UCare Connect/Connect + Medicare and MSC+/MSHO

Care Coordination and Long-Term Services

Title: Enrollment Roster Reconciliation

Purpose: To provide recommended and required steps to ensure member assignment is updated and accurate.

Recommend for Review: [Navigating Enrollment Roster Using Excel](#)

It is recommended delegate agencies maintain a system for tracking member's enrollment, assessment due dates, minimum 6-month/mid-year contacts and 90-day grace periods. Systems may vary based on organization's technology and capabilities. To establish a tracking system, delegates may request a tracking grid from UCare's Clinical Liaison or utilize their existing process, EHR, or system in place.

Member enrollment changes are provided to agencies on a bi-monthly basis. The enrollment rosters notify delegate agencies of members that are new to the health plan, have a change in health plan (product change), terminate from UCare health plan or have a change in care coordination. The enrollment rosters also provide other information for agency awareness, such as notification of clinic changes and the Health Status code updates.

Information on the Enrollment Roster is categorized on two tabs:

> **I. Changes Tab:** includes all member changes (new, termed, clinic changes, product changes, health status changes and changes in care coordination).
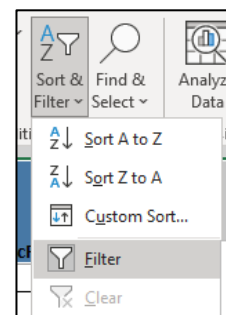
> **II. All Tab**: includes a compilation of the changes and previously assigned members.

Both tabs require review to ensure the appropriate actions are taken per the Care Coordination Requirement Grids and to ensure the agency has an updated and accurate system for tracking member activity.

Reconciling the Enrollment Roster:

I. **Review Changes Tab**
    a. Upon receipt of the enrollment roster via the Secure File Transfer Protocol (Sec FTP):
    b. Download the enrollment roster and save outside of the Sec FTP.
    c. Add a filter to header row to allow sorting and alphabetizing. Use cursor to highlight row, then use the AZ Sort & Filter feature to add filters. See Image.
    d. Review Changes tab and follow steps below. Start by filtering column D "Status" on the enrollment roster.
        i. Document all activities completed in the member record.
        ii. Refer to the Care Coordination Requirement Grids for a complete list of all tasks. Below are the important initial actions take upon enrollment.
        iii. [MN-ITS](#) discrepancies: contact ConnectIntake@ucare.org for Connect/Connect + Medicare or CMIntake@ucare.org for MSC+/MSHO for direction.

CHANGES TAB		
Sort/Filter By:	**Reconciliation Task:**	**Additional Actions Needed/Not Needed:**
1. **New Member**	New member to UCare. The member was not active with UCare the prior month. **Task**: Verify member eligibility in MN-ITS. • Confirm on UCare plan, MA is active, lives in correct geographic location. MN-ITS discrepancies: contact ConnectIntake@ucare.org or CMIntake@ucare.org respectively for direction.	Add member demographics and enrollment date (first day of month) to agency tracking grid/system. Welcome Letter or documented welcome phone call within 10 calendar days of assignment (date delegate received enrollment roster) Complete HRA: **MSC+/MSHO:** within 30 days of enrollment date. **Conn/Conn+:** within 60 days of enrollment date.
2. **Product Change (PC)**	Change in UCare product from prior month (e.g., Connect to MSC+, MSHO to MSC+, MSC+ to MSHO, Connect to Connect + Medicare). **Task:** Verify member eligibility in MN-ITS. • Confirm on UCare plan, MA is active, lives in correct geographic location. MN-ITS discrepancies: contact ConnectIntake@ucare.org or CMIntake@ucare.org respectively for direction.	Confirm member is on the agency tracking grid/system. • add new enrollment date for PC (first day of the month) and update product type. Welcome Letter or welcome phone call within 10 calendar days of assignment (date delegate received enrollment roster) Complete THRA or HRA: **MSC+/MSHO:** within 30 days of enrollment date. **Conn/Conn+:** within 60 days of enrollment date. **NOTE:** If previous UTR or refusal – adjust assessment timeline to new enrollment date and treat as a NEW member.
3. **Termed Members**	Member disenrolled from UCare. The member was active in the prior month with UCare but is not active this month. **Task**: Verify member eligibility in MN-ITS. • If active again, alert ConnectIntake@ucare.org or CMIntake@ucare.org respectively for direction.	**Connect and MSC+: MA is inactive:** Add future end date to agency tracking grid/system. Monitor for 90 days. If HRA/Support Plan (SP) is due within the 90 days, complete when due, and enter into MMIS (as applicable) if MA and UCare is reinstated and backdated. If not active again after 90 days, discontinue monitoring

	• Determine reason for UCare termination (i.e.: MA inactive, new MCO)		and all care coordination. Save HRA/SP in member record as needed. **Connect + / MSHO:** Verify in MN-ITS termed for 90 days and discontinue care coordination. If less than 90 days, continue monitoring for care coordination activities for 90 days following the MA termination date. **If MA active with no Pre-Paid Health Plan:** **MSC+/MSHO:** If opened to EW, send DHS 6037 to county of financial responsibility. **Conn/Conn +:** No additional action **If moved to new MCO:** send transfer docs to new health plan.
4.	**Care Coordinator Change**	Change in Care Coordination delegate from prior month. Review Previous care coordinator / Current care coordinator (CC) columns.	**Previous CC (Exiting):** send transfer documents (DHS-6037) to new delegate (receiving CC). **Current CC (Receiving):** receive transfer documents and complete THRA if able. Receiving agency may need to reach out to exiting agency to request if not received timely. Use Care Coordination Contact List located on the Care Management and Care Coordination home page to locate delegate agency contact information for sending or requesting transfer documents. **Note:** If no transfer documents received or previous UTR/Refusal, treat as a new member. See Care Coordination Requirement Grids for more information.
5.	**HS Status Change**	Notification that Column P "Health Status" (HS) has been updated based on Monthly Activity Log submission. • HP: HRA/Support Plan completed • NU: New Member • NI: Member Refusal • NR: Unable to Reach • GH: Group Home – BPS Only	**MSC+/MSHO:** Disregard if status appears. No action required. **Conn/Conn+:** Confirm HS code accurate from latest Monthly Activity Log. submission. Alert Connectintake@ucare.org with any discrepancies.

6. **Clinic Change**	Change in primary care clinic (PCC) from prior month. FYI update to care coordinator.	**MSC+/MSHO:** If incorrect, complete the PCC Change form process. **Conn/Conn+:** If incorrect, complete the PCC Change form process.
7. **Rate Cell Change**	Change in member's living status (i.e., community to institutional) from the prior month.	Best practice is to follow-up with the member to confirm current living status and determine if a change in condition assessment is needed.

II. **Reconcile All Tab**

- Reconciling involves comparing the All Tab against the agency's tracking grid/system to ensure all members are present and accounted for.

Best Practice
Agencies with larger rosters, consider doing an Excel vertical look up (VLOOKUP) to identify discrepancies for efficiency and accurate reconciliation.

- Identify members that are missing from either the agency tracking grid or All Tab.
  - Investigate discrepancies to determine if missed from previous roster, updates from known communications or other determinations.
  - When discrepancies are determined, notify Connectintake@ucare.org or CMintake@ucare.org respectively for reconciliation.
    - Document outcome instructions received from Connectintake@ucare.org or CMIntake@ucare.org in member record.