MEM - Member Calls about Third Party Liability Issues

Purpose:
This procedure explains the process of how to handle a member's call regarding any Third Party Liability (TPL) or other insurance coverage outside of Medicaid benefits.

Identification of Roles:
Customer Service Representatives (CSR)

Performance Standards:
Quality Assurance for all Member Service's calls must be at least 90%. However, enrollments should be completed correctly 100% of the time.

Path of Business Procedure:
Step 1: Calls are routed by an Automated Call Distributor (ACD) into an enrollment queue and answered by the next available CSR.

Step 2: CSR access the member's file and will verify that the caller is Health Insurance Portability and Accountability Act of 1996 (HIPPA) authorized to obtain information and make changes to the member's file.
  a. Verify the person calling is listed as the member, the case name or the name in Social Services Number information (SSNI).
  b. Verify the mailing address on file.
  c. Request the caller's current phone number.

Step 3: CSR will verify using screen 10 in Medicaid Management Information System (MMIS) that the member has TPL insurance on file.
  a. Verify that the member has any information listed on screen 10.
  b. Refer to Member Services Reference Manual, Verifying TPL section.

Step 4: Once the presence of TPL for the member has been determined, the CSR will verify with member if TPL needs to be added, removed, or updated.
  a. Refer to Member Services Reference Manual, Supplemental Insurance Questionnaire (SIQ) Procedures section.

Forms/Reports:
None

RFP References:
N/A

Interfaces:

MMIS RECIPIENT ELIGIBILITY SUBSYSTEM
ONBASE WORKVIEW

Attachments:
None