Managed Care Plan Enrollment, Disenrollment, and Transfer

Request Form User Guide

Last Revision 02.12.2025 [AS]

Managed Care Plan Enrollment, Disenrollment and Transfer Request Form

Purpose:

The purpose of this request form is to standardize and centralize Managed Care Plan assignment request: enrollment, disenrollment, and transfer processes that are outside of the scope of the enrollment broker but managed and overseen by the Division of Managed Care (DMC), within the Health Care Delivery Management Administration (HCDMA). This tool also intends to streamline communication and improve the Administrations capacity to monitor and track the MCP assignment processes.

Target Audience/Users:

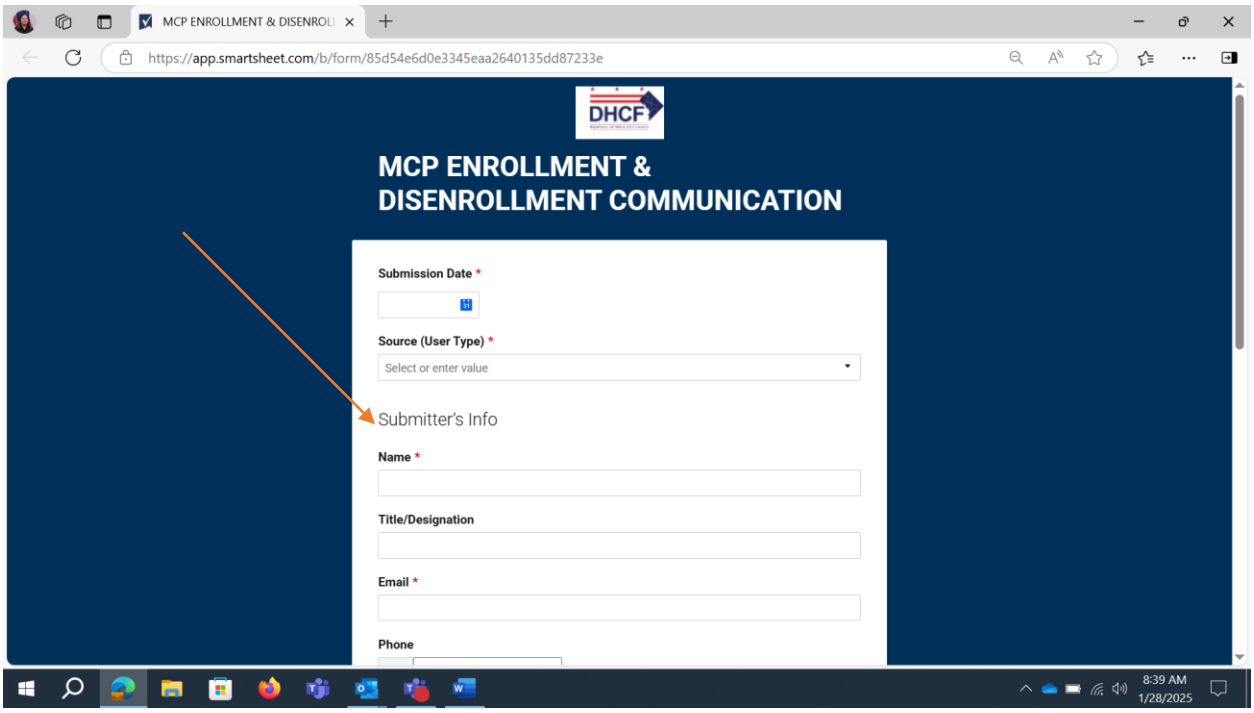
This request form should be completed by key staff at hospitals, MCP, DC agencies (sister agencies) and others involved in MCP assignment process led by DMC. Once deployed, this electronic process will replace the reports being submitted in Excel format as well as email requests. DMCs' processing timeline will not change.

How to Complete the Request Form:

Step 1: Click the hyperlink to open the page.

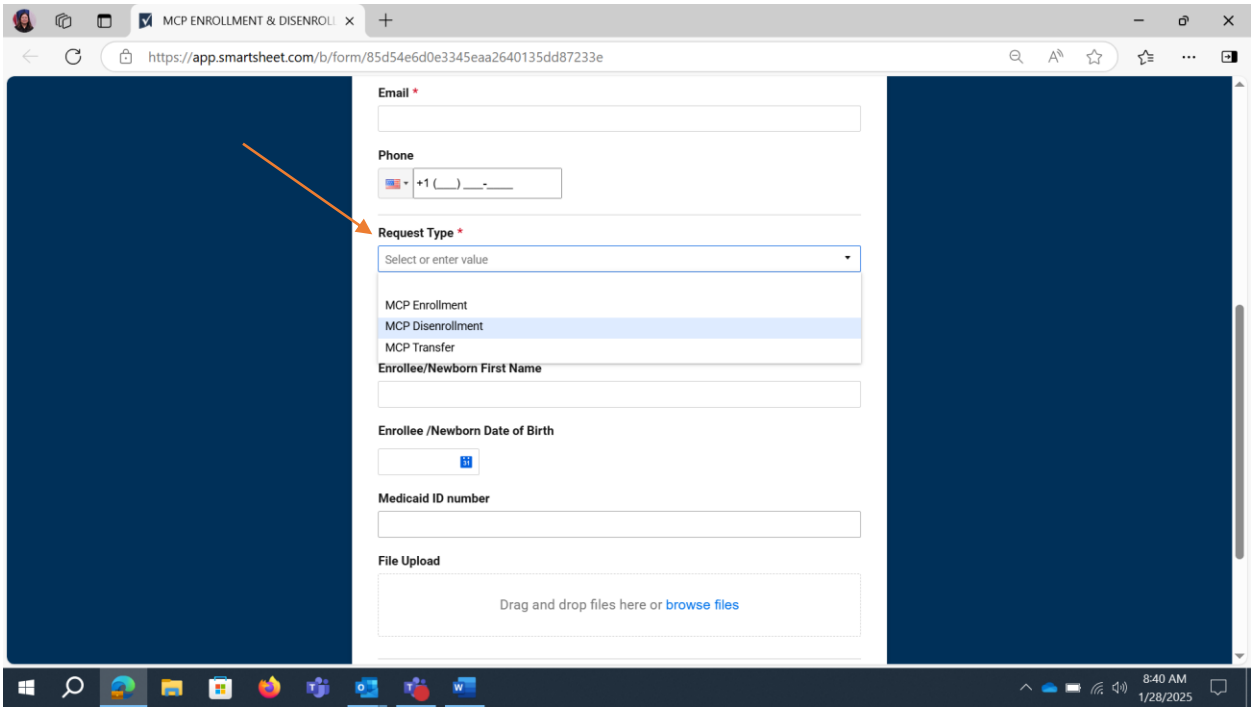
**** Common information (data) required are in *italics* and underlined

Step 2: Complete the *submitter's (requester) information.*



Step 3: Select your request type: MCP enrollment, disenrollment or transfer.

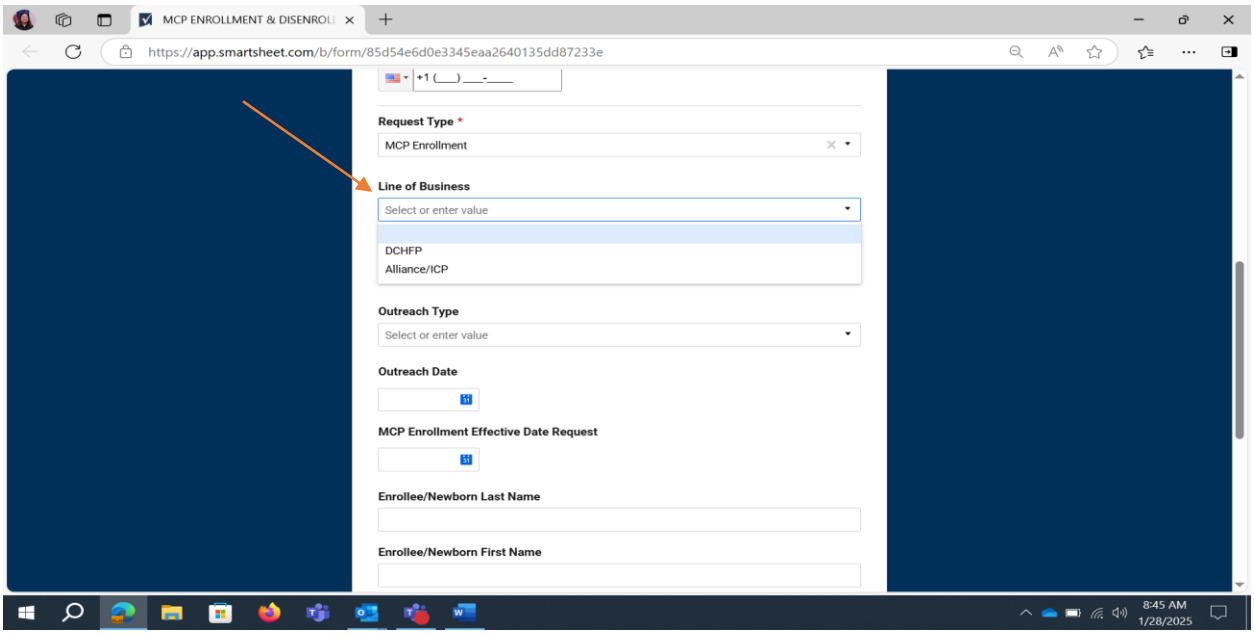
*** Note: Depending on your selected request type, the page will display and ask for the specific information/data needed for review and processing.



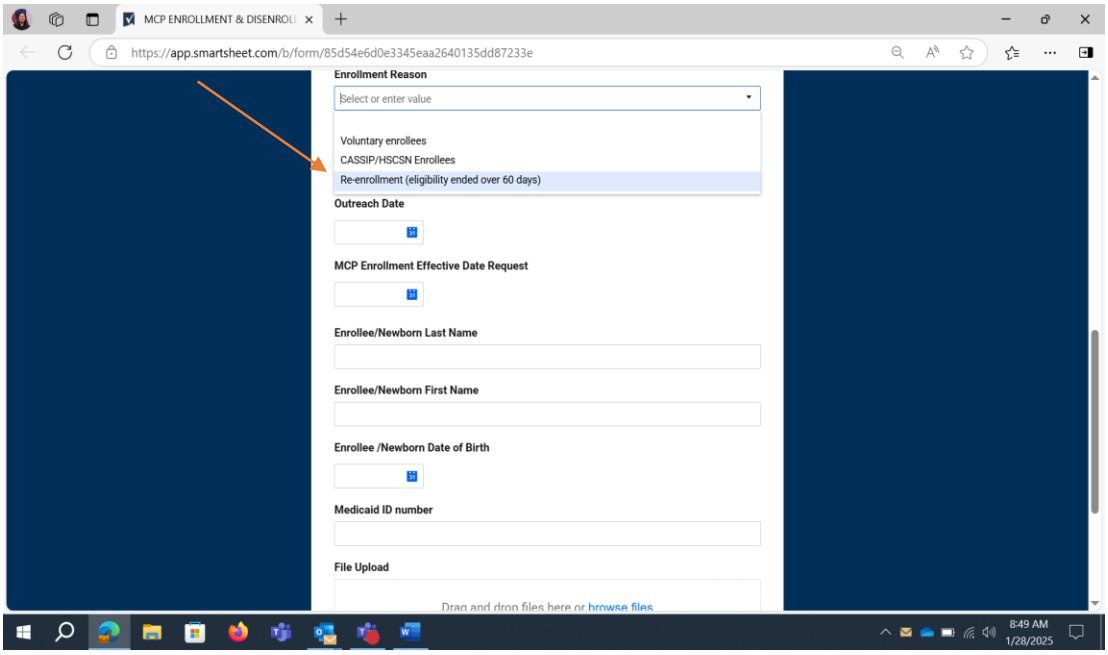
Steps by Request Type:

Process 1: MCP Enrollment: Complete the form in its entirety.

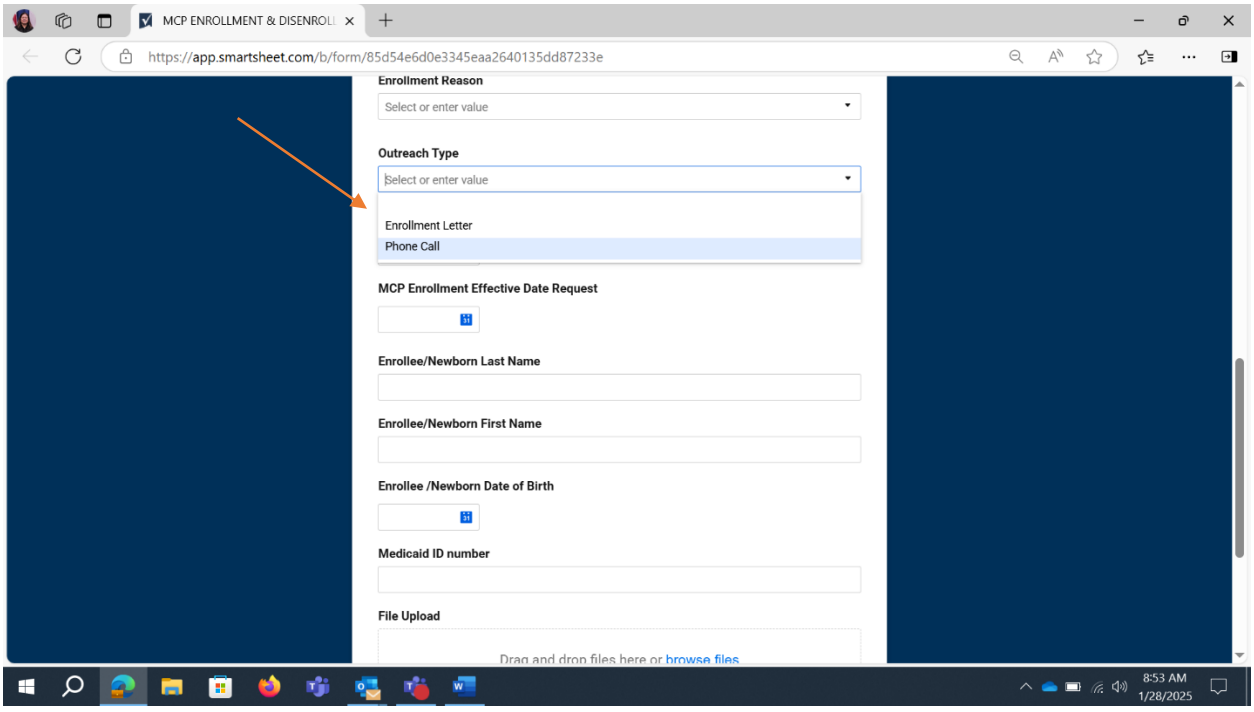
Step 1a: Select the Line of Business (DCHFP (Medicaid) or Alliance/ICP).

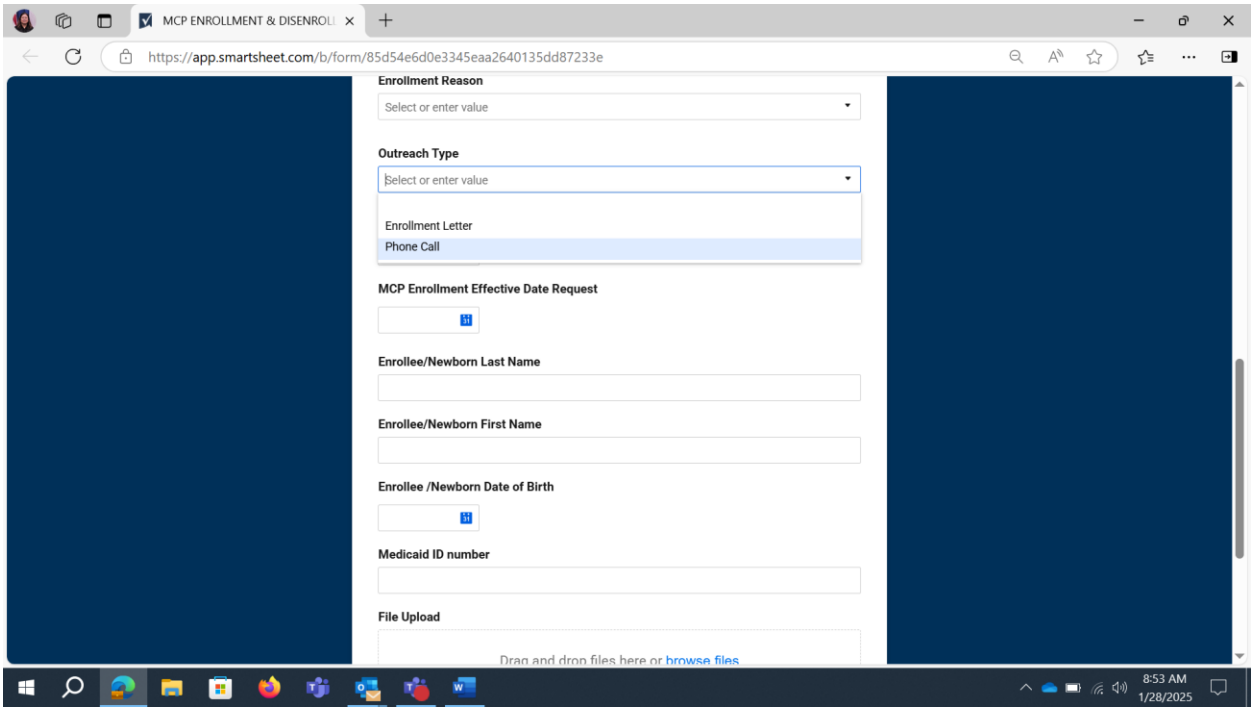


Step 1b: Select the Enrollment Reason from the dropdown.



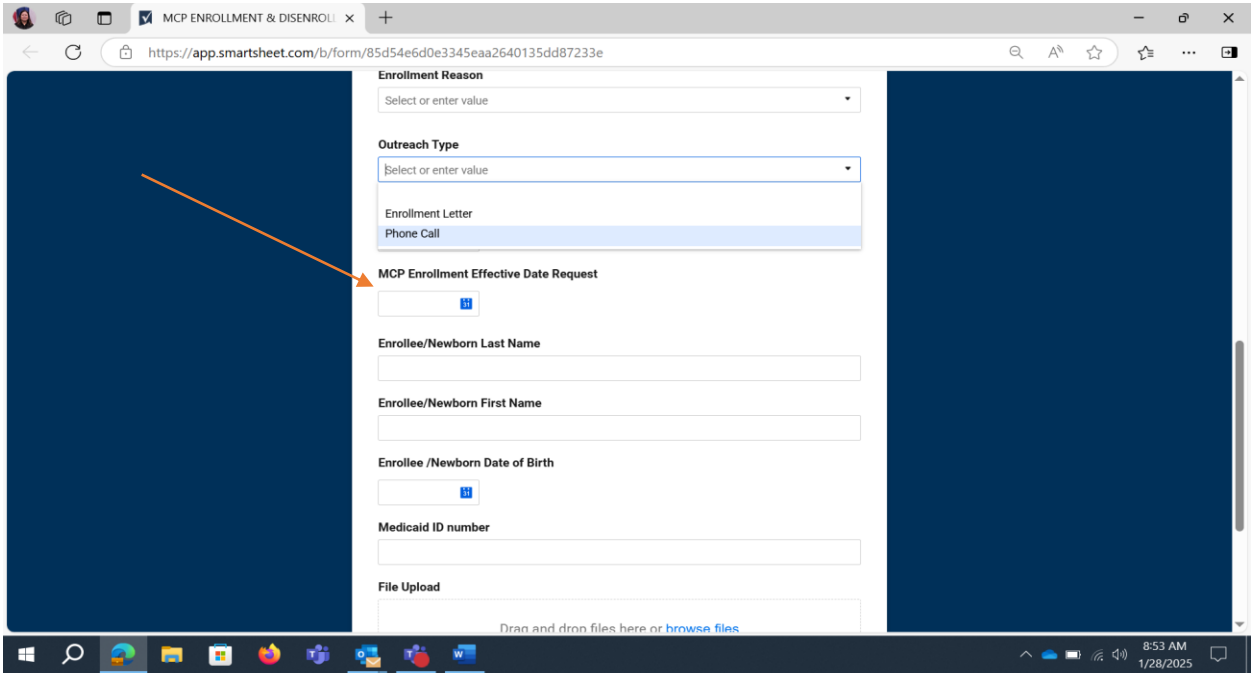
Step 1c: If applicable, Outreach type and Outreach date.



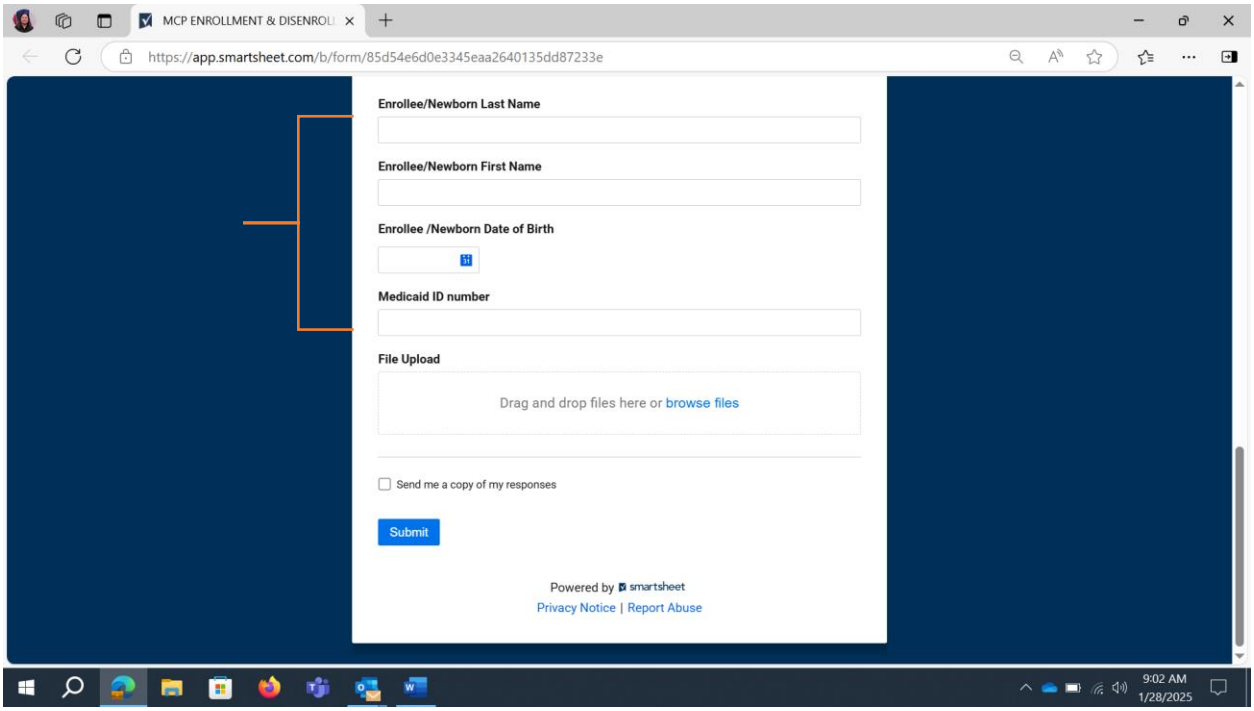


Step 1d: Enter enrollment effective date request.

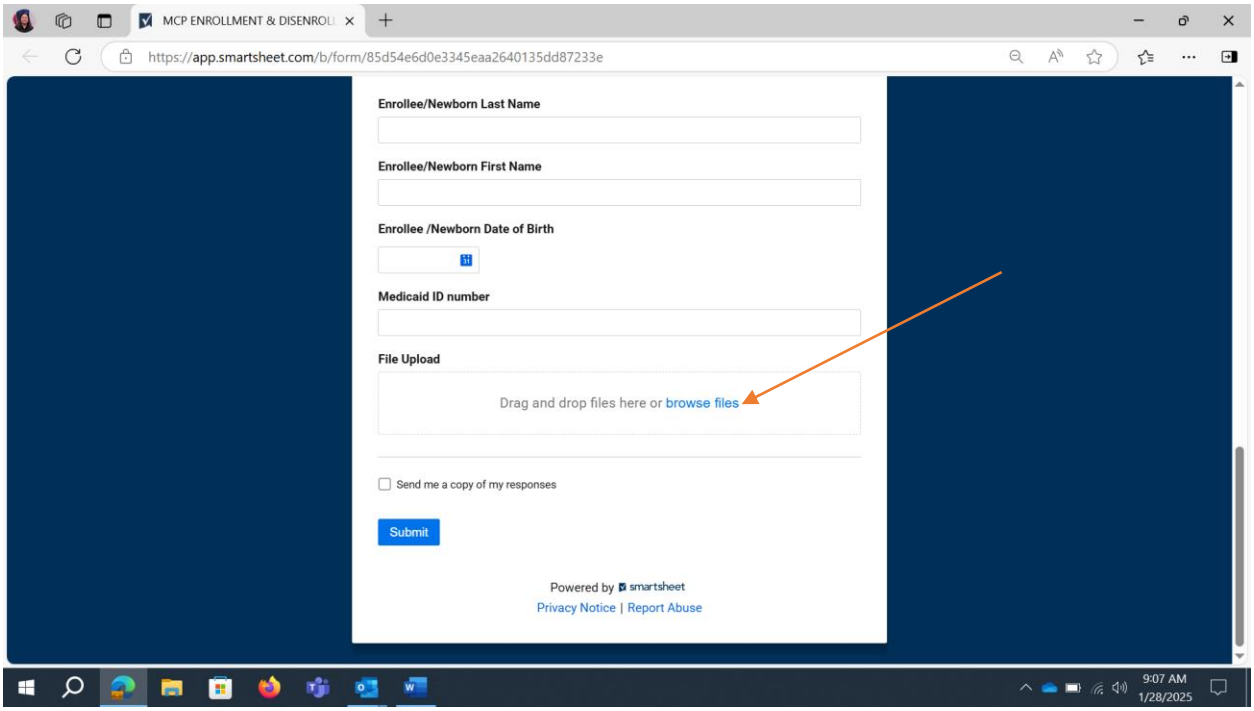
** Note: The date you requested may or may not be the same when the process is completed. The actual effective date will depend on established Rules and Policies.



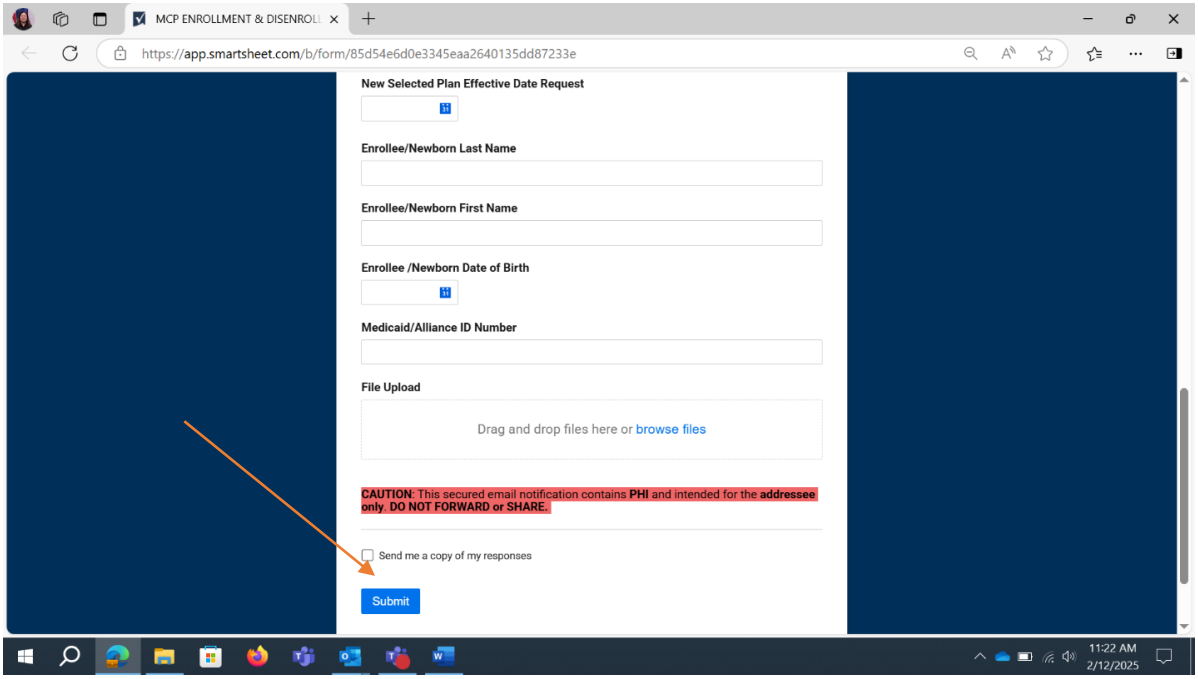
Step 1e: Enter the *enrollee or newborn's Full Name, Date of birth, and/or Medicaid ID number* (if known).



Step 1f: Click *<u>"browse file" to upload verification/documentation associated with your request.</u>*

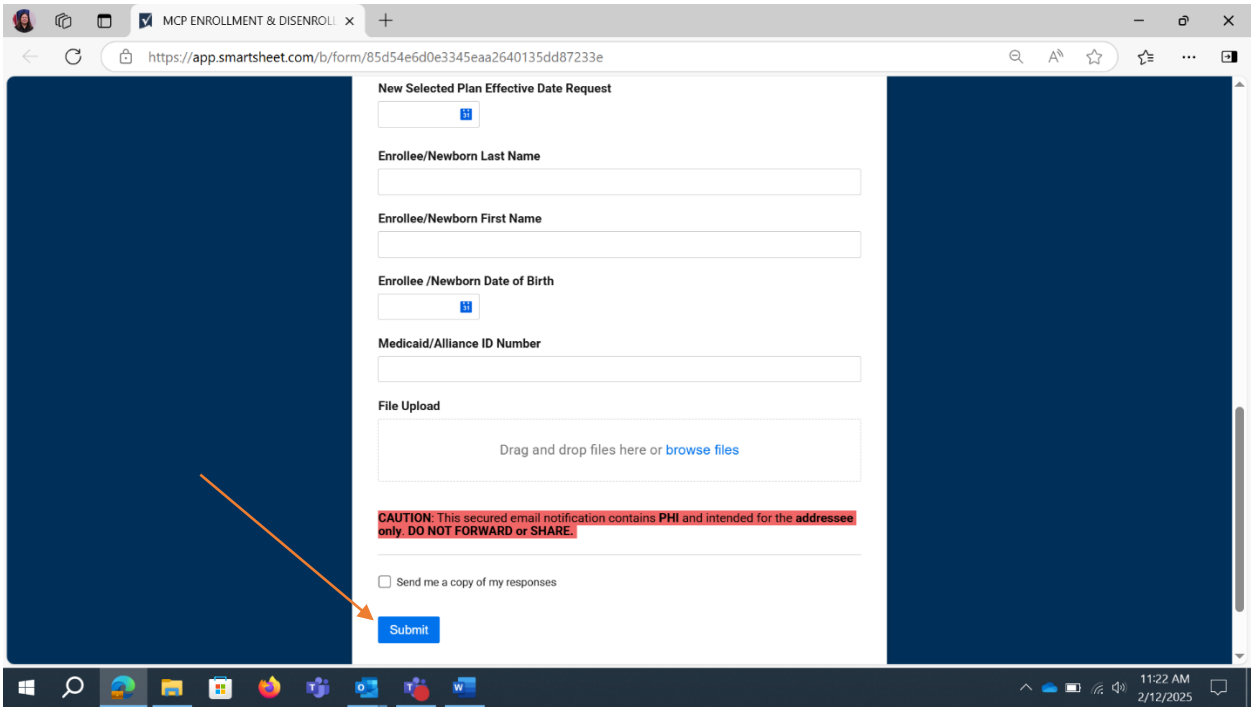


Step 1g*<u>: Click box to receive a copy of your request</u>* for record keeping.

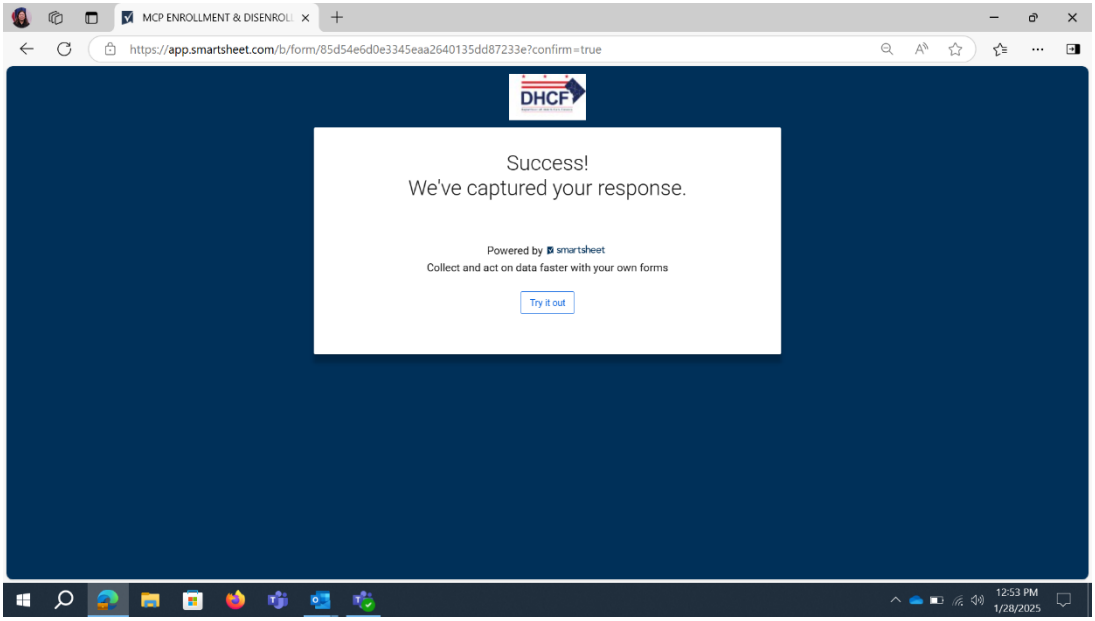


Step 1h: *Click Submit*

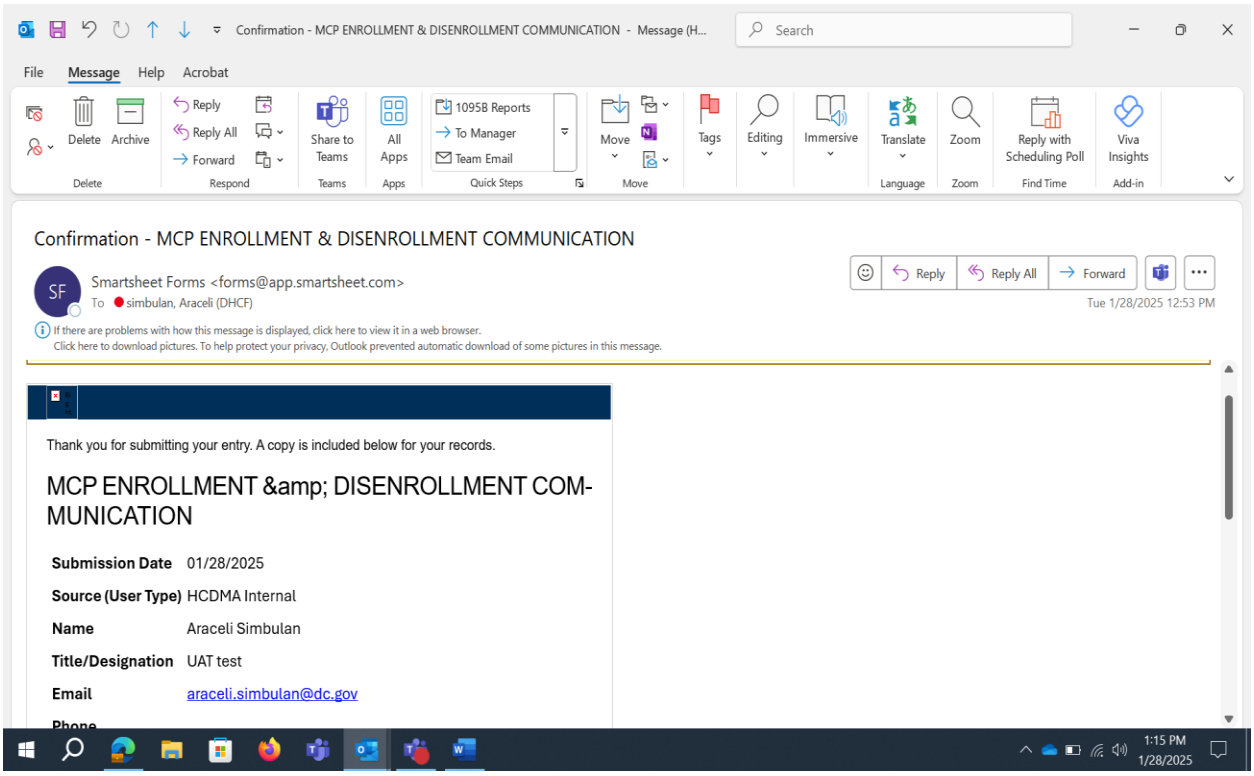
Once the request is submitted and copy box on Step 1g is checked, a notification will be sent to the submitter email address. The email notification also confirms successful submission.



After clicking Submit button, the page below will display to confirm submission.

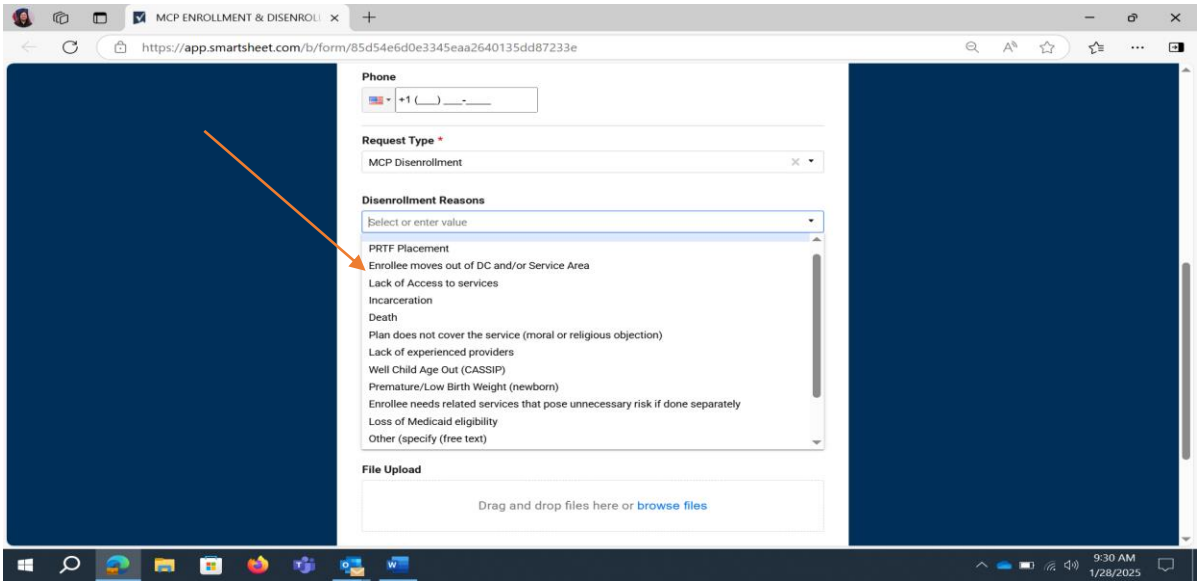


If you opted to receive a copy, an email notification will be sent (real time). Sample below.



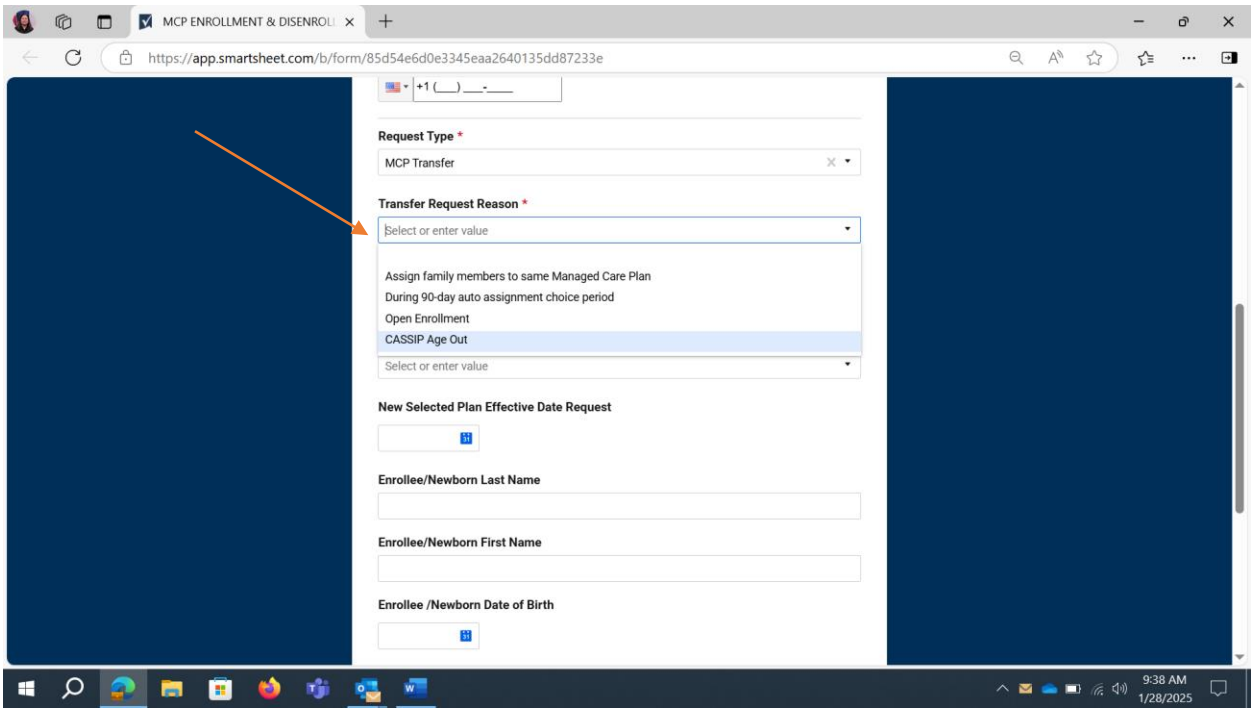
Request Type: Process 2: MCP Disenrollment *Below steps are unique to the request type.

Step 2a: Select disenrollment reason from the dropdown.

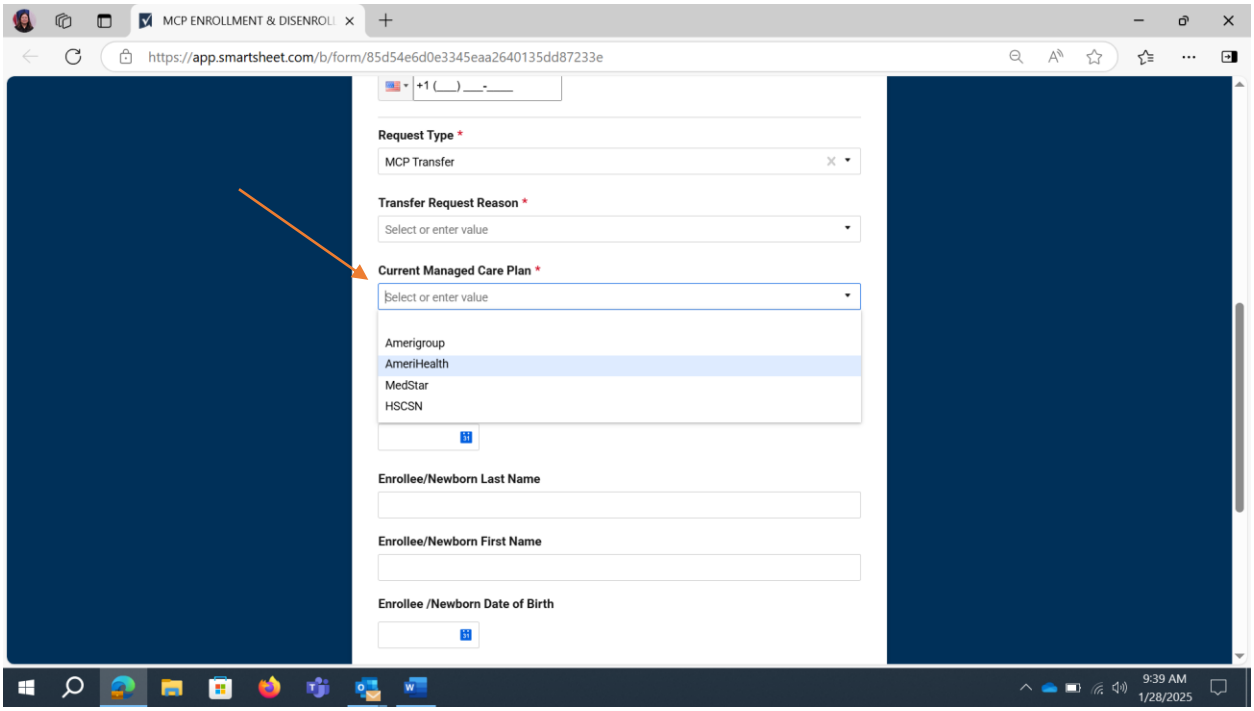


Request Type: Process 3: Transfer

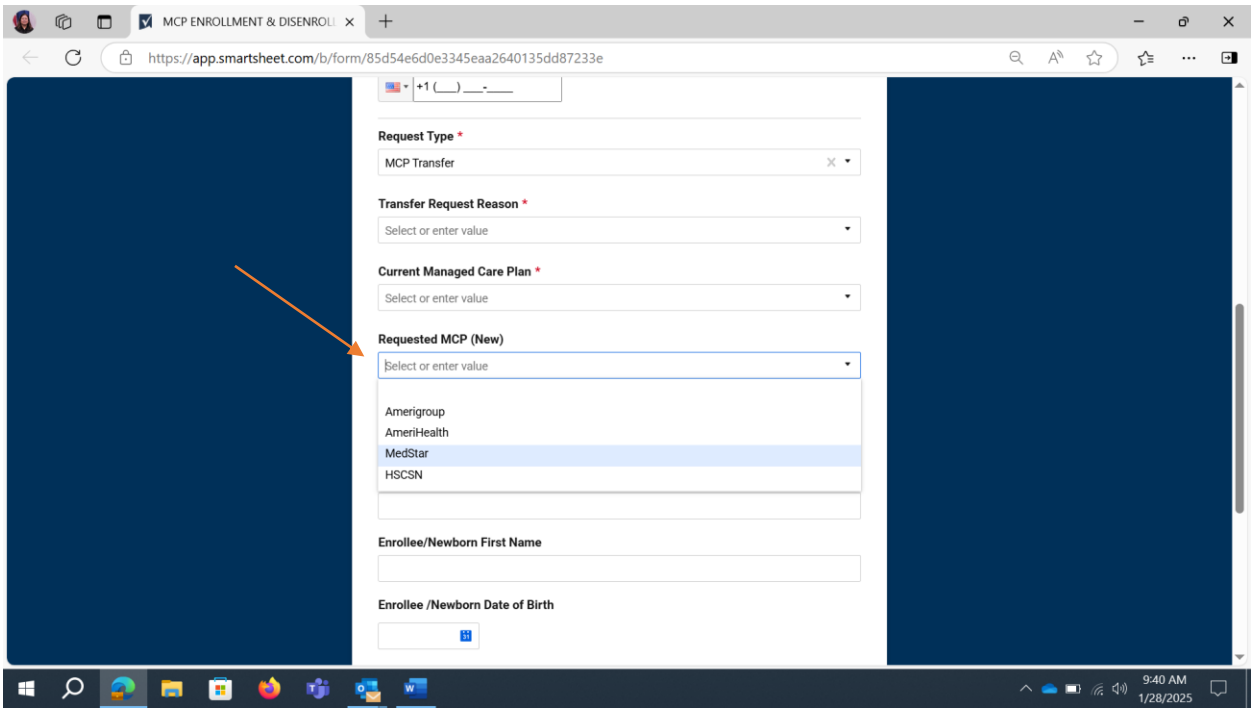
Step3a: Select Transfer reason from the dropdown.



Step3b: Select Current MCP.

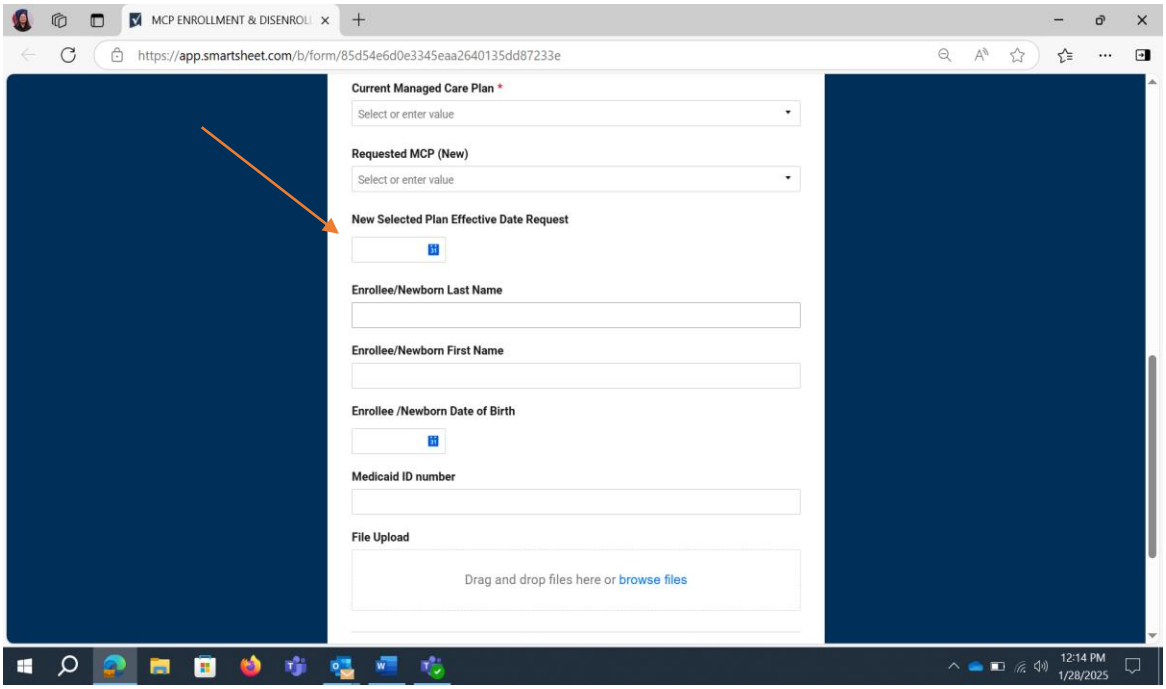


Step 3c: Select Requested MCP (new).

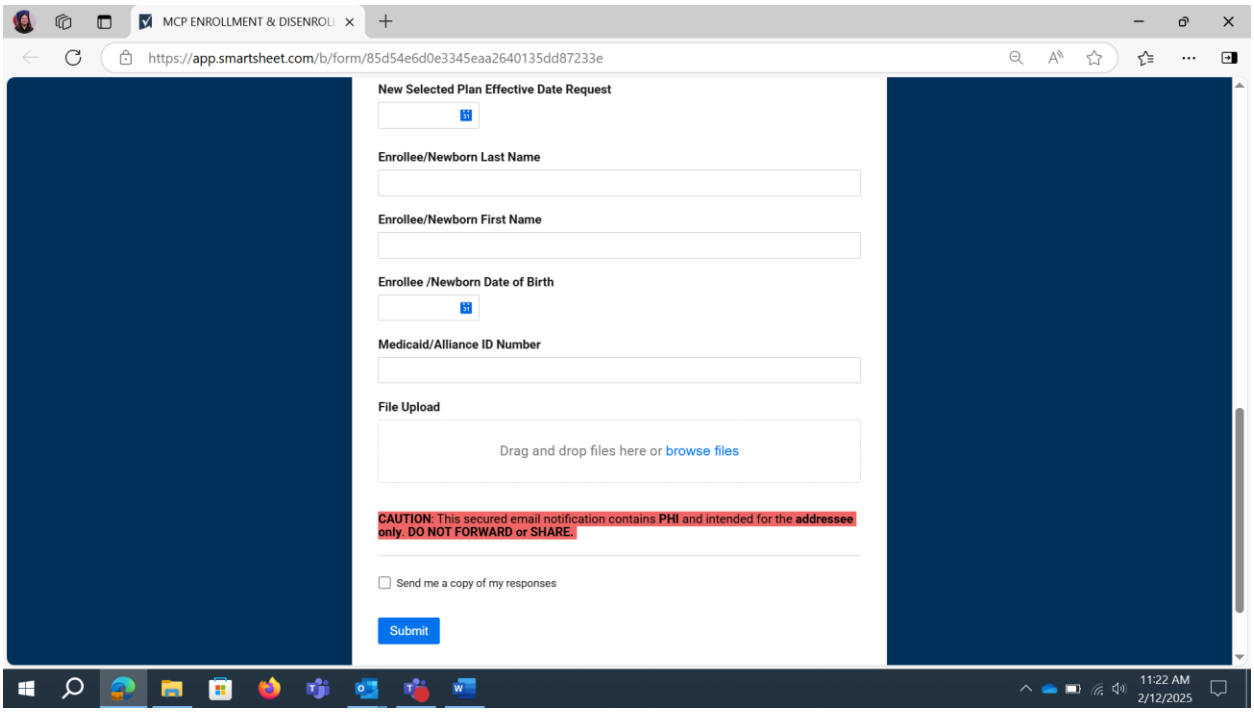


Step3d: Enter effective date requested.

**** The actual effective date will be provided after review and processing. The actual effective date depends on established Rules and Policies.



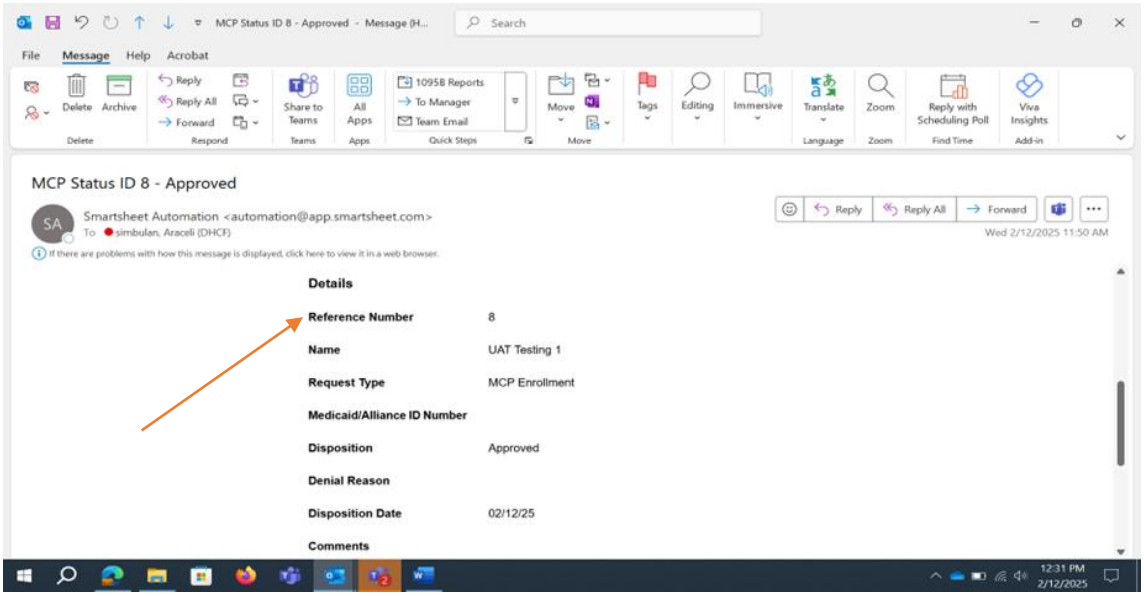
Step 3e*: Enter the demographics and click* ***Submit.***



What Happens After You Click Submit?

Once your request is submitted (applies to all three business flows), the information you entered automatically populates a dashboard managed and maintained by DHCF staff. An email notification is also sent to the DCHF to alert the point of contacts of your request. DHCF POC will then review and process your request in accordance with established policies and procedures.

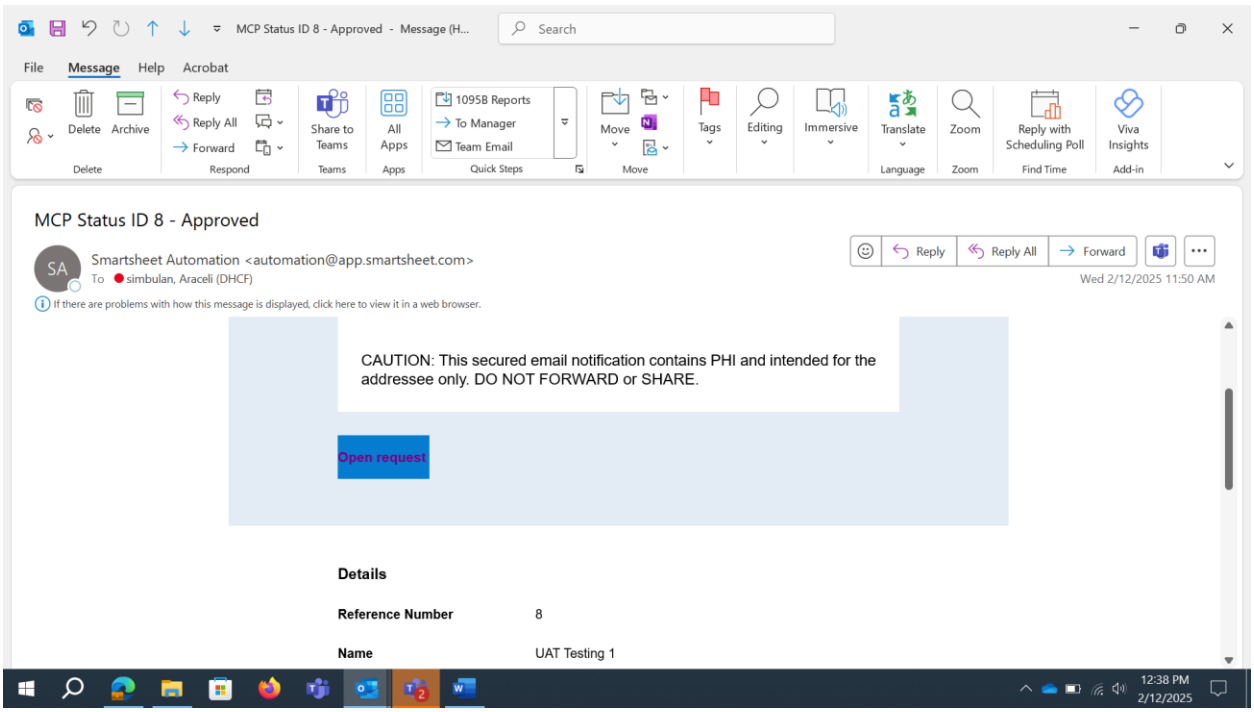
Once a decision has been made (POC enters a disposition on the dashboard), an email notification will be sent to the Submitter via secured email to let you know of the disposition/status of your request. Screenshot (below) will not display demographic information for security purposes, however, you can use the Reference Number to cross check with your records.



**** This reference number should match the number given when you completed the form.*

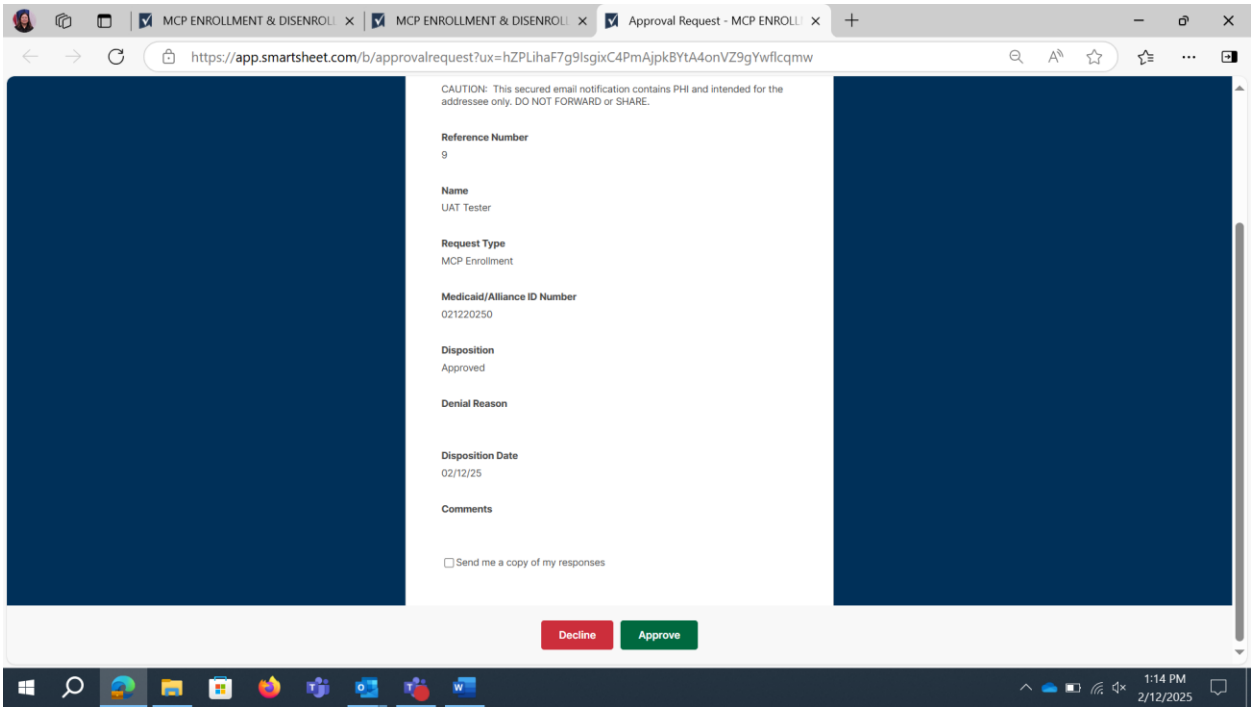
If you need to see the PHI information associated with the reference number (name, date of birth, and/or Medicaid/Alliance ID).

- Click the "**Open Request" at** the top of the email notification. This action will request an update that will display the PHI information.

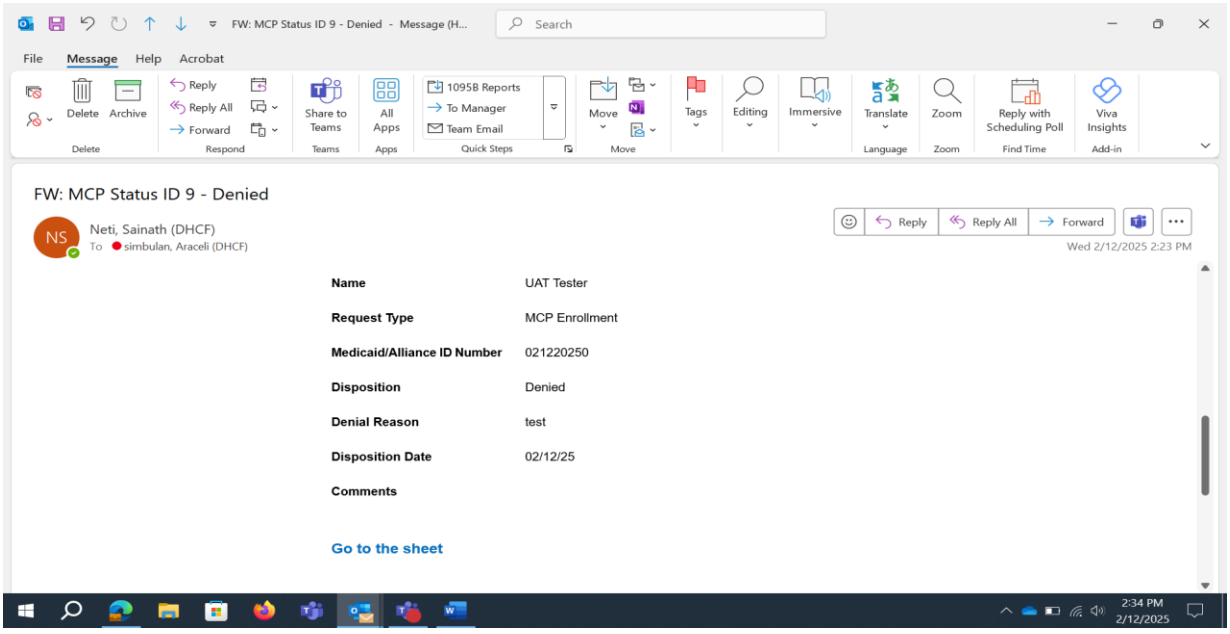


Once you click Open Request – the page below display. Close your browser.

*** IMPORTANT: **DO NOT CLICK** Decline or Approve. This is an *automated* request. Clicking Open Request is the trigger for the tool to send an update via secured email



After you close your browser, you will receive an email notification that includes the enrollee/newborn's name and Medicaid/Alliance ID Number.



This Page Intentionally Left Blank