



New Claims System Implementation

The new claims system implementation was completed on Jan. 1, 2022, as UCare moved the remaining Medicaid and Dually Integrated plans to the new platform. The implementation of our new claims system began in January 2019 when UCare moved claims for Individual and Family Plans to the new system. UCare moved Medicare plans to the new platform in January 2020.

To assist providers with the recent transition, UCare has created the [New Claims System webpage](#) to house communications and resources in one place. Make sure to visit the page regularly for the latest news and information on the transition.

No Surprises Act Began Jan. 1, 2022

Federal legislation titled the No Surprises Act (NSA) took effect Jan. 1, 2022. This act applies only to members on UCare Individual and Family Plans. The NSA prohibits providers who are **not** in UCare’s provider network from balance billing UCare members for the following:

- Emergency services
- Covered non-emergency services performed by either an out-of-network provider or an out-of-network provider group at a participating facility
- Air ambulance transportation (rotary-wing and fixed-wing aircraft)

Providers may access additional information about the NSA guidelines on the Centers for Medicare & Medicaid Services website at <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-49.pdf>.

New Coverage Policies and Annual Review Added

New Coverage Policies Added

UCare posted the following new coverage policies for Individual and Family Plans (IFP) that became effective Jan. 1, 2022:

- Fetal Aneuploidy (CP-IFP21-017A)
- Allergy Injection (CP-IFP21-021A)
- Routine Eye Exam for Adults (CP-IFP21-022A)

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UCare Provider Website
www.ucare.org/providers

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

UCare posted the following new coverage policy for Medicare that became effective Jan. 1, 2022:

- Post Stabilization Care (CP-MCR21-001A)

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>.

Annual Review of 2021 Coverage Policies

UCare Coverage Policies are reviewed annually to ensure they are consistent with current contract language, prior authorization processes and coding. They are updated as needed. The table on [UCare's Coverage Policies page](#) lists all coverage policies for Individual & Family Plans, Medicare and Medicaid. The policies have been reviewed and approved by the committee responsible for overseeing the coverage policy process.

Any changes or updates that have been made to coverage policies in 2021 can be found in the Annual Review of 2021 Coverage Policies document on [UCare's Coverage Policies page](#).

Medical Necessity Guidelines

The updated utilization management criteria memo is available on the UCare website at www.ucare.org/providers/policies-resources, within the Policies drop-down, select the Medical Necessity Guidelines link. UCare medical necessity guidelines are available to assist in the determination of medical necessity for certain clinical procedures (therapy, diagnostic tests, medical devices, etc.) where coverage requires determination of medical necessity.

Flu Vaccine Reminder

This year, getting a flu vaccine is more important than ever. This is especially true for members age 65 and older or who are high risk of having serious complications from the flu. We ask that providers remind patients about the importance of getting a flu vaccine.

For additional information and helpful materials, visit the [Centers for Medicare & Medicaid Services website](#).

New Health Promotion Programs for 2022

UCare offers several programs to help our members lead healthier lifestyles. Please see the program descriptions for additional information on programs that could assist your patients who are UCare members.

One Pass (New for 2022)

One Pass is a complete fitness solution for body and mind; it is available at no additional cost for members in UCare Medicare Plans, 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. One Pass offers:

- 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 a participating fitness location.

- Personalized, online brain training program to help improve memory, attention and focus.
- More than 30,000 social activities, community classes and events for online or in-person participation.

Members can visit ucare.org/onepass to find participating fitness locations and learn more about this benefit.

Healthy Savings Food Allowance (New for 2022)

UCare’s Minnesota Senior Health Options members diagnosed with congestive heart failure or diabetes receive a \$30 monthly allowance in 2022 to purchase approved healthy food and produce at participating stores. Eligible members receive a welcome letter and Healthy Savings card to access the benefit.

Approved items include fruits, vegetables, healthy grains, dairy, beans and more. Participating stores include (but are not limited to) Cub, Hy-Vee and Walmart. Members will simply scan the Healthy Savings card at checkout. This benefit begins on the first day of each month and cannot roll over into the next month, any unused allowance will be lost.

Additional benefit details are available on HealthySavings.com/UCare or by calling 1-855-570-4740, TTY 711.

Mask & Sanitizer Kit (New for 2022)

Members in UCare’s Minnesota Senior Health Options and UCare Connect + Medicare can call customer service to order their Mask & Sanitizer kit to help keep germs away. Each member is eligible for one kit per year.

Mask & Sanitizer Kit includes:

- Two reusable masks
- 16 oz. bottle of hand sanitizer
- Three packs of sanitizing wipes
- One box of disposable gloves



Connect to Wellness Kits (Revamped for 2022)

The Connect to Wellness kits have been revamped for 2022. These kits are designed to help members in UCare Connect + Medicare and UCare Connect improve their health and wellness. Members can call customer service to order a kit. Members may choose one of the following five kit options per year.

Kit A - Fitness Kit includes:

- Activity tracker watch
- Resistance band
- Extendable massage roller



Kit B - Sleep Aid Kit includes:

- Aromatherapy diffuser with sound machine and night light
- Essential oil



Kit C - Stress Relief Kit includes:

- Therapy lamp
- Putty
- Push pop



Kit D - Dental Kit includes:

- Electric toothbrush
- Toothpaste
- Floss picks
- Kit bag



Kit E - Amazon Echo Kit includes:

- Amazon Echo Dot (3rd generation)

WW (formerly WeightWatchers program) Local Workshop Vouchers (New for Connect + Medicare members)

Members in UCare's Minnesota Senior Health Options and UCare Connect + Medicare can call customer service to order a WW voucher packet.

WW voucher packets include:

- Access to 13 consecutive weeks of WW workshops*
- 14 weeks of access to WW digital tools

**No meeting registration fee required*

Documentation Improvement: Annual Evaluation

The start of a new year is the perfect time to evaluate your patients' chronic conditions and health status. Accurate and complete medical documentation plays a significant role in patient care.

Documentation tips:

- Document and report all co-existing conditions that affect the patient's care and overall health status.
- Any conditions that are considered when assessing and treating the immediate problem or condition need to be documented and reported.
- A patient presenting with an acute injury or illness, who is currently being treated for multiple chronic conditions, will need their treatment options assessed differently than a patient being treated for the same acute injury or illness with no additional health factors. The chronic conditions that affect the patient's medical management need to be documented.
- Health status factors such as an amputation, dialysis, insulin dependence, alcohol dependence in remission or artificial opening, such as a colostomy, should have an annual evaluation at a minimum. Documentation and reporting of these factors is needed since they play a significant role in the patient's overall health profile.

Ineligible Provider List Updated Jan. 4, 2022

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

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

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

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. **This is especially important in 2022, as members in our Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MnCare), UCare Connect, UCare Connect + Medicare, Minnesota Senior Care Plus (MSC+) and UCare’s Minnesota Senior Health Options (MSHO) plans will receive a new member ID card with a new ID number.**

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.).

Upcoming Holiday

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

- Monday, Jan. 17, 2022 – Martin Luther King Jr. Day

If you need assistance during this time, 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
www.ucare.org/providers

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

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