

## UNIFORM MANAGED CARE MANUAL 16.6 Medicaid and CHIP Health Plan Inquiry Guide V2.1

### DOCUMENT HISTORY LOG

<b>STATUS<sup>1</sup></b>	<b>DOCUMENT REVISION<sup>2</sup></b>	<b>EFFECTIVE DATE</b>	<b>DESCRIPTION<sup>3</sup></b>
<b>Baseline</b>	2.0	February 1, 2023	Initial version Uniform Managed Care Manual Chapter 16, "Policy Guidance." Chapter 16.6 & 16.6.1 applies to Medicaid/CHIP Managed Care Organizations (MCOs). Provides instructions for the Health Plan Inquiry form and information about how to receive answers to questions about eligibility and enrollment issues related to Medicaid/CHIP Managed Care.
<b>Revision</b>	2.1	April 1, 2023	Administrative Change PES has updated the document with the removal of direct contacts within the eligibility escalations related to data integrity sections and replaced it with a shared mailbox on page 5, Section 1.2

<sup>1</sup> Status should be represented as "Baseline" for initial issuances and "Revision" for changes to the Baseline version.

<sup>2</sup> 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.

<sup>3</sup> Brief description of the changes to the document made in the revision.

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### Introduction

This document is a tool for Medicaid/CHIP Managed Care Organizations (MCOs) to receive answers to their questions about eligibility and enrollment issues related to Medicaid/CHIP Managed Care.

It is our hope that by providing the MCOs with up to date contact information, and providing examples of the type of inquiries different departments resolve, the plans will receive faster and more accurate responses to inquiries.

If you have any questions regarding the content of this document or suggestions for additional inquiry topics that should be included please send an email to [ManagedCareEligibilityEnrollment@hpsc.state.tx.us](mailto:ManagedCareEligibilityEnrollment@hpsc.state.tx.us) with a carbon copy to Kristin Smith at [Kristin.Smith@hhs.texas.gov](mailto:Kristin.Smith@hhs.texas.gov). This mailbox is monitored during regular business hours.

### Section 1.0 Introduction to the Health Plan Inquiry (HPI) Form

The Texas Health and Human Services Commission (HHSC) consists of multiple components working together to determine eligibility and enrollment in order to deliver services to Texas Medicaid and CHIP recipients. Routine inquiries from MCOs should be submitted via the Health Plan Inquiry (HPI) form located in Chapter 16.6.1. Understanding the different roles in the eligibility and enrollment departments will allow for submissions to the correct department and quicker responses from HHSC.

When the MCO submits an HPI form to HHSC eligibility department, the member's eligibility will be evaluated for accuracy of information and eligibility. If eligibility staff determines the member was not eligible for Medicaid, they will reply directly to the Medical or Dental plan.

If the member is eligible for Medicaid/CHIP and/or if any eligibility segment has been adjusted or corrected, eligibility staff will forward the HPI form along with eligibility findings to enrollment staff to update and/or review managed care enrollment. If eligibility segments have not been adjusted or corrected, eligibility staff will send the inquiry back to the plan indicating no changes or forward to enrollment department if managed care does not match plan expectations.

- **Eligibility-** When an application is submitted, eligibility staff gather necessary information (including demographical) to determine if the individual is eligible for any type of program. If eligible, they will determine the effective date for eligibility.

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- **Enrollment Broker-** The type of Medicaid program, effective eligibility dates, and certain demographics are sent to the Enrollment Broker by eligibility staff to determine what type of Medicaid or CHIP managed care services may be delivered. There are two types of Medicaid coverage:
  - **Fee for Service (FFS)** is also known as traditional Medicaid. Most Medicaid members may be in FFS immediately after initial certification or following a gap in Medicaid eligibility. The type of program will determine if the member is a candidate for managed care or should remain in FFS. Note: CHIP members **are never** eligible for FFS.
  - **Managed care-** Upon certification, eligibility files will identify a managed care candidate based on the type of program. There are two modules for managed care Dental Maintenance Organization (DMO) or Managed Care Organization (MCO).
    - The eligibility type of assistance and the county of residence will determine which managed care model a candidate will participate in. The managed care models are STAR, STAR Kids, STAR+PLUS and STAR Health. The county of residence will also determine which plans are available within each service area..
    - Children's Medicaid Dental Services (CMDS) provide dental care for Medicaid individual's age 0-20. Two DMO Plans are available, DentaQuest, and MCNA Dental. The DMO service area is statewide.
    - Children's Health Insurance Plan (CHIP) - CHIP members should always be enrolled in CHIP Medical and Dental plans.

Medicaid and CHIP families must report required changes directly to HHSC, such as changes of addresses. As the system of record, eligibility staff must confirm and verify changes based on information reported by a person with case authority. Members can report changes in any of the following manners:

- through the Self-Service Portal, [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com);
- in person at a local office
- by telephone by calling call 2-1-1 or 1-877-541-7905
- by faxing to 1-877-447-2839
- by mail to HHSC, PO Box 149024, Austin TX 78714-9968
- Your Texas Benefits mobile application

When the MCO submits an HPI form to HHSC enrollment department, the member's enrollment will be evaluated for accuracy based on the eligibility. If enrollment staff determines the member's enrollment is incorrect, enrollment staff will make the necessary changes and the HPI form will be returned to the Plan with the documentation in Section 3 of the HPI form. If a change is needed in eligibility, the

HPI form will be sent to the eligibility department for assistance and the MCO will be notified.

### Section 1.1-Submitting a Health Plan Inquiry Form

MCOs may have a question concerning eligibility *and* enrollment segments for a specific member. In an effort to ensure the correct information is provided, they should use the Medicaid/CHIP Health Plan Inquiry Form template to ensure sufficient information is provided and document the reason for the inquiry.

- To protect confidentiality of Medicaid/CHIP eligibility data, HHSC will **only** accept inquiries from those designated as authorized MCO/Dental Plan representatives.

**The following recommendations should be followed to ensure the inquiry is routed appropriately:**

1. Only include one HPI form per email, multiple forms should not be attached to one email.
2. Complete Section 1 of the HPI form (See Figure 1). To increase the accuracy, the comments section should contain the reason for the submission and MCOs expected outcome.
3. Send the completed HPI form as an attachment securely via an **encrypted** email to the address as designated in Section 1.1a of this document.
4. The email should include the following statement in the subject line: Health Plan Inquiry Form

### Section 1.2 Escalation Procedure

#### Data integrity and AES eligibility Escalations

If the MCO does not receive a response within 5 business days, the plan may escalate by emailing [OESCCCIC@hhsc.state.tx.us](mailto:OESCCCIC@hhsc.state.tx.us) for Medicaid related inquiries and [ART\\_CHIP\\_COMPLAINTS@hhsc.state.tx.us](mailto:ART_CHIP_COMPLAINTS@hhsc.state.tx.us) for CHIP related inquiries with the subject line containing "Second Request-Health Plan Inquiry Form."

#### MEPD Eligibility Escalation Procedure

If the MCO does not receive a response within 10 business days, the plan may escalate by emailing [OESMEPDIC@hhsc.state.tx.us](mailto:OESMEPDIC@hhsc.state.tx.us) with the subject line containing "Second Request-Health Plan Inquiry Form."

#### Enrollment Escalation Procedure

If the Medical/Dental plan does not receive a response after 10 business days, the plan may escalate by emailing to [ManagedCareEligibilityEnrollment@hhsc.state.tx.us](mailto:ManagedCareEligibilityEnrollment@hhsc.state.tx.us) with a carbon copy (CC) to Kristin Smith at [Kristin.Smith@hhs.texas.gov](mailto:Kristin.Smith@hhs.texas.gov) and LaTrese Joes at [Latrese.Jones@hhs.texas.gov](mailto:Latrese.Jones@hhs.texas.gov) with the subject line containing "Second Request-Health Plan Inquiry Form."

### **Section 1.3 HIPAA Compliance**

#### HIPAA Compliance

All inquiries from a plan related to HIPAA compliance should be entered on the Health Plan Inquiry (HPI) form and sent **securely** via encrypted email to [privacy@hhsc.state.tx.us](mailto:privacy@hhsc.state.tx.us) or 1-877-378-9869.

#### Restrictions

HHSC will reply to the Medical/Dental plans only with information they are allowed to provide by HHSC policy. HHSC policy regarding the information allowed to be released to Medical or Dental Plans is provided in Section 1.6 of this document.



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Medicaid/CHIP  
Health Plan Inquiry Form

<b>Section 1: Health/Dental Plan Use Only</b>	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:			DOB:		Date of Death:	
Individual #:						
Case#						
<b>Managed Care Program:</b> <input type="checkbox"/> CHIP <input type="checkbox"/> STAR <input type="checkbox"/> Dental <input type="checkbox"/> STAR Health <input type="checkbox"/> STAR Kids <input type="checkbox"/> STAR-Plus <input type="checkbox"/> Dual Demo (MMP)			<b>TYPE OF INQUIRY</b> (check all that apply and provide comments to document issue) <input type="checkbox"/> Newborn Medicaid (has no Medicaid or Medicaid ID) <input type="checkbox"/> Newborn managed care enrollment (has Medicaid but no enrollment) <input type="checkbox"/> Name/Gender/Date of Birth Discrepancy/Date of Death <input type="checkbox"/> Authorized Rep/Head of Household <input type="checkbox"/> ID Number Discrepancy/Multiple Medicaid IDs <input type="checkbox"/> Residence Address (moved) <input type="checkbox"/> County Code <input type="checkbox"/> Eligibility/Enrollment Effective Dates <input type="checkbox"/> Risk Group <input type="checkbox"/> Medicare discrepancies <input type="checkbox"/> Systems and File Issues <input type="checkbox"/> Health Fair/ Events - Issues <input type="checkbox"/> Outreach-Issues <input type="checkbox"/> Dual Demo/MMP discrepancies <input type="checkbox"/> Other:			
<b>Department:</b> <input type="checkbox"/> HHSC Data Integrity (*) <input type="checkbox"/> HHSC Office of Eligibility Services (OES) (*) <input type="checkbox"/> HHSC Office of Eligibility Services for Medicaid Eligibility for Persons with a Disability (MEPD) (*) <input type="checkbox"/> HHSC Enrollment Resolution Services (ERS) <input type="checkbox"/> Enrollment Broker (Maximus) <input type="checkbox"/> Enrollment Broker Oversight (HHSC MCO Enrollment Broker)						
<b>Comments Section:</b> Use to explain the reason for the inquiry and the anticipated outcome.						

<b>Section 2: Eligibility Staff Use Only</b>	
Date of Response:	Eligibility Reviewed by:
<b>FINDINGS / RESULTS</b>	
<input type="checkbox"/> Eligibility was not changed or updated as a result of this inquiry.	<input type="checkbox"/> Corrections were made with no impact to the eligibility outcome; Provide an outcome to the Health/Dental Plan (no further action needed).
<input type="checkbox"/> After review of this inquiry, eligibility was updated or changed.	<input type="checkbox"/> Completed the Comments Section to explain finding and forward for managed care to review
<b>Comments Section:</b>	
<p><b>(*) 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.</b></p>	

<b>Section 3: Enrollment Staff Use Only</b>	
Date of Response:	Enrollment Reviewed by:
<b>FINDINGS / RESULTS</b>	
<input type="checkbox"/> Managed care was not changed or updated as a result of this inquiry.	<input type="checkbox"/> Provide an outcome to the Health/Dental Plan (no further action needed).
<input type="checkbox"/> After review Enrollment was corrected retroactively / prospectively	<input type="checkbox"/> Completed the Comments Section to explain findings and responded to the Health/Dental Plan
<b>Comments Section:</b>	

## Section 1.4 Point of Contacts

Please use the table below to direct your emails to the appropriate area that can assist you with your issue.

**\*\*All reported changes by individual members should still be reported via 2-1-1.**



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<u>Department</u>	<b>Examples of Inquires That <i>Can</i> Be Addressed by Department</b>	<b>Examples of Inquiries That <i>Cannot</i> Be Addressed by Department</b>	<b>Where to send HPI form</b>
<i>Type of Issue</i>			
<p><b><u>Office of Eligibility Services</u></b></p> <p><i>Medicaid Eligibility</i></p>	<ul style="list-style-type: none"> <li>■ Medicaid programs for families and children</li> <li>■ Address**</li> <li>■ County **</li> <li>■ Name</li> <li>■ Head Of Household</li> <li>■ Authorized Representative</li> <li>■ Date of death coverage that is outstanding for more than 30 days **</li> <li>■ SSI/TANF duals</li> <li>■ Multiple Medicaid IDs</li> <li>■ Medicaid eligibility effective dates</li> <li>■ Incarcerations</li> </ul> <p><b>Newborn issues see section below</b></p>	<ul style="list-style-type: none"> <li>■ Plan changes</li> <li>■ Effective dates for managed care enrollments (excludes newborns born to STAR members)</li> <li>■ Effective dates for managed care disenrollment</li> <li>■ Billing/claims</li> <li>■ Choice Enrollments</li> <li>■ System Issues related to files</li> </ul>	<p>Send secure email to:</p> <p><a href="mailto:OESCCCIC@hsc.state.tx.us">OESCCCIC@hsc.state.tx.us</a> (Medicaid)</p> <p><a href="mailto:ART_CHIP_COMPLAINTS@hsc.state.tx.us">ART_CHIP_COMPLAINTS@hsc.state.tx.us</a> (CHIP)</p> <p>Subject: Health Plan Inquiry Form</p>
<u>Department</u>	<b>Examples of Inquires That <i>Can</i> Be Addressed by Department</b>	<b>Examples of Inquiries That <i>Cannot</i> Be Addressed by Department</b>	<b>Where to send HPI form</b>
<i>Type of Issue</i>			

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<i>Type of Issue</i>			
<b><u>Data Integrity</u></b>	<ul style="list-style-type: none"> <li>■ SSI eligible population</li> <li>■ Newborn Medicaid coverage that is outstanding for more than 30 days</li> <li>■ Biographical changes which include: DOB, Gender, and SSN only</li> <li>■ Nursing Facility Medicaid eligibility</li> <li>■ Merge/Separate</li> <li>■ Medicare Buy-In Process /QI-1</li> <li>■ Medicare discrepancies</li> <li>■ Incarcerations</li> </ul>	<ul style="list-style-type: none"> <li>■ Plan changes</li> <li>■ Vendor Issues related to Enrollment Broker</li> <li>■ System Issues related to files</li> <li>■ Billing/claims</li> <li>■ Choice Enrollments</li> <li>■ System Issues related to files</li> </ul>	<p>Send secure email to:</p> <p><a href="mailto:CCC_Data_Integrity_Program@hhsc.state.tx.us">CCC_Data_Integrity_Program@hhsc.state.tx.us</a></p> <p>Subject: Health Plan Inquiry Form</p>

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<u>Department</u>	Examples of Inquires That <b>Can</b> Be Addressed by Department	Examples of Inquiries That <b>Cannot</b> Be Addressed by Department	Where to send HPI form
<i>Type of Issue</i>			
<p><b><u>Office of Eligibility Services for Medicaid eligibility for persons with a disability (MEPD)</u></b></p> <p><i>Medicaid Eligibility</i></p>	<ul style="list-style-type: none"> <li>■ Long Term Care Medicaid Assistance Only (MAO) and SSI related population</li> <li>■ Address**</li> <li>■ County **</li> <li>■ Name</li> <li>■ Head of Household</li> <li>■ Authorized Representative/Alt Payee</li> <li>■ Date of death coverage that is outstanding for more than 30 days **</li> <li>■ Multiple Medicaid IDs</li> <li>■ Medicaid eligibility effective dates</li> </ul>	<ul style="list-style-type: none"> <li>■ Plan changes</li> <li>■ Effective dates for managed care enrollments (excludes newborns born to STAR members)</li> <li>■ Effective dates for managed care disenrollment</li> <li>■ Billing/claims</li> <li>■ Choice enrollments</li> <li>■ System issues related to files</li> </ul>	<p>Send secure email to:</p> <p style="text-align: center;"><a href="mailto:OESMEPDIC@hhsc.state.tx.us">OESMEPDIC@hhsc.state.tx.us</a></p> <p>Subject: Health Plan Inquiry Form</p>
<u>Department</u>	Examples of Inquires That <b>Can</b> Be Addressed by Department	Examples of Inquiries That <b>Cannot</b> Be Addressed by Department	Where to send HPI form
<i>Type of Issue</i>			

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<p><u>Department</u></p> <p><i>Type of Issue</i></p>	<p>Examples of Inquires That <b>Can</b> Be Addressed by Department</p>	<p>Examples of Inquiries That <b>Cannot</b> Be Addressed by Department</p>	<p>Where to send HPI form</p>
<p><b>Enrollment Resolution Services (HHSC)</b></p> <p><i>Enrollment</i></p>	<ul style="list-style-type: none"> <li>■ Effective dates for enrollments*</li> <li>■ Effective dates for disenrollment*</li> <li>■ Address was corrected but enrollment remains in the wrong service delivery area</li> <li>■ There is managed care without Medicaid eligibility</li> <li>■ Enrolled in the incorrect plan</li> <li>■ Capitation or risk group issues (may be deferred to the Premium Payable team)</li> <li>■ Dual Demo discrepancies</li> </ul>	<ul style="list-style-type: none"> <li>■ Medicaid eligibility status</li> <li>■ Reporting changes**</li> <li>■ Incorrect address</li> <li>■ County code error</li> <li>■ Birth outcome</li> <li>■ Biographical changes (i.e., DOB, gender, SSN etc...)</li> </ul>	<p>Send secure email to:</p> <p>For client specific STAR+PLUS, STAR, STAR Kids, STAR Health, and dental issues</p> <p><a href="mailto:ManagedCareEligibilityEnrollment@hhsc.state.tx.us">ManagedCareEligibilityEnrollment@hhsc.state.tx.us</a></p> <p>Subject: Health Plan Inquiry Form and the appropriate managed care model</p>
<p><u>Department</u></p> <p><i>Type of Issue</i></p>	<p>Examples of Inquires That <b>Can</b> Be Addressed by Department</p>	<p>Examples of Inquiries That <b>Cannot</b> Be Addressed by Department</p>	<p>Where to send HPI form</p>

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<p><u>Department</u></p> <p><i>Type of Issue</i></p>	<p>Examples of Inquires That <i>Can</i> Be Addressed by Department</p>	<p>Examples of Inquiries That <i>Cannot</i> Be Addressed by Department</p>	<p>Where to send HPI form</p>
<p><b>Enrollment Broker (MAXIMUS)</b></p> <p><i>Enrollment</i></p>	<ul style="list-style-type: none"> <li>■ PCP change questions</li> <li>■ Plan changes</li> <li>■ Enrolling in a Plan /enrollment choice issues</li> <li>■ Medical plan effective dates</li> <li>■ Missing member enrollment files</li> <li>■ Provider network issues</li> </ul>	<ul style="list-style-type: none"> <li>■ Eligibility status</li> <li>■ Reporting change**</li> <li>■ Incorrect address</li> <li>■ County code error</li> <li>■ Birth outcome</li> </ul>	<p>Send secure email to:</p> <p><a href="mailto:TXHealthPlanLiaison@maximus.com">TXHealthPlanLiaison@maximus.com</a></p> <p>With a CC to</p> <p><a href="mailto:MCO_Enrollment_Broker@hhsc.state.tx.us">MCO_Enrollment_Broker@hhsc.state.tx.us</a></p>
<p><b>Departments</b></p> <p><b>Type of Issue</b></p>	<p>Examples of Inquires That <i>Can</i> Be Addressed by Department</p>	<p>Examples of Inquiries That <i>Cannot</i> Be Addressed by Department</p>	<p>Where to send HPI form</p>

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<p><u>Department</u></p> <p><i>Type of Issue</i></p>	<p>Examples of Inquires That <b>Can</b> Be Addressed by Department</p>	<p>Examples of Inquiries That <b>Cannot</b> Be Addressed by Department</p>	<p>Where to send HPI form</p>
<p><b><u>Enrollment Broker Oversight (HHSC MCO Enrollment Broker)</u></b></p> <p><i>Systems and File related Issues</i></p>	<ul style="list-style-type: none"> <li>■ CHIP member inquiries</li> <li>■ Enrollment Broker file layout</li> <li>■ Enrollment Broker file issues</li> <li>■ Posting and processing of Enrollment Broker files (including timeframes, corrupt files, no response file)</li> <li>■ Enrollment Broker JIP questions</li> <li>■ File related questions/issues</li> </ul>	<ul style="list-style-type: none"> <li>■ Requests for reports</li> <li>■ Requests for default information</li> </ul>	<p>Send secure email to:</p> <p><a href="mailto:MCO_Enrollment_Broker@hhsc.state.tx.us">MCO_Enrollment_Broker@hhsc.state.tx.us</a></p>
<p><u>Department</u></p> <p><i>Type of Issue</i></p>	<p>Examples of Inquires That <b>Can</b> Be Addressed by Department</p>	<p>Examples of Inquiries That <b>Cannot</b> Be Addressed by Department</p>	<p>Where to send HPI form</p>



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<p><b><u>Department</u></b></p> <p><i>Type of Issue</i></p>	<p>Examples of Inquires That <b>Can</b> Be Addressed by Department</p>	<p>Examples of Inquiries That <b>Cannot</b> Be Addressed by Department</p>	<p>Where to send HPI form</p>
<p><b><u>Enrollment Broker Oversight (HHSC MCO Enrollment Broker)</u></b></p> <p><i>Health Fair/Events-Issues</i></p>	<ul style="list-style-type: none"> <li>■ Checklist for MCO events</li> <li>■ Event cancellation /rescheduling</li> <li>■ Time/location changes</li> <li>■ Weekly calendar</li> </ul>		<p>Send email to:</p> <p><a href="mailto:MCO_Enrollment_Broker@hsc.state.tx.us">MCO_Enrollment_Broker@hsc.state.tx.us</a></p>
<p><b><u>Department</u></b></p> <p><i>Type of Issue</i></p>	<p>Examples of Inquires That <b>Can</b> Be Addressed by Department</p>	<p>Examples of Inquiries That <b>Cannot</b> Be Addressed by Department</p>	<p>Where to send HPI form</p>

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<p><u>Department</u></p> <p><i>Type of Issue</i></p>	<p>Examples of Inquires That <i>Can</i> Be Addressed by Department</p>	<p>Examples of Inquiries That <i>Cannot</i> Be Addressed by Department</p>	<p>Where to send HPI form</p>
<p><b>Enrollment Broker Oversight (HHSC MCO Enrollment Broker)</b></p> <p><i>Outreach-Issues</i></p>	<ul style="list-style-type: none"> <li>■ Quarterly training of outreach staff</li> </ul>		<p>Send email to:</p> <p><b>Betsy Coates</b></p> <p><a href="mailto:betsycoats@maximus.com">betsycoats@maximus.com</a></p> <p>With a CC to</p> <p><a href="mailto:MCO_Enrollment_Broker@hhsc.state.tx.us">MCO_Enrollment_Broker@hhsc.state.tx.us</a></p>

### Section 1.5 Releasable Information

This information comes from the *Texas Works Handbook*, Section B 1230, "CONFIDENTIALITY", Information for Medicaid Providers and their Contractors.



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<b>Applicant Data</b>	<ul style="list-style-type: none"> <li>• <b>Name</b></li> <li>• <b>SSN*</b></li> <li>• <b>Social Security Claim Number (SSCN or PCN)*</b></li> <li>• <b>Date of Birth</b></li> <li>• <b>Sex</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>HHSC County Code</b></li> <li>• <b>Category Code</b></li> <li>• <b>Application Number</b></li> <li>• <b>Application Disposition Date</b></li> <li>• <b>Application Status</b></li> <li>• <b>Client Number</b></li> </ul>
<b>Client Data</b>	<ul style="list-style-type: none"> <li>• Name</li> <li>• Client Number</li> <li>• SSN*</li> <li>• SSCN*</li> <li>• Date of Birth</li> <li>• Sex</li> <li>• HHSC County Code</li> <li>• Certification Date</li> <li>• Claims Administrator Update Date (Ins Sub Date)</li> <li>• Last Medical Update Date</li> <li>• Code for Type Change in Medical Coverage</li> <li>• Medicaid: <ul style="list-style-type: none"> <li>○ Open Date</li> <li>○ Close Date</li> <li>○ Type Coverage</li> <li>○ Category</li> <li>○ Type Program</li> <li>○ Qualified Medicare Beneficiary (QMB) Indicator, if applicable</li> <li>○ Medically Needy Indicator, if applicable</li> <li>○ Client Medical Record</li> <li>○ Case Numbers (active)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Third-Party Resource (TPR) Policy Occurs (most recent three): <ul style="list-style-type: none"> <li>○ Ins. Policy Number</li> <li>○ Ins. Policy Sequence</li> <li>○ Ins. Information Status</li> <li>○ Type Coverage</li> <li>○ Company Number</li> <li>○ Group Number</li> <li>○ Ins. Begin Date</li> <li>○ Ins. End Date</li> <li>○ Ins. Policy Holder</li> <li>○ Ins. Employer</li> </ul> </li> <li>• Medicare (Yes or No)</li> <li>• THSteps Data: <ul style="list-style-type: none"> <li>○ THSteps Decision Date</li> <li>○ Dental Treatment Date</li> <li>○ Medical Screen Date</li> </ul> </li> <li>• Lock-in Data (most recent six): <ul style="list-style-type: none"> <li>○ Provider Type</li> <li>○ Provider Name</li> <li>○ Start Date</li> <li>○ Through Date</li> </ul> </li> </ul>
<b>Public Assistance (PA) Case Data</b>	<ul style="list-style-type: none"> <li>• <b>Case Number</b></li> <li>• <b>Eligibility Determination Group (EDG) Number</b></li> <li>• <b>Case Name</b></li> <li>• <b>Case Status</b></li> <li>• <b>Three Month Prior Date</b></li> <li>• <b>End Date (For Medically Needy)</b> <ul style="list-style-type: none"> <li>• <b>Denial Reasons **</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Type Program</b></li> <li>• <b>Active Clients List:</b> <ul style="list-style-type: none"> <li>○ <b>Client Number</b></li> <li>○ <b>Name</b></li> <li>○ <b>Date of Birth</b></li> <li>○ <b>Sex</b></li> </ul> </li> <li>• <b>Three Months Prior with Spend Down (not the spend down amount)</b></li> </ul>

\* Advisors must confirm that the number given by the requestor is correct. Advisors do not release Social Security numbers.

\*\* Only the following denial reasons can be released:

<b>Reason</b>
Refusal to furnish information
Failure to furnish information
Appointment not kept (application/review)
Unable to locate
Voluntary withdrawal