



2022 Authorization and Notification Grids Are Available

The 2022 Medical, Mental Health & Substance Use Disorder Services and Pharmacy authorization requirements are now available at www.ucare.org/providers on the [Authorizations page](#). A letter was sent to providers outlining the specific changes from Dr. Julia Joseph-Di Caprio, UCare’s Senior Vice President and Chief Medical Officer.

2022 Tip Sheets Released

The 2022 product/benefit tip sheets have been released and are available at <https://www.ucare.org/providers/policies-resources/product-tipsheets>. Tip sheets assist providers in working with UCare and our members. The information covered within the tip sheets includes ID cards and benefits by product.

Please check all sections of the tip sheets closely as some information has changed since 2021. For example, the 2022 UCare Member ID Card Samples (PDF) includes new group numbers for State Public Programs. To ensure you are viewing the latest information, be sure to regularly check and download the newest tip sheets at <https://www.ucare.org/providers/policies-resources/product-tipsheets>.

Changes Affecting Claims Submissions for UCare Medicaid and Integrated Duals Plans Beginning Jan. 1, 2022

UCare continues to implement our new claims system. This transition began in January 2019 when UCare moved claims for UCare Individual & Family Plans to the new system. UCare moved UCare Medicare Plans to the new platform in January 2020. The system implementation will be completed on Jan. 1, 2022, as UCare moves the remaining Medicaid and Dually Integrated plans to the new platform.

Effective Jan. 1, 2022, UCare will make changes that affect claims submission for Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MnCare), UCare Connect (SNBC), UCare Connect + Medicare (HMO-D-SNP), Minnesota Senior Care Plus (MSC+) and UCare’s Minnesota Senior Health Options (MSHO) (HMO-D-SNP).

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UCare Provider Website
www.ucare.org/providers

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

Important Changes to Know Prior to January 2022

- **New Payer ID (55413):** The Payer ID for all PMAP, MnCare, UCare Connect, UCare Connect + Medicare, MSC+ and UCare's MSHO plans will change to 55413 for electronic claims submitted with dates of service (DOS) on and after Jan. 1, 2022. This is the same Payer ID that is currently used for UCare Individual & Family Plans (IFP) and UCare Medicare Plans claims. Please refer to the [Oct. 28 Provider Bulletin](#) for additional details on the Payer ID changes.
- **New Member ID Numbers:** In 2022, PMAP, MnCare, UCare Connect, UCare Connect + Medicare, MSC+ and UCare's MSHO members will receive a new member ID number and card. The new Member ID will be 9-digits long, and the starting number will be a 4. Please refer to the [Oct. 28 Provider Bulletin](#) for additional details on the Member ID changes.
- **New Group Numbers:** In 2022, the group numbers listed on the Member ID will be updated for PMAP, MnCare, UCare Connect, UCare Connect + Medicare, MSC+ and UCare's MSHO members. Information about group numbers is available on the 2022 UCare Member ID Card Samples tip sheet located on the [Provider Product/Benefit Tip Sheets](#) webpage.
- **New Claims System Will Only Recognize NPIs and UMPIs:** UCare's new claim payment system will no longer recognize or process the UCare Provider ID or Group Practice Number (GPN). Actively participating provider organizations should have received letters with specific instructions on what changes may be needed to successfully submit claims with updated billing requirements to UCare for services rendered on or after Jan. 1, 2022.
- **Non-emergency Medical Transportation (NEMT) Claims Will Require Billing Taxonomy:** Actively participating provider organizations should have received letters with specific instructions on what changes may be needed to successfully submit claims for services rendered on or after Jan. 1, 2022. A copy of the letter is available [here](#).

For the latest information and resources on the transition to the new claims system, visit <https://www.ucare.org/providers/policies-resources/claims-billing/new-claims-system>.

COVID-19 Vaccines, Tests and Treatment

Member Out of Pocket Expenses

Effective Jan. 1, 2022, UCare will no longer waive coinsurance, copays and deductibles for Individual and Family Plan (IFP) members for in-network inpatient and hospital observation services to treat COVID-19. UCare will continue to waive coinsurance, copays and deductibles for in-network hospital observation and inpatient services to treat COVID-19 through the COVID-19 public health emergency for members in UCare Medicare Plans and State Public Programs plans.

If a member goes to the emergency department for treatment and is not admitted as an inpatient or placed under observation, cost sharing will continue to apply according to the terms of the member's EOC/member contract for services provided in the emergency department.

UCare will continue to cover copays, coinsurance or deductibles for provider-ordered COVID-19 tests meeting Centers for Disease Control and Prevention (CDC) guidelines for members in all our plans, through the COVID-19 public health emergency.

At this time, UCare will cover copays, coinsurance or deductibles for medically necessary clinic and urgent care visits when a COVID-19 test is administered for members in all UCare plans.

Changes in Billing for COVID-19 Vaccines and Monoclonal Antibodies

Effective Jan. 1, 2022, UCare is responsible for the payment of COVID-19 vaccines, vaccine administration, monoclonal antibodies and administration of monoclonal antibodies for all products. Providers should not bill UCare for vaccines or antibodies they received for free.

For UCare Medicare Plans, effective March 1, 2020, and through the COVID-19 public health emergency, for the laboratory services outlined below, UCare will not impose any ICD-10 diagnosis restrictions, including screening diagnosis codes:

- U0001 - U0004 - Diagnostic panels
- 87635, 86328 and 86769 - Laboratory studies
- G2023 and G2024 - Specimen collection codes

New Coverage Policies Added

UCare posted the following new coverage policies for Individual and Family Plans (IFP) that are effective Dec. 1, 2021:

- Compression Stockings and Wraps (IFP) (CP-IFP21-014A)
- Diabetes (IFP) (CP-IFP21-015A)
- Septoplasty (IFP) (CP-IFP21-019A)
- Pneumatic Compression and Lymphedema Pumps (IFP) (CP-IFP21-020A)

UCare Coverage Policies provide clarification and specificity to the benefit sections of the UCare product contract. The specific contract is noted on each new or updated coverage policy. All UCare Coverage Policies are available on the provider website at <https://www.ucare.org/providers/policies-resources/coverage-policies-disclaimer>.

Health Promotion Changes in 2022

Medicare Eyewear Allowance Changes

Members enrolled in the following plans are eligible: UCare Medicare, UCare Advocate Choice, UCare Advocate Plus, UCare Medicare with M Health Fairview & North Memorial Health and EssentiaCare

UCare will simplify the annual eyewear allowance benefit in January of 2022. Members will no longer need to send in a receipt or wait for a check reimbursement. The 2022 eyewear allowance will be loaded to the member's UCare Rewards Benefit Mastercard. At the time of purchase, members will swipe the Mastercard at any eyewear retailer who accepts Mastercard. The UCare Rewards Benefit Mastercard is valid through the expiration date. Members are eligible for this program each year their plan is renewed.

Healthy Savings Food Allowance

UCare's Minnesota Senior Health Options members diagnosed with congestive heart failure or diabetes receive a \$30 monthly allowance on their Healthy Savings card in 2022. The allowance can be used to purchase approved healthy food and produce at participating stores. Members will simply scan the Healthy Savings card at checkout.

Approved items include fruits, vegetables, healthy grains, dairy, beans and more. Participating stores include (but are not limited to) Cub, HyVee and Walmart. This benefit begins on the first day of each month and cannot roll over to the next month, any unused allowance will be lost.

Eligible members receive a welcome letter and Healthy Savings card to access the benefit. Additional details are available at HealthySavings.com/UCare or by calling 855-570-4740, TTY 711.

One Pass to Replace SilverSneakers in 2022

Members enrolled in the following plans are eligible: UCare Medicare, UCare Medicare Supplement, UCare Medicare with M Health Fairview & North Memorial Health, EssentiaCare, UCare's Minnesota Senior Health Options, UCare Connect + Medicare and UCare Connect

In 2022, UCare will change its fitness program from SilverSneakers to One Pass. One Pass is a complete fitness solution for body and mind; it is available at no additional cost for eligible members. One Pass will offer:

- Access to more than 20,000 participating fitness locations nationwide.
- More than 20,000 on-demand and live-streaming fitness classes.
- Workout builders to create personalized workouts.
- Home Fitness Kits available to members who are physically unable to visit or who reside at least 15 miles outside of a participating fitness location.
- Personalized, online brain training program to help improve memory, attention and focus.
- Over 30,000 social activities, community classes and events for online or in-person participation.

Members can visit ucare.org/onepass to learn more about this benefit and find participating fitness locations. Members can use their SilverSneakers benefit until December 31, 2021 and should begin using their One Pass benefit on January 1, 2022.

How will members activate their One Pass benefit?

- On or after January 1, 2022, members can visit ucare.org/onepass or call 1-877-504-6830 (TTY 711) from 8 am-9 pm, Monday - Friday to get their One Pass member code (One Pass member codes are not available to members until January 1, 2022).
- Members will bring their One Pass member code to a participating fitness location to start their free membership.

Mental Health and Substance Use Disorder Services Authorization and Information for Providers

UCare's Mental Health and Substance Use Disorder Services (MHSUD) team is here to assist providers with a smooth authorization and notification process. Following are some helpful tips:

- Always provide three pieces of the member's PHI (e.g., member identification number, PMI number, name, date of birth, etc.) when you call or submit requests to UCare.
- Use the latest versions of our request forms to ensure all necessary information is captured and received. Forms can be found by selecting a product under "View Mental Health & SUD Requirements & Forms by Plan" on the [Authorizations webpage](#). On the next page, look for the forms within the Forms & Information section.
- To initiate a prior authorization or notification, submit the request form and any relevant information to our **Intake Team** via fax at 612-884-2033 or by email via [UCare Secure Email Messaging Center](mailto:UCareSecureEmailMessagingCenter@ucare.org) to MHSUDservices@ucare.org.
- To provide concurrent review information for inpatient or residential treatment services, submit relevant information to our **Utilization Management Team** via fax at 612-884-2231 or by email via [UCare Secure Email Messaging Center](mailto:UCareSecureEmailMessagingCenter@ucare.org) to MHSUDConcurrent@ucare.org.
- To effectively process authorization and notification requests in a timely manner, submit requests for each member individually, **indicate the correct service locations** and **NPI/UCare Legacy number** on the UCare authorization and notification request forms.
- UCare cannot process requests verbally over the phone.

All emails sent to UCare's MHSUD team that include any private member information (PHI) **must** be sent via [UCare's Secure Email Message Center](#). UCare is not able to open third-party secure emails. If providers don't have a secure email account, they can register at this [link](#).

Questions can be directed to the MHSUD Intake Team at 612-676-6533 or 1-833-276-1185 toll-free, Monday through Friday from 8 am-5 pm.

Documentation Improvement: Documenting Diagnosis

Diagnosis documentation is as important as documenting the key components of an office visit. It helps clarify the complexity of the visit and the level of medical decision-making involved in assessing and planning treatment.

Documentation of all active conditions involved in identifying the health care needs of the patient, can be found in all areas of the medical note.

Areas in the medical record to document diagnosis include:

History of Presenting Illness (HPI)	This is the area to document comorbidities that may be modifying the present illness. It is also the area to document the current status of multiple chronic conditions when the patient comes in for follow-up care.
Review of Systems (ROS)	Use this area to capture the pertinent positive and negative indications related to any active medical condition including chronic conditions.
Past Medical, Family and Social History (PFSH)	It is critical to capture past conditions and social habits affecting care management in the PFSH. "History of" indicates that the diagnosis or condition is resolved and is no longer an active condition that requires treatment.
Exam	This area can capture the status of many conditions. Documenting these health status conditions can support additional health care needs (i.e., amputations, -ostomies and ulcers).
Medical Decision Making (MDM)	MDM noted in the assessment and plan is, by nature, the area that documents the final diagnoses and plan to care for the condition(s). It is the summary of the work performed to establish the appropriate treatment.

Model of Care Training

UCare’s Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare plans are Dual Eligible Special Needs Plans, meaning that the member’s Medicare and Medicaid benefits and services are integrated into one benefit package, with Long Term Services and Supports incorporated in the MSHO product. The Model of Care (MOC) describes the population, management, procedures and UCare’s approach to caring for our population. It also details how UCare provides and coordinates benefits and services for these members.

UCare’s MSHO and UCare Connect + Medicare members face a host of unique challenges and barriers to getting the care they need. These products are designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

The Centers for Medicare and Medicaid Services (CMS) requires training on the MOC for providers on the management and procedures necessary to provide services and coordination of care to members to promote knowledge of the MSHO and Connect + Medicare population and assist providers in caring for these members.

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

- Review the MSHO and UCare Connect + Medicare MOC training at <https://ucare.webex.com/recordingservice/sites/ucare/recording/ae8f7b29104544ccb3ab82b3bd42d94b/playback> or via the Play Recording hyperlink at the bottom of the [UCare website](#).

OR

- Attend an in-person/live WebEx presentation, visit the UCare website for the training schedule. Individual meetings are also available upon request, email clinicialiaison@ucare.org to schedule.

Following the training, share or review the information with all appropriate staff and partners at your clinic.

UCare recommends that you complete the [Model of Care Attestation](#), found on the [UCare website](#), for your training completion records.

Providers may contact us at clinicallyliaison@ucare.org for information about MSHO and UCare Connect + Medicare MOC training.

Accurate Member Information is Key to Smooth Claim Submissions

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

When submitting a claim, the UCare member ID number listed on the card, or given on the electronic eligibility and benefit transaction, should be submitted exactly as provided; no digits should be added or excluded. Please note that all UCare members have their own unique member ID number. 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. Incorrect member information can initiate suspected fraudulent claims investigations and HIPAA violations. Please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID number, birth date, address, etc.).

Reminder: UCare Medicare Part D Vaccine Information

As a reminder, UCare began denying claims for providers administering Part D vaccines in their clinics.

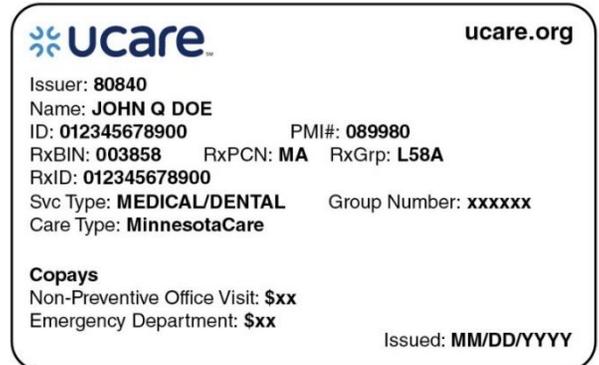
The preferred method is to have Part D vaccination provided at a pharmacy provider. A member would buy a Part D vaccine at a pharmacy and have it administered at the pharmacy. The member would only be responsible for the coinsurance or copayment. Additional information is available in the Claims & Payment section of the [Provider Manual](#).

Upcoming Holidays

UCare and the Provider Assistance Center (PAC) will be closed the following days:

- Thursday, Dec. 23, 2021 – Christmas Eve Day (observed)
- Friday, Dec. 24, 2021 – Christmas Day (observed)
- Friday, Dec. 31, 2021 – New Year’s Day (observed)

If you need assistance during these times, self-service will be available through the Interactive Voice Response (IVR) system or by logging into the [Provider Portal](#) to verify eligibility, check claims status or send a message to PAC.



ONLINE
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Call
612-676-3300,
1-888-531-1493

EMAIL
providernews@ucare.org

MAIL
UCare, P.O. Box 52, Minneapolis, MN
55440-0052