

## **MEM – Medicare Buy-In Quality Assurance**

### **Purpose:**

This procedure explains how Medicare Buy-In is researched and processed.

### **Identification of Roles:**

Member Services Specialist (MSS)  
Quality Assurance Trainer (QA)  
Call Center Supervisor (CSS)  
Operations Manager (OM)

### **Performance Standards:**

Member Services is required to answer all e-mails within 15 days and work each report by the end of the month.

### **Path of Business Procedure:**

Step 1: The MSS will turn in their work by either giving the QA the report they worked or copy them on the e-mail reply they sent.

Step 2: The MSS will follow the same steps as the MSS (See Medicare Buy-In Research Procedures) on all e-mails and 10 percent of all reports.

Step 3: QA will take note of any discrepancies and discuss them with MSS See Medicare Buy-In Reference Manual)

Step 4: MSS will make any corrections needed and report back to QA by having an in person discussion.

Step 5: QA will check the corrections to be sure they are completed while MSS is in their office to be sure no additional instruction is needed.

Step 6: QA will note any errors in a quality assurance data base. (See Medicare Buy-In Reference Manual)

Step 7: QA will give coaching/counseling/training to the MSS.

- a. If the MSS will correct the error if they can.
- b. If the error cannot be corrected see Step 8.

Step 8: QA will report any errors that cannot be corrected to Call Center Supervisor and Operations Manager.

Step 9: Operations Manager will report the error to the Project Manager and the Unit Manager.

**Forms/Reports:**

Invalid TXIX Claim Number Format  
Title XIX Discrepancies  
Duplicate Claim Numbers  
Pending Accretions/Deletions Over Six Months Old  
Pending Over 2 Months Old  
Buy In Records with Status 21 and 24  
Activity Listing for Billing Period June 2010  
Billing vs Buy In Discrepancy Listing  
Claim Number Exceptions  
Duplicate State ID  
Title XIX Monthly Buy In Update Exception Listing  
MMA/Medicare Medicaid Age 65 or Older without Medicare  
Invalid Claim number

**RFP References:**

6.5.1 Managed Health Care Enrollment Broker

**Interfaces:**

DHS System: SSNI, EDBD, MMCR, SSBI, VIEW

**Attachments:**

None