This document is for users of the UCare Provider Portal to explain the features and functions of the portal.

A key for formatting in this document is as follows:

- *Italic font* indicates something seen in the system. Things like headers, field names and titles on buttons.
- **Bold font** indicates an action to be taken such as clicking, selecting, typing and so on.

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#### New User Setup

All Provider Portal User accounts are established by the Provider Portal Administrator (Admin) for your organization's Tax ID Number (TIN).

When your Provider Admin gives you access, you will receive an email with instructions to create a Password and Multifactor Authentication (MFA). You may then log in to the Provider Portal.

Here is the URL for the UCare Provider Portal. You may want to bookmark it for future use:

https://www.ucare.org/providers/pr ovider-portal

The decision to add a User from a third-party entity is determined by the Provider Admin. Admins can set up a new user from a third-party entity. UCare needs to have on file, a Third-Party Authorization form before a third-party User can be added. Access the form <u>here</u>. %Ucare Q Log in Welcome UCare Provider Welcome to UCare's Provider Portal We are rolling out a pilot provider portal for test users. If you need to access UCare's current provider portal, please click here The UCare Provider Portal allows you to Access explanation of payments View claim status Complete the online Provider Claim Reconsideration Form · Look up a members eligibility Check authorization status Send a secure message to the Provider Assistance Center Sign In - Enter your account information above if you have already activated your new provider portal account.

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#### MFA Example: Okta Verify

On the next page, the portal will walk you through getting set up to use your MFA choice, in this case, *Okta Verify*.

- Select your device type = click either the Apple icon, or the Android icon to identify the type of phone you have.
- On your phone, go to the Apple App Store (iOS) or the Google Play Store (Android). Search for Okta Verify app.
- Install Okta Verify on your device.
- Click the **Next** button.



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#### Complete MFA Setup

The final step to set up this MFA choice (*Okta Verify*) is to open the app on your mobile device to add the account that will enable you to log into the portal.

Launch the *Okta Verify* app on your device, and select **Add an account** (or the + button in the top right).

On the *Choose Account Type* page, select **Organization**.

On the *Do You Have the QR Code?* screen, select **Yes, Ready to scan**.

Then, scan the QR code from this page.

If you have problems, or can't scan the code for some reason, click **Can't scan?** for assistance.

Google Verify is also available and works similarly to Okta Verify.

**NOTE:** If you prefer to not use an app on your phone for verification, phone call and text options are also available.

**NOTE II**: If a user switches to a new mobile phone for their authentication, they will need to call PAC and request a Multifactor reset.

	Close	Add Acco	unt		
	Ch Choose	oose Accc the type of acco to add	unt Type	ike	
	Wo	<b>ganization</b> rk, school, compar <b>her</b> sebook, Google, etc	У	>	
		Setup Okta	<b>Verify</b>		
Laur on y sele	nch Okta Ver our mobile o ct Add an ac	ify application device and count.	Can't	scan?	
Bac	k to facto	rlist			_

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### **Request for Help Logging In** Email If you cannot remember your password, or need help logging in, • Click Need help signing in? Password Remember me Sign In Need help signing in? **Reset Password** Two additional links display. Need help signing in? • Forgot password? If the reason you are having trouble signing in is because you have Unlock account? forgotten your password, • <u>Help</u> 🕑 • Click Forgot password? Enter your email address, and **Reset Password** Click Reset via Email Email Instructions for resetting the password will be sent to your email Reset via Email immediately. Back to Sign InCan't access email

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Unlock Account	
If the reason you are having trouble signing in is because your account is locked (after five incorrect log in attempts, your account is locked for 60 minutes),	Need help signing in?         • Forgot password?         • Unlock account?         • Help €
• Click Unlock account?	
<ul> <li>Enter your email address and follow the instructions emailed to you.</li> <li>For assistance with other frequently asked questions,</li> <li>Click Help.</li> </ul>	Email         I         Send Email         Back to Sign InCan't access email
Logout due to Inactivity	
The Provider Portal will automatically log you out if it is left in an inactive state for more than 30 minutes.	<b>Extend Your Session</b> Your current session will expire in <b>4:20</b> . You can
If you receive a message your current session will expire, you may click <b>Extend Session</b> to remain logged in.	extend the session or logout.  Logout Extend Session
Log back in as usual if the session expires before you can extend.	

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#### **Message Center** You may send and receive messages to/from the Provider Assistance 1 🖸 🙁 🕽 Center (PAC). CCACE Members Claims Authorizations Resource Cente When the Message Center 🔄 is Message Center Inbox open, there are options for viewing center to contact the Provider Assistance Center. Please allow up to three business days for us to reply to your message your Inbox (the default view) · or Sent items. Subject Message Date 05/19/2021 Other Thank you, your test message was receiv... Authorizations sdadsadsads 05/19/2021 Reply test from CS 05/17/2021 Claim Financial Rep dsdsdffd 05/13/2021 Claims "Reply from CS with attachment" 05/12/2021 05/07/2021 Claims test12345 Test 1234 05/07/2021 **NOTE:** Once the user has moved to the new portal, they will not be able to see sent or received messages from the old portal. Inbox + New Message **Message Center** Click the + New Message button to Thank you for choosing the messa to reply to your Sent message. Archive create a message to be sent to the PAC. + New Message

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<i>Message Center: Send the Message</i>	New Message
• Type Your Message.	Customer Support
<ul> <li>Next add an attachment if appropriate.</li> </ul>	Subject * Other
<b>NOTE:</b> There is a limit of five documents that may be attached. Also note the supported file types listed.	Your Message * This is a message from the New Provider Portal.
<ul> <li>Drag and drop files to add an attachment, or click the Upload Document button.</li> </ul>	Add Attachment You may attach up to five documents up to 5MB. We only support PDF, PNG, JPG, JPEG, DOC, DOCX, XLS, XLXS files. Read Less
Click the Send Message     button.	
	100% done Cancel Send Message
Message Center: New Message Confirmation	New Message Confirmation
A New Message Confirmation displays a message from the Provider Assistance Center (PAC), which advises it may take up to three business days for them to reply.	Your message has been successfully sent to the Provider Assistance Center. Please allow up to three business days for us to reply to your message.
<ul> <li>Click Back to Message Center to go back to the Inbox.</li> </ul>	→ Back to Message Center

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Profile/Log Out	¢			
Click <b>Profile</b> to view the details of your user profile.		Logout		
When you are finished working in the Provider Portal, click <b>Logout</b> .				
				Ļ 🖻 🙁 🕅
On your <i>User Details</i> page, you can see your <i>Role</i> and <i>Contact</i> Information.	Claims Overview Name VANNI TROOPER	Authorizations Resource Center	D	
To see the TINs, NPIs and Locations		Brofile Information		
you have access to, click the		Role	Job Title	
Provisioning tab.		Contact Information	ва	
		Email Address	Phone Number	
		tanina copor e company acom	002 333 3333	
<i>Managed</i> access means you have been given access to specific <i>Group</i>				
<i>NPI</i> and site <i>Locations</i> within the	SUCACE, Members Clai	ms Authorizations Resource Cen	ter	
TINs you see on this page.	Overview Name VANNI TROOPER	VANNI TROOPER	tive)	
If your profile must be edited, it can		Tax ID	Group NPI	Location
be done by the Provider Admin for		011912105 Managed	<b>1995213467</b> Managed	MID PRAIRIE HOSPITAL Full Access
your organizational TIN.		522905611 Managed	1527813655 Managed	FRENCH MEMORIOUS HOSPITAL INC Full Access
		Showing 1-2 of 2 Results		

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Help and FAQs When you click the Help/FAQ icon 😨 , a new browser	2	
window opens.	*UCare	Search Q Log in
This window contains a list of	provider home join our network authoritations pailides & resources care managers provider news	
Frequently Asked Questions (FAQs) categorized for ease of use.	UCare Provider Portal FAQ	
	General information	+
	Provider Admin	+
	View Claims	+
	Notifications	+
<b>Dashboard Header Row</b> Each of the links on the header row take you to a different page or group of pages within the Provider	<b>Victore</b> Members Claims Authorizati	ons Resource Center
We will cover each page separately in this user guide.		
<b>NOTE:</b> Provider Admins will also have <i>User Management</i> on the header row when they log into the Provider Portal. See the Provider Admin User Guide for information on User Management functionality.		

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Then, click the <b>Search</b> button.				
If you know the Member ID, that is the most certain way to find the member. If the Member ID is unknown, UCare best practice indicates searching with the remaining two pieces of information will yield the best results.	Members Member Name Stanislaus Gillespie	Q Member iD	Date of Birth 08/08/1961	Search
In this example the search includes member name and date of birth:				
• Member Name = Stanislaus Gillespie				
• Date of Birth = <b>08/08/1961</b>				
Click Search				
Click the <b>Member Name</b> in the results list to display the member	Members Member Name	Member ID	Date of Birth	
	stanislaus gillespie		08/08/1961	Search
<b>NOTE:</b> It is possible there could be more than one matching result.	Member Name 🖕	Member ID 🖕	Address 1711 HURSKU DR, STE 3	Date of Birth 🖕
	Showing 1 - 1 of 1	31111110	MINNEAPOLIS, MN 55431	00/00/1301

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#### Member Pages Overview and Benefits

The Member record displays, showing the following in the left panel:

> **Overview** – demographic information about the member including their *Member ID*, *Date of Birth*, *Address* and *Primary Care Clinic* if it is known.

**Coverage** – information regarding the member's UCare coverage including their *Plan* name and dates of *Eligibility*, *Group Number*, and *Coordination of Benefits* if applicable.

Five pages of information can be viewed for this member. Click the tabs next to the member's name to view details for this member's: *Benefits, Costs, Claims Authorizations* and *Eligibility History*.

Notice the indicator next to the member's name that shows if their coverage is currently *Active* or Inactive.

members can be found (MN-ITS). For more inf Manual which can be t if their or

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**Benefits** is the first page displayed. Benefit information such as deductibles, copay and coinsurance details can be seen in this section.

NOTE: Depending on their plan type, benefit information will not show for all members. Information for Minnesota Health Care Program members can be found in the Minnesota DHS system (MN-ITS). For more information refer to the Provider Manual which can be found in the Resource Center.

STANISLAUS GILLESPIE

Member Costs	
Click the <b>Costs tab</b> .	Benefits Costs Claims Authorizations Eligibility History
The <i>Costs</i> page shows detailed information <i>In Network</i> and <i>Out of Network</i> spending.	
Amount <i>spent</i> and amount <i>remaining</i> toward <i>out-of-pocket</i> limits will display.	< All Members STANISLAUS GILLESPIE (Active)
Some members will also have a Combined Medical OOP Max that will display under the Out of Network max.	Benefits     Costs     Claims     Authorizations     Eligibility History       Individual     •       In Network       Deductible
	Spent \$900.00 Remaining \$0.00 Out-of-pocket
	Spent \$1163.87 Remaining \$6136.13
	Out of Network
	Deductible
	Spent \$0.00 Remaining \$1800.00

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Member Claims: Overview		
An overview of the claim will be displayed.		
Information such as the <i>name</i> and <i>NPI</i> for the servicing provider, the <i>paid date</i> and <i>diagnosis codes</i> are visible on this page. <b>NOTE:</b> The Provider Portal offers easy access to <i>Explanation of Payments</i> and the <i>Claim Reconsideration Form</i>	Member Details Member Name STANISLAUS GILLESPIE Claim Details Service Date 01/14/2021 Billed Amount S356 00 Paid Amount S356 00 Paid Amount S375 Claim Status Final Downloads	STANISLAUS GILLESPIE      Z02106808067 Claim Number      Overview     Payment Information Claim Lines      Servicing Provider     HEALTH LEADERS     SPECIALTY CLINICS      Number of Lines     Servicing State     Servicing Provider     Servicing Pr
Two other "help" items, a <i>Claim</i> <i>Adjustment Reason</i> and <i>Remittance Advice Remark</i> are found in the left navigation panel on the <i>Claim Line Details</i> page.	Explanation or Payments Claim Reconsideration Form	Code         Description           R41.0         DISORIENTATION UNSPECIFIED           G45.9         TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED           Showing 1 - 2 of 2         VICAN
To see other details for this claim, click the headers for <i>Payment</i> <i>Information</i> or <i>Claim Lines</i> .		
Click the <b>Payment Information</b> tab to view what that page includes.		Overview Payment Information Claim Lines

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<i>Member Claims: Payment Information</i>	< STANISLAUS GILLESPIE		
On the <b>Payment Information</b> page, you will see details regarding how the claim was billed and paid.	202106808067 Claim Number	STANISLAUS GILLESPIE Member	Final <sub>Status</sub>
<ul> <li>Billed Amount</li> <li>Allowed Amount</li> <li>Denied Amount</li> <li>Coinsurance</li> <li>Copay</li> <li>Deductible</li> </ul>	Billed Amount \$356.00 Coinsurance \$0.00 Sequestration \$0.00	Allowed Amount \$356.00 Copay \$20.00 Paid Amount \$8.75	Denied Amount \$0.00 Deductible \$0.00
<ul><li>Sequestration</li><li>Paid Amount</li></ul>	Payment Details Check Number 19864	Check Issue Date 03/12/2021	Check Amount \$8.75
<ul> <li>Payment Details:</li> <li>Check Number</li> <li>Check Issue Date</li> <li>Check Amount</li> </ul> Click the Claim Lines tab to view what that page includes.	Overview	Payment Information Cla	aim Lines
Member Claims: Claim Lines On the Claim Lines page, a list of services by Procedure Code will be	STANISLAUS GILLESPIE 202106808067	STANISLAUS GILLESPIE	Final
displayed.	Claim Number Overview Payment Inform	Member	Status
Click the description of the <b>Service</b> to view that specific claim line.	Service C/P EST HI 40-54 MIN Showing 1 - 1 of 1	Procedure Code \$	Billed Amount \$

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On the Claim Line Details page you can view information about the claim line – including: <ul> <li>Billing Details</li> <li>Billed Amount</li> <li>Paid Amount</li> </ul>	Claim Line Details       < Claim No. 202106808067         Line Number       202106808067         1       202106808067         Claim Number       Claim Number         -       Procedure Code         99715       Billed Amount         5356.00       Billed Amount         50.00       Claim Details         Claim Adjustment Resent Copargment Amount       Claim Details
<ul> <li>Paid Date</li> <li>Claim Details <ul> <li>Units</li> </ul> </li> <li>Procedure <ul> <li>Procedure Code</li> <li>Procedure Description</li> </ul> </li> <li>Modifiers</li> </ul>	Remittance Advice Remark     Units 1.00000       Claim Line Status Final     Procedure       Code     Description       0ffice or other outpatient visit for the evaluation office are other outpatient visit for the evaluation expanses     Office or other outpatient visit for the evaluation office or other outpatient visit for the evaluation expanses       96215     examination and high level of the discoon of making time for code selection, 40. Set multiples       Modifiers
Often the <i>Claim Adjustment Reason</i> and <i>Remittance Advice Remarks</i> will be of interest.	Code Description
To return to the member record, click the <b>Claim No.</b> link.	Claim No. 202106808067      Claim Number  Billing Details
Member Claims: Claim Lines - continued Then, click the <b>Member Name</b> to go back to the main <i>Overview</i> page for this member.	Vorticity     STANISLAUS GILLESPIE       202106808067     STANISLAUS GILLESPIE       Claim Number     Member       Overview     Payment Information       Claim Lines

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Member Authorizations	
Click the Authorizations tab.	Benefits Costs Claims Authorizations Eligibility History
The member's <i>Authorizations</i> page displays authorizations this member has with your organization.	
Click the Authorizations tab.	
Click the <b>Authorization Number</b> to view details for the Auth.	<ul> <li>All Members</li> <li>STANISLAUS GILLESPIE Active</li> <li>Benefits Costs Claims Authorizations Eligibility History</li> <li>Authorization          <ul> <li>Provider Name</li></ul></li></ul>

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Member Authorization: Details	Authorization Details
On the Authorization Details page, specifics such as the Provider Name, Start Date and Authorization Status are found on the left-side panel.	Provider Name     Status GILLESPIE       AURIA MEDICAL GROUP     1112T5CCA       Authorization Number     Status GILLESPIE       Status Reason     Denied       Status Reason     Service Type       Priority     Inpatient-MSS
More information is given in the main section of the page:	Dates         Start Date       End Date       Decision Date         11/12/2020       11/19/2020       11/12/2020         Admit Date       Discharge Date       11/12/2020         Diagnosis       Itravelocution       Itravelocution         Code       Description       Itravelocution         F32_0       MAJ DEPRESS D/O SINGLE EPIS MILD       Itravelocution         Procedure       Itravelocution       Itravelocution         8       0       Itravelocution         Code       Description       Itravelocution         VYVY       Generic Code       Itravelocution
<ul> <li>Code</li> <li>Description</li> </ul> Member Authorization: Details - continued When you are done viewing details of the Authorization, click the Member Name to go back to the main Overview page for this member.	Initial Status     STANISLAUS GILLESPIE       Initial Status     Status       Details     Details

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#### **Member Eligibility History**

Click the Eligibility History tab.

All health plans the member has been enrolled in display on this page along with:

- Status
- Plan Name
- Effective Date
- End Date
- Primary Care Clinic
- Group Number

**REMINDER:** the indicator next to the member's name gives the status of the member's eligibility.

< All Members STANISLAUS GILLESPIE Active Benefits Costs Claims Authorizations Eligibility History < All Members STANISLAUS GILLESPIE Active Authorizations Benefits Costs Claims **Eligibility History** Primary Care \$ Effective \$ Plan Name 🗘 Group Number 🗘 Status 🗘 End Date Care Clinic Morning U00001\_0 UCare side Active 01/01/2021 12/31/9999 Neurosurg ery PA Gold 01 Morning UCare Gold U00001\_0 side Inactive 01/01/2020 31/2020 Neurosurg 01 erv PA UCare Gold U00001\_0 Inactive 01/01/2019 12/31/2019 01 Showing 1 - 3 of 3 STANISLAUS GILLESPIE

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Member Pregnancy Program		
UCare's Pregnancy Program gives members important information to	CAROLINE BERL Active   Actions  Authorizations  Programmy Form  Eligibility History	
help them stay healthy during and after pregnancy.		
The Pregnancy Risk Assessment allows providers to communicate health conditions and social factors that may impact a member's pregnancy to the Payer.	Not every member record will offer the Pregnancy Risk Assessment. The Provider Portal will include it when/where appropriate. A header for <i>Pregnancy Form</i> is situated between <i>Authorizations</i> and <i>Eligibility History</i>	
Additionally, this information can help to identify appropriate programs for the member as their pregnancy progresses.		
The Pregnancy Risk Assessment is found under the <i>Actions</i> button.		
To initiate the assessment,	✓ Actions	
• Click the <b>Actions</b> button.		
<ul> <li>Click on Pregnancy Risk Assessment.</li> </ul>	CAROLINE BERL Active Pregnancy Risk	
	Benefits Costs Claims Authorizations Pregnancy Form Elig	

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Pregnancy Risk Assessment	
Complete each section, paying particular attention to those pieces of information that are required, as indicated by the asterisk * next to the field name.	Pregnancy Risk Assessment UCare strives to ensure that all pregnant members have the resources and tools they need to have a healthy pregnancy and baby. As a clinic partner in the Pregnancy Notification Program, use this form to inform us of a member's pregnancy. If you have questions or would like to become a clinic partner, please email MaternityNotification@ucare.org.
In the Provider Information section,	Provider Information
<ul> <li>Clinic = search for the name of the clinic, and more importantly the NPI of the facility by clicking the Search icon </li> </ul>	Clinic*
<ul> <li>Type the Clinic Name, or NPI</li> </ul>	Search Clinnic X
• Click the <b>Search button</b>	Clinic Name NPI
	Q 1463023819 Q Search
Clinics matching your criteria will display.	Clinic Name + Address NPI +
	Orange Grove 65415 GRAHAM A 1902390214 Medical Clinic ORANGE CITY,
Select the appropriate clinic, then click Add Selected	Millie J         6342 YEAST AVE         1985066730           Skarslif Mue         MINNEAPOLIS,         1985066730
chek Aud Scielled.	Treatsman Family         802 ROMAN ST           Medical Center         SAINT PALII           MN         1905187153
	Add Selected
	Clinic Name + Address NPI +
	Plains Family         9132 SHIPMAN A         1463023819           Medical Center PA         PLAINS PLOT, MN
	Add Selected

#### Latest update date: 5/1/2025

Detailed information can be found at ucare.org/providers. The provider manual can also be found at this link. Our Provider Assistance Center is also available for questions and can be reached at 612-676-3300 or toll-free at 1-888-531-1493. The hours of operation for the Provider Assistance Center are from 8:00 a.m. to 5:00 p.m., Monday through Friday.

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Pregnancy Risk Assessment - continued	Provider Information
Enter the remaining required information in the <i>Provider Information</i> section:	Clinic * Remove Plains Family Medical Center PA Address: 9132 SHIPMAN AVE STE 200
<ul> <li>Pregnancy Care Practitioner <ul> <li>type the name of the obstetrician</li> </ul> </li> <li>Referral Type = select the type of referral from the list: <ul> <li>Pregnancy</li> <li>Post-Partum</li> </ul> </li> <li>Visit Type = select the type of visit from the list <ul> <li>Initial (Pregnancy Verification)</li> <li>Prenatal</li> <li>Other</li> </ul> </li> </ul>	PLAINS PLOT, MN 55111-7636 Group NPI: 1463023819 Pregnancy Care Practitioner *
Completed <i>Provider Information</i> section.	Provider Information         Clinic *       Remove         Plains Family Medical Center PA         Address: 9132 SHIPMAN AVE         STE 200         PLAINS PLOT, MN 55111-7636         Group NPI: 1463023819         Pregnancy Care Practitioner *         Dr. David S. Greene
Completed <i>Provider Information</i> section.	Provider Information         Clinic *       Remove         Plains Family Medical Center PA         Address: 9132 SHIPMAN AVE         STE 200         PLAINS PLOT, MN 55111-7636         Group NPI: 1463023819         Pregnancy Care Practitioner *         Dr. David S. Greene         Referral Type *         Pregnancy

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Pregnancy Risk Assessment - continued	
Complete the <i>Member Information</i> section, • <i>Member Primary Language</i> = select the member's <b>primary</b>	Member Information
	Member Primary Language *
	English
<ul> <li>Primary Phone = type the</li> </ul>	Primary Phone * Primary Phone Type *
<ul> <li>member's phone number</li> <li>Primary Type = select the type of phone from the list</li> </ul>	55555555555555555555555555555555555555
<ul> <li>Cell</li> <li>Home</li> <li>Work</li> </ul>	Use the <b>Plus icon</b> (①) to add more phone information.
0 Other	505555555     Home     Image: Constraint of the second sec
Complete the OB History section with information about this and any other pregnancies.	OB History   Is this the member's first Pregnancy? *   Yes   No   How many previous   pregnancies?   0   How many previous live   *   births?   0   Current Trimester *   First (1-13 weeks)   •   D9/10/2022

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Complete the <i>Risk Factors</i> section. Categories of risk are grouped as <i>Medical Risks, Social Risks, Other</i>	<b>Risk Factors (Select All that apply)</b> Information collected will only be used for the purposes of risk stratification, outreach and education to promote healthy pregnancies among members. UCare will not use or share member information beyond necessity.		
Pregnancy Risk as determined by	Medical Risks		
the person completing the form.	Previous Preterm Birth	Previous Perinatal Loss	
	Previous Low Birth Weight Baby	Expecting multiples	
	High Blood Pressure	<ul> <li>Diabetes or Gestational</li> <li>Diabetes</li> </ul>	
	<ul> <li>Depression or Anxiety, including History of Postpartu</li> <li>Depression</li> </ul>	Seizure Disorder m	
	Thyroid Disease	Hyperemesis Gravidarum	
	Preeclampsia	Current or History of Pre-term Labor	
	Other W/Comment		

Latest update date: 5/1/2025

Risk Factors section - continued	a
Risks to the member's pregnancy	
are identified and selected as	Alcohol Use Drug Use
follows:	High Stress
Hiah Stress	Financial Issues
<ul> <li>Mother's Age Greater</li> <li>than 40</li> </ul>	Intellectual Impairment     Domestic Violence or Intimate     Partner Violence
than 40	Other W/Comment
After selecting all applicable risks,	Other Risks
in this pregnancy is made. In this	Tobacco Use     Member Referred to Quit Line
example, the level is determined	Member Declined Quit Line     Member Not Referred to Quit     Line
to be.	Mother's Age Greater than 40 🗌 Lack of Prenatal Care
• High Risk	Other W/Comment
	Your assessment of Pregnancy Risk * <ul> <li>Low Risk</li> <li>Moderate Risk</li> <li>High Risk</li> <li>Not Applicable (Postpartum)</li> </ul>
Additional Information section	
• Enter any final <i>Comments</i>	Additional Information
Click Review	Comments
	Cancel

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*UCARE Members Claims Authorizations Resource Center
Overview < All Members
Member ID 302730100 STANISLAUS GILLESPIE (Adam)
Date of Birth 08/08/1961 Benefits Costs Claims Authorizations Eligibility History
Address 1711 HAEG DR STE 3 STE A Reg DR STE 3 STE 3 STE A REG DR STE 3 STE 3 STE A REG DR STE 3
<b>Claims</b> Authorizations Resource Center
Claims Authorizations Resource Center
Dashboard
Search for a members search for a member and rower where eligibility. Check claim status and payment information View the status of an autorizations and the status of an autorization search or a member with the religibility.
alti denens
Access Provider Resources Access Utare provider documents and resources

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Claim Search	*UCare. Members Claims Authorizations Resource Center User Management
On the main <i>Claims</i> page, eight fields are available for use in searching for a claim.	Claims Claim Number Member Name Member ID Service Start Date Service End Date Paid Start Date Paid End Date mm/dd/yyyy  mm/dd/yyyy  Check Number
<ul> <li>When searching for a claim, enter as many criteria as are available in the following fields:</li> <li>Claim Number</li> </ul>	Search           Please enter details above to search claims.           Claim
<ul> <li>Member Name [without punctuation]</li> <li>Member ID</li> <li>Service Start Date</li> <li>Service End Date</li> <li>Paid Start Date</li> <li>Paid End Date</li> <li>Check Number/Payment Number</li> </ul>	NOTE: Two pieces of search criteria are required for the retrieval process.
Once information is entered, click the <b>Search</b> button.	
Click the <b>Claim Number</b> in the results list to display the claim record.	Claims       Claim Number     Member Name     Member ID     Service Start Date     Service End Date     Paid Start Date     Paid End Date
The claim record then opens for viewing.	Please enter details above to search claims.
<b>NOTE:</b> Alternatively, you could click on the <b>Member Name link.</b> The member record opens, and the claim can then be accessed from the <i>Claims</i> page of the member record.	Claim       Member       Member       Service       Billed       Paid       Check       Paid       Date         202019283       Jeff Brown       479291821       01/22/2025       \$1,027.39       \$78.52       1327853       03/14/2025         Cisits States         Final

Latest update date: 5/1/2025

## %UCare.

#### **Claims: Overview** CCare Members Claims Authorizations Resource Center On the **Overview** page of the Member Details < All Claims claim, you see several sections of Member Name ROLDAN CANNATELLA information including: 202105009248 ROLDAN CANNATELLA Final 2 Claim Number Member Claim Details 1. Member Details Overview Payment Information Claim Lines Service Date 2. Claim Details in the left Billed Amount \$610.00 Servicing Provide Servicing Provider NPI 1346302981 Paid Date panel. Paid Amount \$140.88 Number of Lines 3. Claim Reconsideration Claim Status Final Form can be launched Diagnosis Downloads directly from the Code Description ion of individual claim. M79.603 PAIN IN ARM UNSPECIFIED PRIMARY OSTEOARTHRITIS UNSPECIFIED SITE 4. Claim Number, Member M19.91 name and Status of the M54.2 CERVICALGIA AGE-RELATED OSTEOPOROSIS W/O CURRN PATH FX claim display at the top of M81.0 the main section. 5. Overview information includes: • Servicing Provider (Provider Facility Name) \$140.88 Servicing Provider NPI ٠ Claim Status Final • Paid Date Number of Lines Downloads 6. In the lower section, you see Diagnosis: Explanation of Payments Code Description **Claim Reconsideration** Form Claim Status will show as Final, Denied, Pended, Rejected or Void. Before we look at the detail pages of the claim, let's look at how the Claim Reconsideration Form works from this page. Click the Claim Reconsideration Form link.

#### Latest update date: 5/1/2025

Claims: Overview, continued			
,	*Ucare.		
The Claim Reconsideration Form	PROVIDER CLAIM RECONSIDERAT	ION FORM	
(CRE) opons in a now window. This	All required (*) fields are mandatory for submissi This form is not to be used in place of a replacement/	an. roid claim (e.g. Modifier changes/Dx changes).	
(CRF) opens in a new window. This	UCare Product Selection	Request Type	
makes it easy to copy and paste	select one	select one	
required information in the form, such as <i>Tax ID</i> , <i>NPI</i> and <i>UMPI</i>	Contact Information		
numbers, UCare Member # and	Requester*	Phone # (No Dashes)*	Emeil*
Claim Number/ICN# from the	Today's Date		
Claim in the Provider Portal.	08/09/2021		
	man grow good at a friend	and and see an	- south and a second second
	Billing Provider Information		
	Are You A Contracted UCare Provider?*	Provider Name*	Tax ID #*
	Select One		
	NPI Number	UMPI Number	
	Member Information		
When all the required information	Member Last Name*	Member First Name*	UCare Member #*
is in place, you may add another			
is in place, you may add another	Claim Information		
claim form if needed.	Claim Number/ICN#*	Date Of Service*	Reason For Request*
		mm/dd/yyyy	Select One
	The second se		and the second sec
		n an	
	Supporting Documentation*	Medical Records (Att	ach & Bracket Applicable Documentation Only)
		Refund (Only If The C	laims Date Has Exceeded 12 Months)
		Other	
		Please Include der	alls if other
Click the <b>Submit button</b> after		Choose Files No	file chosen
completing the form		You can attach multipl	e items at one time from the same folder
	ADD ANOTHER CLAIM		
	SUBMIT CLEAR		

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#### Latest update date: 5/1/2025

#### Claims: Payment Information

On the *Payment Information* page, find details regarding how the claim was billed and paid.

- Billed Amount
- Allowed Amount
- Denied Amount
- Coinsurance
- Copay
- Deductible
- Sequestration
- Paid Amount

## In the lower section you will see *Payment Details*:

- Check Number
- Check Issue Date
- Check Amount

To see detailed information on the *Claim Lines* click **Claim Lines**.

#### **Claims: Claim Lines**

On the *Claim Lines* page are individual links you may click for each *Service*. Also shown are:

- Procedure Codes
- Billed Amount

< All Claims 202105009248 ROLDAN CANNATELLA Final Claim Number Member Status Overview **Payment Information Claim Lines Billed Amount** Allowed Amount **Denied Amount** \$610.00 \$610.00 \$0.00 Coinsurance Deductible Copav \$0.00 \$35.00 \$0.00 Sequestration Paid Amount \$0.00 \$140.88 **Payment Details** Check Number Check Issue Date **Check Amount** 02/24/2021 225174 \$214.89 **Payment Information Claim Lines** Overview < All Claims Final 202105009248 ROLDAN CANNATELLA Claim Number Member Status **Claim Lines** Overview Payment Information Procedure Code 💲 Service 🗘 Billed Amount 💲 OFFICE O/P EST HI 40-54 99215 \$529.60 MIN HEMOGLOBIN 85018 \$44.40 ROUTINE VENIPUNCTURE 36415 \$36.00 Showing 1 - 3 of 3

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#### 4. Organizational **%UCare** Members Claims Authorizations **Resource Center Authorizations** After completing any research needed on claims, return to the %Ucare Members Claims Authorizations **Resource Center** Dashboard of the portal by clicking on the UCare icon \*UCare 1 🖸 🙉 🕅 You may also click any of the UCare Members Resource Cente headers without returning to the Dashboard Dashboard. Ê $\langle \bigtriangledown \rangle$ Search Members ch for a member and review their eligibi and benefits View Claims View Authorizations Click the View Authorizations tile, the status of an authoriza authorization details or Authorizations header. I, Access Provider Resources resources **Authorization Search** \*UCare Members Claims Authorization Resource Cente On the Authorizations page, six Authorizations fields are available for use in searching, depending on the Q 1113F60A4 Q Q mm/dd/yyyy 📛 mm/dd/yyyy 📛 All information you have. Authorization : Member Name 💲 Member ID 💲 Provider Name 💲 Start Date 💲 Status 💲 Enter criteria in at least one of the Pending 1112T33A0 RAHEEM DONBEE 00188888880 11/01/2020 following: AURIA MEDICAL 1112T3E80 AMIEE ITTOME 300000002 11/22/2020 Approved GROUP TINTAP NORITANSON Authorization Nbr 1112T4BFD FARRIS HULIER 44444440 • 11/12/2020 Approved MEMORY CENTER Member Name HURIYYAH OCERWI 1112T0A3B 377777770 11/12/2020 Pending Member ID • TAHER GUSTIMOOST AURIA MEDICAL GROUP TINTAP 1112T29D1 11/01/2020 388888884 Approved Start Date From Start Date To . Status • a **Authorizations** Then, click the **Search** button. Authorization Nbr Member Nam Status Q 112T29D1 Q All Search In this example the search is for Authorization Nbr = 1112T29D1. NOTE: Auth information can be accessed in the Provider Portal for up to 2 years from the date of the Auth.

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Latest update date: 5/1/2025

Authorization Details	C 🛛 🖉 🖾
On the left panel of the <b>Authorization Details</b> are the Provider Name, Start Date, Authorization Status and Status Reason. In the main body of the page, you	Claims         Cuthorizations         Resource Center           Authorization Details          Authorizations            Provider Name NERA MEDICAL GROUP TYLER          Authorizations         Approved Status           Surt Date 110/12020          TAHER GUSTIMOOST Member         Approved Status           Details          Priority Concurrent Standard
see: <i>Details</i> which include the <i>Priority.</i>	Start Date         End Date         Decision Date           11/01/2020         11/14/2020         11/12/2020           Admit Date         Discharge Date
<b>Dates</b> with everything from the start and end dates, the date of the decision, Admit Date and Discharge Date.	11/01/2020     11/14/2020       Diagnosis       Code     Description       Z74.9     PROB REL CARE PROV DEPENDENCY UNS
<i>Diagnosis</i> is where you will see the diagnosis code and description, followed by two sections for:	Procedure Requested Units/Days Approved Units/Days 14 Procedure Procedure
<i>Procedure,</i> the first specifically lists the units or days that have been requested and approved and the second gives the procedure code and description of the procedure.	Code         Description           T2024         Service assessment/plan of care development, waiver
<b>5. Resource Center</b> Next, we will examine the Provider Portal <i>Resource Center</i> .	<b>Claims</b> Authorizations Resource Center
Click the <b>Resource Center link</b> on the header row.	

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#### **Document Center**

Document Center in the Resource Center gives the user access to collections of documents, forms and reports.

Documents are organized by categories: *Authorizations, General* or *Claims & Payments.* They may be related to policy information, training and benefits.

				Ĺ.	<b>?</b>	2	2
SUCARE Members Claims Authori	zations	Resource Center					
Document Center							
Authorizations General Documents	Claims	& Payments	Reports	Resources			
Q Document							
Document 🗘	Year	÷		Effective	Date 🗘		
2021 Medical Injectable Drug Authorization List	2021			01/01/202	21		
2021 Medical Services Authorization & Notification Requirements - EssentiaCare	2021			01/01/202	21		
2021 Medical Services Authorization & Notification Requirements - IFP	2021			01/01/202	21		
2021 Medical Services Authorization & Notification Requirements - State Public Programs	2021			01/01/202	21		

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#### For Contracted Providers Only – Reports

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Some contracted providers have agreements with UCare where they have access to various financial reports. These reports will be used exclusively by the Provider Financial user. When applicable, the Provider Admin sets up the financial user by selecting the financial user role in user set up.

Reports the Financial user will see are Capitation, Financial Summaries and Enrollment reports.

All reports for a Care System are viewable in one TIN if the system has multiple TINs. A Financial user will need to be set up for the designated TIN (if more than one). See Provider Admin guide for setting up a user with the role of Financial user. **SUCALE** Members Claims Authorizations Resource Center **Document Center** Reports Authorizations General Documents Claims & Pavments Resources Q Document Effective Date 🖕 Document 🖕 Year 🖕 COMMUNITY CLINIC, PA-MSHA Pat Mgt Fee-2022 01/21/2022 2019-09-09-10-38-20.pd COMMUNITY CLINIC, PA-MSHA Pat Mgt Fee-2022 01/21/2022 2019-12-09-16-00-38.pdf COMMUNITY CLINIC, PA-MSHA Pat Mgt Fee-2021 12/08/2021 2021-06-15-16-48-20.pdf COMMUNITY CLINIC, PA-MSHA Pat Mgt Fee-12/08/2021 2021 2021-06-15-21-51-15.pd Showing 1 - 4 of 4

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Document Center
Authorizations       General Documents       Claims & Payments       Reports       Resources <ul> <li>Seats, Education And Travel Safety (SEATS) Program and Training</li> </ul>
Provider Payment and Remittance Request Form     Transportation Providers     UCare's Ineligible Providers     Providers Requiring Credentialing
Claims       Authorizations       Resource Center         Document Center         Authorizations       General Documents       Claims & Payments       Reports <ul> <li>seats. Education And Travel Safety (SEATS) Program and Training</li> <li>SEATS Provider Portal</li> <li>Partner Resource Page</li> <li>Provider Payment and Remittance Request Form</li> <li>Transportation Providers</li> <li>UCare's Ineligible Providers</li> <li>Providers Requiring Credentialing</li> </ul>

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Accessing link to SEATS Provider Portal <ul> <li>Click SEATS Provider Portal</li> </ul>	<ul> <li>Seats, Education And Travel Safety (SEATS) Program and Training</li> <li><u>SEATS Provider Portal</u></li> <li><u>Partner Resource Page</u></li> </ul>
A new browser window opens, from which the user may sign in to access SEATS.	Sign-In with your Ucare-provider account to access Seats     Sign In     Username     I     Password     I     Password     Sign In     Need help signing in?

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#### Accessing link to Car Seat Provider **Checking Member Eligibility for Car Seats** Training Effective Feb. 3, 2020: NEW car seat eligibility request process. Please review the training content below. • Click Car Seat Provider Important Reminders: **Training PowerPoint Slides** Request only for distributions planned during the current month. If a new month arrives and you did not distribute a request, then you must re-check the member's car seat eligibility during the new month. Instructions: Car Seat Provider Training PowerPoint Slides C Car Seat New Provider Portal FAQs C A new browser window opens. - 100% + | 🗄 🔊 The slide deck used for training SEATS Partners displays. \*Ucare **SEATS Partner Training:** New Car Seat Request and Distribution Process

Latest update date: 5/1/2025

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Latest update date: 5/1/2025

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Accessing link to New Car Seat Provider FAQ document • Click Car Seat New Provider Portal FAQs	Instructions: <u>Car Seat Provider Training PowerPoint Slides</u> <u>Request A Car Seat – Quick Guide</u> Car Seat New Provider Portal FAOs <b>C</b>	
A new browser window opens. The Frequently Asked Questions by new car seat Providers document displays.		

Latest update date: 5/1/2025

Payment and Remittance Request Form	Document Center           Authorizations         General Documents         Claims & Payments         Reports         Resources
UCare offers Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).	<ul> <li>Seats, Education And Travel Safety (SEATS) Program and Training</li> <li>Provider Payment and Remittance Request Form</li> <li><u>EFT/ERA form</u>         The Provider Payment and Remittance Request Form to set-up or change Electronic Funds Transfer (EFT) and         Electronic Remittance Advice (ERA) delivery         can be accessed using this link.</li> <li>Transportation Providers</li> <li>UCare's Ineligible Providers</li> <li>Providers Requiring Credentialing</li> </ul>
Accessing link to EFT/ERA form	
• Click <b>EFT/ERA form</b> A link will display with instructions and a form to complete	<ul> <li>Provider Payment and Remittance Request Form</li> <li>EFT/ERA form</li> <li>The Provider Payment and Remittance Request Form to set-up or change Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) delivery can be accessed using this link.</li> </ul>

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**%UCar** 

Resources: Transportation ProvidersWithin the Transportation Providers section, a user can access the link to the QRyde Login.A second link provides access to a 'Manage Your Information' page where you can make changes to your transportation account: • QRyde User – Add, Remove, Change	<ul> <li>Seats, Education And Travel Safety (SEATS) Program and Training</li> <li>Provider Payment and Remittance Request Form</li> <li>Transportation Providers</li> <li>ORyde Vendor Portal Login <ul> <li>If you need to register for the ORyde Vendor Portal, please contact UCare Customer service at health_ride@ucare.org or call 612-676-6878 or toil free at 833-276-1183</li> <li>ORyde User-Add, Remove, Change</li> <li>UCare's Ineligible Providers</li> <li>Providers Requiring Credentialing</li> <li>Manage Your Information</li> </ul> </li> </ul>
Accessing link to QRyde Login <ul> <li>Click QRyde Vendor Portal Login</li> </ul>	<ul> <li>Transportation Providers</li> <li>ORyde Vendor Portal Login         If you need to register for the Orghe Vendor Portal, please contact UCare Customer service at health_itst@ucare.org or cat 612.676.6878 or toll tee at 833.276- 1153     </li> <li>ORyde User-Add, Remove, Change</li> </ul>

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Detailed information can be found at ucare.org/providers. The provider manual can also be found at this link. Our Provider Assistance Center is also available for questions and can be reached at 612-676-3300 or toll-free at 1-888-531-1493. The hours of operation for the Provider Assistance Center are from 8:00 a.m. to 5:00 p.m., Monday through Friday.

If you have credentials for QRyde, you may log in from the page that displays.	Login         User ID         Dassword    VendorPortal Interface Version – 1.0 Build 60d - Release Date:Dec/15/2023	
The page for providers to manage their information displays in a second browser window. To locate the Transportation	Search       Q       Log id         provider home       join our network       authorizations       policies & resources       provider news         Welcome UCare Providers         provider s > our network > manage your information	in
Provider forms, scroll down if needed, and click to expand the accordion labeled Add or Update a Personal Care Attendant,	Manage Your Information Ensure that UCare has accurate information for your organization, location and service providers.	
Elderly Waiver, Interpreter, or	Update Demographic Information Online +	
Transportation Provider.	Add or update a Non-Credentialed Practitioner +	
	Add or Update a Personal Care Attendant, Elderly Walver, Interpreter, or Transportation Provider +	
	Add or Update a Facility or Location +	
	Add or Update Third-party Biller Authorizations +	

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#### Once the accordion is expanded, **%Ucare** Q, Search continue to scroll down to find the section labeled Welcome UCare Providers Videns + our network + manage your information Transportation. **Manage Your Information** II UGare Network Providers must be enrolled with the state (Minnisota Department of Human Services, DHS) as Minnisota Health Care Programs HHCP) providers. Network providers must comply with the <u>provider disclosure</u>, screening and enrollment requirement Os in 42 CIR 6486. [Minnisota Latutes, \$2568.69, subd. 37, and 42 CIR 6438.602(b)] Ensure that UCare has accurate information for your organization, location and service providers. Update Demographic Information Online Add or update a Non-Credentialed Practitioner Add or Update a Personal Care Attendant, Elderly Walver, Interpreter, or Transportation Provider Nease note, individual provider demographic changes must be communicated to the Minnesota Departmen an be implemented by UCare. Please ensure DHS processes are complete prior to submitting your request plete forms will be returned without processing. Please allow 60 calendar days for your request to be completed. You will receive a ng you of completion. For status checks, please contact UCare's Provider Assistance Center at 612-676-3300 or toll free at 1-888-63 nal Care Attendant Personal Care Attendant (PCA) Form Instructions PCA UMPLAdd Form Elderly Waiver To be added in our system for claims processing, you will need to complete the Add a facility or location form | Instructions @ To update your information, complete the appropriate form below: Change or update your facility tax ID, legal name, address, NPVUMPI | Instructions @ Remove an organization or close a location @ | Instructions @ Interpreter Interpreter - Add, change, remove 🕒 Transportation ORyde User - Add, Remove, Change 57

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Accessing link to QRyde User – Add, Remove, Change Form The QRyde User – Add, Remove, Change form allows providers to add, remove, or change information for a user. • Click QRyde User – Add, Remove, Change	Transportation <u>ORyde User - Add, Remove, Change</u> C
The QRyde User Add/Remove/Change Form is displayed and ready to be completed.	Secretion Sec

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Resources: UCare's Ineligible Providers Providers should search the list of UCare Ineligible Providers on a regular basis, and before hiring or entering contracts with individuals to provide services or items to UCare members.	Document Center         Authorizations General Documents Claims & Payments Reports Resources <ul> <li>Seats, Education And Travel Safety (SEATS) Program and Training</li> <li>Provider Payment and Remittance Request Form</li> <li>Transportation Providers</li> </ul> <ul> <li>Transportation Providers</li> </ul> <ul> <li>Ucares Ineligible Providers</li> <li>Ucares Ineligible Providers Itat</li> <li>Contracted UCare providers must make sure that they, their company, owners, managers, practitioners, employees and contractors are not on the UCare Ineligible Providers Itat, Troviders should search the lists of UCare Ineligible Providers are not on the UCare Ineligible Providers Itat, Troviders Should search the lists of UCare Ineligible Providers are not on the UCare Ineligible Providers Itat, Troviders Should search the lists of UCare Ineligible Providers are not additional Information. Questions regarding the UCare Ineligible Providers Itat, contract ompliance@ucare.org.</li> <li>*Prevenders Requiring Credentialing</li> <li>Providers Requiring Credentialing</li> </ul>
The UCare Ineligible Provider List displays ready to be searched. NOTE: If you are searching a specific name, use Ctrl + F and type the name you are searching. The name will be highlighted if it is found within the list.	UCare ineligible Provider List Last Updated: 01/25/2022

Latest update date: 5/1/2025

Detailed information can be found at ucare.org/providers. The provider manual can also be found at this link. Our Provider Assistance Center is also available for questions and can be reached at 612-676-3300 or toll-free at 1-888-531-1493. The hours of operation for the Provider Assistance Center are from 8:00 a.m. to 5:00 p.m., Monday through Friday.

Resources: Providers Requiring Credentialing Providers should refer to the list to identify practitioners and facilities that require credentialing before they can be added to UCare's system.	Document Center         Authorizations       General Documents       Claims & Payments       Reports       Resources <ul> <li>Seats. Education And Travel Safety (SEATS) Program and Training</li> <li>Provider Payment and Remittance Request Form</li> <li>Transportation Providers</li> <li>UCare's Ineligible Providers</li> <li>VCare's Ineligible Providers</li> </ul> <ul> <li>Providers Requiring Credentialing</li> <li>Prease refer to the list on UCare.org to Identify practitioners and facilities that require credentialing before they can be added to UCare's system.</li> </ul>
A new browser window opens, which displays information about the Credentialing & Recredentialing process.	Log in         provider home       join our network       authorizations       policies & resources       care managers       provider news         Welcome UCare Providers
<ul><li>Here you will find a link to:</li><li>See providers who require credentialing.</li></ul>	Credentialing & Recredentialing
Click the link to find a new browser page opens with more information.	• See providers who require credentialing.

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