

UCare Connect and MSC+

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 Your Enrollment Roster Using Excel](#)

It is recommended that delegate agencies maintain a system for tracking members' enrollment, assessment due dates, minimum 6-month/mid-year contacts and 90-day monitoring periods. Systems may vary based on the 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 internal systems.

Member enrollment changes are provided to agencies bi-monthly. The enrollment rosters notify delegate agencies of members who are new to the health plan, have a change in health plan (product change), terminated 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 Health Status code updates.

Information on the Enrollment Roster is categorized into two tabs:

I. Changes Tab: includes all member changes (new, termed, clinic changes, product changes, health status changes and changes in care coordination).

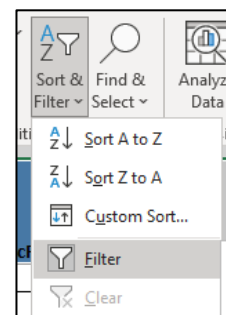
II. All Tab: includes a compilation of the changes and previously assigned members

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




CHANGES TAB		
Sort/Filter By:	Reconciliation Task:	Additional Actions Needed/Not Needed:
1. New Member	<p>New member to UCare. The member was not active with UCare the prior month.</p> <p>Task: Verify member eligibility in MN-ITS.</p> <ul style="list-style-type: none"> Confirm UCare plan, MA is active, lives in the correct geographic location <p>MN-ITS discrepancies: contact ConnectIntake@ucare.org or CMIntake@ucare.org, respectively, for direction.</p>	<p>Add member demographics and enrollment date (first day of the month) to the agency tracking grid/system.</p> <p>Welcome Letter or documented welcome phone call within 10 business days of assignment (date delegate received enrollment roster)</p> <p>Complete HRA: MSC+: within 30 days of enrollment date. CT: within 60 days of enrollment date.</p>
2. Product Change (PC)	<p>Change in UCare product from the prior month (e.g., Connect to MSC+, MSHO to MSC+, MSC+ to MSHO, Connect to Connect + Medicare).</p> <p>Task: Verify member eligibility in MN-ITS.</p> <ul style="list-style-type: none"> Confirm UCare plan, MA is active, lives in the correct geographic location <p>MN-ITS discrepancies: contact ConnectIntake@ucare.org or CMIntake@ucare.org, respectively, for direction.</p>	<p>Confirm that the member is on the agency tracking grid/system.</p> <ul style="list-style-type: none"> Add new enrollment date for PC (first day of the month) and update product type <p>Welcome Letter or welcome phone call within 10 business days of assignment (date delegate received enrollment roster)</p> <p>Complete THRA or a new assessment: MSC+: within 30 days of enrollment date. CT: within 60 days of enrollment date.</p> <p>NOTE: If previously UTR or refused, adjust the assessment timeline to the new enrollment date and treat as a NEW member.</p>
3. Termed Members	<p>Member disenrolled from UCare. The member was active the prior month with UCare and is not active this month.</p> <p>Note: CT/MSC+ will show as termed in the status column when MA ends.</p>	<p>CT/MSC+: MA is confirmed to be inactive.</p> <p>Add member to agency tracking grid/system and monitor for 90 days. If the assessment/Support Plan (SP) is due within 90 days, complete the assessment and support plan. Enter into MMIS when MA and UCare are reinstated retroactively (as</p>

	<p>Verify member eligibility in MN-ITS.</p> <ul style="list-style-type: none"> If active again, alert ConnectIntake@ucare.org or CMIntake@ucare.org respectively for direction Determine the reason for UCare termination (i.e., MA inactive, new MCO) 	<p>applicable). If the member does not become active again after 90 days, discontinue monitoring.</p> <p>MSC+ EW: Send DHS-6037 to the county of financial responsibility by day 60 of the 90-day monitoring/grace period.</p> <p>CT: No additional action</p> <p>If enrolled with a new MCO: Send transfer documents to the new health plan.</p> <p>See Requirements Grid for 90-day monitoring/grace period exceptions.</p>
<p>4. Care Coordinator Change</p>	<p>Change in Care Coordination delegate from the prior month.</p> <p>Review Previous Care Coordinator/Current Care Coordinator (CC) columns.</p>	<p>Previous CC (Sending): Attach transfer documents (DHS-6037) in MnCHOICES for the new delegate to review (receiving CC).</p> <p>Use the Care Coordination Contact List located on the Care Coordination and Care Management home page to locate delegate agency contact information for sending or requesting transfer documents if needed.</p> <p>Current CC (Receiving): Review transfer documents and complete THRA/FNU as applicable. The receiving agency may need to reach out to the previous agency to request documents if not received timely.</p> <p>Note: If no transfer documents are received or previous UTR/Refusal, treat as a new member.</p> <p>See Care Coordination Requirement Grids for more information.</p>
<p>5. HS Status Change (CT only)</p>	<p>Notification that Column P "Health Status" (HS) has been updated based on Monthly Activity Log submission.</p> <ul style="list-style-type: none"> HP: HRA/Support Plan completed NU: New Member NI: Member Refusal NR: Unable to Reach GH: Group Home – BPS Only 	<p>MSC+: Disregard if status appears. No action is required.</p> <p>CT: Confirm that the HS code from the latest roster is accurate. Alert Connectintake@ucare.org with any discrepancies.</p>

6. Clinic Change	Change in primary care clinic (PCC) from the prior month. Update to the care coordinator.	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 may 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 they were missed from the 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