



Care Coordination News

January 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

UCare All Care Coordination Meetings are provided every quarter. These meetings are intended to provide ongoing education, benefit updates and topical information to support successful care coordination, presented live or via recorded WebEx. When viewing the recorded Quarterly All Care Coordination Meeting, an electronic verification is needed. CEU events and office hours are optional.

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+ and Connect	Live Quarterly All Care Coordination Meeting	Thursday, March 19th 9:00 AM-11:00 AM
MSC+	Clinical Liaison Office Hours (optional)	Thursday, January 22 nd 11:00 AM-12:00 PM
Connect	Clinical Liaison Office Hours (optional)	Thursday, January 22 nd 12:30 PM-1:00PM



[Click here](#) to register for Connect Office Hours

[Click here](#) to register for MSC+ Office Hours

ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

All products

4th Quarterly All Care Coordination Meeting

Coming Soon

Benefits, Perks, & Member Handouts

One Pass Select (CT)

2026 Your Guide to MSC+ (New 1/1/26) (coming soon)

2026 Your Guide to UCare Connect (New 1/1/26) (coming soon)

Follow-up after Hospitalization for Mental Illness Handout

2026 Additional & Supplemental Benefits: MSC+ (New 1/1/26)

2026 Additional & Supplemental Benefits: Connect (New 1/1/26)

All Products Job Aids:

In-Person Assessment Methods Decision Tree (Revised 1/1/26)

Connect Job Aids:

Assessment Checklist (Revised 1/1/2026)

In-Person Assessment Requirements (Revised 1/1/2026)

Transfer Member Job Aid (Revised 1/1/2026)

Meetings & Trainings

2026 Meeting and Training Schedule

MSC+ Resources

EW Capitation Dates

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

Backordered Wellness Kits



The items for the backordered kits will not be restocked, and backorders cannot be fulfilled.

We are working on a communication plan for members who have an existing backordered kit request. More details will be shared as they are available.

Member Health Plan Transfers

Due to the potential high volume of UCare member transfers expected for January 1, 2026, UCare requests that care coordinators delay sending any transfer documents and DHS-6037 until after the enrollment rosters are received. After confirming where the member enrolls, the DHS-6037 can be

sent directly to the new health plan/delegate. The DHS-6037 can be found on eDocs, along with the [Health Plan Contacts](#). Sending these directly to the new care coordinator contact will ensure a more timely receipt.

Any UCare member moving to Medica who is both a delegate with UCare and Medica does not need to complete a 6037 if they will remain within the same agency. All other transfer activities are required as outlined by Medica policy.

Product Change Extension Guidelines

DHS has outlined and approved extensions for initial contact and initial assessments related to MSHO to MSC+ and Connect + Medicare (CT+MED) to Connect (CT) product changes that occur due to the closure of MSHO and CT+MED on December 31, 2025.

Important Notes

- This extension only applies to members who are in the following scenarios:
 - Members on UCare MSHO 12/31/2025 and moving to UCare MSC+ effective 1/1/2026
 - Members on UCare CT+MED on 12/31/25 and moving to UCare CT effective 1/1/2026
- The extension requirements in the attached guideline are split into two scenarios: members who are institutional and members who are in the community.
- The initial contact requirement includes both a Welcome Letter and telephonic outreach. This is a change from current requirements, and is an important addition outlined by DHS to support members who defaulted into a new plan.
- If the member is due for an annual reassessment within the approved extension period, the reassessment must be completed within 365 days of the previous assessment.
 - If the annual reassessment is completed during this extension period, no THRA is required
- Best Practice Tip: If the member is due for their mid-year review during this transition period, complete the THRA at the same time

Situation	DHS Approved Extensions
<p>Institutional Members: UCare MSHO to UCare MSC+ and UCare CT+MED to UCare CT</p>	<p>Initial Contact</p> <ul style="list-style-type: none">• Provide the member with the name and phone number of the assigned care coordinator via the Welcome Letter <u>within 30 calendar days</u> of enrollment• Assigned care coordinator will follow up with member via phone to inform of product change and answer questions <u>within 60 calendar days</u> of enrollment <p>Members with a completed assessment in last 365 days</p> <ul style="list-style-type: none">• Complete THRA process <u>within 90 calendar days</u> of enrollment <p>Members without a completed assessment in the last 365 days</p> <ul style="list-style-type: none">• Conduct a new assessment <u>within 90 calendar days</u> of enrollment (CT: MnCHOICES HRA-MCO; MSC+ UCare Institutional HRA)

<p>Community Members: UCare MSHO to UCare MSC+ and UCare CT+MED to UCare CT</p>	<p>Initial Contact</p> <ul style="list-style-type: none"> Provide the member with the name and phone number of the assigned care coordinator via the Welcome Letter within 30 calendar days of enrollment Assigned care coordinator will follow up with member via phone to inform of product change and answer questions within 90 calendar days of enrollment <p>Members with a completed assessment in the last 365 days</p> <ul style="list-style-type: none"> Complete THRA process within 180 calendar days of enrollment <p>Members without a completed assessment in the last 365 days</p> <ul style="list-style-type: none"> Conduct a new assessment within 180 calendar days of enrollment (CT: MnCHOICES HRA-MCO; MSC+: MnCHOICES, HRA-MCO or MnCHOICES Assessment)
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Medica–UCare Acquisition: Transition Resources

Medica's acquisition of UCare is progressing, with a continued focus on maintaining continuity of care and ensuring clear communication for members and care teams. To support care coordinators during this transition, several key resources are available:

- FAQ (emailed 12/12):** Addresses common questions related to member coverage, benefits, network access, and what to expect during the transition.
- Press Release:** Provides a high-level overview of the acquisition and Medica's commitment to UCare members and communities.
- UCare Member Letter:** Communicates directly with members about the acquisition, what is changing, and what will remain the same, with reassurance around ongoing care and coverage.



Care coordinators are encouraged to review these materials and use them as a reference when supporting members or addressing questions. Additional updates will be shared as the transition progresses.

For additional questions, reach out to the Clinical Liaison Team at SNBClinicalliaison@ucare.org or MSC+_MSHO_clinicalliaison@ucare.org.

Care Management Support Line

The Care Management Support Line (FKA Mental Health and Substance Use Triage and Access Line) will be disabled as of 1/1/26.



- Effective January 1st, 2026, all calls into the case management support line will be routed to UCare's Customer Service team and triaged accordingly
- UCare is working to remove the care management support line number from member ID cards

Mental Health & Substance Use Disorder Case Management will continue as usual into 2026.

MSC+ NEWS

Authorizing Upgrades for Specialized Equipment and Supplies



Care coordinators may not authorize T2029 walker accessories intended for use by a Durable Medical Equipment (DME) provider to increase reimbursement for a walker. Walker accessories may only be authorized when there is an assessed need and for the benefit of the member. The [DHS MHCP page for Equipment and Supplies](#) includes information on authorizing add-ons and provider-initiated upgrades for DME covered under the member's Medical Assistance benefit.

Contracted DME providers agree to accept the DHS rate for DME items. Billing for items not received by a member could be considered Fraud, Waste or Abuse. If a care coordinator is aware of this type or similar activity, it should be reported to [UCare's Special Investigative Unit](#) at compliance@ucare.org | 1-877-826-6847.

GrandPad Update

UCare and GrandPad have collaborated to provide information about transition plans for GrandPad users. GrandPad is sending notifications through the tablet to all MSHO members who use GrandPad, reminding them that their benefit ended on December 31, 2025. GrandPad is also sending each member a return box, allowing them to return and mail the GrandPad back at no cost to the member.

UCare asks that care coordinators exercise their professional judgment and reach out to members who may require additional assistance/support to ensure the GrandPad is returned. UCare will be charged for equipment that is not returned.

Thank you for your continued support during this transition!

MMIS 909 Edit/LTCC County Code



MMIS is not accepting **UCM** in the **LTCC County** field for 2026 effective dates. UCare and DHS are working together to find a solution for next steps and will share more information when available. As a reminder, below is the temporary process changes for January effective dates and recommendations for February effective dates until a solution is determined:

- For assessments with **an effective date of 1/1/2026**, use 12/31/2025 for the effective date. An effective date of 12/31/25 will ensure continuity of services for members in 2026 and avoid any disruption. After the new code is available, CCs can either submit screening deletion requests to DHS once we know the LTCC CTY code and then have them re-enter the screenings with a 1/1/26 effective date to keep on the same waiver span, OR pro-rate the budget for 11 months and keep on the updated span
- For any assessments with an **Effective Date of 02/01/26** or later, CC's should HOLD those completed assessments until UCare and DHS are able to solve for the 909 edit. We do not want to shorten a member's waiver span by more than 30 days and allow members a full waiver span (including CFSS and CDCS) by holding any completed assessments for entries. Please ensure CC's track all assessments that are pending for entry with an effective date of 02/01/26 or later.

REMINDERS

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.