



December 2025

Welcome to UPHP's Bimonthly Provider Newsletter. This is your one-stop shop for all the latest news and updates from Provider Relations. This newsletter is a collaborative project that allows us to distribute important information from various departments at UPHP. This will be sent out to all Office Manager email addresses currently on file and will occur bimonthly on the 15th.

You can also view previous Provider Newsletters and other vital communications by visiting our [UPHP Provider Resources](#) page.

Please forward this to others within your facility as needed. Please contact [UPHP Provider Relations](#) to update any email addresses or request additional ones to be added to the distribution.

## In This Newsletter:

[Clinical](#) | [Compliance](#) | [Pharmacy](#) | [Risk Adjustment](#) | [UPHIE](#)

## Clinical



### The Kidney Connection

While both creatinine blood and urine tests are recommended annually for members living with diabetes, Healthcare Effectiveness Data and Information Set (HEDIS) Measurement Year (MY) 2024 data show that only 45% UPHP members are getting both recommended tests.

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## Tobacco Cessation

While the use of vaping products is declining among young adults, another type of flavored nicotine product is gaining popularity: oral nicotine pouches. These pouches are like other smokeless tobacco; however, it differs as they contain a nicotine powder instead of tobacco leaf. These pouches (most commonly Zyn pouches) are now the second most used tobacco product among middle and high school students (1.8%) following e-cigarettes (5.9%). The sales of nicotine pouches increased by 641% in the US between 2019 and 2022 showing a marked usage increase.

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## UPHP Medicare Chronic Care Improvement Program (CCIP) Annual Report

In accordance with Centers of Medicare and Medicaid (CMS) requirements, UPHP annually conducts Chronic Care Improvement Projects (CCIP) designed to improve member health outcomes and satisfaction.

**CCIP Topic:** Reducing Poor HbA1C (>9) Control in Members living with Diabetes.

**Who:** UPHP MI Health Link Dual Eligible Medicare – Medicaid Plan members ages 21 years and older living with diabetes.

**What:** Decrease the Healthcare Effectiveness Data and Information Set (HEDIS) Comprehensive Diabetes Care (CDC) HbA1c Poor Control (>9) rate and achieve a CY 2025 CMS 5-star rating.

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## From Coverage to Care: Activating Medicaid for Adolescent and Young Adult Health

Despite being eligible for comprehensive preventive services through Medicaid, many adolescents and young adults miss out on annual wellness visits. For health care providers, this gap represents not just a missed billing opportunity—but a critical failure in preventive care, early intervention, and long-term health equity.

### **The Problem: Underutilization Despite Coverage**

Medicaid covers annual wellness visits for children, teens, and young adults up to age 21 under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Yet data consistently show that utilization drops sharply after early childhood. Adolescents and young adults, especially those from low-income families, often go years without seeing a provider unless they're sick or pregnant.

## UPHP Clinical Advisory/Utilization Management Committee Meeting Update

The Upper Peninsula Health Plan (UPHP) Clinical Advisory/Utilization Management Committee (CA-UM) held its quarterly meeting on Sept. 10, 2025. The Committee members reviewed and approved the following Clinical Practice Guidelines:

- MQIC – Adult Preventive Services (ages 18-49)
- MQIC – Preventive Services for Infants and Children (birth-24 months)

The Committee reviewed and approved the following utilization management criteria:

- Reduction Mammoplasty Criteria

Adopted UPHP clinical practice guidelines and utilization management criteria are available for download at <https://www.uphp.com/providers/provider-resources/>.

Utilization management criteria is available by calling the UPHP Utilization Management department at 906-225-7774. Criteria can be sent to you via mail, fax, e-mail and/or can be shared over the phone or provided to you at UPHP.

## Compliance



## UPHP Culturally and Linguistically Appropriate Services (CLAS) Program Progress Update

Upper Peninsula Health Plan (UPHP) is committed to providing equitable, inclusive, and respectful care to all members. As part of our commitment to health equity, we have developed and implemented a comprehensive Culturally and Linguistically Appropriate Services (CLAS) Program to address the diverse cultural, linguistic, and social needs of our members. This program aligns with the National CLAS Standards and ensures that all individuals, regardless of their background or language preference, have access to high-quality, person-centered care.

# Pharmacy



## Pharmacy Benefit Management Change to Express Scripts - Effective Jan. 1, 2026

Upper Peninsula Health Plan (UPHP) will be changing Pharmacy Benefit Managers from Prime Therapeutics to Express Scripts starting Jan. 1, 2026. Express Scripts is sometimes referred to as 'ESI' or by its parent company name, Evernorth Health Services.

### What does this change mean?

- Starting Jan. 1, 2026, Express Scripts will be responsible for the following as it relates to the pharmacy benefit for UPHP Medicaid and UPHP MI Coordinated Health (HMO – DSNP):
  - o processing all prior authorization and appeal requests.
  - o drug formulary administration.
  - o pharmacy-related customer service.

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## Coverage Changes to GLP-1 Drugs for Weight Loss Starting Jan. 1, 2026

Starting on Jan. 1, 2026, the Michigan Department of Health and Human Services (MDHHS) will implement strict coverage reductions of Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists (Wegovy, Zepbound, Saxenda, liraglutide [generic Saxenda]) for the treatment of Obesity under the Medicaid Benefit. These changes will impact patients covered under both Michigan Medicaid Fee-For-Service and Medicaid Managed Care Organizations (MCOs), such as Upper Peninsula Health Plan (UPHP), as MI MCOs are required to align drug coverage with the MDHHS Common Formulary.

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## Asthma Medication Ratio

An important Healthcare Effectiveness Data and Information Set (HEDIS) measure, the asthma medication ratio (AMR), is a ratio of asthma controller medications to the total number of asthma medications (Figure 1). This measure serves as an indicator of the quality of asthma care. The AMR < 0.5 threshold has been used to identify patients with poorly controlled asthma. For measurement year (MY) 2024, UPHP reported an AMR percentile of 51.95% which is below the 10th percentile MY 2023 benchmark.

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## Risk Adjustment



### Getting it Right: Top 10 Risk Adjustment Documentation Oversights & Fixes

Welcome to the fifth and final installment in our series, *Getting it Right: Top 10 Risk Adjustment Documentation and Coding Opportunities*. Accurate provider documentation is key for proper diagnosis coding, reimbursement, and quality care.

In the past four issues of the UPHP Provider Newsletter, we highlighted common pitfalls identified through audits and chart reviews and practical strategies to address them.

[READ THE FULL ARTICLE HERE](#)

**UPHIE**



## UTIF V3 Requirements

The United States Core Data for Interoperability (USCDI) Version 3 will become mandatory on Jan. 1, 2026. This version introduces several new data classes and elements, including Social Determinants of Health (SDOH), which are critical for improving data exchange and interoperability across health care systems.

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## New MIGateway Module

We're excited to announce the launch of ACRS CareLink, a new MIGateway module designed to make patient relationship management faster, easier, and more intuitive for care teams who need quick access to patient data. If you've ever struggled with the 12-data-element requirement in Manage ACRS, this is a transformative upgrade.

### What Is ACRS CareLink?

ACRS CareLink allows users to search MIGateway's Master Patient Index (MPI) using just a first and last name. No need to input 12 separate data fields. Once a match is found, users can declare a relationship with a single click.

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