



Monthly Provider Newsletter

July 2019

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612-676-3300
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Star Tribune Names UCare a 2019 Top 150 Workplace

UCare Wins Top Workplace Honors All 10 Years of the Program

UCare has been named one of the Top 150 Workplaces in Minnesota by the Star Tribune. A complete list of those selected is available at www.StarTribune.com/topworkplaces2019 and was published in the Star Tribune Top Workplaces special section on Sunday, June 16.

Produced by the same team that compiles the 28-year-old Star Tribune 100 report of the best-performing public companies in Minnesota, Top Workplaces recognizes the most progressive companies in Minnesota based on employee opinions measuring engagement, organizational health and satisfaction. The analysis included responses from over 140,000 employees at Minnesota public, private and nonprofit organizations.

UCare was ranked 16 on the large company list, and one of only a handful of companies to be named a Top 150 Workplace all ten years of the program. In 2014 and 2016, UCare also received a special award for Communications from the Star Tribune.

“It’s a real honor to be recognized by our employees and the Star Tribune for our strong workplace culture ten years in a row,” said Mark Traynor, UCare’s President and CEO. “Our people powered brand says it all. UCare is special because of our people – both the people we serve and the people who work at UCare.”



Clinical Services Utilization Management Satisfaction Survey

UCare's annual Utilization Management Satisfaction Survey has been distributed. We sent surveys via email or fax to a subset of providers who have submitted a prior authorization between January and March of 2019. The survey is brief and should only take a few minutes to complete. If you receive a survey, we encourage you to fill it out, as we value your feedback on this important service. Please note that your office may receive more than one survey, addressed to the individual practitioners within in your office.

As a thank you for completing the survey, we will award two respondents with a free lunch (value up to \$100).

Accurate Member Information Is Key to Smoother Claim Submissions

Providers should ask for a current subscriber insurance card each time a subscriber presents for services and update information in their electronic records system to reduce rejected claim submissions or delayed claims processing.

The subscriber ID listed on the card, or returned on the electronic eligibility and benefit transaction, should be submitted on the claim exactly as provided. No digits should be added or excluded.

Please note that all UCare members have their own individual unique ID numbers.

Maintaining current insurance information for subscribers is imperative to successful and timely claims processing. Please remember to verify that the information on the claim submission matches the information for the member receiving the service (name, member ID#, birth date, address, etc.).

Wrong member information can cause suspected fraudulent claims investigations and possible HIPAA violations.

AUC Provider Eligibility Verification Best Practice

UCare follows the Minnesota Administrative Uniformity Committee (AUC) best practices regarding Provider Eligibility Verification. In the best practice document, providers will find recommendations for:

- When and how to verify eligibility
- Preferred methods of eligibility inquiry
- Sharing eligibility information

Providers may access the [Provider Eligibility Verification Best Practices](#) on the [Minnesota AUC Best Practices web page](#). UCare also has posted a link to the best practices on its [Eligibility & Authorization](#) page (under General UCare Product Information).

Ineligible Provider List Updated June 17, 2019

Contracted UCare providers must make sure that they, their company, owners, managers, practitioners, employees and contractors are not on the [UCare Ineligible Providers List](#).^{*} Providers should search the list of UCare Ineligible Providers on a regular basis, and before hiring or entering into contracts with individuals to provide services or items to UCare members. Please reference Chapter 5 of the [UCare Provider Manual](#) for additional information.

Questions regarding the UCare Ineligible Providers List should be directed to compliance@ucare.org.

^{*}Please note: This list is in addition to any prior and ongoing communications regarding ineligible individuals that network providers may receive.

Documentation Improvement: Seizure Disorder

A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in your behavior, movements or feelings, and in levels of consciousness. If you have two or more seizures or a tendency to have recurrent seizures, you have epilepsy.¹

When documenting seizure and epilepsy be sure to include whether it's a single episode, recurrent or repetitive. A single seizure should be assigned an ICD-10 CM code from subcategory R56, Convulsions, not elsewhere classified, which includes the following:

- Unspecified convulsions
- Simple febrile convulsions
- Complex febrile convulsions
- Posttraumatic seizures

Seizure disorder is a general term used to describe any condition in which seizures may be a symptom. Seizure disorder is a general term that it is often used in place of the term "epilepsy."² If a patient experiences two or more seizures, or recurrent seizures, it is appropriate to assign codes from subcategory G40.9 Epilepsy, unspecified, which includes the following diagnoses:

- Seizure disorder not otherwise specified (NOS)
- Recurrent seizure disorder NOS
- Epileptic fits NOS
- Epileptic convulsions NOS
- Epileptic seizure NOS
- Epilepsy NOS

Do not document and report "history of epilepsy" if a patient is on medication to control the condition. Epilepsy is incurable, so a history code would not be appropriate, especially if the patient is taking medication to reduce or eliminate symptoms.³

Remember to add clarification to your documentation. Clear documentation of whether the seizure is a single episode or recurrent will ensure accurate code assignment. The medical record will accurately reflect the patient's health status and improve patient care management.

1. Mayo Clinic. Seizures. mayoclinic.org. Accessed June 12, 2019
2. WebMD website: Understanding Seizures and Epilepsy. webmd.com, Accessed June 12, 2019
3. Bernard, S.P. (2018) Risk Adjustment Documenting and Coding. Chicago, IL.: American Medical Association.

Sign Up to Have UCare Provider News Delivered to Your Email

If you haven't done so already, please consider signing up to receive emails from UCare Provider Services. Encourage staff in your organization to do so as well! Once you sign up, you will receive the monthly *Health Lines* newsletter and other essential, timely updates from UCare via email. Signing up is easy! Just fill out this simple [form](#).

You will be asked to subscribe to one or more email lists. If you want all provider communications from UCare, please select the "All UCare Provider Updates" list. On occasion, UCare will do targeted communications to specific provider specialties or topics. If you would like to receive specific topic/specialty communications, subscribe to the applicable email lists included on the sign up form. Please note that all subscribers will receive the provider newsletter and communications intended for the broader provider network.

Model of Care (MOC) Training for Providers - UCare's MSHO and UCare Connect + Medicare

All providers are required by CMS to complete one training option annually. Two options are available:

- Review the MSHO and UCare Connect + Medicare Model of Care description posted on UCare's [website](#) and maintain a signed attestation of training completion.

OR

- Attend in-person presentations, which are available upon request.

Following the training, share or review the information with all appropriate staff and partners at your clinic. You must document and maintain training completion records and provide such records to UCare upon request to confirm that the training has been completed.

Providers may also contact us at clinicaliason@ucare.org for information about our MSHO and UCare Connect + Medicare Model of Care training.

Replacement/Void Claims Best Practice Reminder

UCare follows the Minnesota Administrative Uniformity Committee (AUC) best practices regarding replacement claims and EDI attachments. See the Claim Adjustments section for specific best practice information.

The [Replacement /Void Claims best practice](#) clarifies definitions, identification and handling of replacement and void claim types.

UCare accepts electronic attachments for initial claims submitted by [Electronic Data Interchange \(EDI\)](#).

- All EDI attachments must include an AUC attachment cover sheet.
- All EDI attachments must be faxed to UCare at 612-884-2261.

For EDI attachments, cover sheets and instructions can be found on [Minnesota AUC Best Practice webpage](#).

Additional information is available in UCare's [Provider Manual](#); see the Claims Chapter 10 and the EDI Chapter 11.

UCare Provider Website

www.ucare.org/providers

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Contact the newsletter staff: providernews@ucare.org

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