be submitted on a claim. Please review AUC guidance on the appropriate loop and segment sections that must be completed correctly on claims transactions in order for the NDC data to be appropriately captured and reported to DHS.

**Claim submission for NDC:**

Below is a summary of the information providers will receive from UCare when the required NDC information is not properly submitted on applicable Minnesota Health Care Program claims. Please note that UCare is working to review and improve how we prevent applicable MHCP claims without NDC information from processing. Our hope is to minimize the number of recoupments required to make DHS encounter reporting more accurate. In a future communication we will share the changes to our pre-processing logic to ensure UCare only pays claims containing the required information.

Examples of EOP descriptions regarding NDC claims:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Action</th>
<th>Error Code and description that will display on EOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim includes NDC number but is missing dosage and/or quantity values.</td>
<td>Claim may initially pay. Impacted service line will be denied by DHS as an encounter error. UCare will recoup payment on service line.</td>
<td>CARC 16: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation.</td>
</tr>
<tr>
<td>NDC value on the claim is not a valid code.</td>
<td>Claim may initially pay. Impacted service line will come back as a DHS encounter error. UCare will recoup payment on service line.</td>
<td>CARC 16: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation.</td>
</tr>
</tbody>
</table>

RARC M123: Missing/incomplete/invalid name, strength, or dosage of the drug furnished.

When providers receive a claim line denial or recoupment due to an NDC error, they should review impacted claims to ensure the appropriate NDC number, dosage and quantity are listed for each applicable HCPCS code on the claim. In order to correct claims that do not include required NDC information, UCare is requiring providers to submit an electronic replacement claim with the updated information. The AUC standard directs that when a provider changes any data on a claim, a replacement claim must be submitted electronically. This practice supports our ability to better streamline claim processing resulting in quicker and more accurate provider payments.

Next steps:
It has come to UCare’s attention that we may have inappropriately recouped claim payments when we reviewed DHS encounter errors between January and June 2014. Efforts are underway to validate the actions taken on service lines for dates of service January-July 2014. As a result, providers may see re-payment on impacted service lines in the coming weeks. Corrections have been made to minimize inappropriate recoupments on claims received after July 2014.

We apologize for any inconvenience these errors may have caused your organization. Thank you for your patience and partnership in supplying UCare with the appropriate information for accurate payment and reporting.

UCare providers welcome to apply for Excellence in Cultural Care Clinics award and the Excellence in Disability Care Clinics award

UCare recognizes our providers with the Excellence in Cultural Care Clinics award and the Excellence in Disability Care Clinics award for 2015. The application process is open to all UCare providers. You are invited to respond to one or both of the award applications.

The Excellence in Cultural Care Clinics award recognizes providers that demonstrate Culturally and Linguistically Appropriate Services (CLAS) standards. The Excellence in Disability Care Clinics award recognizes providers that provide quality care specifically for people with disabilities.

The application process for the Excellence in Cultural Care Clinics award can be found here. The application process for the Excellence in Disability Care Clinics award can be found here. Please complete the application(s) by April 15, 2015. If you have questions you can email us at P4Pinfo@ucare.org or call at 612-676-1070.

Honorees will be selected and notified by May 1, 2015, and will be invited to attend our Provider Recognition Event, A Salute to Excellence!, on June 1, 2015, at 5:30 p.m. at the McNamara Alumni Center at the University of Minnesota. Honorees are encouraged to attend the event, but it is not required to be considered for this award.
Colon Cancer Incentive available!

March is colon cancer awareness month so be sure to include a discussion with your patients about the importance of screening. UCare members can now receive a **$20.00 gift card** for simply completing a qualifying screening.

Starting at age 50, it’s a good idea to begin screening for colon cancer. Screenings not only help find cancer early, but they can also help prevent it. And did you know that a colonoscopy is not the only screening option? Other options, for example, include a simple in-home test kit.

Remind patients of their options and assist them to schedule an appointment with their doctor to discuss or contact their primary care clinic to find out how they can get the in home test kit option.

To be eligible for the **$20.00 gift card** members must:
- Be 65 to 75 years old.
- Be a member of UCare’s Minnesota Senior Health Options plan, Minnesota Senior Care Plus plan, or **UCare for Seniors** plan at the time of screening.
- Mail the completed voucher to UCare after completing your qualifying colon cancer screening.

Qualifying colon cancer screening tests include: a colonoscopy or sigmoidoscopy, or a stool test, which may be conducted at home. Follow these links to the current incentives: [MSHO and MSC+ Incentive](#) | [UCare for Seniors Incentive](#)

**HEDIS® Highlight: Follow-up care guidelines: Children prescribed ADHD medication**

UCare and Beacon Health Strategies (Beacon) work collaboratively to ensure that our members receive optimal care. NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS®) guides our efforts in measuring the quality and effectiveness of the care provided. The ADHD measure specifically focuses on follow-up care for children who are prescribed ADHD medication.

**What is the measure?**

After initial prescription of ADHD medication for a child between the age of 6-12, the percentage who have had:
- At least one follow-up visit with the prescribing practitioner within the first 30 days (initiation phase).
- At least two follow-up visits within 9 months following the initiation phase (continuation and maintenance phase).

**What are the best practices regarding this HEDIS® measure?**

- Upon prescribing a new ADHD medication to your patient, be sure to schedule the 30 day follow-up visit before they leave the office in order to assess how the medication is working.
- Continue to monitor progress by ensuring that 2 additional visits are scheduled within 9 months after the initiation phase.

**What is the relevance of this measure?**

According to NCQA’s “State of Health Care Quality 2013” report:
- Among children who have been prescribed medication for ADHD, approximately 2.5 percent are not taking their medications.
- Between 70 percent and 80 percent of children with ADHD respond to medications and exhibit an improved attention span, better performance on tasks and less impulsive behavior.
Resources
For more information on assessment, medication management, and other treatment issues:

- Visit the provider section of the Beacon Health Strategies website at www.beaconhealthstrategies.com/providers.html.
- Contact us at 612-355-1065 to discuss ADHD treatment options with Dr. Scott Yarosh, Beacon onsite Medical Director.

Special Transportation Services (STS) changes coming for the Certificate of Need (CON) process
The Certificate of Need (CON) process for Special Transportation Services (STS) providers is changing April 22, 2015. Beginning on that date, UCare will directly manage the CON process for STS. Rides will continue to be arranged by medical providers, STS providers, UCare members, and other helpful parties; but UCare will process the CON form (to be located on the UCare provider website) submitted to UCare and signed by the attending health care professional.

As a reminder, Special Transportation Services are intended for members who are unable to use common carrier transportation (e.g., private auto, taxi, or bus) because of physical or mental impairment or disability and require a driver to provide direct assistance to the recipient (door through door assistance) MS 256B.0625, subd.17, 17a & 18. Additionally, UCare requires an approved CON form to be signed by the attending physician, mental health professional, nurse practitioner, clinical nurse specialist, or physician assistant working under the delegation of the attending physician to be on file with UCare. More information will be coming soon regarding this change.

UCare to credential CSW-PIPs and LPC-MH providers in South Dakota
Effective April 1, 2015, UCare’s Credentialing Department will begin to credential the following types of practitioners in South Dakota:

- Certified Social Worker-Private or Independent Practice (CSW-PIP)
- Licensed Professional Counselor-Mental Health (LPC-MH)

Applicable CSW-PIPs and LPC-MHs must adhere to their state’s statues and rules regarding licensure in South Dakota.

In order to be credentialed with UCare, these provider types must:

- Have an existing UCare contract or have a pending contract in process.
  - If practitioners do not have a contract with UCare, they must apply to join the UCare network (click for details on how to apply).
- Complete the Uniform Initial Credentialing Application. Credentialing Applications can be submitted via the following (paper mailed applications are not accepted):
  - ApplySmart
    - If you have not enrolled with the ApplySmart system, check with your clinic credentialing staff or go to http://mncred.org.
- Download the Initial Uniform Credentialing Application from UCare’s website. (Find this form by going to www.ucare.org/providers, Quick Links - Provider Manual, then Chapter 17 - Provider Enrollment.)

Any claims that are submitted for CSW-PIP or LPC-MH after April 1, 2015, will not be paid.
Contact information changing for UCare’s Credentialing Department

Effective April 1, 2015, UCare’s Credentialing Department will disconnect the phone number (612-676-3660). You may still contact the Credentialing Department with any credentialing related questions via email at credentialinginfo@ucare.org.

For any billing, claims, contracting and credentialing related questions and/or issues, please contact UCare’s Provider Assistance Center at 612-676-3300 or toll free at 1-800-531-1493.