

Housing Stabilization Services (HSS) Training

Welcome to UCare!





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Program Overview





Housing Stabilization Services (HSS)

- Program Information

- HSS is a Medical Assistance benefit to help people with disabilities and seniors find and keep housing
- HSS is a non-waiver, Home and Community Based Services (HCBS) state plan
- Purposes of Services:
 - Support an individual's transition into housing
 - Increase long-term stability in housing in the community
 - Avoid future periods of homelessness and institutionalization
- For more information, visit [Housing Benefits 101](#) and search "Housing Stabilization Services"



Housing Stabilization Services (HSS)

- Covered Services

- Housing Stabilization Consultation
 - Service to develop a person-centered plan for people without MA case management services
- Housing Stabilization Transition
 - Service that supports a person to find housing
- Housing Stabilization Sustaining
 - Service that supports a person to maintain housing

Service Name	Unit	Proc Code/Modifier
Housing Consultation	Per Session	T2024 U8
Housing Consultation- Remote	Per Session	T2024 U8 U4
Housing Moving Expenses	Per Year	T2038 U8
Housing Sustaining	15 Minutes	H2015 U8 TS
Housing Sustaining- Remote	15 Minutes	H2015 U8 TS U4
Housing Transition	15 Minutes	H2015 U8
Housing Transition- Remote	15 Minutes	H2015 U8 U4



Housing Stabilization Services (HSS)

- Remote Support

- Real-time, two-way communication between the provider and the person
- Limited to
 - Check-ins: verbal reminders, cues, prompts
 - Consultations: counseling, problem solving
- May be used when it is chosen by the person as the method of service delivery
- Methods include telephone, secure video conferencing and secure written electronic messaging (text messages)
- For providers to provide more than half of the direct service hours annually remotely, DHS must provide authorization
 - [Additional Remote Support Exception Request form \(DHS-8165\)](#)



HSS- Moving Expenses

- Moving Expenses
 - For people receiving Housing Stabilization- Transition services who are transitioning out of a Medicaid-funded institution or leaving a provider-operated living arrangement and moving into their own home
 - “Home” means a setting that a participant owns, rents or leases that is not operated, owned or leased by a provider of services or supports
 - Are non-reoccurring and limited to a maximum of \$3,000 annually within an approved HSS eligibility span
 - An authorization is required for billing
 - Are reimbursed to providers and are covered only to the extent that they are determine reasonable and necessary



HSS- Moving Expenses

- Provider Responsibilities

- Must complete the Moving Expenses training found on [TrainLink](#)
- Submit a request to add Moving Expenses to the person's current approved HSS eligibility span
- Must be clearly identified in the Housing Focused Person-Centered plan, Coordinated Support Services Plan or Coordinated Care plan
- Must have received an approval letter for HSS and approved for Moving Expenses
- Are reimbursed to providers and are covered only to the extent that they are determine reasonable and necessary



HSS- Moving Expenses

- Provider Responsibilities

- Providers are responsible to pay up front for Moving Expenses which include deposits, furnishings, and other expenses before submitting claims
- Must submit receipts to show proof of transaction
- Must keep track of moving expense costs separately from other components of Housing Stabilization- Transition services
- Providers should submit Moving Expense claims as soon as possible to reduce the risk of nonpayment due to a provider change resulting in Moving Expenses exceeding the \$3,000 limit



HSS- Moving Expenses

- Eligible Covered Expenses (itemized receipt, statement or invoice required)
 - Applications, security deposits, and the cost of securing documentation that is required to obtain a lease on an apartment or home
 - Essential household furnishings required to occupy a person's home, including furniture, window coverings, food preparation items, and bed and bath linens
 - One-time set-up fees or deposits for utility or services access, including telephone, electricity, heating and water
 - Necessary home accessibility adaptations such as grab bars in the bathroom, doorbells that blink, sound alerts, alarms on doors, entryway ramps, etc.
 - Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning before occupancy



HSS- Moving Expenses

- Ineligible Expenses

- Rent and mortgage payments
- Clothing: all garments
- Food: perishable and non-perishable items
- Recreational items such as computers (desktops and laptops), cell phones, monthly cell phone payments, and back payments



HSS Eligible UCare Plans

- Minnesota Senior Health Option (MSHO)
- Minnesota Senior Care Plus (MSC+)
- UCare Connect (SNBC)
- UCare Connect + Medicare (SNBC)
- Prepaid Medical Assistance (PMAP)

Member ID number

Secure number unique to you.

UCare website

Access the member site and helpful information.

Plan name

The name of your specific plan.

ucare.org

Issuer: 80840
Name: JOHN Q DOE
ID: 012345678900
RxBIN: 610602 RxPCN: CARE
Svc Type: MEDICAL/DENTAL
Group Number: xxxxxx
Care Type: UCare's Minnesota Senior Health Options

H2456 002

Medicare Rx
Prescription Drug Coverage
Issued: MM/DD/YYYY

Contact information

Numbers to know, including customer service and Nurse Line numbers.

FOR MEMBER USE - For emergency care go to the nearest hospital or call 911.
Customer Service: 612-676-3200 or 1-800-263-7225, TTY: 612-676-6810 or 1-800-688-2534.
UCare 24/7 Nurse Line: 1-800-942-7858 or TTY: 1-855-307-6876
Delta Dental Customer Services: 651-768-1416, TTY users call State Relay 711, 1-855-648-1416
Mental Health and Substance Use Disorder Services: 612-676-6533 or 1-855-278-1185
Appeals and Grievances: UCare Plan - 612-676-6841 or 1-877-523-1517. For Delta Dental: 1-866-263-8015, TTY: 612-676-6810 or 1-800-688-2534. State of MN - DHS Appeals Unit, P.O. Box 64941, St. Paul, MN 55164. Managed Care Ombudsman - 1-851-431-2669 or 1-800-657-3729, TTY 711
FOR PROVIDER USE - MN primary claims must be submitted electronically.
For outside MN submit claims to UCare, P.O. Box 70, Minneapolis, MN 55440-0070.
Prescription drug claims must be submitted electronically to Navitus.
Navitus Pharmacy Help Desk: 1-833-837-4300
Submit chiropractic claims to: Folium Health, Inc., P.O. Box 881808, El Paso, TX 79998-1808
Provider Assistance Center: 612-676-3300 or 1-888-531-1493
Dental: Delta Dental of Minnesota, P.O. Box 9120, Farmington Hills, MI 48333-9120

One Pass fitness program

One Pass fitness logo shows you're eligible for this benefit.

Provider Enrollment Process





UCare Provider Requirements

- To be eligible as a UCare HSS participating provider, you need to be registered with the Minnesota Department of Human Services (MN DHS)
 - Provider enrollment, including provider requirements, is located under [Housing Stabilization Services Enrollment Criteria and Forms](#)
- If you have questions on your enrollment status with DHS, contact the DHS MHCP Provider Resource Center:
 - Call 651-431-2700 or 1-800-366-5411 8 am to 4:15 pm (closed from noon to 12:45 for lunch) Monday through Friday
 - Website: [MHCP Provider Resource Center / Minnesota Department of Human Services \(mn.gov\)](#)



UCare Payment System Enrollment

- To successfully submit claims and be reimbursed for services, providers must enroll in UCare's payment system
- To enroll, complete and submit the UCare - Facility Add Form
 - You will be notified via email when the process is complete
 - Claim submission prior to notification of enrollment will result in a claim rejection
 - For multiple locations, a Facility Add Form must be completed for each location along with a completed W-9 form
 - If you have questions, contact the Provider Assistance Center (PAC)
 - Call 612-676-3300 or 1-888-531-1493 toll-free
 - 8 am – 5 pm, Monday through Friday



UCare Enrollment Reminders

- Being enrolled in UCare's payment system and registered with Minnesota Department of Human Services (DHS) does not mean you are contracted with UCare
- UCare does not contract for Housing Stabilization Services (HSS)
 - UCare recognizes MN-DHS registered HSS providers as participating providers with UCare



Clearinghouse Requirement

- UCare requires all claims be submitted electronically through a clearinghouse
 - A clearinghouse allows you to submit secure claims electronically
 - There are several clearinghouse options available for you to choose from that follow MN AUC guidelines
 - MN E-Connect/Health EC is available FREE to providers for UCare only
 - Health EC requires a claim to be submitted within 30 days of account activation
 - If a claim is not submitted, a reactivation fee will be placed on the account and not covered by UCare
 - If you have questions about Electronic Data Interchange (EDI) transactions, please email EDISupport@ucare.org
- Availity is now UCare's primary clearinghouse/trading partner
 - Website: <https://www.availity.com/essentials-portal-registration/>
 - Phone: 1-800-282-4548 toll free



Clearinghouse Set Up

Provide the key information below to your clearinghouse to ensure proper transmission of claims to UCare:

Important Note: If DHS identifies you with an UMPI, you should enroll with UCare and the clearinghouse using your UMPI. If DHS identifies you with an NPI, you should enroll with UCare and the clearinghouse using your NPI.

UCare Payer ID
55413

Type of Billing ID	Loop/Segment
UMPI	2010BB REF01 - G2 REF02 - UMPI
NPI	2010AA NM109

Element	Value
ISA07	ZZ
ISA08	UCAREMN
GS03	UCAREMN



UCare Provider Portal

Once enrolled in UCare's Payment System, your organization's designated portal administrator must register for the [UCare Provider Portal](#)

- The Provider Portal is a secure website that allows your organization to access information needed to work with UCare members
- You can view claims, EOPs and authorizations, verify member eligibility
 - Copies of Service Authorization Letters (SAL) are not currently available in the UCare Provider Portal
- You will be notified via email when the registration process is complete, and account can be activated
- The portal admin has access rights to add, update and remove users within your organization
- The admin must be an employee of the organization
- Third-party billers cannot be the administrator on an account but can be added as a user by the admin



UCare Provider Portal- Third Party

- If you contract with a third party, we need a signed acknowledgment form on file giving UCare permission to release information within the provider portal
 - Third parties cannot be the administrator on an account but can be added as a user by the provider admin
 - [UCare Provider NDA Attestation Form \(Third-party Biller\)](#)
 - Provider NDA Attestation form must be completed, and unsigned, and emailed by the Provider to ucareprcprojects@ucare.org



Payment and Remittance Selections

- Within the UCare Provider Portal you can request Electronic Funds Transfer (EFT) payment and Electronic Remittance Advice (ERA)
 - For security reasons, EFT and ERA requests can only be made within the secure UCare Provider Portal
- Complete and submit the Provider Payment and Remittance Request Form
 - You will be notified via email when the process is complete
 - Paper checks and paper remittances are selected upon enrollment in UCare's claims payment system
 - If you have a Tax ID change, a new Payment and Remittance Request form needs to be completed when electronic payment is preferred
 - If a new form is not submitted, the default is paper checks and electronic provider portal remittances
 - If you have questions, email EFT835@ucare.org



Manage Your Information

- Prior to requesting changes to information with UCare, please submit a [Global Request](#) to update your DHS information
- UCare is required to validate your information with DHS prior to making changes in our systems
- Examples of changes include:
 - Facility Tax ID
 - Legal name or DBA
 - Address
 - NPI/UMPI
- To update your information, visit the [Manage Your Information page](#) on the UCare Provider Website and complete the [Facility Change Form/Demographic Change/Update](#)



Care Coordination & Approval of Services





Care Coordinator Responsibilities

- Plan: Develop the support plan with the member, ensure the plan identifies preferences of the member and review and update the plan annually.
- Refer and Link: Work with the member to connect with providers and services.
- Coordinate: Communicate with the member's team, organize services based on needs and preferences and ensure services are not duplicated.
- Monitor: Ensure services are delivered as written in the care plan and evaluate the support plan to meet the member's needs.
- Advocate: Encourage and empower the member to make informed choices, promote health, safety, well-being and independence. Lastly, support and respect the member's right to take risks.



Identifying a Care Coordinator

- All UCare Minnesota Senior Health Option (MSHO) and Minnesota Senior Care Plus (MSC+) members are assigned Care Coordinators
- The UCare Care Coordinator could be from UCare, one of our County Partners, Care Systems or Contracted Agencies
- To identify a Care Coordinator for a member, contact UCare Customer Service:
 - Minnesota Senior Health Options (MSHO): 612-676-6868 or 1-866-280-7202
 - Minnesota Senior Care Plus (MSC+): 612-676-3200 or 1-800-203-7225
 - Call the Provider Assistance Center at 612-676-3300 or 1-888-531-1493
- View the [Care Coordination Contact List](#) (under Contacts)

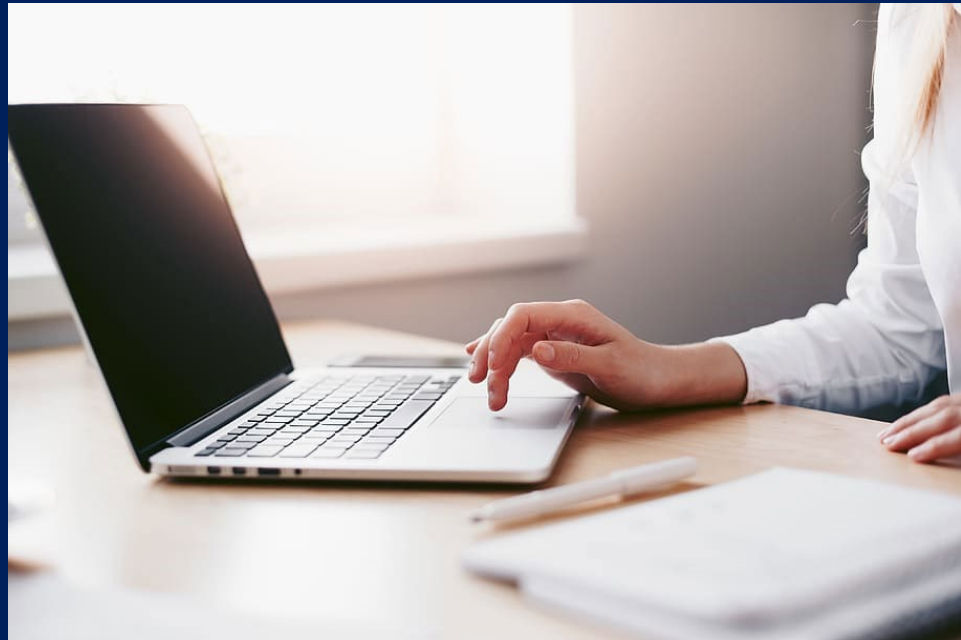


Approval of HSS

- All HSS require an authorization from UCare for claims payment purposes
- The HSS provider submits the plan to MN DHS for review
- Approval or denial of services will be made by MN-DHS
 - Providers must obtain written authorization from MN-DHS before billing UCare for services
- If a member changes providers, or their plan changes, MN-DHS will send updated information to UCare
- Upon service approval, UCare will issue a Service Authorization Letter (SAL) to the member and provider
- If you need a copy of the SAL, or have authorization questions:
 - Emails clsintake@ucare.org
 - Call UCare HSQO at 612-676-6705
 - Select option 2 for Prior Authorization
 - Then select option 2 for Authorization of HSS



Claim Submission Reminders





Claim Submission Reminders

- All HSS claims must be submitted electronically to UCare through a clearinghouse on the CMS-1500 form
 - [NUCC Instruction Manual for CMS 1500 Form](#)
 - UCare does not accept paper claims for Minnesota providers
 - Once a claim is accepted, it goes through a series of claims edits that are required by the Center for Medicaid Services (CMS) and DHS, based on correct coding guidelines
- Guidance for electronic claims submission is provided in the EDI chapter of the [UCare Provider Manual](#)
 - The UCare Provider Manual is updated quarterly
 - PDF has a “clickable” Table of Contents
 - “Ctrl F” to search key words



Claim Submission Reminders

- Bill only for services already provided to the member
- Bill only for services approved by UCare as listed on the Service Authorization Letter (SAL)
 - Providing more services than approved may result in a claim denial
- Each date of service must be billed on a separate line
 - Billing is required to be date specific, per DHS guidelines
- A week is considered Monday-Sunday when an approval lists the number of units of service approved per week



Important Claim Reminders

- Review key CMS-1500 claim fields prior to submission (not all inclusive)

21A: Diagnosis code must be listed for all waiver service claims

- The diagnosis code listed on the claim should match the diagnosis code listed on the Service Authorization Letter (SAL)

23: Service Authorization Number from SAL

- This field may not have a required * on the claim form within your clearinghouse, however, it is required for billing

24A: One date of service per line

24D: Accuracy in procedure code and modifier (if applicable) based on the [DHS HCPC Codes](#) for service provided and SAL from UCare



Important Claim Reminders

- Additional CMS-1500 claim fields to review prior to submission:

24F: Charges - Rate for service provided as indicated on the SAL

24G: List number of unit(s) or daily unit provided for date of service

33: Billing provider address and phone number

33a: Billing provider NPI

- If you are billing with an NPI, you must include taxonomy on claim

33b: Billing provider UMPI

- If you are billing with an UMPI, no taxonomy needed on claim





Important Claim Reminders

- Additional claim reminders for HSS providers:
 - Modifier U4 must be used if billing for direct/remote support
 - Providers cannot bill for Moving Expenses (T2038 U8) and Housing Sustaining Services (H2015 U8 TS) on the same date.
 - Moving expenses will be denied with code UM0162
 - The \$3000 Moving Expenses allowance limit is across ALL providers
 - Multiple providers can be used until the allowance is exhausted
 - The \$3000 allowances is baes on the authorization year
 - When billing services under T2038 U8
 - An authorization is required for all services
 - The authorization must match the provider billing the service(s)
 - An itemized receipt, statement or invoice is required





Rejected and Accepted Claims

- Rejected or Acknowledged Claim

- Indicates the claim has been rejected by the Clearinghouse or UCare
 - Review the reason for rejection at your Clearinghouse, correct the claim and resubmit the claim as an original
 - The UCare Provider Portal only shows the status of accepted claims
- For assistance with a rejected claim, contact your Clearinghouse
 - If your Clearinghouse is unable to resolve the rejected claim, email EDISupport@ucare.org

- Accepted Claim

- Indicates the claim has been accepted into UCare's Payment System and is being adjudicated and processed based on correct coding guidelines
 - The status in the UCare Provider Portal will indicate Pending while the claim is being processed



Paid and Denied Claims

- **Paid Claim**
 - The Provider Portal indicates a Paid status along with the Explanation of Payment (EOP)
 - If the Provider Portal indicates a Pending Payment status, payment can be expected on next Remit Payment date
 - The standard [Claims Payable Calendar](#) displays the dates providers can expect remittance payment
- **Denied Claim**
 - The Provider Portal indicates a Denied status along with the Explanation of Payment (EOP)
 - Review reason and correct, if appropriate per guidance in the [Provider Manual](#)
- **For claim questions, contact the Provider Assistance Center**
 - Send a secure email to our Provider Assistance Center at pac@ucare.org
 - Call 612-676-3300 or 1-888-531-1493 toll-free



Explanation of Payment (EOP) Guide

Provider Guide

Explanation of Payment (EOP)



An EOP provides information regarding the adjudication of your claims. This brief guide illustrates how to read your EOP and identify the differences for a paid or denied claim. An EOP will be posted to the provider portal once the claim processes.

A. Individual Claims Summary

Patient: John Doe
PMB: 123456789-01
Group: ABCDEF
Contract: XX

B. Claims Payment Breakdown

Claim #: 123456789101
DRG: 123456789-01
DRG Weight: 1.0
Discharge Date: 12/31/2023
Patient Ctl: Med Rec #:
Read Prov ID: 123456789-01
Read Prov: 123456789-01
Grp CD: 123456789-01
Cm Adj Rsn Cd: 123456789-01

C. Service Items, charge and allowed amount

Line	Date of	Auth	Adj	Revenue	Med	Units	Charge	Allowed	Adjustment	Other	Denied	Patient	Payment	Group	Chn	Remarks	Adj
CD	Service	#	Code	Code	Unit			Amount	Amount	Contract		Costshare		Code	Adj	Code	Pr
0000	022827-022827		9915		1		3,296.00	2,370.42	938.58				1,914.11	CO	45	3/8/25	1
0000	022827-022827		9915		1							878.55	PR	1			1
0000	022827-022827		9915		1							351.76	PR	2			1
0200	022827-022827		9915		1		98.00	149.70	48.30				149.70	CO	45	3/8/25	1
0300	022827-022827		80391		1		14.00	14.00			14.00			PR	96	3/8/25	1
9400	022827-022827		72270		1		75.00	34.43			75.00			CO	97	1/8/5	1
0500	022827-022827		A0428		1		597.00	233.87	363.13					PR	45	3/8/25	1
0500	022827-022827		A0428		1							233.87		PR	1		1
9600	022827-022827		66984		1		2,446.00	1094.31	1,426.69	14.95			939.36	CO	45	3/8/25	1
9600	022827-022827		66984		1							300.00		PR	3		1
9600	022827-022827		66984		1								92.40	CO	45	3/8/25	1
0700	022827-022827		A0276		1		2,792.97	924.00	1,868.97					OA	23		1
0700	022827-022827		A0276		1				831.60								
Sub Totals								9,418.97	4,769.73	5,440.27	14.95	89.00	1,399.18			2,475.57	

G. Additional Payee Information

F. Sums of all of the individual claim amounts

Charge Amount	Allowed Amount	Adjustment Amount	Other Contractual Obligation	Denied	Patient Costshare	Provider Adjustment Amount	Payment Amount	Unused Negative Balance
9,418.97	4,769.73	5,440.27	14.95	89.00	1,399.18		2,475.57	

A. Individual Claims Summary

This section contains information pulled from the submitted claim, including patient and claim information, coverage information and medical records.

B. Claims Payment Breakdown

Payment totals can be readily pulled.

- **Claim Charge** - The amount charged to Ucare on the individual claim.

Provider Guide



- **Payer Adj Amt** - The sum of all payment adjustments. Payment adjustments are defined as any adjustment with a group code indicating contractual obligation (CO) or other adjustment (OA), not including sequestration.
- **Patient Resp** - The sum of all patient responsibility adjustments, indicated with a group code of patient responsibility (PR), which is more than a costshare amount and can include other adjustments.
- **Claim Payment** - The amount of payment Ucare owes to the provider for this individual claim.
- **Other Cont Oblig** - Ucare uses this to display sequestration.

C. Service items, charge and allowed amount

Service line items are details about the submitted claim. Ucare compares each service line item with thousands of regulations, policies and rules. Ucare then reviews each item for coding issues, such as unbundling, modifiers, appropriateness and mutual exclusive services. We then show the charge made in the claim and the allowed amount based on this analysis.

- **Charge** - Reflects the amount billed.
- **Allowed Amount** - Represents payment rate.

D. Adjustments

Adjustments are applied to the amount charged on a claim. Below are Ucare's adjustment categories:

- **Adjustment Amount** - Reflects the difference between your Charge amount and Allowed Amount.
- **Other Contractual** - Represents sequestration, the spending cuts applied to several government programs including Medicare. Doctors, hospitals and providers are reimbursed at 98 cents on the dollar by Medicare.
- **Denied** - The full charged amount for that service line item regardless of the responsible party.
- **Patient Cost share** - The amount members pay based on their coverage (contract).

E. Payment Codes

The last three columns display payment codes by line item.

- **Group Codes** - Financial responsibility for the unpaid portion of the claim balance, i.e., CO, PR, OA, etc.
- **Claim Adjustment Reason Codes (CARC)** - The reason code for a service line that was paid differently from what was billed. Common codes include PR 3-Co-payment amount, CO 45-charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement and OA 253-Sequestration - reduction in federal payment.
- **Remark Code** - Explain an adjustment or convey information about remittance processing. Also known as Remittance Advice Remark Codes (RARC), common codes include MA15-Separately billed services/tests separate payment is not allowed and MA125-Per legislation governing this program, payment constitutes payment in full.

Note: Additional information about the CARC and RARC codes applied to the claim are displayed on the bottom of the EOP.

F. Sums of all of the individual claim amounts

The bulk payment sum of the **Charge Amount**, **Allowed Amount**, **Adjustment Amount**, **Other Contractual Obligation**, **Denied** and **Patient Costshare**.

G. Additional Payee Information

- **Provider Adjustment Amount** - The unreimbursed amount owed to Ucare (negative balance) that was applied against the payment made.
- **Payment Amount** - Total bulk payment sum.
- **Unused Negative Balance** - The remaining negative balance that has not been applied, often published in a recent EOP from a previous claim.

Provider Guide





Provider Claim Reconsiderations

- To appeal a claim payment or denial, submit a Provider Claim Reconsideration Form
 - The Provider Claim Reconsideration Form is available on the [Claims & Billing page](#) under Forms & Links
 - Refer to the [Tips for Using The Online Claim Reconsideration Form](#) for guidance when completing the form
 - If additional assistance is needed, contact the Provider Assistance Center
 - Send a secure email to our Provider Assistance Center at pac@ucare.org
 - Call 612-676-3300 or 1-888-531-1493 toll-free



Timely Filing



- Timeframes

- Six (6) Months
 - Initial claims from date of service for Medical Assistance products, including dual plans where UCare is the primary payer
- Twelve (12) Months
 - Initial claims from date of service for all other product lines, including Medicare and IFP
- Adjustment and appeal (claim reconsideration) requests submitted by the provider must be received within 12 months from the initial claim's payment or denial date
- Requests received outside of this timeline will result in timely filing denial



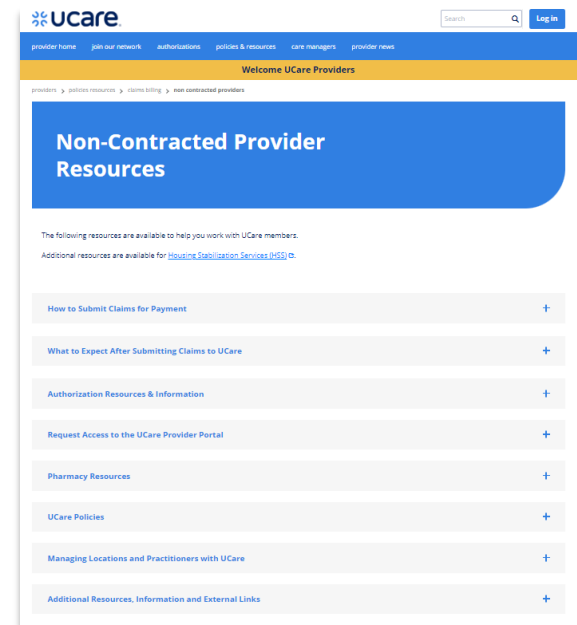
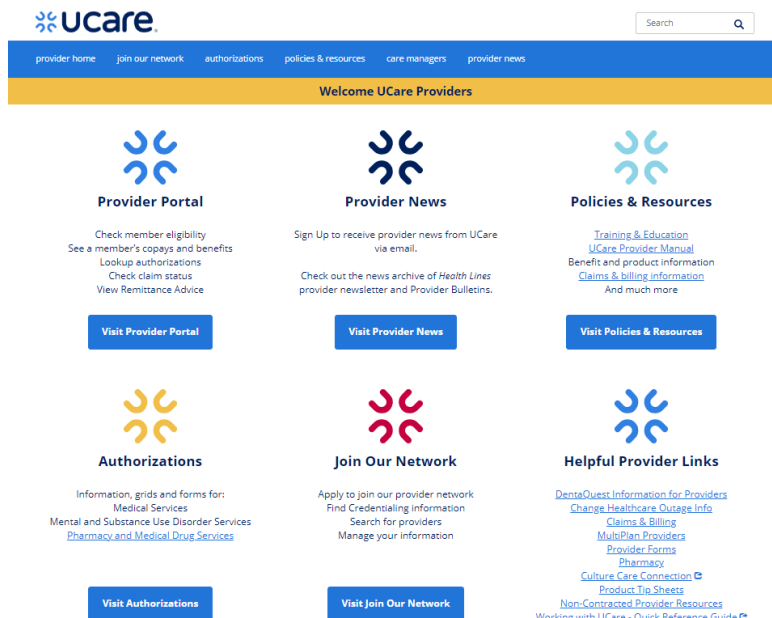
Housing Stabilization Services Provider Resources





UCare's Provider Website

- Visit [UCare's Provider Website](https://www.ucare.org/providers) to access resources and guidance on how to work with UCare
- Bookmark [UCare's Training & Education Page](https://www.ucare.org/providers/training-education) to access information covered in this presentation





Sign Up for Provider News

- Sign up to receive the following important information and more:
 - Health Lines, the monthly provider newsletter
 - Provider Bulletins, in-depth information about policies and news
 - Annual reminders, like the Critical Business Reminders

Health Lines
February 2025

UCare's provider training series
In 2025, UCare kicked off monthly, virtual training opportunities for participating providers, as well as separate training specifically designed for Elderly Waiver (EW) providers. These trainings give providers a better understanding of the following:

- UCare programs available for members
- UCare enrollment processes and requirements
- UCare provider portal and clearinghouse requirements
- Authorization and notification information
- General UCare claim processing overview and tips
- How to notify UCare of administrative changes
- How to access resources and assistance within UCare

Upcoming trainings are scheduled for Feb. 11 and March 13. Providers can visit UCare's [Training and education](#) page to register for live trainings. Open the "Elderly Waiver Services (+)" accordion for the EW training schedule and registration links or the "Working with UCare Provider Training (+)" accordion for the schedule and links for all other providers.

Virta Health's virtual clinic for type 2 diabetes reversal
Available for UCare and EssentialCare members between the ages of 18 and 79 who have a current type 2 diabetes diagnosis. Some medical conditions exclude patients from the program.

UCare teamed up with Virta Health to offer eligible members a type 2 diabetes reversal program. Virta is a virtual nutrition therapy clinic that helps members lower blood sugar, lose weight and rely less on prescription drugs. Virta's care plan is tailored to each member and offers support from medical providers, coaches and digital health tools.

Members who participate receive:

- Nutrition education, including meal plans, shopping tips and recipe guides
- Medical supervision from a Virta physician, nurse or physician's assistant
- Unlimited 1:1 health coaching
- Daily support with Virta's mobile app and health tools
- Access to a private online patient community
- Diabetes testing materials including meters and strips

Members are identified for program eligibility via claims, pharmacy or other records, then they are sent communication regarding how they may benefit from the program. Visit [ucare.org/virta](#) for more information.

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UCare provider website
[www.ucare.org/providers](#)

Provider Assistance Center
612-676-3300
1-888-531-1493 toll-free

Health Lines™ 1

Provider Bulletin
News and Information

July 12, 2024

All UCare Providers: Critical Business Reminders

UCare provides Critical Business Reminders annually to update our provider network on important business information.

View our updated [Critical Business Reminders webpage](#) to find the latest updates regarding:

- UCare Language Profile and Resources.
- The credentialing and recertification processes, including practitioner rights.
- The pharmacy section with links to pharmaceutical management procedures, formularies and the exception process.
- The Complex Case Management Program referral process.
- Utilization management (UM), how to request UM criteria and obtain access to UM staff.
- Member Rights and Responsibilities.
- Links to shared decision-making (SDM) resources.
- Links to training and resources on culturally congruent care.



New Provider Checklist

<input type="checkbox"/>	Provider must be a DHS enrolled HSS provider to service UCare members
<input type="checkbox"/>	Click here to enroll in UCare's Payment System, if you have not already done so
<input type="checkbox"/>	Click here to enroll in in a free electronic clearinghouse if you don't have a clearinghouse, Minnesota requires providers submit claims electronically
<input type="checkbox"/>	Register here to gain access to the UCare Provider Portal*
<input type="checkbox"/>	Click here to make Payment & Remittance selections or changes in the UCare Provider Portal*
<input type="checkbox"/>	Click here to notify UCare of changes to location and/or billing information
<input type="checkbox"/>	Sign up here to receive critical notifications and provider news

*You must be enrolled in UCare's Payment System before these activities can be started



UCare Housing Stabilization Services (HSS) Provider Key Contacts



Contact Information

Administrative Resources

	Email/Website Address	Phone	Toll Free	Fax
Provider Assistance Center Claims, billing, benefit questions Monday - Friday 8 am-5 pm Secure email in the Provider Portal	https://www.ucare.org/provider/s/provider-portal	612-676-3300	1-888-531-1493	
EDI Help Desk UCare Electronic Payer ID: 55413	EDISupport@ucare.org			
EFT and ERA Questions	EFT835@ucare.org			
Third-Party Agreement Notification	Submit completed Third-Party Form to pac@ucare.org	612-676-3300	1-888-531-1493	
Report Fraud, Waste & Abuse	compliance@ucare.org		1-877-826-6847	

Authorization and Care Coordination

	Email/Website Address	Phone	Toll Free	Fax
Case Management Central Intake		612-676-6622	1-866-242-2497	
HSS Authorizations	clsintake@ucare.org	612-676-6705 Option 2, then 5	1-877-447-4384	612-884-2185
PCA Services, Clinical Authorizations	UCarePCA@ucare.org	612-676-6705 Option 2, then 4	1-877-447-4384	612-884-2094
MSHO/MS+ Clinical Liaisons	MSC_MSHO_ClinicalLiaison@ucare.org	612-294-5045	1-866-613-1395	
Care Coordination Questions				

DHS Contacts



	Email/Website Address	Phone	Toll Free	Fax
MHCP Provider Resource Center DHS Provider Enrollment Monday-Friday 8 am-4:15 pm	Email: dhs.healthcare-providers@state.mn.us Website: MHCP Provider Resource Center / Minnesota Department of Human Services (mn.gov)	651-431-2700	800-366-5411	

Visit www.ucare.org/providers for more information or visit our resource information page for HSS Providers [Training & Education \(ucare.org\)](#)





Provider Assistance Center (PAC)

- Call us: 612-676-3300 or 888-531-1493 toll-free
 - Monday through Friday, 8 am - 5 pm
- Email: pac@ucare.org
 - For complex claim issues, we prefer email requests
 - Attach examples/spreadsheets. Include TIN, NPI/UMPI, Auth Numbers (if applicable), UCare claim numbers, three points of Member PHI, and clear details associated with the question
 - Turnaround time is targeted at three business days for inquiries
- UCare will provide you with a reference number for both email and phone inquiries, upon request
- If you require escalation or are not getting resolution to an issue; request to speak with a Supervisor. Provide them the reference numbers from previous inquiries



Additional Questions?

- Check out UCare's Housing Stabilization Services FAQ resource on the [Training and Education](#) page for common questions and answers
- How do I?
 - Enroll with UCare
 - Submit my first claim to UCare
 - Update my provider information



FAQ: Housing Stabilization Services (HSS)

What is the Housing Stabilization Services benefit?

The Elderly Waiver (EW) program is a federal Medicaid waiver program that funds home and community-based services for people 65 and older who are eligible for Medical Assistance (MA), require the level of care provided in a nursing home, and choose to live in the community.

What UCare members may be eligible for this benefit?

This benefit is available to eligible UCare Minnesota Senior Health Option (MSHO), UCare Minnesota Senior Care Plus (MSC+), UCare Connect (SNBC), UCare Connect + Medicare (SNBC) and Prepaid Medical Assistance (PMAP). For Eligible Member guidance visit: [Housing Stabilization Services \(state.mn.us\)](https://state.mn.us)

Is authorization required, what is the authorization/approval process?

Yes. The member's care coordinator determines the need for services and submits a notification of service authorization to UCare for claims payment purposes. UCare will then fax a written approval letter to the provider.

Do I need to be contracted with UCare to provide EW services to UCare members?

UCare does not contract for HSS, however, UCare does recognize MN-DHS registered HSS providers found on [Minnesotahelp.info](https://minnesotahelp.info) as participating providers with UCare.

- Important note: UCare contracts directly for some extended waiver services such as Nonemergency Medical Transportation (NEMT), Personal Care Assistants (PCA), Home Health Services (home care nursing, skilled nurse visit, home health aide) and Durable Medical Equipment (DME).

How do I find a members Care Coordinator?

- Call Case Management at 612-676-6622 or 1-866-242-2497,
- Send a secure email to the Provider Assistance Center (pac@ucare.org) or
- Call the Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

I'm enrolled with DHS - are there additional steps I need to take before I can submit my first claim to UCare?

Yes. Once you have gone through the DHS provider enrollment process you will need to enroll in UCare's payment system before submitting a claim to UCare.

- Complete and submit the [UCare Facility Add Form](#)
- For multiple locations, a Facility Add Form must be completed for each location along with a completed W-9 form
- You will be notified within 60 calendar days via email when the process is complete.
- Claim submission prior to notification of enrollment will result in a claim rejection.

How do I bill for these services?

All claims must be submitted electronically to UCare through a clearinghouse. Minnesota E-Connect is a free clearinghouse established to meet AUC guidelines for MN electronic billing requirements. Guidance for electronic claims submission is provided in the Electronic Data Interchange chapter of the [UCare Provider Manual](#).

What special codes, modifiers or forms do I use for billing?

Bill only for services and units approved by UCare on the Service Authorization Letter

- UCare follows the [MN DHS Long-Term Services & Supports](#) procedure codes and rates for HSS

QUESTIONS?



Elderly Waiver Provider Liaison

- UCare offers EW and HSS training and education focusing on how to work with UCare
- Contact Brooke Robinson, LADC
 - Email: brobinson@ucare.org
 - Cell: 952-256-0849

thank you!