

Provider Bulletin



News and Information

Feb. 24, 2025

2025 UCare Provider Manual released

The UCare Provider Manual contains critical information that providers need to effectively work with UCare and our members. It is important that providers reference it regularly for up-to-date content.

The Provider Manual was updated to reflect current business practices; review it on the [Provider Manual page](#).

Pay attention to the following summary of key updates (this list is not all-inclusive).

Changes that were applied throughout

- Removed references to UCare Medicare with M Health Fairview & North Memorial Health; that plan was closed.
- Switched delegated dental provider from Delta Dental to DentaQuest.
- Renamed "Clinical Services" to "Utilization Management" or "Health Services" throughout the document.
- Revised references to the Provider Relations and Contracting team, now called Provider Network Management.

Chapters that require close annual review

- **Authorization and notification standards**
- **Compliance and fraud, waste and abuse**
- **Mental health and substance use disorder services** - revised the "MHSUD case management" and "Child and Adolescent Case Management" sections, also added the "Manage your provider file" section.

Chapters with significant updates in 2025

- **Provider support** – revised contact information for support teams and added the "Provider training and education" section.
- **Working with UCare's delegated business services** – transitioned references to ExpressPAth to OnePA in the "Physician administered drugs" section. Revised dental-related content. Moved the "Chiropractic claims" and "Therapeutic massage claims" sections from the Claims chapter to this chapter.
- **Provider responsibilities** – added content to the "Minnesota Health Care Programs provider enrollment requirement" section. The "Notifying UCare of contracts with third-party billers" section was moved to this chapter from the Claims chapter.
- **Member enrollment and eligibility** – updated the "Individual & Family plans" section and transitioned Change Healthcare information to Availity in the "Verification of eligibility" section.
- **Restricted recipient or restricted member program** – revised the "Program management" and "Program involvement" sections.
- **Provider credentialing** – added Licensed Behavior Analyst (LBA) and revised Licensed Professional Counselor types within the "Practitioner license types that require credentialing" section, revised the Non-Licensed Behavioral Technicians type within the "Practitioners who do not require credentialing" section.
- **Claims and payment** – the structure and order of the chapter changed, sections were updated, and sections were moved to and/or from other chapters.
- **Electronic Data Interchange (EDI)** - revised the "Electronic claims submission (837)," "Clearinghouse set up" and the "EDI transactions" sections. Information on most EDI transactions were updated to show they are now transmitted through Availity.
- **Coverage policies** – added this chapter.
- **Culturally congruent care** – added the "Violet Health" section.

- **Disease management programs** – added the “Type 2 diabetes reversal” and “Weight management program” sections.
- **Medication Therapy Management program** – revised content in the “Eligibility” and “Provider expectations” sections.
- **Health and wellness programs** – removed the “Community education class discounts” section and revised content within the “Healthy Benefits+ Visa card” and “Member perks” sections.
- **Child and teen checkups** – removed the “Determining in-person vs. telemedicine for C&TC” and “Useful tools for C&TC providers” sections. Revised the “Billing for C&TC when using telemedicine” section.
- **Home care services** – added the “Community First Services and Supports (CFSS)” section.
- **Transportation** – revised content within the “Transportation benefits by type of enrollee coverage,” “Section one: assignment requirements and process” and “Section two: transportation provider requirements” sections.

Navigation

There are two primary ways to access the UCare Provider Manual:

- Visit the UCare home page (www.ucare.org/providers) and click the UCare Provider Manual hyperlink under the “Policies & Resources” spark or;
- Bookmark the Provider Manual page (<https://www.ucare.org/providers/policies-resources/provider-manual>).

Helpful pages and tips

- **Cover page** - shows the date the document was last updated.
- **Table of contents pages** - the Provider Manual is a PDF, the table of contents links to sections within.
- **Appendix pages** - as the year progresses, an appendix will be added. This appendix will contain a chart that will link to changes within updated sections and briefly describe the changes made.
- **Search within the manual** - use the Ctrl+f function to search for specific terms within the PDF.

Contact UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll-free with questions.