

Alabama Medicaid Agency

Medicaid



AMMIS Recipient Call Center Operations Manual

01/15/2015

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1 DOCUMENT CONTROL

The latest version of this document is stored electronically. Any printed copy has to be considered an uncontrolled copy.

1.1 DOCUMENT INFORMATION PAGE

Required Information	Definition
Document Title	AMMIS Recipient Call Center Operations Manual
Version:	1.1
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1.2 AMENDMENT HISTORY

The following Amendment History log contains a record of changes made to this document:

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
09/06/2011	0.1		Updated due to EIP - Recipient Web Portal enhancement	
09/27/2011	0.2		Responded to Agency comments received on 09/16/2011.	
10/06/2011	1.0		Agency approved	
01/15/2015	1.1		General updates	

1.3 RELATED DOCUMENTATION

Document	Description	url

2 INTRODUCTION

The Recipient Call Center (RCC) functional area provides assistance to current and prospective recipients in the Alabama Medicaid program. RCC answers calls regarding:

- Patient 1st
- Program policies
- Non-Emergency Transportation
- General inquiries and information
- Claim and prior authorization status
- Recipient eligibility
- Medicaid ID card requests
- Demographic information updates
- Requests for applications
- Recipient Web Portal

Callers contact RCC via the toll-free number (1-800-362-1504) or, for hearing impaired recipients, through Telecommunications Device for the Deaf/Teletype (TDD/TTY) equipment over the toll-free number (1-800-253-0791) used to accommodate this equipment.

2.1 RECIPIENT CALL CENTER UNIT FUNCTIONS

The Recipient Call Center unit consists of the following:

- Recipient Inquiry Unit (RIU)
- Customer Service Unit (CSU)

2.2 RECIPIENT CALL CENTER FORMS

All forms referenced in this document can be found on the ALXIX account website at <http://eds-alexix/> in the Recipient Call Center Team page.

2.3 RECIPIENT CALL CENTER TASKS

The following list identifies the tasks most frequently performed by the Recipient Call Center functional unit:

1. Process Patient 1st forms (Form 349).
2. Process Patient 1st county code reassignments.
3. Process Patient 1st exemptions.
4. Remove Medicare recipients assigned to Patient 1st (Medicare recipients are not eligible to receive Patient 1st).
5. Discuss the status of a claim as it applies to each program.
6. Provide Medicaid coverage information for prescription drugs based on a National Drug Code (NDC) lookup.
7. Perform program eligibility verification.
8. Answer basic eligibility questions for all aid categories including eligibility requirements and how to apply for aid.
9. Discuss benefit limits for each program.

10. Initiate voucher requests for Non-Emergency Transportation (NET). The following information is obtained and forwarded to the NET office:
 - Date of request
 - Requester's name
 - Requester's relationship
 - Requester's phone number
 - Recipient Social Security Number
 - Recipient name
 - Recipient date of birth
 - Recipient address
 - Recipient phone number
 - Recipient information on file
 - Recipient's doctor's First and Last Name
 - Doctor's address
 - Doctor's phone number
 - Appointment date
 - Appointment time
 - Reason for appointment
 - Mode of transport
 - If recipient is confined to a wheelchair or uses a cane
 - Diagnostic reason for use of wheelchair or cane
 - If special transportation assistance is required
11. Answer basic questions regarding NET EBT card and its usage.
12. Transfer recipient calls about the NET EBT card to the EBT help desk at 1-877-391-4757.
13. Refer all calls regarding the Medicare Part D program or Low Income Subsidy Program to either the Social Security Administration (SSA) or the local Area Agencies on Aging.
15. Process replacement Medicaid ID card requests.
16. Process replacement ID card requests for recipients from out-stationed workers.
17. Process requests for temporary Medicaid ID cards.
18. Fulfill requests for Medicaid program applications received via the call center and voice mail.
19. For Family Certification cases, update eligibility screen MSSBR to change name, address, phone number, county code, marital status, date of birth, race, and/or sex for Medicaid for Low-Income Families (MLIF), SOBRA, and Plan First certified cases.
20. For District Office cases, update eligibility file to change the beneficiary's primary or secondary address, county code, applicant's marital status and date of marriage or divorce, sponsor's address and phone number on the MSAPU screen. Update spouse's name, address, DOB, SSN, and/or phone number on the MSAPU screen.
21. For recipients who are unable to log into the Recipient Portal, if they have registered on the portal in the past, explain how to request the user ID be emailed to them and how they can request a password reset. If they are unable to do these actions, transfer the recipient to a team leader or supervisor for assistance in resetting their password. If the recipient/user is unable to log in and the RCC Agent determines that the user has been BLOCKED, RCC will instruct the user to contact the Medicaid Agency Privacy and Security department to discuss the conditions with that department. (Currently they are to be given the names to contact as Clay Gaddis or Katharine Sisk.)
22. Notify a recipient's assigned worker of a requested change in the event an error message is returned when attempting to update the eligibility file.
23. Screen calls for District Offices by answering eligibility questions for the following Medicaid programs:

- Nursing Home eligibility
 - Intermediate Care Facility/Mentally Retarded (ICF/MR) eligibility
 - Home and Community-Based Services (HCBS) eligibility
 - Post-extended hospital care eligibility
 - Medicare Savings Programs (Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), Qualified Income Groups (QI1), and Qualified Disabled Working Individuals (QDWI)) eligibility
 - Supplemental Security Income (SSI) related cases, such as Disabled Adult Child (DACs), Retroactive SSI, PICKLE, and widow/widower eligibility
24. Receive, log, and file returned Medicaid ID cards that were not delivered to the recipient.
- HPES stores these cards for 6 months in case the recipient calls for the card. After 6 months, the card is destroyed in a chipper-style shredder and discarded in the trash.
25. Address policy questions for the following programs: (Detailed information regarding policy is available in the Medicaid Provider Manual:
http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx)
- Ambulance (Ground and Air)
 - Ambulatory Surgical Centers (ASC)
 - Anesthesiology
 - Audiology/Hearing Services
 - Children's Specialty Clinics
 - Chiropractor
 - Comprehensive Outpatient Rehabilitative Facilities (CORF)
 - Dental
 - Durable Medical Equipment (DME)
 - Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT)
 - Eye Care Services
 - Family Planning
 - Federally Qualified Health Centers (FQHC)
 - Health Departments
 - Home Health
 - Hospice
 - Hospital
 - Independent Certified Registered Nurse Practitioner (CRNP)
 - Independent Laboratory
 - Independent Radiology
 - Independent Rural Health Clinics (RHC)
 - Licensed Social Workers
 - Maternity Care Program
 - Nurse Midwife
 - Nursing Homes
 - Patient 1st
 - Pharmacy
 - Physician Services
 - Plan First
 - Podiatrist

- Preventative Health
- Private Duty Nursing
- Prior Authorization
- Provider Based Rural Health Clinics
- Psychologist
- Targeted Case Management (TCM)
- Therapy (Occupational, Physical, and Speech)
- Third Party Liability (TPL)
- Vaccines for Children
- Elderly & Disabled Wavier
- Living-at-Home Waiver
- Mentally Retarded Waiver
- State of Alabama Independent Living Waiver (SAIL)
- Technology Assisted Waiver for Adults (TA)
- Auto-Immune Deficiency Syndrome (AIDS) Waiver

2.4 INPUT, PROCESSES, AND OUTPUT

2.4.1 Input

The table below documents the requests to the Recipient Call Center functional area:

Common Recipient Call Center Input

Input	Source	Purpose
Agency correspondence	Agency	To request information and status on the Recipient Call Center. To provide requested answers to the Recipient Call Center.
Recipient correspondence	Recipient	To request information about Alabama Medicaid. To provide updated information on the Recipient, such as name or address change.
Recipient requests	Potential recipients	To request enrollment materials and other information on the Alabama Medicaid program.
Provider requests	Provider	To request information about Alabama Medicaid. To provide Patient 1 st update information regarding recipient assignments.

2.4.2 Processes

Processes accomplished in the Recipient Call Center functional unit include the following:

- Recipient calls
- Patient 1st updates
- NET requests
- Written correspondence
- Caseworker requests
- Power of Attorney documents
- Medicaid correspondence
- Returned Medicaid Cards

Recipient Calls

The RCC Agents handle inbound and outbound calls from the recipient community regarding the following:

- Patient 1st
- Program Policy
- Non-Emergency Transportation
- General Inquiries and Information
- Claim and Prior Authorization Status
- Recipient Eligibility
- Medicaid ID Card Requests
- Demographic Information Updates
- Recipient Web Portal Assistance

Patient 1st Updates

RCC handles written requests to change a recipient's Patient 1st provider. These requests are submitted by recipients, providers, or care coordinators. The purpose of these requests is to link Medicaid recipients with a Primary Medical Provider (PMP). The PMP acts as the coordinator to provide and arrange for most of the recipient's health care needs.

To be considered for Patient 1st exemption, a Patient 1st Medical Exemption Request Form must be completed by the enrollee's physician. If the physician believes the recipient has a medical condition which excludes him/her from participating in the program, the form is then submitted for review and approval. RCC forwards these forms to the Agency to be approved. Also, exemptions are submitted when a recipient is a foster child, is institutionalized, or is in a group home. These requests are handled by RCC supervisors.

A PMP may request removal of a recipient from his panel due to good cause, according to the guidelines listed in the 1915(b) (i) waiver of the Social Security Act which allows the operation of the Patient 1st program. Good cause can be described as behavior on the part of the recipient which is disruptive, unruly, abusive, or uncooperative where the ability of the provider to administer services to the recipient or other affected recipients is seriously impaired. Persistent refusal of a recipient to follow a reasonable, prescribed course of treatment; or fraudulent use of the Medicaid ID card also applies. Additionally, a Patient 1st enrollee may be removed for nonpayment of co-payments or an outstanding balance if this is a standard operating procedure for the practice and prior written notice has been provided to the enrollee. RCC receives the requests for patients to be removed from a PMP's panel. These requests are forwarded to the Agency for processing.

RCC provides written responses to recipients who request Patient 1st changes that cannot be completed. The written response includes a letter detailing why the request cannot be completed, a copy of the original Patient 1st change form, and, when necessary, a list of Patient 1st providers for the recipient's area.

When a provider submits a Patient 1st change request that cannot be completed, the RCC staff faxes the provider's office detailing why the request cannot be completed.

NET Requests

RCC processes NET requests that provide reimbursement for necessary non-ambulance transportation services to Medicaid recipients. These requests are forwarded to the NET department via FEITH Forms iQ and Workflow applications.

Written/Email Correspondence

Recipients submit written/email requests for responses to issues such as claim status, applications, card requests, and address updates. RCC responds to these requests with outbound calls and written or email correspondences.

Insurance companies submit or request information regarding Third Party Liability (TPL). This information is forwarded to the TPL Unit at the Agency for handling.

Caseworker Requests

Agency caseworkers can request new or replacement cards be sent out to recipients once the recipient's file has been updated. Caseworkers perform this task by sending a request through online mail (MSMM transaction) or e-mail in the Alabama Medicaid Agency Eligibility Screens (AMAES) system.

Power of Attorney Requests

Often, a recipient's Power of Attorney (POA) contacts RCC requesting information or assistance regarding the recipient's file. The RCC staff does not divulge information without proof that the caller has POA over the recipient. The RCC staff instructs the person holding POA to either fax or mail copies of POA documentation to the attention of the Recipient Call Center at HPES. RCC supervisors or team leaders then update a spreadsheet containing such information and distribute to all RCC staff.

Medicaid Correspondence

The Agency forwards generated reports based on system updates and status of recipient files. These reports include:

- Eligible Recipients who have not received a Medicaid ID card (the RCC staff issues a card to eligible recipients).
- Recipients who are deceased or whose card was returned 6 months ago or more (the RCC staff destroys these cards).
- Report of Recipients with returned plastic cards with address changes, Re-issuances and Reactivations (the RCC staff updates recipient information and send a replacement card).

The Agency's Third Party Liability (TPL) unit also forwards returned TPL letters to RCC for staff members to complete address updates when possible.

2.4.3 Output

The table below documents the outputs from the Recipient Call Center functional area:

Common Recipient Call Center Output

Output	Source	Purpose
HPES correspondence	Recipient Call Center	To communicate a response to Agency correspondence. To communicate a response to recipient correspondence. To provide updated information to the Agency and to recipients.
Medicaid Program Applications	Recipient Call Center	To provide potential recipients with the information and resources necessary to apply for Medicaid programs.
Medicaid ID cards	Recipient Call Center	To provide Medicaid ID cards that were returned to Medicaid for various reasons, such as insufficient address, to active recipients.

2.5 FUNCTIONAL AREA RESPONSIBILITIES

The following responsibilities for the Recipient Call Center functional unit were extracted from section 3.03 of the Invitation To Bid (ITB):

1. Maintain and staff a Recipient Call Center function to include toll-free lines that are staffed from 8:00 a.m. to 5:00 p.m. local time, Monday through Friday (excluding State observed holidays). New calls are not accepted after 4:30 p.m.; however, staff will utilize the remaining 30 minutes to clear the call queue. This is in accordance with section 3.03.097 of the ITB.
2. Maintain three staff members that are bilingual (English and Spanish).
3. Provide a call management system that supplies reports of all call center activities including hold time, abandonment rate, calls received, and calls answered.
4. Provide the State with monthly reports summarizing all calls received, answered, abandonment rates, and hold times.
5. Train all Contractor Recipient Call Center staff in Alabama Medicaid program policy, recipient eligibility criteria, claims processing procedures, and inquiry/update procedures for recipient eligibility files.
6. Install and operate a call recording system for use in quality monitoring in the Recipient Call Center.
7. Accept and resolve calls previously answered by State personnel in the Recipient Inquiry Unit, Customer Service Unit, Long-Term Care Unit, and District Offices. Transfer calls to Agency personnel that cannot be answered by HP staff.
8. Accept calls from recipients requesting non-emergency transportation (NET). Perform intake procedures on these calls and initiate a transportation assistance request to be transferred to the State NET unit via Feith Forms iQ and Workflow applications.
9. Submit to the State NET unit via Feith Forms iQ and Workflow requests for changes, cancellations to previously requested vouchers or the reporting of lost vouchers.
10. Process Patient 1st requests including: Patient 1st change requests (form 349), county code reassignments, exemptions, doctor assignment requests.
11. Accept and resolve calls from recipients related to claim status.
12. Accept and resolve calls from recipients related to eligibility inquiries.
13. Accept and resolve calls from recipients related to benefit limits for all programs.
14. Accept and resolve calls from recipients related to lost Medicaid ID cards and replacement card requests.
15. Accept and resolve calls from recipients for temporary Medicaid ID cards.
16. Accept and resolve calls for recipient eligibility file errors (e.g., address or county errors).
17. Accept and resolve calls for the recipient web portal (e.g. user ID resets, password resets, or basic user assistance).
18. Fulfill requests for Medicaid program applications.
19. Establish four voice mail boxes for callers to utilize after hours to request program applications.
20. Receive, log, and file returned Medicaid cards that were undeliverable. Retain cards for six months, and then destroy the cards.
21. Implement an Automated Voice Response System (AVRS) for recipients with functionality similar to the current Agency system and operating redundantly with the current Provider AVRS.
22. Implement a Frequently Asked Questions function within the telephone system.

2.6 PERFORMANCE EXPECTATIONS

The following performance expectations for the Recipient Call Center functional unit were extracted from section 3.03 of the Invitation To Bid (ITB):

1. Mail all requests for program applications within 5 business days of request.
2. Staff Recipient Call Center phone lines from 8:00 a.m. to 5:00 p.m. local time, Monday through Friday on all State business days.
3. Staffing levels for the RCC should be maintained to achieve a three minute or less hold time with a 10% or less abandonment rate after fifteen seconds and therefore an answer rate of 91.5% or greater.
4. Provide the State with monthly reports on all calls received, answered, abandoned, and hold times for the prior month's activities.

3 RECIPIENT CALL CENTER PROCEDURES

A Recipient Call Center (RCC) Agent is an individual who is knowledgeable about the Alabama Medicaid program through extensive training, study of the RCC manuals, user documentation, and on-the-job experience. The RCC Agent interacts with the recipient community through verbal and written communication regarding the following:

1. Patient 1st
2. Program Policy
3. Non-Emergency Transportation
4. General Inquiries and Information
5. Claim and Prior Authorization Status
6. Recipient Eligibility
7. Medicaid ID Card Request
8. Demographic Information Updates
9. Recipient Web Portal Inquiries

Each RCC Agent has access to a desktop computer. This equipment allows the Agent to provide accurate and timely answers during telephone conversations through immediate online research of numerous AMMIS panels and AMAES screens.

3.1 RECIPIENT CALL CENTER SUPPORT

The RCC maintains a minimum of 25 incoming toll-free lines. The Alabama Medicaid recipient community uses the toll-free telephone lines to obtain Claim and Prior Authorization status, Patient 1st information, Non-Emergency Transportation requests, Recipient eligibility, Medicaid ID cards, program policy information, and benefits information.

To meet both the expectations of the recipient community and contract obligations, RCC telephone lines are staffed from 8:00 am until 5:00 pm CST time on Monday through Friday. The staffing requirement excludes HPES/Medicaid-observed holidays.

All RCC Agents are on an Automated Call Distribution (ACD) system, which distributes a call to the next available RCC Agent. If a RCC Agent is completing research, the Agent can be excluded from the ACD system by using a specific touch-tone telephone command.

3.1.1 Telephone Etiquette

The RCC unit is, in most cases, the first contact the recipient has with Medicaid. Because first impressions with the recipient community are critical to the success of the Medicaid process, a RCC Agent must follow the telephone etiquette rules outlined in the table below:

Telephone Etiquette

Appropriate	Inappropriate
Alabama Medicaid, Good Morning/Afternoon, this is (your name), How may I help you?	Alabama Medicaid.
Let's work together to resolve the issue.	That's the (other parties') fault, not ours.
May I put you on hold, please?	Hold on.
I understand why you are upset.	I am so sorry, I feel so badly.
I'm sorry, I did not understand you.	I can't hear you--huh?
Yes ma'am/sir.	Uh-huh.
Thank you for calling, Good-bye.	Bye.

A RCC Agent must adhere to the following:

1. Do not leave a caller on hold for more than one minute without following up with the holding caller.
2. Do not lay the telephone down without first placing the caller on hold or using the mute feature on the telephone, so the caller cannot listen to other conversations in the call center while waiting for an answer from the Agent.

NOTE:

Refer to the Avaya 4620, 4621, 4625, 5620 and 5621 Phone User Guide for additional information on the basic telephone functions.

3.1.2 Telephone Research

The following section indicates the type of calls that are received by RCC Agents and the steps and actions taken to complete the calls.

A RCC Agent is committed to complete all telephone inquiries requiring follow-up or a return call by the end of the next business day.

Alabama Medicaid Application and Eligibility System (AMAES)

Answer Basic Eligibility Questions for all Aid Category Groups Including Eligibility Requirements and How and Where to Apply

Recipients, Caseworkers, and Physician Offices may contact RCC to verify eligibility or to ask basic eligibility questions. The RCC Agent answers eligibility questions in regards to eligibility status and coverage limitations by using the steps below:

Step	Action
1	From the main menu, choose the MSIQ1 screen (AMAES).
2	Enter the recipient's Medicaid ID number.
3	Press <Enter>.
4	Verify name and date of birth. Note: If the recipient is unable to provide the correct information or does not know the required information, do not provide information. If he/she is calling on behalf of someone that he/she is not guardian of or payee for, the RCC Agent should ask to speak with the recipient to get permission to discuss the case with the initial caller. To verify if he/she is the Agent payee refer to section " Verification of Payee " below.
5	Review Eligibility Status - Eligibility status alerts the RCC Agent to the recipient being eligible or not. A Active O Payee only, not eligible 1 Application denied 2 Application pending 3 Death deletion 4 Regular deletion 5 Suspended
6	Confirm Eligibility dates. Ensure you determine which month they are questioning eligibility. Review the Eligibility field. An "X" under eligibility indicates eligibility for Medicaid for the entire month indicated.
7	Review Certifying Agency. By reviewing the certifying agency, the RCC Agent knows who certified/enrolled the recipient. Many times a recipient has to contact their certifying agency to make updates and/or corrections to their enrollment. D District Office H DHR M Medicaid Family Certification or Certification Support Division S SSI Y DYS Foster care
8	Review Aid Category - Refer to Aid Category descriptions. 1 Aged 2 Blind 3 Medicaid for Low Income Families 4 Disabled 5 SOBRA 6 Refugee 7 Foster Care-Federal 8 Foster Care-State 9 Child of SSI Mother L SLMB-only or QI-1 Q QMB-only

Step	Action
9	Review county of residence Many times, a recipient has to contact their certifying agency to make updates and/or corrections to their enrollment and has to contact the agency in their county. In addition, this should be reviewed when there is an issue with their PMP, due to their county code being assigned incorrectly.
10	Answer relevant questions regarding eligibility.

In The Centralized Alabama Recipient Eligibility System (CARES):

Step	Action
1	Access the CARES System. https://alabamacares.alabama.gov/AlabamaExpress/
2	From the main menu, enter one of the following: <ul style="list-style-type: none"> • Recipient Medicaid Number • Social Security Number (SSN) • Name and Date of Birth • Application ID
3	Select< Search>.
4	Verify name and date of birth. Note: If the recipient is unable to provide the correct information or does not know the required information, do not provide information. If he/she is calling on behalf of someone that he/she is not guardian of or payee for, the RCC Agent should ask to speak with the recipient to get permission to discuss the case with the initial caller. To verify if he/she is the Agent payee they will be identified as "Self" under the Relationship column in Cares.
5	Confirm Eligibility dates. Ensure you determine which month they are questioning eligibility.
6	Review the certifying Agency by looking under the State Aid Category. By reviewing the State Aid Category, the RCC Agent knows who certified/enrolled the recipient. Many times a recipient has to contact their certifying agency to make updates and/or corrections to their enrollment.
7	Review county of residence Many times, a recipient has to contact their certifying agency to make updates and/or corrections to their enrollment and has to contact the agency in their county. In addition, this should be reviewed when there is an issue with their PMP, due to their county code being assigned incorrectly.
8	Answer relevant questions regarding eligibility.

RCC Agents can also perform the following procedures to access eligibility information:

Step	Action
1.	From the main menu, click Recipient/Search (AMMIS).
2.	Enter the recipient ID. Press <Enter> or click search. Results: Recipient Information panel displays.
3.	Verify name, date of birth and complete address on file. Note: If the recipient is unable to provide the correct information or does not know the required information, do not provide information. If he/she is calling on behalf of someone that he/she is not guardian of or payee for, the RCC Agent should ask to speak with the recipient to get permission to discuss the case with the initial caller. To verify if he/she is the Agent payee refer to section “Verification of Payee” below.
4.	Review Eligibility Segments for the proper dates of coverage via the Benefit Plan panel and the Aid Category panel accessed on the Recipient Maintenance panel.
5.	When a recipient’s question involves Patient 1 st , review the Managed Care segment (Recipient PMP Assignment History panel) to verify if the recipient is assigned a Patient 1 st physician. If a recipient is not assigned to a Patient 1 st physician they are not required to have a referral for services.
6.	When a recipient’s question involves other insurance, review the (TPL) Third Party Liability field and Medicare coverage field on the Recipient Information panel to verify if the recipient has other insurance.
7.	If other insurance exists, the user can access the TPL Information panel or Medicare A and/or B panels for detailed information.
8.	Answer relevant questions regarding eligibility.

RCC Agents can perform the following procedures to provide specific eligibility information, such as remaining physician visits and eye care benefits:

Step	Action
1	From the Home page, access the Recipient Subsystem .
2	Click Service Usage Search to access the Service Usage panel.
3	Enter either a Medicaid ID and a Service Year or a Social Security Number (SSN) and a Service Year.
4	Press <Enter> or click search.
5	Review Benefit Limits.

RCC Agents should remember, although a quantity used may appear in a specific month’s column, there can be other claims in process that have not been updated to a “paid” status, and therefore does not appear in that month’s column. This information should always be conveyed to a recipient when quoting benefit limits.

Verification of Payee

Recipients may have an Agent payee listed who takes care of their information for them. The following steps will show how to find the recipient's Agent payee.

For SOBRA Certified Recipients

Step	Action
1	From the MSIQ1 screen, locate the Payee Number (AMAES).
2	Choose the MSIQ1 screen again and enter the Payee Number.
3	Press <Enter>.
4	Verify the payee's name, date of birth, and at least the last four digits of the payee's social security number.

For District Office Certified Recipients

Step	Action
1	From the main menu, choose the MSAPU screen (AMAES).
2	Enter the recipient's Medicaid ID number.
3	Press <Enter>.
4	Verify the sponsor's name and address.

For SSI Certified Recipients

Step	Action
1	From the MSIQ1 screen, locate the social security number for recipient (AMAES).
2	Choose the MSDXI screen and enter the social security number.
3	Press <Enter>.
4	Press <pf6>.
5	Verify the payee's name and address.

Centralized Alabama Recipient Eligibility System (CARES)

Step	Action
1	Access the CARES system. https://alabamacares.alabama.gov/AlabamaExpress/
2	From the main menu, enter one of the following: <ul style="list-style-type: none"> • Recipient Medicaid Number • Social Security Number (SSN) • Name and DOB • Application ID
3	Select< Search>
4	View application list to verify the authorized person.
5	The authorized person on the account will be listed as "Self" in the household list.
6	Children under the age of nineteen cannot be an authorized person.
7	If the recipient is nineteen or older, verify the authorized person field under the application list is blank. If blank, the recipient is the authorized person for the account. Otherwise, an authorized person's name should be listed in the application list under the authorized person field.

Centralized Alabama Recipient Eligibility System (CARES)

View Notes

Step	Action
1	Access the CARES system. https://alabamacares.alabama.gov/AlabamaExpress/
2	From the main menu, enter one of the following: <ul style="list-style-type: none"> • Recipient Medicaid Number • Social Security Number (SSN) • Name and DOB • Application ID
3	Select< Search>.
4	Select Notes tab.
5	View Notes History.

To Add Notes

Step	Action
2	From the main menu, enter one of the following: <ul style="list-style-type: none"> • Recipient Medicaid Number • Social Security Number (SSN) • Name and DOB • Application ID
3	Select< Search>.
5	Select the plus sign next to notes.
6	Select the name of the recipient/recipients for which a note should be added.
7	Enter notes
8	Select <Save>.

interChange

Discuss the Status of a Claim for all Programs

Recipients, Caseworkers, and Physician Offices may contact the RCC to verify claim status and to answer basic claim questions. The RCC Agent reviews claim status and provide information to the caller by following the procedures below:

Step	Action
1	Request Recipient ID (RID).
2	Access the Recipient Information panel within the AMMIS system.
3	Enter the RID into the Recipient ID Field.
4	Press <Enter> or click search.
5	Request the date of service.
6	Verify recipient eligibility for the date of service.
7	Access the Claims Search panel within the AMMIS system.
8	Enter RID, the date of service and any other information available (ex. Provider ID, procedure code, etc.).
9	Claims appear, including: Internal Control Number (ICN), Provider ID, Date of Service (DOS), Claim type, Status, Date Paid, Amount billed.
10	Request the amount of the claim (or the amount of the bill). If the caller does not know or does not have the bill, proceed to the next step. If the caller does know the amount of the claim, proceed to step 12.
11	Request the following based on the type of caller: Physician's Office: Request the provider number. Recipient/Caseworker: Request the name of the provider. Access the Provider Search page or Provider Mini-Search panel screen to obtain the provider's Medicaid ID number. Enter the provider's Last Name in the last name field and the provider's first letter of the first name into the First, MI field. This reveals providers with the same last name and first initial. Locate the specific provider by requesting the city in which the provider is located.
12	If the claim is identified on file, you may select individual claims to view by clicking on a search result item.
13	If all lines of service were accepted and paid, advise the caller of the date in which all services were paid.
14	If any portion of the claim denied, access the Reference Error Disposition Search-Error Disposition Panel.
15	Advise the caller of the reason for denial. If the caller is a recipient/caseworker, advise that he/she should contact the Provider's office for correction or that no further action can be taken on the claim.
16	If there is no record of the claim, explain there is no record on file. If the caller is a recipient/caseworker, advise that they should contact the Provider's office. If the caller is a Provider's office, advise them to re-submit the claim or contact their Provider Agent for further information (if it denied on the audit trail).

Determining Reimbursement/Coverage for Procedure Codes

Step	Action
1	From the main menu, point to Reference and click Procedure . Results: The Reference Procedure Search panel displays.
2	Enter procedure code. Make sure the Search Type button for Healthcare Common Procedure Coding System (HCPCS) is chosen.

Step	Action
3	The RCC Agents answer questions regarding procedure code coverage using the Procedure Information panel and relevant panels that may be accessed through the Procedure Maintenance panel.

Provide Medicaid Coverage Information for Rx Drugs Based on NDC Lookup

Recipients, Caseworkers, and Physician Offices may contact the RCC to review prescription drugs when determining coverage for a recipient. RCC Agents can review drug information using the NDC associated with a prescription drug. Recipients can obtain the NDC from their prescription label or by contacting the pharmacy where the prescription was processed.

RCC Agents perform the following procedures below to provide Medicaid coverage information for RX drugs based on NDC lookup:

Step	Action
1	Verify recipient eligibility.
2	From the main menu, access the Drug Information-Drug panel by clicking Reference/Drug .
3	Enter the NDC in the NDC field.
4	Press <Enter> or click search.
5	User can access drug information via the Drug Maintenance panel such as: Max Unit Allows the user to view the maximum number of units to be allowed without override. Age Allows the user to review age limits for the drug. Sex Valid values are M (male), F (female), or B (either male or female). FP Ind Displays whether or not the drug is a Family Planning Drug (FP). OTC Displays whether or not the drug is an Over-the-Counter (OTC) drug.
6	To determine if a Prior Authorization for a drug is required, access Benefit Plan Coverage Rules - Drug panel. (Note – Benefit Plan Coverage Rules - Drug panel are accessible from the Drug Maintenance panel).
7	To determine whether a drug is preferred or not, access Preferred Drug List (PDL) History panel. (Note - PDL History panel are accessible from the Drug Maintenance panel).

Process Patient 1st Assignment Changes (Form 349 or Telephone)

Recipients, Caseworkers, and Physician Offices may request a change of the Patient 1st physician assignment via phone, fax, email or letter. Changes made prior to the 15th of the month become effective on the first day of the month after the change is made. Changes made after the 15th of the month become effective on the first day of the second month after the change is made.

Step	Action
1	Select Recipient Search in AMMIS and enter the RID in the Current ID field.
2	Press <Enter> or click search.
3	Verify Eligibility. Note: Refer to procedures on Answering Basic Eligibility Questions for information on verifying eligibility for recipients.
4	Refer to form 349, email, letter, or recipient to verify which new doctor or clinic the recipient would like as the assigned provider.
5	Select Managed Care in AMMIS and click on the tab from the drop list PMP Search .
6	Enter the name of the doctor or clinic and click the Search button on the right side of the screen. Note: If you have the provider number, you can enter it in this screen and click Search.

	<p>If no information is found, select Provider Search in AMMIS. Enter the name of the doctor or clinic and click the Search button. Note: There are doctors that are listed under a Clinic that is a Patient 1st provider. Also, there are clinics that are not Patient 1st, but they have providers working for them that are Patient 1st providers.</p> <p>If you are able to find the doctor, proceed to Step 7. If you are unable to find the doctor, return to recipient or form for a second choice and repeat the previous steps to try and find the doctor.</p> <p>If you still cannot find the requested doctor, refer to section: What to Do When You are Unable to Process a Patient 1st Request.</p>																					
7	<p>Go to the PMP Maintenance menu and select PMP Panel Restrictions to check availability for the provider. You have to make sure that the doctor's panel is not full, the recipient's age is within the age limit for the provider, and the provider does not have a panel hold. See the following example:</p> <p>EX:</p> <table border="1" data-bbox="358 604 1382 720"> <thead> <tr> <th><u>Restriction</u></th> <th><u>Gender</u></th> <th><u>Min.Age</u></th> <th><u>Max. Age</u></th> <th><u>Min Panel Size</u></th> <th><u>Max Panel size</u></th> <th><u>Current Panel Size</u></th> </tr> <tr> <th><u>Future Panel Size</u></th> <th><u>Panel Hold</u></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Inclusive 4437</td> <td>Both No</td> <td>0</td> <td>999</td> <td>0</td> <td>11987</td> <td>4113</td> </tr> </tbody> </table> <p>With the provider panel showing above, this provider accepts newborns to elderly people. They accept both male and female patients. Their panel is not full. Note: When checking to see if the doctor's panel is full, you have to make sure that the future panel size does not exceed the maximum panel size. Also, if the Panel Hold field says Yes, then you won't be able to assign that particular doctor without the doctor requesting the recipient be added to them.</p> <p>If the panel is available, proceed to Step 8.</p> <p>If the requested doctor is not available based on the panel information above refer to section: What to Do When You are Unable to Process a Patient 1st Request.</p>	<u>Restriction</u>	<u>Gender</u>	<u>Min.Age</u>	<u>Max. Age</u>	<u>Min Panel Size</u>	<u>Max Panel size</u>	<u>Current Panel Size</u>	<u>Future Panel Size</u>	<u>Panel Hold</u>						Inclusive 4437	Both No	0	999	0	11987	4113
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8	<p>Select Recipient Search in AMMIS and enter the RID in the Current ID field.</p>																					
9	<p>Press <Enter> or click search.</p>																					
10	<p>Scroll down the page until you see the Recipient Maintenance panel, click on Managed Care.</p>																					
11	<p>Once you click on Managed Care, several options will appear on the right side of the screen. Click on the PMP Assignment History.</p>																					
12	<p>Scroll down to the bottom of the page and verify that the recipient has a current Patient 1st segment.</p>																					
13	<p>Click on the active PMP assignment segment.</p>																					
14	<p>When the information populates below, click in the field by the End Date and enter the date that the current segment will end.</p> <p>If the change occurs before Bit Shift or up to two days after, the end date will be the last day of the month. EX: If you receive a call on 8/5/11 to change the doctor, the end date for the current segment will be 8/31/11 since the new segment will be 9/1/11.</p> <p>If the change occurs three days after Bit Shift up until the end of that month, the end date will be the last day of the following month. EX: If you receive a call on 8/25/11 to change the doctor, the end date for the current segment will be 9/30/11 since the new segment will begin 10/1/11.</p>																					
15	<p>After entering the end date, select a stop reason from the drop list. This information you should get from the recipient or form.</p> <p>Note 1: RCC should only use the "numbered" reasons, unless otherwise instructed.</p> <p>Note 2: If reason code 50 is selected then you must enter a note in the MC Notes panel under Managed Care in Recipient Maintenance giving a detailed explanation for the change.</p>																					
16	<p>After entering the stop reason, look at the status panel. If the Effective Date of the PMP assignment is a future date (EX. If today is 08/05/11 and the Effective Date of the segment is 9/01/11 or 10/1/11), then you would need to change the status from active to history.</p>																					

	If the segment is current (Ex. 7/31/2007-12/31/2299), then leave the status active.
17	Scroll up to the Recipient Maintenance panel, click the <Save> button to save the changes that you have made.
18	Scroll back down to the PMP assignment panel and click on the <Add> button on the left side of the screen at the bottom of the panel.
19	If the effective date of the segment in Step 12 is a future date, then you will need to change the effective date of the segment you are adding to reflect that same future date (EX. If today is 08/05/11 and the Effective Date of the segment in Step 12 is 10/01/11, the Effective Date of the new segment must also be 10/01/11.)
20	When the information populates below, click in the field next to start reason and choose a start reason from the drop list. The reasons in Step 14 will also be the primary reasons for this step. Note: The stop reason used to end the active segment will be used as the start reason for the new segment.
21	Enter the requested provider's number into the Direct PMP Entry field and click anywhere on the panel to populate the information. If you don't have the provider number, you can click on [Available PMPs] and choose the doctor from the list that populated.
22	Scroll up to the Recipient Maintenance panel, click the <Save> button to save the changes that you have made.
23	Explain to the Recipient that if they would like to change their Patient First provider in the future for themselves or a family member, they can use the Recipient "My Medicaid" website available from the "Recipient" section of the Alabama Medicaid website.

What to do when you are unable to process a Patient 1st request.

There are a number of instances when a requested PMP may not be available for assignment.

RCC Agents will perform the following procedures for these cases:

Requests by phone:

Step	Action
1	Notify the recipient that the provider they have chosen is not available for assignment and see if they have another provider they would like to be assigned.
2	If neither doctor has available space on their panel, refer the caller to the Medicaid website (http://medicaid.alabama.gov) or offer to send a Patient 1 st List (refer to the procedures on How to send a Patient 1 st provider list from the following website, https://www.medicicaid.alabamaservices.org/ALPortal/default.aspx). Note: You may give the recipient up to 3 names from the Patient 1 st provider list to see if they would like to be assigned to them. If they wish to be assigned to one of the providers given then follow the steps 8-21 of Process Patient 1st Assignment Changes (Form 349 or Telephone) Explain to the Recipient they can use the Recipient "My Medicaid" website available from the "Recipient" section of the Alabama Medicaid website to see a list of all available providers within a 75 mile radius.

Requests by Form 349:

Step	Action
1	Initial the upper right hand corner of the form.
2	Below initials write the number that corresponds to the reason recipient cannot be assigned to PMP. See the chart below: 1. Max Caseload 2. Distance Restriction 3. Age Restriction 4. Recipient Medicaid Coverage Ending 5. Missing Information 6. PMP Not Located 7. Panel Hold 8. Lock-In Recipient 9. Requested PMP Not Patient 1st 10. Recipient Dismissed from PMP Panel 11. Recipient Not Found 12. Requestor Not Recipient or Payee 13. Recipient Not on Patient 1 st Program a.) DHR b.) Medicare A&B c.) Exempt Status 14. Provider Contract Issue 15. Information Does Not Match 16. Recipient Requested Different PMP
3	All incomplete requests should be returned to the Team Leader for verification.
4	Once the Team Leader verifies request cannot be completed requests will be forwarded to RCC Clerks.
5	RCC Clerks will then send response letters and available provider lists to the requesting recipients. These letters will explain the reason the recipients Patient 1 st request could not be processed.

Process Patient 1st Doctor Assignment Requests

These requests are from the PMP that closed their panel or restricted their age/count criteria.

Physicians may submit requests to change or add to their case load or add/remove a recipient on their panel. The request should **be submitted in writing** and must include the Medicaid Provider Number or NPI, Recipient Name and Recipient ID.

When a request is received, the RCC Agent will complete the following process:

Step	Action
1	Verify eligibility (if the request is specific to a particular recipient).
2	Verify the Provider's current caseload/panel on the MP screen in AMMIS. This will include reviewing the county, effective dates, and current versus maximum caseload.
3	Note in the upper right hand corner of the request the appropriate information based on the request: <ul style="list-style-type: none"> ▪ Is the recipient eligible?

Step	Action
	<ul style="list-style-type: none"> ▪ Does the recipient have a current PMP/PCP? If the recipient is already assigned to the PMP making the request, no further action is required. If the recipient is assigned to another PMP the update will be necessary. If the recipient is not assigned a PMP, they are not required to have a Patient 1st physician; therefore no change should be made. ▪ Is the Provider's current case load at the maximum allowed? (View the future versus the maximum case load)
4	Forward the written request to the supervisor for updating.
5	Supervisor will review the form and determine if the update is from the requesting provider and panel restrictions can therefore be overridden or if the update is from the another provider who is not authorized to override the requested provider's panel. Note: If the update is from someone not authorized to override the provider's panel restriction the form will be returned to the provider via the steps in What to Do When You are Unable to Process a Patient 1 st Request.
6	If the update is from the requesting provider then Supervisor will follow steps 8 -22 in Process Patient 1 st Assignment Changes section.
7	For Supervisor Overrides once you click save in step 22 of Process Patient 1 st Assignment Changes section, you will receive edit messages listing the panel restriction/s requiring override.
8	Check the box next to each edit message and click continue.
9	Override of update request should now be complete.

Process removal Patient 1st Exemptions

The following steps should be taken when a recipient has been identified as enrolled in Patient 1st and should not be, such as DYS, Foster Children, Mental Health, Nursing Home and any institutionalized recipient. During the time that a recipient is considered "exempt" and should not be enrolled in Patient 1st.

The RCC supervisor should perform the following steps to "exempt" a recipient from Patient 1st:

Step	Action
1	The request must be presented in writing from the institution where the recipient currently resides. The letter must contain: <ul style="list-style-type: none"> ○ Name of recipient ○ Medicaid number ○ Date of placement in the facility ○ A Facility Contact Name and Phone Number
2	Access the MSMTU screen in AMAES.
3	Find the PCCM field on the screen. Enter the proper exemption code. Valid values include: FC Foster Child IN Institution OT Other (such as Group Home, DYS and Rehab)
4	Press (<F5) to save the change.
5	Log into the AMMIS system
6	Select Recipient Search and enter the RID in the Current ID Field.
7	Press <Enter> or click search.
8	Scroll down the page until you see the Recipient Maintenance panel, click on Managed Care .
9	Once you click on Managed Care , several options will appear on the right side of the screen. Click on the PMP Assignment History .

Step	Action
10	Scroll down to the bottom of the page and verify that the recipient has a current Patient 1 st segment.
11	Click on the active PMP Assignment segment.
12	Check the exemption request for the Facility Entry Date to determine end date for Patient 1 st PMP segment. Note: Patient 1 st assignments run for an entire month at a time. This means that the PMP assignment must be ended on the last day of the month PRIOR to the month that the recipient entered the facility. Example: Entry Date into Facility 4/21/2008. Current PMP Assignment should be end dated 3/31/2008
13	Enter the end date for the applicable PMP segment in the End Date Field. Note: PMP segments dated for a future date must also be placed into a history status in the Status Field.
14	Enter Reason Code 09 – Exempt in the Stop Reason Field.
15	Scroll up to the Recipient Maintenance panel, click the <Save> button to save the changes that you have made.

Once a recipient is no longer considered exempt, such as a release from an institution, the recipient's exemption status should be lifted. The RCC Supervisor performs the following steps to remove the exemption status form a recipient file (to delete):

Step	Action
1	The request must be presented in writing from the institution where the recipient currently resides. The letter must contain:: <ul style="list-style-type: none"> ▪ Name of recipient ▪ Medicaid number ▪ Date of discharge from the facility ▪ A Facility Contact Name and Phone Number
2	Access the MSMTU screen in AMAES.
3	Find the PCCM field and delete the current exemption code.
4	Press (<F5) to save the change.

Note: If necessary, a PMP will be assigned in the following PMP cycle.

Note: There is no current Process for Removal of Patient 1st Exemptions for the CARES system.

Process removal of Medicare recipients assigned to Patient 1st

Medicare recipients should not be assigned a Patient 1st physician.

In the event that a Medicare recipient is assigned a PMP, RCC Agents will perform the following procedures:

Step	Action
1	Select Recipient Search in AMMIS and enter the RID in the Current ID field.
2	Press <Enter> or click search.
3	Verify Eligibility
4	Scroll down the age until you see the Recipient Maintenance panel. Click on Medicare .
5	Once you click on Medicare several options will appear on the right side of the screen. Click on Medicare A Coverage and Medicare B Coverage .

Step	Action
6	Scroll down and view the Medicare A Panel and Medicare B Panel to ensure that the recipient is currently listed as enrolled in Medicare.
7	Review the Last Changed Date field to see if Medicare coverage was applied as Retro. If Retro was recently applied, verify they are assigned a PMP via the PMP Assignment History panel in Managed Care . Then forward the information to a supervisor to make the proper changes to the recipient.
8	The RCC Supervisor should follow steps 6 – 13 on the Process Removal of Patient 1 st Exemptions step Action.
9	Enter Reason Code FM –Recipient is Receiving Medicare in the Stop Reason Field
10.	Scroll up to the Recipient Maintenance panel, click the <Save> button to save the changes that you have made.

Note: There is no current Process for Removal of Patient 1st Exemptions for the CARES system.

How to Handle Care Coordinator Requests to Update Recipient Patient 1st Assignment

Call Center Agents occasionally receive calls/requests from a Care Coordinator to update a recipient's Patient 1st provider. The Alabama Department of Public Health (ADPH) Care Coordinators (social workers) provide assistance to recipients to ensure adequate health care coverage.

RCC Agents use the procedures below:

Step	Action
1	Access recipient files as normal.
2	Confirm the ADPH Care Coordinator information, found on One Note, Recipient Call Center page, for the Care Coordinator list.
3	Once the Care Coordinator is confirmed, follow the normal procedure for updating a Patient 1 st physician.

Process Patient 1st County Code Updates

If the recipient does not actually live in the county on file, the information needs to be updated. The RCC Agents perform the following steps to process the change request for county codes:

Step	Action
1	Verify eligibility of recipient.
2	<p>Check the MSIQ1 screen in AMAES to see if the address was entered correctly. Check the city, zip code, and county code.</p> <p>If the Social Security Administration Office enrolled the recipient, email a request to the RCC Supervisor to review and submit a county code correction. The SSI County Code Form should be completed, this includes:</p> <ul style="list-style-type: none"> ▪ Recipient's name ▪ Recipient's SSN ▪ Recipient's address ▪ Recipient's phone number ▪ County code – incorrect and correct <p>Inform the recipient to contact his/her local Social Security Administration Office for correction, to ensure that it was updated, or to determine if there is another issue he/she is required to have updated themselves.</p> <p>If the recipient was not enrolled by the Social Security Administration Office, update the county code in the MSSBR or MSAPU screens in AMAES.</p>

Note: County codes are automatically updated when the address is changed in the CARES system.

Perform Program Eligibility Verification Requests

An Eligibility Verification letter is requested by recipients for a variety of reasons. For example, some utility companies, such as Bell South, offer Medicaid recipients a discount on their utility bill or their physician may request a copy of their eligibility information for proof of coverage.

NOTE:

Recipients may contact the RCC to verify eligibility over the phone. Refer to the procedures on Answering Eligibility Questions to assist those callers.

RCC Agents perform the following steps to process the eligibility verification requests:

Step	Action
1	Access the MSMTU in AMAES screen and verify recipient eligibility.
2	Enter <E> in the "Send Medicaid ID card" field.
3	Press <Enter>.
4	Press (<F5) to update.

NOTE:

If eligibility verification is processed using the above steps, the program to print this request only runs on Monday and Thursday nights, unless Monday is a holiday then it runs Tuesday and Thursday nights, counsel recipients appropriately.

The recipient may also retrieve and print a proof of eligibility document from the Recipient Web Portal.

RCC Agents may also send an eligibility verification request by using the following steps:

Step	Action
1	Access the MSEV in AMAES screen and verify recipient eligibility.
2	Click <Print>.
3	Mail the eligibility verification request to the address on file.

If the address is different than the address on file, the caller should be referred to their certifying agency for updates to the file. If the recipient is SOBRA/MLIF or certified through a District Office, the RCC Agent can complete the address change.

Centralized Alabama Recipient Eligibility System (CARES)

Step	Action
1	Access the CARES system. https://alabamacares.alabama.gov/AlabamaExpress/
2	From the main menu, enter one of the following: <ul style="list-style-type: none"> • Recipient Medicaid Number • Social Security Number (SSN) • Name and DOB • Application ID
3	Select< Search>.
5	Select Plastic Card
4	Select Issue Paper Card under the Paper Card Column
6	Select Print

NOTE:

Eligibility Verification letters cannot be faxed to recipients as it is a violation of the Health Insurance Portability and Accountability Act (HIPAA).

Refer All Calls regarding the Medicare Part D Program or Low Income Subsidy Program to either SSA or the Local Area Agencies on Aging

Recipients may contact the RCC to request information on the Medicare Part D or Low Income Subsidy Programs. These recipients can be referred to Medicare, their area Agency on Aging, or Senior Services for assistance.

The RCC Agent performs the following steps when a recipient is interested in Medicare Part D or Low Income Subsidy Programs:

Step	Action
1	Verify recipient eligibility.
2	Verify the county in which the recipient resides.
3	Provide the recipient with the contact information for the area Agency on Aging/Senior Services or transfer them to the appropriate office.

Accessing Caseworker Information

The RCC may need to refer recipients to case workers for further assistance. RCC Agents handle these situations using the procedures below:

Step	Action
1	Access the MSIQE in AMAES screen, enter the RID number and press <Enter>.
2	Look for the SBR or DO Location code that identifies the assigned case worker. The SBR or DO Location code is the first two sets of two digit codes (four digits total) in the SBR or DO Location.
3	Note the four digit code.
4	Go to the top of the screen and type " MSCWI in AMAES, #### " and press <Enter>. Note: #### represents the four digit code documented in step 3.
5	Give the recipient the caseworker's name and contact information. Note: RCC Agents may also offer to transfer the recipient to the caseworker as well.

Handling Requests to Resend a Returned Medicaid ID Card

Recipients may call stating they never received their card or it was lost, destroyed, or stolen. RCC Agents handle requests to resend returned Medicaid ID cards using the procedures below:

Step	Action
1	Access the MSIQE screen in AMAES, enter the RID number and press <Enter>.
2	Verify the recipient's demographic and eligibility information. Be sure to ask for the recipient's CURRENT address. A card cannot be issued if the address is incorrect or if the recipient is in a nursing home. Incorrect names, addresses, and dates of birth must be updated by the certifying agency before an ID card can be issued. It is the recipient's responsibility to contact the certifying agency regarding the change. If you find an error and the recipient is SOBRA or MLIF, refer to the procedures on Processing SOBRA/MLIF Updates for more information. If the recipient is certified through the District Office, refer to the procedures on Processing Elderly & Disabled Updates for more information.

Step	Action
	If the recipient is certified through another agency such as SSI or DHR, inform the recipient to contact his/her certifying agency to get the information updated. Recipients with card requests should call back once the update process is complete.
3	Access the MSPCI screen in AMAES, enter the Medicaid RID number, and press enter.
4	If the card was returned to the Agency, there is a code in the "RET" field indicating the reason the card was returned.
5	Ask the recipient to verify the address. If the address is not correct on our file, we can issue a Medicaid ID card ONLY after the certifying agency has changed the address on our file (SSI recipients for example). It is the recipient's responsibility to contact the certifying agency regarding the change.
6	Inform the caller the card is on file and document the correct address on a Request to Resend a Returned Plastic Card form.
7	While on the line with the recipient, complete the Request to Resend a Returned Plastic Card form and email it to a RCC Clerk for processing. Inform the caller he/she should receive the card within 7 – 10 business days.

Requests to Reissue a Plastic Card

Recipients may call and state they never received their card or that it was lost, destroyed, or stolen. A recipient may need to change their name, sex, race, or date of birth. Assist the recipient with their request but inform them that they may request cards for themselves and their family members from the Recipient "My Medicaid" website which is available from the Alabama Medicaid website in the Recipient area.

NOTE:

Recipients requesting an excessive number of cards may have their file referred to Program Integrity before another card is issued.

RCC Agents handle requests to send replacement Medicaid ID Cards using the procedures below:

Step	Action
1	Access the MSIQE screen in AMAES, enter the RID number and press <Enter>.
2	Verify the recipient's demographic and eligibility information. Be sure to ask for the recipient's CURRENT address. A card cannot be issued if the address is incorrect or if the recipient is in a nursing home. Incorrect names, addresses, and dates of birth must be updated by the certifying agency before a card can be issued. It is the recipient's responsibility to contact the certifying agency regarding the change. If you find an error and the recipient is SOBRA or MLIF, refer to the procedures on Processing SOBRA/MLIF Updates for more information. If the recipient is certified through the District Office, refer to the procedures on Processing Elderly & Disabled Updates for more information. If the recipient is certified through another agency such as SSI or DHR, tell the recipient to contact his/her certifying agency to get the information updated. Recipients with card requests should call back once the update process is complete (2 – 3 weeks).
3	Access the MSPCI screen in AMAES and verify the recipient's demographic information.
4	If the card was issued within the last two weeks, tell the caller it takes approximately two to three weeks to receive the card. Ask the recipient to call back one month from the issue date. We will be glad to send another card if he/she still has not received it within that timeframe.
5	Verify the requested card is NOT in a returned status. If the card is in a returned status, refer to the procedures on Handling Requests to Resend a Returned Medicaid ID card.
6	If the address on MSPCI is correct, go to the MSPCQ screen, enter the RID number and press <Enter>.

Step	Action
	If the address is not correct , go to the MSPCU screen, enter the RID number, press <Enter> and move the cursor to the Address Change Indicator field and enter "Y". This action places a flag in the system to send a new card once an address update has been received from the certifying agency.
7	Enter a valid reason code from the list below: A – Never received card B – Lost card C – Card was stolen D – Card was damaged/destroyed F – Change in name G – Change in sex H – Change in race I – Change in date of birth J – Change in Medicaid ID number
8	Press <F5>.
9	If you need to send the recipient a MSEV paper card to use until they receive the plastic card, move the cursor to "Issue MSEV Paper Card" and enter a "Y".
10	Press <F5>.

Handling Requests to Send a Paper Card

Recipients may call stating they need a Medicaid ID card for a newborn (no valid name or date of birth). A paper card is sent to the recipient in this situation.

RCC Agents handle requests for paper Medicaid ID cards using the procedures below:

Step	Action
1	Access the MSIQE screen in AMAES, enter the RID number and press <Enter>.
2	Verify the recipient's demographic and eligibility information. Be sure to ask for the recipient's CURRENT address. A card cannot be issued if the address is incorrect. Incorrect names, addresses, and dates of birth must be updated by the certifying agency before a card can be issued. It is the recipient's responsibility to contact the certifying agency regarding the change. If you find an error and the recipient is SOBRA or MLIF, refer to the procedures on Processing SOBRA/MLIF Updates for more information. If the recipient is certified through another agency such as SSI or DHR, tell the recipient to contact the certifying agency to get the information updated. Recipients with card requests should call back once the update process is complete.
3	Access the MSPCQ screen.
4	Move the cursor to the "Issue Pseudo Paper Card" or "MSEV" field. <i>Note: Pseudo cards are ONLY issued for unborn/newborn recipients. MSEV paper cards may be issued for all other recipients.</i>
5	Enter "Y" into the appropriate field.
6	Press <F5>.
7	Advise the recipient that the paper card should arrive in a few days.

Processing SOBRA/MLIF/FP Updates to Recipient Information

Active SOBRA/MLIF/FP Recipients (Aid Category 3 or 5) may call needing to change their name, address, telephone number, county of residence, date of birth, sex or race. Assist the recipient, but inform them that this can be submitted via the Recipient 'My Medicaid' website available on the Alabama Medicaid website Recipient area.

RCC Agents handle these requests using the procedures below:

Step	Action
1	Access the MSIQE screen in AMAES, enter the RID number and press <Enter>.
2	<p>Prior to making changes to the record, verify that the caller is a beneficiary, payee, state agency, or Agent of another state.</p> <p>Ask the caller to provide a Medicaid ID number/SSN and DOB of the recipient on which the update is to take place.</p> <p>The caller must provide a SSN and at least one other element of identification of the claimant. This process assures he/she is the person or the Agent of the person for whom the change is to be made (i.e. SSN and DOB).</p>
3	<p>Verify the recipient's demographic and eligibility information. Be sure to ask for the recipient's CURRENT address. Incorrect demographic information must be updated by the certifying agency before a card can be issued. It is the recipient's responsibility to contact the certifying agency regarding the change.</p> <p>If the beneficiary is SOBRA/MLIF/FP and wants to make an update, proceed to step 4.</p> <p>If the recipient is certified through another agency such as SSI or DHR, tell the recipient to contact their certifying agency to get the information updated. Recipients with card requests should call back once the update process is complete.</p>
4	<p>Access the MSSBR screen in AMAES and enter the SSN – Press <Enter>. Note: You must use the Payee's 9-digit social security number only.</p> <p>DO NOT update cases when the following circumstances are present.</p> <p>Refer any cases to caseworker involving:</p> <ul style="list-style-type: none"> Miscarriage Death Cases in a deleted status Cases on unborn/newborns – reporting birth of baby Recipients reporting SSN changes
5	<p>Type changes and press <Enter> - Be sure to verify the county code and update when necessary.</p> <p>Note: Any cases at any point and time which reveal a message at the bottom of the MSSBR screen, when RCC staff tries to update, should be referred to the worker. Include a copy of the screen print with the message as well as a note stating the information the caller wanted to update.</p> <p>An example of an error message is: "'Unborn' Invalid Name—Check DOB".</p>
6	Press <F5> for update.

Processing Elderly & Disabled District Office (DO) Updates to Recipient Information

For District Office cases, update eligibility file to change the beneficiary's primary or secondary address, name, date of birth, sex, county or residence code, applicant's marital status and date of marriage or divorce, sponsor's address and phone number on the MSAPU screen. Update spouse's name, address, DOB, SSN, and/or phone number on the MSAPU screen. Assist the recipient, but inform them that this can be submitted via the Recipient 'My Medicaid' website available on the Alabama Medicaid website Recipient area.

RCC Agents handle these requests using the procedures below:

Step	Action
1	Access the MSIQE screen in AMAES, enter the RID number and press <Enter>.
2	Prior to making changes to the record, verify that the caller is a beneficiary, payee, state agency, or Agent of another state. Ask the caller to provide a Medicaid ID number/SSN and DOB of the recipient on which the update is to take place. The caller must provide a SSN and at least one other element of identification of the claimant. This process assures he/she is the person or the Agent of the person for whom the change is to be made (i.e. SSN and DOB).
3	Verify the recipient's demographic and eligibility information. Be sure to ask for the recipient's CURRENT address. Incorrect demographic information must be updated by the certifying agency before a card can be issued. It is the recipient's responsibility to contact the certifying agency regarding the change. If the beneficiary is certified by the DO and wants to make an update, proceed to step 4. If the recipient is certified through another agency such as SSI or DHR, tell the recipient to contact their certifying agency to get the information updated. Recipients with card requests should call back once the update process is complete.
4	Access the MSAPU screen in AMAES and enter the RID number – Press <Enter>.
5	Type changes and press <F5> - Be sure to verify the county code. <i>If you encounter any errors, send the DO a screen print with a note explaining what the recipient wanted to update.</i>
6	Press <F5> to update.

Centralized Alabama Recipient Eligibility System (CARES)

Step	Action
1	Access the CARES system. https://alabamacares.alabama.gov/AlabamaExpress/
2	From the main menu, enter one of the following: <ul style="list-style-type: none"> • Recipient Medicaid Number • Social Security Number (SSN) • Name and DOB • Application ID
3	Select< Search>.
4	Under Person List, select the name of the person whose address needs to be changed.
4	Under the Personal Information Category select mailing address, name, gender etc. that needs to be updated.
6	Update all date. If address remember to follow up with the call to ensure whether both home and mailing addresses need to be updated.
7	Select Save

Processing Non-Emergency Transportation Requests

RCC processes NET requests that provide reimbursement to recipients or transportation companies for necessary non-ambulance transportation for medical services. These requests are forwarded to the NET department via FEITH Forms iQ and Workflow applications.

RCC Agents handle these requests using the procedures below:

Step	Action
1	Access the NET Forms iQ portal, through an icon on the RCC Agent's desktop.
2	Choose the link to "Create a New Net Request"

Step	Action
3	Verify the recipient's eligibility information through the MSTE screen in AMAES or through the CARES system. This is important to ensure they are actually eligible to receive transportation assistance (recipients with Family Planning, QMB, SLMB, QI1 are not eligible for NET vouchers). Verify if benefits have been exhausted. This is done in the Service Usage panel through the AMMIS system.
4	Enter the recipient's SSN into the NET form then press <tab> or click elsewhere on the screen.
5	Click the "Appointment History" link to ensure a duplicate request has not already been submitted.
6	<p>Complete entire NET form.</p> <p>Note 1: The Provider the recipient has an appointment with should be the provider's full name and the facility name should be included if necessary.</p> <p>Note 2: City Names should never be abbreviated. Always type out the entire city name. Confirm spellings if unsure.</p> <p>Note 3: If the recipient is confined to a wheelchair and/or requires special assistance list the diagnostic reason for this.</p> <p>Note 4: If the recipient's address is a PO Box or a different address than what is on file, enter the recipients address information in the additional addresses section.</p>
7	Click <Submit>
8	Advise the caller you have submitted the request for processing. Also, advise the caller that processing will take from 30 to 90 days.

A recipient may request restricted information. The RCC Agent is not allowed to convey any confidential information and must decline to answer the request due to Medicaid policy provisions.

3.1.3 Call Reporting

The Recipient Call Center has several reports generated daily from the telephone system. These reports are utilized to monitor the total number of calls into the center, the number of calls each Agent accepted, total hold time, number of abandoned calls, and number of calls transferred into the center. These numbers are captured and are delivered to the Medicaid Agency in the form of a monthly status report.

3.1.4 Additional Tasks

When there are no incoming calls, an RCC Agent works on research and completes the following tasks:

1. Process written Patient 1st request forms.
2. Answer Patient 1st and recipient correspondence.
3. Research all call backs.

The following section indicates the types of tasks performed by the RCC clerks and Agents and the actions taken to complete the tasks.

Receiving Returned Medicaid ID Cards

Returned Medicaid ID plastic cards may be received for a variety of reasons. Undeliverable cards are retrieved from the Medicaid Agency and delivered to the Recipient Call Center (by the mailroom team). The ID cards are coded into the system and batched alphabetically (by date received). This filing process enables the RCC to know exactly which cards are “stale” on any given day.

The RCC Agent process returned cards using the procedures below:

Step	Action
1	Mailroom team delivers Medicaid ID cards.
2	Open the letter then stamp the envelope with the date stamp.
3	Access the MSPCR screen in AMAES, enter the RID number, and press <Enter>. Note: Take note of the card count number and the date. If another card has been issued to replace the one that was returned, destroy the returned card (refer to the procedures on how to destroy a card).
4	The system prompts the operator for a return code. At the prompt, enter a return code from the list below: E – Returned card resent K – Insufficient Address (K is the most frequently used code) N – Recipient deceased S – Name change requested T – Sent to wrong person U – No longer eligible for Medicaid V – Sent replacement card
5	Press <F5>.
6	Batch all envelopes processed alphabetically by last name and bundle them together with a rubber band. Place the batch in the designated filing cabinet (according to process date).

NOTE

Cards received in a bulk shipment (such as cards collected and returned by pharmacies) must be placed in an envelope with the recipient name clearly written on the outside.

Destroying Returned Medicaid ID Cards

Returned plastic cards are destroyed after they have been on file for 6 months. The RCC clerks destroy returned cards 2 – 3 times a week using the procedures below:

Step	Action
1	Pull the entire batch of cards to be destroyed from the returned card file.
2	Access the MSPCR screen in AMAES, and enter the RID number.
3	Press <Enter>.
4	The system prompts the operator for a return code. At the prompt, enter return code “Z” – Returned card destroyed by RCC.
5	Press <Enter>. The destroyed date is updated automatically.
6	Repeat steps 2 – 5 for each card to be destroyed.
7	Take the entire batch of cards to the shredder, and destroy them immediately.

Processing Requests to Resend a Returned Plastic Card

Once the call center Agent has submitted a request to resend a returned card, the RCC clerk processes the request using the following procedures:

Step	Action
1	Verify the address on the request form matches the MSPCI screen in AMAES. If the address does not match, return the form (with comments) to the supervisor. Return the Medicaid ID card ONLY after the certifying agency has changed the address on file (SSI recipients, for example).
2	Go to the appropriate batch and retrieve the returned card.
3	Access the MSPCM screen in AMAES and enter the RID number.
4	Press <Enter>.
5	Enter a return code – use the same return code displayed in the reason column. If no code is present, enter an “A”.
6	Press <F5>.
7	Complete the RCC clerk section of the Requests to Resend a Returned Plastic Card form.
8	Place the Medicaid ID card in a card jacket, and then insert it inside an envelope along with an “About Your Medicaid Card” letter. <i>Be sure to use an envelope labeled “PHI Open By Addressee Only”.</i>
9	Seal the envelope with 3 pieces of tape.
10	Write the correct address on the envelope and place it in the basket for outgoing mail.

Reissuing a Plastic Card that Cannot be Found

Returned cards that cannot be found in the file of return cards may be reissued by “forcing out a card.”

Once the RCC Agent has submitted a request to resend a returned card, and the RCC clerk has attempted to locate the card, the request is processed using the following procedures:

Step	Action
1	If the card cannot be located, access the MSPCX screen in AMAES and enter the RID number.
2	The system prompts the operator for a return code. At the prompt, enter the return code “A”.
3	Press <F5>.
4	Complete the RCC clerk section of the Requests to Resend a Returned Plastic Card form (with comments).

Processing Requests from SOBRA workers to Reissue a Plastic Card

SOBRA workers send the Agency requests to issue replacement Medicaid ID cards. The Agency staff sends requests to RCC through AMAES online mail (MSMM transaction) or e-mail for processing.

RCC clerks handle requests to send replacement Medicaid ID cards using the procedures documented below:

Step	Action
1	Retrieve the requests from the RCC printer.
2	Access the MSPCI screen in AMAES and verify the recipient's demographic information.
3	Verify that the requested card is NOT in a returned status. If the card is in a returned status, refer to the procedures for Handling Requests to Resend a Returned Medicaid ID card.
4	Access the MSPCQ screen, enter the RID number and press <Enter>.
5	Enter a valid return code from the list below: A – Never received card B – Lost card C – Card was stolen D – Card was damaged/destroyed F – Change in name G – Change in sex H – Change in race I – Change in date of birth J – Change in Medicaid ID number L -- Disaster Loss
6	Press <F5>.
7	If you need to send the recipient a MSEV paper card to use until they receive the plastic card, move the cursor to "Issue MSEV Paper Card" and enter a "Y".
8	Press <F5>.

Receiving Returned Medicaid ID Cards in CARES

Step	Action
1	Mailroom team delivers Medicaid ID cards.
2	Open the letter then stamp the envelope with the date stamp.
3	Access the main screen in CARES, enter the RID number, and click <Search>. Note: Take note of the date. If another card has been issued to replace the one that was returned, destroy the returned card (refer to the procedures on how to destroy a card).
4	Select the appropriate Application ID from the Application List, and then click the Plastic Card option in the column on the left. Scroll down to the Plastic Card Request Section and select the name of the recipient that you are returning the card for. Once the name has been selected, look below at the Plastic Card History section to ensure that another returned card is not on file. If another card is on file, refer to Step #3 above. Down from the Name column is the Return Reason column. Click the drop down box and select the appropriate return reason below: Card Returned Due to Address Problem Card Returned- Recipient Deceased Card Returned- Name Change Requested Card Returned- Sent to Wrong Person Card Returned- No Longer Medicaid Eligible Card Returned- Sent Replacement Card
5	Select the green <Save> button below the name(s). A black box with Data Saved will briefly appear.

Destroying Returned Medicaid ID Cards in CARES

Step	Action
1	Pull the entire batch of cards to be destroyed from the returned card file.
2	Access the main screen in CARES, and enter the RID number.
3	Select <Search>.
4	Select the appropriate Application ID from the Application List, and then click the Plastic Card option in the column on the left. Scroll down to the Plastic Card Request Section and select the name of the recipient whose card is being destroyed. Click the drop down box and select Returned Card Destroyed by RCC.
5	Select <Save>. The destroyed date is updated automatically.
6	Repeat steps 2 – 5 for each card to be destroyed.
7	Take the entire batch of cards to the shredder, and destroy them immediately.

Processing Requests to Resend a Returned Plastic Card in CARES

Step	Action
1	Verify the address on the request form matches the mailing address in the main CARES screen. If the address does not match, return the form (with comments) to the supervisor. Return the Medicaid ID card ONLY after the certifying agency has changed the address on file (SSI recipients, for example).
2	Go to the appropriate batch and retrieve the returned card.
3	Access the main screen in CARES and enter the RID number.
4	Select <Search>.
5	Select the appropriate Application ID from the Application List, and then click the Plastic Card option in the column on the left. Scroll down to the Plastic Card Request Section and select the name of the recipient that you are resending the card for. Click the drop down box and select Returned Card Resent.
6	Select <Save>.
7	Complete the RCC clerk section of the Requests to Resend a Returned Plastic Card form.
8	Place the Medicaid ID card in a card jacket, and then insert it inside an envelope along with an "About Your Medicaid Card" letter. <i>Be sure to use an envelope labeled "PHI Open By Addressee Only".</i>
9	Seal the envelope with 3 pieces of tape.
10	Print the correct address on the envelope and place it in the basket for outgoing mail.

Reissuing a Plastic Card that Cannot be Found in CARES

Step	Action
1	If the card cannot be located, access the main screen in CARES and enter the RID number.
2	Select <Search>.
3	Select the appropriate Application ID from the Application List, and then click the Plastic Card option in the column on the left. Scroll down to the Plastic Card Request Section and select the name of the recipient whose card cannot be found. Click the drop down box and select Returned Card Destroyed.
4	Select <Save>.
5	Complete the RCC clerk section of the Requests to Resend a Returned Plastic Card form (with comments).

Processing Requests from SOBRA workers to Reissue a Plastic Card in CARES

Step	Action
1	Retrieve the requests from the RCC printer.
2	Access the main screen in CARES and verify the recipient's demographic information.
3	Verify that the requested card is NOT in a returned status. If the card is in a returned status, refer to the procedures for Handling Requests to Resend a Returned Medicaid ID card.
4	Access the main CARES screen, enter the RID number and press <Search>.
5	Select a valid reason from the list below: A – Never received card B – Lost card C – Card was stolen D – Card was damaged/destroyed F – Change in name G – Change in gender H – Change in race I – Change in date of birth J – Change in Medicaid ID number
6	Select <Save>.
7	If you need to send the recipient an MSEV paper card to use until they receive the plastic card, select Issue Paper Card from the Paper Card column.
8	Select <Print>.

Application Requests for the SOBRA, MLIF, All Kids and Child Caring Foundation (Form 291/291S/291B)

Individuals have the ability to leave voice messages requesting the SOBRA, MLIF, and All Kids application.

RCC clerks fulfill these requests using the procedures below:

Step	Action
1	Retrieve the name, address, and SSN from the voice mail box.
2	If the caller leaves the street address and zip code, but fails to include the city, then look up the zip code on the internet at www.switchboard.com . Disregard the message if the caller did not leave adequate information to send an application.
3	If caller leaves name and address only: In AMAES, type in MSIQ2 last name, first name of caller. If MSIQ2 pulls the caller's information, then place "X" in the far right corner of the screen under EFP field to replace question mark to pull up the inquiry screen for the person. Then follow steps 4 thru 7 as you would for any other caller.
4	Access MSIQ1 and enter the RID number or MSIQ3 and enter the SSN and press <Enter>. If MSIQ1 indicates "No Medicaid Number Found," mail Form 291.
5	Check the aid category. If the aid category = 3 or 5, Deprivation (DEP) code is not "FP" and eligibility status = "Active," then the recipient is currently on MLIF or SOBRA. Do not mail an application (Form 291). Instead, send Form Letter A1. If the aid category = 3 or 5, DEP code = "FP" and eligibility status = "Active," then mail Form 291, MLIF/SOBRA handout, and an ALL Kids brochure.
6	If caller requests a yellow Renewal Form, send Form 291B. <i>To request additional Form 291, 291S, MLIF/SOBRA handouts and ALL Kids brochures, contact Janice Brown at 242-1746 (see HPES Forms/Handouts – Order Form)</i>
7	Retrieve and mail the requested documents.

Application Requests for Medicare Savings Programs (Form 211)

Individuals have the ability to leave voice messages requesting applications for the Medicare Savings Programs.

RCC clerks fulfill these requests using the procedures below:

Step	Action
1	Retrieve the name, address, and SSN from the voice mail box.
2	If the caller leaves the street address and zip code, but fails to include the city, then look up the zip code on the internet at www.switchboard.com. Disregard the message if the caller did not leave adequate information to send an application.
3	Access MSIQ1 in AMAES and enter the RID number or MSIQ3 and enter the SSN and press <Enter>. If MSIQ1 indicates "No Medicaid Number Found," mail a Form 211 handout – "Medicare Savings Programs in Alabama," and attached Form Letter B.
4	Check the aid category. If the aid category = 92, 93, 95, 96, 97, or R2, and the eligibility status = "Active," then the recipient is currently on one of the Medicare Savings Programs. Do not mail an application (Form 211). Instead, mail Form Letter A. (Note: Form Letter A acknowledges the receipt of a request for application and informs the recipient that according to Medicaid files, he/she is already enrolled in one of the Medicare Savings Programs.) If the aid category does not equal 92, 93, 95, 96, 97, or R2, mail a Form 211, handout - "Medicare Savings Programs in Alabama," and attached Form Letter B.
5	Retrieve and mail the requested documents.
6	To request additional Form 211 and "Medicare Savings Programs in Alabama" contact mailroom coordinator at (334)242-1736.

Application Requests for Elderly and Disabled Programs/Nursing Home Care (Form 204/205)

Individuals have the ability to leave voice messages requesting applications for the Elderly and Disabled Programs/Nursing Home Care (Form 204/205).

RCC clerks fulfill these requests using the procedures below:

Step	Action
1	Retrieve the name, address, and SSN from the voice mail box.
2	If the caller leaves the street address and zip code, but fails to include the city, then look up the zip code on the internet at www.switchboard.com. Disregard the message if the caller did not leave adequate information to send an application. Note: If caller leaves enough information, check to see if caller is currently active on Medicaid with certifying agency D and the aid category is not L or Q. If caller is currently active with this criteria, then do not send application.
3	Mail Form 204/205, handout – "Medicaid for the Elderly and Disabled," and Form Letter C.
4	Retrieve and mail the requested documents.
5	To request additional Form 204/205 and "Medicaid for the Elderly and Disabled," contact mailroom coordinator (242-1736).

Application Requests for the Medicaid Plan First Program (Form 357)

Individuals have the ability to leave voice messages requesting applications for the Medicaid Plan First Program (Form 357).

RCC clerks fulfill these requests using the procedures below:

Step	Action
1	Retrieve the name, address, and SSN from the voice mail box.
2	If the caller leaves the street address and zip code, but fails to include the city, then look up the zip code on the internet at www.switchboard.com. Disregard the message if the caller did not leave adequate information to send an application. Note: If caller leaves enough information, check to see if they are currently active on Medicaid. If active with Plan First or full Medicaid, do not send application.
3	Mail Form 357 with a Medicaid return postage paid envelope.
4	<i>To request a supply of Form 357, contact Vicki Wilson 242-1766.</i>

Administrative Portal Password Resets and Blocked Users

The Administrative Web Portal allows users to create a user login to gain access to the Alabama Medicaid Recipient Administrative Web Portal. It will then allow corrective actions to be taken on My Medicaid user accounts depending on the Administrative Role of the user. If a recipient has been **Blocked** out of the portal and they contact the RCC to get unblocked, RCC will instruct the recipient to call 334-242-5010 and ask to speak with the Privacy and Security Department at Medicaid (Clay Gaddis or Katherine Sisk). If they are unavailable, the recipient should be instructed to leave a message on their voicemail. If one of them agrees to have the recipient **Unblocked**, he/she will send an email to the LAN Team and Supervisors to **Unblock** the recipient. An email will be sent "Reply to ALL" to inform everyone on the original email that the action was taken.

To Block/Unblock a My Medicaid User ID

Step	Action
1	Log into the Administrative Portal
2	Select the Tools Tab
3	Select User Management
4	Enter User ID in User ID Field or Select the Search By Name tab and enter name
5	Select Search
6	Click on User ID in the Search Results field
7	Select Block User <i>Note: Before blocking a User ID, the user/recipient must contact Clay Gaddis or Katherine Sisk at 334-242-5010. Clay Gaddis or Katherine Sisk will then send an email to Block the User ID.</i>
8	To Unblock the user select Unblock User <i>Note: Before unblocking a User ID that has been previously Blocked, the user/recipient must contact Clay Gaddis or Katherine Sisk at 334-242-5010. If they are unavailable, the user/recipient should be instructed to leave a message on their voicemail. Clay Gaddis or Katherine Sisk will then send an email to Unblock the User ID.</i>

To Reset Password of a My Medicaid User ID

Step	Action
1	Log into the Administrative Portal
2	Select the Tools Tab
3	Select User Management
4	Enter User ID in User ID Field or Select the Search By Name tab and enter name
5	Select Search
6	Click on User ID in the Search Results field
7	Verify User's Email address that appears on screen with the user
8	Select Reset User's Password
9	Select Submit <i>Note: A new password will be sent to the user's email on file. However, if the user would like the password sent to an alternate email because their email address has changed, the alternate email must be entered and confirmed in the appropriate fields. The user should be reminded to update their email address on the My Medicaid website in the My Account section.</i>

To Release Locked User Account

Locked accounts are automatically released after five minutes; therefore, Agents should have the caller try logging in again. However, if the user has been waiting longer than five minutes and is still unable to log in use the steps below.

Step	Action
1	Log into the Administrative Portal
2	Select the Tools Tab
3	Select User Management
4	Enter User ID in User ID Field or Select the Search By Name tab and enter name
5	Select Search
6	Click on User ID in the Search Results field
7	Select Release Lock

3.1.5 HIPAA Procedures

All RCC Agents have been trained on HIPAA privacy standards. When a recipient phones into the call center, the individual is asked to verify their name (first and last), date of birth, and address. If it is not the recipient calling, the RCC Agent verifies if the caller is the recipient's payee or sponsor. If the caller is not the payee or sponsor, the RCC Agent then tries to obtain verbal permission from the recipient to discuss his/her information with the caller. If all of these options have been exhausted, but the caller insists they have Power of Attorney or guardianship, the RCC Agent instructs the person with POA to either fax or mail copies of POA documentation to the attention of the Recipient Call Center at HPES. RCC supervisors or team leaders updates a spreadsheet containing the information and distribute it to all RCC staff to use as a reference for future calls.

When a provider calls into the center, the provider NPI number is verified against the provider file for validation. If a provider enrollment has expired, RCC Agents are not allowed to release recipient information to the provider.

If a suspicious call is received in the call center, the information is forwarded to the HIPAA Privacy Officer for investigation.

4 GLOSSARY

The table below defines the terms used in the Recipient Call Center functional area:

Recipient Call Center Functional Area Terms

Term	Definition
AMAES	Alabama Medicaid Agency Eligibility System; used by RCC staff to perform various job tasks such as verifying eligibility, updating recipient demographic information, and requesting Medicaid ID cards.
AMMIS	Alabama Medicaid Management Information System; used to describe the interChange system.
CARES	Centralized Alabama Recipient Eligibility System; used by RCC staff to perform various job tasks such as verifying eligibility, updating recipient demographic information, and requesting Medicaid ID Cards For recipients who applied for Medicaid after January 1, 2014 and forward.
FEITH Forms iQ and Workflow	The application used by the RCC to forward Non- Emergency Transportation voucher requests to the Agency.
HCBS	Home and Community-Based Services; these include waiver services Medicaid covers.
ICF	Intermediate Care Facility.
MLIF	Medicaid for Low Income Families
MR	Mentally Retarded.
Non-Emergency Transportation (NET)	Unit of the Medicaid Agency responsible for reviewing transportation assistance requests and issuing assistance payments for recipients to be reimbursed for travel expenses incurred for medical services.
Plan First	Program available to women (age 19-55) which provides family planning services such as Birth Control Pills, Depo Provera shots, a yearly family planning exam, and other tests and lab work.
PMP	Primary Medical Provider; used when referring to a Medicaid recipient's Patient 1st provider.
Power of Attorney (POA)	A written instrument authorizing a person to act as an agent on behalf of another person to the extent indicated in the instrument.
QDWI	Qualified Disabled Working Individuals.
QI1	Qualified Income Groups; income may not exceed 135% of the federal poverty level.
QMB	Qualified Medicare Beneficiary; a Part A Medicare beneficiary whose verified income does not exceed certain levels. Income may not exceed 100% of the federal poverty level plus \$20.00.
Recipient Call Center (RCC)	Unit responsible for the recipient's first point of contact with the Medicaid Agency regarding various programs or issues.
SLMB	Specified Low-Income Medicare Beneficiaries; income may not exceed 120% of the Federal Poverty Level (FPL).
SOBRA	Program which provides Medicaid services for pregnant women and children. SOBRA may also be used to describe a pregnant woman's type of eligibility (pregnancy only services).
Stale cards	The term used to refer to Medicaid ID cards that have been returned and are to be kept on file for six months; these cards are then destroyed.
TDD/TTY	A Telecommunications Device for the Deaf/Teletype.