



2026 claims payable calendar

Providers can find the [UCare Community Health Plan Claims Payable Calendar for 2026 dates of service](#) on the [Claims & Billing](#) page (under “Payment & Remittance”) of the UCare provider website. The calendar displays the dates providers can expect remittance payment. Providers will receive notifications of changes to this calendar via [Health Lines, Provider Bulletins](#) and/or [Provider Portal](#) messages.

For 2025 claims, visit ucare-inreceivership.com.

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.

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](#) webpage.

Disease Management (DM) overview

DM engages with UCare members who live with chronic conditions. Programs focus on meeting members where they are in their health journey. The programs’ goal is to help members

Table of Contents

2026 claims payable calendar	1
Websites available to assist providers through UCare’s transition	1
2026 UCare provider training series	1
Disease Management (DM) overview	1
Documentation improvement: Focus on chronic kidney disease	2
Fraud, waste and abuse reporting reminder	3
Accurate member information is key to smooth claim submissions	3

UCare provider website
www.ucare.org/providers

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

better manage their conditions and improve quality of life through healthy living, self-care efforts and treatment plans. Health coaching programs are available for members across all product lines.

Program topics include:

- Asthma (Children and adults age 5-64)
- Diabetes
- Heart failure

Program eligibility:

- All programs are adults 18+ except noted with asthma program
- Asthma is available to UCare members enrolled in Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), UCare Connect and UCare Individual and Family Plans (IFP) products
- Diabetes and Heart Failure is available to members enrolled in PMAP, MNCare, UCare Connect, Minnesota Senior Care Plus (MSC+) and IFP products

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

- Develop a positive vision for their health and lifestyle.
- 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.

The team works closely with Case Management, Pharmacy, Health Improvement, Health Promotion and provider teams to assist members in self-management of their chronic condition. UCare accepts referrals for all programs and assists members with referrals to other programs and resources.

Program eligibility information is found at: ucare.org/providers/policies-resources/disease-management. The following program exclusions apply: Diagnosis of ESRD (End Stage Renal Disease), on hospice care, in Long-Term Care Facility or a SNF on dialysis.

Providers may refer a member to the DM program by emailing Disease_mgmt2@ucare.org or leaving a message at 612-294-6539 or 1-866-863-8303. Referrals should include: member ID, phone number and program (asthma, diabetes or heart failure).

Documentation improvement: Focus on chronic kidney disease

March is National Kidney Month, so this month’s article focuses on chronic kidney disease (CKD). More than 35 million Americans are thought to have CKD, and many are not properly diagnosed. CKD is a condition that damages the kidneys and prevents them from filtering blood correctly.

Accurate documentation is important for supporting the appropriate medical interventions. Complete diagnosis documentation and reporting the correct ICD-10 code ensures health status accuracy and supports medical claims. Documentation should support coding the condition to the highest level of specificity.

When documenting CKD, the following should be specified:

- Underlying cause of the kidney disease
- Acute or chronic
- Stage 1, 2, 3, 4, 5 or end-stage renal disease (ESRD)
- Presence of fistula or shunt for dialysis and any complications
- Dialysis status
- Associated conditions like diabetes or hypertension
- Transplant status

The medical record should clearly reflect the severity and associated conditions of CKD patients to support internal clinical communication and billing requirements.

Coding example

35-year-old male presents for follow-up of his stage 3a chronic kidney disease and controlled hypertension. Patient is compliant with treatment regimen. GFR ordered today to check for progression. Return visit scheduled for two weeks to discuss results.

Correct diagnosis

I12.9: Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

N18.31: Chronic kidney disease, stage 3a

Resources

chesshealthsolutions.com/2023/04/06/coding-corner-chronic-kidney-disease-documentation-coding/

cms.gov/files/document/fy-2026-icd-10-cm-coding-guidelines.pdf

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.).