

Connect and Connect + Medicare New Member Process Flow

Delegate retrieves enrollment report (Sec FTP) and reconciles roster using MNITS.
Tip: Sort by care coordinator change/new member.

Delegate completes CC staff assignment and location in MnCHOICES.

Member is informed of CC name/phone within 10 business days of assignment by sending a "Welcome Letter" (new members) or via phone call. Document.

4 actionable attempts to reach member w/in 60 days of enrollment.
Document outcomes.

HRA completed w/in 60 days of enrollment?

Yes

Complete support plan in MnCHOICES and provide support plan to member & ICT w/in 30 days of HRA.

Reassessment due within 365 days of HRA date.

No

Was the member UTR or Refusal?

No

Did member no-show for scheduled HRA?

Yes

Member no-show and unable to reschedule (UTR) or declines rescheduling (Refusal). Follow next steps for UTR or Refusal.

Yes

CT/CT+: MnCHOICES UTR/Refusal Activity. Send Provider Engagement Letter to PCP.
CT+: Complete UTR or Refusal Support Plan & upload to MnCHOICES.
CT: Document efforts.

First reassessment due within 365 days from **ENROLLMENT** date. Subsequent reassessments due within 365 from last **ACTIVITY** date.

Key
Enrollment: 1st day of the month
Assignment: Date delegate receives enrollment roster
Days: Calendar days
*Refer to Connect Requirements Grid for additional information.