News and Information

November 25, 2019

Provider Bulletin

UCare Announces Changes Affecting Claims Editing for UCare Medicare Plans and State Public Programs Beginning Jan. 1, 2020

Effective Jan. 1, 2020, UCare will make changes that affect claims submission and edits for all UCare Medicare Plans, EssentiaCare, UCare Medicare with Fairview & North Memorial (to be renamed UCare Medicare with M Health Fairview & North Memorial Health for 2020), Prepaid Medical Assistance Program, MinnesotaCare, Minnesota Senior Health Options, UCare Connect and UCare Connect + Medicare plans. The changes are already in effect for UCare Individual & Family Plans and UCare Individual & Family Plans with Fairview (to be renamed UCare Individual & Family Plans with M Health Fairview for 2020).

Any claim that does not pass the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) validation will reject, and providers will have to fix the billing error and resubmit a new claim submission.

Expanded SNIP edits:

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UCare will be adding a higher SNIP level to inbound claims submission for 2020 to all plans listed in the first paragraph. We will be using the <u>Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP)</u> <u>Validation</u>. Below are a few examples of the health plans' SNIP level requirements:

2019 edits	Additional 2020 edits (including 2019 edits)
SNIP 1-2	SNIP 1-5
	Attending Provider Name is required for any services
	other than non-scheduled transportation claims
Invalid Character or data element	Ambulance pick up/drop off location is required
Date of Service expected to be in numeric format	Diagnosis code has already been used
CCYYMMDD	
Custom Edits - Taxonomy Requirements and APRDRG	All industry standard codes (CPT, HCPCS, revenue,
Birth Weight is required	diagnosis, taxonomy, zip code, etc.) are valid and active
	on the date of service
	Zero Units/Minutes will not be accepted
	EPSDT condition indicator 'NU' to be used when there is
	no referral given
	Other subscriber Name ID qualifier must be equal ti 'MI'
	The claim level adjustments CAS cannot be equal to zero