UCare Connect & Connect + Medicare
November Bi-Annual Care Coordination Meeting

November 13th and November 14th
Agenda

• Welcome
• People Powered Social Media-Wendy Wicks
• Restricted Recipient Program 101-Anna Morris & Rebecca Lozano
• Retention Program-Jae Yang
• 2020 Connect & Connect + Medicare Benefits-Robert Burkhardt
• Behavioral Health Triage-Elena Hawj
• Model of Care-Bobbi Jo Glood
• Care Coordination Survey-Bobbi Jo Glood
• Care Coordination Updates-Bobbi Jo Glood
• Q & A
people powered social media

Wendy Wicks, communications & public relations
Nov. 2019 SNP care coordinator training
hardest working people in the industry
the stories that connect with social media audiences
“Every morning I come in at 6:30 and then I go meet with our members. My role is to get them to their doctor and help them understand the care the doctor is providing. Many of our members have multiple diagnosis and take multiple medicines, so we try to educate them on adherence,” said Deu. “My phone is always ringing, my days are busy. I love it.” Sometimes you know immediately when you meet a remarkable person … like Deu Yang – our Clinical Liaison and LPN who helps our Hmong members, especially seniors, navigate the health care system. She is a certified medical and legal interpreter who speaks fluent Lao and Hmong. Today we caught Deu leaving to meet with a member who was having a medical crisis and needs a referral. For 19 years, Deu has been making a difference and building trust with the Hmong community. Deu in action: http://ow.ly/1biw30jqtvx
When you meet Shakena (Kena) in Customer Service, she blinds you with her smile and enthusiasm for UCare and UCare members. Recently, she helped one of our members who lives with a disability get the answers he needed. When the call accidentally dropped, she called him back "immediately and did a super job assisting me and was very efficient."

Thank you Kena! #PeoplePoweredHealthPlans www.ucare.org
#ChangeTalk

"I'm passionate about empowering UCare members to find their own strengths. First I ask permission to ask questions. Then we have a conversation about what the member knows, what they don't know and what they need to start making positive changes in their health," explains Marie, a certified health coach who helps UCare members with diabetes and migraines.

Marie was trained in motivational interviewing which is a very empathetic way of connecting with people. "We meet our members where they're at, reflect back what they tell us, make sure they feel heard, summarize what they're saying and ultimately help them work on how to move forward and take action. It's a true collaboration."

Marie has been working with a member who had severe daily migraines and other chronic pain. During their conversation, the member remembered using biofeedback to control epilepsy when he was younger and thought maybe it would work for his migraines. He set a goal of doing biofeedback three times a week and his migraines decreased significantly!

Marie calls these conversations CHANGE TALK which silences your inner critic and promotes "envisioning what is possible, what's the best thing you can do for yourself."

UCare
Published by Hootsuite [?] · December 24, 2018 at 2:01 PM · 🌈
Marta believes happiness and hopefulness are always possible.

I absolutely love the role of care coordinator when helping members thrive even when they live in a more limiting environment. With age, we are at a higher risk for encountering new illness or worsening illnesses, which often lead to ER visits, hospitalizations and care facility stays. My work supports members when this happens. My focus is on comfort and ease of transition.

One of my members resided in a nursing facility for more than a year at the time of his UCare enrollment. He thought he would only be there less than 30 days and was now eager to move into his own apartment. However, he faced numerous barriers including lack of a familial or friend support system.

Within a short time and through UCare's network of connections, we found a care facility with independent-living apartments.

From helping with securing a moving truck, budgeting, medical equipment and authorizations to coordinating primary care and skilled therapies, my member’s physical and mental energy came back. The unhappiness faded, and hopefulness bloomed.

Marta Tolefree
advocates, de-complicators, peace-of-minders, figure-outers

your secret power
www.facebook.com/ucarehealthplan
www.linkedin.com/company/ucare/
www.twitter.com/ucaremn
Sharing your story

• Send story and photo to Wendy Wicks
  – Email wwickss@ucare.org
  – Call 612-676-3567

• Post to your timeline and tag UCare

• Follow UCare’s Facebook, LinkedIn, Twitter

• REACT (e.g., LIKE), SHARE, COMMENT, TAG YOURSELF

• Protect member PHI
brainstorm & questions
thank you!
Minnesota Restricted Recipient Program Overview

2019
Objectives

• Minnesota Restricted Recipient Program (MRRP) Introduction
• Restriction Rationale
• Recommending a Member for Restriction
• UCare’s Restriction Process
• Contacting the RR Team
Minnesota Restricted Recipient Program (MRRP)

- Minnesota Restricted Recipient Program (MRRP) is a state mandated program for MN Health Care Programs (MHCP) members only.
- Multiple organizations manage restrictions for this state mandated program, including UCare.
  - UCare currently has 570 members with active restrictions (as of 10/19)
- MRRP is a method of coordinating health care for members who have used services at a frequency or amount that is not medically necessary and/or who have used health services that resulted in unnecessary costs to the MHCP.
- When a member is placed in MRRP they must obtain services from Designated Primary Care Providers:
  - Physician
  - Clinic
  - Hospital
  - Pharmacy
- All primary care providers need to be within 30 miles of members current address.
Minnesota Restricted Recipient Program (MRRP)

- A restricted member is prohibited from using personal care assistant (PCA) choice or consumer directed community supports (CDCS) while on the Restricted Recipient Program.
- Initial restriction of a member is for 24 months.
  - Members who have completed their initial restriction and are again placed in the restricted program will be restricted for 36 months.
Reasons for Restriction

- Reasons members may be initially restricted:
  
  **B1. Not medically necessary**
  **B2. Duplicate services**
  **B3. Continued behavior after warning**
  B4. Altered/duplicated MHCP ID card
  B5. Used another’s MHCP ID card
  B6. Someone else used MHCP card
  B7. Forged or changed prescription
  B8. Misrepresented symptoms
  B9. Incorrect eligibility information
  B10. False information about health services
  B11. Obtained services by false pretenses
  B12. Obtained potentially harmful services
  **B13. ER use for non-emergent care**
  B14. Med Trans outside of local trade area
  B15. Cancelled services to avoid spenddown
Reasons for Re-Restricion

• Reasons member may be re-restricted:
  C1. No Referral to Physician/Providers
  C2. ER Use for Non-emergent Care
  C3. Used Wrong Pharmacy
  C4. Used Wrong Providers/Clinics
Recommending a Member for Restriction

• Member is already restricted by:
  – DHS MA-FFS
  – Another Health Plan (MCO)

• Referral sources:
  – Providers
  – Hospitals
  – Pharmacies
  – Internal UCare reports
  – DHS
  – Case Managers:
    • Internal/External
Criteria to Consider

• # of Emergency Department (ED) visits.
• # of Hospitals used for ED visits.
• # of Doctors (Primary and Specialty).
• # of Clinics.
• # of Pharmacies.
• # of Controlled medications prescribed:
  – Scheduled II-V.
• High utilization does not mean inappropriate utilization
UCARE PRODUCTS AND RESTRICTION

• Members in the following products can be enrolled in the RR program:
  – PMAP
  – MN CARE
  – CONNECT/CONNECT +
  – MSHO
  • If enrolled in Medicare during restriction period, members must complete restriction period and will graduate upon restriction end date if Medicare coverage remains in place
UCare Restriction Process

- Intake referral is received/member is flagged for review
- Claims are collected:
  - AMYSIS
  - BI Launch
  - Claims from MA-FFS or another MCO
  - PMP
- Review of collected claims is completed by RRC (Restricted Recipient Coordinator) noting restriction decision
UCare Restriction Process (cont.)

- "Do Not Restrict" decision:
  - Case closed and no further action is required
  - Referrals for case management or other health maintenance programs is sometimes completed
  - Member’s claims could be reviewed again in 3 or 6 months

- "Restrict" decision:
  - Notify member via "Initial Restriction" letter.
    - This letter notifies the member about the RR program and that they will be restricted in 30 days
    - Within 30 day notice period, member has the right to file an appeal with UCare and select providers.
Removal from RR Program

- If no appeal is submitted/restriction is upheld following appeal review, members will only be removed from RR program if:
  - Disenroll from Minnesota HealthCare Programs (MCHP)
    - If member temporarily loses coverage, extension is added for time lost once coverage is reinstated
    - Incarceration
    - Death
  - Move outside of MHCP state lines
Primary Care Provider Requirements

• Primary Care Provider (PCP) must be a:
  – Family Practice
  – General Practice
  – Internal Medicine
  – DO (Osteopathy)
  – Pediatric (if member is a child)
  – Nurse Practitioner
  – Physician's Assistant

• Members can not be assigned to a Resident for a PCP.
Accessing Specialty Care

• UCare Restricted Recipient Program (RRP) requires referrals for any provider outside of PCP
• Additional providers can include but are not limited to:
  – Specialists
  – Hospitals/Discharge providers
  – Emergency Department/Urgent Care providers
• Without the appropriate referrals from PCP, claims and medications will reject.
• Referrals are NOT required for services like physical therapy or counseling provided by a non-prescriber.
Restricted Recipient Referral Forms

• UCare has 2 referral forms located on the UCare website (www.ucare.org)
  – Medical Referral form:
    • This is the form used by PCP’s for any additional provider or specialist.
  – Prescribing Privileges for PCP Partners:
    • This form is used by PCP’s who would like to indicate other providers at the clinic who can see and prescribe medications if they are out of the office.
Contacting the RRC Team

• Malorie Cloutier, RRC Supervisor

• Current ACs:
  – Teresa Johnston
  – Bridget Sutcliffe

• Current RRCs:
  – Jessica Graves
  – Susan Martin
  – Katie Daas
  – Gabrielle Dorn
  – Anna Morris
  – Rebecca Lozano
  – Krista Friese
Contacting the RRC Team (cont.)

- **RR Triage Line:** 612-676-3397
- **RR Fax:** 612-884-2316
- **Email**
  - restrictedrecipient@ucare.org
  - Personal emails are not shared with members
- **Personal Extensions**
  - Only first names provided to members
- **Jabber**
Questions
Keep Your Coverage Program

For UCare Connect (SNBC) and UCare Connect + Medicare (SNBC) (HMO D-SNP)
Our program

• Keep Your Coverage program, UCare’s retention program, started in 2013 to address high disenrollment rate

• Valuable support services for members with questions about maintaining coverage

• Goals:
  • Help members maintain coverage
  • Prevent gaps in accessing health care services
UCare Special Needs BasicCare plans

Keep Your Coverage Services are offered for

- **UCare Connect**
  Non-integrated plan

- **UCare Connect + Medicare**
  Integrated plan
UCare Connect eligibility

- Must have a certified disability-SSA or SMRT
- Are at least 18 and under 65
- Must have Medical Assistance with or without Medicare Parts A and B
- Live in the 62-county UCare Connect service area
UCare Connect + Medicare eligibility

- Must have a certified disability - SSA or SMRT
- Are at least 18 and under 65
- Must have (MA)Medical Assistance and both Medicare Parts A and B
- Live in the 62-county UCare Connect+ Medicare service area
UCare Connect disenrollment and retention

• Late eligibility renewal paperwork = primary disenrollment reason
• Keep Your Coverage Program helps members during MA renewal process
• Team specialists help more than 500 members monthly
Keep Your Coverage Program Results

September 2019

545 Prevented disenrollments

254 UCare Connect members

291 UCare Connect + Medicare members
Reasons for disenrollment

September 2019

- Eligibility Ended: 1603
- Other: 64
- Death: 41
- Move: 23
- Non Payment of Spend down: 22
- Voluntary: 15
- Exclusion: 12
- Capitation: 8
- Loss disability: 1
- First Year Change Option: 1
- Blank: 1

Disenrollment Reason

Number of Disenrollments
Retention activities

- Identify members at risk of losing eligibility
- Mail outreach letters
- Operate a dedicated call center
- Collaborate with counties and case coordinators to track current MA eligibility for renewal retention activities
- If requested, help member contact county with questions about renewal requirements
- Select members up for renewal will receive a robo call reminder
Account Validation Service (AVS)

- Help members understand the form
- Send members a new form
- Provide instructions on returning the form
- Refer members to the Keep Your Coverage Program for assistance
Our specialists

• Jae Yang, LGSW
  612-294-5472
  jyang@ucare.org

• Abdi Warsame
  612-294-5473
  awarsame1@ucare.org

• Hli Lo Xiong, LSW
  612-294-5332
  hxiong@ucare.org
We’re here to help

UCare Keep Your Coverage Help Line
612-676-3438
1-855-307-6978
TTY: 1-800-688-2534
8 am to 5 pm, Monday-Friday

SNBCkeepcoverage@ucare.org
Retention program letter

Keep Your Coverage Program

[Image]

September 2016

[Signature]

[Name]

Dear [Name],

[Message]

[Contact Information]

Sincerely,

[Signature]

[Name]
Keep Your Coverage Program

Helping SNRC members keep their coverage

UCare's Keep Your Coverage Program is dedicated to helping UCare Connect (SNRC) and UCare Connect+ Medicare Special Needs SNP (SNRC) members avoid disruptive lapses in health care and services.

The specialists provide personal assistance in Medicaid Assistance (MA) renewal. They can:

- Help members meet eligibility requirements
- Assist members in preparing forms
- Assist with completing forms when needed
- Work with county financial workers and case managers
- Educate members on benefits and provider networks

We're here to help

Nan Le-Khoury, LSW
Keep Your Coverage Specialist
nle-khoury@ucare.org

Jue Yang, LSW
Keep Your Coverage Specialist
jyang@ucare.org

Abdi Waranwee
Keep Your Coverage Specialist
awaranwee@ucare.org

Call: 612-662-4468 or 1-888-203-8044; TTY: 1-866-669-2544

UCare Connect + Medicare HMO SNP is a health plan that contracts with both Medicare and the Minnesota Medicaid Program to provide benefits of both programs to eligible enrollees in UCare Connect + Medicare SNP. (Covered under Medicare Part A & B)

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We welcome your questions
Thank you
2020 UCare Connect, UCare Connect + Medicare Benefit Changes

SNBC Care Coordinator Training
Connect + Medicare Service Area

- Connect + Medicare service area expansion from 11 to 62 counties effective 1/1/2020
- Connect and Connect + Medicare service areas are now the same
- Provider, county, enrollee education materials will be distributed 4th quarter 2019
## Existing Additional / Supplemental Benefits

<table>
<thead>
<tr>
<th>KEY BENEFITS AND PERKS</th>
<th>UCare Connect</th>
<th>UCare Connect + Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep Your Coverage Program, which helps members with Medical Assistance renewal paperwork.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>Free SilverSneakers® Fitness gym membership</strong> at all participating locations</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>No-cost fitness kits with at-home activities such as Stress Relief, Tai Chi, Sit &amp; Be Fit and Latin Dance upon request</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Up to a $15 discount on most community education classes in Minnesota (limits apply)</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Save up to $200 a month at participating grocery stores with Healthy Savings. Shop and save when you buy select healthy foods including milk, whole-grain bread, lean meat, eggs, yogurt, fruits, vegetables and more.</td>
<td>✔️</td>
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<tr>
<td>WholeHealth Living Choices&lt;sup&gt;TM&lt;/sup&gt; online discounts on yoga, massage, Tai Chi and more</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>$25 reward for completing an annual exam</td>
<td>—</td>
<td>✔️</td>
</tr>
<tr>
<td>Additional dental coverage including an extra exam and a new electric toothbrush every three years, two replacement heads each year</td>
<td>—</td>
<td>✔️</td>
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<tr>
<td>After an inpatient stay, a personal medication review by a pharmacist so you understand and use your drugs safely and correctly</td>
<td>—</td>
<td>✔️</td>
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</table>
2020 New Supplemental Benefits

• *Connect* + *Medicare*:
  
  New supplemental benefits
  
  • Anti-glare lens coating (1 pair eyeglasses / 2 years)
  
  • Dental
    
    • Scaling / planing in office (new)
    
    • Routine foot care (up to 1 / month) – by podiatrist

  • Electric toothbrush **1/ 3 years**, 2 replacement heads/year (clarification)
As of July 1, 2020, **housing stabilization services** will be covered for Medical Assistance.

Focused on seniors, enrollees with disabilities (includes mental illness and substance abuse disorder).

Members should be homeless / at risk of becoming homeless, OR living in institutions / segregated settings OR at risk of living in those settings.

Goal is to support a person’s transition to safe, sustained housing, avoid future periods of homelessness and increase long-term stability in community-based housing.

- Transition services: housing plan, support obtaining, preparing housing, lease support, moving resource identification, **not** rent or payment.

- Housing Sustaining services: help with behaviors, recertification help, tenancy training / support, income maintenance training, **not** room & board.
Triage Definition

The assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a larger number of patients or casualties.
What’s our purpose?

To promote and provide a telephonic response to members and providers who are seeking UCare behavioral health services or guidance.

• Centralized or direct access to intake/behavioral health dept.
• Provide specific assistance and triaging needs to members, their responsible parties, or providers.
• Overall, improve member and provider experiences as it relates to behavioral health inquires.
How may we help?

• Crisis Intervention
• BH Community Resources and Referrals
• BH Case Management & Consultations
• BH Provider & Provider Specialty Search
• BH Prior Authorizations & Notification of Services
Customer Service

Benefits/Eligibility
  • Pharmacy
  • Dental
  • Chiro Care

Premiums

Claims

Materials/Mailings

Transportation

Appeals/Grievances

BH Triage

Crisis Intervention
BH Significant Needs/Complex
BH Referrals
BH Provider Network
BH Case Management
BH Auth/Notifications
Community Resources
Launch of Phone Line

3 phase pilot approach in preparation for go-live on 01/01/2020.

Phase 1: 09/01/2019
Small set of UCare Customer Service Reps

Phase 2: 10/01/2019
BH Triage phone number published in member materials
Add additional UCare Customer Service Reps

Phase 3: Until 12/31/2019
Add remaining UCare Customer Service Reps (up to 150 agents)

Go Live: 01/01/2020
BH Triage phone number published on the back of member’s ID cards.
Members, providers, counties and care coordinators will have full access to the UCare Behavioral Health Triage Line.
Hours of Operation

Monday thru Friday
8:00am – 5:00pm

Afterhours support for members is available through UCare’s 24 hour nurse’s line.
QUESTIONS?
UCare Model of Care

Minnesota Health Options (MSHO) & UCare Connect + Medicare

2019
UCare’s Model of Care (MOC)

Overall goal of the MOC:
- Drive improvements in health outcomes and quality of life for members.

UCare’s MOC is designed to:
- Increase access to affordable, cost-effective health care.
- Improve coordination of care.
- Ensure seamless transitions of care.
- Manage costs.
UCare Special Needs Plans (SNP)

Minnesota Senior Health Options (MSHO):

- The MSHO program serves elderly members who are dually eligible for Medicare and Medical Assistance and are 65 years or older.

Special Needs Basic Care (UCare Connect + Medicare):

- The UCare Connect + Medicare Program serves members with disabilities who are dually eligible for Medicare and Medical Assistance under the age of 65.
UCare Special Needs Plans

Integrated products combining Medicaid & Medicare:

- Parts A, B, and D (pharmacy)
- Members have 1 ID card
- One phone number to call for health plan questions

Over 15,000 members:

- 13,000 MSHO
- 2,400 UCare Connect + Medicare
Why does UCare have a MOC?

Required by CMS & DHS & has four components:

- Population description & characteristics
- Care Coordination details
- Provider Network to ensure adequate access
- Quality Measures & Process Improvement goals

It helps provide:

- Appropriate access to primary & specialty care providers
- Integrates care coordination based upon a member’s Health Risk Assessment
- Ensures members receive individualized care plans
- Encourages and provides care transitions support to members and families
Care Coordination

The care coordinator (CC) coordinates care and services for the member which includes:

- Face-to-face Health Risk Assessment (HRA) annually which is used to evaluate members’ health risks, gaps in care and quality of life.
- An individualized, person centered care plan.
- Facilitating access to affordable care such as: medical, preventive, mental health and social services.
- Communicating with the Interdisciplinary Care Team (ICT), a team of professionals involved with the member to coordinate and provide health care services.

Care Coordinators are Qualified Professionals:

- Registered Nurses, Nurse Practitioners and Social Workers
Care Transition Protocols

- The care coordinator assists members, families, facilities, providers, or others with planned and unplanned transitions from one care setting to another.
  - Examples include: Transition from hospital to home or nursing facility

- Goal is improved transitions to reduce fragmented care and avoid re-hospitalizations.
UCare’s provider network meets a wide range of needs.

- The network includes, but is not limited to:
  - Primary care providers
  - Specialists
  - Primary and specialty clinics
  - Dental providers

- The member may have care from any contracted provider without referral.

- Model of Care training is offered annually to all providers, delegates and UCare employees.
Clinical Practice Guidelines (CPGs)

- UCare adopts clinical practice guidelines to support good decision-making by patients and clinicians to improve health care outcomes, and meet state and federal regulatory requirements.

- CPGs are available on our provider website.
Quality Measurement & Performance Management

UCare collects and analyzes data and reports from a variety of sources to:

- Annually evaluate the Model of Care.
- Identify improvements to be made for our members.
Summary

- Care Coordination is one component of our care model.
- UCare has two products with care coordination services – MSHO & Connect + Medicare which currently serves around 15,000 members.
- Care coordinators work with members, families and providers on transitions of care with a goal of reducing re-admissions.
- UCare uses data and reports to evaluate the Model of Care annually.
Questions?
2019 Connect Care Coordination Satisfaction Survey Results

November 2019
You responded at a rate of approximately 50%!
Please rate your satisfaction with the responses received from the Care Navigation Line

- I have not reached out to the Care Navigator line in the past year. 51.95% (40)
- Satisfied 33.77% (26)
- Very satisfied 12.99% (10)
- Very dissatisfied 1.30% (1)
Please rate your satisfaction with the responses received from the Connect Intake Line
Care Coordination Survey Results

What we heard:

- Care Navigation Line wait times:
  - Phone #: 612-676-6502 or 1-877-903-0062 Enrollment update
  - Option to leave a message for callback.
  - Messages can be returned same day.
Care Coordination Survey Results

Confusion regarding the care navigator role:

- Care Navigators can assist with:
  - Searching for an in-network provider
  - General questions about medication requests
  - Assistance navigating Connect/Connect + Medicare
  - Finding the member’s care coordinator
  - Obtaining information about UCare programs
  - Delta Dental contact information
Care Coordination Survey Results

• Continued concerns with care coordination enrollment rosters
  – Process improvement work continues to address these issues
  – Timeline currently focused on Q1 2020
• Concerns with Clinical Liaison responses
  – Efforts will be placed on reviewing responses thoroughly prior to responding
  – Focus will be placed on individual responses pertinent to your situation
  – UCare’s goal will be first email resolution
Questions?
Care Coordination Updates
What do Care Navigators do?

• Care Navigators can provide assistance in:
  – Finding/changing primary care providers or primary care clinics
  – Education about preventative care such as: annual preventative exams, vaccinations, and screenings
  – Referrals to Health Improvement programs for heart failure, asthma, or diabetes, chronic kidney disease, if criteria is met
  – Obtaining information regarding the various Incentive programs
  – Contact information for Delta Dental
  – Asset in identifying in network providers i.e. DME, Specialty Care Providers

• Care Navigator line: 612-676-6502
  – Hours: 8:00am – 4:30pm, Monday through Friday
Account Validation Services (AVS)

- It is important that enrollees complete and return this form along with the cover letter to maintain their MA eligibility. They may lose their MA coverage if they do not.

- Please encourage these enrollees to return both the cover letter and the completed authorization form to the county indicated on the cover letter as soon as possible.

- DHS has asked that AVS forms are not handed out to members who have not received a DHS letter, as AVS forms are being submitted by people for whom the requirement does not apply.
MnCHOICES Updates & Reminders

• DHS has indicated they will continue to have trainings and informational meetings for MnCHOICES where MCO MnCHOICES Mentors are expected to attend through the launch of MnCHOICES.

• As we currently understand it all MCO care coordinators, MSHO/MSC+ and Connect, will begin to use MnCHOICES at the same time
  – Connect care coordinators will complete the HRA in MnCHOICES

• The expectation is that every UCare delegate will have at least one MnCHOICES Mentor who works with UCare members

• We will continue to keep you in the loop through emails and/or articles in the UCare Clinical Services Newsletter
2020 UCare Connect & Connect + Medicare Care Coordination Requirements Grids

- The UCare Connect and Connect + Medicare requirement grids will be updated and effective 1.1.20.
- All changes will be highlighted in yellow.
- The requirement grids will be sent out in December to provide you time to review and ask clarification questions.
Contacts:

• Clinical Liaisons at 612-294-5045 or clinicalliaison@ucare.org with any care coordination questions.

• Please reach out to connectintake@ucare.org with any enrollment questions.
Questions?
Thank you!