


**MMGMA
Day with the Payers**
May 18, 2017

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What's New at UCare?

- Interim CEO, Mark Traynor
- New Product: *UCare Connect + Medicare*
- PMAP & MinnesotaCare Expansion – May 2017
- Taxonomy code requirements
- New Claim Reconsideration Form
- Provider Manual
- Telemedicine Assurance Form




CEO Change

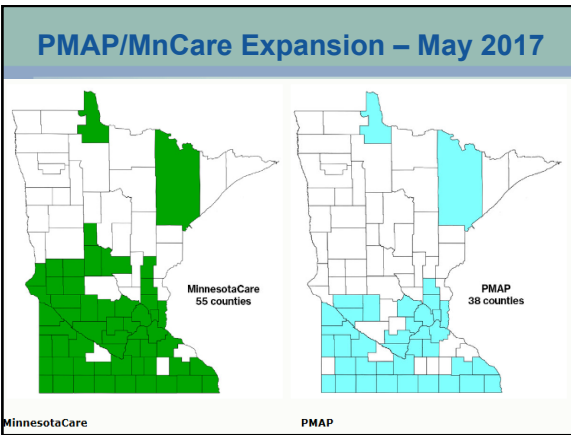
- Jim Eppel resigned as UCare's CEO on April 17, 2017.
- Mark Traynor, UCare SVP and General Counsel, will act as Interim CEO.
- UCare's board is conducting a national search for a new leader.



New Jan. 2017:
UCare Connect + Medicare

- UCare integrates Medicare & Medicaid benefits for adults with disabilities.
- Special Needs BasicCare (SNBC) product.
- Available for eligible recipients living in Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, Scott, Sherburne, Stearns, Washington and Wright counties.






Product	Membership	2017 Service Area
<i>UCare for Seniors</i> (4 Medicare Advantage plans)	Medicare-eligible, age 65+	MN, statewide
<i>EssentiaCare</i> (Medicare Advantage PPO)	Medicare-eligible, age 65+	10 counties in NE MN
<i>UCare Choices</i> (4 standard plan offerings on MNSure)	Individuals and families	23 counties; metro, NE and central MN
<i>Fairview UCare Choices</i> (2 standard plan offerings on MNSure)	Individuals and families	10 county metro area
<i>UCare Connect</i> (Special Needs BasicCare – SNBC)	Adults 18 and older, eligible for Medicaid due to disability	42 MN counties
<i>UCare Connect + Medicare</i> (Integrated SNBC)	Adults 18 and older, integrated Medicaid + Medicare due to disability	10 MN counties
<i>Pre-Paid Medical Assistance (PMAP)</i>	Medicaid-eligible adults and children under 65 yr. old	38 counties as of May 2017
MinnesotaCare	Low-income adults and children	55 counties as of May 2017
Minnesota Senior Health Options (MSHO) - Special Needs Plan (SNP)	Low-income seniors who are eligible for Medicaid and Medicare Parts A & B	66 MN counties
Minnesota Senior Care Plus (MSC+)	Medicaid-eligible, age 65+	57 MN counties

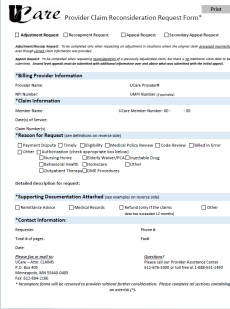

Taxonomy Code Requirements

- UCare is leveraging taxonomy to determine pricing & member cost share for services.
- Effective March 1, 2017, **any** UCare provider who is **submitting NPI** at the billing, rendering/attending **MUST submit the corresponding taxonomy code**.
- This applies to all UCare products and COB/crossover claims.
- If taxonomy codes are not properly reported, the following error message will be sent to providers on their rejection report (277CA) from their clearinghouse:
 Error Category **A6**: The claim/encounter is missing the information specified in the status details and has been rejected. Error Code **145**: Entity's specialty/taxonomy code.




New Claim Reconsideration Form

- Fillable, printable PDF.
- Use for adjustment/recoupment requests and payment appeals.
- Old adjustment/recoupment form will not be accepted after April 1, 2017.
- UCare will continue to accept AUC appeal form.


Claim Appeals

- UCare is currently 41 days out on adjustments/appeals.
- When adjustments are more than 30 days out, a message is posted to the provider portal to minimize calls.
- The new reconsideration form was developed to streamline the review of provider appeals.
- UCare will send a written response re: an appeal within 60 days if original claims status stands.
- For more detailed information regarding the provider appeal process, please refer to the UCare Provider Manual, Claim Adjustments section, page 10-5.
- There is no penalty for delays on adjustments/appeals. UCare pays interest on clean claims paid 30 days or longer after the receipt date.




Timely Filing Appeals

- Initial claims must be received no later than 12 months after the date of service.
- UCare will process appeals/adjustments 12 months from the date the claim was initially adjudicated.
- Documentation supporting submission of a claim within the timely filing limits (i.e., screen print/copy of Clearinghouse submission) must be included with appeal form.




Well Exam & E/M Visit

- Yes you can bill both well care and sick visit together with appropriate modifier appended to the sick E/M code.
- Sick E/M requires a separate, distinct and medically necessary evaluation above and beyond the well visit. It should be well documented separately from well visit and reported with the corresponding diagnoses code.
- When selecting the additional E/M level of service, only the work that was performed "above and beyond" the preventive service should be used to calculate the additional E/M level.
- When a patient is new to the practice, only one of the two visits (preventive and E/M) billed on the same day should be reported as a new patient visit.




Customer Service

- Staffing shortages & significant membership increases have increased hold times more than we would like.
- UCare is hiring! And working overtime.
- Thank you for your patience as we train new staff.
- Please use the self-service tools available to you to check claim/ authorization status and verify eligibility. These include:
 - Provider Portal
 - Provider Website
 - 270/271 transactions
 - Interactive Voice Recognition (IVR) system on PAC line
- See Provider Services section (p. 2-1) of Provider Manual for other provider resources.




Customer Service

- Representatives are trained not to comment on the correctness of a provider billing. They will tell a member a claim was processed according to how it was submitted. If the member believes that is incorrect, the member can submit an appeal.
- If the Representative believes there was an error in billing, we may reach out to the provider to investigate and/or educate.
- If you have specific information that would allow us to investigate, we would welcome the opportunity do so and take coaching action if necessary.




Patient Liability Waiver vs. Pre-Service Determination

- **Minnesota Health Care Programs:**
 - UCare aligns with MHCP Provider Manual guidance on Billing the Recipient for Non-Covered Services.
 - UCare accepts the **Advanced Recipient Notice of Non-Coverage** (DHS form) obtained from member prior to providing services.
- **Medicare Advantage Plans:**
 - When the member's Evidence of Coverage indicates a service is never covered, a form is not needed.
 - A **pre-service determination** must be obtained from UCare in order for a provider to hold a member financially responsible for services that are not clearly excluded in the member's EOC.
 - Providers should not use the Advanced Beneficiary Notice (ABN).
- **Commercial Plans (UCare Choices)**
 - No specific form is required, but a waiver should be obtained to bill member for non-covered services.




Tele-Health Reimbursement

- **Medicare Advantage**
 - UCare follows Medicare guidelines for telemedicine services.
- **UCare Choices (Commercial)**
 - UCare covers interactive audio visual telemedicine services as an alternative to an office visit.
 - Providers must submit complete attestation form to UCare in order to be reimbursed for services.
- **Minnesota Health Care Programs (MHCP)**
 - UCare follows DHS criteria for telemedicine services, in addition to reimbursing for originating site services (Q3014).
 - Providers must submit complete attestation form to UCare in order to be reimbursed for services.




Telemedicine Assurance Form

- Telemedicine policy and assurance form for MHCP and Commercial product are available on p. 10-15 of UCare Provider Manual.
- To be eligible for UCare reimbursement, the rendering provider must submit the assurance form. One form covers MHCP and Commercial UCare members.
- This process is similar to the protocol for MHCP fee-for-service reimbursement.
- UCare will also accept the DHS Provider Assurance Statement for Telemedicine.




ICD-10: Payment Policy

- Payment policies that have not already been updated to include ICD-10 codes will be updated during annual review this year.
- Professional claim edits are routinely updated to include current CPT, HCPCS and ICD-10 diagnosis codes.
- This year, CMS was delayed in adding/deleting ICD-10 codes from National Coverage Determinations (NCDs). That work was just completed in April.
- Many Z codes now have a "primary diagnosis" designation. If that diagnosis is not the primary diagnosis submitted, the claim may deny.



ICD-10: Chart Auditing

- UCare works with Optum to conduct chart reviews that support capturing member diagnoses/chronic conditions that may have not been identified on claims.
- This activity identifies members who would benefit from care management and/or captures the appropriate risk profile for our members.
- Chart requests for Medicare Advantage declined in 2016 and will be lower in 2017.
- Chart reviews for UCare Choices plans (MNSure) were added in 2016.
- Optum sends notifications of chart audits in June/July and in the 4th quarter.




Chronic Condition Management

Minnesota Health Care Programs

- Chronic Condition Management is not covered by MHCP.


Medicare & UCare Choices

- UCare follows Medicare guidelines for Chronic Condition Management.
- Based on those guidelines the following provider types are eligible to furnish chronic condition management:
 - Physicians
 - Certified Nurse Midwives
 - Clinical Nurse Specialists
 - Nurse Practitioners
 - Physician Assistants




Credentialing: Review & Approval Process

- The Initial Uniform Credentialing Application must be submitted through ApplySmart.
- UCare uses a standard 90-day turnaround time on credentialing applications and does not retrospectively apply effective dates.
- Approval of "clean" credentialing/re-credentialing files is completed by UCare Medical Directors.
- If there is variation from the established credentialing criteria, a review is completed by the Credentialing Committee, which is comprised of UCare network practitioners.
- The Credentialing Committee meets on the second Tuesday of each month.




Credentialing

- The date a practitioner's credentialing is approved by UCare is the date they are eligible for payment.
- UCare only accepts the MN Uniform Credentialing Application for re-credentialing.
- For more information, see Chapter 9 – Provider Enrollment of the UCare Provider Manual.
- Credentialing questions: credentialinginfo@ucare.org




Important Reminders

- It can take up to 30 business days after credentialing is approved for a provider to be loaded into UCare's claims payment system. However, claims will be honored back to the credentialing date.
- It isn't until a provider is loaded into the claims payment system that the provider's claims will be accepted by UCare. Claim rejections may occur until this set up is complete.
- Providers are notified by email or mail when set up is complete and claims will be accepted into UCare's payment system.



Educational Resources

- Webinars and trainings are often highlighted in *health lines*, UCare's monthly provider newsletter.
- Sign up for provider news email!
- Provider Field Representatives are available for in-person visits to a facility to provide UCare updates and support working with UCare's members.
- We want to hear from you!






The screenshot shows the UCare provider portal homepage. At the top, it says "www.ucare.org/providers" and "Health care that starts with you." There are navigation tabs for "Providers", "Eligibility & Authorization", "Claims & Billing", "Resources & Training", "Provider Profile", "Care Managers", "Provider News", and "Search". A prominent "Sign Up for Provider News and Updates" section is highlighted with a red dashed box, containing a "Sign Up Now" button and instructions to email providernews@ucare.org. Other sections include "Quick Links", "New Provider News", and "Need Assistance?".

Provider Portal

- UCare’s secure site for providers to access the following:
 - Member eligibility
 - Status of claims
 - Status of authorizations
 - Retrieve Explanation of Payments (EOP)
 - Send a question to the Provider Assistance Center



Contact Information


Provider Assistance Center
612-676-3300 or 1-888-531-1493 (toll free)
8 a.m. – 5 p.m., M-F

EDI Help Desk:
PECEDISupport@ucare.org

Credentialing questions:
credentialinginfo@ucare.org

Medical authorizations:
1-877-447-4384 (toll free)

Contract questions:
PRCcontractadmin@ucare.org



Thank you!

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