

MEM - Member Calls Involving Appeals

Purpose:

This procedure explains the process of how to handle a member's call regarding appeals.

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 (HIPAA) 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 offer to send the member Rights to Appeal (See Member Requests for Publications).

Step 4: If the member does not want to wait for Appeal Rights to come in the mail, CSR will refer caller to the Department of Human Services website: www.dhs.state.ia.us

- The second bullet point in the middle of the webpage has the Appeals information.

Forms/Reports:

None

RFP References:

6.5.1 Managed Health Care Enrollment Broker

Interfaces:

MMIS RECIPIENT ELIGIBILITY SUBSYSTEM

DHS website

Attachments:

None