**DOCUMENT HISTORY LOG**

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| STATUS1 | DOCUMENT REVISION2 | EFFECTIVEDATE | DESCRIPTION3 |
| Baseline | 2.0 | January 16, 2023 | Initial version Uniform Managed Care Manual Chapter 16, “Policy Guidance." Chapter 16.6.1 “Medicaid/Chip Health Plan Inquiry Form” applies to formally submitted changes to HHSC. |
| Revision | 2.1 | February 2, 2023 | Change document format from PDF to Word |
| Revision | 2.2 | April 1, 2023 | Administrative ChangePage break added at the end of page one. |

1. Status should be represented as “Baseline” for initial issuances and “Revision” for changes to the Baseline version.
2. Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “2.2” refers to the first version of the document and the second revision.
3. Brief description of the changes to the document made in the revision.

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| **Date of Inquiry:** | **Medical/Dental Plan Name: Medical/Dental Plan Code:** |
| **Medical/Dental Plan Contact Name:** E-mail Address:Phone Number: |
| **Medicaid Member/Candidate Name:** **Individual #:****Case#**  | **DOB:**  | **Date of Death:** |
|  **Managed Care Program:** [ ]  CHIP [ ]  STAR [ ]  Dental [ ]  STAR Health[ ]  STAR Kids[ ]  STAR+Plus [ ]  Dual Demo (MMP)**Department:** [ ]  HHSC Data Integrity **(\*)** [ ]  HHSC Office of Eligibility Services (OES) **(\*)** [ ]  HHSC Office of Eligibility Services for Medicaid Eligibility for Persons with a Disability (MEPD) **(\*)** [ ]  HHSC Enrollment Resolution Services (ERS)[ ]  Enrollment Broker (Maximus)[ ]  Enrollment Broker Oversight (HHSC MCO Enrollment Broker) | **TYPE OF INQUIRY**(**check all that apply and provide comments to document issue**) [ ]  Newborn Medicaid (has no Medicaid or Medicaid ID)[ ]  Newborn managed care enrollment (has Medicaid but no enrollment)[ ]  Name/Gender/Date of Birth Discrepancy/Date of Death[ ]  Authorized Rep/Head of Household[ ]  ID Number discrepancy/Multiple Medicaid IDs [ ]  Residence address (moved)[ ]  County Code [ ]  Incarcerations[ ]  Eligibility/Enrollment Effective Dates[ ]  Risk group issues (may be deferred to the Premium Payment team)[ ]  Medicare discrepancies[ ]  Systems and File Issues[ ]  Health Fair/ Events - Issues [ ]  Outreach-Issues [ ]  Dual Demo/MMP discrepancies[ ]  Other:    |
| **Comments Section:** *Use to explain the reason for the inquiry and the anticipated outcome.* |
| **Section 2: Eligibility Staff Use Only** |
| **Date of Response:** | **Eligibility Reviewed by:** |
| **FINDINGS /RESULTS** | **Next Step** |
| [ ]  Eligibility was not changed or updated, as a result of this inquiry. | [ ]  Corrections were made with no impact to the eligibility outcome; Provide an outcome to the Health/Dental Plan (no further action needed).  |
| [ ]  After review of this inquiry, eligibility was updated or changed. | [ ]  Completed the Comments Section to explain finding and forward for managed care to review |
| **Comments Section:**  |
| **(\*) Note to Medicaid Eligibility Departments: If there are eligibility changes, please consider if managed care needs to be reviewed and forward to the Managed Care Eligibility Enrollment mailbox.****Section 3: Enrollment Staff Use Only** |
| **Date of Response:** | **Enrollment Reviewed by:** |
| **FINDINGS /RESULTS** | **Next Step** |
| [ ]  Managed care was not changed or updated as a result of this inquiry.  | [ ]  Provide an outcome to the Health/Dental Plan (no further action needed).  |
| [ ]  After review Enrollment was corrected retroactively / prospectively  | [ ]  Completed the Comments Section to explain findings and responded to the Health/Dental Plan  |
| **Comments Section:**  |