

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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Latest update date: 8/30/2023

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 am to 5:00 pm, Monday through Friday.

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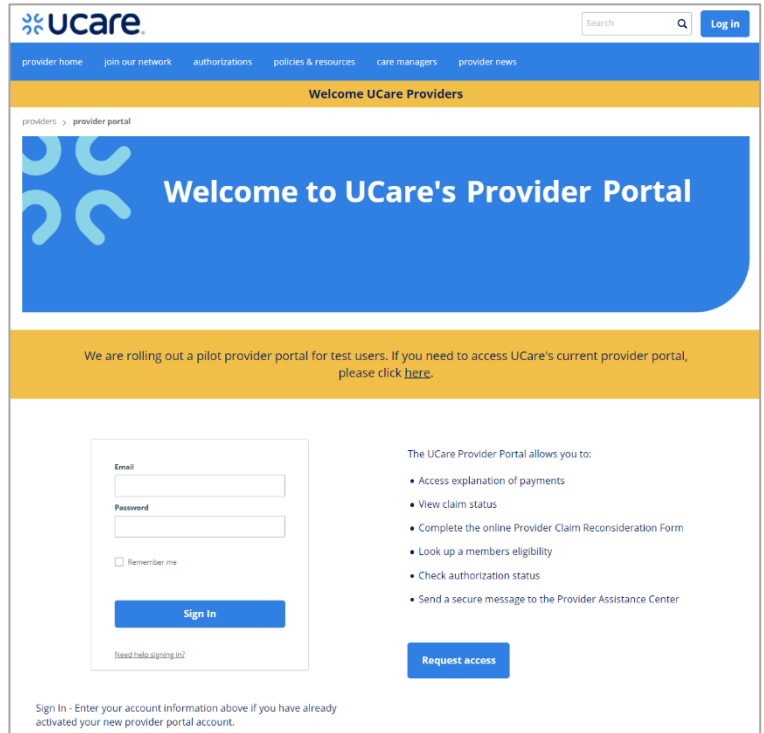
New User Setup

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 login 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/provider-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 [here](#).

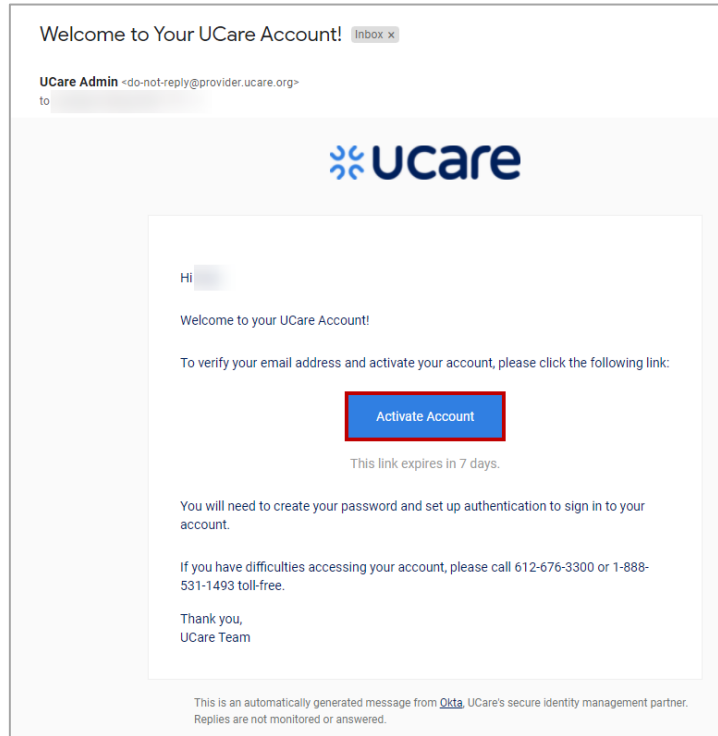


Notification of Access Email to Activate Your Account

Once the Provider Admin for your organization adds you to the new Provider Portal, you will receive an email with instructions to begin activating your account.

- Click the **Activate Account** button.

You will be able to verify your email address, create your password and set up multifactor authentication.

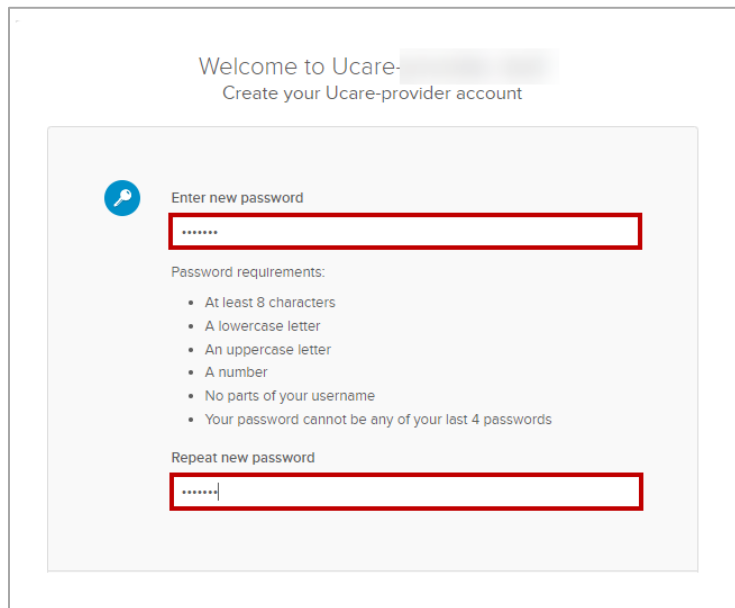


Activate Your Account Create a New Password

After clicking the **Activate Account** button from the approval email, a browser window opens in which you will be able to create your Provider account.

On the screen that displays, set up a new password according to the requirements for creating your UCare Provider account.

- **Enter a new password**
- **Reenter the new password**



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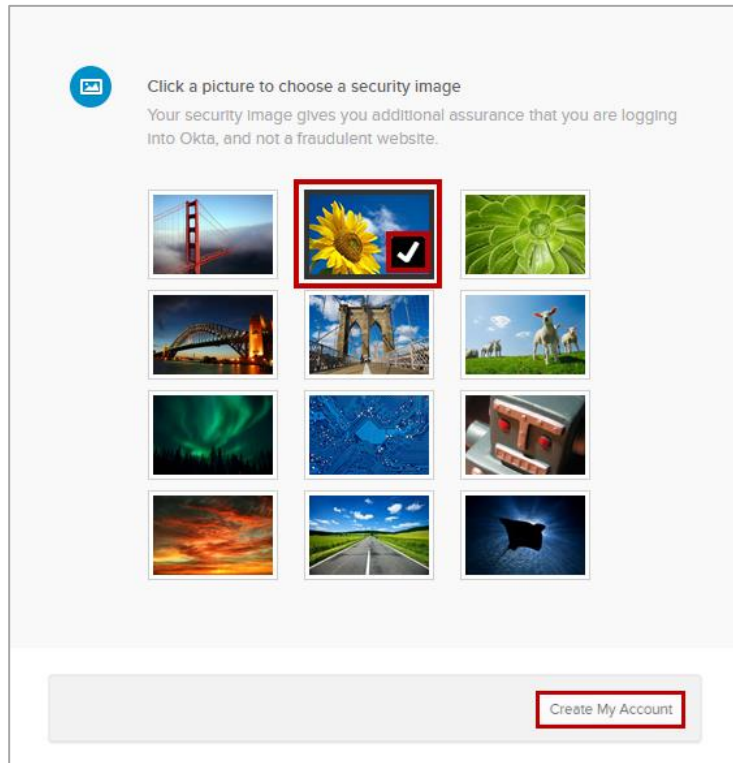
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Choose a Security Image

Select the image you like best on this page.

Upon subsequent usage of the portal, seeing the image you selected will confirm you are accessing the portal, not any other suspicious (fraudulent) website.

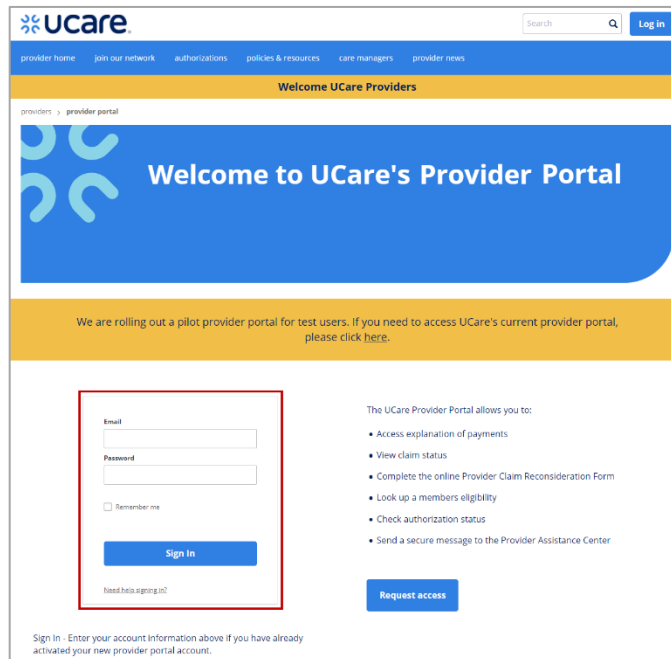
- Click **Create My Account**.



Sign Into Provider Portal and Set MFA

Next, sign in with your new password:

- *Email* = **Type Email**
- *Password* = **Enter Password**
- Click **Sign In**



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A new page displays, on which you will set up your MFA.

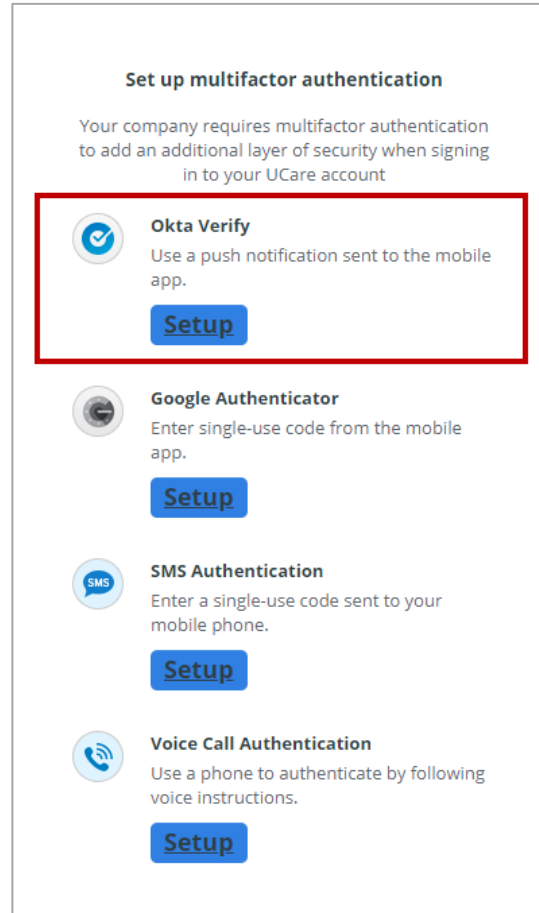
Doing this enables another layer of security when signing into your account with UCare.

There are four choices for MFA:

- *Okta Verify* = a push notification sent to an app on your phone
- *Google Authenticator* = a single-use code sent to an app on your phone
- *SMS Authentication* = a single-use code sent as a text message to your phone
- *Voice Call Authentication* = voice instructions to authenticate given by phone call

Each option will provide onscreen instruction for set up.

In this example, the selection shown is *OKTA Verify*.



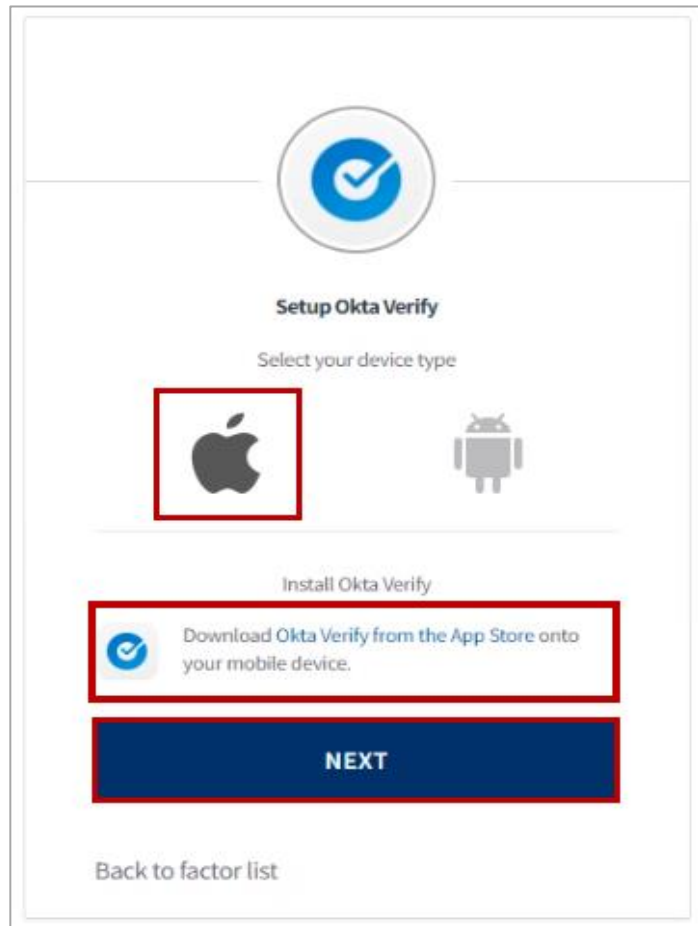
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MFA Example: Okta Verify

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, select **Add an account**.

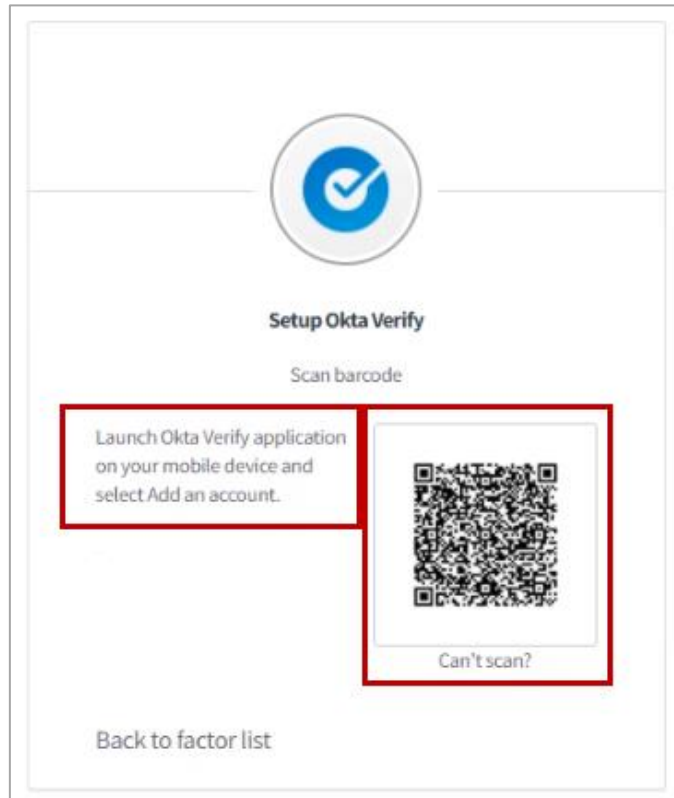
Then, scan the QR code from this page.

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.

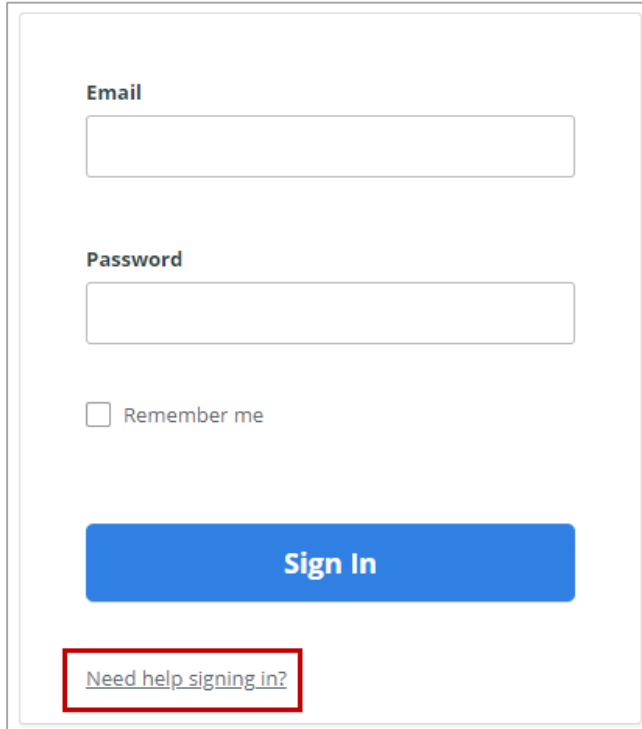
NOTE II: If a user switches to a new mobile phone for their authentication, they will need to call PAC and request a Multifactor reset.



Request for Help Logging In

If you cannot remember your password, or need help logging in,

- Click **Need help signing in?**



The screenshot shows a login form with the following elements:

- Email** label above a text input field.
- Password** label above a text input field.
- Remember me checkbox.
- Sign In** button.
- [Need help signing in?](#) link, which is highlighted with a red rectangular border.

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Reset Password

Two additional links display.

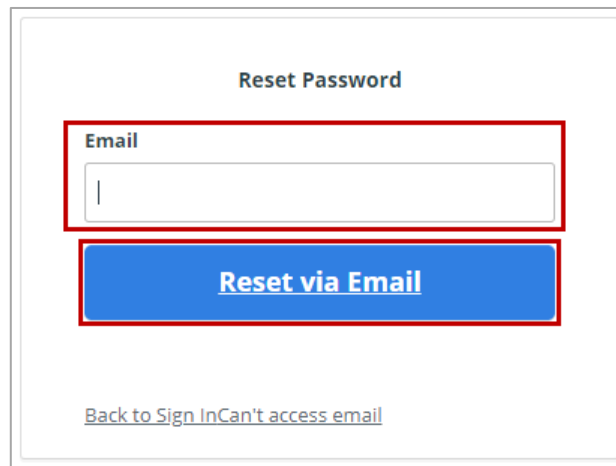
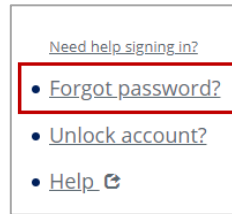
If the reason you are having trouble signing in is because you have forgotten your password,

- Click **Forgot password?**

Enter your email address, and

- Click **Reset via Email**

Instructions for resetting the password will be sent to your email immediately.



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Unlock Account

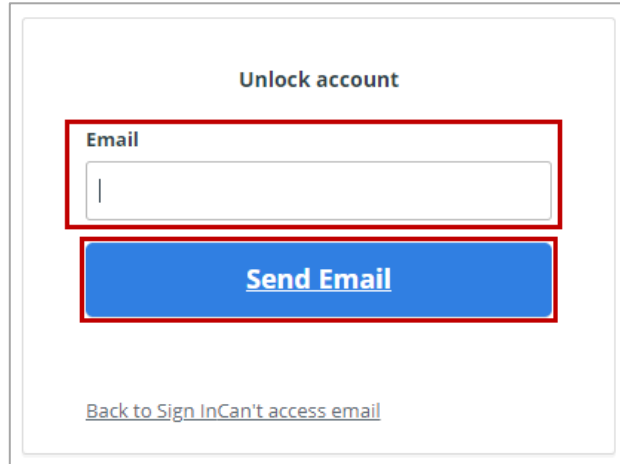
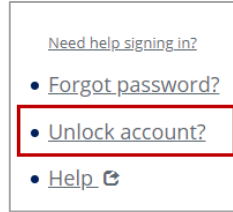
If the reason you are having trouble signing in is because your account is locked (after five incorrect log in attempts, your account is locked for 60 minutes),

- Click **Unlock account?**

Enter your email address and follow the instructions emailed to you.

For assistance with other frequently asked questions,

- Click **Help**.

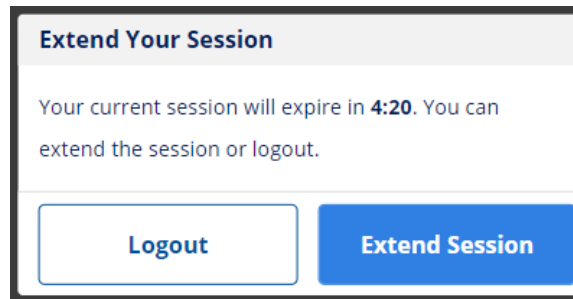


Logout due to Inactivity

The Provider Portal will automatically log you out if it is left in an inactive state for more than 30 minutes.

If you receive a message your current session will expire, you may click **Extend Session** to remain logged in.

Log back in as usual if the session expires before you can extend.



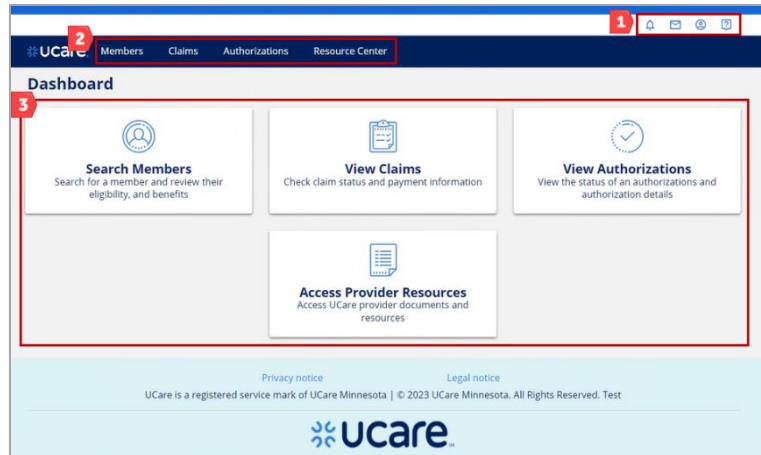
Provider Portal Home Page

The Homepage of the UCare Provider Portal is referred to as the *Dashboard*. It has a number of areas to help the user navigate the functionality they may wish to access:

1. Navigation tools
2. Dashboard header row
3. Dashboard tiles

We will look at each area to describe what can be done from that section.

The first set of icons we'll address are those in the upper right corner – the Navigation tools.



1. Navigation Tools

In the upper-right corner of the Dashboard you will find these four icons:

- *Notifications icon*
- *Message Center icon*
- *Profile/Logout icon*
- *Provider Portal FAQs icon*



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Notifications

Important information will be sent to users with your role via *Notifications*.

A red circle on the bell icon indicates there are new notifications to read.

When the page is open, unread notifications display with bold text.

Click the down-arrow to read the notification.

NOTE: It is not possible to respond to a notification. It is strictly meant to inform you of something.




Date	Notification Title	Action
Aug 5, 2021	Future Start date to test Notifications date issue 08-05	▼
Aug 2, 2021	Test Hyperlink UCARE-1584	▼
Aug 2, 2021	Notifications Date Issue UCARE-1819	▼
Aug 2, 2021	Notifications Dates fix -08/02/2021	▼
Aug 2, 2021	Notifications Dates fix 2-08/02/2021	▼
Jul 27, 2021	PIT Test Notification	▼
Jul 28, 2021	PIT Testing - Next Day Start Date	▼

Aug 2, 2021	Notifications Date Issue UCARE-1819	▼
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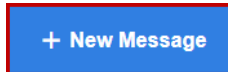
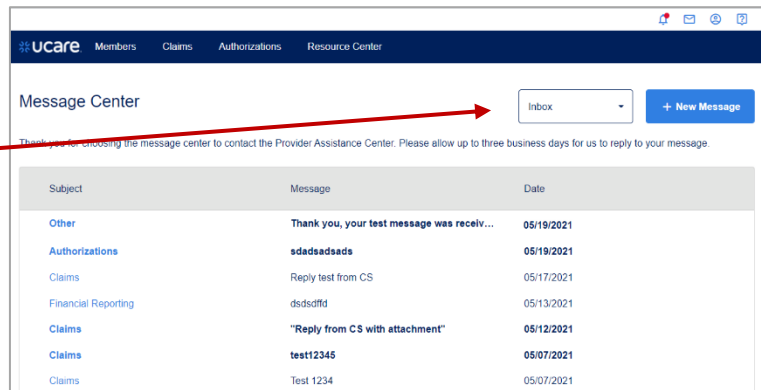
Message Center

You may send and receive messages to/from the Provider Assistance Center (PAC).

When the Message Center  is open, there are options for viewing your *Inbox* (the default view) or *Sent* items.

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.

Click the **+ New Message** button to create a message to be sent to the PAC.



Message Center: New Message

Click the *Subject* drop-down arrow.

- Choose the *Subject* you need from the list.

In this example, we are using the *Subject* of **Other**.

Message Center: Send the Message

- Type **Your Message**.
- Next add an attachment if appropriate.

NOTE: There is a limit of five documents that may be attached. Also note the supported file types listed.

- Drag and drop files to add an attachment, or click the **Upload Document** button.
- Click the **Send Message** button.

Message Center: 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.

- Click **Back to Message Center** to go back to the Inbox.

Profile/Log Out

Click **Profile** to view the details of your user profile.

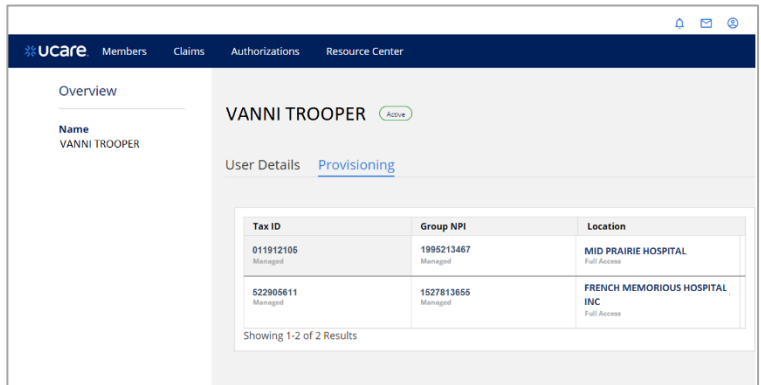
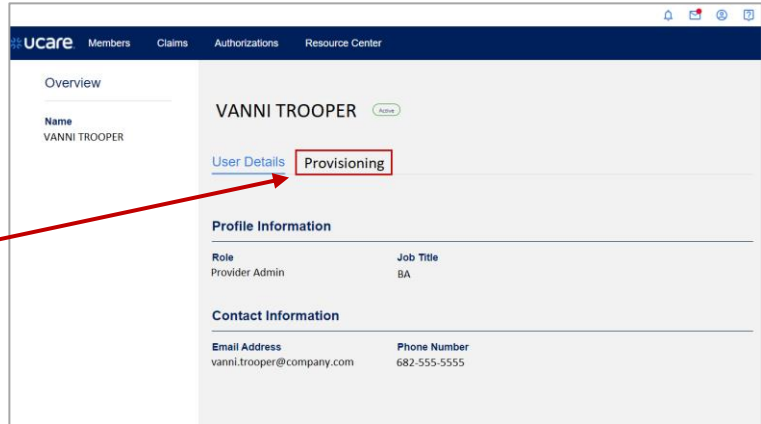
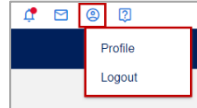
When you are finished working in the Provider Portal, click **Logout**.

On your *User Details* page, you can see your *Role* and *Contact Information*.


To see the TINs, NPIs and Locations you have access to, click the **Provisioning** tab.

Managed access means you have been given access to specific *Group NPI* and site *Locations* within the TINs you see on this page.

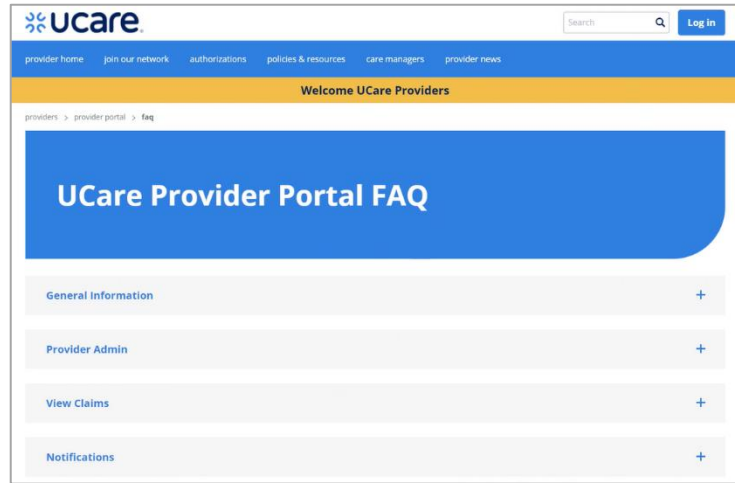
If your profile must be edited, it can be done by the Provider Admin for your organizational TIN.



Help and FAQs

When you click the **Help/FAQ** icon  , a new browser window opens.

This window contains a list of Frequently Asked Questions (FAQs) categorized for ease of use.

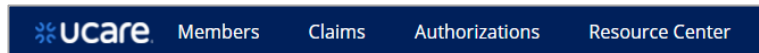


Dashboard Header Row

Each of the links on the header row take you to a different page or group of pages within the Provider Portal.

We will cover each page separately in this user guide.

NOTE: Provider Admins will also have *User Management* on the header row when they log into the Provider Portal. See the *Provider Admin User Guide* for information on User Management functionality.

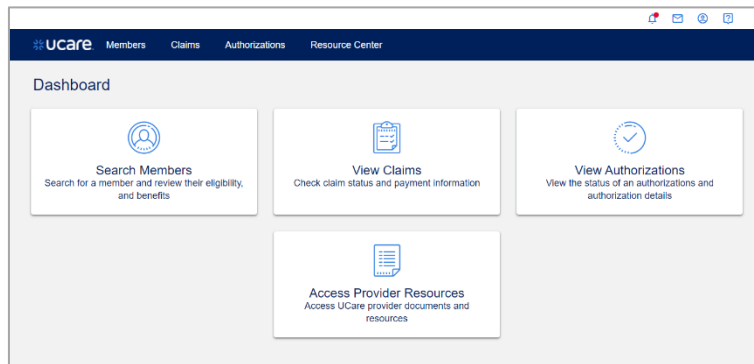


Dashboard Tiles

The *Dashboard* displays tiles showing the functionality available in the portal. There is room for, and the possibility of seeing up to six tiles in total. The number of tiles you see is determined by your profile and the access you need.

Click a tile to be taken to the page where the corresponding functionality is located.

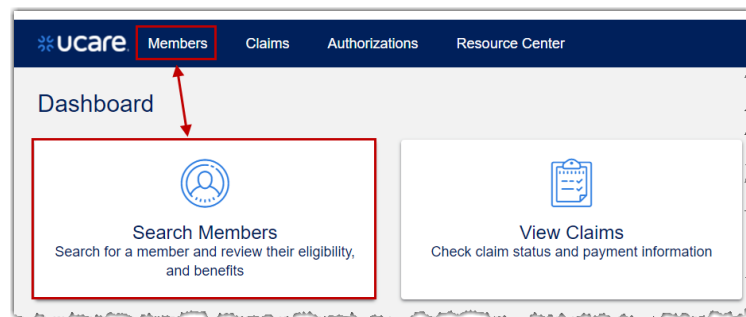
NOTE: The tiles correspond to many of the headers found on the Header Row.



NOTE: Once you begin to navigate to the various pages within the portal, it will be easiest to go to a different function using the header row (always available) rather than returning to the Dashboard where you see the tiles.

2. Members

To initiate a search for a member, click either the **Search Members** Dashboard tile, or the **Members** link on the Dashboard header.

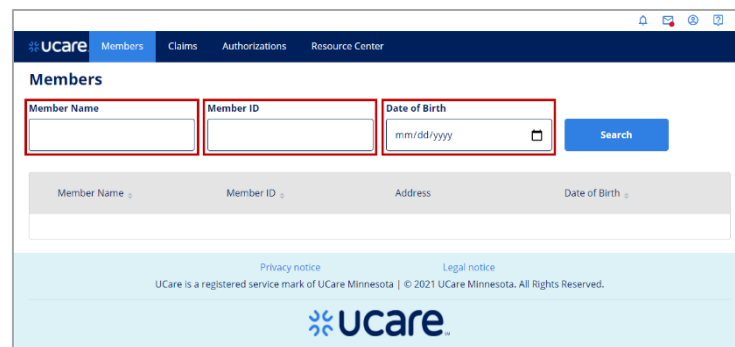


Member Search - continued

On the Members page, three search fields are available for use depending on the information you have.

Enter criteria in at least one of the following:

- *Member Name*
- *Member ID*
- *Date of Birth*



Then, click the **Search** 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.

In this example the search includes member name and date of birth:

- *Member Name* = **Stanislaus Gillespie**
- *Date of Birth* = **08/08/1961**
- Click **Search**

Click the **Member Name** in the results list to display the member record.

NOTE: It is possible there could be more than one matching result.

Member Name	Member ID	Address	Date of Birth
GILLESPIE, STANISLAUS	311111110	1711 HURSKU DR, STE 3 MINNEAPOLIS, MN 55431	08/08/1961

Showing 1 - 1 of 1

Member Pages Overview and Benefits

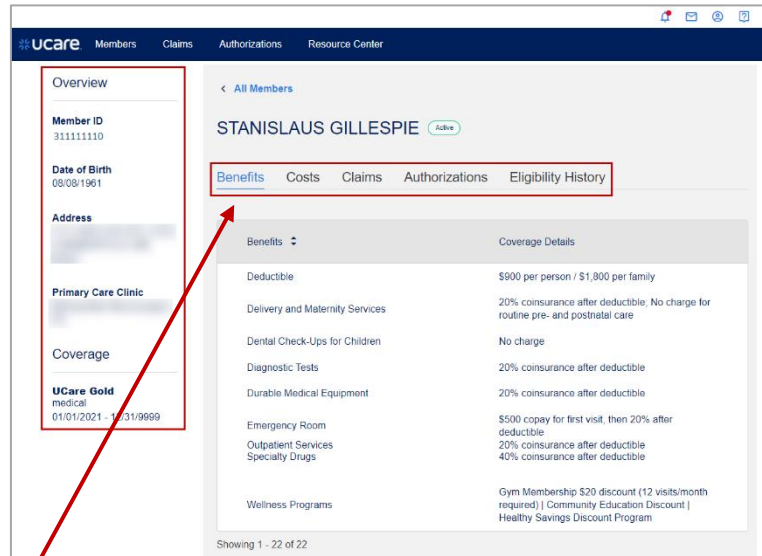
The Member record displays, showing the following in the left panel:

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*.



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.



Member Costs

Click the **Costs** tab.

The *Costs* page shows detailed information *In Network* and *Out of Network* spending.

Amount *spent* and amount *remaining* toward *out-of-pocket* limits will display.

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

< All Members

STANISLAUS GILLESPIE Active

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

Click **Claims** to view claims this member has with your organization.

To view detailed information on any of the claims displayed, click the link for the **Claim Number**.

You may also search for a claim within this member's record. Enter criteria in at least one of the following:

- *Claim Number*
- *Service Start Date*
- *Service End Date*

Claims matching your criteria will display. Click the **Claim Number** to show more details.

Benefits Costs **Claims** Authorizations Eligibility History

STANISLAUS GILLESPIE Active

Benefits Costs **Claims** Authorizations Eligibility History

Claim Number Service Start Date Service End Date

mm/dd/yyyy mm/dd/yyyy

Claim Number	Service Date	Billed Amount	Paid Amount	Claim Status
202107010285	02/12/2021	\$1,209.00	\$26.67	Final
202107401268	02/12/2021	\$1,209.00	\$0.00	Denied
202108213127	02/02/2021	\$27,986.23	\$857.40	Pended
202104803697	01/20/2021	\$150.00	\$0.00	Final
202104805927	01/19/2021	\$210.00	\$0.00	Final

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Claim Number Service Start Date Service End Date

mm/dd/yyyy mm/dd/yyyy

Claim Number Service Start Date Service End Date

202005609586 mm/dd/yyyy mm/dd/yyyy

Claim Number	Service Date	Billed Amount	Paid Amount	Claim Status
202005609586	02/20/2020	\$54.00	\$21.33	Final

Showing 1 - 1 of 1

Member Claims: Overview

An overview of the claim will display.

Information such as the *name* and *NPI* for the servicing provider, the *paid date* and *diagnosis codes* are visible on this page.

NOTE: The Provider Portal offers easy access to [Explanation of Payments](#) and the [Claim Reconsideration Form](#)

Two other “help” items, a [Claim Adjustment Reason](#) and [Remittance Advice Remark](#) are found in the left navigation panel on the [Claim Line Details](#) page.

To see other details for this claim, click the headers for [Payment Information](#) or [Claim Lines](#).

Click the **Payment Information** tab to view what that page includes.

Member Details

< STANISLAUS GILLESPIE

Member Name: STANISLAUS GILLESPIE

Claim Number: 202106808067

Member: STANISLAUS GILLESPIE

Status: Final

Claim Details

Overview | Payment Information | Claim Lines

Service Date: 01/14/2021

Billed Amount: \$356.00

Paid Amount: \$8.75

Claim Status: Final

Downloads

Explanation of Payments

Claim Reconsideration Form

Servicing Provider: HEALTH LEADERS SPECIALTY CLINICS

Servicing Provider NPI: 1463023819

Paid Date: 03/12/2021

Number of Lines: 1

Diagnosis

Code	Description
R41.0	DISORIENTATION UNSPECIFIED
G45.9	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED

Showing 1 - 2 of 2

Overview | **Payment Information** | Claim Lines

Member Claims: Payment Information

On the **Payment Information** page, you will see 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

Click the **Claim Lines** tab to view what that page includes.

Member Claims: Claim Lines

On the **Claim Lines** page, a list of services by **Procedure Code** will be displayed.

Click the description of the **Service** to view that specific claim line.

On the *Claim Line Details* page you can view information about the claim line – including:

- *Billing Details*
 - *Billed Amount*
 - *Paid Amount*
 - *Paid Date*
- *Claim Details*
 - *Units*
- *Procedure*
 - *Procedure Code*
 - *Procedure Description*
- *Modifiers*

Often the *Claim Adjustment Reason* and *Remittance Advice Remarks* will be of interest.

To return to the member record, click the **Claim No.** link.

Member Claims: Claim Lines - continued

Then, click the **Member Name** to go back to the main *Overview* page for this member.

Member Authorizations

Click the **Authorizations** tab.

The member's *Authorizations* page displays authorizations this member has with your organization.

Click the **Authorizations** tab.

Click the **Authorization Number** to view details for the Auth.

Benefits Costs Claims **Authorizations** Eligibility History

< All Members

STANISLAUS GILLESPIE Active

Benefits Costs Claims **Authorizations** Eligibility History

Authorization Number	Provider Name	Start Date	Authorization Status
1112T5CCA	AURIA MEDICAL GROUP	11/12/2020	Denied

Showing 1 - 1 of 1

Latest update date: 8/30/2023

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 am to 5:00 pm, Monday through Friday.

Member 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.

More information is given in the main section of the page:

- *Service Type*
- *Priority*
- *Dates*
 - *Start and End Dates*
 - *Decision Date*
 - *Admit Date* (if applicable)
 - *Discharge Date* (if applicable)
- *Diagnosis*
 - *Code*
 - *Description*
- *Requested Units/Days*
- *Approved Units/Days*
- *Procedure*
 - *Code*
 - *Description*

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.

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**

Status	Plan Name	Effective Date	End Date	Primary Care Clinic	Group Number
Active	UCare Gold	01/01/2021	12/31/9999	Morning side Neurosurgery PA	U00001_001
Inactive	UCare Gold	01/01/2020	12/31/2020	Morning side Neurosurgery PA	U00001_001
Inactive	UCare Gold	01/01/2019	12/31/2019		U00001_001

Showing 1 - 3 of 3

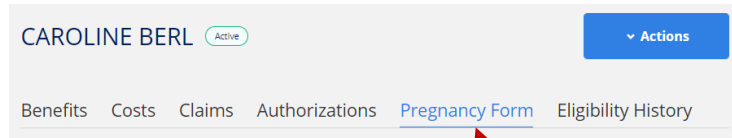


Member Pregnancy Program

UCare’s Pregnancy Program gives members important information to 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.

Additionally, this information can help to identify appropriate programs for the member as their pregnancy progresses.

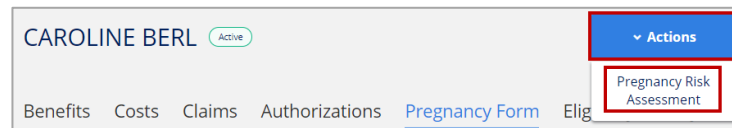
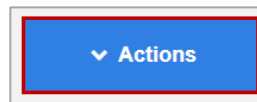


Not every member record will offer the Pregnancy Risk Assessment. The Provider Portal will include it when/where appropriate. A header for *Pregnancy Form* is situated between *Authorizations* and *Eligibility History*.

The Pregnancy Risk Assessment is found under the *Actions* button.

To initiate the assessment,

- Click the **Actions** button.
- Click on **Pregnancy Risk Assessment**.



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.

In the *Provider Information* section,

- *Clinic* = search for the name of the clinic, and more importantly the NPI of the facility by clicking the Search icon

- Type the **Clinic Name**, or **NPI**
- Click the **Search button**

Clinics matching your criteria will display.

Select the appropriate clinic, then click **Add Selected**.

	Clinic Name	Address	NPI
<input type="radio"/>	Orange Grove Medical Clinic	65415 GRAHAM A ORANGE CITY, ...	1902390214
<input type="radio"/>	Millie J Skarslif Mue	6342 YEAST AVE MINNEAPOLIS, ...	1985066730
<input type="radio"/>	Treatsman Family Medical Center	802 ROMAN ST SAINT PAUL, MN	1905187153

	Clinic Name	Address	NPI
<input checked="" type="radio"/>	Plains Family Medical Center PA	9132 SHIPMAN A... PLAINS PLOT, MN..	1463023819

Pregnancy Risk Assessment - continued

Enter the remaining required information in the *Provider Information* section:

- *Pregnancy Care Practitioner* = type the **name of the obstetrician**
- *Referral Type* = select the **type of referral** from the list:
 - *Pregnancy*
 - *Post-Partum*
- *Visit Type* = select the **type of visit** from the list
 - *Initial (Pregnancy Verification)*
 - *Prenatal*
 - *Other*

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 *

Referral Type *

Visit Type *

Completed *Provider Information* 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 *

Referral Type *

Visit Type *

Pregnancy Risk Assessment - continued

Complete the *Member Information* section,

- *Member Primary Language* = select the member's **primary language** from the list
- *Primary Phone* = type the member's **phone number**
- *Primary Type* = select the **type of phone** from the list
 - *Cell*
 - *Home*
 - *Work*
 - *Other*

Member Information

Member Primary Language *

English

Primary Phone * Primary Phone Type *

5555555555

Home

+

Use the **Plus icon** to add more phone information.

Primary Phone *	Primary Phone Type *
5555555555	Home ⊖ ⊕
7635555555	Mobile ⊖ ⊕

The **Minus icon** is used to remove it.

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)

Estimated Date of Delivery

09/10/2022

Complete the *Risk Factors* section.

Categories of risk are grouped as *Medical Risks, Social Risks, Other Risks* and a final *assessment of Pregnancy Risk* as determined by the person completing the form.

Risk Factors (Select All that apply)

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.

Medical Risks

- Previous Preterm Birth
- Previous Low Birth Weight Baby
- High Blood Pressure
- Depression or Anxiety, including History of Postpartum Depression
- Thyroid Disease
- Preeclampsia
- Other W/Comment
- Previous Perinatal Loss
- Expecting multiples
- Diabetes or Gestational Diabetes
- Seizure Disorder
- Hyperemesis Gravidarum
- Current or History of Pre-term Labor

Latest update date: 8/30/2023

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Risk Factors section - continued

Risks to the member’s pregnancy are identified and selected as follows:

- *High Stress*
- *Mother’s Age Greater than 40*

After selecting all applicable risks, an overall assessment of the risk in this pregnancy is made. In this example, the level is determined to be:

- *High Risk*

Social Risks

- Alcohol Use
- High Stress
- Financial Issues
- Intellectual Impairment
- Other W/Comment
- Drug Use
- Homelessness
- Lack of Support
- Domestic Violence or Intimate Partner Violence

Other Risks

- Tobacco Use
- Member Declined Quit Line
- Mother's Age Greater than 40
- Other W/Comment
- Member Referred to Quit Line
- Member Not Referred to Quit Line
- Lack of Prenatal Care

Your assessment of Pregnancy Risk *

- Low Risk
- Moderate Risk
- High Risk
- Not Applicable (Postpartum)

Additional Information section

- Enter any final *Comments*
- Click **Review**

Additional Information

Comments


Cancel Review

Latest update date: 8/30/2023

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Pregnancy Risk Assessment - continued

Take one final opportunity to review the form before submitting it.

Each section may be edited by clicking the Edit icon  .

When satisfied the responses are accurate, click **Submit**.

You will receive confirmation the form was submitted.

See the *Transaction ID* and *Completed* status at the top of the page.

If needed, you may print confirmation of the Pregnancy Risk Assessment and save it for future reference.

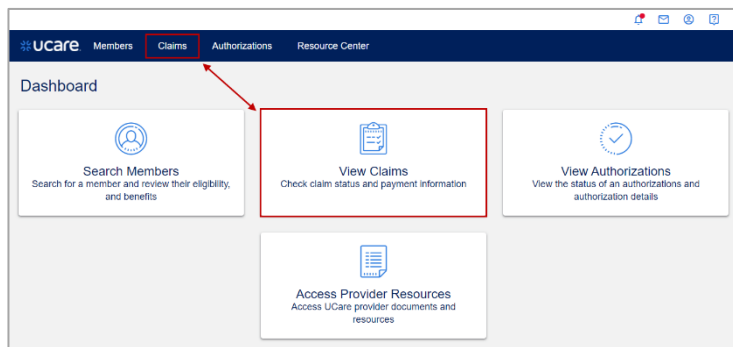
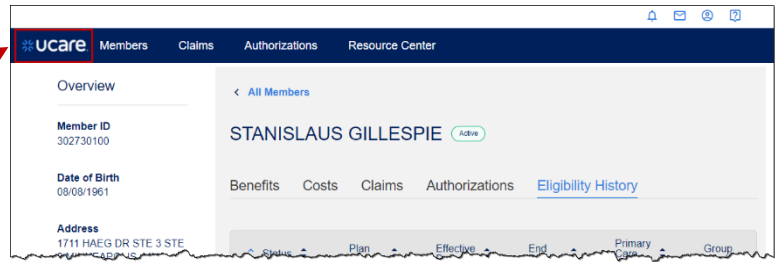
NOTE: Since there is no exit, or back button on this page, you will need to click the UCare logo or another of the navigation links on the blue header bar to exit the Pregnancy Risk Assessment form.

3. Organizational Claims

Return to the Dashboard by clicking on the **UCare icon** in the upper left corner.

You may also click any of the headers without returning to the Dashboard.

Click the **View Claims** tile, or **Claims** header to display claims associated with your provisional access.



Claim Search

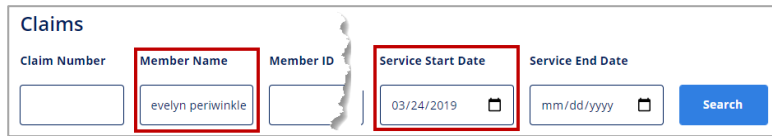
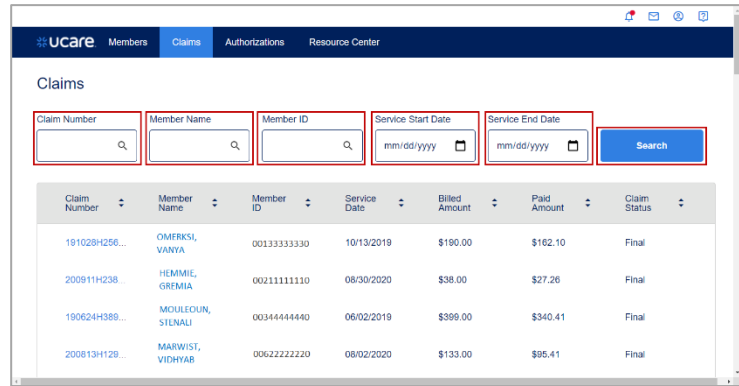
On the main *Claims* page, five fields are available for use in searching for a claim, depending on the information you have.

When searching for a claim, enter as much criteria as is available in the following fields:

- *Claim Number*
- *Member Name* [without punctuation]
- *Member ID*
- *Service Start Date*
- *Service End Date*

At least 2 pieces of search criteria will help speed up the retrieval process.

In addition, searching for an extremely common name or a wide service date range may result in a time-out error for your search.



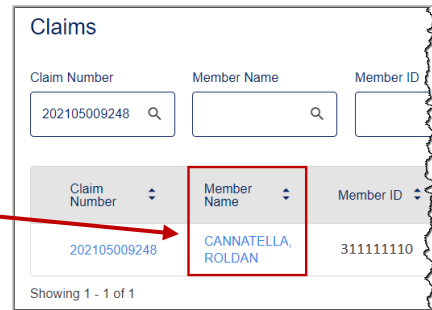
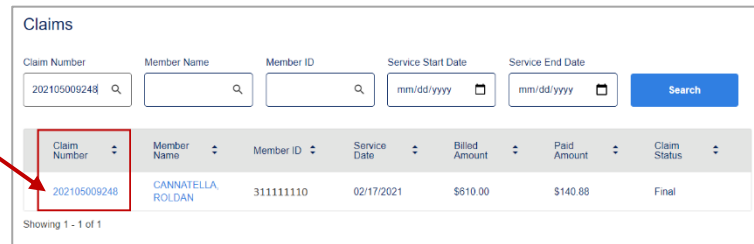
Then, click the **Search** button.

In this example the search is for *Member Name* = Evelyn Periwinkle with a *Service Start Date* = 03/24/2019

Click the **Claim Number** in the results list to display the claim record.

The claim record opens for viewing.

NOTE: Alternately you could click on the **Member Name** link. The member record opens, and the claim can then be accessed from the *Claims* page of the member record.



Claims: Overview

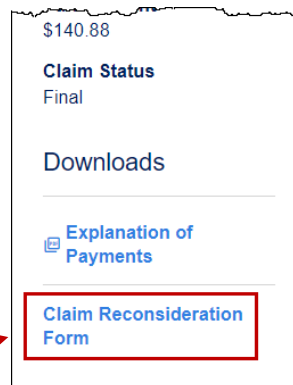
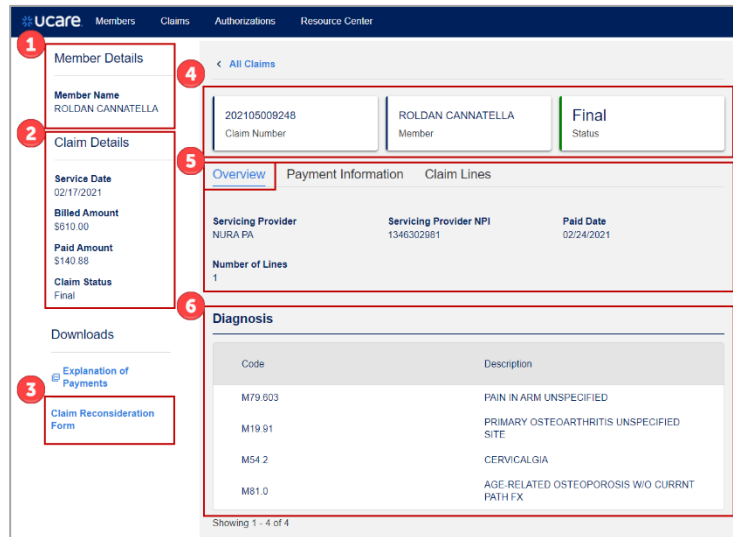
On the **Overview** page of the claim, you see several sections of information including:

1. *Member Details*
2. *Claim Details* in the left panel.
3. *Claim Reconsideration Form* can be launched directly from the individual claim.
4. *Claim Number, Member name and Status* of the claim display at the top of the main section.
5. *Overview* information includes:
 - *Servicing Provider*
 - *Servicing Provider NPI*
 - *Paid Date*
 - *Number of Lines*
6. In the lower section you see *Diagnosis*:
 - *Code*
 - *Description*

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.



Claims: Overview- continued

The *Claim Reconsideration Form (CRF)* opens in a new window. This makes it easy to copy and paste required information in the form, such as *Tax ID, NPI* and *UMPI* numbers, *UCare Member #* and *Claim Number/ICN#* from the Claim in the Provider Portal.

When all the required information is in place, you may add another claim form if needed.

Click the **Submit** button after completing the form.

ucare

PROVIDER CLAIM RECONSIDERATION FORM
One form per member.
 All required (*) fields are mandatory for automation.
 This form is not to be used in place of a replacement/lost claim (e.g. Modifier changes/Dx changed).

Ucare Product Selection **Request Type**

Contact Information

Requester* **Phone # (No Dashes)*** **Email***

Today's Date

Billing Provider Information

Are You A Contracted UCare Provider?* **Provider Name*** **Tax ID #***

NPI Number **UMPI Number**

Member Information

Member Last Name* **Member First Name*** **UCare Member #***

Claim Information

Claim Number/ICN#* **Date Of Service*** **Reason For Request***

Supporting Documentation*

Medical Records (Attach & Bracket Applicable Documentation Only)
 Refund (Only If The Claims Date Has Exceeded 12 Months)
 Remittance Advice
 Other

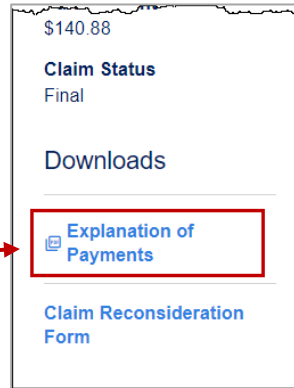
| no file chosen

You can attach multiple items at one time from the same folder

Claims: Overview- continued

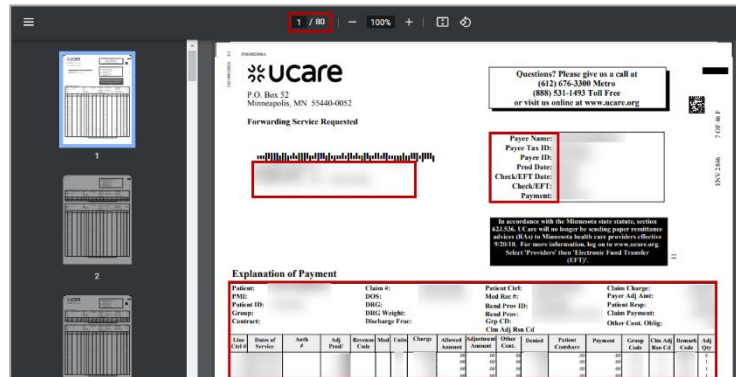
Another download of interest available from the claim *Overview* page is the *Explanation of Payments*.

To see how this looks, click the **Explanation of Payments** link.



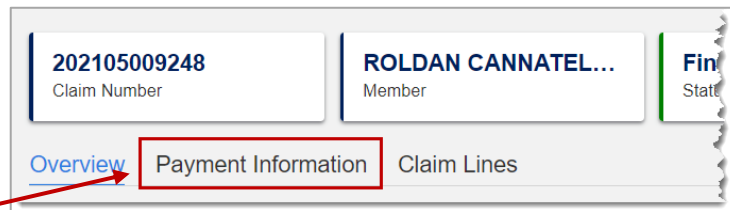
The *Explanation of Payments* PDF opens in a new window. This document is a record of all claims paid by one check or Electronic Funds Transfer (EFT).

Details with PHI have been blurred in this instance, but for your own organizational claims, you will be able to see payment amounts and all patient claim information included in this particular payment.



Continuing with our examination of the details of claims found in the Provider Portal, let's look at information related to the payment of the claim.

Click the **Payment Information** tab to view what that page includes.



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

To see further details for the lines of service, click the link for the *Service* you are interested in viewing. In this example, **HEMOGLOBIN** is selected.



Service	Procedure Code	Billed Amount
OFFICE O/P EST HI 40-54 MIN	99215	\$529.60
HEMOGLOBIN	85018	\$44.40
ROUTINE VENIPUNCTURE	36415	\$36.00

Showing 1 - 3 of 3

Latest update date: 8/30/2023

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Claim Lines: Details

The left panel of the *Claim Line Details* page contains several pieces of information that have already been shown.

New in this section are the *Claim Adjustment Reason* and a *Remittance Advice Remark*.

In the main body of the page, you will see *Billing Details*:

- *Billed Amount*
- *Paid Amount*
- *Paid Date*

Claim Details:

- *Units*

Procedure:

- *Code*
- *Description*

Modifiers:

- *Code*
- *Description.*

Claim Line Details

Line Number: 2

Authorization Number: 202105009248

Procedure Code: 85018

Billed Amount: \$44.40

Denied Amount: \$0.00

Claim Adjustment Reason
Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payers.

Remittance Advice Remark
Per legislation governing this program, payment constitutes payment in full.

Claim Line Status: Final

Billing Details

Billed Amount	Paid Amount	Paid Date
\$44.40	\$2.72	-

Claim Details

Units: 1.00000

Procedure

Code	Description
85018	Blood count; hemoglobin (Hgb)

Modifiers

Code	Description
------	-------------

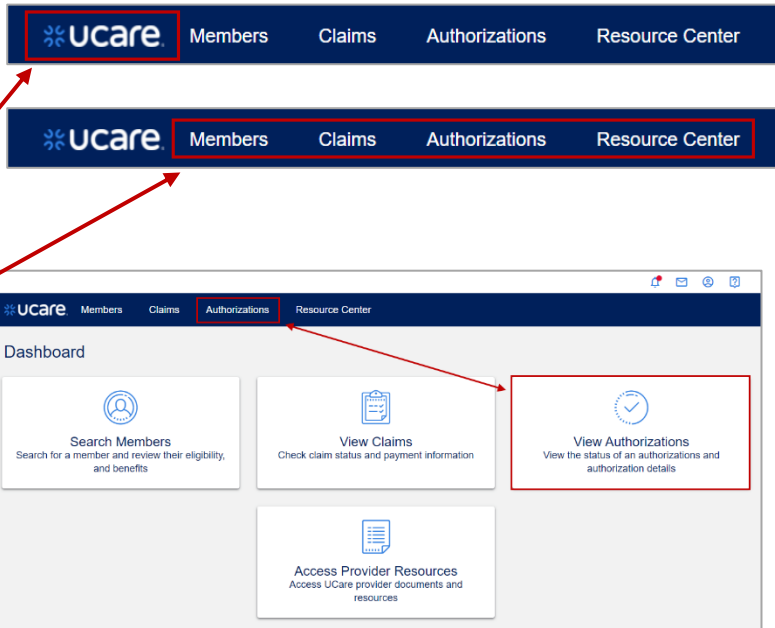
Ucare is a registered service mark of Ucare Minnesota | © 2021 Ucare Minnesota. All Rights Reserved.

4. Organizational Authorizations

After completing any research needed on claims, return to the *Dashboard* of the portal by clicking on the **UCare icon**

You may also click any of the headers without returning to the Dashboard.

Click the **View Authorizations** tile, or **Authorizations** header.



Authorization Search

On the *Authorizations* page, six fields are available for use in searching, depending on the information you have.

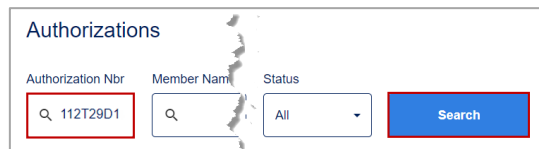
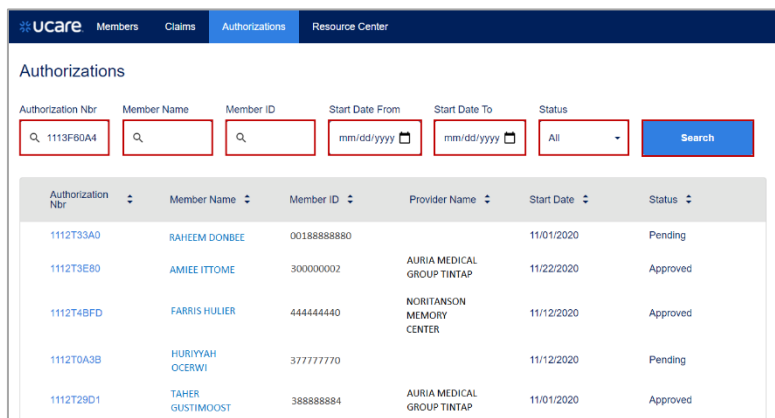
Enter criteria in at least one of the following:

- *Authorization Nbr*
- *Member Name*
- *Member ID*
- *Start Date From*
- *Start Date To*
- *Status*

Then, click the **Search** button.

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.



Authorization Details

On the left panel of the **Authorization Details** are the *Provider Name, Start Date, Authorization Status and Status Reason.*

In the main body of the page, you see:

Details which include the *Priority.*

Dates with everything from the start and end dates, the date of the decision, *Admit Date* and *Discharge Date.*

Diagnosis is where you will see the diagnosis code and description, followed by two sections for:

Procedure, 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.

The screenshot shows the 'Authorization Details' page in the ucare Provider Portal. The left sidebar contains a summary of the authorization: Provider Name (AVERA MEDICAL GROUP TYLER), Start Date (11/01/2020), Authorization Status (Approved), and Status Reason (-). The main content area is divided into several sections:

- Authorization Details:** Shows the Authorization Number (1112T28D1) and Member Name (TAHER GUSTIMOOST) with an 'Approved Status' indicator.
- Details:** Shows the Priority as 'Concurrent Standard'.
- Dates:** A table with columns for Start Date (11/01/2020), End Date (11/14/2020), Decision Date (11/12/2020), Admit Date (11/01/2020), and Discharge Date (11/14/2020).
- Diagnosis:** A table with columns for Code (Z74.9) and Description (PROB REL CARE PROV DEPENDENCY UNS).
- Procedure:** Two tables. The first shows 'Requested Units/Days' (14) and 'Approved Units/Days' (14). The second shows a table with Code (T2024) and Description (Service assessment/plan of care development, waiver).

 Red boxes highlight these sections, and red arrows point from the text in the left column to the corresponding sections in the screenshot.

5. Resource Center

Next, we will examine the Provider Portal *Resource Center.*

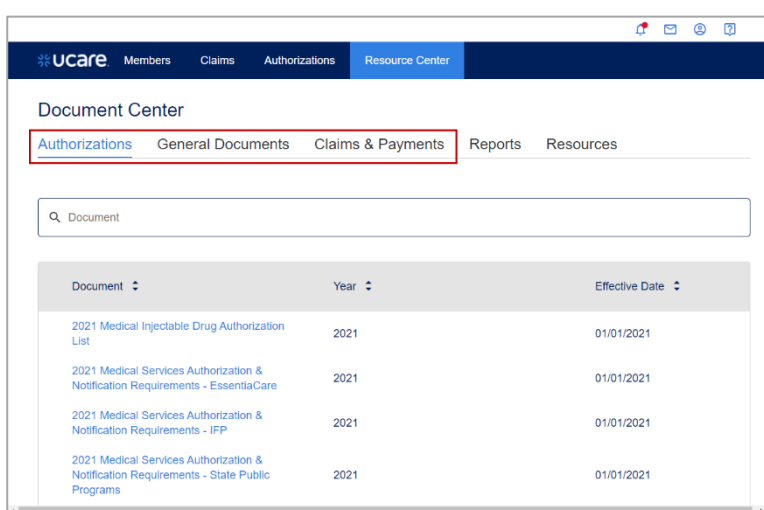
Click the **Resource Center** link on the header row.

The screenshot shows the top navigation bar of the ucare Provider Portal. The bar contains the ucare logo and several menu items: Members, Claims, Authorizations, and Resource Center. The 'Resource Center' link is highlighted with a red box.

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.

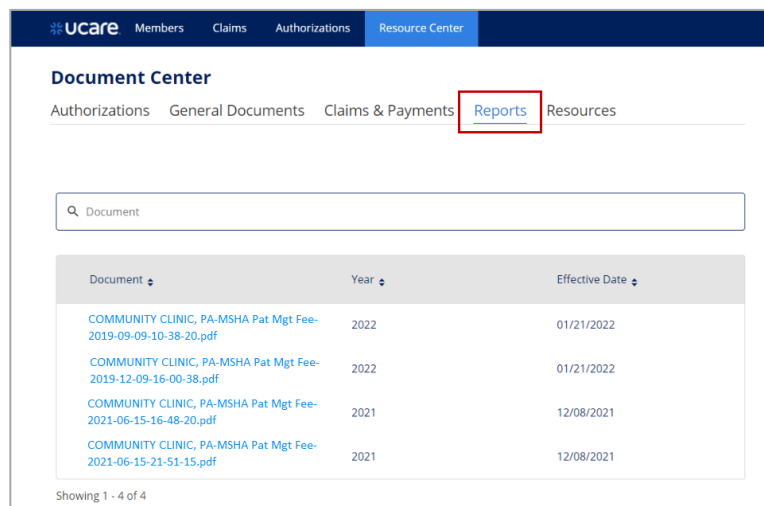


For Contracted Providers Only – Reports

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.

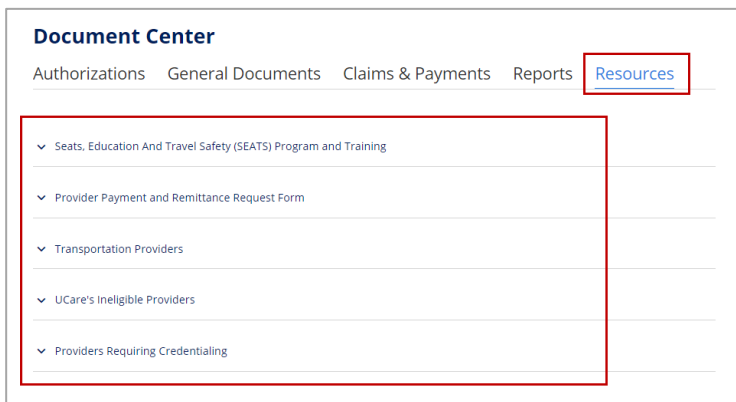


Resources

There are forms, links, and other information available on the *Resources* tab.

You will notice expandable categories for:

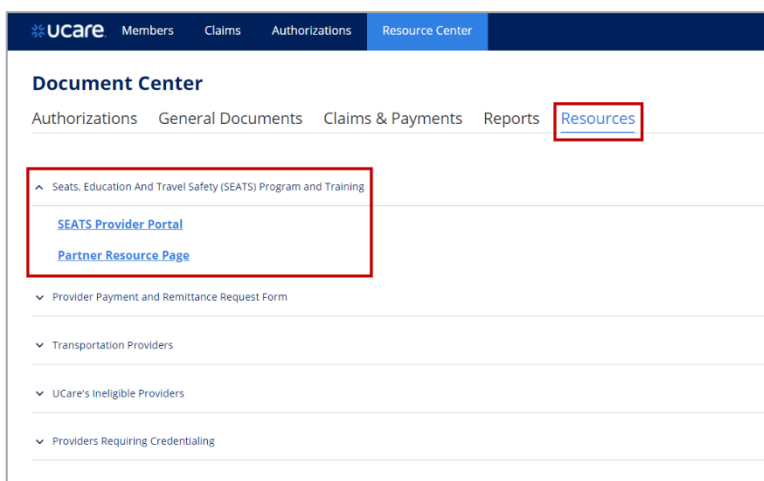
- SEATS Program and Training
- Payment and Remittance Request and Form
- Transportation Providers – NovusMed Login and Information
- UCare’s Ineligible Providers – the list of ineligible providers
- Providers Requiring Credentialing



Resources: SEATS Program

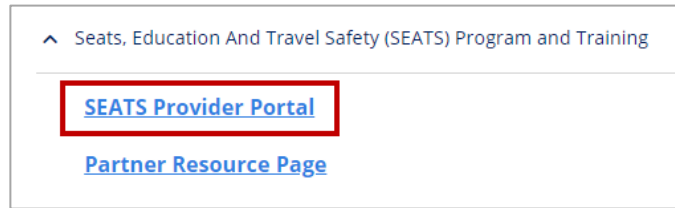
Two links to useful information for the Seats, Education and Travel Safety (SEATS) Program are available by opening the SEATS section on the *Resources* page:

- Link to the *SEATS Provider Portal*
- Link to the *Partner Resource Page*

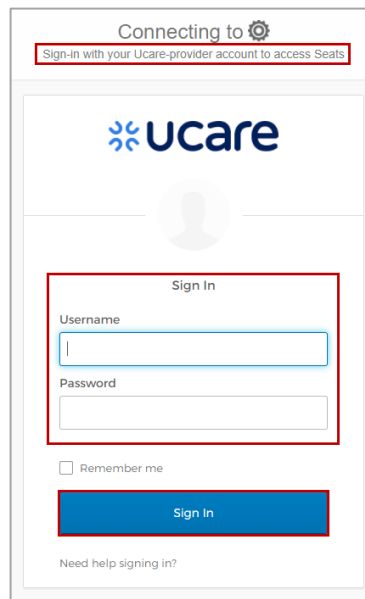


Link to SEATS Provider Portal

- Click **SEATS Provider Portal**



A new browser window opens, from which the user may sign in to access SEATS.

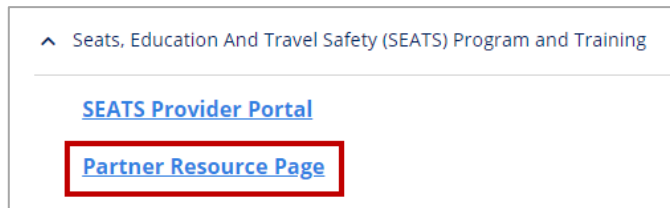


Latest update date: 8/30/2023

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Link to Partner Resource Page

- Click **Partner Resource Page**



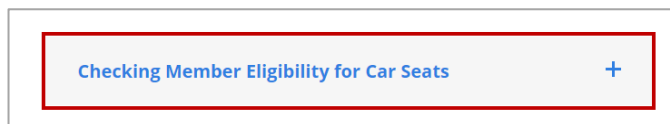
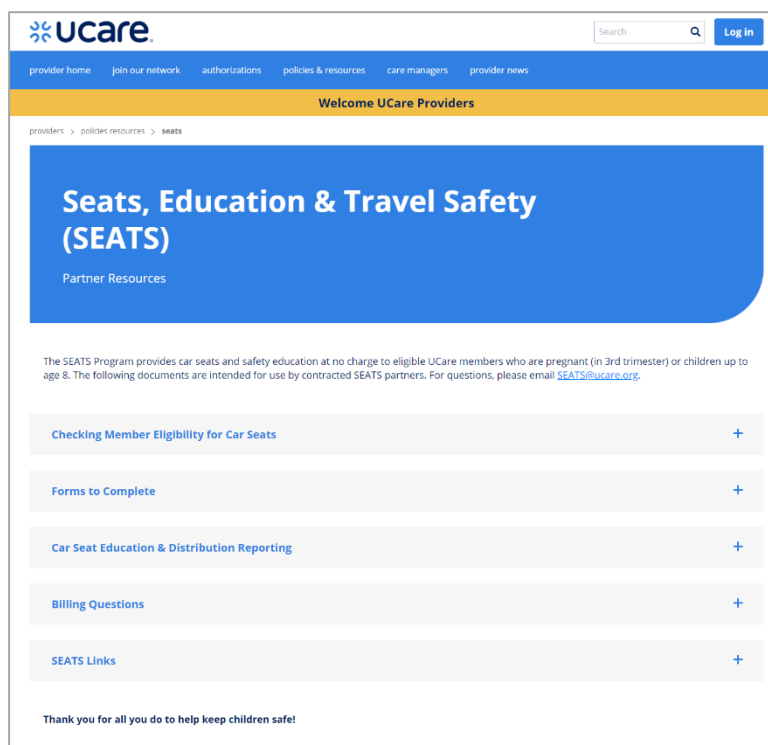
A new browser window opens, which displays and gives access to several Partner Resources for the SEATS Program.

Here you will find:

- Instructions for checking Member eligibility for car seats
- Forms to complete
- Reminders and instructions for car seat distributions
- General billing information
- Links to external sites, including:
 - MN Office of Traffic Safety – Child Passenger Safety
 - Care Seats Made Simple
 - Safe Kids USA

Expand the first accordion for **Checking Member Eligibility for Car Seats** to find:

- Car Seat Provider Training PowerPoint Slides
- Request A Car Seat – Quick Guide
- Car Seat New Provider Portal FAQs



Link to Car Seat Provider Training

- Click **Car Seat Provider Training PowerPoint Slides**

Checking Member Eligibility for Car Seats

Effective Feb. 3, 2020: NEW car seat eligibility request process. Please review the training content below.

Important Reminders:

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:

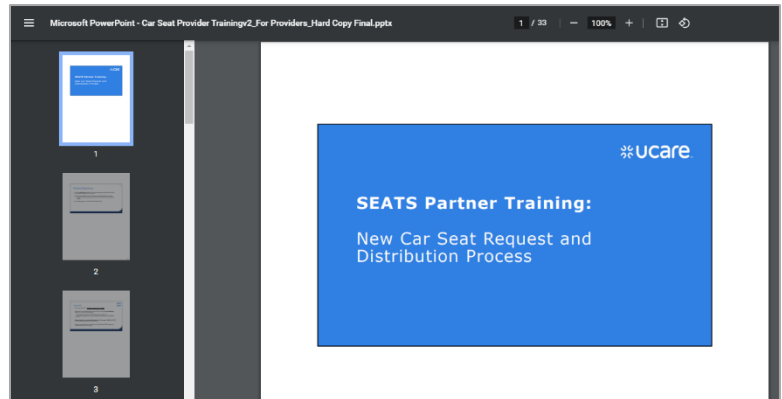
[Car Seat Provider Training PowerPoint Slides](#)

[Request A Car Seat – Quick Guide](#)

[Car Seat New Provider Portal FAQs](#)

A new browser window opens.

The slide deck used for training SEATS Partners displays.



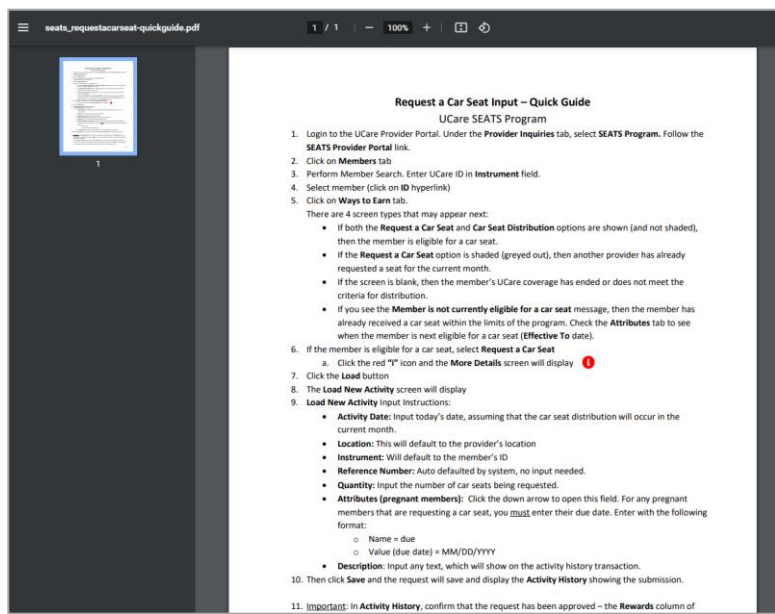
Link to Quick Guide for Requesting a Car Seat

- Click **Request a Car Seat – Quick Guide**

Instructions:

- [Car Seat Provider Training PowerPoint Slides](#)
- [Request A Car Seat – Quick Guide](#)
- [Car Seat New Provider Portal FAQs](#)

A new browser window opens. The Quick Guide for steps for requesting a car seat and the input needed displays.



Latest update date: 8/30/2023

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 am to 5:00 pm, Monday through Friday.

Link to New Car Seat Provider FAQ document

- Click **Car Seat New Provider Portal FAQs**

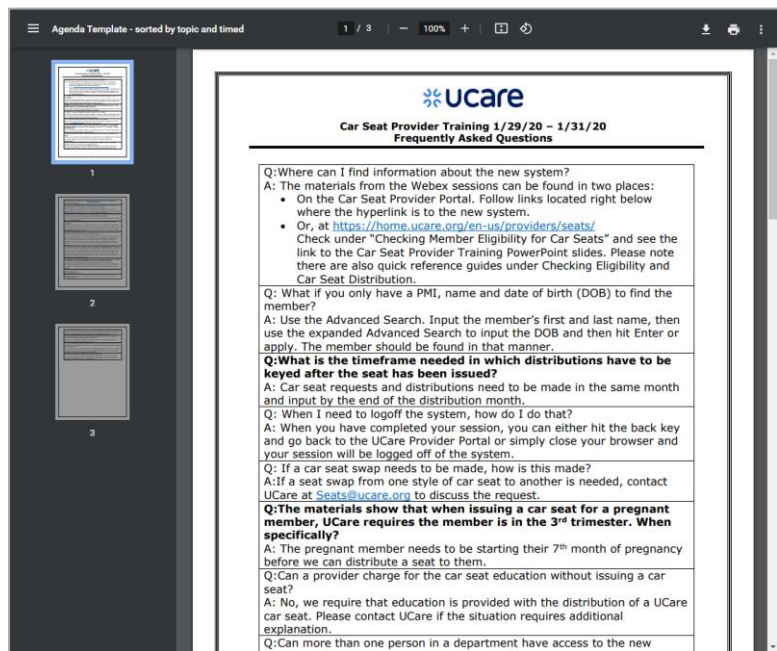
Instructions:

[Car Seat Provider Training PowerPoint Slides](#)

[Request A Car Seat – Quick Guide](#)

[Car Seat New Provider Portal FAQs](#)

A new browser window opens.
The Frequently Asked Questions by new car seat Providers document displays.



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Resources: Payment and Remittance Request Form

UCare offers Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

Document Center

Authorizations General Documents Claims & Payments Reports [Resources](#)

▼ Seats, Education And Travel Safety (SEATS) Program and Training

▲ Provider Payment and Remittance Request Form

[EFT/ERA form](#)

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.

▼ Transportation Providers

▼ UCare's Ineligible Providers

▼ Providers Requiring Credentialing

Link to EFT/ERA form

- Click **EFT/ERA form**

A link will display with instructions and a form to complete

▲ Provider Payment and Remittance Request Form

[EFT/ERA form](#)

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.

After clicking the link from the new Provider Portal, a new browser window opens.

For instructions on using the EFT/ERA form, see the form itself.

Please allow 10 business days for processing.
 *All fields required
[Instructions](#)

The screenshot shows the Ucare Provider Portal interface. At the top, there is a navigation bar with links for 'provider home', 'join our network', 'authorizations', 'policies & resources', 'care managers', and 'provider news'. A search bar and a 'Log in' button are also present. Below the navigation bar, a yellow banner reads 'Welcome Ucare Providers'. The main heading is 'Provider Payment and Remittance Request Form'. A note states 'Please allow 10 business days for processing.' and '*All fields required'. A red box highlights an 'Instructions' link. The form is divided into several sections: 1. Provider Information (with fields for Provider Name, Group practice name, Provider Address, Street, City, State, and Zip); 2. Provider Identifiers (with fields for Federal Tax Identification Number (TIN) and NPI/UMPI); 3. Provider Contact Information (with fields for First Name, Last Name, Email Address, and Phone Number); 4. EFT Information (with a question about adding or changing payment method or banking information); 5. ERA Information (with a question about adding or changing remittance method or information); and 6. Authorized Signature (with fields for Electronic Signature and Title of Person Submitting Request). At the bottom, there are 'Submit' and 'Cancel' buttons.

Latest update date: 8/30/2023

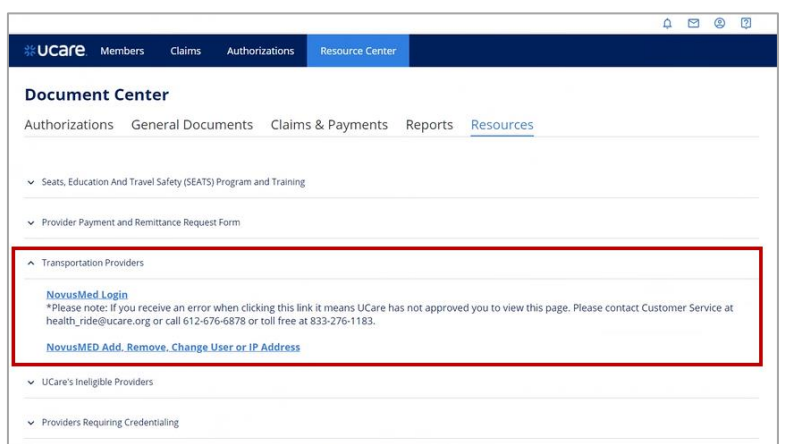
Detailed information can be found at ucare.org/providers. The provider manual can also be found at this link. Our Provider Assistance Center is also available for questions and can be reached at 612-676-3300 or toll free at 1-888-531-1493. The hours of operation for the Provider Assistance Center are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

Resources: Transportation Providers

Within the Transportation Providers section, a user can access the link to the **NovusMed Login**.

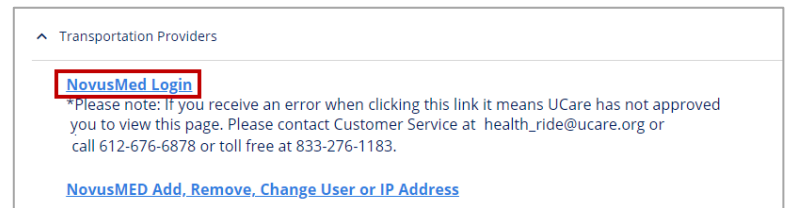
A second link provides access to two forms available from the Provider 'Manage Your Information' page:

- **NovusMED User – Add, Remove, Change**
- **NovusMED IP Address – Add, Remove** - allows providers to add or remove their IP address

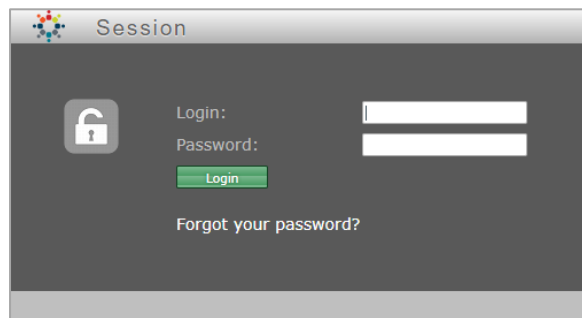


Link to NovusMed Login

- Click **NovisMed Login**



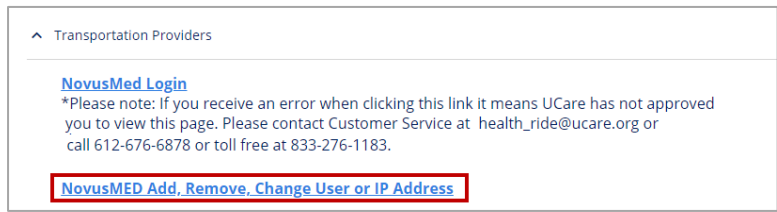
If you have credentials for NovusMed you may log in from the page that displays.



[Link to NovusMed – Add, Remove, Change User or IP Address Forms](#)

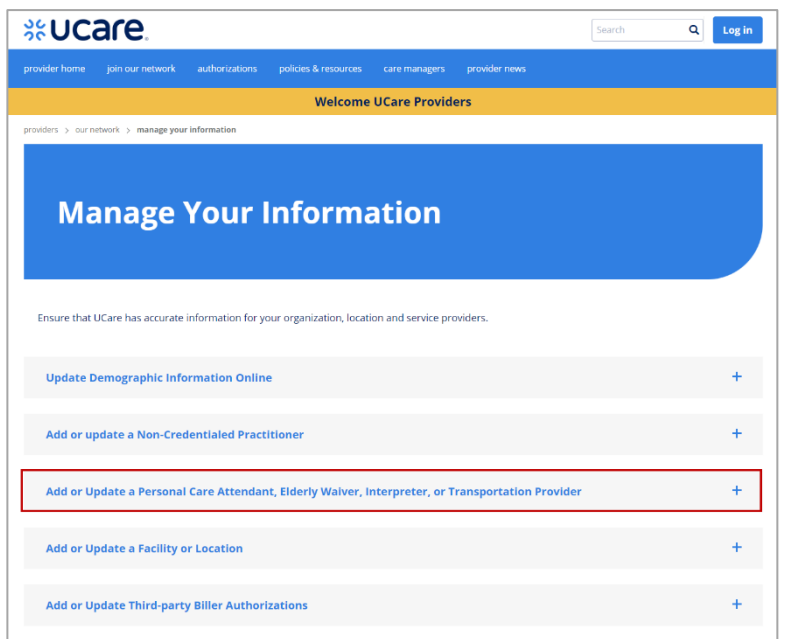
To access two forms for adding, removing or changing user and IP address information:

- Click **NovusMed – Add, Remove, Change User or IP Address link**

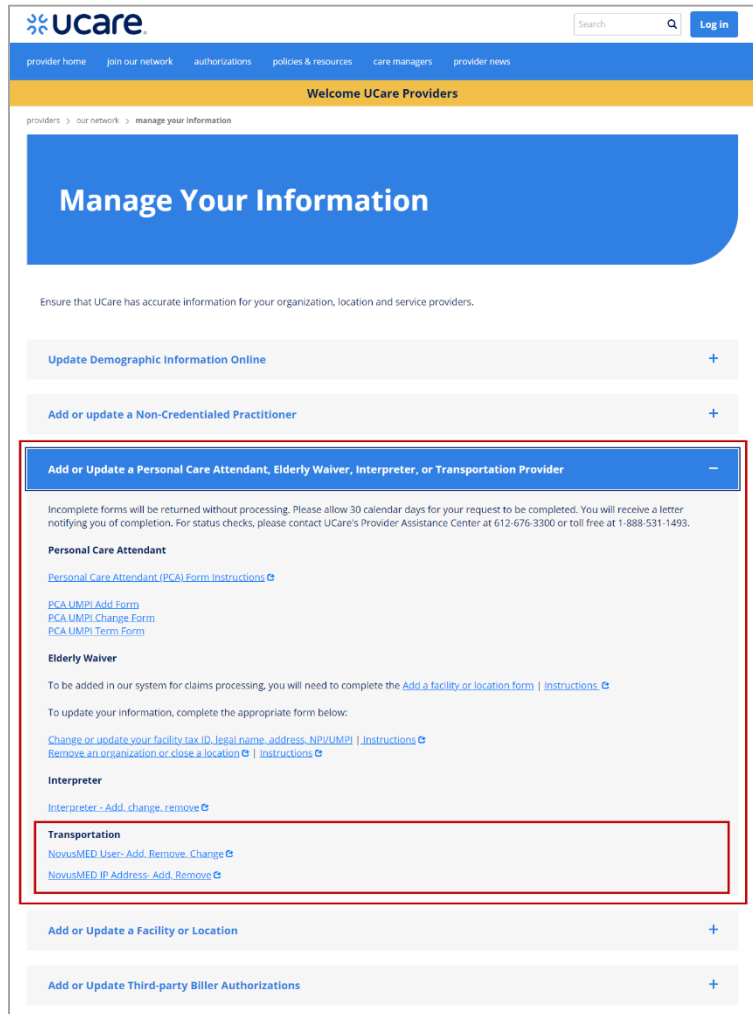


The page for providers to manage their information displays in a second browser window.

To locate the Transportation Provider forms, scroll down if needed, and click to expand the accordion labeled **Add or Update a Personal Care Attendant, Elderly Waiver, Interpreter, or Transportation Provider**.



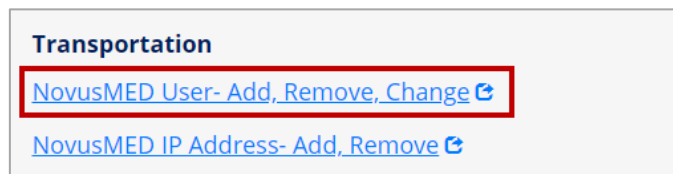
Once the accordion is expanded, continue to scroll down to find the section labeled *Transportation*.



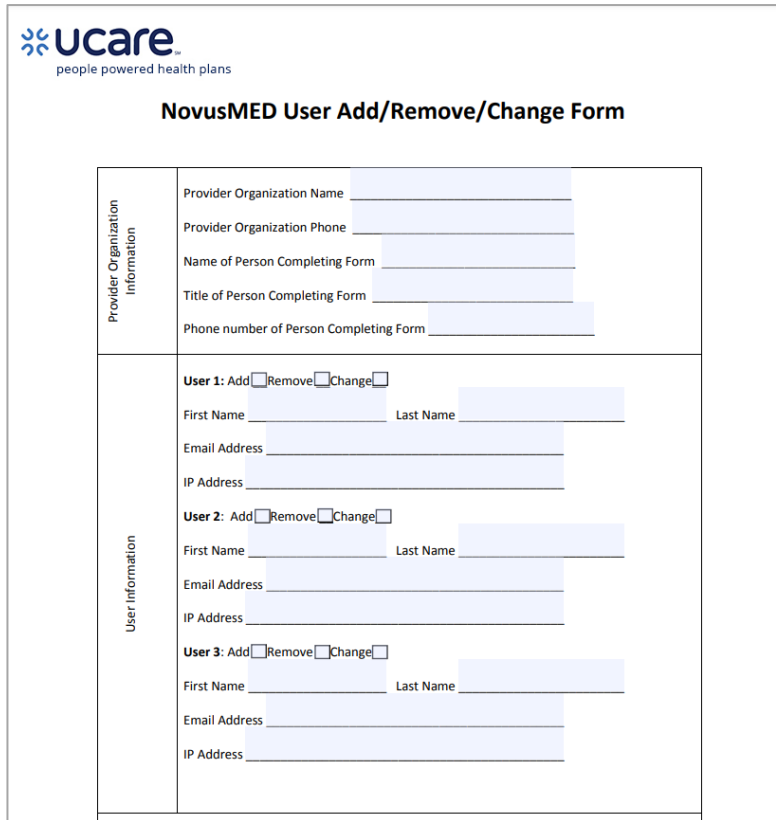
[Link to NovusMed User – Add, Remove, Change Form](#)

The *NovusMED User – Add, Remove, Change* form allows providers to add, remove or change information for a user.

- Click **NovisMed User – Add, Remove, Change**



The *NovusMed User Add/Remove/Change Form* displays ready to be completed.



Provider Organization Information	
Provider Organization Name	<input type="text"/>
Provider Organization Phone	<input type="text"/>
Name of Person Completing Form	<input type="text"/>
Title of Person Completing Form	<input type="text"/>
Phone number of Person Completing Form	<input type="text"/>
User Information	
User 1: Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/>	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
IP Address	<input type="text"/>
User 2: Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/>	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
IP Address	<input type="text"/>
User 3: Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/>	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
IP Address	<input type="text"/>

Latest update date: 8/30/2023


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 am to 5:00 pm, Monday through Friday.

[Link to NovusMed IP Address – Add, Remove Form](#)

The *NovusMED IP Address – Add, Remove* - allows providers to add or remove their IP address.

- Click **NovisMed IP Address – Add, Remove**

Transportation

[NovusMED User- Add, Remove, Change](#) 

[NovusMED IP Address- Add, Remove](#) 

[Link to NovusMed IP Address – Add, Remove Form- continued](#)

The *NovusMED IP Address Add/Remove Form* displays ready to be completed.



NovusMED IP Address Add/Remove Form

Provider Organization Information	Provider Organization Name <input type="text"/>
	Provider Organization Phone <input type="text"/>
	Name of Person Completing Form <input type="text"/>
	Title of Person Completing Form <input type="text"/>
IP Address Information	IP Address 1 <input type="text"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
	IP Address 2 <input type="text"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
	IP Address 3 <input type="text"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
	IP Address 4 <input type="text"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
	IP Address 5 <input type="text"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>

Instructions

Add: UCare will add this IP address to the existing list for your agency.
Remove: UCare will remove this IP address from the existing list for your agency

UCare requires your public IP address to allow your network access to NovusMED. To find your public IP address, use a web browser on the computer you will login to NovusMED and go to www.google.com.

In Google's search bar, type "What is my IP address?" and hit Enter.

Google will display your public IP Address in the search results. Enter this number into the IP Address information field of the form.

Please note: UCare can approve multiple email addresses for an organization or user. If you need more IP Addresses approved, please include them on the form.

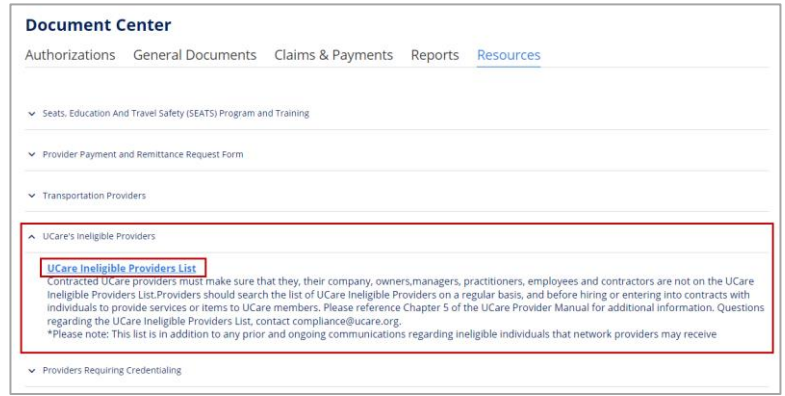
Submit this form to health_ride@ucare.org.

Latest update date: 8/30/2023

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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.



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.



Latest update date: 8/30/2023

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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](#)

Seats, Education And Travel Safety (SEATS) Program and Training

Provider Payment and Remittance Request Form

Transportation Providers

UCare's Ineligible Providers

Providers Requiring Credentialing

[Providers Requiring Credentialing](#)

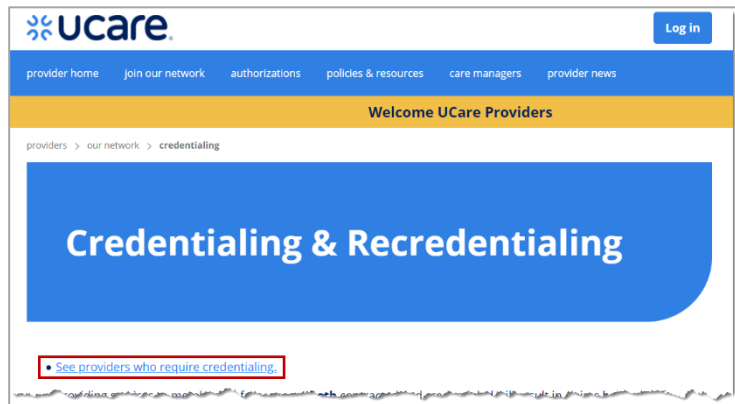
Please refer to the list on [UCare.org](#) to identify practitioners and facilities that require credentialing before they can be added to UCare's system.

A new browser window opens, which displays information about the Credentialing & Recredentialing process.

Here you will find a link to:

- *See providers who require credentialing.*

Click the link to find a new browser page opens with more information.



The *Practitioner License Types & Facilities Who Require Credentialing* page offers sections to explain the various practitioners and organizations that do and do not require credentialing.

When finished looking at the information provided on this page, you may go back to the portal by clicking on the browser window tab for the portal.

