ME Enroll Member

Enroll Member		
Item	**Details**	**VA "As-Is" Details**
Description	The ***Enroll Member*** business process receives eligibility data from the Determine Eligibility process, determines additional qualifications for enrollment in programs for which the member may be eligible, loads the enrollment outcome data into the Member and Contractor data stores, and produces notifications to the member and the contractor. Either the Agency or enrollment brokers may perform some or all of the steps in this process. **NOTE:** There is a separate business process for disenroll member.	**{4}** Attachment A is missing {1} Also includes Medicaid Buy-in
Trigger Event	1. Enrollment application data set that may accompany initial or redetermination of eligibility. 2. Enrollment application data set submitted subsequent to being determined eligible in response to Open Enrollment period for MCO, change in demographics, e.g., residence, because important provider no longer contracts with current program/MCO, or because of change in health status, e.g., the member applies for ADAP or Maternity Case Management.	
Result	1. Member is enrolled in specific programs. 2. ***Perform Applicant/Member Communication*** process prepares member notification data set. 3. ***Manage Contractor Communication*** prepares health service contractor notification data set. 4. ***Outbound Transaction*** process notifies member by paper/phone/fax/email, or health services contractor via paper/phone/fax or 834. 5. ***Manage Member Information*** loads member enrollment data into Member data store. 6. Notification to other eligibility systems.	

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Business Process Steps	1. Start: Receive member eligibility data and enrollment application from the ***Determine Eligibility*** process. 2. Verify demographic data required for the enrollment in specific programs, e.g., age, diagnosis, disability. This step is conditional, as some States do no verification during enrollment process. Revert to determine eligibility process. 3. Verify that residence is appropriate for the enrollment. This step is conditional, as some States do no verification during enrollment process. Revert to determine eligibility process. 4. Offer choice where appropriate (e.g., MCO, PCP) 5. Generate request that enrollment information be loaded by the ***Manage Member Information*** process into Member data store. 6. Notify other eligibility systems as appropriate. 7. Check for duplicate member. 8. End: Request that member and contractor be notified.	
Shared Data	1. Benefit data store: Services and provider types covered; program policy; and health plan contractor information. 2. Member data store: Member demographics, benefit package, enrollment data; applicant/member financial, social, functional and clinical data. Updated enrollment data is loaded. 3. Contractor data store: Contracted service areas, MCO provider network and other provider data. 4. Provider data store: Provider data, such as type, location, availability, gender and linguistic and cultural competence. 5. GIS data.	5. Do not use GIS data (address/locality information only).
Predecessor	***Determine Eligibility*** process approves applicant as eligible for one or more program and benefit packages.	
Successor	1. ***Manage Applicant and Member Communication*** 2. ***Manage Contractor Communication*** 3. ***Outbound Transaction*** 4. ***Manage Member Information*** 5. ***Manage Provider Communication***	

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Constraints	State may have different programs and different enrollment criteria, or may use enrollment brokers for some or all of the process steps. States may require non-HIPAA covered contractors to use the 834 Enrollment Transaction or may rely on state-specific formats for contractor notification.	Handbooks under the "Client Services" section of the DMAS home page): http://www.dmas.virginia.gov/ Managed care references: http://www.dmas.virginia.gov/mc-home.htm
Failures	A member may fail to enroll in a specific program for the following reasons: 1. Duplicate enrollment application — Disregard second application. 2. Required fields missing or not correct — Request additional or corrected information from Member or ***Determine Eligibility*** process [**NOTE:** These fields are those required for enrollment in the special program, not for Medicaid eligibility.] 3. Does not meet basic qualifications, e.g., disability status, diagnosis — Notify member about denial and about other programs in which they may enroll if appropriate. 4. Fails residency requirements — Notify member of other programs for which they are qualified based on residence. 5. Enrollment information is not loaded into Member and Contractor Registries. 6. Notification fails to reach member or contractor.	
Performance Measures	1. Time to complete process: successful applicant is enrolled within __ days. 2. Accuracy of enrollment. 3. Consistency of enrollments and disposition. 4. Error rate is __% or less.	Performance measurement is difficult and varies widely.