

Reentry Targeted Case Management: Medicaid Managed Care Enrollees

Washington's Medicaid managed care organizations (MCOs) appreciate a courtesy notice from carceral facilities about their health plan enrollees' incarceration to help ensure timely implementation of Reentry Targeted Case Management (rTCM).

While MCOs request notification of incarceration for all their health plan enrollees, this notice is particularly important when a carceral facility's booking information is not communicated to MCOs via HCA's daily enrollment update file (834 File). This includes juvenile detention and juvenile rehabilitation facilities, as well as other facilities that do not actively transmit booking and release data to HCA through the Jail Booking and Reporting System (JBRS) or DOC's Offender Management Network Information (OMNI) system.

The next page of this document contains a checklist of information to be provided.

MCO Contact Information

- Information should ONLY be sent to the MCO with which the individual is enrolled.
- Including information in a single email for multiple enrollees of the same MCO is acceptable.
- ***Please use email for non-urgent communication and phone for escalations.***

Community Health Plan of Washington	JailTransitions@chpw.org	206.613.8817
Coordinated Care	Reentry_Support@coordinatedcarehealth.com	877.644.4613 ext. 6400
Molina Healthcare	JailTransitionsRequest@molinahealthcare.com	833.234.1261
Wellpoint	WABHReferrals@wellpoint.com	206.482.5523
United Healthcare	wa_legalsystemsteam@uhc.com	763.361.0900

MCO Notification Checklist for rTCM

Once an individual's MCO enrollment status is determined and screening is complete, please send a notice to the individual's MCO. The notification should include the following information:

- _____ Carceral Facility Name and Contact Information (for follow up questions)
- _____ Individual's Information:
 - _____ Full Name
 - _____ Provider One ID number
 - _____ Date of Birth
 - _____ Date of Booking
 - _____ Initial Screening document(s)
 - _____ Release of Information document or rTCM opt-out
 - _____ For juveniles (age 20 and younger): please include whether they are in pre- or post-adjudication status
- _____ Carceral or Community-Based rTCM Provider Information (name/phone/email)

If the individual **has already been released from the facility at the time of the notice**, please also include:

- _____ Date of Release
- _____ Individual's Information:
 - _____ Direct phone number
 - _____ Current address (residence and mailing, if different)
 - _____ Email address
 - _____ Transition of Care Plan document(s)
- _____ Indicate if pre-release rTCM services were incomplete due to sudden/early release
- _____ Probation officer contact information, if appropriate
- _____ Schedule the Post-Release Warm Handoff meeting**

***Carceral facilities are responsible for coordinating the warm handoff upon member release, ideally 14 days before release if time allows or within 7 days of an early or sudden release. In addition, please notify the individual's MCO of any change in status, such as location, estimated release date, etc. For facility questions or member escalations, refer to MCO direct contact information.*