

Care Coordination
Enrollment Rosters, Daily
Authorization reports,
and Delegate Reports.

Agenda



- SecFTP site
 - Care Coordination Enrollment Rosters
 - Daily Authorization Report
- UCare Reports
 - Eligibility Renewal Dates
 - MSC+ future term
 - MSHO Hospital & ER readmissions
- DHS Reports
 - CL/RS Missing Tool
 - NF EW Conflict
 - Deceased with Open EW

SecFTP Site

SecFTP site



- The Secure FTP website houses:
 - Care Coordination Enrollment Rosters
 - Notification of members who are assigned for care coordination
 - Daily authorizations
 - Hospital, ER, or nursing home admissions or discharges
 - Approved authorization of services

Who has access to SecFTP



- The SecFTP is a UCare secure site for exchanging member information.
- 2-3 people from each care system or county may have access.
 - They should review the information and pass it along to the appropriate parties.
- Change or update approved users:
 - Clinical Liaisons at clinicallyliaison@ucare.org
- Website: <https://secftp.ucare.org/>

Care Coordination Enrollment Rosters

Care Coordination Enrollment Rosters



- Care Coordination Enrollment Rosters
 - Notification of members who are assigned for care coordination
 - 1st Care Coordination Enrollment Roster is posted on or around the 3rd business day of the month.
 - Contains New or Transferred Members
 - 2nd Care Coordination Enrollment Roster is posted on or around the 15th business day of the month.
 - Contains member's who had a PCC change since the 1st of the month as well as any other changes since the posting of the 1st Care Coordination Enrollment Roster.
 - 3 tabs:
 - Changes
 - All
 - Definitions

Monthly Reconciliation of Members



- All UCare delegates should complete a monthly reconciliation of members on your care coordination enrollment rosters.
- It is important to be sure that members you work with are assigned to you for care coordination.
- You will only receive payment for members who are showing on your care coordination enrollment rosters.
 - This reconciliation of members will help reduce enrollment and payment issues.
 - If you find a discrepancy, contact:
 - MSHO/MS C+: CMIntake@ucare.org
 - UCare Connect: connectintake@ucare.org

Care Coordination Enrollment Rosters-Care Systems



- If you receive a member on your enrollment roster and find they attend a different Primary Care Clinic (PCC):
 - Refer to the PCC/Care Coordination process flow located on the UCare website
 - Verify with the member what PCC they go to
 - Complete the Primary Clinic Change request form located on the UCare website and fax/email to UCare
 - The request must come from the current care coordination delegate

Care Coordination Enrollment Rosters-Care Systems cont.



- If the PCC/Care Coordination Change request form is received prior to the 12th of the month the member will be retroed back to the 1st to the correct care system or county.
- If the PCC/Care Coordination Change request form is received after the 12th of the month the member will transfer to the correct care system or county the following month.
- Communication will be sent to the sending and receiving care system or county as appropriate indicating the date of transition.

Care Coordination Enrollment Roster-Counties



- If you receive a new UCare member on the enrollment roster and find that the member lives in a different county:
 - Call the county financial worker to ensure that the member's county of residence is correct in both Maxis and MMIS.
 - If the member's county is incorrect, the care coordinator will need to submit the DHS 5181 to the county financial worker and work with the member to update their address with the county financial worker as well.
- If the member's county of residence is not updated at the county level, the member will continue to show incorrectly on the care coordination enrollment rosters and the current assigned county will be responsible for providing care coordination.

Daily Authorization Report

Daily Authorization Report



- Daily authorizations:
 - Hospital, ER, or nursing home admissions or discharges.
 - The reports come in 3 separate files:
 - Admission
 - Discharge
 - Services

Hospital, ER, or Nursing Facility Admissions/Discharges



- Information on admissions/discharges are based upon claims received by the provider or hospital admission notification.
- Care Coordinators should:
 - Follow the Transition of Care process outlined on the UCare requirements grids (i.e. TOC)
 - If a member has discharged the care coordinator should follow up with the member to ensure that their needs are being met



Approved Authorization of Services

- Once a WSAF or Prior Authorization has been received by UCare it is entered into the system within 7-10 days.
 - UCare sends a notification letter with the authorization of the services to the provider and member.
 - Care Coordinators will see the service on the services daily authorization report.
 - If the CC does not see the service within 7-10 days of submission to UCare call the Authorization Intake line at 612-676-6705 option 2 then option 6.
 - Please note that when it says pending that is indicating to claims department that there is special instructions. The services have been approved.

SecFTP Tips



- Tip sheet is located on the UCare website.
- Log into the Secure FTP website at a minimum of 3 times per week to access your daily authorization report
- Log in monthly on or around the 7th business day to receive your care coordination enrollment rosters.
- If you do not log in, on a regular basis your account will be deactivated.

SecFTP Contacts



- Password resets, issues logging in or basic troubleshooting:
 - UCare Service Desk at 612-676-3357
- Authorization questions:
 - 612-676-6705
- Enrollment questions:
 - MSHO/MS C+: CMIntake@ucare.org
 - *UCare Connect*: connectintake@ucare.org
- Change or update approved users:
 - Clinical Liaisons at clinicallyliaison@ucare.org

Delegate Reports

UCare Reports



- Eligibility Renewal
- MSC+ future term
- MSHO Hospital & ER readmissions

Eligibility Renewal



- Notifies delegates of MSHO, MSC+, and UCare Connect members at risk of losing MA at the end of the month.
 - Sent by the second week of the month.
- Care Coordinators should reach out to the member's identified and encourage them to complete MA paperwork.

MSC+ EW members future term



- Indicates MSC+ EW members who have terminated and may have a reassessment due within 90 days.
 - Sent by the second week of the month
- Care Coordinators should:
 - Review the member to see if a reassessment is due within 90 days and if so complete the reassessment.
 - Send the DHS-6037 to the County by day 60 if MA has not been re-established.
 - This alerts the County that the person has lost MA and that the MCO will stop following the member at day 90 if MA eligibility is not re-established.

MSHO Hospital & ER readmissions



- Summary report of the last six months of hospital admissions and ED visits and should be used as a tool for care coordination.
 - Sent by the second week of the month.
- This report can be used as a tool to assist care coordinators in identifying members who may benefit from:
 - A Disease Management Program
 - If a member has multiple ED visits for CHF, asthma, etc.
 - Education on how to prevent care transitions and multiple ED visits.

DHS Reports



- CL/RS Missing Tool
- NF EW Conflict
- Deceased with open EW

CL/RS Missing Tool



- Indicates that DHS has no record of the CL/RS tool being uploaded into MN-ITs.
 - Sent by the second week of the month.
- Care Coordinators should:
 - Upload the CL/RS tool into MN-ITS as soon as the report is received.
 - Email EWRSHelp@state.mn.us with any questions.

NF EW Conflict



- Members who have been identified by DHS as residing in a NF and have an open EW span in MMIS.
 - Sent by the second week of the month

NF EW Conflict cont.



If the member is residing in the community or has returned back to the community the Care Coordinators (CC) should:

- Contact the county financial worker to ensure the members living status is reflected correctly in both MMIS (RVLA section) and MAXIS.
- Make sure to specify that they need to update the RLVA in MMIS.

If the member was residing in the NF for more than 30 days and has since returned to the community the CC will need to:

- Go back and close the waiver for the date span that the member was in the NF. The date of admission to the NF is what should be used as the exit date via MMIS.
 - This will require a document deletion request from the DHS help desk to back out all entries that were entered after the member returned to the community.
- The CC can then close the waiver for the date span that the member was in the NF.
 - After doing that the CC will have to go back and reenter the deleted assessments.

NF EW Conflict cont.



If the member is residing in a NF the Care Coordinator (CC) should:

- Cross reference the listed members with MMIS and/or MN-IT'S to ensure the waiver has been closed on the date provided by DHS.
 - If the waiver is still open the Care Coordinator must exit the member from the waiver using the date the member was admitted into the nursing home via MMIS.
- No action is required if the member is showing closed to elderly waiver.

Deceased with open EW



- Identifies UCare members who have passed away and still have an open EW span in MMIS.
 - Sent quarterly.
- Care Coordinators should:
 - Complete the DHS-5181 indicating the date of death which can be found on the spreadsheet and fax it to the County Financial Worker.
 - Complete the Death Notification Form found on the UCare website and fax to UCare.



Questions?

- Clinical Liaisons:
 - Phone: 612-294-5045
 - Email: clinicaliain@ucare.org