

# Elderly Waiver (EW) Services Training

November 2023



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# Program Overview



# Elderly Waiver (EW) Services

- Program Information

- Funds home and community-based services (HCBS) for people aged 65 and older who require the level of care provided in a nursing home but choose to live in the community
- To promote community living and independence with services and supports designed to address each person's individual needs and choices that go beyond what is available through Medical Assistance
- EW does not cover services available through another funding source such as Medicare, MA State Plan, Long-Term Care Insurance



# Elderly Waiver (EW) Services

- **Benefit Information**
  - All applicants must meet the service eligibility criteria for the specific HCBS program in which they anticipate receiving services
  - For Eligible Member guidance visit: [DHS Provider Manual: Elderly Waiver \(EW\)](#)
- **With authorization, the following provider types are eligible to bill Elderly Waiver procedure codes**
  - Elderly Waiver (DHS Registered); Durable Medical Equipment (DME); Home Health Care Agency; PCA Agency and Skilled Nursing Facility (SNF)
- **For DHS approved Procedure Codes and Rate Limits applicable to EW, reference the [DHS-3945 PDF](#), which lists services, procedure codes/modifiers and rates by waiver type**
  - UCare follows DHS reimbursement rates for EW services



# Elderly Waiver Eligible UCare Plans

- **Minnesota Senior Health Option (MSHO)**
  - Plan designed for people who want to combine their Medical Assistance (Medicaid) and Medicare, while getting some additional programs and services
- **Minnesota Senior Care Plus (MSC+)**
  - Plan designed for people who qualify for Medical Assistance but do not have Medicare
  - A member with Medical Assistance and Medicare may also choose MSC+ and enroll in a separate Medicare Prescription Drug plan



# Provider Enrollment Process



# UCare Provider Requirements

- To be eligible as a UCare EW participating provider, you need to be registered with the Minnesota Department of Human Services (MN DHS)
  - When looking for an Elderly Waiver provider, the Care Coordinator uses the Waiver Services search on the DHS resource: MNHelp.Info
- 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
    - 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 Elderly Waiver (EW) services; however, UCare does recognize MN-DHS registered EW providers as participating providers with UCare
- UCare contracts for some extended waiver services such as Nonemergency Medical Transportation (NEMT), Extended Personal Care Assistant (PCA), Extended Home Health Services and Durable Medical Equipment (DME)



# 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 more information visit, [Resources for Electronic Transactions](#)
  - If you have questions about Electronic Data Interchange (EDI) transactions, please email [EDISupport@ucare.org](mailto:EDISupport@ucare.org)
- [Change Healthcare](#) is UCare's primary clearinghouse partner



# 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 and secure email our Provider Assistance Center
  - You will be notified via email when the registration process is complete
  - 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



# Payment and Remittance Selections

- Within the UCare Provider Portal you can request electronic payment and remittance by completing and submitting the Provider Payment and Remittance Request Form
  - You will be notified via email when the process is complete
  - If no selections are made, paper checks and electronic provider portal remittances are issued
  - 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](mailto:EFT835@ucare.org)



# Manage Your Information

- To ensure claim payment accuracy, keep your information with UCare up to date
  - 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.
- More information available in the [DHS Community Based Services Manual](#)



# 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:
  - Care Management Intake 612-676-6622 or 1-866-242-2497 toll-free,
  - Send a secure email within the Provider Portal Message Center
  - Call the Provider Assistance Center at 612-676-3300 or 1-888-531-1493
- View the [Care Coordination Contact List](#) (under Contacts)



# Approval of EW Services

- All EW Services require an authorization from UCare for claims payment purposes, as well as monitoring a members EW budget
- The Care Coordinator submits a Waiver Service Approval Form (WSAF) to UCare Clinical Services. The service is reviewed, and an authorization is entered into our system
- A Service Authorization Letter (SAL) is sent to the UCare member and the EW provider
- If you need a copy of the SAL or have authorization questions
  - Call UCare Clinical Services at 612-676-6705
    - Select option 2 for Prior Authorization
    - Then select option 5 for Authorization of Elderly Waiver Services



# Claim Submission Reminders



# Claim Submission Reminders

- All Waiver Service 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
- 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 SAL
  - Providing more services than approved may result in a claim denial
- Each date of service must be billed on a separate line
- 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
  - 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
  - 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



# Important Claim Reminders

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

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







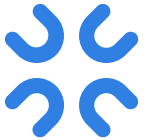
# Rejected and Accepted Claims

- **Rejected 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](mailto: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 within the Provider Portal Message Center
  - 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	Claim #: 123456789101	Patient Ctr:
PME:	DKS:	Med Rec #:
Patient ID: 123456789-01	DRG:	Remd Prov ID
Group: ABCDEF	DRG Weight:	Remd Prov:
Contract: XX	Discharge Frac:	Grp CD:
		Clm Adj Rsn Cd

#### B. Claims Payment Breakdown

Claim Charge:	9,418.97
Payor Adj Amt:	5,167.09
Patient Resp:	1,776.31
Claim Payment:	2,475.57
Other Cont Oblig:	14.95

#### C. Service Items, charge and allowed amount

Line Cat	Date of Service	Auth #	Adj Prod	Revenue Code	Mod	Units	Charge	Allowed Amount	Adjustment Amount	Other Cont.	Denied	Patient Costshare	Payment	Group Code	Clm Adj Rsn Cd	Remark Code	Adj Mt
0000	02/28/2023			5955		1	3,296.00	2,370.42	926.58				1,934.11	CO	45	3A252	1
0000	02/28/2023			5955		1						879.55	PR	1			1
0000	02/28/2023			5955		1						351.76	PR	2			1
0200	02/28/2023			38611		1	388.00	348.70	48.30				388.70	CO	45	3A252	1
0200	02/28/2023			E0191		1	30.00	30.00			30.00			PR	96	3A252	1
0400	02/28/2023			72170		1	75.00	84.43		75.00				CO	97	3A5	1
0500	02/28/2023			A0423		1	597.00	233.87	363.13					PR	45	3A252	1
0500	02/28/2023			A0423		1						233.87		PR	1		1
0600	02/28/2023			66994		1	2,446.00	1034.31	1,411.69		14.95		936.36	CO	45	3A252	1
0600	02/28/2023			66994		1								CO	253		1
0600	02/28/2023			66994		1						300.00		PR	3		1
0700	02/28/2023			A8276		1	2,792.97	924.00	1,868.97				92.40	CO	45	3A252	1
0700	02/28/2023			A8276		1								GA	23		1
<b>Sub Totals</b>							<b>9,418.97</b>	<b>4,769.73</b>	<b>1,440.27</b>	<b>14.95</b>	<b>89.00</b>	<b>1,399.18</b>	<b>2,475.57</b>				

#### 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 within the Provider Portal Message Center](#)
    - [Call 612-676-3300 or 1-888-531-1493 toll-free](#)



# Timely Filing

- Timeframes

- Initial claims must be received no later than 6 months after the date of the covered service in the format approved by UCare and in compliance with state and federal law
- Adjustment 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



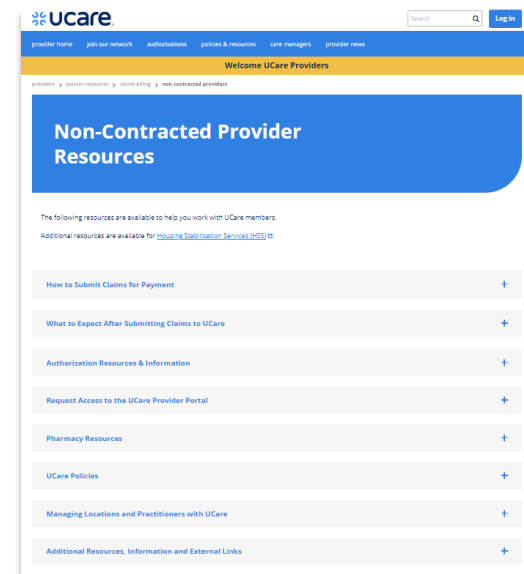
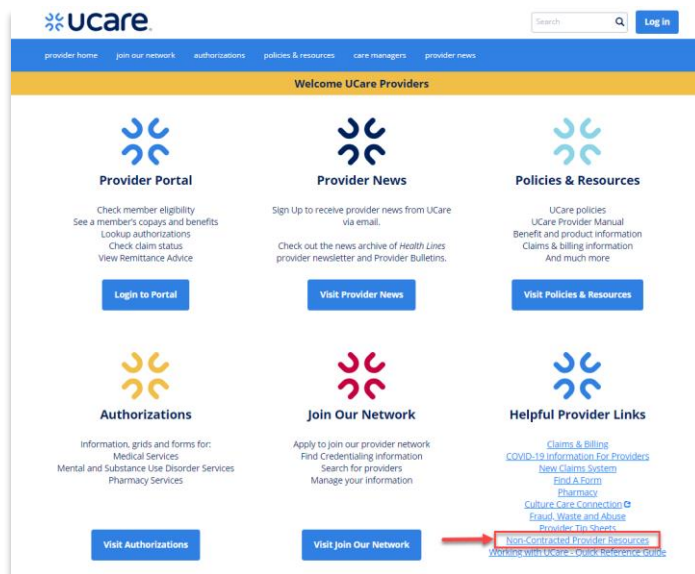


# Elderly Waiver Provider Resources



# UCare's Provider Website

- Visit [UCare's Provider Website](#) to access resources and guidance on how to work with UCare
- Bookmark [UCare's Training & Education Page](#) 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**  
June 2023

**Provider Enrollment With Minnesota Health Care Programs**

The **21st Century Cures Act** requires states to enroll all Medicaid providers. **UCare providers who are contracted to provide services to Medicaid members will be expected to enroll with Minnesota Health Care Programs (MHCP) starting July 17, 2023.**

Actively enrolled fee-for-service providers who have an existing contract with UCare will not need to go through the screening and enrollment process again.

To prepare for the opening of the enrollment process, providers are advised to:

- Review the information and frequently asked questions on the [Enroll with Minnesota Health Care Programs webpage](#) and bookmark it for future reference.
  - Once on the page, click the + next to "Enrollment process for managed care organization (MCO) network providers."
- Register for training on the enrollment process through the [Minnesota Provider Screening and Enrollment \(MPSE\) portal training website](#). Sessions will be held June 26, July 25 and Aug. 17 and will include a live demonstration. This site also includes on-demand MPSE quick instruction videos.
- Review the [Enroll with MHCP](#) section of the MHCP Provider Manual.
- Sign up for MHCP news and updates at <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/provider-news/>.

**Minnesota False Claims Act Reminder**

Federal and state laws describe fraud, waste and abuse using a variety of rules and statutes that must be strictly adhered to by both UCare and contracted UCare providers. One example is the **Minnesota False Claims Act, statute 15C.02**, which advises that violations of this law include, but are not limited to, the following:

Ucare Provider Website  
[www.ucare.org/providers](http://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 5, 2023

**UCare 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 here](#). You'll find the latest updates to:

- The credentialing and recredentialing 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), affirmative statement, 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.

Please take a moment to review this important information. Additional information on these topics can also be found in the [Provider Manual](#).

Share this information within your organization as needed.





# New Provider Checklist

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

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



# UCare Elderly Waiver (EW) 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	<a href="https://www.ucare.org/providers/provider-portal">https://www.ucare.org/providers/provider-portal</a>	612-676-3300	1-888-531-1493	
EDI Help Desk UCare Electronic Payer ID: 55413	<a href="mailto:EDISupport@ucare.org">EDISupport@ucare.org</a>			
EFT and ERA Questions	<a href="mailto:EFT835@ucare.org">EFT835@ucare.org</a>			
Third-Party Agreement Notification	Submit completed <a href="#">Third-Party Form</a> to <a href="mailto:pac@ucare.org">pac@ucare.org</a>	612-676-3300	1-888-531-1493	
Report Fraud, Waste & Abuse	<a href="mailto:compliance@ucare.org">compliance@ucare.org</a>		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	
Elderly Waiver Authorizations	<a href="mailto:clsintake@ucare.org">clsintake@ucare.org</a>	612-676-6705 Option 2, then 5	1-877-447-4384	612-884-2185
PCA Services, Clinical Authorizations	<a href="mailto:UCarePCA@ucare.org">UCarePCA@ucare.org</a>	612-676-6705 Option 2, then 4	1-877-447-4384	612-884-2094
MSHO/MSHC+ Clinical Liaisons Care Coordination Questions	<a href="mailto:MSC_MSHO_ClinicalLiaison@ucare.org">MSC_MSHO_ClinicalLiaison@ucare.org</a>	612-294-5045	1-866-613-1395	
DHS Contacts				
	Email/Website Address	Phone	Toll Free	Fax
MHCP Provider Resource Center DHS Provider Enrollment Monday-Friday 8 am-4:15 pm	Email: <a href="mailto:dhs.healthcare-providers@state.mn.us">dhs.healthcare-providers@state.mn.us</a>  Website: <a href="#">MHCP Provider Resource Center / Minnesota Department of Human Services (mn.gov)</a>	651-431-2700	800-366-5411	
Visit <a href="http://www.ucare.org/providers">www.ucare.org/providers</a> for more information or visit our resource information page for EW Providers <a href="http://www.ucare.org">Non Contracted Providers (ucare.org)</a>				



March 2023






# UCare Portal- Send a Secure Email

- We encourage providers to contact us within the Provider Portal Message Center
- Turnaround time is targeted at 3 business days for inquiries

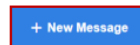
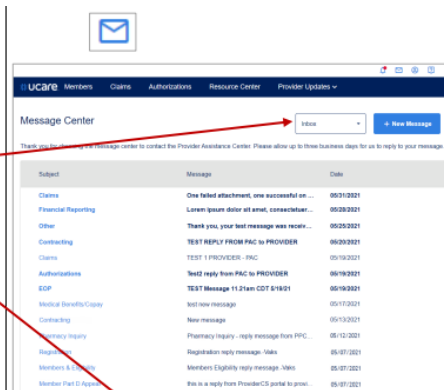
## Message Center

You may send and receive messages to/from the Provider Assistance Center (PAC).

When the Message Center  is open, there are options for viewing your *Inbox* (the default view) or *Sent* items.

**NOTE:** Once the user has moved to the new portal, they will not be able to see sent or received messages from the old portal.

Click the **+ New Message** button to create a message to be sent to the PAC.



**\*\*\*For complex claims issues – Please attach examples**



# Provider Assistance Center - Call Us

- **Contact the Provider Assistance Center**
  - Call: 612-676-3300 or 1-888-531-1493 toll-free
  - Hours: 8 am - 5 pm, Monday through Friday
- **Common Inquiries**
  - Claim Status (Pending, Paid, Denied)
  - EFT and remittance issues
  - Member eligibility, benefits, copayments, coinsurance and deductibles
  - Coordination of Benefits (COB) questions
  - Provider appeals questions
  - Provider demographic questions
  - Referrals, authorizations and notifications
  - Website navigation assistance





# Additional Questions?

- Check out UCare's Elderly Waiver (EW) Services FAQ resource on the [Non-Contracted Providers page](#) for common questions and answers
- How do I?
  - Enroll with UCare
  - Submit my first claim to UCare
  - Update my provider information



## FAQ: Elderly Waiver (EW) Services

### What is the EW 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) and UCare Minnesota Senior Care Plus (MSC+). For Eligible Member guidance visit: [Elderly Waiver Program \(state.mn.us\)](#)

### 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 EW services, however, UCare does recognize MN-DHS registered EW providers found on [MNHelp.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 member's Care Coordinator?

- Call Care Management at 612-676-6622 or 1-866-242-2497,
- Send a secure email to the Provider Assistance Center in the Provider Portal, 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 EW
  - Each service (procedure code & modifier) on the claim must have a unit (number) associated with it
  - Definitions for each service differ in that some indicate time, per item, per day or visit

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# EW Provider Relations Liaison

- UCare offers onsite or virtual EW training and education on how to work with UCare
- Contact Brooke Robinson, LADC
  - Email: [brobinson@ucare.org](mailto:brobinson@ucare.org)
  - Cell: 952-256-0849

thank you!