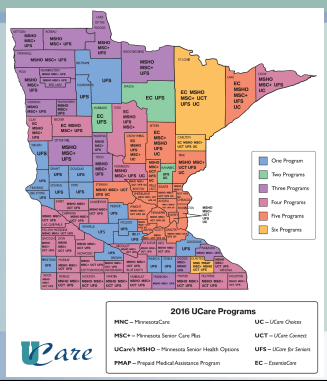
MMGMA
Day with the Payers

May 19, 2016

Anna Tockman, Assistant Director, Provider Services

Dodie Ledeen, Manager, Provider Service

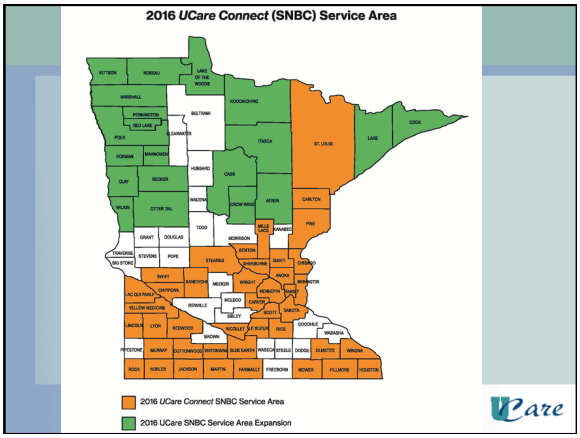
We're still here!



Product	Membership	2016 Service area
UCare for Seniors (4 Medicare Advantage plans)	Medicare-eligible, age 65+	MN, statewide
EssentiaCare (New in 2016) (Medicare Advantage PPO)	Medicare-eligible, age 65+	10 counties in NE MN
UCare Choices (4 standard plan offerings on MNsure)	Individuals and families	23 counties; metro, NE and central MN
Fairview UCare Choices (2 standard plan offerings on MNsure)	Individuals and families	10 county metro area
UCare Connect (Special Needs BaiscCare – SNBC)	Adults 18 and older, eligible for Medicaid due to disability	42 MN counties*
Pre-Paid Medical Assistance (PMAP)	Medicaid-eligible adults and children under 65 yr. old	Olmsted County
MinnesotaCare	Low-income adults and children	Olmsted County
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

UCare Connect Expanding July 2016

- *UCare Connect* is UCare's Specials Needs BasicCare (SNBC) product offering.
- Serves Medicaid-eligible adults with disabilities.
- *UCare Connect* will expand into 20 additional counties in northern MN effective July 1, 2016.
  - Aitkin, Becker, Cass, Clay, Cook, Crow Wing, Itasca, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Red Lake, Roseau, and Wilkin.
- Planning underway to offer an integrated Medicare/ Medicaid product for dual-eligible *UCare Connect* members in 2017 – stay tuned!



UCare & Fairview Merger

- In April, Fairview & UCare signed a letter of intent to merge. Due diligence is underway.
- Plan to finalize the merger and begin implementing affiliation before the end of the year.
- UCare will continue and work with PreferredOne to provide a diverse portfolio of complementary products.
- Jim Eppel will remain UCare President & CEO.

The Merger: What does it mean for UCare, our members & providers?

FAIRVIEW + UCare = Innovative health care for Minnesotans

UCare and Fairview Health Services plan to merge their health care expertise in 2016.

- **Members**: **Nothing changes** in UCare's state programs, Medicare and commercial plans – or for our valued partners.
- **Programs**: **Nothing changes** in our state programs, Medicare and commercial plans.
- **Providers: Nothing changes** in our provider networks. **Members will continue to enjoy the variety of high-quality providers and facilities currently offered.***

* *Fairview UCare Choices*, available on MNsure, is the only UCare plan with Fairview as the primary network.

UCare

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.

UCare

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 17 – Provider Enrollment of the UCare Provider Manual.
- Credentialing questions: credentialinginfo@ucare.org

UCare

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.

What recourse does a clinic have when the health plan pays less than the clinic's cost for injectable drugs?

- UCare follows DHS and Medicare fee schedules for injectable drugs.
- Providers can submit a Status Adjustment and/or contact Provider Relations & Contracting to review payments on a case-by-case basis.

Can providers bill patients a no-show fee for missed appointments?

- **Minnesota Health Care Programs (MHCP):**
  - Per DHS, MHCP does not allow providers to request or accept payments from MHCP recipients for missed appointments.
  - There are no obligations that would prohibit a provider from placing restrictions on future appointments due to past no-shows.
  - Providers may terminate their relationship with a patient but must follow the policy set forth by DHS.
- **Medicare Advantage plans:**
  - Nothing prohibits providers from billing members for a no-show fee for missed appointments. However, providers must also bill non-Medicare the same rate as they charge Medicare patients for no-shows. (MLN Matters: MM5613)
- **Commercial plans (UCare Choices):**
  - Nothing prohibits providers from billing members a no-show fee for missed appointments.

When patients do not provide the correct insurance information and clinics run into a timely filing limit denial as a result of this, can the patient be held accountable?

- UCare's timely filing limitation is 12 months which should provide adequate time for providers to bill UCare for services rendered to our members.
- When necessary, UCare works with providers via the claim appeal process to ensure proper payments are received.

If a patient has an outstanding account balance, can a clinic deny non-emergent services until the patient pays their old balance? Please address this from a commercial payer perspective and public programs perspective (if applicable).

Medicare Advantage & Commercial plans:

- Providers can choose to refuse non-emergent services to patients with outstanding balances (e.g. unpaid cost share, fees for non-covered services).

Minnesota Health Care Programs:

- PMAP/SNBC/MSHO/MSC+:
  Providers cannot deny service to Medical Assistance enrollees based on inability to pay their copays and deductibles as long as they inform the provider they unable to pay the copay or deductible.
- MinnesotaCare:
  After informing patients of their outstanding debt and your office's policy regarding serving patients with outstanding debt, a provider can refuse services to patients who are unable to pay their debts/ copays.

For services that your health plan will not cover, do you require clinics to use a specific form to notify patients prior to these services being rendered?

- **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.

What seminars or educational resources do you offer clinics?

- Webinars and trainings are often highlighted in *healthline*s, 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!

ICD-10: What's next? How does your organization use or plan to use this information?

- ICD-10 increases specificity and accuracy of coding.
- This improves UCare's ability to stratify risk, identify conditions and improve our interventions.
- ICD-10 data will become more useful when it can be analyzed longitudinally.

How do clinics access a contract representative within your organization to discuss terms and renewals?

- For questions regarding contracts with UCare, please send inquiries to PRCcontractadmin@ucare.org.
- Emails will be triaged to the appropriate staff within Provider Relations & Contracting (PRC).
- You should receive a response from the PRC team within 2-3 business days.
- All other questions (e.g. claims payment, benefit questions) should go to PAC to expedite a helpful response.

If a clinic disagrees with the outcome of a claim appeal, what recourse do they have?

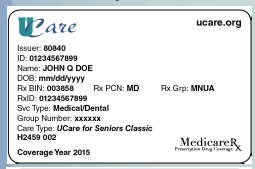
- To re-appeal a claim decision, submit a Service Adjustment Request and clearly outline why you believe payment is not correct.
- Include as much detail as possible that supports the expected payment.
- Call the Provider Assistance Center. Representatives can provide direction on how to complete a Service Adjustment Request for a re-appeal.

How was the Primary Care/VFC incentive overpayment determined? Who in your organization should providers contact if they have questions regarding this?

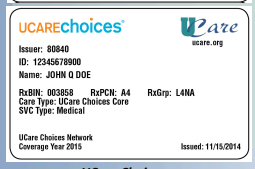
- For the past two years, MCO's submitted claim data to DHS which they used to determine the incentive payments passed through MCOs to applicable providers.
- Vaccines and MnCare tax were included in the data sets used to arrive to the incentive payment amounts. It was later determined that some vaccines and MnCare tax are ineligible under the ACA incentive program which resulted in overpayments in previous incentive payment.
- All overpayment calculations were determined by DHS and sent to the MCO's.
- In some cases, the total overpayment was greater than the last installment of the incentive payment resulting in money being owed back to the MCO. In April, UCare sent letters to impacted providers requesting these refunds.
- Contact DHS for more information regarding how incentive payments were determined for your clinic.

Member ID Cards

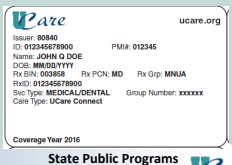
UCare for Seniors



EssentiaCare

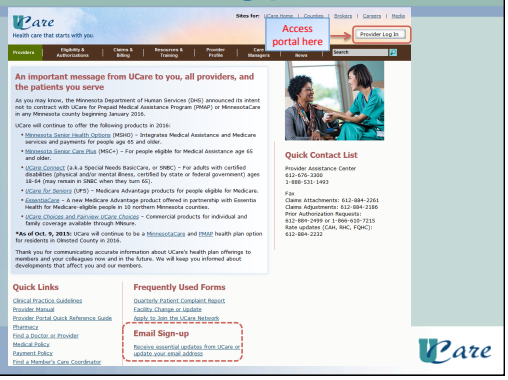


UCare Choices



State Public Programs

www.ucare.org/providers



Provider Portal

- UCare's secure site for contracted providers to access the following:
  - Member eligibility
  - Status of a claim and/or a referral/authorization
  - Retrieve Explanation of Payments
  - Send a question to the Provider Assistance Center

23

Contact Information

- **Provider Assistance Center**
  612-676-3300 or 1-888-531-1493 (toll free)
  - Staffed by experienced representatives.
  - First point of contact for most questions.
  - Claims & billing questions.
  - Benefit & coverage questions.
  - Calls are answered 8 a.m. – 5 p.m.
- *EDI Help Desk: PECEDISupport@ucare.org*
- Credentialing questions: credentialinginfo@ucare.org

Thank you!

- Anna Tockman
  atockman@ucare.org
  612-676-3364
- Dodie Ledeen
  dledeen@ucare.org
  612-294-5501