



Provider FAQs available for Medica and UCare agreement

On Nov. 17, 2025, Medica and UCare announced a definitive agreement for Medica to acquire certain contracts and assets of UCare. See the [press release](#) for further details.

To assist providers with this transition, we created a list of [frequently asked questions](#), as well as links to helpful resources.

Now available: 2026 authorization and notification grids

The 2026 authorization and notification grids are available on the [UCare Authorizations page](#).

Released: 2026 tip sheets

The 2026 product or benefit tip sheets have been released and are available on the [Provider Product/Benefit Tip Sheets page](#). Tip sheets help providers work effectively with UCare and our members. The information covered within the tip sheets includes ID cards and benefits by product.

2026 product and benefit changes

UCare has multiple changes to product and benefit offerings for 2026. Review the [Nov. 4 Provider bulletin](#) for more information.

Medical drug authorization updates

Care Continuum will continue to perform medical drug prior authorization reviews on UCare's behalf for in-network providers. UCare reviews all out-of-network provider requests for all lines of business.

- In-network providers can initiate a Care Continuum request via the [EviCore portal](#), fax 1-877-266-1871 or call 1-800-818-6747.
- Out-of-network providers fax the [authorization request form](#) to UCare at 612-617-3948.

Visit UCare's [Pharmacy page](#) to access the:

- Medical Injectable Drugs Authorization List for drugs that require prior authorization.
- Corresponding criteria.
- Medical drug authorization request form, found within the Medical Injectable Drug Prior Authorization Resources accordion.

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UCare provider website
www.ucare.org/providers

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

Medically administered drugs – Medical Assistance

In accordance with the Minnesota Department of Human Services (DHS) billing requirements, UCare requires that medical drugs administered during a clinic or outpatient visit be billed using the appropriate Healthcare Common Procedure Coding System (HCPCS) code(s). Billing for these products will not be accepted via the pharmacy point-of-sale system. Pharmacies that provide drugs for a clinic visit must bill the clinic, not UCare, for the drugs dispensed.

Diabetes supplies – Medical Assistance

UCare is updating its preferred pen needles and lancets to the brands noted below for 2026. Pharmacies may be able to automatically substitute one of these brands if prescriptions were written generically for pen needles or lancets.

- Pen Needles – TechLITE, Unifine, Pentips, PIP, Trueplus, MM, Ultracare, ReliOn, Sure Comfort and Embrace
- Lancets – Accu-Chek SoftClix, Accu-Chek FastClix, Sure Comfort, Prodigy and Freestyle

Coverage of drugs for weight loss

On Nov. 6, the Trump administration announced developments regarding weight loss drug pricing for both Medicare and Medicaid, as well as the availability of these drugs through TrumpRx. When or how these prices will be enacted is still to be released.

Drugs for weight loss continue to be excluded from both Medicare and Individual and Family Plans. Medical Assistance covers drugs for weight loss as required by the PDL (Preferred Drug List).

Documentation improvement: Bipolar disorders

According to [Mayo Clinic](#), Bipolar disorder, also known as manic-depressive illness, is a mental health condition that causes unusual shifts in mood, energy, activity levels and the ability to carry out day-to-day tasks. Per the [World Health Organization \(WHO\)](#) nearly 37 million people live with the disorder. There are several types of bipolar disorder, such as bipolar I disorder, bipolar II disorder, cyclothymic disorder and other specified and unspecified bipolar and related disorders.

The majority of those living with the disorder are incorrectly diagnosed. Patients with bipolar disorder can experience emotional highs (mania or hypomania) and lows (depression). These mood swings can shift from feeling depressed to mania or vice versa, which can affect their daily activities, sleep and behavior. Additional symptoms can include anxious distress, melancholy and psychosis. Bipolar disorder is a lifelong condition; however, it can be managed with proper long-term treatment plans.

To ensure that you capture and report the correct diagnosis for the patient, include the following elements in your documentation:

- **Type:** Depressive, manic or bipolar disorder
- **Episode:** Single episode or recurrent
- **Status:** Partial remission or full remission; identify most recent episode as manic, depressed or mixed
- **Severity:** Mild, moderate, severe or with psychotic elements
- **Treatment plan:** Medications, psychotherapy or other treatment options

Reference the [ICD-10-CM Official Guidelines for Coding and Reporting](#) for more information.

The medical record needs to include the above to accurately report the diagnosis to the highest level of specificity. Clear and complete documentation improves patient care and provides the patient with the appropriate treatment plan. When a patient with bipolar disorder is on proper treatment, it can help him or her lead a healthy and productive life.

Documentation and coding example:

28-year-old male presents for follow-up of his Bipolar 1. He reports one manic episode, which was diagnosed as a depressive episode. The current treatment plan appears to be effective in managing the

disorder. He reports minimal disruption in his daily life. Patient will continue the current dose of Lithium and participate in weekly therapy sessions. I will see him back in two months or sooner if required.

Correct Diagnosis: F31.75 bipolar disorder, in partial remission, most recent episode depressed

One Pass Select

One Pass Select® is a complete fitness and well-being membership. Members gain access to a large network of fitness locations online and nationwide, plus tools to support individual interests, goals and needs.

This includes:

- Access to up to 20,000 participating fitness locations nationwide
- Thousands of live-streaming and on-demand fitness classes
- Workout builders to create workouts and walk members through each exercise
- Home delivery for healthy groceries and household essentials (limits apply)
- Savings on fuel at 14,000 locations through ExxonMobil, Walmart and Murphy stations
- One Pass mobile app

For more information, visit <https://www.ucare.org/health-wellness/benefits-perks/fitness-nutrition/one-pass> or call 1-877-504-6830 (TTY users call 711), 8 am – 9 pm, Monday through Friday.

Rewards and incentives

Changes to the reward and incentive program are coming for plan year 2026. UCare is working towards a self-service model to help offset delays in accessing rewards. More information will be available in 2026. As a reminder, rewards that members have already earned will expire upon plan termination.

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.).

Training for participating providers working with UCare

UCare offers monthly virtual training opportunities for new providers and long-standing partners working with UCare. These trainings will give providers a better understanding of the following:

- UCare programs available for members
- UCare enrollment and onboarding process
- UCare provider portal and clearinghouse requirements
- Service authorization and prior authorization process within UCare
- General claim processing overview and tips
- How to notify UCare of administrative changes
- Information regarding how to access resources and assistance within UCare

Providers can register for the live WebEx on UCare's [Training and Education](#) webpage. Please choose the session that best fits your UCare enrollment.

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.

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 [Provider Manual](#).

Upcoming holidays

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

- Wednesday, Dec. 24, 2025 – Christmas Eve Day
- Thursday, Dec. 25, 2025 – Christmas Day
- Thursday, Jan. 1, 2026 – New Year's 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.