UCare Products for 2016

As you may know, the Minnesota Department of Human Services (DHS) announced in July its intent not to contract with UCare for Prepaid Medical Assistance Program (PMAP) or MinnesotaCare (MnCare) in any Minnesota county* beginning January 2016.

UCare will continue to offer these 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.

*As of Oct. 9, 2015: UCare will continue to be a MinnesotaCare and PMAP health plan option for residents in Olmsted County in 2016.

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.

Schedules for these sessions are listed on online at [https://www.ucare.org/HealthPlans/Medicare/ucareforseniors/Pages/AttendaMeeting.aspx#](https://www.ucare.org/HealthPlans/Medicare/ucareforseniors/Pages/AttendaMeeting.aspx#).

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.
UCare has Implemented ICD-10! Here’s How It’s Going

The tenth revision of the International Classification of Diseases, ICD-10, is live! As of October 1st, 2015, UCare is accepting claims coded using ICD-10 Clinical Modification (CM) and Procedure Classification System (PCS) codes in accordance with CMS and DHS guidance. Since Oct. 1, UCare has been carefully monitoring our claims processing systems to ensure claims are properly adjudicating. Our systems are currently functioning normally and are processing the new codes. As most payers have done, UCare configured the appropriate edits needed to accept and process claims with complaint coding conventions. These edits are also functioning as expected. Though UCare observed a decrease in claim submissions around the go-live date, levels have returned to normal. UCare asks that providers continue to code as accurately as possible, and to please contact UCare’s Provider Assistance Center (PH: 612-676-3300 or 1-888-531-1493 toll free) with any questions or concerns.

For federal policies and guidelines regarding when and which claims need ICD-9 or ICD-10 codes, please download and read CMS’s MLN Matters SE1408 and MLN Matters SE1325.

*HCPCS and CPT codes were not included in the ICD transition.

Code Specificity

On July 6, 2015, CMS published a joint announcement with the American Medical Association indicating ICD-10 flexibility and guidance for Medicare fee-for-service Part B physician services. Please note that on and after Oct. 1, 2015, UCare requires providers to code claims and requests for authorization and notification with diagnosis and procedure codes at the greatest level of specificity for all of our product lines. To decrease processing timelines and increase payment accuracy, we urge providers to leverage this approach on all submitted claims and authorization requests.

How to Find ICD-10 Codes

The tenth revision has two parts, ICD-10-CM and ICD-10 PCS.

- **ICD-10-CM** is the clinical modification of WHO standards for diagnoses and is maintained by the National Center for Health Statistics (NCHS). This single volume will replace both ICD-9-CM Volumes 1 and 2. The U.S. Department of Health and Human Services (HHS) has mandated that ICD-10-CM codes will be used in standard electronic transactions for dates of service on or after the October 1, 2015 implementation date. The 2015 ICD-10-CM codes and GEMs (General Equivalency Mappings) can be found here.

- **ICD-10-PCS** is the procedure classification system developed by CMS that will be used for hospital inpatient settings. This will replace ICD-9-CM Volume 3. The 2015 ICD-10-PCS codes and GEMs can be found here.

If interests are more specialty-specific, consider visiting CMS’s “Road to 10” to find subsets of codes and clinical documentation information relevant to the fields of Family Practice, Pediatrics, OB/GYN, Cardiology, Orthopedics, Internal Medicine, and others.

Should you have questions regarding UCare’s implementation of ICD-10, please email icd10@ucare.org.

Important Reminder: Electronic Data Interchange (EDI) Reports

Electronic Data Interchange (EDI) is the process of transmitting structured data electronically between two entities. To facilitate electronic communication, uniform standards were developed by national and international entities. The standards are meant to improve the efficiency and effectiveness of health by encouraging the widespread use of EDI in the U.S health care system.

On September 22, 2015, UCare published a Provider Bulletin containing details describing EDI-related definitions, reports, checklists, resources and troubleshooting tips for utilizing 277CA rejection reports. Please refer to this bulletin for important details on this topic.
Change in Process for Early PCA Reassessment Requests Due to Change in Condition
Beginning 11/1/2015, requests for early PCA reassessments due to Change in Condition must be ordered by the assigned UCare MSHO/MSC+ Care Coordinator/Case Manager.

Member, Responsible Party, PCA agency or attending health care provider may contact the Care Coordinator/Case Manager to request an early reassessment. To obtain the contact information for a member’s Care Coordinator/Case Manager, please call UCare at 612-676-3482.

Webinar on Shared Decision-Making & Depression Treatment in Primary Care
Join us for a webinar to better understand how you can incorporate shared decision-making into primary care when working with patients who experience depression. This webinar is intended for health care providers, public health nurses, health educators, community health workers, social workers, and therapists. CMEs are available. Presenters are Vicki Olson, Program Manager, Stratis Health, Dr. Art Wineman, MD, HealthPartners, and Tasha Gastony, PA-C, Park Nicollet.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Thursday, November 12, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>12:00 – 1:00 pm</td>
</tr>
<tr>
<td>To register:</td>
<td>Email CJ at <a href="mailto:Carroll.J.Helm@HealthPartners.com">Carroll.J.Helm@HealthPartners.com</a></td>
</tr>
</tbody>
</table>

This webinar will be recorded and available for viewing later at [http://www.stratishealth.org/pip/antidepressant.html](http://www.stratishealth.org/pip/antidepressant.html)

This webinar is presented by a collaboration of Minnesota health plans working to improve antidepressant medication management in Minnesota. Thank you to Blue Plus, HealthPartners, Hennepin Health, Metropolitan Health Plan, Medica and UCare for their commitment to this issue.

New Incentive for Members to Get Their Diabetic Eye Exam!
A common complication of diabetes and one of the easiest to prevent is the eye disease retinopathy. If untreated, retinopathy can cause vision loss and blindness.

A diabetic retinal eye exam can detect problems early before eyesight is affected. During a dilated eye exam, the eye doctor can see areas of the eye that may be harmed by diabetes. Early treatment of diabetic retinopathy is very effective.

In August 2015, UCare for Seniors MN and Minnesota Senior Health Options (MSHO) members who are due for their diabetic eye exam will receive a voucher in the mail.
- Member schedules Diabetic eye exam and brings voucher
- Eye provider signs voucher after completed exam
- Member returns voucher in postage paid envelope to UCare and receives a $50 gift card

Members have until December 31, 2015 to return the signed and dated voucher. Work with your patients to help them get scheduled for their diabetic eye exam today!
Effective Monday, October 5, 2015 - Updates to UCare’s ANSI code grid, used when Processing Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Medical Claims

UCare updated the ANSI Code Grid that identifies what codes will be reported on UCare Explanations of Payment (EOP’s) when processing claims from FQHC/RHC providers under the Payment Carve-out process. The grid contains various FQHC/RHC claim status scenarios.

What has changed in the grid?
UCare previously distributed a bulletin on March 3, 2015, in which the ANSI Code Grid had only one scenario for “Voided Claim.” The updated grid now includes a second “Void Claim” scenario. The difference between the two scenarios is who initiated the void – UCare or the Provider. In addition to the new void claim scenario, UCare has updated the scenario descriptions clarifying each for better understanding.

Effective Monday, October 5, 2015, the CARC and RARC codes/descriptions shown below will be used for Provider-initiated claim voids. The changes to the grid are shown below.

<table>
<thead>
<tr>
<th>SCENARIO</th>
<th>CARC</th>
<th>RARC</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCare “paid” claims at $0 and forwarded to DHS for encounter payment</td>
<td>256 – Service not payable per managed care contract.</td>
<td>N193 – Specific federal/state/local program may cover this service through another payer.</td>
</tr>
<tr>
<td>UCare applied copayment to “paid” claim and will include in Co-pay report to DHS</td>
<td>3 – Co-payment amount.</td>
<td></td>
</tr>
<tr>
<td>UCare “paid” replacement claim at $0 and forwarded to DHS for encounter payment</td>
<td>256 – Service not payable per managed care contract.</td>
<td>N193 – Specific federal/state/local program may cover this service through another payer.</td>
</tr>
<tr>
<td>UCare applied copayment to replacement claim and will include in Co-pay report to DHS</td>
<td>3 – Co-payment amount.</td>
<td></td>
</tr>
<tr>
<td>UCare Denied claim - DHS TCN missing so cannot forward replacement to DHS</td>
<td>16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.</td>
<td>M47 – Missing/incomplete/invalid/internal or document control number.</td>
</tr>
<tr>
<td>Provider Initiated Void Claim processed by UCare and forwarded to DHS to Void claim.</td>
<td>B11 – The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.</td>
<td>N193 – Specific federal/state/local program may cover this service through another payer.</td>
</tr>
<tr>
<td>UCare Initiated Void – Voided Claim not forwarded to DHS</td>
<td>16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication</td>
<td>N463 - Missing support data for claim</td>
</tr>
</tbody>
</table>

For further information on how UCare processes FQHC/RHC claims, please refer to previously posted bulletins on this topic: January 30, 2015, March 3, 2015 and the July 30, 2015 FAQ document.
Pharmacy Providers: Blephamide® (sulfacetamide/prednisolone ophthalmic ointment) 10%/0.2%, 3.5Gm tube Recall Information

On August 24, 2015, Allergan recalled three lots of Blephamide because plastic particles from the tube caps may contaminate the ointment. Patients have reported eye irritation, pain, swelling and other adverse events. More information is at: http://www.fda.gov/Safety/Recalls/ucm459485.htm.

Recalled Drug: Blephamide (sulfacetamide/prednisolone ophthalmic ointment) 10%/0.2%, 3.5Gm tube (Allergan)
NDC Number: 00023-0313-04
Lot Numbers: 86430 (expires September 2017), 87806 (expires February 2018) and 88147 (expires March 2018)

Allergan advises that:
- Ointment from the recalled lots should not be used.
- Patients who have this should return it to the place of purchase.
- Questions about the recall may be directed to Allergan Medical Inquiries at 800.433.8871, Option 2, Monday through Friday from 8:00 a.m. to 5:00 p.m. PT.
- To inform Allergan of an adverse event, call 800.624.4261, Option 3, Monday through Friday from 8:00 a.m. to 5:00 p.m. CT.
- Adverse events from the use of prescription drugs also should be reported to FDA by calling 800.332.1088 or visiting www.fda.gov/medwatch.

A communication summarizing the information provided by the manufacturer has been sent to identified members. A communication summarizing the recall, including patient profiles, has been sent to identified prescribers.

Pharmacy Providers: Lidocaine 1% Injection Recall Information

On August 25, 2015, Hospira recalled a single lot of lidocaine injection 1%, in 30mL single-use, preservative-free vials because an iron oxide particle was seen in the glass of one vial. Particulates in the solution may delay treatment or cause adverse events if injected. More information about the recall can be found at http://tinyurl.com/o2sxvj9.

Recalled Drug: lidocaine injection 1%, in 30mL single-use, preservative-free vials (Hospira)
NDC Number: 00409-4279-02
Lot Number: 44-359-DK
Expiration Date: August 1, 2016

Hospira advises that:
- Lidocaine from the recalled lots should not be used.
- Patients who have this should return it to the place of purchase.
- Questions about the recall may be directed to Hospira Customer Care at 877.946.7747, Monday through Friday from 7:00 a.m. to 6:00 p.m. CT.
- Adverse events from the use of prescription drugs also should be reported to FDA by calling 800.332.1088 or visiting www.fda.gov/medwatch.

A communication summarizing the information provided by the manufacturer has been sent to identified members. A communication summarizing the recall, including patient profiles, has been sent to identified prescribers.
MnVFC Providers: Minnesota Vaccines for Children (MnVFC) Flu Vaccine Delays

On October 8, 2015, the Minnesota Department of Health announced Minnesota Vaccines for Children (MnVFC) Flu Vaccine Delays (see MDH bulletin here www.health.state.mn.us/divs/idepc/immunize/mnvfc/bf8oct15.pdf).

Fluzone 0.25 pre-filled syringes, Fluzone 0.5 pre-filled syringes, and FluMist are arriving from the manufacturers at a slower rate than other presentations this year. Unfortunately, MedImmune announced that there will be a further delay in the shipments of FluMist. MedImmune shipped about 30% of pre-booked doses in September. They plan to ship 15% of doses in October, 12% in November, 41% in December, and 2% in January.

Should the need arise to borrow vaccines, see the link below to MnVFC Policies and Procedures Manual. Specific policy around borrowing vaccines is listed on pages 32 and 34 and the borrowing report is located in Appendix D. http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/ppmanual.pdf. The vaccine borrowing report is also located on the following MDH website page under “other forms”: http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html

Reminder for MnVFC providers: State Immunization Changes effective July 1, 2015

As UCare previously published in a provider bulletin dated May 27, 2015, effective July 1, 2015, UCare denies claims for vaccines provided to children between ages 0-18 who are enrolled in MAP and MinnesotaCare that are available through the Minnesota Vaccine for Children (MnVFC) at MDH. UCare will continue to cover the costs associated with administering the vaccine.

UCare aligned our practices with the state on this aspect of our benefit. UCare does not reimburse for vaccines obtained at no cost from MDH MnVFC. All MHCP enrolled providers who administer pediatric vaccines are required to enroll in the MDH MnVFC program. For information on how providers can enroll in the MDH MnVFC program, please go here. Please reference the MHCP Provider Manual for additional guidance.

What does this mean for you?

- UCare will deny all MNVFC vaccine claims with or without a SL Modifier. Vaccines should be procured from the State. This does not impact the vaccine administration claims or payment.
- UCare has begun denying the following travel vaccines: 90690, 90691, 90703, 90717 and 90735 as the State has clearly stated that those listed are not covered.
- CARC 109 Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
- RARC N193 Specific federal/state/local program may cover this service through another payer.

High Quality Clinical Documentation Reminders

With the many changes taking place in health care this fall, here are some helpful reminders related to medical record documentation. Medical record documentation should be a complete reflection of the patient’s overall health status profile rather than simply a record of episodic issues. It is necessary to document all conditions that affect the patient’s care that were monitored, evaluated, assessed or treated during a face-to-face visit.

When noting a condition, it is not enough to show that a condition is current; providers must document their management of each active condition. The following are some examples of appropriate documentation language:

- “X” is stable and will continue current management with …
- “Y” is currently managed by a specialist, with follow up visit scheduled for …
- “Z” is failing to improve and requires the following interventions …

(Continued on next page)
Diagnosis relationships cannot be assumed; rather, they must be paired with the appropriate verbiage in the medical record by the provider. For example, simply adding the terms “diabetes” and “retinopathy” in a record would not adequately describe the relationship between the two—noting diabetes and retinopathy would show each condition exists but not that there is a causal relationship. Instead, providers could use descriptive phrases such as “diabetes with retinopathy,” “retinopathy due to diabetes” or “diabetic retinopathy” to show causality.

Additionally, the patient’s complete health should be reviewed at least annually if not associated with other care during the year. All chronic conditions, co-existing acute conditions, status of conditions such as artificial openings, amputations, dialysis, and pertinent past conditions need to be documented.

Quality documentation captures the true burden of illness for your patients and supports comprehensive patient profiles, closes diagnostic gaps and helps develop comprehensive care plans. It also supports accurate coding of your services.