UCare Products for 2016

UCare will proudly serve members of these health insurance products in 2016.

- Minnesota Senior Health Options (MSHO) – Integrates Medical Assistance and Medicare services and payments for people age 65 and older.
- Minnesota Senior Care Plus (MSC+) – For people eligible for Medical Assistance age 65 and older.
- UCare Connect (a.k.a. Special Needs BasicCare, or SNBC) – For adults with certified disabilities (physical and/or mental illness, certified by state or federal government) ages 18-64 (may remain in SNBC when they turn 65).
- UCare Choices and Fairview UCare Choices – Commercial products for individual and family coverage available through MNsure.
- UCare for Seniors (UFS) – Medicare Advantage products for people eligible for Medicare.
- EssentiaCare – A new Medicare Advantage product offered in partnership with Essentia Health for Medicare-eligible people in 10 north-central Minnesota counties.
- MinnesotaCare and PMAP in Olmsted County – Income-based Minnesota Health Care Programs for individuals and families.

UCare for Seniors/EssentiaCare Member Information Meetings

With 2016 just around the corner, encourage your patients interested in UCare’s Medicare options to attend one of many Medicare-related informational sessions in their area. In UCare for Seniors/EssentiaCare Information Meetings, UCare representatives review the benefits for each of our Medicare plan options.

Our UCare for Seniors Medicare plans are available in all 87 counties throughout Minnesota. Our EssentiaCare Medicare plans are available in ten Minnesota counties: Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itaska, Lake, and St. Louis.

Click here to see the schedules for these sessions. Seating is limited, so attendees are asked to either enroll online or make a reservation by calling 1-877-523-1518 toll free (TTY 1-800-688-2534 toll free) from 8 a.m. to 8 p.m. daily.
Information regarding the DHS Annual Health Plan Selection for 2016

As many of your PMAP and MinnesotaCare patients will transition to new health plans in 2016, please help remind them of important dates. Below are the key dates for the annual health plan selection as set forth by the Minnesota Department of Human Services (DHS). For more details, patients in these programs can contact the Minnesota Health Care Programs Member Help Desk at 651-431-2670 or 800-657-3739.

DHS created a website with information for enrollees transitioning to new health plans. Providers may also find this information helpful. Please visit http://mn.gov/dhs/health-plan-selection/

Summary of UCare Health Care Plan Benefit Changes for 2016

Below is a high-level summary of key benefit changes in all UCare products for 2016. For more information on UCare’s health plan benefits, please visit UCare’s Health Plan web page.

**Mandated State Public Programs benefit changes for 2016:**

**For PMAP, MSC+ and MinnesotaCare members subject to cost sharing:** Copays are waived for the following:

- All members of federally recognized American Indian tribes
- Preventive services rated A or B by the U.S. Preventive Services Task Force (includes tobacco cessation)
- Immunizations recommended by the Center for Disease Control
- Federally required preventive services and screenings provided to women

**For PMAP and MSC+ (not MinnesotaCare) members subject to cost sharing:** For all state public programs (excluding MinnesotaCare), Medicaid monthly cost sharing is now limited to 5% of a member’s family income. This limit was previously in place for enrollees of these plans with income less than 100% of federal poverty guidelines, but now has been expanded to all enrollees of these programs regardless of income.

MinnesotaCare copays will change significantly for 2016:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2015 Copay</th>
<th>2016 Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand prescription drugs*</td>
<td>$3</td>
<td>$20</td>
</tr>
<tr>
<td>Generic prescription drugs*</td>
<td>$3</td>
<td>$6</td>
</tr>
<tr>
<td>Pharmacy Monthly Max Out of Pocket</td>
<td>None</td>
<td>$60</td>
</tr>
<tr>
<td>Eyeglasses</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Non-preventive visit**†</td>
<td>$3</td>
<td>$15</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>$3.50 (non-emergent)</td>
<td>$50</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$0</td>
<td>$150</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$0</td>
<td>$25</td>
</tr>
<tr>
<td>Ambulatory Surgery</td>
<td>$3</td>
<td>$50</td>
</tr>
<tr>
<td>Radiology</td>
<td>$3</td>
<td>$25</td>
</tr>
</tbody>
</table>

*anti-psychotics exempt
**behavioral health exempt
† Applies to physician, chiropractor, podiatrist, nurse midwife, advanced practice nurse, audiologist, optician, or optometrist visits

(Continued on next page)
UCare additional state public program benefit changes:
Due to changes in CMS Medicare Advantage benefits policy, effective January 1, 2016, UCare will discontinue coverage of Personal Emergency Response System (PERS) (A9280) and the $450 annual bath safety equipment allowance for MSHO members living in the community who are not on Elderly Waiver. Elderly Waiver coverage of PERS is not impacted by this change. See more information below.

UCare is in currently performing the annual review of Health Promotion programs (e.g. maternity program, Mobile Dental Clinic, health improvement incentives). Check back in the next issue for a summary of changes for 2016!

Medicare Advantage plans benefit changes for 2016:
UCare’s portfolio of Medicare Advantage plans has expanded to include EssentiaCare, a partnership between Essentia Health and UCare in ten northern Minnesota counties (Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, and St. Louis).

The Ucare for Seniors (UFS) product remains available in all counties in Minnesota. Highlights of benefit UFS changes for 2016 include:
- Dental benefits in all plans;
- Copays decreased on prescription drug Tier 2 generics in plans with Part D coverage; and
- Travel coverage enhanced.

UCare Choices/Fairview UCare Choices plan benefit changes for 2016:
- Added the following FREE preventive pharmacy services:
  - Low-dose aspirin use for pregnant women who are at high risk for preeclampsia
  - One option available for each method of contraception
  - Added Nuvaring, as well as additions in coverage of contraceptive foams, spermicides, and female condoms
- Travel vaccines are now covered (anthrax, Japanese encephalitis, rabies, typhoid and yellow fever)
- Changed pharmacy days’ supply from 31/60/90 to 30/60/90
- Specialty drugs:
  - No longer allow 1 retail refill—all refills must be done through Accredo
  - No longer a $10 copay on generic specialty drugs
  - Fairview UCare Choices specialty drugs will be fulfilled through the Fairview specialty pharmacy

All UCare providers: Provider Manual Updated
Revisions to UCare’s Provider Manual are now available. Each chapter was reviewed to reflect UCare’s current business practices. As a reminder, the Provider Manual contains important information, especially for UCare contracted providers, and is updated as needed. Please reference it regularly for up to date content.

Revisions to note
- Information related to UCare’s new product, EssentiaCare, has been added where appropriate throughout the Provider Manual.
- Reminder: Prior to October 1, 2015, updates were made wherever necessary related to ICD-10 codes.
- Chapter 1 (Introduction to UCare) - Phone and fax numbers for Pharmacy Benefit Manager added to “UCare Contacts for Provider Organizations”
- Chapter 2 (Member Enrollment & Eligibility) – Eligibility & Enrollment information updates for Minnesota Health Care Programs and Medicare Programs
- Chapter 6 (Claims & Payment) – Updates in subsection on Claim Adjustment, Auditing & Recovery
- Chapter 8 (Home Care Services) – Updates in in subsection on Home Infusion Services
- Chapter 11 (Interpreter Services) – Updates to quarterly report deadlines for Interpreters in section on Interpreter Services Requirements and Performance Expectations; Updates to required MDH Roster ID in section on Reimbursement and Claims Processing Guidelines.
• Chapter 12 (Transportation Services) – Due to several updates in the Transportation Services chapter, a separate bulletin will be posted on these changes later in November.
  o Updates to the following sections: Definitions; Transportation Provider Service Expectations and Requirements; Transportation Fraud, Waste and Abuse Requirements; and Transportation Services Authorization and Billing Information

• Chapter 16 (Quality Program) – Added information regarding Advanced Directives Audits & Resources and Medical Chart Audits

• Chapter 18 (Member Complaints, Appeals & Grievances) – Updates on the appeal and grievance process for UCare Choices and Fairview UCare Choices

• Chapter 20 (Delegated Business Services) – Updated phone and fax numbers for Express Scripts, UCare’s Pharmacy Benefits Manager as well as updated information on Delta Dental of Minnesota

• Chapter 21(Point-Of-Service: UCare for Seniors and EssentiaCare) – Updates to details on Non-Covered Services, Point-of-Services Benefit

What’s needed from you?
• Review all Chapters that impact your business, paying special attention to those mentioned above.
• Ensure you have a thorough understanding of UCare’s expectations of you as a contracted Provider.
• If you have any questions or concerns, please call UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

Introducing the Antidepressant Medication Management Member Outreach Program (AMM)

Beacon, UCare’s Behavioral Health Delegate, is proud to announce that they have successfully launched their new Antidepressant Medication Management Member Outreach Program (AMM). The purpose of this program is to improve a patient’s antidepressant medication adherence through a prospective and proactive management approach with monthly patient outreach from our specialists. Many patients stop taking antidepressant medication soon after it is prescribed because they do not feel any better. The best approach to manage this non-adherence is to prevent it from happening by conducting member education and contacting the patient close to the initial prescribing date. Even if a patient has stopped taking their medication in the first week, there is still an opportunity to educate the patient and have them resume their therapy. Our goal is to preserve patient adherence to antidepressant medication, improve quality of care, and to promote communication between the patient and the prescriber.

Prescribers of antidepressant therapy also have the option of enrolling any single patient or even all of their qualifying patients into the program. To enroll a patient, at the time of establishing a depression diagnosis and prescribing an antidepressant the provider simply has the patient co-sign a referral form agreeing to participate in the program. The form is then faxed in according to the directions found in [this form](#).

For more information on the AMM program, please [click here](#) to view the actual referral form. We invite you to enroll your UCare patients in this complimentary program.

Facility closing: 30 days advance notice process

It is important that providers notify UCare before their practice/ facility is scheduled to close. Such notice is necessary to ensure that UCare has adequate time to assist our members who receive care at these locations to smoothly transition elsewhere. Facility closing notification must be submitted to UCare at least 30 calendar days prior to the effective date.

This process is easily done online using UCare’s Facility/Clinic Close Form. This form is located on our provider website’s Provider Profile tab under the “Update Your Organization or Facility Information” section. Here is the direct link to the Facility/Clinic Close Form: [www.ucare.org/providers/Provider-Profile/Pages/FacilityClose.aspx](http://www.ucare.org/providers/Provider-Profile/Pages/FacilityClose.aspx).
Please note that other changes can also be made using online forms to manage your Provider Profile. For example, submit the online Facility Change Form - Demographic Change/Update form to notify UCare whenever you have a facility change such as a new physical/billing address, tax ID number, legal name, phone number, or NPI number. This form and many others are conveniently accessed through the Provider Profile tab at https://www.ucare.org/providers/Provider-Profile/Pages/Profile.aspx. If you have questions on how to fill out these forms, contact UCare’s UCare’s Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493.

Thank you for your partnership in providing quality care to UCare members.

ICD-10 Tip: Screening Mammography Services

If you submit claims for screening mammography services for your Medicare patients, please review the ICD-9 to ICD-10 diagnosis crosswalk reference below.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-9 Description</th>
<th>ICD-10-CM crosswalk</th>
</tr>
</thead>
<tbody>
<tr>
<td>V76.11</td>
<td>Special screening for malignant neoplasm, screening mammogram for high-risk patients</td>
<td>Z12.31</td>
</tr>
<tr>
<td>V76.12</td>
<td>Special screening for malignant neoplasm, other screening mammography</td>
<td>Z12.31</td>
</tr>
<tr>
<td>V10.3</td>
<td>Personal history of malignant neoplasm, breast</td>
<td>Z85.3</td>
</tr>
<tr>
<td>V16.3</td>
<td>Family history of malignant neoplasm, breast (biological mother, sister, daughter)</td>
<td>Z80.3</td>
</tr>
<tr>
<td>V15.89</td>
<td>Other specified personal history presenting hazards to health (Female who has not given birth before age 30 or a personal history of biopsy-proven benign breast disease)</td>
<td>Z98.89</td>
</tr>
</tbody>
</table>

Additional diagnosis codes may be reported as secondary or subsequent codes for high-risk patients.

This information can be found out on the CMS website at www.cms.gov. The Claims Processing Manual 100-04, Chapter 18, Section 20 directs providers to use this ICD-10 code as does the Preventive Services Guide.

Clinical Documentation - Focus on Cancer

Proper documentation of a cancer diagnosis is needed to ensure that a patient’s true health status is being correctly reported. ICD-10-CM has significantly increased the specificity of the neoplasm codes used for reporting. Thus, the need for complete and accurate diagnostic documentation is even more crucial.

The first step to complete documentation and coding is determining if the cancer is current or historical. Patients receiving active treatment for cancer should be documented with the appropriate neoplasm diagnosis. Active treatment includes chemotherapy, radiation, or adjunct therapy. Cancer medications, such as Herceptin, Tamoxifen, and Lupron are considered adjunct therapy and while a patient is prescribed this therapy their documentation and coding should reflect the malignancy. Once there is no evidence of the cancer and the patient is no longer undergoing active
treatment, documentation should reflect a "personal history of malignant neoplasm" with the associated site. The appropriate Z code per anatomical site would be used for reporting.

If the cancer is being actively treated, the neoplasm needs to be documented. Neoplasm codes in ICD-10-CM are listed by anatomical site, with six variations based on neoplasm behavior. Documentation needs to state whether the neoplasm is malignant, benign, in situ, of uncertain behavior or of unspecified nature. Using unspecified in nature should only be used if the behavior is truly unknown rather than as a default code. It is important to note that ICD-10 offers greater specificity of anatomic site for certain neoplasms. For instance, breast cancer has gender specification, laterality and quadrant classification. Documenting the location detail of the neoplasm will facilitate accurate code assignment.

Additionally, the documentation should clearly note metastatic sites, related conditions, treatment and complications. Conditions related to or caused by the cancer or treatment are often discussed and treated, but not documented. An example of this is protein-calorie malnutrition, which is often associated in oncology patients but commonly missed in documentation.

Comprehensive provider documentation is essential for the accurate code assignment and reporting of all diagnoses. Per the Official ICD-10-CM Guidelines for Coding and Reporting, physicians should code chronic and coexisting conditions as often as they are treated or affect patient care, treatment, or management. Therefore, even if providers are not directing the treatment of a patient’s malignancy, they should code out the condition if it was considered in the care of their patient.

Strengthen the integrity of a patient’s medical record by taking a few moments to understand these documentation needs.

**Personal Emergency Response System (PERS) Services**

On November 5, 2015, UCare sent a letter to all providers of Personal Emergency Response System (PERS) services to UCare MN Senior Health Options (MSHO) members who are not on the Elderly Waiver. The letter was to inform those providers that UCare will no longer cover PERS services for MSHO members who are not on Elderly Waiver effective January 1, 2016. This change is due to changes in Centers for Medicare and Medicaid Services (CMS) supplemental benefit policy.

However, UCare will continue to cover PERS for MSHO members who are on the Elderly Waiver, as this service is part of the Elderly Waiver home and community based services coverage.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>HCPCS code</th>
<th>Coverage January 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERS for UCare MSHO members without EW</td>
<td>A9280</td>
<td>No longer covered</td>
</tr>
<tr>
<td>PERS for UCare MSHO members with EW</td>
<td>S5160, S5161, S5162</td>
<td>Covered if prior authorized by UCare for MSHO members with Elderly Waiver</td>
</tr>
</tbody>
</table>

UCare Care Coordinators are working with impacted MSHO members to determine if these members are eligible for the Elderly Waiver. If a member transitions to Elderly Waiver status, UCare will work with the member to ensure continuation of PERS services (if applicable).

**Modifier Impact on Payment for Professional Services**

Effective January 1, 2016, UCare will be implementing several changes that may, or may not, impact your business. Please review the detail below to identify what may have an impact to you. UCare strives to partner with our provider network and provide as much notice as possible when changes such as this occur.

Whenever possible, UCare aligns the payment methodology for their products to those used by Medicare and Minnesota Health Care Programs (MHCP)/Medicaid. We also want payment to be transparent and predictable. To
ensure we strive to meet these objectives, UCare will be making some changes to how we pay professional services appended with modifiers that impact payment. We will be posting a modifier table to the Payment Policy section of our website (www.ucare.org/providers and then scroll under Quick Links to select the Payment Policy site) that includes information on frequently used modifiers. The modifier table will reflect the changes outlined below and will be effective for dates of service January 1, 2016, and thereafter.

**MODIFIER INFORMATION:**

- **22 Increased Procedural Services Modifier**
  - Medical records and supporting documentation will be required when this modifier is submitted. For all UCare products, when review of submitted documentation supports additional payment for eligible services the base allowed amount will be increased by 20%. Claims submitted without supporting documentation will be denied.

- **52 Reduced Services Modifier**
  - For all UCare products unless Medicare or MHCP (depending on the Product) has established an allowed amount eligible services submitted with a -52 modifier the base allowed amount will be reduced by 50%.

- **53 Discontinued Procedure Modifier**
  - **Medicare and Commercial**
    For all Medicare and UCare Choices products, when the -53 modifier is appended to an eligible service the base allowed amount will be reduced by 50%. For procedures codes 45378, G0105, and G0121 submitted with a -53 modifier, payment of eligible services will be based on the UCare fee schedule amount.
  
  - **Medicaid / MHCP**
    For all UCare Medicaid/MHCP products, when a -53 modifier is appended to an eligible service the base allowed amount will be reduced by 50%.

- **54 Surgical Care Only Modifier**
  - **Medicare and Commercial**
    For all UCare Medicare and UCare Choices products, UCare will follow Medicare guidelines. For eligible services, payment is based on the pre- and intraoperative percentage for the surgical procedure as defined by Medicare.
  
  - **Medicaid / MHCP**
    For all UCare Medicaid/MHCP products, when the -54 modifier is appended to an eligible service, the base allowed amount will be reduced by 20%. Payment for eligible services will be made at 80% of the base allowed amount.

- **55 Post-Operative Management Only Modifier**
  - **Medicare and Commercial**
    For all UCare Medicare and UCare Choices products UCare will follow Medicare guidelines. For eligible services, payment will be based on the postoperative percentage for the surgical procedure as defined by Medicare.
  
  - **Medicaid / MHCP**
    For all UCare Medicaid/MHCP products, when the -55 modifier is appended to an eligible service, the base allowed amount will be reduced by 80%. Payment for eligible for services will be made at 20% of the base allowed amount.

- **62 Two Surgeons Modifier**
  - For all UCare products, when the -62 modifier is appended to an eligible surgical procedure, 62.5% of the base allowed amount will be paid to each surgeon.

- **63 Procedure Performed on Infants less than 4 kg Modifier**
  - For all UCare products, when the -63 modifier is appended to an eligible surgical procedure the base allowed amount will be increased by 20%.
-78 Modifier - Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure during the Postoperative Period

- Medicare and Commercial
  For all UCare Medicare and UCare Choices products UCare will follow Medicare guidelines. For eligible services, payment will be based on the inter-operative percentage for the surgical procedure as defined by Medicare.

- Medicaid / MHCP
  For all UCare Medicaid/MHCP products, when the -78 modifier is appended to an eligible service, payment will be made at 76% of the base allowed amount.

Assist at Surgery Modifiers (-80, -81, -82, -AS)

- Medicare and Commercial
  For all Medicare and UCare Choices products, UCare follows Medicare guidelines.

- Medicaid / MHCP
  For UCare’s Medicaid/MHCP products, reimbursement for eligible services will be changing from 20% to 16% of the allowed amount when services are performed by a physician. For non-physician providers who assist at surgery services must be submitted with the –AS modifier. Payment for eligible services will be made at 10.4%. These changes in payment align with MHCP’s current payment methodology.

Thank you for your continued service to UCare’s members. If you have any questions, please contact our Provider Assistance Center at 612-676-3300 or 1-888-531-1493, Monday – Friday, 7 a.m. – 5 p.m.

Clinical Practice Guidelines

UCare, through its Quality Improvement Advisory and Credentialing Council (QIACC), adopts and disseminates evidence-based clinical practice guidelines from nationally or locally recognized sources to support good decision making by patients and clinicians, improve health care outcomes, and meet state and federal regulatory requirements. At least every two years, QIACC reviews and approves the content of the guidelines.

UCare recently reviewed and approved the following Institute for Clinical Systems Improvement (ICSI) guidelines:

- Preventive Services for Adults. In October 2014 ICSI endorsed (with qualifications) the United States Preventive Services Task Force (USPSTF) recommendations for adults. ICSI’s endorsement summary is noted on their website under this guideline. UCare reviewed and approved ICSI’s endorsement of the USPSTF recommendations in October 2015 with no modifications.

- Preventive Services for Children and Adolescents. The last ICSI guideline update was September 2013. UCare reviewed and re-approved the ICSI guideline in October 2015 with the following modifications:
  o Follow Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screenings, which include blood lead testing.
  o At the discretion of the provider and based upon the individual risks of the member, annual or more frequent well child visits are recommended.

Rationale for modifications:

- The UCare guideline must at a minimum follow C&TC state regulatory requirements.
  o The UCare guideline must recognize the unique nature of its public program populations.

UCare continues to maintain the following medical clinical practice guidelines:

- Asthma, Diagnosis and Management of
- Diabetes Mellitus in Adults, Type 2; Diagnosis and Management of
- Heart Failure in Adults
- Obesity for Adults, Prevention and Management of
• Prenatal Care
• Preventive Services for Adults
• Preventive Services for Children and Adolescents

UCare continues to maintain the following behavioral health clinical practice guidelines:
• Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder
• Assessment and Treatment of Children and Adolescents with Depressive Disorders
• Treatment of Patients with Major Depressive Disorder
• Treatment of Patients with Schizophrenia
• Treatment of Patients with Substance Use Disorders

UCare posts clinical practice guidelines on our website for providers to access. Find the full UCare guidelines here: [UCare | 24. Clinical Practice Guidelines](#).

UCare also provides a hard copy of the guidelines in new provider orientation packets and notifies providers of updates in our provider bulletins. Guidelines are also provided to providers upon request.