MEM – Choice Counseling Policies and Procedures

Purpose:

This procedure explains choice counseling policies and procedures for Customer Service Representatives (CSRs) when advising members of Managed Care Organization (MCO) enrollment options.

Identification of Roles:

Customer Service Representatives (CSRs)

Performance Standards:

The Member Services and Contact Center Customer Services Representatives are responsible for responding to 80% of calls within 30 seconds of the call entering the appropriate queue. Quality Assurance for all Member Services calls must be at least 85%. However, enrollments should be completed correctly 100% of the time.

Path of Business Procedure:

Step 1: Calls are routed by an ACD into an enrollment queue and answered by the next available Customer Service Representative (CSR).

Step 2: CSR accesses 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: A CSR then performs choice counseling and enrollment activities as described below. The CSR must provide the following information to current and potential managed care members:

a. The basic features of managed care.
b. Which populations are excluded from enrollment, included in enrollment, or free to enroll voluntarily in the program.
c. MCO responsibilities and coordination of care.
d. Information specific to each MCO program and providers in the member's service area.
e. Benefits covered under program including how and where the member may obtain those benefits, and how transportation is provided; Non-Emergency Medicaid Transportation (NEMT) and Emergency Medical Transportation.

f. Procedures for obtaining benefits, including potential authorization requirements.
g. The extent to which, and how, members may obtain benefits, including family planning services, from out-of-network providers.
h. For a counseling or referral service that the MCO does not cover because of moral or religious objections, provide information about where and how to obtain the service.
i. Names, locations, telephone number of, and non-English language spoken by current contracted MCO providers, and identify providers that are/are not accepting new patients.
j. Any restrictions on the member's freedom changing their MCO
    a. When the member's choice will take effect
    b. If the member is outside of their 90 day choice period
    c. If the member's reasoning for change is not considered a 'Good Cause' reason
k. The extent to which, and how, after-hours and emergency coverage are provided, including:
    a. What constitutes an emergency medical condition, emergency services, and post-stabilization services
    b. The fact that prior authorization is not required for emergency services
    c. The process and procedures for obtaining emergency services, including use of the 911-telephone system or local equivalent
    d. The member has the right to use any hospital or other setting for emergency care
l. Information on grievance and fair hearing procedures
    a. The right to grievance and appeal through the member's MCO
    b. The right to a State fair hearing
        i. The right to a hearing
        ii. The method for obtaining a hearing
        iii. The rules that govern representation

Forms/Reports:
N/A

RFP References:

Interfaces:
IME Website

Attachments:
N/A