

Policy Number: CP-IFP23-035A

Effective Date: January 1, 2024

## Member Reimbursement

The purpose of this policy is to provide clarity and specificity for reimbursement to the member for services covered under the member’s contract.

### DISCLAIMER

*Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.*

*These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.*

*Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.*

### Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare’s Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

**Benefit category:**  
**Not Required**

## Definitions or summary

Member may request reimbursement from UCare by sending UCare a request in writing.

**Reimbursement-** Paying back money to the member for covered services the member paid out-of-pocket.

**Claim Reimbursement Form-** Form located on UCare member website used to request reimbursement from UCare. Form is submitted to UCare with required documentation.

**Qualified DME Supplier-** Suppliers who receive reimbursement for durable medical equipment, prosthetics, orthotics, and supplies.

**In-Network Provider-** Physicians, other health care professionals, medical groups, hospitals, other facilities and pharmacies that have a contract with UCare to deliver health care services.

**Non-Network Provider-** A provider who does not have a contract with us or your plan to provide services to you.

## Coverage policy

*The coverage required by this section is subject to the co-payment, coinsurance, deductible, and other enrollee cost-sharing requirements that apply to similar types of items under the policy, plan, certificate, or contract.*

### In-Network Providers

- UCare pays in-network providers directly for covered services and does not reimburse the member directly.
- In-network providers should submit claims for covered services directly to UCare.
- Members can forward bills received from in-network providers directly to UCare.
- Members must pay any related cost sharing.
- Member must submit claim to UCare within 12 months of the date the member received the service or item.

### Non-Network Providers

UCare will reimburse members for non-network providers for a covered service at the out of network rate if member paid the provider in full.

- UCare will only cover services that would normally be covered per member contract.
- UCare will only cover DME equipment and supplies from a qualified DME provider.
- UCare requires an order for DME and supplies from your provider before the purchase date.
- Member must submit claim to UCare within 12 months of the date you received the service, item, or drug.

### What UCare needs:

- Completed Member Claim Reimbursement Form.
- Copies of bills, receipts, and itemized statements.
- Any medical records for services received.
- Order from provider for any DME and supplies.

**Covered**

UCare will reimburse member for a non-network provider or service covered under the Member contract.

**Not Covered (This is not an all-inclusive list)**

- Services not covered by the member contract.
- Services outside of the United States.
- DME and supplies without an order from a provider.
- UCare does not cover items purchased from non-qualified DME providers such as Amazon, etc.
- Over-the-counter orthotics, appliances, and supplies
- Upgrades to supplies for convenience.

Prior authorization
Not Required

Related policies and documentation	
<i>References to other policies or documentation that may be relevant to this policy</i>	
Policy Number	Policy Description
None	

References and source documents	
<i>Links to the UCare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy</i>	
<a href="#">Medicare Plan Documents and Forms</a>	
<a href="#">IFP with M Health Fairview Member Contract</a>	

Coverage policy development and revision history		
Version	Date	Note(s)
V1	May 1, 2023	New Policy
V2	Oct. 17, 2023	Annual review; Added definitions for In-network and non-network providers.