

## *Chapter 2*

# Enrollment and Eligibility

## **Overview**

Chapter 2 outlines the enrollment process for UCare products and how providers can verify members' eligibility.

## **This Chapter Includes:**

[Eligibility](#)

[Enrollment](#)

[Primary Care Clinic \(PCC\) Change](#)

[Verification of Eligibility](#)

[UCare Provider Portal](#)

# Eligibility

For information regarding eligibility and enrollment on all of our health plans, log on to our web site at [www.ucare.org](http://www.ucare.org). Select “Health Programs” and then choose the plan you’re searching for.

## Minnesota Health Care Programs (MHCP)

Eligibility is determined at the local county human services agency for these following UCare programs:

- Prepaid Medical Assistance Program (PMAP).
- MinnesotaCare.
- Minnesota Senior Care Plus (MSC Plus).
- UCare’s Minnesota Senior Health Options (UCare’s MSHO).
- *UCare Connect*. (Please note that DHS determines the eligibility for the *UCare Connect* plan; however, applicants submit enrollment requests to UCare.)

In addition to the local county agency, other eligibility requirements must be met. Below are some additional eligibility requirements for its respective plans.

To be eligible for MSC Plus, a person must:

- Be 65 years of age or older.
- Have Medical Assistance.
- Live in the 57-county MSC+ service area.

To enroll in UCare’s MSHO, a person must:

- Be 65 years of age or older.
- Have Medical Assistance and Medicare Parts A and B.
- Live in the 57-county UCare’s MSHO service area.

To enroll in *UCare Connect*, a person must:

- Have a certified physical disability, or a developmental disability, and/or mental illness.
- Be at least 18 years old and under 65.
- Have Medical Assistance.
- Live in the 41-county *UCare Connect* service area.

## Medicare Programs

To be eligible to enroll into a *UCare for Seniors* plan, individuals must meet all of the following requirements:

- Have Medicare Parts A and B.
- Reside in the service area. The service area includes the entire state of **Minnesota** and the following **Wisconsin** counties: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pierce, Pepin, Polk, Richland, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, and Washburn.

- Not have end-stage renal disease (ESRD), as required by Medicare.\*
- Have a valid Medicare election period that allows a plan change.

There is no physical exam or health screening required for enrollment into *UCare for Seniors*.

\*A Medicare beneficiary is not normally eligible to enroll in *UCare for Seniors* if he/she has ESRD. However, if an individual is already enrolled with *UCare for Seniors* when he/she develops ESRD, he/she can remain enrolled in *UCare for Seniors*, provided they meet all the other eligibility requirements. UCare will not disenroll an enrollee who develops ESRD while on our plan.

## [Table of Contents](#)

# Enrollment

## MHCP Recipients

The local county human services agency is responsible for the PMAP, MSC Plus, and MinnesotaCare enrollment process. Recipients are asked to attend a presentation of the health plans available in the county. If the recipient does not select a plan, county staff will randomly assign recipients to an available health plan. MSHO applicants may enroll either directly through UCare or through their county. *UCare Connect* applicants enroll directly through UCare. An applicant interested in enrolling in MSHO or *UCare Connect* can access the UCare website at [www.ucare.org](http://www.ucare.org). Select “Health Plans” and then choose the plan. Interested applicants may order an information kit online to initiate the enrollment process or call UCare’s Sales area at **612-676-3554 or 1-800-707-1711** (toll free). A licensed UCare representative will speak with the applicant.

When a person enrolls in UCare, he/she must also choose a primary care clinic (PCC). If the person does not choose a clinic, UCare will assign one based on the proximity of the member’s home zip code. Once members are enrolled, a member packet is sent.

UCare sends information to pregnant members reminding them to contact their financial worker at the county to ensure that the baby is enrolled on the mother’s health plan once the baby is born. The newborn will be assigned to the PCC chosen by the mother. If no clinic is indicated, UCare will assign the newborn to the mother’s clinic, if appropriate. The state will notify UCare if the baby has been enrolled.

## Medicare Beneficiaries

If an individual is eligible and wants to join *UCare for Seniors*, he/she must submit a completed enrollment application form to UCare. The individual can obtain an application by calling the UCare Sales Department at **612-676-3500 or 1-877-523-1518** (toll free). He/she can also visit the UCare offices during business hours, 8 a.m. to 5 p.m., Monday through Friday at:

**500 Stinson Boulevard NE  
Minneapolis, MN 55413**

In addition, there are online enrollment options through the UCare web site or Centers for Medicare & Medicaid Services (CMS). An application must be complete (including signature) in order to be processed. Applications are processed in the date order received.

There are some limits to when and how often a beneficiary can change health plans. These timeframes are called Election Periods.

Note: If an individual is already a member of another health plan with a Medicare contract, membership in that health plan will automatically end on the effective date of enrollment in *UCare for Seniors*.

## [Table of Contents](#)

## **PCC Change**

A member, the member's authorized representative, power of attorney, care coordinator, or responsible party can request a PCC change either verbally or in writing. In addition, nursing home staff can request PCC changes for only MHCP members. PCC changes are effective the first of the following month upon receiving the request.

At the request of the member, if a continuity of care issue exists, UCare will encourage communication between the clinics to facilitate continuity of the member's care.

After a PCC change has been completed, a replacement ID card with the name of the new PCC will be sent to the member.

Occasionally, members will request they be assigned retroactively to a PCC. Retroactive requests may be approved for the following situations:

1. Any UCare member residing in a nursing home.
2. MHCP members who change their PCC during the first month of their eligibility or who have been off the plan for two months and change their PCC within the first month of re-eligibility. The effective date would be the first of the month they are enrolled or re-enrolled with UCare.
3. Any enrollment error on UCare's part.
4. Continuity of care coordination issues, approved by UCare Clinical Services.

## **[Table of Contents](#)**

# Verification of Eligibility

To verify that an individual is an active UCare member, you may choose one of the following actions:

- Use the **UCare Provider Portal** by logging on to [www.ucare.org](http://www.ucare.org). Select “Providers” and then “UCare Provider Portal.”
- Use the **Interactive Voice Response (IVR)** system by calling the Provider Assistance Center’s phone number at **612-676-3300** or **1-888-531-1493** (toll free). Using your touch-tone phone, you can easily find answers to two common questions 24 hours a day, seven days a week.
  - For quick responses to **eligibility inquiries**, have the individual’s UCare member ID number and their date of birth ready.
  - For quick service on **claim status inquiries**, have your NPI number, UCare member ID, member’s date of birth, and the claim date of service information ready.
- Use **MN-ITS**, the Minnesota Department of Human Services (DHS) system for MHCP claims and other transactions. You must be **MHCP-enrolled** *and* registered with MN-ITS to use the system. If you have questions or need access to **MN-ITS**, contact the MHCP Provider Call Center at **651-431-2700** or **1-800-366-5411**. *(Please note this is applicable to MHCP recipients only.)*

MN-ITS has the most current eligibility information and contains changes in a member’s eligibility before the health plan is notified. Providers must use MN-ITS to verify a patient’s eligibility on the working day before or the day services are provided. MN-ITS indicates which health plan a patient is assigned to, but does not indicate the health plan’s specific information, i.e., PCC or member ID number. If UCare is the patient’s health plan, you can log on to the UCare Provider Portal to obtain PCC information and their UCare ID number.

UCare encourages all providers to verify patient eligibility and coverage prior to rendering services to avoid claim denials/rejections. The Minnesota Administrative Uniformity Committee (AUC) provides a Best Practice for verifying eligibility under the Standard Companion Guide for Eligibility Inquiry and Response (270/271). The Best Practice can be found by logging on to <http://www.health.state.mn.us/auc/eligguide.htm>.

## [Table of Contents](#)

# UCare Provider Portal

The UCare Provider Portal is a secure web site which allows registered Administrators and Users of the portal to access UCare information. Administrators and Users will be able to:

- View and print Explanation of Payments (EOPs).
- View claims with details.
- View member eligibility and information.
- View, print, and download a roster. (Applicable to PCCs only.)
- View authorizations.

To get access to the UCare Provider Portal, please check with the UCare Provider Portal Administrator within your organization. The Administrator has access rights to create (and also delete) Users within your organization.

If there is not an Administrator at your facility yet **and** your facility has not registered an Administrator, you must designate someone as the Administrator. The designated person will need to register by logging on to our web site at [www.ucare.org/providers/Pages/ProviderPortal.aspx](http://www.ucare.org/providers/Pages/ProviderPortal.aspx). Select the “New Administrator Registration” button, complete both pages of the registration forms, and submit it.

The requester will receive information from UCare within five to seven business days if the request has been approved or not.

- If the request has been approved, the Administrator can then activate their account and start setting up Users within the organization.
- If the request has been denied, they will receive a denial message informing them of the reason(s) why the request has been denied.

User Guides for regular and the administrator users are also posted in our web site by logging on to [www.ucare.org/providers/Pages/ProviderPortal.aspx](http://www.ucare.org/providers/Pages/ProviderPortal.aspx).

If you have any questions or need assistance with the UCare Provider Portal, please call the Provider Assistance Center at **612-676-3300** or **1-888-531-1493** (toll free).

## [Table of Contents](#)