CARE MANAGEMENT BUSINESS AREA
MANAGED CARE ENROLLMENT (ME) CHECKLIST

STATE:	DATE OF REVIEW:	REVIEWER:

MANAGED CARE ENROLLMENT (ME) CHECKLIST

MANAGED CARE ENROLLMENT (ME) CHECKLIST BACKGROUND

Background for this checklist:

1. Managed Care Enrollment refers to the function of offering a choice of health plans or primary care case managers (PCCMs) to a Medicaid eligible Beneficiary who meets the requirements for the managed care program, or auto-assigning the individual to a plan; recording the decision; and sending the information to the designated data repository. The enrollment function could also be used for Waiver programs, Lock-in programs, Disease Management programs, or any other program in which a Medicaid Beneficiary chooses to enroll or is auto-enrolled.
2. The function may be performed by State employees (Medicaid or other agency), local agency staff, or outsourced contractors, as long as the contractor meets the independence and conflict of interest (COI) requirements in 42 CFR 438.810. The function may be supported by State-owned applications or vendor-owned applications.
3. Managed Care Organizations (MCO) refers to a number of different health plan entities including Health Maintenance Organizations (HMO). States have created variations of MCO and may use different names for them. Primary Care Case Managers (PCCMs) may be called Primary Care Physicians (PCPs) or other names.
4. Enrollment is assumed to include disenrollment and open enrollment. Disenrollment includes member-initiated disenrollment from a plan or PCP, disenrollment during an open enrollment period, and mass disenrollment when a health plan or PCP leaves the program. Open enrollment is the period during which the State allows enrolled members to voluntarily change MCO or PCP.
5. Enrollment in a Managed Care plan is often performed by an Enrollment Broker or Health Choice Counselor. These entities perform the activities cited in 42 CFR 438.50 – 438.56, and may be required to provide some or all of the information required under §438.10.
6. To receive enhanced funding, the enrollment system must meet SMM §11225 requirements as an optional integral component and not duplicate Medicaid Management Information System (MMIS) functionality.
7. If the State contracts for Enrollment Broker Services, including a proprietary system operated by the Enrollment Broker, CMSO will determine how many of the detailed enrollment requirements will be used in the Certification Review.
8. If the State does not collect premiums from Beneficiaries, Objective ME3 (Manage Premium Collections) and associated criteria should be omitted.
9. This checklist covers State Children's Health Insurance Program (SCHIP) enrollment services if SCHIP is administered as an extension of the MMIS and services are delivered through MCOs. SCHIP is not called out in the requirements below because the function is integrated into the MMIS. This checklist covers the functions of enrollment/disenrollment /re-enrollment, and premium, or case

CARE MANAGEMENT BUSINESS AREA
MANAGED CARE ENROLLMENT (ME) CHECKLIST

MANAGED CARE ENROLLMENT (ME) CHECKLIST BACKGROUND

management fee payments. Capitation payment may be performed separately from the enrollment function. These payments are made on a per-member per-month (PMPM) basis. The checklist does not cover any other MCO-related function. See other MCO checklists for the other functions.

10. Data exchange between partners may include eligibility interfaces, premium payment interfaces, and enrollment/disenrollment data interchange with MCOs, HMOs, and PCPs.

Sources for the criteria in this checklist are as follows:
CFR – Code of Federal Regulations, available from http://www.access.gpo.gov/uscode/title42/title42.html
IBP – Industry Best Practices. Items are selected from RFPs for MMISs developed by states and approved by CMS.
HIPAA – HIPAA act, available from
http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp#TopOfPage
SMM – State Medicaid Manual, MMIS Section, available from http://www.cms.hhs.gov/Manuals/PBM/list.asp, Document 45

BUSINESS OBJECTIVES

Reference #	Business Objectives	Comments
ME1	Process accurate and timely automatic or choice-based enrollment, re-enrollment, and disenrollment of Medicaid eligibles into a Managed Care Organization (MCO), Primary Care Case Manager (PCCM) or Primary Care Physician (PCP) program, including into a Health Maintenance Organization (HMO).	
ME2	Support data exchange between stakeholders using standard data formats.	
ME3	Manage premium collections from Beneficiaries, if applicable (optional).	
ME4	Maintain the privacy and security of enrollment information in transit and at rest.	
MSS1	*Add State-specific business objectives for Managed Care Enrollment (ME) Checklist here.*	

CARE MANAGEMENT BUSINESS AREA
MANAGED CARE ENROLLMENT (ME) CHECKLIST

ME1 – PROCESS ENROLLMENT AND DISENROLLMENT INTO/ OUT OF MCO OR PCP					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
ME1.1	Captures enrollee choice of MCO or PCP and enters into Beneficiary record.	CFR			
ME1.2	Captures enrollee choice of primary care physician (PCP) from the MCO's provider network.	IBP			
ME1.3	Assigns enrollee to MCO based on factors such as client age, sex, geographic location; and MCO capitation rate, location.	CFR			
ME1.4	Assigns member to a primary care physician within MCO.	IBP			
ME1.5	Displays enrollees associated with MCO.	IBP			
ME1.6	Disenrolls member from MCO.	CFR			
ME1.7	Disenrolls member without cause during the 90 days following the date of the enrollee's initial enrollment and at least once every 12 months thereafter.	CFR			
ME1.8	Automatically disenrolls and re-enrolls members in new plans during periods of open enrollment or when an MCO leaves the program.	CFR			
ME1.9	Automatically disenrolls member from a terminated MCO and places in regular fee-for-service status.	CFR			
ME1.10	Generates notices to Beneficiary of assignment to or disenrollment from MCO.	IBP			

CARE MANAGEMENT BUSINESS AREA
MANAGED CARE ENROLLMENT (ME) CHECKLIST

ME1 – PROCESS ENROLLMENT AND DISENROLLMENT INTO/ OUT OF MCO OR PCP					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
ME1.11	Identifies Beneficiaries excluded from enrollment, subject to mandatory enrollment, or free to voluntarily enroll in MCO.	CFR			
ME1.12	Prioritizes enrollment for Beneficiaries to continue enrollment if the MCO does not have the capacity to accept all those seeking enrollment under the program.	CFR			
ME1.13	Provides a default enrollment process for those Beneficiaries who do not choose a MCO.	CFR			
ME1.14	Automatically re-enrolls a Beneficiary who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less (optional if State Plan so specifies).	CFR			
ME1.15	Supports ANSI X12N 834 transaction as required by the Health Insurance Portability and Accountability Act (HIPAA).	HIPAA			
ME1SS.1	*Add State-specific criteria for this objective here.*				

ME2 – SUPPORT DATA EXCHANGE WITH STAKEHOLDERS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
ME2.1	Receives and processes eligibility data from State's Eligibility source system.	SMM			
ME2.2	Receives MCO contract information from contract data store (e.g., address, covered	IBP			

ME2 – SUPPORT DATA EXCHANGE WITH STAKEHOLDERS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
	services, rates).				
ME2.3	Receives and processes provider eligibility data from MMIS or data repository for PCP program.	CFR			
ME2.4	Receives and processes PCP registry data from MCOs.	IBP			
ME2.5	Calculates or selects premium payment amount and generates PMPM payment (capitation, premium, case management fee).	IBP			
ME2.6	Supports ANSI X12N 820 transaction for PMPM premium payment as required by HIPAA.	HIPAA			
ME2.7	Transmits enrollment and PMPM payment data to MMIS or data repository.	CFR			
ME2.8	Transmits enrollment records and PMPM payments to MCOs.	CFR			
ME2.9	Generates identification cards for enrollees or adds MCO/PCP alerts to Medicaid identification cards.	IBP			
ME2SS.1	*Add State-specific criteria for this objective here.*				

CARE MANAGEMENT BUSINESS AREA
MANAGED CARE ENROLLMENT (ME) CHECKLIST

ME3 – MANAGE PREMIUM COLLECTIONS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
ME3.1	Calculates and generates premium notices to Beneficiaries.	IBP			
ME3.2	Processes premium receipts from Beneficiaries.	IBP			
ME3.3	Supports inquiries regarding premium collections.	IBP			
ME3.4	Produces premium collection reports.	IBP			
ME3SS.1	*Add State-specific criteria for this objective here.*				

ME4 – MAINTAIN PRIVACY AND SECURITY OF ENROLLMENT RECORDS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
ME4.1	Complies with provisions for Administrative Simplification under the HIPAA of 1996 to ensure the confidentiality, integrity, and availability of ePHI: • Provides safeguards as described in the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing between State Medicaid and Health Agencies; • Performs regular audits; and • Supports incident reporting.	HIPAA			

CARE MANAGEMENT BUSINESS AREA
MANAGED CARE ENROLLMENT (ME) CHECKLIST

ME4 – MAINTAIN PRIVACY AND SECURITY OF ENROLLMENT RECORDS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
ME4SS.1	*Add State-specific criteria for this objective here.*				

MSS1 – FIRST STATE-SPECIFIC OBJECTIVE					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MSS1.1	*Add criteria based on the APD, RFP, etc., that are relevant to this State-specific objective.*				