Care Coordination News
February 2026

Issues of **Care Coordination News** often refer to different UCare forms. All UCare Care Coordination forms are on the UCare website under the Care Coordination and Care Management page. Care Coordination-related questions can be directed to the Clinical Liaison at:

- **MSC+** MSC_MSHO_Clinicalliaison@ucare.org or by phone: 612-294-5045
- **Connect**: SNBCClinicalliaison@ucare.org or by phone: 612-676-6625

Enrollment-related questions can be directed to:

- **MSC+ enrollment** by email CMIntake@ucare.org
- **UCare Connect enrollment** by email at connectintake@ucare.org

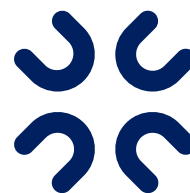## 2026 UCare Care Coordination Meetings

2026 UCare CEUs and Quarterly Meetings

At this time, UCare will not be offering CEUs or hosting Quarterly Care Coordination Meetings. Ongoing communication and updates will instead be shared through the monthly Care Coordination Newsletter.

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+	Clinical Liaison Office Hours (optional)	TBD
Connect	Clinical Liaison Office Hours (optional)	TBD

ALL CARE COORDINATION NEWS

New on the Care Coordination and Care Management Website

All products
In-Person Assessment Methods Decision Tree (Revised 1/7/2026)
CC Delegate Contact List (Revised 1/22/2026)
EW Capitation Dates (Revised 1/2/2026)
Conversion Rate Request Form | Instructions (New 1/21/2026)
MTM/TOC External Pharmacy Partners Contact List (New 1/30/26)

Connect
2026 Additional & Supplemental Benefits: Connect (New 1/26/2026)
Coverage Overview: Connect
2026 Your Guide to Connect

MSC+
2026 Additional & Supplemental Benefits: MSC+ (New 1/26/2026)
PCA/CFSS Communication Form (Revised 1/23/2026)
2026 Monthly Activity Log (Revised 1/29/26)
Coverage Overview: MSC+
2026 Your Guide to MSC+

Note: All documents related to Connect + Medicare and MSHO have been removed from the CC website. Documents will continue to be evaluated for appropriateness.

Monthly Activity Logs (MAL)

As MnCHOICES data has become more available, UCare has been evaluating any open gaps that remain necessary for tracking on the member activity logs. UCare has been able to reduce the requirements throughout the last year and are able to remove some additional items after the January logs are completed.

MSC+: Institutional member information will still be required since activities are not tracked within MnCHOICES. Effective 2/1/2026, UCare no longer needs to track support plan updates using the MAL.
- UCare will work to make updates to the MAL and post on the website soon.
- MALs should continue to be submitted by the **10th of each month.**

Connect: Effective 2/1/26, the MAL is no longer required.
- Support plan update data will be used for support plan updates.
- MnCHOICES data can also be used for SNBC health status codes.
- Look for upcoming communication.

Clinical Liaison Inbox

Please be aware that response times for the Clinical Liaison inbox may be delayed due to changes in staffing and available resources.

The Clinical Liaison team remains committed to supporting care coordinators and members and will continue to prioritize requests based on urgency and impact. We appreciate your patience as we adjust workflows to ensure consistent and accurate support.

Thank you for your understanding and partnership.

Transfer Document Update

To facilitate a smooth and timely transfer of documentation for members transitioning from UCare to Medica, HealthPartners or Blue Cross Blue Shield (BCBS) plans, please attach all required transfer documents, including the DHS-6037, directly into MnCHOICES. This is the preferred method for managing bulk transitions of members and should be used in place of email or fax whenever possible.
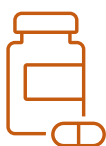
Once documents are uploaded into MnCHOICES, no additional outreach to the receiving health plan is required. Receiving care coordinators will review MnCHOICES for transfer documentation upon assignment of the member.

Authorization Update: Skilled Nurse Visits (SNV) and Home Health Aid (HHA)

Effective immediately, the DHS-5841 form is no longer required for authorization of SNV or HHA. Authorization for these services is not required. Providers will be paid when billing the appropriate HCPC codes for eligible members. UCare authorization guidelines can be found [here](#).

Medication Therapy Management (MTM) Update

MTM offers specially trained in-network pharmacists who will review members' medications to ensure safety, efficacy, affordability, and ease of use. Internal pharmacist resources are no longer available. MTM is especially helpful if a member has multiple chronic health conditions, takes several medications multiple times per day, has high prescription costs or multiple prescribers.

MSC+ and Connect members must access MTM services through their Medicare provider. A comprehensive medication review is completed when a member is referred for either MTM or following a transition.

If a member is interested or care coordinators feel a comprehensive medication review would be beneficial for a member, health systems and/or community pharmacies may be contacted directly. The phone numbers located [here](#) can be used to assist with scheduling a comprehensive medication review with one of the member's pharmacists.

When a member has a specific cost or formulary related question regarding their medications, direct them to contact UCare customer service and the team will route to the correct staff to answer the questions.

Annual Health Plan Selection (AHPS)

The 2026 AHPS packets began going out on Wednesday, January 14, 2026. All AHPS packets will be sent no later than February 5, 2026. Each AHPS packet will contain the same documents that were noted in the October 1, 2025, MCO update with an *updated return due date of March 6, 2026,* if the member would like to change health plans. Changes in health plan will be effective April 1, 2026. Please note the notices attached to the October 1, 2025, email are samples only and do not reflect the actual health plans that are available in each county.

DHS has updated the Annual Health Plan Selection Website. Additionally, the maps showing the health plans available by county and program have been updated to reflect availability effective January 1, 2026, and can be found on the DHS Resources for MHCP members who get care through a health plan / Minnesota Department of Human Services webpage.

The AHPS mailing jobs will be run in the following order:

- Special Needs BasicCare (SNBC) Integrated Duals
- Minnesota Seniors Health Options (MSHO)
- Prepaid Medical Assistance (PMAP) – non-metro
- MinnesotaCare – non-metro
- Special Needs BasicCare (SNBC) Non-Integrated Duals
- Minnesota Senior Care Plus (MSC+) Duals
- Prepaid Medical Assistance (PMAP) – metro
- MinnesotaCare – metro
- Minnesota Senior Care Plus (MSC+) Non-Duals
- Special Needs Basic Care (SNBC) Non-Duals

UCare Rewards Update

2025 Rewards are still being processed in the order they were received and will be honored for any existing UCare member following the same program guidelines. The 2026 Reward program is still in place however, how a member receives an earned reward has changed. UCare has moved to claims-based processing in 2026, and the reward program does not include any printed vouchers or paper requests. It will take a minimum of 4-12 weeks for a claim to be received after the date of service. Additional information can be found on the UCare 2026 Rewards page.

A member can claim their reward by following the steps below. If a member does not have access to the member online account or internet, they can call UCare Customer Service (CS) to claim a reward. CS is currently being trained on the new process and will be able to assist with member requests in the coming weeks.

∧ Earn a reward

How to earn

Complete one of the eligible reward activities
1. Members can go to ucare.org/member-login
2. Create or sign-in to their account
3. Select the Health & Wellness section option
4. Select the option to view available rewards and benefits.
   a. This will bring members to a new application (chiprewards) where eligible reward options are under **Health & wellness activities**

Disease Management Overview

Disease Management (DM) engages UCare members living with chronic conditions. Programs are offered for members in both UCare Connect and MSC+. DM programs focus on meeting members where they are at in their health journey. The goal of DM programs are to promote healthy living, improve quality of life, promote self-care efforts and treatment plans to help members better manage chronic conditions.

Program topics include:
- Asthma (Children and adults aged 5-64)
- Diabetes
- Heart failure

*All programs are Adults 18+ except noted with asthma programs

Members enrolled in a DM program receive personalized health coaching from a UCare health coach. Through coaching and education, members can:
- Develop a positive vision for health and lifestyle
- Create achievable goals based on motivation and readiness to change
- Identify and break down barriers and patterns of behavior that prevent change
- Be empowered to make lasting lifestyle changes and be held accountable for their goals
- Receive condition-specific education and resources to support self-management

The DM team works closely with Case Management, Pharmacy, Health Improvement, Health Promotion and provider teams to assist members in self-management of each member's chronic condition(s). We accept referrals for all programs and assist members engaged in DM programs with referrals to other programs and resources.

To send us a referral, please contact us at:
- **DM Email:** Disease_mgmt2@ucare.org
- **DM Voicemail:** 612.294.6539 or 866.863.8303
- **Include with referral:** Member UCare ID, phone number and program (asthma, diabetes or heart failure)
- **Program Exclusions:** Diagnosis of ESRD (End Stage Renal Disease), on hospice care, in Long-Term Care Facility or a skilled nursing facility, or on dialysis

Disease Management Vendor Partner Program Updates for 2026

UCare will no longer be offering programs through vendor partnerships in 2026.
- **Brook Health app:** Members can still access the Brook app if they already signed up for the app
- **Cecelia Health:** Members completed their programs in January 2026
- **Connect America:** Enrolled members will be finishing up their program throughout Quarter 1 2026. New program enrollments will no longer be accepted.
- **Virta:** Virta's program ended mid-2025

MSC+ NEWS

Elderly Waiver (EW) Nursing Facility (NF) Conversions and EW Hospital High Needs Budget Exceptions

DHS announced in the December 30th, 2025 AASD eList changes to the EW nursing facility conversion budget process and new EW hospital high-needs budget exceptions. The EW Budget Exception Request form in MnCHOICES has replaced the DHS-3956 EW Conversion Rate Request form.

DHS hosted a webinar on January 29th, 2026 about the new Elderly Waiver hospital high needs exception process to discuss when and how to use the EW budget exception form in MnCHOICES. The recording will be available on the DSD Training Archive page.

Given these changes, UCare has developed a new Conversion Rate Request form to be used for NF Conversion Rate Requests, EW Hospital High Needs Requests, and PCA/CFSS Enhanced Rate Requests, effective immediately. We encourage all CCs to review the Conversion Rate Request Form and Instructions that are available on the UCare Care Coordination, MSC+ page, EW drawer.

For additional information, CCs may review the CBSM EW Conversion Rates page and the MnCHOICES practice guide - EW budget exception request in the MnCHOICES Help Center.

T2029 Equipment & Supplies Authorization Requirement

Elderly Waiver covers specialized equipment and supplies that are for the direct benefit of the member and allow the member to do one of the following:

- Communicate with others
- Perceive, control, or interact with their environment
- Perform activities of daily living

UCare requires the care coordinator to submit the T2029 Equipment and Supplies Waiver Service Approval Form for all T2029 item(s) that meet the coverage criteria for the Elderly Waiver. Durable Medical Equipment (DME) providers must have an approved authorization to be reimbursed for T2029 equipment and supplies through the waiver. Care coordinators must ensure the item(s) fit within the member's case mix budget cap.

Care coordinators can refer to the EW T2029 Equipment and Supplies Guide and/or the EW T2029 Equipment and Supplies Coverage Process for guidance regarding approving specialized equipment and supplies under EW.

Quality Review

CFSS Assessments Trends & Tips
Documenting ADL Improvement and Reduced Dependency

CFSS review submissions are still required for all members receiving CFSS support, even when a member's needs have changed, or services are being reduced.

When a member no longer meets the CFSS dependency criteria or has a reduction in one or more areas of dependency, it is important to clearly document the assessment rationale, explaining the reasons. Proper documentation confirms that the reduction is based on the member's current abilities and progress.

Strong documentation outlines what has improved, such as increased independence with activities of daily living (ADLs), skill development, use of natural supports, or progress toward overall goals. Linking these improvements directly to CFSS Assessment Guidelines highlights why the dependency is no longer present.

Documentation Example:
Observed member walking unassisted throughout apartment with the use of cane. Member reported she uses a cane at all times and is able to walk without hands on assistance from another person. At last assessment, member required hands on assistance with mobility following knee surgery that resulted in weakness and imbalance. Those symptoms improved during her recovery, and she has returned to independent mobility at this time.

A clear assessment rationale also supports continuity of care. It allows care coordinators, members, and providers to understand the member's progress and next steps; and it helps prevent confusion during any potential audits or appeals.

Overall, documenting the rationale for the CFSS assessment of ADL improvements supports appropriate use of services, promotes independence, and ensures that CFSS services are adjusted as the member's needs change over time.

Thank you to all care coordinators for your commitment to complete comprehensive CFSS assessments and submitting for review! We are hopeful that the feedback shared has helped strengthen understanding for the need of robust documentation.

DHS News and Updates

MnCHOICES Data Breach

In November, DHS received notification from FEI Systems, the vendor that manages MnCHOICES, indicating a user associated with a health care provider had accessed the demographic records of over 300,000 individuals. The user no longer has access.

DHS ordered a forensic investigation be completed by the vendor. At this time there is **no evidence information has been misused**. Additional safeguards have been put in place to prevent similar incidents. More information about MnCHOICES can be found, here.

The DHS Office of Inspector General is aware of this incident and has developed data-driven processes to monitor and evaluate billing information, in an effort to identify whether there was fraudulent or inappropriate use of the accessed data. If potential fraud is identified, DHS will fully investigate and

when appropriate refer those matters to law enforcement. DHS has also requested individuals affected by this breach to partner with us, by reviewing their health care statements and reporting any suspicious charges or services.

DHS strongly encourages anyone with information about suspected Medicaid fraud to contact DHS by calling 651-431-2650 (Toll-free: 1-800-657-3750) or by submitting a report online at https://mn.gov/dhs/general-public/office-of-inspector-general/report-fraud.

Announcements in MnCHOICES

Beginning January 20, 2026, DHS will use the Announcement tile on the My Dashboard page to communicate directly with users instead of sending emails to mentors. This change allows communications to occur more quickly and ensures all users receive the information at the same time.
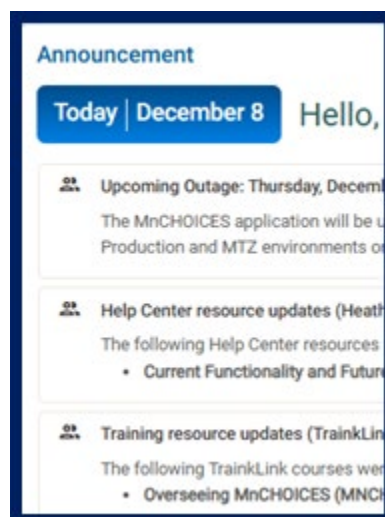
User instructions
MnCHOICES users should review the Announcement tile daily, as important announcements are updated regularly.

To read an announcement:
1. Click on the announcement in the Announcement tile.
2. A window will open displaying the announcement content.

The Announcement tile will be used to notify users of:
- Upcoming outages for monthly releases
- Scheduled maintenance reminders
- Notices of technical difficulties, including:
  - Situations where users can still log into the system (e.g., issues with print or system slowness)
- Help Center resource updates
- Training resource updates

Email communication changes:
DHS will continue to email notices of technical difficulties in situations where users are unable to log into the system or when an outage is necessary.

DHS will no longer send the following communications by email to the MnCHOICES Mentor list:
- MnCHOICES outage notifications
- Scheduled maintenance reminders
- Notices of technical difficulties when users can still log into the system (e.g., issues with print or system slowness)

These communications will now be delivered directly within the application on the Announcement tile.

January 2026 MnCHOICES Release Summary
Resolved Current Functionality items: Fixed in the release (1 fix which includes 0 critical functionality items)
- Person record: Contacts heading-Description: An address for a contact could not be added or edited using the address lookup field when the county field was missing. [DHS ID 208468]

- ❖ Changes made: User can now add or edit a contact's address. The contact address lookup now matches the look and feel of the address lookup used when entering a person's address in the person profile.

Other changes made - not listed in the Current Functionality and Future Enhancements document:

- Description: Once an end date was entered for a contact, it could not be removed. An error message appeared after deleting the end date and selecting save, preventing the change from being saved.
    - ❖ Changes made: A contact's end date can now be removed and saved successfully.
- Description: The report did not download when the queries for either Support Plan or MnCHOICES Assessment were run and the Export Results button was selected.
    - ❖ Changes made: The Export Results button now successfully downloads the query results to the user's computer (download folder) for queries.
- Description: When E-signature was selected as the method of obtaining a signature on an assessment or support plan, the signature area appeared as a blank field. Agencies requested an enhancement to make it clearer where individuals should sign.
    - ❖ Changes made: A box outline now appears around the signature area, including a signature line and a "Sign Here" indicator.
- Description: In MnCHOICES Assessment, when a person over age 4 had "Has seizures and needs physical assistance to maintain safety before, during or after" selected with a frequency of "3 or more times per week" in Health interventions, the Type B service agreement was not updating the neurological field with an "X."
    - ❖ Changes made: The Type B service agreement will correctly display an "X" in neurological field when a person over age 4 has "Has seizures and needs physical assistance to maintain safety before, during or after" selected with a frequency of "3 or more times per week."
- Description: Eligibility for 24-hour customized living only displayed in the support plan after the service was authorized. Lead agencies requested this eligibility information display in the MnCHOICES Assessment.
    - ❖ Changes made: Eligibility for 24-hour customized living now displays in the Assessments results section of the MnCHOICES Assessment. Lead agency staff are now able to provide this information earlier and accurately capture customized living codes in the screening document as necessary for authorizing these services.
    The results for 24-hour customized living will display the following options:
        - ▪ Eligible
        - ▪ Not eligible
        - ▪ Eligible if 50 hours of direct services per month are authorized.

<div align="center">**REMINDERS**</div>

Forms Frequently Change

Forms are updated regularly. Please remember to download forms directly from UCare's website to ensure the most up-to-date versions are used.

Updating Primary Care Clinic

All Care Coordinators should confirm members' primary care clinics and complete the Primary Care Clinic Change Request form located on the [UCare website](#) in the Care System or County PCC/Care Coordination Change Process drawer. This will ensure members (MSC+/MSHO) are correctly assigned for care coordination while in the program and when they age in. Although SNBC does not make delegate assignments based on PCC, it is equally important to ensure accuracy for continuity of care and initial assignment if/when they transition to MSC+/MSHO.

Care Coordination Questions?

The Clinical Liaisons are a great resource when care coordinators have questions. To help you best, please include as much detail as possible when submitting a question(s): e.g., member name and ID number, date of birth, product, details about the situation, and care coordinator name, phone number, and email address.

All emails sent to UCare that include private member information **must** be sent using secure messaging**.** There may be times when UCare is unable to open secure third-party emails. If your agency does not have a secure messaging system or UCare is unable to open the third-party secure message, care coordinators can create a secure email account using [UCare's Secure email Message Center.](#)

UCare Care Coordination Contact Numbers

Please refer to the [Care Coordination Contact List](#) for delegate contact information.

Newsletter Article Requests

Is there a topic that should be covered in this newsletter? Please send all suggestions to [MSC_MSHO_Clinicalliaison@ucare.org](#) & [SNBCClinicalLiaison@ucare.org.](#)