



1st Quarter MSHO/MSC+ Care Coordination Training

March 18th and 19th 2020

Agenda



- Welcome
- Medication Adherence-Erika Bowers
- Connect 360 Referral Process-Adam Nelson
- Health Promotions-Nicole Lier
- Special Investigation Unit-Peter Monson
- Complaints, Appeals, and Grievances-Jill Jacobs
- Care Coordination Updates-Bobbi Jo Glood
- NAPS Senior Food Program-Leah Baack (2nd Harvest)

Medication Adherence Updates

Erika Bower, PharmD, BCACP

“Drugs don’t work in patients who don’t take them.”
—C. Everett Koop, MD

Treatment → **Adherence** → Outcomes

Medication Adherence

- “The degree to which the person’s behavior corresponds with the agreed recommendations from a health provider”
- Poor adherence is associated with increased health care utilization, cost, and decreased quality of life
 - Between \$100-300 billion annually of avoidable healthcare cost
- Increased risk of mortality and increased risk of hospitalization
 - Non-adherence accounts for 10% to 25% of hospital and nursing home admissions

Importance of Adherence

- Effects nearly all aspects of medical care
- Improves control of chronic conditions
- Can improve and/or maintain patient quality of life
- Improved morbidity and mortality
- Reduction in healthcare cost
 - Reduce hospital admissions and emergency department visits
 - Reduce number of physician appointments
 - Reduction in laboratory tests
 - Reduction in polypharmacy

Factors that Relate to Adherence

1. Social and Economic
2. Health Care System
3. Condition-Related
4. Therapy-Related
5. Patient-Related

1. SOCIAL AND ECONOMIC DIMENSION	4. THERAPY-RELATED DIMENSION
<ul style="list-style-type: none"> Limited English language proficiency Low health literacy Lack of family or social support network Unstable living conditions; homelessness Burdensome schedule Limited access to health care facilities Lack of health care insurance Inability or difficulty accessing pharmacy Medication cost Cultural and lay beliefs about illness and treatment Elder abuse 	<ul style="list-style-type: none"> Complexity of medication regimen (number of daily doses; number of concurrent medications) Treatment requires mastery of certain techniques (injections, inhalers) Duration of therapy Frequent changes in medication regimen Lack of immediate benefit of therapy Medications with social stigma attached to use Actual or perceived unpleasant side effects Treatment interferes with lifestyle or requires significant behavioral changes
2. HEALTH CARE SYSTEM DIMENSION	5. PATIENT-RELATED DIMENSION
<ul style="list-style-type: none"> Provider-patient relationship Provider communication skills (contributing to lack of patient knowledge or understanding of the treatment regimen) Disparity between the health beliefs of the health care provider and those of the patient Lack of positive reinforcement from the health care provider Weak capacity of the system to educate patients and provide follow-up Lack of knowledge on adherence and of effective interventions for improving it Patient information materials written at too high literacy level Restricted formularies; changing medications covered on formularies High drug costs, copayments, or both Poor access or missed appointments Long wait times Lack of continuity of care 	<p>Physical Factors</p> <ul style="list-style-type: none"> Visual impairment Hearing impairment Cognitive impairment Impaired mobility or dexterity Swallowing problems <p>Psychological/Behavioral Factors</p> <ul style="list-style-type: none"> Knowledge about disease Perceived risk/susceptibility to disease Understanding reason medication is needed Expectations or attitudes toward treatment Perceived benefit of treatment Confidence in ability to follow treatment regimen Motivation Fear of possible adverse effects Fear of dependence Feeling stigmatized by the disease Frustration with health care providers Psychosocial stress, anxiety, anger Alcohol or substance abuse
3. CONDITION-RELATED DIMENSION	
<ul style="list-style-type: none"> Chronic conditions Lack of symptoms Severity of symptoms Depression Psychotic disorders Mental retardation/developmental disability 	



UCare's Initiatives



UCare Initiatives

- Late to Refill Program
 - UCare contacts members with a late to refill letter to remind members to refill medications related to stars adherence measures
- Health Connect 360 through Express Scripts
 - Personalized outreach for adherence, first fill counseling, and chronic conditions
- Value based contracting with Health Systems
- 90 Day Postcards – Medicare programs only
- Support for Auto-Refill

UCare Initiatives

- Local Partnerships – CVS
 - 90 day fills
 - Script Synchronization
 - Bag tags
- Real-time benefit check
- Rational Med through Express Scripts
 - Prescriber facing to integrate with electronic medical records to identify gaps in care



<Date>

Barcode goes here



Taking your medication regularly is key to staying healthy, and we're here to help.

<FIRST_NAME> <LAST_NAME>
<ADDRESS>
<CITY>, <STATE> <ZIP>

Dear <FIRST_NAME><LAST_NAME>,

Is it time for a refill?

We noticed that the following drug(s) you take may be overdue for a refill. **Please call your pharmacy to refill your medication.** If you recently refilled your order, or your prescription has changed, please ignore this letter.

Medication: <DIABETES_MEDICATION>
Last filled/Days supply: <DIABETES_LAST_FILLED>
RX number: <DIABETES_RX_NUMBER>
Pharmacy: <DIABETES_PHARMACY>
Pharmacy phone number: <DIABETES_PHARMACY_PHONE>

Medication: < HYPERTENSION_MEDICATION>
Last filled/Days supply: < HYPERTENSION_LAST_FILLED>
RX number: < HYPERTENSION_RX_NUMBER>
Pharmacy: < HYPERTENSION_PHARMACY>
Pharmacy phone number: < HYPERTENSION_PHARMACY_PHONE>

Medication: < STATIN_MEDICATION>
Last filled/Days supply: < STATIN_LAST_FILLED>
RX number: < STATIN_RX_NUMBER>
Pharmacy: < STATIN_PHARMACY>
Pharmacy phone number: < STATIN_PHARMACY_PHONE>



Ask your pharmacy or doctor about a 90-day supply of your prescription drugs.

More money in your pocket

Receive a 90-day supply for the same copay as a 30-day supply.

Convenience

Refill your medication
4x per year, instead of 12.

Improve your health

With more supply on hand, you'll
worry less about missing a dose.

Interested in home delivery? Call Express Scripts Mail Order Pharmacy 24/7 at 877-567-6320 toll free or TTY 800-716-3231 toll free.

UCare's MSHO (HMO SNP) and UCare Connect + Medicare (HMO SNP) are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO and UCare Connect + Medicare depends on contract renewal.

Discrimination is against the law. UCare does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability or sex.



No English?

1-800-203-7225
1-800-688-2534 (TTY)

NEW for 2020!!

- Medication Adherence Toolkits (MSHO and Connect + Medicare)
 - Four time per day pillbox (2)
 - Pill splitter
 - Pillbox alarm
 - Medicine tracker with marker
 - Medication Record Pad
 - Medication Bag
 - Detera Pouch Order Form



Adherence Kit Contents



Four time per day pillbox (2)



Pill splitter



Pillbox alarm

Adherence Kit Contents



Did I Take My Medicine Today?

Mark the box with your dry-erase marker after you take your pills. Erase when the week is done!

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 							
Noon 							
Evening 							
Bedtime 							

Laminated medication administration tracker and marker

Adherence Kit Contents

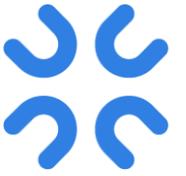
My Medication Record



Name _____ Date of Birth _____
Allergies _____ Pharmacy Name and Phone Number _____

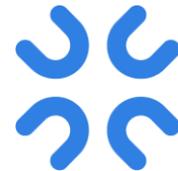
	Name of Medicine Brand & generic names or active ingredients	Strength	Instructions	Why do I take this?	Who told me to use this?	Additional Notes What time to take, special considerations, etc.
Include ALL prescription (Rx) medicine, over-the-counter medicine (OTC), dietary supplements, and herbal products						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Medication Record with tear-off pages



Who benefits?

- Difficulty remembering to take medications
- Complex daily medication regimens
- Confusion about medications
- Family member or patient needs tools to better manage their medications
- Difficulty keeping track of care transitions
- Lack of space to store all medications together
- At risk for non-adherence



How can I order this?

- Currently available for MSHO and Connect + Medicare members only
- Find the order form online at: <https://home.ucare.org/en-us/providers/care-managers/>
- Select MSHO or Connect + Medicare
- Drop down "Forms"
- Select "Medication Toolkit Order Form"
- Fax completed form to the number listed
- Member will receive kit in the mail

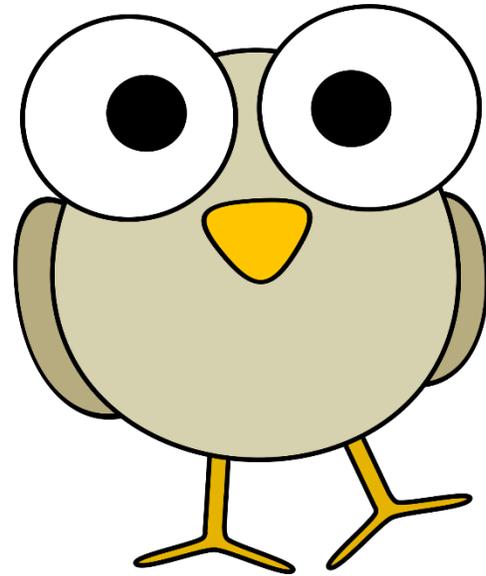


UCare's Medication Toolkit Order Form
Please fax this form to 612-884-2058.

Last Name	First Name	UCare Member ID Number	Address, City, ZIP	Assessment Date	Language
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only
					English Only

<UNNUMBER>

Questions?

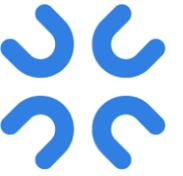


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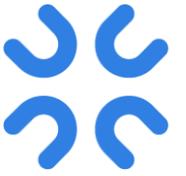
Health Connect 360 Program Referrals

March 18, 2020



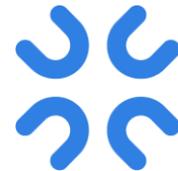
Health Connect 360 Overview

- Clinical program offered by Express Scripts
 - Contracted pharmacy benefit manager (PBM) for UCare
- Available for members enrolled in MSHO or Connect + Medicare plans
- Integrates pharmacy, medical and member engagement data to
 - identify gaps
 - personalize outreach
 - coordinate care
- Clinical support programs available for referral



Clinical support programs

- Specialist pharmacist educational counseling
- Diabetes remote monitoring
- Weight loss remote monitoring
- Hypertension remote monitoring
- Pulmonary remote monitoring
- Drug deactivation and disposal bags



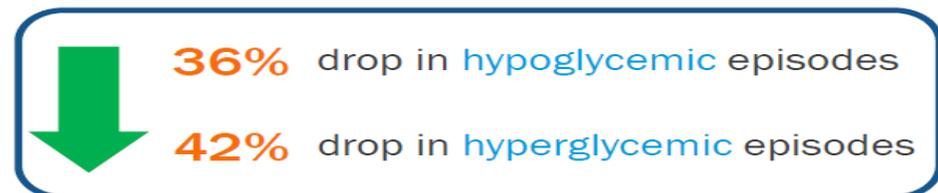
Specialist pharmacist educational counseling

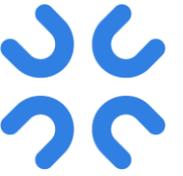
- A TRC Specialist Pharmacist is a clinician resource available to support customers, case management, and coaching teams.
- They are available 24 hours a day, 7 days a week to answer customer questions related to medications or medical conditions.
- Reasons for a Specialist Pharmacist referral:
 - Medication adherence consultation
 - Medication side effects and cost concerns
 - General questions about medication regimen
 - Cost effective medication alternatives
 - Interested in receiving Express Scripts home delivery services and 90 day supplies

Diabetes remote monitoring

- Participating members receives a compatible blood glucose meter at no charge
- Readings are shared with diabetes specialists who monitor their results.
- Diabetes specialists provide tailored interventions to members, counseling on ways to keep their blood sugar readings well controlled, adhering to their medications and generally managing their diabetes.
- Reasons for a Diabetes Remote Monitoring referral:
 - Member with diabetes has difficulty tracking or interpreting blood sugar level readings
 - Member with diabetes is experiencing uncontrolled hyper or hypoglycemic episodes

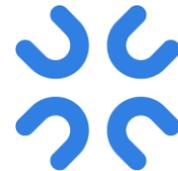
6/10 lowered their A1c levels
by at least 0.5





Weight loss remote monitoring

- Combines a cellular connected scale, evidence based curriculum, one on one personalized coaching, and a virtual peer support community to empower members to take control of their health and avoid a chronic condition diagnosis.
- Member receives a cellular connected scale at no charge, which links with an app to track vital health information such as weight, mood, nutrition, and activity.
- Eligible members include:
 - Taking hypertension and cholesterol medication without a diabetes medication on file
 - Taking metformin only without other diabetes medications on file
- Reasons for weight loss remote monitoring referral:
 - Customer without diabetes would benefit from weight management and healthy living coaching



Hypertension remote monitoring

- Member receives a connected blood pressure cuff and Livongo mobile app at no charge, which can track all their readings easily in one place.
- With each blood pressure reading, the member receives instant in-app feedback and coaching to drive them closer to their goal.
- Reasons for a Hypertension Remote Monitoring referral:
 - Member with hypertension has difficulty tracking or interpreting blood pressure readings
 - Member with hypertension is experiencing uncontrolled hypertension

Welcome kit





Pulmonary remote monitoring

- Member receives connected pulmonary medication devices and a mobile app at no charge, which can track all pulmonary medication utilization easily in one place.
- With each pulmonary medication use, the member receives instant in-app feedback and coaching to drive them closer to their goal.
- Program compatible with almost all inhalers.
- Reasons for a Pulmonary Remote Monitoring referral:
 - Member with asthma or COPD has difficulty tracking or interpreting pulmonary medication use.
 - Member with asthma or COPD is experiencing symptoms indicative of poor breathing control.



80% reduction in daily rescue events



9.9% lift in adherence to controller medication

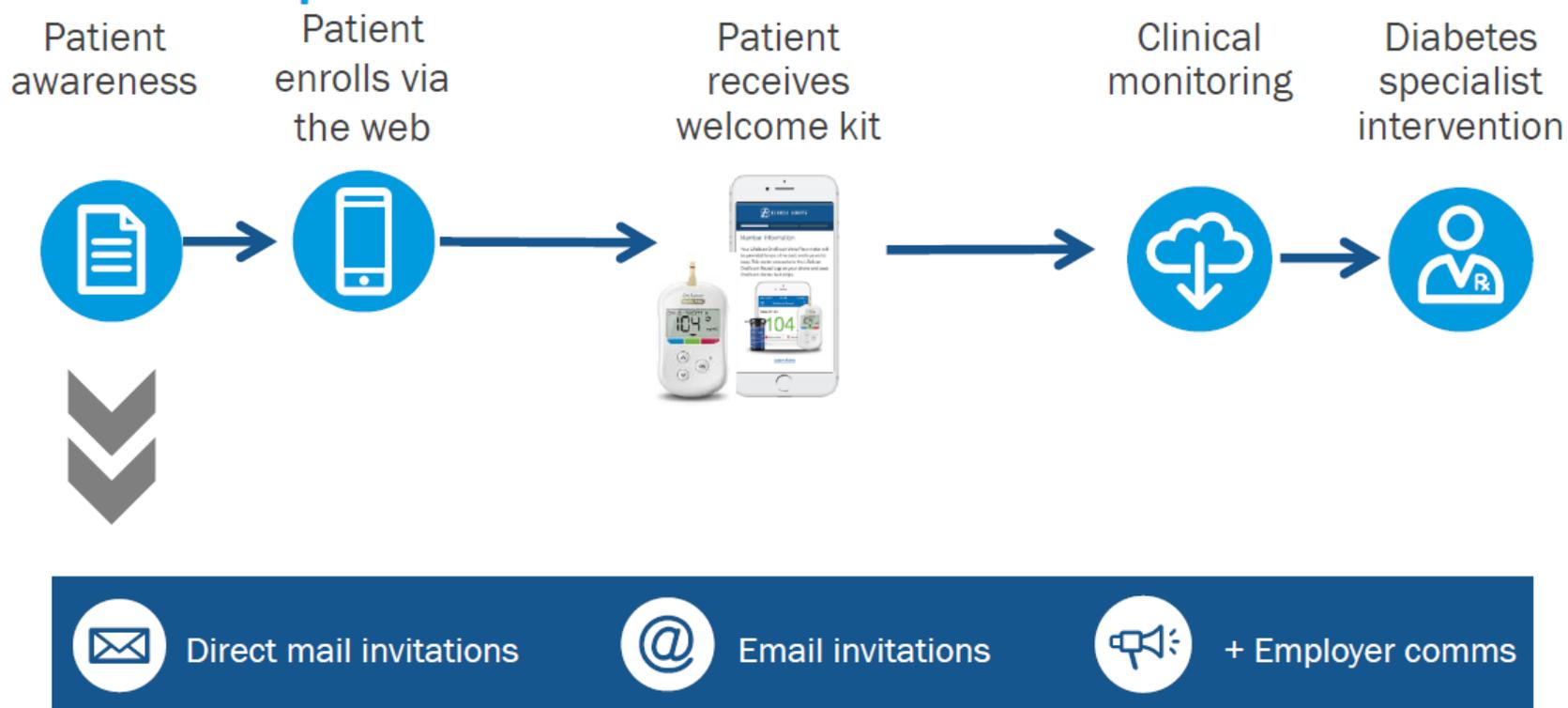


22% lift in amount of patients who became well controlled^{*}



Remote monitoring process

Member experience and awareness

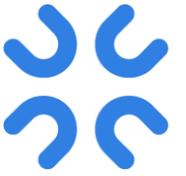




Drug deactivation and disposal bags

- Safe handling and proper disposal of leftover opioid medications will also help your customers through issuing simple-to-use deactivation device kits to members who are likely to have excess opioids on hand.
- Reasons for a drug deactivation and disposal bag referral:
 - Member is likely to have excess opioids on hand, please refer them to Express Scripts for a drug deactivation and disposal bag.





Referral process

- Referral form will be available on the UCare Care Management page on the UCare website
 - <https://home.ucare.org/en-us/providers/care-managers/>
 - Form will be in the resources section
- Referral form will be a fillable PDF to provide the member information, reason for referral, and program(s) for referral
- Email the completed form to the email address identified on the referral form
- Email notification will be sent back once the referral process is completed

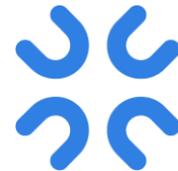


Health Connect 360 FAQs

- What is the time frame from referral to member outreach?
 - Outreach likely performed in 1-2 days after the referral is submitted.
- What does the caller ID say?
 - Caller ID will say “unknown”.
- How does the caller identify themselves?
 - Caller identifies themselves as Express Scripts
- When is a provider involved?
 - Provider outreached for omissions/gaps in care
- Will I be notified when the outreach is completed or my member is enrolled in a program?
 - At this point only confirmation of referral will occur, not the end results of the referral.

Questions?

Health Promotion 2020 updates



Choose a plan to see available rewards

* UCare's Minnesota Senior Health Options

Choose product

Show Rewards

Rewards for UCare's Minnesota Senior Health Options (MSHO) members

Diabetes Testing

	Reward	Qualifications for reward	Age on date of service
Blood glucose (A1c) test (PDF)	\$25	Must have Diabetes diagnosis. Diabetic A1c testing complete	age 18 to age 75
Dilated or retinal eye exam (PDF)	\$25	Must have Diabetes diagnosis. Diabetic Dilated eye exam or Retinal eye exam complete	age 18 to age 75
Annual urine protein test (PDF)	\$25	Must have Diabetes diagnosis. Diabetic Nephropathy testing complete (Urine test)	age 18 to age 75

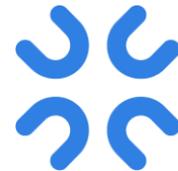
Cancer Screening

	Reward	Qualifications for reward	Age on date of service
Mammogram screening (PDF)	\$50	Mammogram completed	Age 50 to age 74
Colon cancer screening (PDF)	\$50 or \$20	Complete colonoscopy, sigmoidoscopy, or CT colonography earns \$50 incentive. At home FOBT or Cologuard kit test earns a \$20 incentive. Only one of the two can be earned per calendar year	Age 50 to age 75

Other

	Reward	Qualifications for reward	Age on date of service
Annual Wellness Check (PDF)	\$25	Complete an annual wellness visit with a primary care physician.	
Dental Visit (PDF)	\$25	2019 completed dental visit that is not six months from the previous visit	all ages

PDF for print on demand



Choose a plan to see available rewards

*
... Minnesota Senior Care Plus (MSC+) ▼

Show Rewards

Rewards for Minnesota Senior Care Plus (MSC+) members

Diabetes Testing

	Reward	Qualifications for reward	Age on date of service
Blood glucose (A1c) test (PDF)	\$30	Must have Diabetes diagnosis. Diabetic A1c testing complete	age 18 to age 75
Dilated or retinal eye exam (PDF)	\$30	Must have Diabetes diagnosis. Diabetic Dilated eye exam or Retinal eye exam complete	age 18 to age 75
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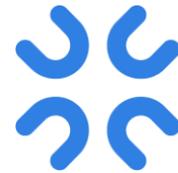
Cancer Screening

	Reward	Qualifications for reward	Age on date of service
Mammogram screening (PDF)	\$50	Mammogram completed	Age 50 to age 74
Colon cancer screening (PDF)	\$50 or \$20	Complete colonoscopy, sigmoidoscopy, or CT colonography earns a \$50 incentive. An at-home fecal occult blood test (FOBT) or Cologuard kit test earns a \$20 incentive. Only one of the two can be earned per calendar year.	Age 50 to age 75

Other

	Reward	Qualifications for reward	Age on date of service
Annual Wellness Check (PDF)	\$25	Complete an annual wellness visit with a primary care physician	All ages
Dental (PDF)	\$25	Complete a dental visit that is not six months from the previous visit	All ages

Dental Kits



Dental Kit

Dental Kit

UCare's MSHO or UCare Connect + Medicare members

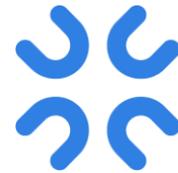
Take care of your smile with a free dental kit from UCare.

The Dental Kit has:

- Electric toothbrush
- Toothbrush charger
- Replacement brush heads
- Toothpaste
- Dental floss



- May be ordered once every 3 years.
- Member can order by calling customer service.



*New Dental Refill Kit in 2020

Adult Dental Refill Kit:

- Two brush heads
- Toothpaste
- Dental Floss

May be ordered in the years a full dental kit is NOT provided

Members can be order by calling customer service



Ongoing programs

Continued programs



- SilverSneakers (MSHO)
- Community Education
- Falls Prevention Kits (MSHO)
- Healthy Savings
- Whole Health Living
- Mobile Dental Clinic
- Tobacco Cessation

UCare.org/healthwellness



Questions?

wellness@ucare.org



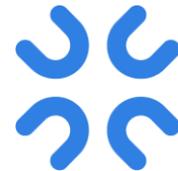
UCare Special Investigations Unit (SIU)

Peter Monson, SIU Manager



UCare SIU – Purpose and Definitions

- Tasked with detecting, preventing and reporting actual and suspected fraud, waste and/or abuse (FWA).
- **FRAUD** – An intentional misrepresentation made by a person with knowledge that the misrepresentation could result in some unauthorized benefit to him/herself, or another person.
 - i.e. billing for services not rendered, duplicate billing, etc.
- **WASTE** – Over-utilization or misuse of resources not caused by fraud or abuse.
 - i.e. continued use or billing of a service not necessary, but covered
- **ABUSE** – A pattern of practice that is inconsistent with sound fiscal, business, or medical practices.



UCare SIU – Reporting Suspected FWA



Compliance Hotline – (877) 826-6847 or (612) 676-6525



Compliance Email – compliance@ucare.org

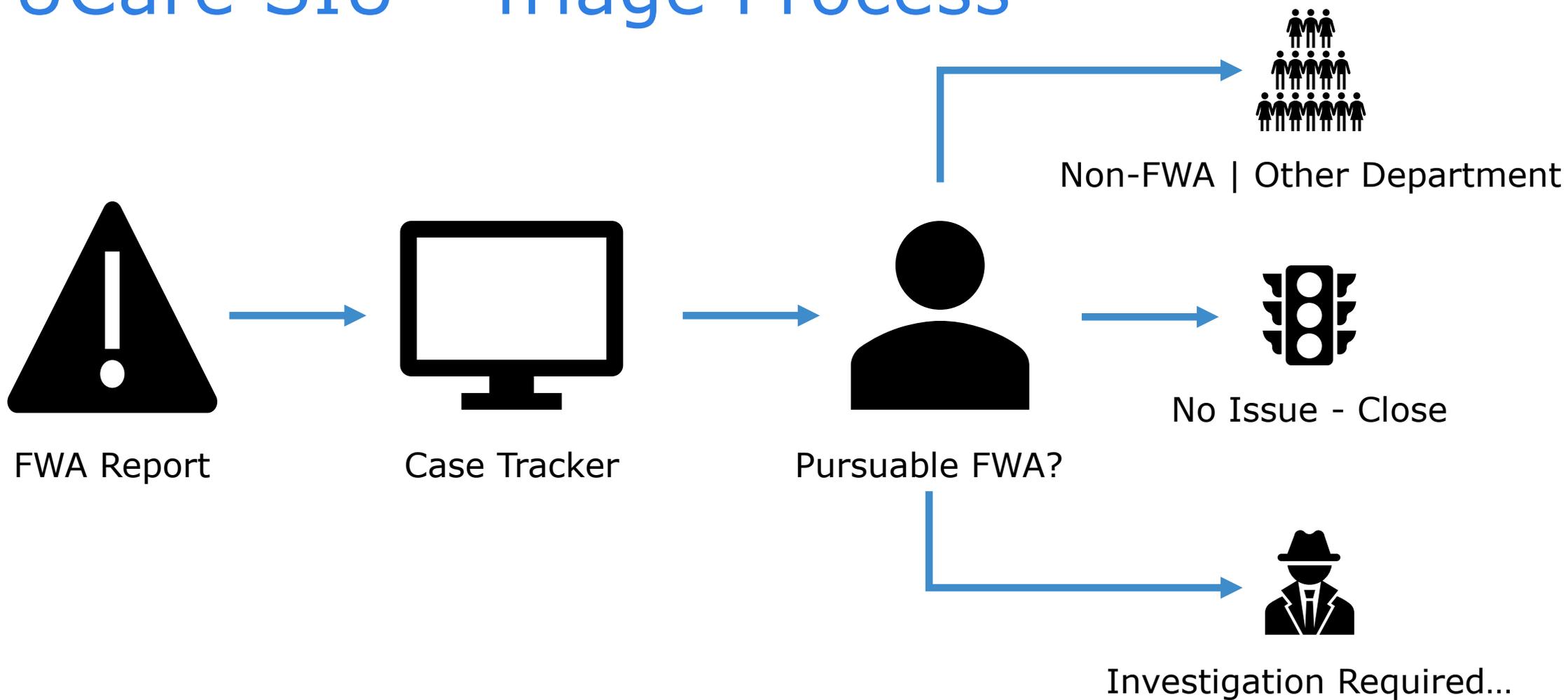


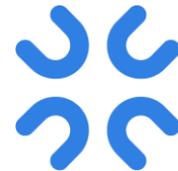
UCare HUB Site (Internal Only)

Under Tools > Report a Compliance/FWA/Privacy Incident



UCare SIU - Triage Process





UCare SIU - Investigation



7 Investigators

Backgrounds
Include:

- Law Enforcement
- Financial
- Healthcare



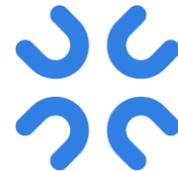
SIU Tools...

- Claims
- Internal Systems, i.e.
 - Guiding Care
- External Systems, i.e.
 - FWA Analytics
 - Search Tools
- Other Business Areas
- Record Requests/Review
- Law Enforcement
- On-Sites
- Surveillance
- Interviews



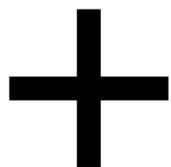
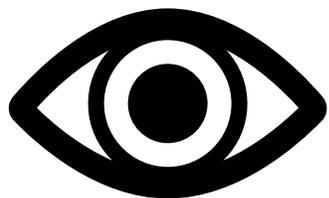
Potential
Outcomes

- No Findings of FWA
- Education
- Referral to Other Department
- Corrective Actions
- Payment Suspension
- Referral to Regulator(s)
- Referral to Law Enforcement



UCare SIU & Care Coordination

REPORTING



DURING INVESTIGATION

- May be contacted by SIU for member's best contact information
- May be contacted for experience with member and/or provider

RESOLUTION

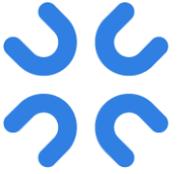
- Generally speaking, activities and findings of an investigation are confidential
- May be contacted to transition a member(s) as part of a provider no longer being able to provide services
- May be contacted for outreach to member of investigation findings, if deemed necessary

QUESTIONS?

THANK YOU!

Compliance, Appeals, and Grievances

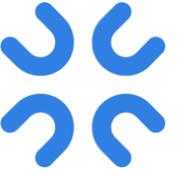
Member Appeal and Grievance Handling



Appeals, and Grievances (A&G)

- Designed to meet the rights of a member who has filed a complaint against our plan. The nature of the complaints can be that the member is dissatisfied with a denial, reduction, or termination of a service or with some aspect of the services provided by UCare or one of its entities.

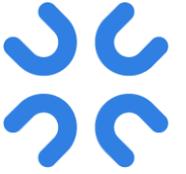
- Regulated by the Centers for Medicare and Medicaid services (CMS), the Department of Human Services (DHS) and the Minnesota Department of Health (MDH).



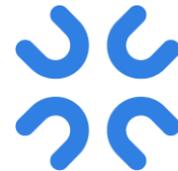
What is an appeal?

- The definition of an appeal is a disagreement with any coverage determination (initial decision related to medications) or organization determination (initial decision related to all other services) made by UCare that the member believes he or she is entitled to receive. Appeals can be related to prior authorization denials, terminations or reductions of any other requested service, claims denials or billing disputes.

What is a Grievance?



- The definition of a grievance is any complaint expressing dissatisfaction with any aspect of the operations, activities, or behavior of UCare or a delegate acting on behalf of UCare. Grievances may include complaints regarding the timeliness, appropriateness, access to, and/or setting of provided care. Members can file a grievance about anything related to any department, process or experience with UCare, or against a provider.
- The types of grievances include:
 - Oral Grievance: Handled by Customer Service. Member files the complaint by phone.
 - Written Grievance: Handled by A&G. Member or authorized representative files complaint in writing.
 - Regulatory & CEO Grievance: Handled by A&G. Member or authorized representative files complaint in writing.
 - Quality of Care: Handled by Quality and Regulatory Specialist in Clinical Services. Concerns involving the quality of clinical care or quality of service that adversely affected a member's health or well-being or had a potential to.



How can you Help?

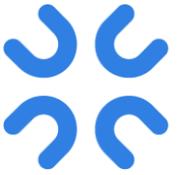
- If you receive a request for an appeal or a written grievance related to any department, process or experience with UCare, it should be sent to A&G immediately for investigation.

***Our timelines start when UCare receives notification in any department or delegate.**

- Please send any possible appeals or grievances to:
 - - Email to CAG@ucare.org
 - -Maccess/EXP queue: CAG-general
 - -Fax: 612-884-2021
 - -Please feel free to contact A&G staff with questions at 612-676-6841 or CAG@ucare.org

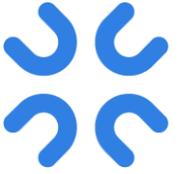
Care Coordination Updates

Closing of EW timely



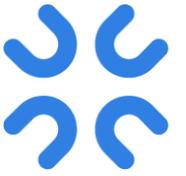
- Care Coordinators must:
 - Exit a member from EW if they have been residing in a NF for 30 days.
 - It must be closed by day 31 using the date of admission as the exit date.

Suspending LTC in MMIS



- DHS is requesting that care coordinators leave an LTCC in a “suspended” status if they are getting an error code that is due to a “U” code not being removed timely.
- This provides documentation to DHS that the assessment has been completed timely.

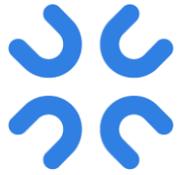
Updating a member's Primary Care Clinic



When a Care Coordinator is notified that a member has a new Primary Care Clinic the [Primary Care Clinic Change Request form](#) must be completed.

This will ensure that UCare has the correct primary care clinic on file and will ensure that the members records are accurate.

Verifying PCC Changes with CMIntake



Effective 03/01/20, any MSHO/MS C+ delegate can email a spreadsheet to CM Intake (CMIntake@ucare.org) to review the current month of retro PCC changes and confirm members were assigned appropriately.

The spreadsheet must contain the following:

- Effective date of the transfer
- Product i.e. MSHO/MS C+
- UCare Member ID
- Member Name:
- DOB
- Current PCC
- New PCC

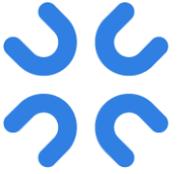
Effective Date	MS C+ /MSHO	UCare ID	Name	DOB	Current PCC	New PCC
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The spreadsheet must be received on or after the 17th of each month; this will ensure any PCC changes received by the 15th of each month have been processed.

- CM Intake will review the spreadsheet, make notes of action/confirmation and email the delegate back with any discrepancies within 3-4 business days.

UCare is hopeful this will address the potential of technology errors (i.e. faxes not received) and guarantee a positive member experience.

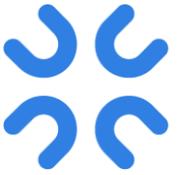
Sending of Transfer Documentation



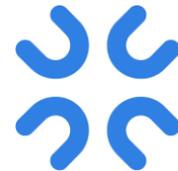
When a member transfer's to a different delegate/county please remember to:

- Send the transfer documentation i.e. latest LTCC, POC along with the signed signature page, CL workbook, WSAF and any relevant case notes.
- Complete the DHS-6037 with all pertinent information i.e. last assessment date, etc. do not just say see attachments.
- Send no later than the 15th of the current month

Appropriate Transfers



- When a Care Coordinator is notified that a member has a new Primary Care Clinic and needs to be transferred to a new delegate for care coordination the assigned Care Coordinator will ensure all of the most recent assessment paperwork completed. If the member's assessment is due within the month of transfer, the assigned CC is to complete the assessment, including all necessary follow-up and update the PCC following the completion of the assessment.



MnCHOICES – RS Tool Webinars

- All MnCHOICES mentors working with MSHO/MS+ must watch all of the RS Tool Launch Webinars
- Scheduled webinars are:
 - March 18th 9:30-11 a.m. - Deeper dive
 - April 7th 1:00-2:30 p.m. - Preparing for training
 - May 28th 11:30 a.m.-1:30p.m. - Pre-launch call
 - June 24th 1:00-2:30 p.m. - Onboarding
 - July 23rd 11:00 a.m. to 12:30 p.m. - Ready to launch
- Information on how to register can be found [here](#)

Clinical Liaison Contact

- Email
 - Clinicalliaison@ucare.org
- Phone number & toll-free phone number
 - 612-294-5045
 - 866-613-1395 toll-free.
- When calling please supply the following
 - Contact person's name, phone, and email.
 - A detailed description, including:
 - Member's name and date of birth.
 - Member's UCare ID# or PMI #.
 - UCare product (MSHO, MSC+, or *UCare Connect*).
 - Question pertaining to care coordination.



Questions?

Thank
you!

