

Providers Not Participating with UCare Minnesota Health Care Programs (MHCP)

Policy Number: SC24P0076A1

Effective Date: January 1, 2025

Last Update: November 25, 2024

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
November 25, 2024	UCare establishes written policy for Providers Not Participating with UCare Minnesota Health Care Programs.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	Product Type	APPLIES TO
UCare Connect	State Public Programs (SPP)	✓
UCare Minnesota Senior Care Plus (MSC+)	State Public Programs (SPP)	✓
UCare MinnesotaCare	State Public Programs (SPP)	✓
UCare Prepaid Medical Assistance (PMAP)	State Public Programs (SPP)	✓

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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 This policy is a general guideline and may be superseded by specific provider contract language.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 Minnesota Health Care Programs (MHCP).

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
UCare Minnesota Health Care Program (MHCP) Participating Provider	Provider who is contracted with (or is considered participating in) UCare MHCP network(s) to provide health services to UCare MHCP members.
UCare Minnesota Health Care Program (MHCP) Non-Participating Provider	Provider who is not contracted with (or is considered not participating in) UCare MHCP network(s) to provide health services to UCare MHCP members.
Emergency Care Services	Professional and 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.
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 Minnesota Health Care Program (MHCP) 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 MHCP members.

EXCLUDED PROVIDER TYPES

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

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.

Modifiers

Not applicable.

CPT and/or HCPCS Codes

Not applicable.

Revenue Codes

Not applicable.

PAYMENT INFORMATION

General Information: Enrollment

Per the 21st Century Cures Act, state agencies (in this case, the Minnesota Department of Human Services) must enroll all Medicaid providers, regardless of if they serve Medicare 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.

UCare recognizes the same enrollment requirements as MHCP and will reimburse unenrolled providers as state guidance permits.

Out of Network Service Authorizations

Per Minnesota Rule 9500.1460, except for emergency health services or unless otherwise specified in contract, UCare is not liable for payment of unauthorized health services rendered by providers who do not participate in the UCare MHCP network(s).

For any reimbursement to take place, UCare will review the provider's enrollment status with MHCP. If the provider is not enrolled with MHCP, they may be denied authorization and reimbursement.

Except for emergency health services or unless otherwise specified, providers who do not participate in the UCare MHCP 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 MHCP network(s) but is enrolled with MHCP, and has obtained prior authorization, services may be considered for reimbursement dependent upon member benefits.

Out of Network Payment Liability

UCare follows Minnesota Rule 9506.0300 regarding the reimbursement of health services provided to MHCP enrollees by providers who do not participate in the UCare MHCP network(s).

Per the rule, UCare is not liable for payment for services provided to UCare MHCP members by providers who do not participate in the UCare MHCP network(s), except for:

- emergency health services, as defined by Minnesota Statute 256B.0625

- health services required under UCare’s contract with DHS or by law
- out-of-network services authorized by UCare or by a UCare MHCP participating provider

UCare may cover other medically necessary out-of-network and/or out-of-service-area services received in certain circumstances.

Payment Information

Per MN Rule 9500.1460, UCare is not obligated to reimburse providers who do not participate in UCare MHCP network(s) more than the comparable Minnesota DHS/MHCP rate or billed charges (whichever is less, when appropriate) unless another rate is required by law.

Government-based adjustments as they apply to managed care may be reflected in final payment.

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

Minnesota legislation prohibits balance billing of MHCP members in most cases. See Minnesota Statute 62Q.556 for more 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 your 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;
- 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

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](#)

MHCP Reference Materials

[Billing Policy - Out of State Providers](#)

[Enrollment with Minnesota Health Care Programs \(MHCP\)](#)

[Managed Care Organizations \(MCOs\)](#)

Legislation

[MN Statutes Sec. 62Q.55 - Emergency Services](#)

[MN Statutes Sec. 62Q.556 - Consumer Protections Against Balance Billing](#)

[MN Statutes Sec. 256B.0625](#)

[MN Rules Part 9500.1460 - Liability and Authorization](#)

[MN Rules Part 9506.0300 - Health Plan Services; Payment](#)

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

[S.1932 - 109th Congress \(2005-2006\): Deficit Reduction Act of 2005](#)

Managed Care Contracts w/MN DHS

[MHCP contracts with managed care plans](#)

Claim Submissions

[Section 1848\(\(4\) \(A\) of the Social Security Act](#)

[Section 1842\(b\)\(6\)\(A\) of the Social Security Act](#)

Taxonomy

[CMS Taxonomy Information](#)

[National Uniform Claim Committee - Provider Taxonomy \(nucc.org\)](#)

NPI

[CMS – NPI: What You Need to Know](#)

[National Provider Identifier Standard \(NPI\) | CMS](#)

[Claims Edits, NCD's, LCD's](#)

[Medicare NCCI Medically Unlikely Edits | CMS](#)

[Medicare NCCI Procedure to Procedure \(PTP\) Edits | CMS](#)

[Medicare NCCI Add-on Code Edits | CMS](#)

[NCCI for Medicare | CMS](#)

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.”