

MEM – Medicare Buy-In Quality Assurance

Purpose:

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

Identification of Roles:

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 Call Center Supervisor will review the email and respond based on the necessary action taken.

Step 2: The Call Center Supervisor will follow the same steps in the Medicare Buy-In Research Procedures on all e-mails and all reports.

Step 3: The Call Center Supervisor will take note of any discrepancies and discuss them with the Operations Manager.

Step 4: Call Center Supervisor will make any corrections needed and report to the Operations Manager by having an in person discussion.

Step 5: The Call Center Supervisor will check the corrections to be sure they are completed with the Operations Manager to be sure no additional instruction is needed.

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

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME) Member
Services

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