

## Providers Not Participating with UCare Dually Integrated Products

Policy Number: UX25P0004A1

Effective Date: January 1, 2025

Last Update: February 25, 2025

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
February 25, 2025	UCare establishes written policy for Providers Not Participating with UCare Dually Integrated Products.

### APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	Product Type	APPLIES TO
UCare Connect + Medicare	Dually Integrated	✓
UCare Minnesota Senior Health Options (MSHO)	Dually Integrated	✓

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**PAYMENT POLICY INSTRUCTIONS**

A payment policy assists in determining provider reimbursement for specific covered services. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

**PAYMENT POLICY OVERVIEW**

This policy outlines the payment and billing requirements for providers not participating with UCare Dually Integrated Products.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
UCare Dually Integrated	A plan that combines the UCare Medicare and UCare Minnesota HealthCare Programs.
UCare Dually Integrated Participating Provider	Provider who is contracted with (or is considered participating in) UCare Dually Integrated network(s) to provide health services to UCare Dually Integrated plan members.
UCare Dually Integrated Non-Participating Provider	Provider who is <b>not</b> contracted with (or is considered participating in) UCare Dually Integrated network(s) to provide health services to UCare Dually Integrated plan members.
Emergency Care Services	Professional, inpatient, and outpatient hospital services that are necessary to prevent death or serious impairment of health and, because of the danger to life or health, require use of the most accessible hospital available and equipped to furnish those services. Congress intended that the term “emergency or urgent care services” not be limited to emergency services since they also included “urgent care services.”
Urgent Services	Services furnished to an individual who requires services to be furnished within 12 hours to avoid the onset of an emergency medical condition.

**ENROLLEE ELIGIBILITY CRITERIA**

**THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT.**

The member must be actively enrolled in a UCare Dually Integrated Product for this policy to be applicable.

**ELIGIBLE PROVIDERS OR FACILITIES**

**OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT.**

This policy applies to providers administering services to UCare Dually Integrated members.

**EXCLUDED PROVIDER TYPES**

**OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.**

Medicare: Providers and suppliers who are not eligible to apply for enrollment in the Original Medicare Program.

MHCP: Individuals or entities who are not eligible to enroll with MHCP due to their presence on federal or statewide exclusion lists (ex: sanctioned providers).

**MODIFIERS, CPT, HCPCS, AND REVENUE CODES****General Information**

The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

UCare's MSHO and UCare Connect + Medicare products combine Medicare and Medicaid benefits; therefore, providers should follow Medicare billing practices for Medicare covered services (examples may include Opioid Treatment, Home Health Services, Diabetes Prevention Programs).

For services not covered under UCare Medicare, providers should follow UCare MHCP billing practices.

Additionally, providers should review the Providers Not Participating with Medicare Payment Policy and/or the Providers Not Participating with UCare Minnesota Health Care Programs Policy for specific information on non-participating provider modifier, CPT, and revenue code requirements (for example: Medicare non-participating and opt-out modifiers).

## PAYMENT INFORMATION

### General Information: Enrollment

The same MHCP enrollment requirements for Medicaid providers applies to Dually Integrated providers.

Per the 21<sup>st</sup> Century Cures Act, state agencies (in this case, the Minnesota Department of Human Services) must enroll all Medicaid providers, regardless of if they serve Medicaid fee-for-service enrollees, managed care enrollees, or both.

Managed Care Organizations (MCOs), such as UCare, are required by law and our Minnesota Department of Human Services (DHS) contract, to collaborate with DHS to ensure our network providers are enrolled with MHCP, including out-of-state providers.

### Out of Network Service Authorizations

Out of network providers must be eligible to participate in Medicare and/or Medical Assistance.

Except for emergency health services, urgently needed care, or unless otherwise specified, providers who do not participate in the UCare Dually Integrated network(s) must request authorization prior to administering services. Out of network services by these providers without authorization may be denied.

In circumstances where the provider does not participate in the UCare Dually Integrated network(s), is eligible to participate in Medicare and/or Medical Assistance, is enrolled with MHCP, and has obtained prior authorization, services may be considered for reimbursement dependent upon member benefits.

### Payment Information

UCare will reimburse providers according to the appropriate primary product payment methodology. For Medicare covered services, UCare will reimburse based on UCare Medicare methodologies. For UCare MHCP covered services, UCare will reimburse based on UCare MHCP methodologies.

Please see the Providers Not Participating with Medicare Payment Policy and/or the Providers Not Participating with UCare MHCP Policy for specific payment information.

Please refer to fee schedule section of the UCare provider manual for timing and frequency of rate updates and additional information.

## BILLING REQUIREMENTS AND DIRECTIONS

### Billing Guidelines

Providers are required to submit claims on behalf of UCare members.

Non-contracted providers should see UCare's [Non-Contracted Provider Webpage](#) for information on how to submit claims and how to manage location and provider data within UCare's systems.

### General Information

UCare will follow CMS and/or DHS guidelines related to pricing and processing claims including, but not limited to the use of:

- Geographic adjustments established by CMS and/or DHS;
- Claim edits
  - NCCI edits
  - Procedure to Procedure edits (PTP)
  - Medically Unlikely Edits (MUE)
  - Add-on Code Edits
  - Facility Edits;
- The definition of services included and excluded in the global surgical package;
- Multiple surgical reduction; and bilateral procedures reductions;
- Increases or decreases to the allowed amount based on the modifier(s) appended to a claim line;
- National (NCD) and Local (LCD) coverage document criteria;
- Decreases to the allowed amount based on the type of provider who rendered the service, where applicable;
- Regulatory pricing adjustments required by CMS and/or DHS and applicable to UCare

**PRIOR AUTHORIZATION, NOTIFICATION, AND THRESHOLD INFORMATION****Prior Authorization, Notification, and Threshold Requirements**

UCare does update its' authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

**RELATED PAYMENT POLICY INFORMATION**

**OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.**

POLICY NUMBER	POLICY TITLE
UM24P0039A1	Providers Not Participating with Medicare
SC24P0076A1	Providers Not Participating with UCare MHCP

**SOURCE DOCUMENTS AND REGULATORY REFERENCES**

**LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY.**

**UCare Reference Materials**

[UCare® - Claims and Billing](#)

[UCare Non Contracted Providers](#)

[UCare® - Policies and Resources](#)

[UCare Portal Landing Page](#)

[UCare Provider Manual](#)

**Legislation**

[H.R.34 - 114th Congress \(2015-2016\): 21st Century Cures Act](#)

**Managed Care Contracts w/MN DHS**



[MHCP contracts with managed care plans](#)

## DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®\*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”