



STATE OF MARYLAND

DHMHOffice of Health Services
Medical Care Programs**Maryland Department of Health and Mental Hygiene**

201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Managed Care Organization Transmittal No. 33

August 7, 2002

TO: Managed Care Organizations

FROM: Susan Tucker, Executive Director
Office of Health Services
Maryland Medical Assistance Program

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

RE: MCO Disenrollment of Out of State Enrollees

This transmittal outlines the circumstances under which the Department will disenroll a member from an MCO due to the fact that the member no longer permanently resides in the State of Maryland. (This transmittal does not apply to an enrollee who relocates to another state temporarily or to an enrollee who may be homeless and supplies an out of state address for correspondence).

If an MCO believes that the member no longer permanently resides in the State of Maryland, it should do the following:

Contact the member and request that he/she submit a letter to the MCO confirming the move in writing. The letter should include the member's new address and phone number as well as the date the MCO believes his/her move became effective.

Note: If the MCO becomes aware that the member has moved out of Maryland as a result of a phone call from the member or if the member is not willing to submit a letter personally, the MCO must then document through its member/customer service department:

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

The date of the contact with the enrollee;
The MCO employee accepting the call;
The person with whom the employee spoke if the caller is representing a minor; (Note: In such a circumstance, only the head of household or the enrollee's guardian will be permitted to confirm such a change for the MCO.)
The effective date of the move; and
The enrollee's new address and telephone number.

- Complete an MCO recipient Address Change Report Form and forward it along with either the enrollee's letter or a copy of the member/customer service department's call and the name of an MCO contact to:

Rosemary Vranish
HealthChoice Enrollment Unit
DHMH-Room L9
201 W. Preston Street
Baltimore, MD 21201

Upon receipt, the HealthChoice Enrollment Unit (HCEU) will date stamp the form and ensure that all appropriate documentation is attached. The MCO contact will be called if additional information is required.

- If additional information is not required, then HCEU will disenroll the recipient on the first day of the month following the month in which the Department confirms that the information submitted by the MCO meets the criteria outlined in this transmittal.
- If additional information is required, the HCEU will process the disenrollment the first day of the month following the month in which all required information is received from the MCO.

A copy of the form, once completed, will be forwarded to the Department of Social Services by the HCEU in order to close the case.

If you have any questions regarding this transmittal, please call Rosemary Vranish at 410-767-5325.

Attachment

MCO RECIPIENT ADDRESS CHANGE REPORT

Return this form to: HealthChoice, Beneficiary Enrollment Services, Room L-9
201 W. Preston Street, Baltimore, MD 21201

DATE: _____

Member Name: _____
(Last) (First) (M.I.)

Member Medical Assistance #: _____

MCO Name: _____

MCO Representative: _____ Phone: _____

Change Reported By: _____ Relationship: _____ Phone: _____

Correct Address (Per Member): _____

Date Reported: _____

Previous Address: _____

OUT OF STATE (check box): MUST ATTACH SUPPORTING DOCUMENTATION FOR OUT-OF-STATE ADDRESS.

(To be filled out by DHMH and forwarded to DSS)

Local Department of Social Services Date: _____

RE: An MCO has notified us of a new address for the Medical Assistance recipient listed above. Please make the appropriate corrections on their record.

Address on MMIS-II:

CARES Address:

