

Provider Enrollment Process



2010

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About UCare

- Founded in 1984 by the faculty of the Department of Family Medicine (DFM) at the University of Minnesota Medical School.
- Began in response to Minnesota's Medicaid Managed Care Demonstration Project.
- Initial purpose: To support the DFM residency clinics in a managed care environment and provide quality care to low-income people.
- Substantial expansion from six original University Family Practice clinics.
- State licensed health maintenance organization (HMO) since 1989.
- Medicare Advantage plan, *UCare for Seniors*, launched in 1998.

Mission Statement

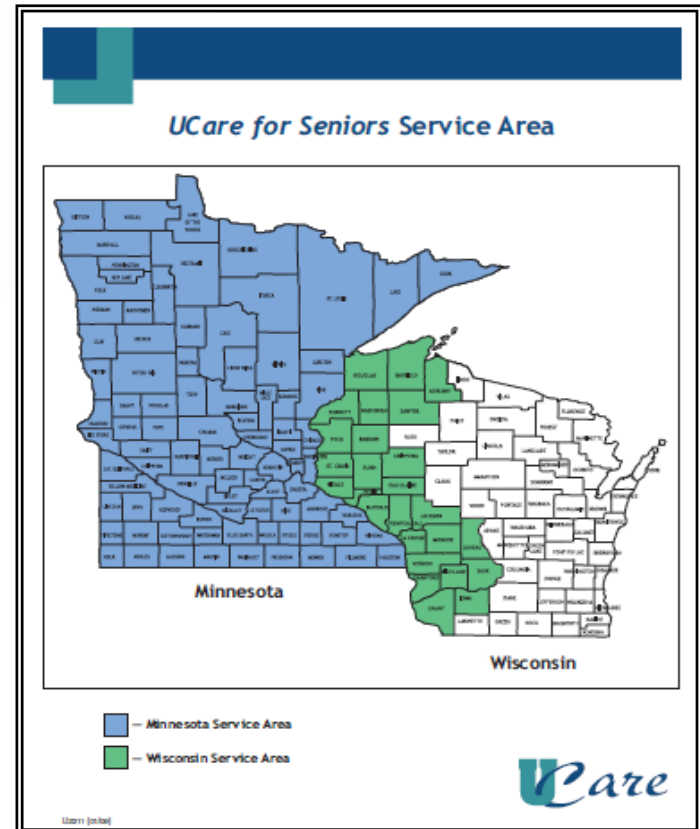
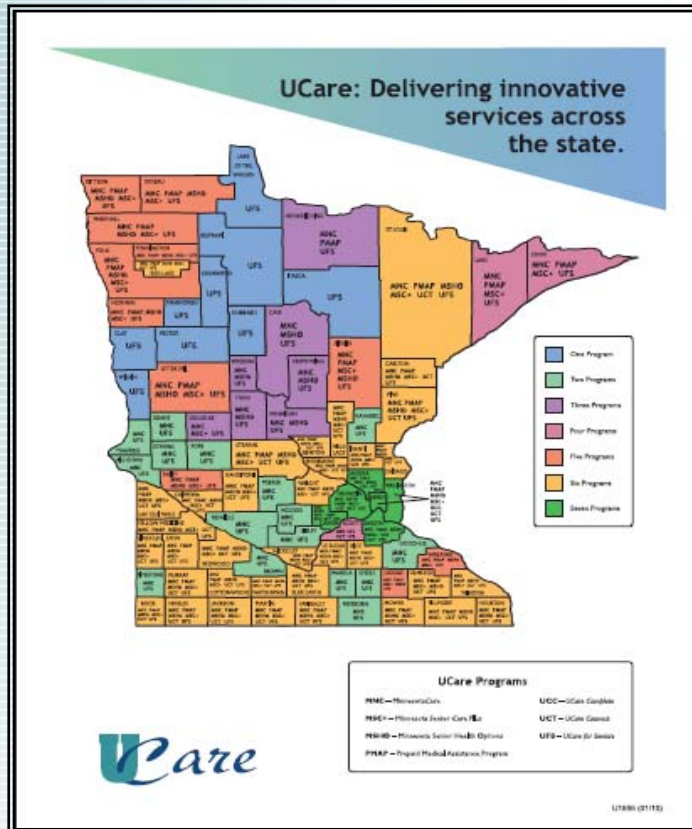
- UCare will improve the health of our members through innovative services and partnerships across communities.
 - UCare exists to provide comprehensive health care to selected populations through a community-based, holistic approach, and to support family medicine education and research so that this philosophy can be carried on into the future.

UCare Products

- **Medicare Advantage (MA) plan – MN & WI**
 - *UCare for Seniors*
- **Special Needs Plans (SNPs) – MN only**
 - UCare's Minnesota Senior Health Options (MSHO)
 - *UCare Complete* (Minnesota Disability Health Options - MnDHO)
 - *UCare Connect* (Special Need Basic Care – SNBC)
- **Minnesota Health Care Programs (MHCP) – MN only**
 - Prepaid Medical Assistance Program (PMAP)
 - MinnesotaCare (MnCare)
 - Minnesota Senior Care Plus (MSC+)

Service Area Maps

<http://www.ucare.org/providers/Pages/ProviderMaps.aspx>



Credentialing Process

- Credentialing is the process used to determine if an individual or organizational applicant is qualified and competent to render acceptable medical care to UCare members.
- Practitioners should not service UCare members until their credentialing has been completed and approved.
 - UCare has no obligation to reimburse claims submitted for a practitioner's services until they have successfully completed the credentialing process.
- The credentialing process takes up to 90 days and UCare does not retrospectively apply effective dates; therefore, the sooner completed applications are received, the sooner UCare members can be seen.
- UCare will collect and verify all credentialing criteria in accordance with the National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS), and Minnesota Department of Health (MDH) standards.

Recredentialing Process

- Recredentialing is the process whereby UCare verifies the current status of a participating individual or organizational provider.
- Recredentialing is performed every three years.
- Recredentialing is conditional upon the applicant continuing to meet UCare's credentialing standards and qualify performance standards, including but not limited to:
 - Member complaints.
 - Results of quality reviews.
 - Utilization management information.
 - Member satisfaction surveys, where applicable.
 - Medical record reviews, when available.

Minnesota Credentialing Collaboration (MCC)

- UCare is now part of the MCC.
- The MCC has developed a centralized, web-based clearinghouse for information used in the credentialing process.
- The online, easy-to-use resource offers a way to enter, save, and send credentialing data for initial and re-credentialing applications that are accepted by participating Minnesota health plans and hospitals.
- An individual practitioner, clinic, hospital, or health plan are welcome to register with ApplySmart.
- To use the online service, providers must have access to the MCC's software application, called ApplySmart.
 - If you do not know if you have access to ApplySmart, you should check with your clinic credentialing staff.
 - Or, if you currently do not have access to ApplySmart yet, go to the MCC's home page at www.mncred.org/home.html and select "Join" to register.

Practitioners That Require Credentialing

- The following practitioners require credentialing:
 - Bachelor of Medicine and Bachelor of Surgery (MBBS).
 - Certified Nurse Midwife (CNM).
 - Dentist (DDS-Medical).
 - Licensed Clinical Social Worker (LCSW).
 - Licensed Independent Social Worker (LISW).
 - Licensed Independent Clinical Social Worker (LICSW).
 - Licensed Psychologist (LP).
 - Licensed Professional Clinical Counselor (LPCC).
 - Licensed Marriage and Family Therapist (LMFT).
 - Optometrist (OD).
 - Oral & Maxillofacial Surgery (MD).
 - Physicians (MD, DO).
 - Physician Assistant (PA).
 - Podiatrist (DPM).
 - Psychologists (PhD, Psy.D., Ed.D., MA, MS).
 - Registered Nurse Clinical Specialist (RNCS).
 - Registered Nurse Practitioner (RNP).

Practitioners That Do Not Require Credentialing

- The following practitioners do not require credentialing:
 - Audiologist.
 - Certified Registered Nurse Anesthetist (CRNA).
 - Occupational Therapist (OT).
 - Physical Therapist (PT).
 - Registered Dieticians (RD).
 - Residents (no paper work to submit).
 - Speech Language Pathologists (SLP).
 - Hospital-based practitioners, including Pathologists, Radiologists (Radiation Oncologists), Anesthesiologists (unless Pain Management), and Emergency Room Physicians.
 - Personal Care Assistance (PCA).

Initial Uniform Credentialing Application

- Practitioners who require credentialing should complete and send in the “**Initial Uniform Credentialing Application**” if it is their first time being credentialed with UCare.
- The “**Initial Uniform Credentialing Application**” should be sent to UCare using one of these following methods:
 - **MCC’s web site:** www.applysmart.net/mccprac
 - **Mail:** UCare
Attn: Provider Enrollment
P.O. Box 52
Minneapolis, MN 55440-0052
 - **Fax:** 612-884-2184
 - **E-mail:** credentialinginfo@ucare.org

Submission of the Minnesota Uniform Practitioner Change Form

- If a practitioner is already credentialed with UCare but is going to be added to another clinic, initial credentialing is not necessary. However, providers must submit the “**Minnesota Uniform Practitioner Change Form**” to notify UCare of the addition of staff to the clinic.
 - This form is also used to notify UCare whenever there are any terminations of practitioners to a clinic.
 - Submission of the Minnesota Uniform Practitioner Change Form for **credentialed type** practitioners should be sent to UCare via e-mail to: credentialinginfo@ucare.org or faxed to **612-884-2184**.

Submission the Minnesota Uniform Practitioner Change Form (cont.)

- Practitioners that do not require credentialing do not need to submit the credentialing application; however, UCare still requires the practitioner's information to be on file for claims processing purposes. The “**Minnesota Uniform Practitioner Change Form**” should also be used to submit the practitioner's information to UCare.
 - This form is also used to notify UCare whenever there are any terminations of practitioners to a clinic.
 - The Uniform Practitioner Change Form for **non-credentialed type** practitioners should be sent to UCare via e-mail to: demographicupdates@ucare.org or faxed to **612-884-2072**.
- In order to prevent delays or errors with the payment of claims, we ask that you notify us no less than 60 days prior to the effective date of the change.
- Please allow 15 business days for UCare to process your request upon receipt.

Minnesota Uniform Practitioner Change Form

MINNESOTA UNIFORM PRACTITIONER CHANGE FORM – Revised March 2009
 Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists Not Subject to Credentialing: ER Physician, Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT,OT, SLP), Audiologist – *check with entity if unsure*

Demographic Verification and Authorization
 Completed and authorized on behalf of the practitioner by:

Name: _____
 Clinic Name: _____
 Phone #: _____ FAX #: _____ E-Mail: _____
 Signature: _____ Title: _____ Date: _____

Practitioner Demographic Information for this Request

Last: _____ First: _____ MI: _____ SSN: _____
 Title: MD DO DDS Other _____ DOB: _____
 DC DPM Ph.D _____ Female Male
 DEA: _____ State: _____ Type I NPI: _____ Medicaid ID: _____ State: _____
 License Number: _____ State: _____ Languages Spoken Fluently: _____

ADD/REMOVE Practitioner

Clinic Hospital Clinic/Hospital Name: _____ Phone: _____
 Address: _____ City/State: _____ Zip: _____
 Tax ID: _____ Type 2 NPI for this site: _____ Directory Suppress? YES NO
 Effective Date: _____ Practicing Specialty at this Site: _____ Primary Site? YES NO
 ADD REMOVE Remove ALL sites for this TIN? YES NO Remove Reason: _____
 List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

ADD/REMOVE Practitioner

Clinic Hospital Clinic/Hospital Name: _____ Phone: _____
 Address: _____ City/State: _____ Zip: _____
 Tax ID: _____ Type 2 NPI for this site: _____ Directory Suppress? YES NO
 Effective Date: _____ Practicing Specialty at this Site: _____ Primary Site? YES NO
 ADD REMOVE Remove ALL sites for this TIN? YES NO Remove Reason: _____
 List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

ADD/REMOVE Practitioner

Clinic Hospital Clinic/Hospital Name: _____ Phone: _____
 Address: _____ City/State: _____ Zip: _____
 Tax ID: _____ Type 2 NPI for this site: _____ Directory Suppress? YES NO
 Effective Date: _____ Practicing Specialty at this Site: _____ Primary Site? YES NO
 ADD REMOVE Remove ALL sites for this TIN? YES NO Remove Reason: _____
 List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

CHANGE Practitioner Demographic Data

Old:	New:
Last Name: _____	Last Name: _____
First Name: _____ MI: _____	First Name: _____ MI: _____
Specialty: _____	Specialty: _____
License #: _____ (Include State)	License #: _____ (Include State)
DEA #: _____	DEA #: _____ <small>(Please attach copy of NEW DEA Certificate to this form)</small>
Type I NPI #: _____	Type I NPI #: _____
Effective Date of Change: _____	



Facility Change Forms

- There are three different types of facility change forms.
- These forms are to be completed and submitted to UCare via online.
- The forms are:
 - Facility/Clinic Closing Form.
 - Facility Change Form-Demographic Change/Update.
 - Facility Location Add Form.
- If you make any changes to your clinic data, you must notify UCare no less than 60 days prior to the change. By sending this information on time, you will help prevent delays and/or errors with payment of your claims.
- Please allow 30 business days for UCare to process your request upon receipt.

Facility/Clinic Closing Form

The “**Facility/Clinic Closing Form**” is used to notify UCare when a clinic location is closing.

FACILITY/CLINIC CLOSING FORM

Please note that this form is NOT intended to represent a contract termination.

If you closing one location and are opening a new location, please fill out the Facility Location Add Form by clicking here (insert link).

Date Submitted: 4/2/2010

Are you currently a contracted provider with UCare?

Yes
 No

FACILITY INFORMATION TO BE TERMED:

* Fields that are marked with an asterisk (*) are required in order for the form to be submitted successfully.


Facility Name: *

Facility Address: *

City: * * *

Tax ID Number: *
(No dashes) (No dashes) (No dashes)

UCare Legacy Number: U : Number:
(6-digit number) (Alpha + 3-digit number)

Closing Date: * 

Facility Change Form – Demographic Change/Update

The “**Facility Change Form-Demographic Change/Update Form**” is used to notify UCare when there are changes to the clinic’s demographics (i.e. legal name changes, change in physical/mailling addresses, etc.).

UCare

Facility Change Form - Demographic Change/Update

* TAX ID NUMBER, LEGAL NAME AND/OR OWNERSHIP CHANGES REQUIRE A NEW W-9**
A completed W-9 form must accompany the Facility Change/Update Form with your new TAX ID number, legal name and/or ownership information. [Click here to access the W-9 Form online.](#)

A Facility Change/Update Form must be completed for each site location change/update.

Date Submitted: 4/2/2010

Are you currently a contracted provider with UCare? Yes No

Current Facility Information

Contact Name: *

(If we have questions we will call this person.)

Contact Phone #: *

Contact E-Mail: *

(If you wish to receive a confirmation email.)

Facility Name: *

Facility Address: *

City: *

State: *

Zip: *

NPI: *

Tax ID: *

Does your facility offer languages other than English? Yes No

Please select your available languages below:

Facility Location Add Form

The “**Facility Location Add Form**” is used to notify UCare when a new clinic location needs to be set up in UCare’s system. *Please note that this is not a contract application nor a contract request form.*

FACILITY LOCATION ADD FORM

A Facility Location Add Form must be completed for each new location along with a completed W-9 form. This form can be obtained by clinic here ([W-9 Form](#)).


- Fields that are marked with an asterisk (*) are required in order for the form to be submitted successfully.
- **If you have obtained and have been using an NPI or UMPI ID for billing purposes, please provide that information below.**

If you are opening a new location and closing another location, please fill out the Facility Clinic Closing Form by clicking here ([Facility/Clinic Closing Form](#)).

The Facility Location Add Form is not the correct form to fill out for Ownership, Tax ID, and/or Legal Name Changes.

- Ownership, Tax ID, and/or Legal Name change may require a new contract. If you have questions, contact UCare’s Provider Assistance Center at [612-676-3300](tel:612-676-3300) or toll free at [1-888-531-1493](tel:1-888-531-1493) or fill out the Facility Change Form - Demographic Change/Update by clicking here ([Facility Change Form - Demographic Change/Update](#)).

All changes must be submitted at least 30 calendar days prior to effective date.

Date Submitted: 

Are you a contracted provider?

Yes

No

CONTACT INFORMATION

Completed By: * *

Phone: * * *

E-Mail:

Name of Contract Manager:



PCA Process and Form

- PCA agencies must first affiliate an individual PCA to their agency with the Minnesota Department of Human Services (DHS).
- Agencies then receive a letter from DHS stating that the individual PCA has been affiliated to that PCA agency name.
- The agency should **verify** that the individual PCA's name and Unique Minnesota Provider Identifier (UMPI) number has been affiliated to their agency name in the "Provider Lists (Individual PCAs)" by logging into the MN-ITS system.
- If the PCA provider list in MN-ITS does not yet show that the PCA is affiliated with the agency, **do not** send in the PCA's information to UCare.
 - If you send this information to UCare before it appears in the MN-ITS system (which we do verify), we will not set up the individual PCA in our system.
 - You will have to first verify that it has been processed by DHS and appears in MN-ITS, and then submit this information to UCare.

PCA Process and Form (continued)

- If the individual PCA's name and UMPI shows that they are affiliated with the agency in the PCA provider list of MN-ITS, submit the PCA's information to UCare using UCare's "**PCA UMPI Information Form.**"
- When submitting the PCA UMPI Information Form, please submit only the newly added or termination of PCAs to UCare. ***By submitting all of your PCAs to UCare again, specifically the PCAs that UCare already has on file, will cause a delay in processing your request.***
- The PCA UMPI Information Form should be sent to UCare using one of these following methods:
 - **Fax : 612-884-2072.**
 - **E-mail: demographicupdates@ucare.org.**
(Note: By sending the form via e-mail, UCare's Provider Enrollment Team will be able to correspond with you when the set up has been completed, or if they are unable to complete your request and the reasons why.)
- Please allow 15 business days for UCare to process your request.

PCA UMPI Information Form



UCARE PCA UMPI INFORMATION FORM

Provider Name: _____
 NPI or UCare legacy #: _____
 Provider Address: _____
 City, State & Zip: _____
 TAX ID Number: _____

****Note: Please submit only the additions and/or terminations of PCAs to your agency. Please do not send all of the PCAs, including the PCAs we already have on file. In doing so, this will cause a delay in processing your request. Thank you!****

	First Name	Mi	Last Name	Title	Date of Birth (DOB)	Gender M/F	Social Security Number	UMPI Number	Effective Date	Term Date
1.										
2.										
3.										
4.										

In lieu of this form, you can submit an excel spreadsheet as long as it has all pertinent information, including the agency's information.

Please send UCare this information via fax or e-mail. Fax # 612-884-2072. E-mail address: demographicupdates@ucare.org

****Note: Please submit only the additions and/or terminations of PCAs to your agency. Please do not send all of the PCAs, including the PCAs we already have on file. In doing so, this will cause a delay in processing your request. Thank you!****

Dec-09



Web Resources

- All of the **forms** mentioned in this presentation can be found in UCare's web site by logging on to www.ucare.org/providers/Pages/Forms.aspx under the "Provider Network Management" and "Provider Enrollment" headers.
- UCare's Provider Manual, **Chapter 17: Provider Enrollment**, also has additional information about the credentialing process.
 - Chapter 17 can be found by logging on to UCare's web site at www.ucare.org/providers/Pages/ProviderManual.aspx.

Delegated Entities

- UCare and its credentialing entity, Preferred One, does not do credentialing for our delegates, such as dental, chiropractor, and behavioral health services.

- Providers who need to be credentialed for these type of services will need to contact UCare's delegated entities below:
 - **Behavioral health services**
 - Behavioral Healthcare Providers (BHP): 1-800-361-0491.
 - Mayo Management Services, Inc. (MMSI): 1-800-645-6296.

 - **Chiropractic services**
 - ChiroCare: 1-888-638-7719.

 - **Dental services**
 - DentaQuest: 1-800-341-8478.

UCare Phone Numbers

- Credentialing inquiries can be directed to UCare's dedicated credentialing voicemail at **612-676-3660**.
 - Questions about credentialing process, status, etc.

- **Provider Assistance Center**
 - Responds to incoming calls from providers about:
 - Claims.
 - Authorizations.
 - Benefits.
 - Provider-related inquiries.
 - Available Monday through Friday, 7 a.m. to 5 p.m.
 - **612-676-3300 or 1-888-531-1493 (toll free)**

Questions?

If you have any questions about this presentation, please send us an e-mail at healthlines@ucare.org.