



Now available: 2025 authorization and notification grids

The 2025 authorization and notification requirements are available on the [UCare Authorization page](#).

Updates to authorization forms

UCare has updated the contact information for the AIR/LTAC Admission Notification Form and the Universal Health Plan/Home Health Agency Prior Authorization Request Form. Both forms include updated fax and email addresses.

To ensure they are using the latest versions of authorization and notification forms, providers should download them directly from [UCare’s Authorization](#) page.

Contact UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll-free with questions.

2025 pharmacy benefit information

The following provider bulletins highlight the 2025 formulary and pharmacy benefit changes and the recent Medical Drug Portal change:

- [Pharmacy formulary and benefit changes for 2025](#)
- [Effective October 1, 2024: New Medical Drug Prior Authorization Request \(ePA\) Portal](#)

Released: 2025 tip sheets

The 2025 product or benefit tip sheets have been released and are available on the [Provider Product/Benefit Tip Sheets page](#). Tip sheets assist providers in working with UCare and our members. The information covered within the tip sheets includes ID cards and benefits by product.

Switch patients to Humira biosimilars before 2025

Effective Jan. 1, 2025, Humira will not be covered for UCare Medicare or Exchange members. Existing prior authorizations for Humira will terminate on Dec. 31, 2024. To help facilitate this transition, send a new prescription for one of the UCare-covered biosimilars. The biosimilars below are currently in the formulary. New prescriptions can be sent before Jan. 1, 2025.

- UCare-covered Humira biosimilars include:
- Hadlima – 40mg Pen and 40mg Preservative Free Syringe
 - Adalimumab-aaty – 40mg and 80mg Auto-Injector Kit, 20mg and 40mg Prefilled Syringe Kit

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UCare provider website
www.ucare.org/providers

Provider Assistance Center
612-676-3300
1-888-531-1493 toll-free

- Simlandi – 40mg Pen

Medicaid providers are required to enroll with Minnesota Health Care Programs (MHCP)

The federal 21st Century Cures Act requires all Medicaid managed care organization (MCO) contracted network providers (organizations and individuals) to be screened and enrolled with State Medicaid programs.

Contracted network providers were required to enroll with MHCP by **Sept. 16, 2024**, or their contract with UCare could be discontinued and/or claims could be denied.

The following provider types that require a site visit from the Minnesota Department of Human Services (DHS) must enroll by **Dec. 31, 2024**:

- Provider type 10 – Community Mental Health Center
- Provider type 11 – Rehab Agency
- Provider type 46 – Day Treatment
- Provider type 64-O – Home Care Nursing Organization
- Provider type 82 – Medical Transportation

MHCP will conduct an announced site visit within 60 days of the referral date for those providers. Those providers must complete both the enrollment process and site visit by Dec. 31, 2024.

Actively enrolled fee-for-service providers with an existing UCare contract do not need to repeat the screening and enrollment process.

Note: *When providers enroll with MHCP, it does not commit them to scheduling or serving patients with straight Minnesota Medical Assistance. MHCP enrollment is not a "[Fee-for-Service \(FFS\) only or FFS and Managed Care Organization In-Network Provider Agreement](#)."*

For resources that explain how providers can enroll, visit the DHS [New Organization Provider Enrollers](#) page.

Things to consider:

1. If you have more than one business location that provides a service, you must enroll at each business location, even if they share the same tax ID and/or National Provider Identifier (NPI).
2. Individual practitioners only need to enroll once at a single location address to be eligible at all locations where they provide services to patients.

Existing providers who fail to comply with the federal enrollment mandate will be removed from the MHCP provider network and will no longer be eligible to receive payments for MHCP members.

Enrollment portal

The [MPSE portal](#) is the online application providers can use to enroll with MHCP and update enrollment information.

Training available

MPSE offers a variety of [training options](#) for providers, including:

- On-demand videos that provide quick instruction on a concept or technique.
- MPSE weekly Q&A sessions on Wednesdays from 1 to 2 pm on the portal training site; no registration is required. See the training site for details, rescheduled sessions or cancellations.

Additional resources and information

- Review the information and frequently asked questions on the [Enroll with Minnesota Health Care Programs](#) webpage. Bookmark this page for future reference.

- Click the + next to “Enrollment process for managed care organization (MCO) network providers.”
- Review the [Enrollment with MHCP](#) section of the MHCP Provider Manual.
- Sign up for [MHCP news and updates](#).
- Review the [MPSE FAQs](#).
- Contact the [MHCP Provider Resource Center](#) with additional questions.

Ineligible Provider List updated November 19, 2024

Contracted UCare providers must make sure that they, their company, owners, managers, practitioners, employees and contractors are not on the UCare Ineligible Providers List.* Providers should search the list of UCare Ineligible Providers on a regular basis, and before hiring or entering into contracts with individuals to provide services or items to UCare members.

The most current list can be found in the Provider Portal (Legacy portal—under Provider Inquiries; new portal—in the Document Center under Resources). For additional information, please refer to the Provider responsibilities chapter of the UCare Provider Manual.

Questions regarding the UCare Ineligible Provider List should be directed to compliance@ucare.org.

**Please note: This list is in addition to any prior and ongoing communications regarding ineligible individuals that network providers may receive.*

Minnesota Uniform Credentialing Application updates

UCare was part of a statewide credentialing workgroup that collaborated to improve the Minnesota Uniform Practitioner Credentialing Applications and the Minnesota Uniform Practitioner Change Form.

In addition to improving efficiencies, improvements were made to meet the 2024 Minnesota Statute, 62Q.097; 214.41, which will become effective on Jan. 1, 2025, and the new 2025 NCQA accreditation standards.

The [Minnesota Credentialing Collaborative/ApplySmart](#) and the [Council for Affordable Quality HealthCare](#) (CAQH) will update their sites with the new application before Jan. 1, 2025.

Please be sure to use the most current version of the applications and practitioner change form, which can be found on [UCare’s Credentialing and Recredentialing page](#). Any applications received after Dec. 15, 2024, on the former versions, will be returned to meet the new standards.

For more details, visit the [MN Statute](#) or the [Lorna Breen Heroes’ Act - Dr. Lorna Breen Heroes' Foundation](#). Direct questions to credentialinginfo@ucare.org.

High-quality clinical documentation

Medical record documentation should completely reflect the patient’s overall health status instead of just a record of episodic issues. Document all conditions monitored, evaluated, assessed or treated during a face-to-face visit that affect the patient’s care.

Noting a condition is not enough to show that a condition is current; you must document your management of each active condition. Appropriate documentation language examples include:

- “X” is stable and will continue current management with...
- “Y” is currently managed by a specialist, with follow up visit scheduled for...
- “Z” is failing to improve and requires the following interventions...

Diagnosis relationships cannot be assumed and must be linked with the provider's appropriate verbiage in the medical record. Diabetes **with** retinopathy, retinopathy **due to** diabetes or diabetic retinopathy shows causality; noting diabetes and retinopathy would show that each condition exists but not that there is a causal relationship.

The patient's complete health should be reviewed at least annually if not associated with other care during the year. All chronic conditions, co-existing acute conditions, the status of conditions such as artificial openings, amputations, dialysis and pertinent past conditions need to be documented.

Quality documentation captures the true burden of illness for your patients and supports comprehensive patient profiles, closes diagnostic gaps and helps develop comprehensive care plans. It also supports accurate service coding.

Fall prevention

Falls are the leading cause of fatal and non-fatal injuries for older adults. One in three adults age 65 or older experiences a fall each year. Falls can cause cuts, broken bones or serious health problems like head injuries. Since falls are all too common among older adults, many people develop a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility, loss of physical fitness and increased risk of falling. Assess every patient over 65 years old for fall risk and talk to members about fall prevention measures.

UCare's Strong & Stable Kit

Available for UCare Medicare Plans (excluding UCare Your Choice Plans and UCare Medicare Supplement) (including UCare Advocate Choice and UCare Advocate Plus), UCare Medicare with M Health Fairview & North Memorial Health, UCare's Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members.

This kit is available at no extra cost to eligible members and includes:

- TheraBand resistance band strength kit.
- Tip sheets with helpful fall prevention advice.
- Tub grips to make bathtubs or showers safer.
- Nightlight to illuminate a bathroom or another area.
- Medication box.

Only one Strong & Stable kit is available per member per year. Once a kit is ordered, it will arrive in four to six weeks.



For more information, visit the [Stay Safe and Steady – Prevent Falls page](#).

2025 Community Education Class Allowance

On Jan. 1, 2025, the community education discount will become an allowance program on the Healthy Benefits+ Visa Card.

- UCare Medicare members (excluding UCare Advocate and UCare Your Choice plans) will receive an annual allowance of \$45 preloaded to their Healthy Benefits+ Visa card.
- UCare's Minnesota Senior Health Options and UCare Connect + Medicare members will receive a quarterly allowance of \$100 preloaded to their Healthy Benefits+ Visa card.
- Individual and Family Plans members can opt-in to receive an annual allowance of \$45. To opt in, members must call the customer service number on the back of their UCare member ID or log in to their online member account. If they don't have a Healthy Benefits+ card, one will be mailed.
- Prepaid Medical Assistance Program (PMAP), MinnesotaCare, UCare Connect and Minnesota Senior Care Plus members can opt-in to receive a quarterly allowance of \$100. To opt into this allowance, members must call the customer service number on the back of their UCare member ID or log in to their online member account. If they don't have a Healthy Benefits+ card, one will be mailed.

Current UCare members who used the community education discount program in 2024 will receive a letter regarding the program change and details on how to use the Healthy Benefits+ Visa card. Members will not automatically be sent a new card, they can continue to use their current card. The UCare Healthy Benefits+ Visa Card works until it expires or upon UCare plan termination. Allowance amounts and expirations vary by program. If a member's plan is terminated, all Healthy Benefits+ Visa card funds will expire.

Advise members to visit healthybenefitsplus.com/ucare or call 1-833-862-8276 (TTY 711) to:

- Learn about eligible allowance and reward programs
- Check card balance
- Go over recent transactions

Juniper

Available to UCare Minnesota Senior Health Options (MSHO) members.

Juniper is an independent company that provides classes to promote health and prevent disease among adults, led by certified instructors and coaches. These classes help:

- Foster wellbeing
- Prevent falls
- Promote self-management of chronic conditions, including diabetes and chronic pain

The classes are held at participating facilities statewide, including customized living facilities, community centers, senior centers, churches and fitness centers.

To learn more or register a member for one of the many classes, visit yourjuniper.org, or have the member contact their MSHO Care Coordinator for help with registration.

Importance of maintaining accurate Provider Directory data

Providers must ensure UCare has the most current demographic information on their practice, available practitioners and services offered. The information provided to UCare is used to populate the online and paper Provider Directories. Accurate Provider Directory data ensures that UCare members can find the providers and services they need at the correct locations.

For a Provider Directory to be accurate, practitioners should only be listed at locations where members can schedule appointments and phone numbers should be correct and connect the member to a scheduler. A recent audit on the Provider Directory data given to UCare by providers found some practitioners were not practicing at listed locations and phone numbers were inaccurate.

Providers should follow these best practices to keep their data current:

- Comply with UCare's Provider Participation Agreement and the [Provider Manual](#) (see the Provider responsibilities chapter), i.e., providers should make sure their data is up to date and review their information for accuracy at least once per quarter.
- Visit the [Manage your information](#) page to review and edit demographic information.
- Ensure the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) profile is updated routinely. Keeping this information up to date helps reduce provider data discrepancy.
- Aim to reduce excessive practitioner location listings. If the practitioner does not regularly accept appointments at a location, they should not be listed there. UCare does not require location affiliations for claims to pay.

As a reminder, CMS reviews UCare's Provider Directory for accuracy per regulation 42 CFR 422.111 and No Surprises Act Sec. 116. UCare's information is dependent on the data providers supply.

Fraud, waste and abuse reporting reminder

UCare takes a proactive approach toward stopping [fraud, waste and abuse](#) (FWA). Health care resources are limited, we ensure they are devoted to meeting genuine health needs. Providers should call 1-877-826-6847 for an anonymous reporting option or email compliance@ucare.org to report any suspected FWA against UCare or UCare members.

Accurate member information is key to smooth claim submissions

Each time a member presents for services, providers should ask for a current insurance card. This allows you to update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing.

When submitting a claim, the UCare member ID number listed on the card, or given on the electronic eligibility and benefit transaction, should be submitted exactly as provided; no digits should be added or excluded. Please note that all UCare members have their own unique member ID number. Do not submit claims using the subscriber ID number with a dependent code.

Maintaining current insurance information for members is imperative to successful and timely claims processing. Incorrect member information can initiate suspected fraudulent claims investigations and HIPAA violations. Please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID number, birth date, address, etc.).

Reminder: UCare Medicare Part D vaccine information

As a reminder, UCare denies claims for providers administering Part D vaccines in their clinics.

The preferred method is to have Part D vaccination provided at a pharmacy provider. A member would buy a Part D vaccine at a pharmacy and have it administered at the pharmacy. The member would only be responsible for the coinsurance or copayment.

Shingrix and Tetanus vaccines are covered as Tier 1 medication for Medicare members when the member is vaccinated at a pharmacy.

Additional information about Part D vaccines is available in the Claims and payment chapter of the [Provider Manual](#).

Upcoming holidays

UCare and the Provider Assistance Center (PAC) will be closed on the following days:

- Tuesday, Dec. 24, 2024 – Christmas Eve Day
- Wednesday, Dec. 25, 2024 – Christmas Day
- Wednesday, Jan. 1, 2025 – New Years Day

If you need assistance during this time, self-service will be available through the Interactive Voice Response (IVR) system or by logging into the Provider Portal to verify eligibility, check claims status or send a message to PAC.