UCare brand refresh: A spark of something different

On June 1, UCare introduced a fresh, new logo. While our mission and heart remain unchanged, the time is right to strengthen and amplify our story.

The new logo will roll out immediately on advertising. However, much of our correspondence, the website, signage and other materials will change at various times throughout this year. UCare will NOT issue new member ID cards in 2018; instead, the ID card will be updated with the new logo for plan year 2019.

Medicare changes coming in 2019

A type of Medicare plans known as Medicare Cost Plans will be closing in much of the state in 2019. This change has NO impact on UCare Medicare Advantage members. It will, however, impact about 315,000 of the total 370,000 Cost Plan members.

As a Medicare Advantage plan with more than 20 years serving Minnesotans, we are here to help affected individuals and their caregivers work through this transition. Starting in June, we’ll be holding meetings in the community to help people prepare, understand their options and know what to look for when shopping for a new plan in the fall.

Again, this change does not impact our members or members of Medicare Advantage plans. If you receive questions from our members, please assure them that we will continue to provide them with great coverage and service in 2019.

For those who are losing their coverage, we are available to answer any and all of their Medicare questions – 1-877-523-1518.
Accurate member information is key to smoother claim submissions

Providers should ask for a current member insurance card each time a member presents for services. This lets you update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing.

The UCare member ID number (*) 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 unique member ID numbers. Do not submit claims using the subscriber ID number with a dependent code.

Maintaining current insurance information for members is imperative to successful and timely claims processing. Wrong member information can cause suspected fraudulent claims investigations and HIPAA violations, so please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID#, birth date, address, etc.).

Screening members at adult day center for tuberculosis

The Minnesota Department of Health (MDH) asked health plans for help in disseminating information about a recent outbreak of Multi-Drug Resistant (MDR) Tuberculosis (TB) that involved many adults attending a specific adult day care center.

The last confirmed outbreak-related MDR TB case occurred in August 2017 with 10 MDR TB cases, 80% of whom attended the same adult day center. This outbreak resulted in the following:

- October 2017. MDH requested licensed adult day center directors help in decreasing the spread of TB and other communicable diseases.
  - Document that adult day center participants are free of communicable disease prior to enrollment at a center.
  - Provide monthly health checks for participants.
- May 2018. LeadingAge Minnesota held a webinar with MDH to discuss the outbreak and recommended screening for adult day center participants.

MDH would like to make sure all health care providers are aware of the new recommendations for performing TB risk assessments as part of a health assessment prior to enrollment at an adult day center. MDH has developed a risk assessment and an FAQ page that goes along with the risk assessment.

[Adult Day Center Participant Tuberculosis (TB) Risk Assessment (PDF)]
[Adult Day Center Participant Tuberculosis (TB) Risk Assessment FAQs]

UCare asks care providers to be aware of the efforts by the Minnesota Department of Health to encourage adult day care providers to screen members. Please disseminate this information within your organizations as appropriate.
Celebrate with us at our Duluth Office

We've hit the one-year mark since opening our Duluth office – a convenient venue for all interested to discover more about UCare health plans. Join us for our Anniversary Open House on Friday, June 15 from 11 a.m. to 1 p.m. at our office - 4310 Menard Dr., Suite 600, Hermantown, MN 55811.

Dental connection

UCare offers great dental benefits to members enrolled in State Public Programs. During your next visit with a UCare member in MinnesotaCare, UCare Connect, Prepaid Medical Assistance, UCare Connect + Medicare, Minnesota Senior Care Plus, Minnesota Senior Health Options, please refer them to our Dental Connection team at 855-648-1415, where they can receive assistance locating a dental provider and scheduling an appointment.

Documentation Improvement: Stroke

Correctly capturing the health status of patients that have suffered a stroke can be challenging.

Acute cerebral infraction / cerebrovascular accident are noted within ICD-10 category I63. This code category indicates that the patient is currently experiencing a CVA/Stroke or is still receiving services during the initial episode of care. Meaning that these codes are usually assigned in the emergency room or hospital setting.

When the provider is evaluating and treating a patient in the clinic after a CVA/stroke, the initial episode of care is completed. Thus, the provider is usually addressing one of two situations.

- When there is no lasting complication, history of CVA/Stroke is the appropriate diagnosis and code assignment (Z86.73).
- When there is a residual condition(s) from the CVA/stroke, the documentation should clearly state the condition and treatment plan. A sequelae of stroke ICD-10 code from category I69 would then be assigned. Reporting an acute CVA/stroke diagnosis for a follow-up visit would be incorrect.

Electronic medical record systems that use a search function for diagnosis selection are often to blame for this reporting error. Typing in “stroke” will lead to a listing of the acute conditions with history of stroke hidden lower on the list or omitted.

To ensure accurate diagnosis and code reporting, it may be beneficial to type “history stroke” or “hemiplegia stroke” (or other deficit) to correctly capture the health condition of your patient. Taking an extra moment to ensure correct diagnosis capture will support accurate billing and reporting, which in return supports the medical needs of your patients.
Website tip of the month

Have you been to our new website? An intuitive design and informed layout help you find what you are looking for easily and quickly. However, with any new web layout, you may not be able to find the what you need! We will share helpful tips to answer common questions each month.

**WHO MOVED MY CHEESE? AUTHORIZATION FORMS.**

Follow these steps to find Authorization & Notification forms. **HINT:** Pick your product.

1. Go to Eligibility & Authorization.  
2. Select your product, then Submit.  
3. Scroll down the results page for the forms.

If you have a website question you’d like to see answered in a future column, please email it to [providernews@ucare.org](mailto:providernews@ucare.org).