

Housing Stabilization Services (HSS) Training

April 2024



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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
- Program Goals, outlined by DHS, include:
 - Support an individual's transition to housing
 - Increase long-term stability in housing
 - Avoid future periods of homelessness or institutionalization

Housing Stabilization Services (HSS)



- **Benefit Information**

- This benefit went into effect 7/20/2020
- For Eligible Member guidance visit: [DHS Provider Manual: Housing Stabilization Services \(HSS\)](#)

- **Eligible UCare Plans**

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



Moving Expense (ME)

- Program Information

- ME are for individuals receiving Housing Stabilization Transition Services and are transitioning out of a Medicaid funded institution or other provider-operated living arrangements to a less restrictive living arrangement in a private residence where the person is directly responsible for his or her own living expenses
- ME are non-reoccurring Housing Stabilization Transition Services benefit that an individual can access when moving into their own home within an approved HSS eligibility span
- ME are limited to a maximum of \$3,000 annually
 - \$3,000 allowance is cumulative across ALL providers
 - The member can switch between providers until the \$3,000 annual allowance is exhausted
 - An authorization is required



Moving Expense (ME) continued

- Program Information

- Providers are responsible to pay up front for deposits, furnishings and other moving-related items. The provider will submit claims for reimbursement
- Provider will submit receipts to show proof of transaction
- ME are not covered when a recipient is receiving Housing Stabilization – Sustaining Services (H2015 U8/TS) on the same date of service
- ME must be clearly identified in the housing plan



Moving Expense (ME)

- Eligible Covered Expenses
 - Essential household furnishings including:
 - An itemized receipt, statement or invoice is required
 - Furniture
 - Window coverings
 - Food preparation items
 - Bed and bath essentials (sheets, bedding, pillows, hangers, bathroom essentials, bedroom essentials frame mattress and box spring)
 - One time set up fees or deposits for landline phone, electricity, heating and water
 - Home accessibility adaptations
 - Necessary services for health and safety such as pest removal and one time cleaning prior to move in
 - Professional movers
 - Moving out of storage



Moving Expense (ME) continued

- Eligible Covered Expenses
 - Essential household furnishings including:
 - Moving supplies such as boxes, tape, moving truck, etc.
 - Annual one-time storage payment for up to 90 days
 - One time purchase of cleaning supplies including garage bags
 - Bridging (household agency)
 - Small kitchen appliances (including microwave)
 - Cooking and eating utensils
 - Vacuum
 - Dining and living essentials tables and chairs
 - Lighting
 - Desk and desk chair
 - Air conditioner



Moving Expense (ME) continued

- Non-Eligible Expenses
 - Non-Eligible expenses:
 - Rent and mortgage payments
 - Food
 - Clothing
 - Cell phone
 - Recreational items such as streaming devices, computers, TVs, cable TV access
 - Housing related goods and services received from family members of the recipient



Moving Expense (ME)

- Benefit Information

- This benefit went into effect 04/01/2024
- For Eligible Member guidance visit: [DHS Provider Manual: Housing Stabilization Services \(HSS\)](#)

- Eligible UCare Plans

- UCare's Minnesota Senior Health Options (MSHO)
- Minnesota Senior Care Plus (MSC+)
- UCare Connect (SNBC)
- UCare Connect + Medicare (SNBC)
- Prepaid Medical Assistance Program (PMAP)



Moving Expense (ME)

- **Provider Training**
 - Providers must complete the ME training found in [TrainLink](#)
 - Must indicate the person wants ME on the Housing Focused Person-Centered Plan (CSSP and CCP)
 - Providers must pay the original cash expense and then bill fee for service (FFS) or the MCOs for reimbursement
 - Providers must bill with an itemized receipt, statement or invoice attachment with T2038 U8



Provider Enrollment Process



UCare Provider Requirements

- To be eligible as a UCare HSS & ME participating provider, you need to be registered with the Minnesota Department of Human Services (MN DHS)
 - To view enrollment criteria and process visit: [Housing Stabilization Services Enrollment Criteria and Forms \(state.mn.us\)](https://state.mn.us/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 \(mn.gov\)](https://mn.gov/mhcp-provider-resource-center/)

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 Housing Stabilization Services (HSS) or Moving Expense (ME); however, UCare does recognize 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. Providers should only indicate “UCare” the Payer Name (Insurance company name) section on the [Medical Claims Processing | Healthcare Claims Transaction for Minnesota and the Midwest \(healthec.com\)](#)
 - Costs may be associated if using the application for other payers
 - Additional charges may be incurred if indicating “yes” for additional services: Eligibility Services (Request/Response), 837 Batch Claims Submissions, ERA (Electronic Remittance Advice), or Claim Attachments
 - For more information visit, [Resources for Electronic Transactions](#)
 - If you have questions about Electronic Data Interchange (EDI) transactions, please email EDISupport@ucare.org
- [Change Healthcare](#) is UCare’s primary clearinghouse partner

[Click here to access MN AUC Best Practices](#)



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



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), Minnesota Senior Care Plus (MSC+) and some UCare Connect and UCare Connect + Medicare 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)



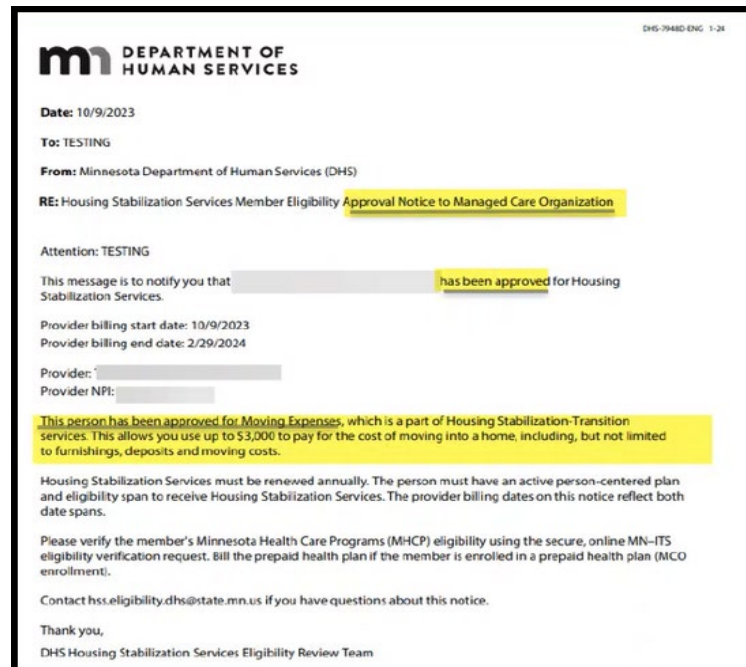
Approval of HSS

- A Care Coordinator develops a care plan and shares it with the HSS provider
- The HSS provider submits the plan to MN DHS
- Approval or denial will be made by MN DHS. You must obtain written authorization from MN DHS before billing UCare for services
- If a member changes provider, their plan changes or they change MCOs, MN DHS will send updated information to UCare
- If you have questions, 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



Approval of ME

- An approval notification will be sent to MN-ITS
- The notification will have the provider's information, billing dates and Moving Expenses





Claim Submission Reminders



Claim Submission Reminders

- All HSS and ME 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 MN DHS
 - 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 HSS claims
 - 23: Service Authorization Number
 - 24A: One date of service per line
 - 24D: Accuracy in procedure code and modifier (if applicable) based on the [Housing Stabilization Services \(state.mn.us\)](https://state.mn.us) for service provided
 - 24F: Charges - Rate for service provided
 - 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



HSS CMS-1500 Claim Form Example



HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 06/22

CARRIER

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Champion of the Americas) GROUP HEALTH PLAN (Group Health Plan) FECA (Federal Employees Compensation Act) OTHER (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Smith, Jo**

3. PATIENT'S BIRTH DATE (MM/DD/YY) **01/01/1980** SEX F M

4. INSURED'S NAME (Last Name, First Name, Middle Initial) **ID123456789**

5. PATIENT'S ADDRESS (No. Street) **123 North Way**

6. PATIENT RELATIONSHIP TO INSURED (Self) Spouse Child Other

7. INSURED'S ADDRESS (No. Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. OTHER INSURED'S POLICY OR GROUP NUMBER

11. INSURED'S POLICY GROUP OR FECA NUMBER **GRP12345-01**

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (with date) **Signature on File 04/01/2024**

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (with date) **Signature on File 04/01/2024**

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) **04/01/2024**

15. OTHER DATE (MM/DD/YY)

16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO) **04/01/2024**

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE **R68.89**

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) **04/01/2024**

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide ALL to be used for billing) (ICD-10) **R68.89**

22. HOSPITALIZATION CODE (ICD-9-CM) **AUTH123456**

23. PRIOR AUTHORIZATION NUMBER **AUTH123456**

LINE	DATE OF SERVICE				CPT/HCPCS	MODIFIER	CHARGES	Q	R	I	D	RENDERING PROVIDER ID #			
	MM	DD	YY	MM									DD	YY	
1	04	01	24	04	01	24	12	H2015	U8		1	17.17	1	NPI	321654987
2	04	01	24	04	01	24	12	H2015	U8	T0	1	17.17	1	NPI	321654987
3														NPI	
4														NPI	
5														NPI	
6														NPI	

24. FEDERAL TAX ID NUMBER **101010101** SSN EIN

25. PATIENT'S ACCOUNT NO. **4/1/2024**

26. TOTAL CHARGE **34.34**

27. AMOUNT PAID **34.34**

28. BILLING PROVIDER INFO (PH #) **(888) 123-4567**

29. BILLING PROVIDER **455 BILLING BLVD**

30. BILLING MIN 98765-4321

Signature on File 4/1/2024

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED CMB-0098-11/07 (FORM 1500) (06/22)

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 06/22

CARRIER

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Champion of the Americas) GROUP HEALTH PLAN (Group Health Plan) FECA (Federal Employees Compensation Act) OTHER (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Smith, Jo**

3. PATIENT'S BIRTH DATE (MM/DD/YY) **01/01/1980** SEX F M

4. INSURED'S NAME (Last Name, First Name, Middle Initial) **ID123456789**

5. PATIENT'S ADDRESS (No. Street) **123 North Way**

6. PATIENT RELATIONSHIP TO INSURED (Self) Spouse Child Other

7. INSURED'S ADDRESS (No. Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. OTHER INSURED'S POLICY OR GROUP NUMBER

11. INSURED'S POLICY GROUP OR FECA NUMBER **GRP12345-01**

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (with date) **Signature on File 04/01/2024**

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (with date) **Signature on File 04/01/2024**

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) **04/01/2024**

15. OTHER DATE (MM/DD/YY)

16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO) **04/01/2024**

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE **R68.89**

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) **04/01/2024**

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide ALL to be used for billing) (ICD-10) **R68.89**

22. HOSPITALIZATION CODE (ICD-9-CM) **AUTH123456**

23. PRIOR AUTHORIZATION NUMBER **AUTH123456**

LINE	DATE OF SERVICE				CPT/HCPCS	MODIFIER	CHARGES	Q	R	I	D	RENDERING PROVIDER ID #			
	MM	DD	YY	MM									DD	YY	
1	04	01	24	04	01	24	12	T2024	U8		1	174.22	1	NPI	321654987
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	

24. FEDERAL TAX ID NUMBER **101010101** SSN EIN

25. PATIENT'S ACCOUNT NO. **4/1/2024**

26. TOTAL CHARGE **174.22**

27. AMOUNT PAID **174.22**

28. BILLING PROVIDER INFO (PH #) **(888) 123-4567**

29. BILLING PROVIDER **455 BILLING BLVD**

30. BILLING MIN 98765-4321

Signature on File 4/1/2024

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED CMB-0098-11/07 (FORM 1500) (06/22)

ME CMS-1500 Claim Form Example



HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA (EOP) OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Smith, Jo

3. PATIENT'S BIRTH DATE (MM | DD | YYYY) SEX
01 | 01 | 1980 M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
ID123456789

5. PATIENT'S ADDRESS (No. Street)
123 North Way

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No. Street)
CITY STATE ZIP CODE TELEPHONE (include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State)
c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY OR GROUP OR PICA NUMBER
GRP12345-01

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (with release of any medical or other information necessary to process this claim. If the request payment to government benefits other than just or to the party who scope assignment below)
SIGNED: Signature on File DATE: 04/01/2024

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (with release of any medical or other information necessary to process this claim. If the request payment to government benefits other than just or to the party who scope assignment below)
SIGNED: Signature on File

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)
MM | DD | YY QUAL.

15. OTHER DATE
MM | DD | YY QUAL.

16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM | DD | YY TO MM | DD | YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a) NAME 17b) NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM | DD | YY TO MM | DD | YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO B-CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer A-1 to 6 to the below (CAG) (ICD-10)
A) R68.89 B) C) D) E) F) G) H) I) J) K) L)

22. REGISTRATION CASE ORIGINAL REF. NO.

23. PRI OR AUTHORIZATION NUMBER
AUTH123456

LINE	DATE OF SERVICE		PLACE OF SERVICE		PROCEDURE, SERVICE, OR SUPPLIER (Official Medical Classification)	DIAGNOSIS POINTER	CHARGES	OUTPATIENT	UNIT	ID	RENDERING PROVIDER ID #			
	MM	DD	MM	DD								Y1	Y2	Y3
1	04	01	24	04	01	24	12	T2038	U8		3000.00	1	NPI	321654987
2													NPI	
3													NPI	
4													NPI	
5													NPI	
6													NPI	

24. FEDERAL TAX ID NUMBER (SSN EIN) 101010101

25. PATIENT'S ACCOUNT NO.

26. PATIENT'S ACCOUNT NO.

27. ACCOUNT ASSIGNMENT? YES NO

28. TOTAL CHARGE \$ 3000.00

29. AMOUNT PAID \$ 3000.00

30. BILLING PROVIDER INFO & PII # (888) 123-4567

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (with release of any medical or other information necessary to process this claim. If the request payment to government benefits other than just or to the party who scope assignment below)
SIGNED: Signature on File DATE: 4/1/2024

32. SERVICE FACILITY LOCATION INFORMATION
BILLING PROVIDER
456 BILLING BLVD
BILLING MN 56785-4321

33. BILLING PROVIDER INFO & PII # (888) 123-4567

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED CMB-0639-11/97 (Revised 1/2012/12)



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

- **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



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 [Claims & Billing page](#) under Forms & Links for **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 covered services 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



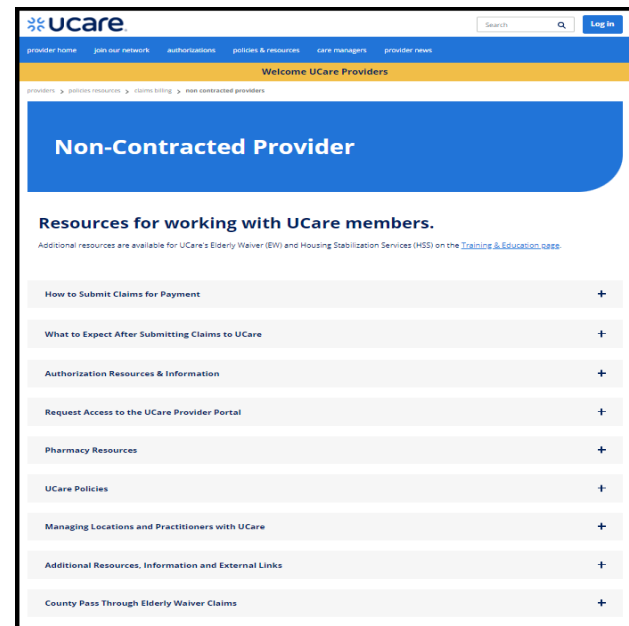
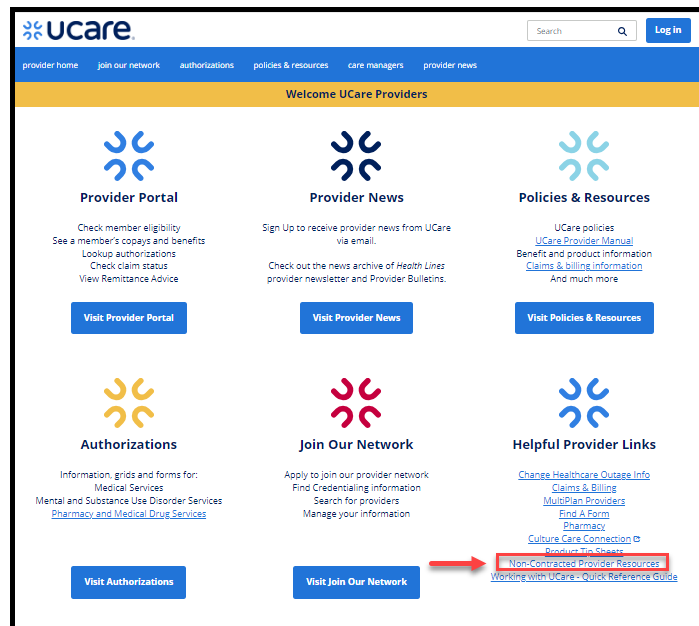


Housing Stabilization Services (HSS) and Moving Expense (ME) Provider Resources



UCare's Provider Website

- Visit [UCare's Provider Website](#) to access resources and guidance on how to work with UCare
- Bookmark [UCare's Non-Contracted Provider Resource 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](#)



Provider Bulletin

News and Information

March 12, 2024

Importance of maintaining accurate Provider Directory data

Providers are required to make sure UCare has the most current demographic information on their practice, available practitioners and services offered. The information provided to UCare is used to populate the online and paper Provider Directories. Accurate Provider Directory data ensures that UCare members can find the providers and services they need at the correct locations.

For a Provider Directory to be accurate, practitioners should only be listed at locations where members can schedule appointments and phone numbers should be correct and connect the member to a scheduler. A recent audit on the Provider Directory data given to UCare by providers found some practitioners were not practicing at listed locations and phone numbers were inaccurate.

Providers should follow these best practices to keep their data current:

- Comply with UCare's Provider Participation Agreement and the [Provider Manual](#) (see Provider Responsibilities chapter), i.e., providers should make sure their data is up to date and review their information for accuracy at least once per quarter.
- Visit <https://www.ucare.org/providers/our-network/manage-your-information> to review and edit their demographic information.
- Ensure their Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) profile is updated routinely. Keeping this information up to date also helps to reduce provider data discrepancy.
- Aim to reduce excessive practitioner location listings. If the practitioner does not regularly accept appointments at a location, they should not be listed there. UCare does not require location affiliations for claims to pay.


As a reminder, CMS also reviews UCare's Provider Directory for accuracy per regulation 42 CFR 422.111 and No Surprises Act Sec. 116. UCare's information is dependent on the data providers supply.



UCare Portal - Send a Secure Email

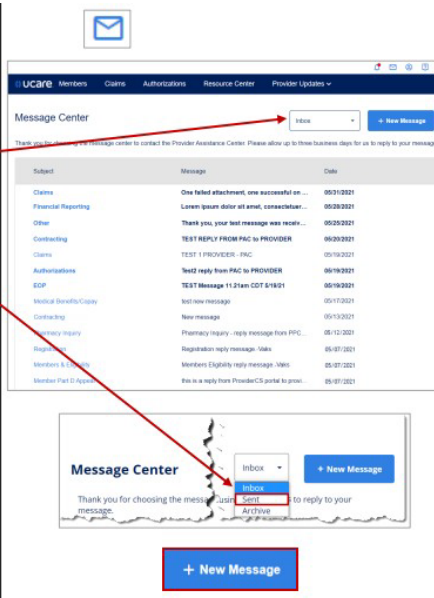
We encourage providers to contact us within the Provider Portal Message Center

- Turnaround time is targeted at three 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.

[Click here](#) to access the Provider Portal Login page.

UCare Portal - Send a Secure Email



- 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





UCare Provider Key Contacts



Contact Information

Visit www.ucare.org/providers for additional information

Administrative Resources

Resource	Email/Website Address	Phone	Toll Free	Fax
Provider Assistance Center Monday - Friday 8 am-5 pm - For assistance with claims, Provider Portal, or items not listed below, contact our Provider Assistance Center. - For UCare Medicare Supplement Plans support, contact 1-800-221-6390	https://www.ucare.org/providers/provider-portal	612-676-3300	888-531-1493	NA
Credentialing Team	credentialinginfo@ucare.org			
Contract Applications	providerapp@ucare.org For online contract application questions, select "Get Help" in the application or email			
Contract Management	For contract questions: providercontracts@ucare.org To submit new or updated contract documents (DOO & COI): prcdemographic@ucare.org			
Manage Your Information	https://www.ucare.org/providers/our-network/manage-your-information Ensure UCare has accurate information for your organization, location, and service providers.			
Rate Updates (CAH, FQRC, RHC)	RateLetters@UCare.org	NA	NA	612-884-2382
Claim and Payment Resources	https://www.ucare.org/providers/policies-resources/claims-billing			
Electronic Transactions - Ucare Electronic Payer ID: 55413 - No Payer ID for UCare Medicare Supplement plans; claims are submitted directly to Medicare	EDISupport@ucare.org https://www.ucare.org/providers/policies-resources/claims-billing/electronic-transactions			
Electronic Funds Transfer (EFT) or Electronic Remittance Advice (ERA)	EFT835@ucare.org			
Interpreter Services	*List of contracted interpreter agencies is listed the UCare® - Provider Manual	888-413-2915	NA	NA
Transportation Services	Health_ride@ucare.org	612-676-6830	800-864-2157	NA
Report Fraud, Waste & Abuse	compliance@ucare.org	NA	877-826-6847	NA
Authorization and Clinical				
Medical Services	https://www.ucare.org/providers/authorization	612-676-6705	877-447-4384	NA
Mental Health and Substance Use Services	MHSUDservices@ucare.org For more information visit: https://www.ucare.org/providers/policies-resources/mhsud-services	612-676-3533	833-276-1185	612-884-2033; 855-260-9710

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Care Coordination

Resource	Email/Website Address	Phone	Toll Free	Fax
MSHO or MSC+ Members	https://www.ucare.org/providers/policies-resources/find-care-coord	612-676-6622	866-242-2497	NA
UCare Connect or UCare Connect + Medicare Members		612-676-6502	877-903-0062	NA
Restricted Recipient Reporting or Information on Restricted Members	NA	612-676-3397	NA	612-884-2316
Pharmacy				
Pharmacy - Electronic Prior Authorizations - Medical Injectable Drugs - Medication Therapy Management (MTM) - News Items & Recalls	For detailed information visit: https://www.ucare.org/providers/pharmacy	NA	877-558-7523	877-251-5896
Delegate Partners				
Magellan Healthcare Therapy Services	www.hsminc.com/ucare/home/	952-225-5700	888-660-4705	888-656-1952
Fulcrum Health Chiropractic Services	https://www.chirocare.com/c-hiropractic-practice-management/	877-886-4941	877-886-4941	763-203-8572
Delta Dental of MN Dental Services - UCare State Public Programs - UCare Medicare Plans/EssentiaCare - UCare Individual & Family Plans /UCare Individual & Family Plans with Fairview	https://www.deltadentalmn.org/providers	651-768-1415 651-768-1416 651-768-1417	855-648-1415 855-648-1416 855-648-1417	
Health and Wellness Resources for UCare Members				
Fitness and Wellness Programs	https://www.ucare.org/health-wellness wellness@ucare.org or visit https://www.ucare.org/health-wellness/fitness-wellness	612-676-3351	866-243-5157	NA
Food and Nutrition Resources	https://www.ucare.org/health-wellness/nutrition			
Health Management	https://www.ucare.org/health-wellness/health-management	612-676-6539	866-863-8303	612-884-2497
Pregnancy, Children and Teens Child & Teen Checkups (C&TC), MOMS Program, SEATS Program*	https://www.ucare.org/health-wellness/pregnancy-children-teens *For contracted SEATS partners only - email SEATS@ucare.org			

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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
<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