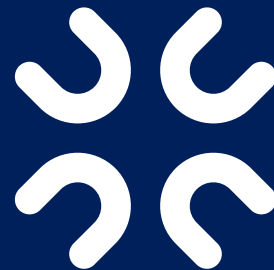


Tips for Using The Online Claim Reconsideration Form





New Online Claim Reconsideration Form

Online submission offers:

- Notification of request receipt
- Reduction in clerical paperwork and staff-time to submit, follow-up and track
- Lower paper and postage costs
- Quicker overall processing time
- Confirmation number upon receipt of submission



Where to Access the Form

On ucare.org/providers, locate Claims & Billing, then click Forms & Links.

The screenshot shows the UCare website for providers. At the top left is the UCare logo. To the right is a dark teal bar with the text "UCARE FOR PROVIDERS" and a "LOG IN" button. Below this is a navigation menu with the following items: HOME, PROVIDER CENTER, ELIGIBILITY & AUTHORIZATION, CLAIMS & BILLING, CARE MANAGERS, and PROVIDER NEWS. The main heading is "Welcome UCare Providers". Below this are three columns of content. The first column is titled "Eligibility & Authorization" and contains links for Authorization Lookup, Authorization Requirements, Member Eligibility, Pharmacy, and Product/Benefit Information. The second column is titled "Policies & Resources" and contains links for Provider Manual & Resources, Medical Policies, Payment Policies, Clinical Practice Guidelines, Culture Care Connection, Quarterly Patient Complaint Report, and UCare's Ineligible Provider List. The third column is titled "Claims & Billing" and contains links for Check Claim Status, Remittance Advice, and Forms & Links. The "Claims & Billing" title and the "Forms & Links" link are circled in red, with a red arrow pointing to the link.

ucare

UCARE FOR PROVIDERS LOG IN

HOME PROVIDER CENTER ELIGIBILITY & AUTHORIZATION CLAIMS & BILLING CARE MANAGERS PROVIDER NEWS

Welcome UCare Providers

Eligibility & Authorization

- [Authorization Lookup](#)
- [Authorization Requirements](#)
- [Member Eligibility](#)
- [Pharmacy](#)
- [Product/Benefit Information](#)

Policies & Resources

- [Provider Manual & Resources](#)
- [Medical Policies](#)
- [Payment Policies](#)
- [Clinical Practice Guidelines](#)
- [Culture Care Connection](#)
- [Quarterly Patient Complaint Report](#)
- [UCare's Ineligible Provider List](#)

Claims & Billing

- [Check Claim Status](#)
- [Remittance Advice](#)
- [Forms & Links](#)



Where to Access the Form

Once on the Claims & Billing page, select from the two online options.

FORMS & LINKS

[Online Provider Claim Reconsideration Form](#) (Use if you have a UCare Provider Portal account)

[Online Provider Claim Reconsideration Form](#) (Use if you do not have a UCare Provider Portal account)

[Legacy Provider Claim Reconsideration Request Form](#) (PDF)



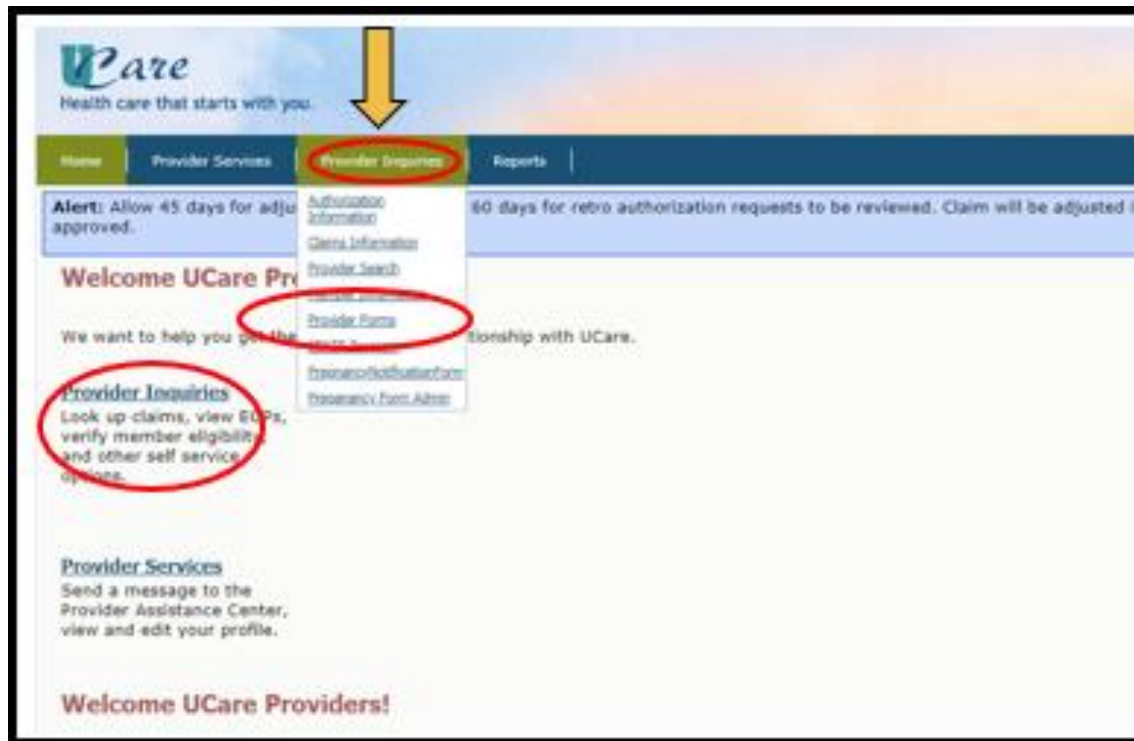
Where to Access the Form

- Portal Users
 - Log in to the Provider Portal.
 - Form is available in the Provider Forms section.
- Non-Portal Users
 - Will need to register one time to access form.
 - Can access online form within minutes of registering.



Accessing Provider Claims Reconsideration Form in the Portal

- Log in and click the Provider Inquires tab.
- Select Provider Forms from the list of options.





Registration for First-Time, New Non-Portal Users

- All Non-Portal Users will need to register one time to access the Online Provider Claims Reconsideration Form.
- After registering, Non-Portal Users may use the same user name and password to use the online form in the future.
- We encourage Non-Portal Users to sign up for the Provider Portal, as there are many more helpful functions in addition to this form.
- Please contact the Provider Assistance Center if you need assistance with registering.



Registration for First-Time, New Non-Portal Users

- Click the link titled Online Provider Claim Reconsideration Form (Use if you do not have a UCare Provider Portal account).

A screenshot of the UCare Claims & Billing portal. The page has a white background with a black border. At the top center, the text "Claims & Billing" is displayed in a dark grey font, with a thin blue horizontal line underneath. Below this, there are two main sections. The left section has a dark blue background and contains the text "Check the Status of a Claim" in white, with an orange button labeled "Claim Lookup" below it. The right section has a teal background and contains the text "Search for Remittance Advice" in white, with an orange button labeled "Payment Lookup" below it. Below these sections is a horizontal line, followed by the heading "FORMS & LINKS" in a dark grey font. Underneath this heading, there are four links listed in a smaller, dark grey font: "Online Provider Claim Reconsideration Form (Use if you have a UCare Provider Portal account)", "Online Provider Claim Reconsideration Form (Use if you do not have a UCare Provider Portal account)", "Legacy Provider Claim Reconsideration Request Form (PDF)", and "Claim Attachment Cover Sheet (Fax: 612-884-2261)". A red arrow points to the second link. At the bottom of the list, there is a small line of text: "Promote the Electronic Funds Transfer / Electronic Remittance Advice With Care".



Registration for First-Time, New Non-Portal Users

- On the registration page, click the Register button.

A screenshot of the Ucare registration page. The page features the Ucare logo in the top left corner. The main heading is "ONLINE PROVIDER CLAIM RECONSIDERATION FORM". Below this heading, there are two bullet points: "• Create an account or sign in to access and submit a claim reconsideration form." and "• This account does not provide access to Ucare's Provider Portal account." On the right side of the page, there is a registration form. The form includes a "REGISTER" button, which is circled in red. Below the "REGISTER" button, there are input fields for "Username" and "Password". At the bottom of the form, there are "SUBMIT" and "CLEAR" buttons. A note at the bottom of the form states: "*Note your account will get locked after 3 failed attempts. Please try again in 10 minutes." and a link for "Forgot Password".



Registration for First-Time, New Non-Portal Users

- Complete all fields on the Registration Form, acknowledge terms have been read and click the Register button.

NEW USER REGISTRATION FOR ONLINE PROVIDER CLAIM RECONSIDERATION FORM

- It is necessary to create an account to access and submit the Online Provider Claim Reconsideration Form. After creating an account, you can return at any time and submit new Forms by logging in.
- Please Note: If you create an account and then get a UCare Provider Portal account, you may disregard this account and begin using the Provider Portal to submit the online Form.

Email (required):

Username (required):

Password (required):

Confirm Password (required):

First Name (required):

Last Name (required):

TERMS & CONDITIONS

By submitting the form below, you indicate that all the above information is accurate. You also agree to the Provider Portal User Agreement.

User Agreement
UCare is a nonprofit corporation which is licensed as a health plan by the State of Minnesota and which has entered into agreements with providers to arrange for the delivery of health care services to eligible individuals. UCare Member's UCare has established the web site ("Site"), where a provider may electronically obtain access to its and submit Forms online.

As an authorized user of the Site ("Provider"), you the Provider agree that your access and use of the Site are subject to the following terms and conditions:

Access to the Site
The Provider shall create a unique user identifier (the "Username") and password (the "Password") for electronic access to the Site which shall permit Provider to log on and submit a Form online. Access to this online form shall be controlled upon Provider's entry of the Password, User ID, and any other information required by UCare.

Restricted Confidentiality
Provider will treat as confidential and take all reasonable steps to maintain the confidentiality of the Password and User ID, and will permit only its authorized employees and agents to have access to the Password and User ID. Only authorized employees and agents who need to use the Site for the performance of their job shall have access to the Password and User ID. Such authorized employees and agents shall sign a confidentiality agreement identifying appropriate use consistent with this Agreement as a condition of accessing the Password and User ID. Provider will verify UCare membership, if Provider believes confidentiality of the Password or User ID has been compromised or if an employee or agent with access to the Password or User ID leaves Provider's employment or agency, and UCare may, in its discretion, deactivate Provider's current Password and User ID and issue a new Password and User ID to Provider. An UCare's release Provider shall provide UCare a list of persons who have access to the Password and User ID and a description of the equipment used to ensure appropriate access.

Use and Ownership of Information
Provider acknowledges that the Site and all information received through the Site is proprietary information of UCare and shall be and remain the exclusive property of UCare. Other than pursuant to the terms of this paragraph, Provider shall not appropriate or use any information received through the Site without UCare's prior written consent. Provider acknowledges that any reliance on information contained at the Site is at the Provider's risk.

Use of Site
Provider shall not use the Site for communication or UCare of information in any urgent or emergency situation. Provider will not knowingly introduce a virus-bearing document into the Site. Provider will notify UCare if Provider believes a virus has been introduced into the Site.

Compliance with Laws
Provider agrees to comply with all applicable laws relating to Provider's use of the Site. Provider understands that UCare and Provider shall be subject to the rules and regulations promulgated pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"), including all U.S. Health Information Privacy Rules for Privacy of Individually Identifiable Health Information (the "Privacy Rules"). Provider shall cooperate with UCare in compliance with the Privacy Rules, including execution of a business associate agreement if necessary, and agrees that UCare shall have the right to terminate Provider's access to the Site in the event that Provider fails to take all necessary actions for compliance with the Privacy Rules.

Security

This Site uses Secured Socket Layer (SSL) encryption to protect the privacy of data during transmission across the Internet. This Site supports 128-bit encryption strength. Although UCare has taken these reasonable security measures, UCare does not make any representations or warranties regarding the security of data exchanged to or from the Site over the Internet.

Indemnification

Provider shall assume sole responsibility for and shall defend, hold harmless and indemnify UCare for any and all claims, liabilities, damages, or judgments that may arise out of the acts of omissions, including any breach of this Agreement or any other unauthorized disclosure or use of any protected or confidential information retrieved from the Site, by Provider or its employees, agents or representatives. The provisions of this paragraph shall survive termination of this Agreement.

Disclaimers and Exclusion of Liability

UCare specifically disclaims to the fullest extent permitted by law any warranties, whether statutory, express or implied, regarding the Site, (including, where law permits, implied warranties of merchantability and fitness for a particular purpose). UCare shall not be liable for any losses, damages or claims of any nature whatsoever arising from Provider's use of the Site (even if that loss or damage was caused by the negligence of UCare or its agent).

Amendments and Termination

UCare may amend the terms of this Agreement at any time by posting revised terms and conditions on the Site. Revised terms and conditions will become effective 30 days after posting. By continuing to use the Site after that time, Provider agrees to abide by and be bound to the revised terms and conditions. UCare may terminate Provider's Password and access to the Site without notice at any time for any reason.

Entire Agreement

This Agreement and any additional terms posted by UCare on the Site constitute the parties' complete agreement on the matters specified in this Agreement, and supersedes all prior representations or agreements with respect to such matters. No oral modification or waiver of any of the provisions of this Agreement shall be binding on either party.

By registering for access to this website I acknowledge and agree to the following:

I agree to the Terms and Conditions

REGISTER



Registration for First-Time, New Non-Portal Users

- Once you see the Verification Link screen, check your email. A verification link will be sent to the email address provided on the Registration page.
- This email may land in your Spam or Junk Mail folder.

Hello Jess,

Thank you for requesting access to complete the Provider Claim Reconsideration Form.

Click on the link below to confirm your email address. This Link expires in 48 hours

<https://providers-ucare.uat.zipari.net/user/verify/registration/6bdc9d3f-0dfd-4704-9d32-1acb3ea5ae84>

(If the link above does not work, please copy and paste it into your browser's address bar.)

PLEASE NOTE: Your account will not be complete until your email is confirmed. Once confirmed, you'll be able to access the Provider Claim Reconsideration Form to complete and submit.

Thank you,
UCare Team



Registration for First-Time, New Non-Portal Users

- Click link provided in the email.
- On the login page, enter the User Name and Password.
- Then click the Submit button to log in.

Registration succeeded

ONLINE PROVIDER CLAIM RECONSIDERATION FORM

- Create an account or sign in to access and submit a claim reconsideration form.
- This account does not provide access to [UCare's Provider Portal](#) account.

Sign up for quick and easy access to the Claim Reconsideration Form only.

REGISTER

Username
Coolguy84

Password
.....|

SUBMIT **CLEAR**

*Note your account will get locked after 3 failed attempts. Please try again in 10 minutes.

[Forgot Password](#)



Using the Online Form

- There are many fields available depending on need of the User.
- All required fields have an asterisk next to the them.
 - In the event a field with an asterisk is not completed and User attempts to submit form, an error will be generated, and User will not move on in the process until field is updated.
- The form will automatically log off after 30 minutes of inactivity, and you will lose any information that has not been submitted.
- Once form is completed and submitted, you will receive a confirmation. Keep this number for reference when contacting our Provider Assistance Center to check status or submitting a second request.



Using the Online Form

- One form allowed per member.
- This form is not in place of a replacement/void claim.
- If you run into any issues, our Provider Assistance Center is available to help.



Using the Online Form

- You can designate the type of request you are submitting.

A screenshot of a dropdown menu with a white background and a dark blue header. The header contains the text "--select one--". Below the header, three options are listed: "Adjustment/Appeal Request", "Recoupment Request", and "2nd Request".

- When you select 2nd Request, a 1st Claim Reconsideration Form Confirmation Number field will appear, add confirmation number from first request.

A screenshot of the online form interface. On the left, under the heading "Request Type", there is a dropdown menu. The first option is "2nd Request" in a light blue box. Below it, the dropdown is open, showing the same three options as in the previous screenshot, with "2nd Request" highlighted in dark blue. A red arrow points from the "2nd Request" option in the dropdown to a text input field on the right. The input field is labeled "1st Claim Reconsideration Form Confirmation Number" and is currently empty.



Using the Online Form

- You can attach multiple claims and attachments for a single member in the Claim Form section.

Claim Information

Claim Number*

Date Of Service*

Reason For Request*

Detailed Description For Request*

If Service Denied

Other (Be Specific)

Supporting Documentation*

Medical Records (Attach & Bracket Applicable Documentation Only)

Refund (Only if the Claims Date Has Exceeded 12 Months)

Remittance Advice

Other

*3MB per attachment, up to 250 MB per Submission

You can attach multiple items at one time from the same folder

No files currently selected for upload



Using the Online Form

- When you have multiple attachments, you will need to pull them from one folder on your computer. Select and upload all of the attachments at the same time.
- How to attach multiple documents:
 - Windows and Mac computers: Hold down the Shift key and select documents that are grouped together.
 - Windows computers: Hold down the Control key and select each document when documents are in the same folder but not next to each other.
 - Mac computers: Hold down the Command key and select each document when documents are in the same folder but not next to each other.



Using the Online Form

- Once all information is filled out, click the Submit button.
- The Confirmation page appears and the Confirmation Number should be saved for future reference.
- You can print the Confirmation page using the Print function at the bottom of the page.

Thank you for submitting your application
Your Confirmation Number is : PRF0000105050719041316

Form Name:	Claim Reconsideration
Confirmation #:	PRF0000105050719041316
Time Stamp:	May 7, 2019, 4:13 p.m.
UCare Product:	MinnesotaCare
Request Type:	Recoupment Request
1st Request Confirmation Number:	
Requester:	Genuine Farse
Phone #:	+18125413254
Email:	kleinman@gmail.com
Today's Date:	2019-05-07 16:12:22.807978
Street Address:	4990 Grainville St.
City:	Gainesville
State:	FL
Zip Code:	32695
Fax #:	
Are You a Contracted UCare Provider:	Yes
Provider Name:	Dill Andersen
Tax ID#:	019451083
NPI Number:	None
UMPI Number:	0481385554
Member Last Name:	Semonela
Member First Name:	Chatchi
Ucare Member #:	087954158

Claim 1

Claim Number:	00132513513513538435
Date Of Service:	03/20/19
Reason For Request:	Post Service Authorization
Authorization Number:	1325498435
Authorization Type:	Injectable Drug
Detailed Description for Request:	I hit a wallaby
If Service Denied, What is the reason for I wish for that:	Tuesday back the denial.
Other:	
Supporting Documentation:	[Remittance Advice]
Other Documentation Details:	
File:	[00132513513513538435_Penguins.jpg]

[Print](#)



Checking Claim Status

- Your confirmation number shows that UCare has received your claim reconsideration request submission. There is no need to contact the Provider Assistance Center for additional confirmation.
- UCare has a targeted 30-day turnaround time for claim reconsideration (appeal/adjustment/recoupment) requests. If your request has not been processed or you have not received a written response to your request within 30 days, please contact the Provider Assistance Center. You will need your confirmation number to look up the status.