

Provider FAQs - New UCare Claims System

UCare is implementing a new claims system during the next few years. The transition began in January 2019 when UCare moved claims for Individual & Family Plans members to the new system. Below are answers to frequently asked questions regarding the transition to the new claims system.

General

What is the timeline for bringing other lines of business into the new claims system?

UCare will be migrating all claims to our new claims system over a period of 2-3 years. On Jan. 1, 2019, we transitioned UCare Individual & Family Plans/UCare Individual & Family Plans with Fairview to the new claims system. Medicare plans will migrate on Jan. 1, 2020, Medicaid and Dual plans are expected to migrate mid-year 2020.

What are the benefits providers may experience with this new claims system?

UCare's new claims platform provides additional flexibility and capabilities. In addition to easing the administrative burdens of claims processing on the UCare team, we expect several benefits to providers as well, including:

- Automation of Replacement claims (when submitted appropriately)
- Reduced turn-around time for contractual updates from point of agreement to system readiness
- Automated pricing will eliminate manual pricing errors, reduce avoidable adjustments for:
 - Inpatient Psychiatric Facility (IPF)
 - Inpatient Rehabilitation Facility (IRF)
 - Chemical Dependency

Provider Eligibility

I recently provided UCare with some updated demographic information. Why don't I see that reflected on my Individual & Family Plans claims when I see it on all of the other claims?

During the transition to the new claims platform, UCare will be maintaining provider data in two systems (see [Jan. 29, 2019, Provider Bulletin](#) for more details). Data for our Individual and Family Plans will be maintained in the new claims system and all other products will continue to be maintained in the current system. While, we'll make every effort to update both systems as closely as possible; providers may see a timing difference in claims and payment processing as a result of this upgrade.

We are a non-participating provider for UCare’s Individual & Family Plans (QHP), but we are participating in other networks. Why did my claim reject for “Supplier not Found” when we are in your system?

In addition to migrating all participating providers into the new claims system, UCare evaluated claims activity for non-participating providers and migrated those with recent claim activity into the new system. We did not migrate all non-participating providers. To get your claims to process, please complete a [Facility Location Add Form](#) to add your demographic information into the new system.

Member Eligibility

How can I verify member eligibility for Individual & Family Plans members?

As of March 28, 2019, member eligibility information can be obtained using one of three resources:

- UCare Provider Portal
- UCare’s Interactive Voice Response (IVR) system – Please note that when making eligibility or claim status inquiries for an Individual & Family Plan member spanning both 2018 and 2019 plan years, you must follow the prompts for looking up information for a “new” member (versus the “same” member) as members have two distinct member IDs across the plan years.
- Calling UCare’s Provider Assistance Center

[UPDATED March 28, 2019] UCare found an issue with the member accumulator values in the new 270/271. Work is underway to resolve this. We are expecting the transaction to be available in early April.

When will Individual & Family Plans member information be available on the 270/271 transaction?

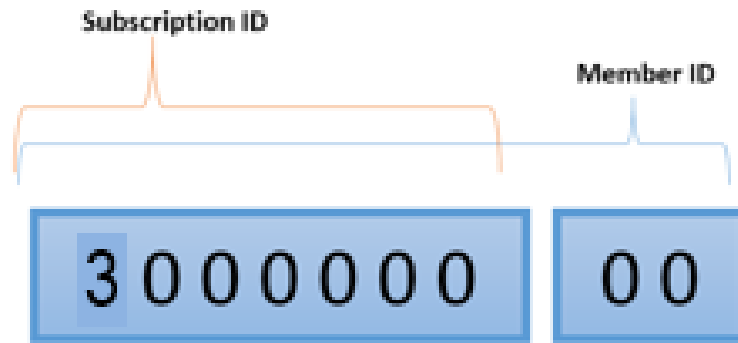
[UPDATED March 28, 2019] UCare found an issue with the member accumulator values in the new 270/271. Work is underway to resolve this. We are expecting the transaction to be available in early April.

I submitted a 2019 claim for an Individual & Family Plans member under their 2018 member ID. Will it process?

Yes. UCare’s new system is currently set to identify members using either their new member ID or their legacy member ID as long as the member is still active. Please note the 835 and EOP data will report the new member ID as UCare’s member ID and not the legacy member ID.

What does the new Member ID look like?

In 2019, UCare Individual & Family Plans members will receive a new member ID number and card. Member eligibility and benefits should be checked prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. It is strongly recommended that providers ask to see the member's ID card for current information and a photo ID to guard against medical identity theft. When services may not be covered, providers should notify members that they may be billed directly. (See [Oct. 24 Provider Bulletin](#) for more information.)



For Individual & Family Plans members, the starting number will be a **3** or a **4**.

There will be a fixed, two-digit suffix, defaulting to **00** for Subscriber and **01** for Spouse. Dependents will start at **02**.

How will I see Individual & Family Plans eligibility information in the portal?

There are two different ways available to check Member Eligibility via the Provider Portal. When completing a member search, enter at least two data elements below to receive results. This can be any combination of the member's Last Name, Member ID# (Either 11 digits for 2018 or 9 digits for 2019), and Date of Birth (DOB).

When searching the portal for 2019 Individual & Family Plans Member Eligibility (Former Choices Plan) the portal search view will look like the following.

*Note there are no group numbers for Individual & Family Plans 2019 members.

Member Information

Search for member eligibility and information. At least any two data element fields below are required to be entered.

Member Eligibility Search

Last Name:	<input type="text"/>
Member #:	<input type="text" value="312123103"/>
PMI #:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text" value="01/01/1990"/>

Example of Search Results:

Member Information

Member is ELIGIBLE

Note: Yellow highlight above shows the member is Eligible and below this information will be more member information such as name, address, DOB, product, and Member Benefit Usage.

Scroll further down and under the Eligibility History will be member timelines including both 2018 and 2019 effective and termed information.

Eligibility History

Effective Date	Expiration Date	Division Number	Member Number	Coverage Info	Primary Clinic
01/01/2019	01/01/3000		312123103	UCare Individual & Family Plans-UCare Fairview Bronze-APTC	
01/01/2018	12/31/2018	CHMTZF	00123123103	UCARE INDIVIDUAL AND FAMILY PLANS WITH FAIRVIEW 98	

When searching the portal with 2018 Choices member number, the portal search view will look like the below image.

Member Information

Search for member eligibility and information. At least any two data element fields below are required to be entered.

Member Eligibility Search

Last Name:	<input type="text"/>
Member #:	<input type="text" value="00123123103"/>
PMI #:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text" value="01/01/1990"/>
<input type="button" value="Find"/>	<input type="button" value="Clear Form"/>

Member Information

Member is NOT ELIGIBLE

Note: Yellow highlight search result above shows the member is NOT Eligible. Scroll further down and under the Eligibility History will be member timelines including both 2018 and 2019 effective and termed information (same as first example).

Claim Rejects & Clearinghouse Edits

How do I submit claims for the new Payer ID?

Every clearinghouse is different in terms of how they route claims to UCare's clearinghouse (Change Health). The Payer ID for UCare Individual & Family Plans is **55413** for electronic claims submitted with dates of service (DOS) on and after **Jan. 1, 2019**. Providers should contact their clearinghouse to confirm the new Payer ID for this plan — as other clearinghouses may assign their own unique number. For all other UCare plans, continue submitting claims using Payer ID 52629.

Why won't my claims process through my clearinghouse?

If you are encountering any claims submission issues with your clearinghouse, you may need to make changes to your EDI template at the clearinghouse. There may be edits for field lengths that may not accept the shorter 9-digit member ID, your template may be looking for group numbers (Individual & Family Plans members do not have group numbers), or the clearinghouse may not be directing these claims to the new Payer ID for the Individual & Family Plan members.

Why are my 2018 claims rejecting for member not found when I verified eligibility?

As discussed in recent provider bulletins ([Oct. 24](#) and [Jan. 15](#)), all claims with a date of service occurring in 2018 should be routed to UCare’s existing Payer ID to be processed in our legacy claims system. Only claims for dates of service in 2019 for Individual & Family Plans members will be routed through the new Payer ID (55413) to be processed in the new claims system. For payment on 2018 dates of service, resubmit your claims through the original UCare Payer ID.

Scenario	277ca Reject Message	Message Description	Resolution
Provider submitted claims to Payer ID 55413 for claims with dates of service in 2018	A3:21:40	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system: Missing or invalid information.	For all plans with a date of service in 2018, resubmit claims using Payer ID 52629

Why are my claims for PMAP/MnCare/etc. rejecting?

As discussed in recent provider bulletins ([Oct. 24](#) and [Jan. 15](#)), all claims for UCare’s non-commercial lines of business (e.g., all products except Individual & Family Plans) should be routed to UCare’s existing Payer ID to be processed in our legacy claims system. Only claims for dates of service in 2019 for Individual & Family Plan members will be routed through the new Payer ID (55413) to be processed in the new claims system. For payment on 2019 claims for all other lines of business (except Individual & Family Plans), resubmit your claims through the original UCare Payer ID.

Scenario	277ca Reject Message	Message Description	Resolution
Provider submitted claims to Payer ID 55413 for UCare plans other than UCare Individual & Family Plans and UCare Individual & Family Plans with Fairview	A3:33:40	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system: Subscriber and subscriber id not found.	For Prepaid Medical Assistance Program, MinnesotaCare, UCare Medicare Plans, UCare Medicare Plans with Fairview & North Memorial, EssentiaCare, Minnesota Senior Health Options, UCare Connect + Medicare, UCare Connect and Minnesota Senior Care Plus, resubmit claims using Payer ID 52629

We are a non-participating provider for UCare’s Individual & Family Plans (QHP), but we are participating in other networks. Why did my claim reject for “Supplier not Found” when we are in your system?

In addition to migrating all participating providers into the new claims system, UCare evaluated claims activity for non-participating providers and migrated those with recent claim activity into the new system. We did not migrate all non-

participating providers. To get your claims to process, please complete a [Facility Location Add Form](#) to add your demographic information into the new system.

Scenario	277ca Reject Message	Message Description	Resolution
Provider submitted claims to Payer ID 55413 but provider is non-participating with UCare’s QHP plans	A3:26:85	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system: Entity not found; Entity not primary.	Complete the Facility Location Add Form as described on the provider website.

Claim Submission

What are the Authorization requirements for Individual & Family Plans in 2019?

UCare has suspended authorization requirements for UCare Individual & Family Plans and UCare Individual & Family Plans with Fairview members for medical services (including outpatient therapy and DME), behavioral health services and provider-administered drugs. Authorization will still be required for dental, pharmacy benefit drugs and chiropractic services.

During this period, UCare will pay claims for covered services without requiring authorization numbers.

UCare requires that medical necessity criteria is met for all services delivered. UCare publishes medical necessity criteria in the Provider Manual, and providers are expected to follow this guidance. Although prior authorization is not required, UCare reserves the right to retroactively audit services for medical necessity and recoup payment for those services that did not meet criteria.

For any additional questions please review the list of [Frequently Asked Questions](#) on the subject.

Why are my medical drug lines being denied when they had not been previously?

There are two different scenarios that could cause medical drug lines to deny in the new system:

- UCare’s new system allows automated payment rules to apply, but those rules require providers to use industry standard formats. Providers must submit NDC codes with the industry standard 5-4-2 format for the system to read.
- UCare uses the [FDA published data](#) for mapping NDC codes on submitted claims. Because of timing delays between FDA drug approvals/updates being published and UCare’s subsequent upload of the database for processing, there can be instances where a claim was denied that will subsequently pay once the data is available.

Are UCare’s taxonomy requirements still in place for this new Payer ID?

Yes. Please see the [Taxonomy Frequently Asked Questions](#) for additional details.

Payments

Will I see changes in my 835/Evidence of Payment (EOP)?

Providers who are contracted in multiple UCare networks/products will **receive two** different EOPs though they will both look similar. One will contain service claims for Individual & Family Plans members for 2019 dates of service, and the other will contain all other service claims. With the set-up of the new claims system, some improvements and differences between the two EOPs that providers may see include:

- UCare has spent considerable time evaluating claims processing results and how they may be better matched to CARCs and RARCs. As such, providers may see slightly different CARCs and RARCs for services processed in the new claims systems than they will for similar services processed in our legacy claims system.
- Services listed on the new EOP should be better aligned with provider location and practitioner information, reflecting a stronger correlation to submitted data. However, a small subset of UCare's contracted providers that enumerate multiple locations under one NPI will see some changes in the level of detail provided in EOP (e.g., EOPs may be summarized at the provider Tax ID number instead of by each location).
- While UCare has completed a significant amount of data cleansing, it is clear that not all providers have recently supplied updated information. There could be instances where an EOP (and corresponding payment) is directed to a billing location that may not be current. Please go to the [provider website](#) and update your information electronically.

Will I get one check for all UCare business or two separate checks?

Providers who are contracted in multiple UCare networks/products will receive two separate checks/payments (corresponding to the two separate EOPs). One will contain payment for service claims for Individual & Family Plans members for 2019 dates of service, and the other will contain payment for all other service claims.

Why does the provider data on my remit look different for Individual & Family Plans claims than my non-Individual & Family Plans claims?

While many providers have been updating demographics and other attributes, there were some legacy provider records that had not been updated recently. As such, migration to the new system may display differently. If changes are required, please go to [the provider website](#) and update your data accordingly.

When will I see Individual & Family Plans claim information in the portal?

(REVISED 3-28-19) Claims data is now available on the Provider Portal. Explanation of Payment information will be accessible via the Portal within two days of payment. If there are any changes to this schedule, we will update this message.