MEM – Managed Care Enrollment Form Complete Purpose:

This procedure explains the process of how to handle managed care enrollment forms returned by members via mail and scanned into the States imaging software OnBase Workflow.

Identification of Roles:

Customer Service Representatives (CSR) Unit Lead

Performance Standards:

Our internal performance measure on this process is that enrollments are to be completed within 2 business days of receipt.

Path of Business Procedure:

Step 1: Login into OnBase Workflow

(See system manual for how to login into: OnBase Workflow)

- a. See procedure on how to get into Member Services work lifecycles, also known as work queues.
- b. Select MEM01-Member Srvcs PreScreening LC and expand it by clicking the plus sign next to it.
- c. Then click on MEM01-Enrollments

Step 2: Log into the Medicaid Management Information System (MMIS).

a. See system manual for how to login into MMIS

See procedure on how to search for members

Step 3: Using information the member has provided on the form. The CSR enters in the MMIS search screen the members ID #, name or social security number to access the account.

- a. Verify the member information on the form:
 - i. Name of Person(s) to Enroll
 - ii. Date of Birth of Person(s) to Enroll
- iii. ID Number(s) of Person(s) to Enroll
- iv. Selection of ONE MCO
- v. Reason for Changing MCO
- vi. Address
- vii. Phone Number
- viii. Signature of one person listed on the form
- b. Double click on the 'Key Wording' button.
- c. Copy and paste the members first and last name, ID # and the case number
- d. Click on the 'Save' and 'Ok' button.

- e. Once the form has been saved, double click on the 'Done Processing' button which will send the form to the MEM02 queue to complete the managed care enrollment.
- f. If the form is blank, add a note to Unit Lead giving the reason the form is being sent.
 - i. Click on the attach note button.
 - ii. Double click on the 'Unit Lead' button which will take the form out of the queue.

Step 4: CSR will verify using screen 16 in Medicaid Management Information System (MMIS) that the member was sent a managed care letter asking them to choose a doctor.

- a. Verify that the member has any information listed on screen 16.
- b. Verify that the member has an enrollment period established.

Step 5: Once it has been determined the member has managed care, verify that the member is in open enrollment:

- a. If the enrollment code is "J", the member is in open.
 - a. If yes, go to Step 7.
 - b. If no, continue step b.
- b. Is today's date between the "open begin" and the "open end"?
 - 1. If yes, go to Step 7
 - 2. If no, go to Step 6.

Step 6: If the member is not in open enrollment, you will need to see if they listed a "Good Cause" reason on the IA Health Link managed care enrollment form.

- a. If not, the request will need to go as a Supervisor Call Back given the member is in Extended Participation Period (EPP).
 - 1. Add a note by clicking on 'Attach Note'.
 - 2. Select "MEM Note to Unit Lead"
- b. Complete the EPP log. A letter will be generated explaining to the member is in closed enrollment and will need to call their MCO to request a grievance, per the MEM Managed Care Good Cause Disenrollment Standard Operating Procedure. Once the member has received a response, if the member has a "Good Cause" reason to change, proceed to Step 7.

Step 7: Completing the enrollment:

- a. In File 16 of MMIS, select screen 1 and enter the member's information
- b. Place an "F" in the enroll code field
- c. Type the MCO's seven digit legacy number in the in the 'Prov Number' field
- d. Press the F10 key twice

Forms/Reports:

Managed Health Care Enrollment Complete Procedure

Iowa Department of Human Services Iowa Medicaid Enterprise (IME) Member Services

N/A

RFP References: N/A

Interfaces:

MMIS MHC ENROLLMENT SUBSYSTEM OnBase Workflow

Attachments:

None