



Websites available to assist providers through UCare’s transition

On Dec. 17, 2025, UCare Minnesota was placed into [Rehabilitation](#) by order of the District Court, Second Judicial District, County of Ramsey. UCare Minnesota will continue under state regulatory supervision (Rehabilitation) to wind down its operations.

The following provider frequently asked questions are available:

[Dates of Service Dec. 31, 2025, and prior – Rehabilitation](#)

[Dates of Service 2026 - Medica](#)

Providers are encouraged to bookmark these pages and visit them regularly for the latest information.

Minnesota Department of Human Services (DHS) to update Medical Assistance preferred drug list (PDL)

DHS will update the PDL for Medical Assistance plans. Notable formulary changes are listed below with their effective dates.

Effective May 1, 2026:

- Humira is moving from a preferred drug to a non-preferred drug.
 - Adalimumab-adbm and Cyltezo (Humira biosimilars) will be preferred drugs.
- Yesintek, Pyzchiva, and Steqeyma (Stelara biosimilars) are moving from non-preferred to preferred drugs.
- Brilinta is moving from preferred to non-preferred.
 - Ticagrelor (Brilinta generic) is moving to preferred.
- Ritalin LA is being removed from the preferred position on the PDL.
 - Methylphenidate ER (Ritalin LA generic) is moving to preferred.
- Rozerem is moving from preferred to non-preferred.
 - Ramelteon (Rozerem generic) is moving to preferred.
- Renvela is moving from preferred to non-preferred.
- Apriso (oral) is being removed from the PDL.
- Perampanel is being added as a non-preferred drug.
- Eslicarbazepine is being added as a non-preferred drug.
- Belsomra added as a preferred drug.

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UCare provider website
www.ucare.org/providers

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

Effective May 7, 2026:

- Coreg CR is moving from preferred to non-preferred.
 - Carvedilol ER (Coreg CR generic) is moving to preferred.
- Entresto is moving from preferred to non-preferred.
 - Sacubitril-valsartan (Entresto generic) is moving to preferred.
- Carbatrol added as a preferred drug.

See the [UCare Medical Assistance \(Medicaid\) drug list search and formulary](#) for more information.

Disease Management (DM) health coaching programs

Asthma, Diabetes and Heart Failure

DM provides health coaching programs for members living with a diagnosis of asthma, diabetes and/or heart failure. The programs focus on meeting members where they are in their health journey. The goal of DM programs is to promote healthy living, improve quality of life and promote self-care efforts and treatment plans to help members manage their condition.

Program Eligibility

Program Eligibility					
	Connect	MNCare	MSC+	PMAP	IFP
Asthma Health Coaching Program	X	X	X	X	X
Diabetes Health Coaching Program	X	X	X	X	X
Heart Failure Health Coaching Program	X	X	X	X	X

Note: All programs are adults 18+ except the asthma program that includes children and adults age 5-64.

Asthma, Diabetes and Heart Failure Health Coaching Program Overview

Members enrolled in a DM program receive personalized health coaching from a UCare health coach. Through coaching and education, members can:

- Create achievable goals based on their motivation and readiness to change.
- Identify and break down barriers and patterns of behavior that prevent change.
- Be empowered to make lasting lifestyle changes and be held accountable for their goals.
- Receive condition-specific education and resources to support their self-management.

Referrals

DM accepts referrals for all programs and assist members enrolled in the programs with referrals to other programs and resources.

Program eligibility information is found at: ucare.org/providers/policies-resources/disease-management

To make a referral, please contact the DM team at:

- **Email:** Disease_mgmt2@ucare.org
- **Voicemail:** 612.294.6539 or 866.863.8303

Include the following information with a referral: Member ID, phone number and program (asthma, diabetes or heart failure).

Program exclusions include: Diagnosis of End Stage Renal Disease (ESRD), on hospice care, in Long-Term Care Facility or a SNF, on dialysis

Members may enroll online at ucare.org/health-wellness/special-programs/health-conditions/health-coaching-education.

Documentation improvement: Sepsis

Sepsis is an extremely life-threatening condition. If it is not treated in time, sepsis can cause permanent damage and can lead to death ([AAPC.com](https://www.aapc.com)). Often, sepsis is reported incorrectly. It is crucial that sepsis is documented properly and clearly to ensure accurate reporting. To report sepsis as a diagnosis, the provider must document sepsis in the medical record.

Tips for documenting sepsis:

- Document the infection - If the patient is admitted with a localized infection and develops sepsis after admission, document the localized infection along with the sepsis or severe sepsis.
- When there is documentation of severe sepsis, there should be evidence of organ dysfunction or perfusion.
 - Severe sepsis may not be reported without documentation of the organ dysfunction.
- Sepsis and severe sepsis should not be reported unless the provider has documented sepsis, severe sepsis or an acute organ dysfunction.
- Use words such as "due to/ related to/ associated with" to specify a causal organism.
 - Example: sepsis due to E. coli
- Do not report sepsis if the condition has resolved during a patient's hospital stay.

To ensure the quality of care for a patient, it is important to provide very specific and accurate documentation. Attention to these details in documenting sepsis supports medical necessity and will improve patient care.

Documentation example:

A 69-year-old patient is brought into the emergency room with suspected pneumonia and respiratory failure. The patient is also showing signs of dizziness and dysuria. The patient is in obvious renal failure and showing signs of septic shock. The patient is admitted for treatment.

Correct coding scenario:

1. Pneumonia, unspecified organism - J18.9
2. Severe sepsis with septic shock - R56.21
3. Sepsis, unspecified organism - A41.9
4. Acute kidney failure, unspecified - N17.9
5. Acute respiratory failure with hypoxia - J96.01 ([AAPC.com](https://www.aapc.com))

Resources

[aapc.com/blog/73594-conquer-coding-for-sepsis-and-sirs/?gad_source=1&qad_campaignid=23106498124&qclid=EAiaIQobChMIirq5yNinkwMVWbIDAB2-OiGMEAMYASAAEqJaY_D_BwE](https://www.aapc.com/blog/73594-conquer-coding-for-sepsis-and-sirs/?gad_source=1&qad_campaignid=23106498124&qclid=EAiaIQobChMIirq5yNinkwMVWbIDAB2-OiGMEAMYASAAEqJaY_D_BwE)

CDI Tips: Sepsis, 2026. [e4.health/cdi-tips-sepsis/](https://www.healthline.com/health/cdi-tips-sepsis/)

2026 UCare provider training series

UCare will continue to offer monthly virtual training opportunities for participating providers. These trainings will 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

Providers can register for the live WebEx trainings on UCare's [Training and Education](https://www.ucare.com/training-education) webpage.

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.

UCare provider news emails

If you know someone who could benefit from receiving news and alerts from UCare Provider Communications, invite them to sign up for Ucare provider emails [here](#). Multiple employees in an office can subscribe to receive provider news emails. Once they sign up, they will receive monthly *Health Lines* newsletters and bulletin updates from UCare.

Note: Workplace security often filters emails that could be spam. As a result, emails providers signed up to receive can end up in spam or junk folders. To ensure this doesn't happen with UCare Provider Communications emails, add the providersnews@ucare.org email address to the safe senders or contact list. Each email platform's settings differ; check with your IT department or email provider for instructions on how to do this.