



UCare selects Availity as new provider portal partner

UCare is partnering with Availity to develop its new provider portal, which will be available through Availity Essentials once complete. Availity Essentials is a multi-payer portal that offers providers a consistent experience for verifying member eligibility and benefits, submitting claims, checking claim status and more.

Last year, UCare began working with Availity as its new trading partner for electronic data interchange (EDI) services. These efforts will be leveraged with the new portal, which will provide more consistent information between electronic transactions and data reported in the portal.

Work on the portal implementation is underway and will be rolled out to providers in phases. UCare will update providers closer to launch on how their organizations can prepare to use UCare's Availity Essentials platform.

2025 UCare Provider Manual Q2 update

The UCare Provider Manual has been updated to reflect current business practices. See Appendix A within the latest version for quick links to updates in the following chapters:

- Working with UCare's delegated business services
- Member enrollment and eligibility
- Provider credentialing
- Claims and payment
- Disease management programs
- Medication Therapy Management program and pharmacist-provided services
- Home and community based services or waiver services
- Home care services
- Hospital services
- Interpreter services
- Nursing facility services
- Transportation

UCare partners with Carelon for utilization management of genetic testing authorizations

As announced in the [May 1 Provider Bulletin](#), UCare has partnered with [Carelon](#) to perform utilization management review for genetic testing authorizations for dates of service July 1, 2025, and later. This change will apply to genetic testing services

Table of Contents

UCare selects Availity as new provider portal partner	1
2025 Provider Manual Q2 update	1
UCare partners with Carelon for utilization management of genetic testing authorizations	1
UCare's provider training	2
Policies & Resources page houses many tools for providers	2
2025 summer camps for young UCare members	3
At-home diabetic screening made easy with Everlywell	3
Eligible members could receive in-home colorectal cancer screening	3
Documentation improvement: acute stroke and aftercare	4
Mental Health Awareness Month	4
Quit for Life World No Tobacco Day	5
Lutheran Social Services: Healthy Transitions Program	5
Coaching and education for healthy living	6
Chronic Care Improvement Program (CCIP)	6
Importance of maintaining accurate Provider Directory data	6
Fraud, waste and abuse reporting reminder	7
Upcoming holiday	7

UCare provider website
www.ucare.org/providers

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

for members in all UCare products, except Medicare Supplement plans.

For genetic testing taking place on or after July 1, 2025, ordering providers will need to contact Carelon for prior authorization. The following Carelon contact options will be available starting June 16, 2025:

- Provider portal - <https://www.providerportal.com/> (registration with Carelon required)
- Phone number - 1-833-821-1954

Carelon will host provider training. See the following chart for details. All registrants will receive Carelon solution training materials prior to their training date.

Date and time	Registration link
Thursday, June 12, 2025, 12 - 1 pm	Register here
Monday, June 23, 2025, 11 am - 12 pm	Register here
Friday, July 11, 2025, 1 - 2 pm	Register here

UCare's provider training

In 2025, UCare kicked off monthly, virtual training opportunities for participating providers, as well as separate training specifically designed for Elderly Waiver (EW) providers. These trainings give providers a better understanding of the following:

- UCare programs available for members
- UCare enrollment processes and requirements
- UCare provider portal and clearinghouse requirements
- Authorization and notification information
- General UCare claim processing overview and tips
- How to notify UCare of administrative changes
- How to access resources and assistance within UCare

Upcoming trainings are scheduled for May 8 and June 10. Providers can visit UCare's [Training and education](#) page to register for live trainings. Open the "Elderly Waiver Services (+)" accordion for the EW training schedule and registration links or the "Working with UCare Provider Training (+)" accordion for the schedule and links for all other providers.

Note: The same information will be shared at each monthly offering. Providers interested in the training need only to sign up for one session.

Policies & Resources page houses many tools for providers

The [Policies & Resources page](#) houses many important resources you will use to work with UCare and our members. The information is sorted into drawers. Click the drawers to open them and reveal the contents within. The page contains resources for administration, clinical support, product information and much more, including:

- **Coverage Policies, Medical Policies and Payment Policies** – Find the latest guidance in these three areas in the "Policies" drawer.
- **Clinical Practice Guidelines (CPG)** – The link to this page, which houses Medical and Mental Health CPGs, is in the "Clinical Support Resources" drawer.
- **Culture Care Connection** – This resource and several others in the "Cultural Support Resources" drawer aid health care providers in delivering care while respecting their patients' cultural beliefs and behaviors.
- **Quality Complaint Reporting Form** – This and many other valuable tools are in the "Administrative Resources" drawer.
- **Working with UCare – Quick Reference Guide** – New providers and those who would like a refresher on how to work with UCare and our members should review [this document](#) found within the "Administrative Resources" drawer.

Providers can access the Policies & Resources page from the title of the same name in the middle header of the [UCare.org/providers](https://ucare.org/providers) homepage.

2025 summer camps for young UCare members

Available for Prepaid Medical Assistance Plan and MinnesotaCare members aged 7 - 16 with an asthma diagnosis at the time of registration and camp.

UCare has partnered with YMCA Camp Ihduhapi - Camp Superkids in Loretto, MN, to send eligible members to camp from June 22 to June 26. Spots are limited. Members can sign up at ucare.org/camp. Providers can share [this poster](#) with eligible members.

At-home diabetic screening made easy with Everlywell

UCare will once again partner with Everlywell to help members who may benefit from diabetic HbA1c testing and/or diabetic kidney disease testing kits. The 2025 information will be released in May. Eligible members will receive a letter from Everlywell stating that screening kits will be mailed. Members are allowed to opt out; instructions will be outlined in the letter.

This covered benefit allows UCare members to complete all recommended screenings in their home with no out-of-pocket cost. Everlywell also offers a combination diabetic kit that includes kidney disease and HbA1c testing in one package, making it more convenient for members to stay on top of their health. Eligibility is determined via claims, pharmacy or other records.

Completed screening results can be accessed through an online portal and will also be mailed to members. If primary care provider information is submitted with the sample, a copy of the results will be sent directly to that provider. If there are abnormal or positive screening results, Everlywell's clinical staff will follow up with members to recommend next steps, including consulting their primary care provider.

As part of UCare's partnership with Everlywell:

- Kidney health evaluation for patients with diabetes (KED) screening is valid for one year and should be repeated annually.
- A1C testing may be completed twice a year.

If you know a member who needs assistance, advise them to call Everlywell Customer Service at 1-855-923-2678 from 8 am - 8 pm ET, Monday through Friday. Members can chat with Everlywell Customer Service at membersupport.everlywell.com. Program questions can be directed to ucarequality@ucare.org.

Eligible members could receive in-home colorectal cancer screening

In May, UCare will again partner with Exact Sciences, the exclusive vendor of Cologuard, to allow members to complete a recommended colorectal cancer screening conveniently in their homes. UCare members are identified through claims, pharmacy or other records for eligibility in these programs. Diagnostic exclusions as well as prior screening history are taken into consideration. This program is voluntary and available at no extra cost to eligible members. Direct program-related questions to ucarequality@ucare.org.

Eligible UCare members will receive a letter from Exact Sciences for a Cologuard kit, letting them know a kit will arrive at their home. Members can opt out of receiving the kit up to two weeks before shipment. Once the Cologuard kit ships, Exact Sciences will reach out to the members with prompts to complete and return the kit. After kits have been processed, the member will receive a result letter from Exact Sciences. If the result is positive (or abnormal), members will receive a phone call from a medical professional at Exact Sciences who will educate them on the test results and recommend sharing results with their doctor to see if a follow-up colonoscopy is needed. If a member is not reached directly, a certified letter with results will be mailed. Additionally, results will be shared with providers using UCare's attribution process via fax and/or are available in Epic's Care Everywhere. **Note:** negative Cologuard results are considered valid for three years.

For more information, the Exact Sciences Laboratory Customer Care team is available 24 hours a day, seven days a week. Providers and members can chat with them at <https://www.cologuard.com/why> or can call at 1-844-340-1594.

Documentation improvement: acute stroke and aftercare

Documentation and coding for cerebrovascular accidents (CVA/stroke) can be challenging due to the meaning behind the diagnosis and code set. During a CVA, the blood supply to the brain is decreased or blocked, and without the supply of blood, the affected area of the brain starts to die. It is only during the initial care of a CVA/stroke that the diagnosis of acute stroke and corresponding diagnosis codes are appropriate.

When a provider evaluates and treats a patient in the office following the initial care of CVA/stroke (after hospital discharge), the provider usually addresses one of two situations. The patient either has made a recovery without long-lasting complications or there is a residual condition(s).

Acute stroke should only be documented and coded in the acute (typically inpatient) setting in which the initial diagnosis of stroke was made. It is incorrect to assign a stroke diagnosis code in subsequent follow-up visits. If the patient has residual neurological or cognitive deficits resulting from the stroke that are present at the time of the follow-up visit, these deficits should be documented and coded as “sequelae” or “late effects” of the stroke. If the patient has no residual deficits from the stroke, then “history of stroke” should be documented.

Per ICD-10-CM guidelines, a code from category I60.-, I61.-, I62.- or I63.- should be assigned when provider documentation notes that a stroke or CVA has occurred. Additionally, there are codes that specify the cause, such as embolism, thrombosis or specific artery(s). The sixth digit provides information when applicable about the side that was affected (i.e., left, right, dominant, non-dominant).

Example: an 87-year-old female patient is in the office for a follow-up visit. She was discharged from the hospital three weeks ago after a right parietal cerebral infarction. The event was thought to be of an embolic nature due to paroxysmal Afib. The patient is right-handed and has a moderate residual left hemiparesis. The patient is now on anticoagulation, and her profile was within therapeutic range today. She is showing slow improvement with physical and occupational therapy.

Correct coding:

- I69.354- Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
- I48.0- Paroxysmal atrial fibrillation
- Z79.01- Long-term (current) use of anticoagulation

Mental Health Awareness Month

Mental health plays a large role in one’s well-being. Sometimes, a mental health or substance use disorder diagnosis can lead to a medical diagnosis or vice versa.

UCare’s Mental Health and Substance Use Disorder Access Line

Available to all UCare members, Monday through Friday from 8 am – 5 pm.

Members can contact the Access Line at 612-676-6811 or 1-833-276-1191. If a member calls after hours, they can be transferred to a clinician if they’re in crisis, or they may leave a message for a call back the next day.

UCare Health and Wellness Kits

Available to UCare Minnesota Senior Health Options (MSHO), UCare Connect and UCare Connect + Medicare members.

Health and Wellness Kits are available at no extra cost to eligible members. Only one kit allowed per member per year. Kits will arrive in four to six weeks.

Sleep Aid Kit	Weighted Blanket Kit	Stress Relief Kit
		
Includes: <ul style="list-style-type: none"> Aromatherapy diffuser with sound machine and night light Essential oil 	Includes: <ul style="list-style-type: none"> Five-pound weighted blanket 	Includes: <ul style="list-style-type: none"> Therapy lamp Putty Push pop

If you know a UCare member in need of additional support, advise them to contact the [Health Improvement Team](#) at 612-676-3481 or 1-833-951-3185 or via email at outreach@ucare.org. The team will connect them to social services to refer for food, housing and any other community resources.

Quit for Life World No Tobacco Day

May 31 is World No Tobacco Day. All UCare members are eligible for the Quit for Life tobacco cessation program. The program offers:

- Nicotine patches, gum and lozenges
- Access to the tobacco and nicotine quit line
 - 1-855-260-9713 (TTY 711) toll-free (available 24 hours a day, seven days a week)
- myquitforlife.com/ucare
- Access to the Rally Coach Quit For Life mobile app

Lutheran Social Services: Healthy Transitions Program

Available for Minnesota Senior Health Options and UCare Connect + Medicare members.

The Healthy Transitions Program provides individualized support, education and resources for eligible members during the critical first 30 days after a hospital or short-term rehabilitation center stay. When the member returns home from the hospital or rehabilitation center, the member is paired with a specially trained and certified community health worker. The community health worker provides two in-home and two phone visits during the 30 days.

These visits cover:

- Discharge documentation
- Home safety and fall risk
- Nutrition
- Medication
- Socialization
- Appointment setting and transportation
- Short-term goal setting
- Resources and referrals to other providers

A community health worker collaborates with the member and their care coordinator to ensure all needs are met. Members can contact their care coordinator to learn more.

Coaching and education for healthy living

UCare's Disease Management team educates members through coaching programs for asthma, chronic kidney disease, chronic obstructive pulmonary disease, diabetes, hypertension, heart failure, migraines and weight management.

Health coaches and educators help members adapt their lifestyle choices, such as sleep habits, diet, exercise routines and stress management techniques, to improve their health and better manage their chronic condition. Coaching and education empower members to recognize how their thoughts, emotions and behaviors can improve their symptoms, identify their triggers, improve perceptions of their health and develop sustainable condition management tools.

The Disease Management team works closely with Case Management, Pharmacy, Health Improvement, Health Promotion and provider teams to assist members in [self-management of their chronic condition](#).

To refer someone to this program, contact Disease_mgmt2@ucare.org or leave a voicemail at 612-294-6539 or 1-866-863-8303. Visit the [Disease management page](#) for referral forms.

Chronic Care Improvement Program (CCIP)

Medicare Advantage plans are required to conduct CCIP initiatives. The intent is to promote effective chronic disease management and improvement of care. UCare implements the CCIP program via a quarterly newsletter mailing to members diagnosed with two to six chronic conditions based on the John Hopkins Adjusted Clinical Group system. Newsletters are sent to EssentiaCare and UCare Medicare, Minnesota Senior Health Options and UCare Connect + Medicare members. An estimated 70,000 members receive a newsletter each quarter.

The newsletters provide education and resources to assist members in managing their chronic conditions. Education topics are chosen based on population health data, annual education opportunities and member claims data. In 2025, the quarterly newsletter topics include preventive health, medication adherence and education customized to members based on their diagnosed chronic conditions. Each newsletter includes resources such as: healthy benefits, fitness, transportation help, Brook Health Companion, health coaching, nurse line and the Mental Health and Substance Use Disorder access lines.

Importance of maintaining accurate Provider Directory data

Providers are required to make sure UCare has 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 data that providers gave to UCare for the Provider Directory 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 [UCare Provider Manual](#) (see the Provider responsibilities chapter). Providers should ensure 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 their demographic information.
- Ensure their Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) profile is updated routinely. Keeping this information up to date also helps to reduce provider data discrepancies.
- 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 also 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.

Upcoming holiday

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

- Monday, May 26, 2025 - Memorial 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.