MEM – Dental Wellness Plan Carrier Selection

Purpose:
This procedure explains the process of how to handle a Dental Wellness Plan member's call who has received their letter asking them to choose a dental carrier.

Identification of Roles:
Customer Service Representative (CSR)

Performance Standards:
Quality Assurance for all call center calls must be at least 85%. However, enrollments should be completed correctly 100% of the time.

Path of Business Procedure:
Step 1: Customer Service Representative (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
- c. Request the caller's current phone number

Step 2: CSR will verify using File 18 in Medicaid Management Information System (MMIS) that the member was sent a Dental Wellness Plan letter asking them to choose a dental carrier
- a. Verify that the member has information listed in File 18
- b. Verify that the member has an enrollment period established

Step 3: Once it has been determined the member is on the Dental Wellness Plan, verify that the member is in open enrollment
- a. If the enrollment code is "J", the member is in open enrollment
    1. If member is in open enrollment, go to Step 5
    2. If the member is not in open enrollment:
        i. Is today's date between the "open begin" and the "open end"?
            1. If yes, go to Step 5
            2. If no, go to Step 4

Step 4: If the member is not in open enrollment, you will need to ask them for their reason for change today
- a. Does the member have a 'Good Cause' reason to change?

1. If the member has a 'Good Cause' (EPP) reason to change (see Member Services Reference Manual, Enrollment Section for Good Cause (EPP) Reasons), go to Step 5
2. If the member does not have 'Good Cause' reason for change, explain that they are currently in closed enrollment and will need to call back when they get a letter advising them that they are now in open enrollment

Step 5: Ask the member for the dental carrier's name or dental provider's name and complete the enrollment

Step 6: Completing the enrollment
   a. In File 18 of MMIS, select screen 1 and enter the member's information
   b. Place an "F" in the enroll code field
   c. Type the dental carrier's seven digit legacy number in the 'Prov Number' field
   d. Press the F10 key twice

Forms/Reports:

N/A

RFP References:

N/A

Interfaces:
MMIS

Attachments:
N/A