

Policy Number: CP-IFP20-035A

Original Effective Date: May 1, 2023

Last Review Date: October 1, 2025

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.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

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 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.

Services not covered include but not limited to:

- 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.
- Charges for special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
- Charges for furnishing medical record or reports and related delivery charges
- Charges for Sales tax

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 Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy</i>
Medicare Plan Documents and Forms
IFP with M Health Fairview Member Contract

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.
V3	Oct. 2, 2024	Annual review; added additional non-covered services
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1 2025	Annual Review: aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract