UCare Provider Manual Has Been Updated

UCare’s 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 has been updated to reflect current business practices.

The new Provider Manual can be accessed here at www.ucare.org/providers. Please review the entire Provider Manual while paying close attention to the updated sections mentioned below.

If you have any questions, contact UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493.

Below is a summary of the key updates that were made the UCare Provider Manual:

- Now a PDF with a table of contents that links to specific sections. The date the document was last updated is shown on the front cover.
- Information related to UCare’s newest product, UCare Connect + Medicare, has been added where appropriate throughout the Provider Manual.
- Delegated Business Services – The exclusive specialty pharmacy for Medicaid, UCare Choices and Fairview UCare Choices members is now Fairview Specialty Pharmacy.
- UCare Nondiscrimination Policy was updated.
- A new section was added regarding Claim Appeals Process.
- The Claim Adjustments section was updated and includes a new Claims Reconsideration Form.
- The Member Liability, “Balanced Billing” section has been revised.
- The Coding section has been expanded in scope.
- A new section regarding billing requirements for Telemedicine services for members enrolled in Minnesota Health Care Programs has been added.
- A new Electronic Data Interchange (EDI) section explains UCare’s use of electronic transactions. It covers electronic claims submission, taxonomy code requirements, electronic claims attachments, eligibility and benefits (270/271), health care claim status (276/277) and reports.
- Authorizations and Notifications section was updated to reflect UCare’s current practices. All UCare providers should review and be familiar with the content in this section.
- Providers should review and be familiar with the content in the Fraud, Waste and Abuse section.
- A new Behavioral Health section outlines the delivery of behavioral health services to UCare members. It covers authorization/notifications, claims, medical necessity, Clinical Practice Guidelines, care coordination, disease management and the restricted recipient program.
- A new Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) section centralizes information regarding UCare’s payment carve-out process for Minnesota Health Care Programs.
- The Transportation section has several updates to align with current business practices.