

## ME Manage Member Information

Manage Member Information		
Item	Details	VA "As-Is" Details
<b>Description</b>	<p>The <b>Manage Member Information</b> business process is responsible for managing all operational aspects of the Member data store, which is the source of comprehensive information about applicants and members, and their interactions with the state Medicaid.</p> <p>The Member data store is the Medicaid enterprise "source of truth" for member demographic, financial, socio-economic, and health status information. A member's data store record will include all eligibility and enrollment spans, and support flexible administration of benefits from multiple programs so that a member may receive a customized set of services.</p> <p>In addition, the Member data store stores records about and tracks the processing of eligibility applications and determinations, program enrollment and disenrollment; the member's covered services, and all communications, e.g., outreach and EOBs, and interactions related to any grievance/appeal.</p> <p>The Member data store may store records or pointers to records for services requested and services provided; care management; utilization and program integrity reviews; and member payment and spend-down information.</p> <p>Business processes that generate applicant or member information send requests to the Member data store to add, delete, or change this information in data store records. The Member data store validates data upload requests, applies instructions, and tracks activity.</p> <p>The Member data store provides access to member records, e.g., for Medicare Crossover claims processing and responses to queries, e.g., for eligibility verification, and "publish and subscribe" services for business processes that track member eligibility, e.g., <b>Manage Case</b> and <b>Perform Applicant and Member Outreach</b>.</p>	<p>2, 4 &amp; 5. DMAS does not have a central registry/"source of truth". Currently, users must search for the information.</p>

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Trigger Event	<ul style="list-style-type: none"> <li>■ State transition trigger event: Receipt of request to add, delete, change Member information or pointers to member information records from                             <ul style="list-style-type: none"> <li>- Member Management Business Area processes: <b>Determine Eligibility, Enroll and Disenroll Member, Perform Applicant and Member Outreach, Manage Applicant and Member Communication, or Manage Applicant and Member Grievance and Appeal</b></li> <li>- The Maintain Benefit/Reference Information process, which is the Member data store's source of benefit package information that may be changed during the member's enrollment span</li> <li>- Operations Management Business Area processes: <b>Manage Payment Information</b> (e.g., claims/encounters, COB, TPL, member out-of-pocket co pay/coinsurance, HIPP, and service authorization), <b>Calculate Spend-down</b>, or <b>Process Member Premium Invoice</b></li> <li>- Care and Program Integrity Management Manage data store processes</li> </ul> </li> <li>■ Interaction-based Trigger Event: Receipt of a query about data in one or more applicant or member records from enterprise business processes, or from authorized external parties, e.g., for verification of member information.</li> <li>■ Environmental Trigger Event: Scheduled transmission of member information records or pointers to member information on a periodic or real time basis to the Capitation and Premium Payment Area processes for payment preparation, and the Manage Program Information business process.</li> </ul>	

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<b>Result</b>	<p>The Member data store is loaded with new or updated member information for the purposes of:</p> <ol style="list-style-type: none"> <li>1. Responding to queries from authorized users and applications</li> <li>2. Supplying all Member Management Area business processes with applicant or member information as needed to, e.g., detect duplicate applications; schedule redetermination; conduct open enrollment processing; perform member outreach and communication functions, etc.</li> <li>3. Supplying all Operations Management Area business processes with applicant or member information needed to, e.g., edit claims and encounters, process member payment invoices, prepare EOB, conduct cost recoveries, etc.</li> <li>4. Sending records or pointers to the Manage Program Information business process</li> <li>5. Supplying all Care Management Area business processes with applicant or member information needed to e.g. create or update care plans.</li> <li>6. Supplying data to Program Integrity business processes.</li> </ol>	
<b>Business Process Steps</b>	<ol style="list-style-type: none"> <li>1. Start: Receives data from Member Management Area and relevant Operations Management business processes</li> <li>2. Loads data into the Member data store, building new records and updating, merging, unmerging, or deleting previous records as appropriate</li> <li>3. Provides access to records as required by Member Management Area business processes workflow</li> <li>4. Provides access to records as requested by other authorized business processes and users</li> <li>5. Provides data to the <b>Manage Program Information</b> business process on a real time or periodic basis in update or snapshot mode</li> <li>6. End: Archive data in accordance with state and federal record retention requirements</li> </ol>	

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<b>Shared Data</b>	The <b>Manage Member Information</b> business process accesses Shared Data needed to record information about the following: Member demographic, financial, socio-economic, and health status data; information related to requests for and determinations of eligibility, appointment scheduling, eligibility verification, and communications concerning outreach and education, programs, eligibility, enrollment, services, access, etc.; services requested and services provided; member payment and spend-down information; as well as interactions related to any grievance/appeal, data necessary for care management business processes.	
<b>Predecessor</b>	<p>Inbound Transaction Processing for eligibility and enrollment applications, communications, scheduling requests.</p> <p>Member Management business processes supplying data to the Member data store, including <b>Determine Eligibility, Enroll Member, Disenroll Member, Perform Population and Member Outreach, Manage Applicant and Member Communication, and Manage Member Grievance and Appeal.</b></p> <p>Operations Management business processes supplying data to the Member data store e.g., <b>Calculate Spend-down Amount, and Prepare Member Premium Invoice</b> business processes.</p> <p>Care Management business processes supplying data to the Member data store, e.g., <b>Authorize Treatment Plan</b></p>	

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<b>Successor</b>	<p>There are two types of Successor Business Processes: a) those that are the director successor, i.e., the Result of Manage Member Information is a Trigger for another business process, and b) those that are indirect successors business processes that are consumers of Member information as Shared Data.</p> <p><u>Direct Successor Business Processes</u></p> <ol style="list-style-type: none"> <li>1. Member Management – <b>Enroll Member, Disenroll Member</b></li> <li>2. Care Management – <b>Establish Case</b></li> <li>3. Program Integrity – <b>Identify Candidate Case</b></li> </ol> <p><u>Indirect Successor Business Processes</u></p> <p>Many business processes are dependent on current and accurate member information. These processes access the Member data store.</p> <ol style="list-style-type: none"> <li>1. Member Management business processes accessing data in the Member data store, including <b>Determine Eligibility, Perform Population and Member Outreach, Manage Applicant and Member Communication, and Manage Member Grievance and Appeal.</b></li> <li>2. Operations Management Area business processes, including: <b>Edit Claim-Encounter, Audit Claim-Encounter, Prepare Health Insurance Premium Payment, Prepare Medicare Premium Payment and Prepare Capitation Premium Payment</b> business processes; <b>Process Member Premium Invoice, Prepare EOB, and Calculate Spend-down</b> business processes; and all Cost Recovery business processes.</li> <li>3. Care Management Business Area: <b>Manage Case</b> business processes.</li> <li>4. <b>Manage Program Information</b> business process.</li> <li>5. Program Integrity <b>Manage Case</b> business processes.</li> </ol>	
<b>Constraints</b>	<p>State specific work flows will determine which processes load and access the Member data store and by which interactions and messages (e.g., query/response, batch uploads, publish and subscribe, etc.); and the data content and structure of data store records.</p>	

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<b>Failures</b>	Member data store fails to load or update appropriately; or fails to make data store data available or available in correct format.	
<b>Performance Measures</b>	<ol style="list-style-type: none"> <li>1. Time to verify eligibility and generate response data set: e.g., Real Time response = within __ seconds, Batch Response = within __ hours</li> <li>2. Response Accuracy = ___%</li> <li>3. Error rate = __% or less</li> </ol>	DMAS has some performance measures but they are inconsistent and vary by program.