

MEM – Managed Care Good Cause Disenrollment

Purpose:

This procedure explains how to determine and process member requests for good cause disenrollment from their MCO.

Identification of Roles:

Customer Service Representatives (CSR)
Enrollment Services Representative (ESR)
Managed Care Organization (MCO)

Performance Standards:

Quality Assurance for all Member Services calls must be at least 90%. Disenrollments and enrollments should be completed on day of approval for members who have chosen an alternate MCO. Approval and denial letters are to be sent within one day of good cause determination.

Path of Business Procedure:

Step 1: CSR receives incoming call that the member would like to disenroll from their current MCO.

Step 2: CSR is to ask the member the reason for requested disenrollment and with which MCO the member would like to enroll.

Step 3: CSR will verify using file 10 screen 12 in MMIS the member is enrolled in a Managed Care Organization (MCO).

- a. If the member is no longer enrolled in an MCO, CSR will follow Standard Operating Procedure 'MEM-Member Calls for Eligibility and Benefits.'
 - i. If the member is no longer Medicaid eligible, the CSR will transfer the caller to the Department of Human Services (DHS) Contact Center.
- b. If the member is MCO enrolled, go to Step 4.

Step 4: The CSR will inform the caller that they must contact their current MCO to go through the MCO's grievance process for resolution.

- a. If the member states that they have gone through their MCO's grievance process, continue to Step 5.
- b. If the member states that they have not gone through their MCO's grievance process, the CSR will advise the member to contact their current MCO and go through the MCO grievance process for resolution. The CSR will inform the member that the grievance process may take up to 45 days to process and give the member the MCO's Member Services contact information. The CSR will advise the member that if their issue is not resolved following the decision

of their grievance, they may call Iowa Medicaid Member Services for additional assistance.

Step 5: The CSR will gather the following information from the caller and complete an MCO disenrollment form:

- a. Date
- b. Member Name
- c. Member telephone number (and alternate phone, if possible)
- d. Member State ID
- e. Member address
- f. Authorized representative information (if appropriate)
- g. Reason for requested MCO change
 - i. If it is due to the provider not being in network, CSR will document the name of the provider, clinic name (if appropriate), county, and city

Step 6: The CSR will inform the caller that a request was sent to their current MCO to confirm that they have completed the grievance process and to verify the outcome of the grievance. Once Iowa Medicaid has received a response from the member's MCO, Iowa Medicaid will review the member's request to verify if it is a 'good cause' reason for change. Once a final decision has been made by Iowa Medicaid, the member will be sent a letter within 10 business days letting them know whether their request has been approved or denied.

Step 7: The CSR will document and complete the call in the OnBase Contact Log as described in the Creating and Completing a Contact Log procedure within the Member Services Resource Library.

Step 8: The ESRs will review the MCO disenrollment forms in OnBase daily and note the information on the MCO Member Good Cause Requests Excel sheet.

Step 9: The ESRs will send a daily email containing a list of the day's member requests for good cause disenrollment to the appropriate MCO. The email will contain the following information for each member:

- a. Date
- b. Member Name
- c. Member telephone number (and alternate phone, if possible)
- d. Member State ID
- e. Member address
- f. Authorized representative information (if appropriate)
- g. Reason for requested MCO change
 - a. If it is due to the provider not being in network, ESR will document the name of the provider, clinic name (if appropriate), county, and city

Step 10: Once the ESRs have sent the daily email to the appropriate MCO, they will access OnBase and complete the following:

- a. Upload the email that was sent to the members' MCO and attach it individually to the selected member files using the correlating contact log ID number.
- b. Individually select each member to mark 'Email Sent' after the email has been uploaded. (This moves the selected members to the 'Pending MCO Response' queue)

Step 11: Each MCO will research and confirm the status of member grievances within 3 business days.

Step 12: Each MCO will email the ESRs daily with the determination of the members' grievance.

Step 13: Once the emails have been received from the MCOs, the ESR will do the following:

- a. Update the MCO Member Good Cause Requests Excel sheet with the status/determination of the grievances.
- b. Upload the email received from the MCO in OnBase and attach it individually to the selected member files using the correlating contact log ID number.
- c. Individually select each member to mark 'response received' after the email has been uploaded. (This moves the selected members to the 'Work' queue where outcome letters will be created)

Step 14: ESRs will determine if the member's request is one of 'good cause' based on the defined criteria for good cause. Once determined, the ESRs will update the MCO Member Good Cause Requests Excel sheet.

Step 15: The ESRs will send out appropriate determination letters to the members:

- a. If the member has not completed the grievance process, the ESR will create the 'GrievanceInProcess' letter in OnBase informing the member that they must complete the grievance process with their current MCO prior to requesting disenrollment for Good Cause with Iowa Medicaid. Proceed to Step 16.
- b. If the member's request is 'good cause' for an MCO change:
 - i. The ESR will update the MCO Good Cause Changes Excel sheet with member's information.
 - ii. The ESR will process the change. CSRs will not process MCO changes.
 - iii. ESR will create and edit the 'Approval' letter in OnBase as necessary and send it to the 'Print' queue. The letter will be printed and mailed to the member informing them that their request for disenrollment has been approved. Proceed to Step 16.
- c. If the member's request is not 'good cause' for an MCO change, the ESR will create the 'Denial' letter in OnBase and send it to the 'Print' queue. The letter

- will be printed and mailed to the member informing them that their request for disenrollment has been denied.
- d. If the ESRs need additional information to process the requested change, an ESR will call the member to obtain that information. If the ESR is unable to make contact with the member, they will create the 'Attempted to Contact' letter in OnBase and send it to the 'Print' queue. The letter will be printed and mailed to the member informing them that their request for disenrollment is not able to be processed and to contact Iowa Medicaid Member Services.

Forms/Reports:

N/A

RFP References:

N/A

Interfaces:

OnBase Workflow
Excel

Attachments:

None