



Uniform Medical Plan

Your health. Your plan. Your choice.

Volume 10, Issue 2

Provider Bulletin

July 2008

Please circulate the *UMP Provider Bulletin* to the appropriate clinical, billing, and bookkeeping staff.

Uniform Medical Plan Web site: www.ump.hca.wa.gov

Updated UMP Fee Schedules

UMP has updated the following fee schedules for dates of service on or after July 1, 2008. You can find the revised fee schedules on the UMP Web site at www.ump.hca.wa.gov/provider/.

- Professional Provider Fee Schedules, including fees for clinical laboratory services and drugs/biologicals
- Chiropractic Fee Schedule
- Anesthesia Fee Schedule
- Ambulatory Surgery Center Fee Schedule (see page 3)
- Prosthetics and Orthotics Fee Schedule for Suppliers
- Complementary and Alternative Medicine Providers Fee Schedules

Highlights of Fee Schedule Changes

Effective July 1, 2008, the **UMP RBRVS conversion factor is \$53.70 (increased from \$51.40)**. The majority of the professional provider fee schedule amounts are based on the Resource-Based Relative Value Scale (RBRVS). Under this system, rates are calculated by multiplying the UMP RBRVS conversion factor by the relative value units (RVUs) for each provider service. The RVUs are maintained by the Centers for Medicare and Medicaid Services (CMS) and are adjusted each year based on input from the provider community and analysis of the resources required by each service relative to every other service. The

(continued on page 2)

New Billing Manuals Now Available Online

UMP's *Billing & Administrative Manual for Professional Providers* and *Billing & Administrative Manual for Hospitals* are now available on the UMP Web site. If you need a printed copy, give us a call at 1-800-292-8092.

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Updated UMP Ambulatory Surgery Center Fee Schedule

The UMP fee schedule for Ambulatory Surgery Centers (ASC) has changed effective July 1, 2008. We have expanded the list of procedures allowed in an ASC setting to include more surgical codes, as well as procedures that were previously office-based. Many items that were separately payable prior to July 1 are now bundled. The updated ASC fee schedule is available on UMP's Web site at www.ump.hca.wa.gov/provider/.

The update is in response to changes made by Centers for Medicare and Medicaid Services (CMS) to ASC payment methodology and requests from the ASC community. The new system is similar to what UMP uses to reimburse procedures in outpatient hospital settings. Each procedure code is assigned an Ambulatory Payment Classification (APC) and a payment indicator that directs how the code should be reimbursed.

All contracted ASCs should have received a letter and updated payment addendum from us with information on the new fee schedule. If you did not receive this or have questions, contact Elaine Youell at 206-521-2034 or send e-mail to elaine.youell@hca.wa.gov.

New Disease Management Program

UMP enrollees who have been diagnosed with diabetes, coronary artery disease, or congestive heart failure will soon be offered disease management services through ActiveHealth Management. Beginning in August, nurse care managers will reach out to these enrollees with targeted, timely information to help them manage their conditions, set health goals, and enjoy a higher quality of life. The primary physician will be notified of the patient's participation in the program.

Another feature of ActiveHealth's services is a sophisticated technology called "CareEngine®

System," which scans medical and pharmacy claims as well as patient-supplied information and compares it against the evidence-based literature to identify potential patient-specific opportunities to improve care. Examples may include a patient taking medications that are contraindicated, a patient who may benefit from stopping or starting a treatment or procedure, or a patient who is non-compliant with the therapy prescribed.

Once a potential opportunity is identified by the CareEngine system, a clinical alert, called a "Care Consideration" is sent to the physician via phone, fax, or mail, depending on the severity. Every Care Consideration sent to physicians includes a response form, and the physician's feedback goes back into CareEngine to make future alerts even more accurate.

Unless the physician provides feedback that the Care Consideration has been implemented or isn't applicable to this patient, two weeks later, a patient-friendly version of the Care Consideration is mailed to the patient. The patient is encouraged to talk to his or her doctor about the Care Consideration.

Care Considerations are developed by a team of 20 clinicians; physicians on the Harvard Medical School faculty have reviewed and approved the clinical content of ActiveHealth Management's Care Considerations and ActiveHealth's application of the evidence in the medical literature. ActiveHealth's Care Considerations are intended to assist, not replace, the physician's role in patient care. As the patient's physician, you have sole discretion whether to follow up on a Care Consideration.

Notify UMP of Changes

Please let UMP know by calling 1-800-292-8092 about any changes to your practice or status, such as your business address, telephone numbers, tax I.D. number, licensure, certification, registration, or qualifications.

How to Order and Bill for Genetic Testing Services

To be covered by UMP, genetic testing must meet these requirements:

- All genetic testing must be preauthorized except for pregnancy-related testing during pregnancy.
- All genetic testing must be ordered by a Certified Genetic Counselor (including genetic testing for currently pregnant enrollees).
- All genetic testing claims must be billed with the applicable genetic testing modifier (see Appendix I in the CPT book). Without this modifier the claim will be denied for lack of specificity even if the test was preauthorized, and the provider will need to resubmit a corrected claim with the applicable modifier for payment.

The UMP fee schedule indicates the laboratory services to which these requirements apply.

The Living Will Registry

As a health care provider, you understand the importance of knowing your patient's wishes in times of serious illness, such as if he or she wants to be resuscitated when terminally ill. The Washington State Department of Health has made that easier, with an online Living Will Registry at www.doh.wa.gov/livingwill/. This service is available at no cost to Washington State residents. Only the patient and authorized health care providers can access registry files. Patients can complete the following documents online and print at home:

- Health Care Directive
- Durable Power of Attorney for Health Care (designating a representative when the patient is not able to make his or her wishes known)
- Mental Health Advance Directive
- Physician Orders for Life Sustaining Treatment (translates the patient's wishes as expressed in the directives to specific medical treatments, such as preferences for resuscitation, medical interventions, the use of antibiotics and artificially administered fluids and nutrition).

What's Happening With NPI?

The Centers for Medicare and Medicaid Services (CMS) has announced its intent to reject claims submitted without an NPI number starting May 23, 2008. At this time, UMP will continue to accept claims that don't have an NPI. However, you must include the provider's tax ID number on all claims, or the claim will be denied.

If you currently have an NPI Number, please include it on claims as described in Section 7.1 of the UMP billing manuals.

To ensure that our records are accurate, UMP needs you to report your NPI Number separately from claims. If you haven't yet done so, here's how:

- Go to UMP's Web site at www.ump.hca.wa.gov/provider/
- Look on the left under "Provider Relations"
- Select "Update Your Contact Info"

To get an NPI Number, apply at www.cms.hhs.gov/cmsforms/downloads/CMS10114.pdf

Keep Your License Up-to-Date

To maintain your status as a UMP network provider, your license must be current. UMP does not pay for services rendered by a provider with an expired license. If UMP discovers that a provider's license has expired, we will not pay for services from the date of expiration. Enrollees also cannot be billed for these services, even for their deductible or coinsurance.

In addition, having an expired license is cause for termination from the UMP network. We may also report the services performed after the expiration date to the Washington State Department of Health. If you have questions about this issue, please call Provider Services at 1-800-292-8092.

Please note: UMP does not pay when providers treat their family members. See exclusion #56 on page 54 of the *UMP 2008 Certificate of Coverage*.

The UMP Preferred Drug List is Now on Epocrates!

The *UMP Preferred Drug List* (UMP PDL) is now available on Epocrates, a leading online pharmacy vendor. Now physicians and other prescribing providers are able to view the UMP PDL on a personal digital assistant (PDA), Smart Phone, or Blackberry using the Epocrates software!

You'll have access to information such as tier level, preferred alternatives, quantity limits, and preauthorization requirements. The information is updated on a weekly basis. To register for this free service, visit www.epocrates.com.

OneHealthPort Updates

In response to provider feedback, we continue to work on improving our provider portal available through OneHealthPort. For example, you can now search for additional claims for a particular patient without re-entering the patient information. And, you now get a confirmation number when inquiring about patient eligibility.

If you have any suggestions, please contact Michele Ritala by phone at 206-613-2191, or via e-mail at michele.ritala@hca.wa.gov.

Never Events in Hospitals

UMP is currently developing a payment policy regarding Never Events, which will go into effect January 1, 2009. We will base our policy on the definition of Never Events by the National Quality Forum (NQF) and the recommendations of the Washington State Hospital Association (see Web site at www.wsha.org/page.cfm?ID=AdverseEvent). The occurrence of a Never Event may affect payment. See the new *UMP Billing & Administrative Manual for Hospitals* for more information on how.

Hospitals — New CMS Policy Regarding "Present on Admission"

The Centers for Medicare and Medicaid (CMS) will implement a new policy for hospital discharges occurring on or after October 1, 2008. Hospitals must report the present on admission (POA) indicator for every diagnosis on inpatient acute care hospital claims. If these codes are not reported, CMS may pay the case as though the secondary diagnoses were not present. The purpose of the POA indicator is to differentiate between conditions present at admission and conditions that develop during the patient's hospital stay.


UMP is considering following this CMS policy for 2009. For more information visit the CMS Web site at www.cms.hhs.gov/HospitalAcqCond/Downloads/poa_fact_sheet.pdf



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