

Policy Number: CP-MCR23-007A

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:

None

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 the UCare website used to request reimbursement from UCare. Form is submitted to UCare with required documentation.

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

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.

A Medicare (product) member may request reimbursement from UCare for a bill they received and paid which they feel should be paid by UCare.

- UCare will only cover UCare's share of the cost; member will be responsible for any copay, deductible or coinsurance.
- UCare will pay member back at rates no greater than the rates at which Original Medicare would pay.
- Provider must be a Medicare provider; if the provider opted out of Medicare UCare cannot reimburse the provider.
- Member must submit claim to UCare within 12 months of the date the member received the service or item.
- UCare will only cover services that would be covered under the member's contract.
- UCare will only pay for DME supplies from a qualified DME supplier.
- UCare requires an order for DME and supplies from member's provider. That order must be written and signed before the purchase of any items in order to qualify for reimbursement.

What UCare needs:

- Claim Reimbursement Form- Members do not have to use this form, but will help UCare process the information faster. Member sends the form to the address located on the form.
- Copies of bills, receipts, and itemized statements.
- Any medical records for services received. Order from provider for any DME and supplies member is requesting reimbursement for.

NOT COVERED (This is not an all- inclusive list- refer to the plan Evidence of Coverage)

- Service not covered by the member contract.
- Non-emergency/non-urgent services outside of the United States.
- Non-Medicare supplier.
- DME and supplies without an order from a provider.
- Items purchased from non-qualified DME supplier such as Amazon, etc.
- Upgrades to supplies for convenience.
- Custodial care is not covered.

Prior authorization

Not required.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
CP-MCR23-008A	Worldwide Supplemental Benefit

References and source documents

Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

[U6976 HC Expense Claim Reimbursement Form approved \(ucare.org\)](https://ucare.org)

Coverage policy development and revision history

Version	Date	Note(s)
V1	May 1,2023	New Policy
V2	Oct.17,2023	Annual review; Minor edits.