



EOHHS Medicaid Managed Care Organization (MCO) Requirements for Medicaid Member Demographic Changes

Policy and Procedures for Managed Care Core Contract

Rhode Island Executive Office of Health and Human Services

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Version 1.4

Introduction to Policy

The Executive Office of Health and Human Services (EOHHS) recognizes that our contracted Managed Care Organizations (MCOs) are often the primary sources of contact for Medicaid members providing updated demographic information. Although EOHHS encourages members to report demographic changes directly to Health Source Rhode Island (HSRI) and/or Department of Human Services (DHS) per the current standard operating procedure, this policy provides an alternative means for Medicaid managed care members to change his/her address and/or phone number through the MCOs member services team.

Purpose

The purpose of this policy is to set forth a telephonic address/phone/ email change confirmation process to help EOHHS and contracted vendors (hereafter referred to as 'vendors') report accurate addresses and phone numbers for Medicaid managed care members. This policy allows vendors to exchange member addresses and phone number updates to EOHHS. This will help drive effective member communications (to include correct delivery of member notices); as well as improve other Medicaid communication functions to reduce returned mail and improve other operational efficiencies for both vendors and EOHHS.

Policy

The effective date of this policy is July 1, 2020 and is only applicable to members who are in non-institutional settings.

This policy outlines a procedural option for vendors to submit address, phone number and/or email changes to EOHHS via an EOHHS approved template. Establishing this process ensures a more efficient method for member communications and reduces mailing errors and returned mail for both vendors and EOHHS.

Section 1: Procedures

The following section outlines MCO procedures and requirements for reporting member addresses, phone numbers and/or email addresses. MCOs are required to comply with all EOHHS and contractual reporting requirements.

A. Preferred Method for Member Updates

Vendors must inform members that the preferred method to report changes in demographic information is to make changes through the Customer Portal at https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount.action?accountFlow=true&request_locale=en_US or by contacting Health Source Rhode Island (HSRI) and/or the Department of Human Services (DHS).

1. Members may contact HSRI at (855) 840-4774 during normal business hours (Monday-Friday, 8:00 a.m.–7:00 p.m. except designated State holidays) or log on to <https://healthsourceri.com/reporting-a-change>, to update their address, phone number and/or email address. Members may also contact DHS at 1-855-MY-RIDHS (1-855-697-4347).

B. Procedures for Receiving Updates to Member Addresses/Phone Numbers/Email Addresses

Vendors must follow the procedures below for a member who elects to report an update to demographic information through the MCO. (Prospective member address changes may not be submitted to EOHHS.)

This procedure describes member demographic updates that are performed during updates during recorded phone calls with the vendor. **All demographic change updates by the vendor must be performed on a recorded phone call to ensure compliance with this policy.**

Special Note for SSI Members: MCOs must inform member that if he/she or any individual of the household is on SSI, demographic changes for that member must be reported directly to the Social Security Administration (SSA). Once the change has been reported to the SSA, it will be reported back to EOHHS and communicated to the MCO through the normal 834 update processes. The vendor cannot accept demographic changes for any member on SSI.

- 1. For Rlte Care members, vendor must verify that they are speaking with the Medicaid head of household. For Expansion and Rhody Health Partners (RHP) cases, vendor must verify that they are speaking with the Head of Household or power of attorney. Note: Vendor must not report address changes for members who are in split-households (i.e., members who may have been previously in Rlte Care, but have moved into Expansion). Vendors are instructed to advise these members to contact HSRI to update address/phone number information.**
 - a. If confirmed, vendor may proceed to next procedure.
 - b. If no, vendor must notify the caller that only the head of household may report demographic changes. Vendor can refer member to procedure A in this policy if members wants to update their demographic information. **Vendor must inform caller, for future reference, that Medicaid's policy requires the member to report changes to his/her household to the State within ten (10) days of the change.** Failure to provide updated address information to the State may result in a termination of Medicaid coverage.
- 2. Vendor must obtain permission to share demographic changes with EOHHS.**
 - a. This question must be posed as an affirmative statement to ensure the member has a clear choice of yes/no. If the member does not give permission for vendor to provide EOHHS updated mailing address and/or phone number change and/or email address, vendor may update internal records, but may not forward the

change of demographics to EOHHS. Vendor should remind member that they must report demographic changes to the State within ten (10) days of change.

3. **Vendor must verify member's current address and phone number.***
 - a. If a member reports a different address and/or phone number than what is present on the member record, vendor must verify whether he/she has already reported this change to HSRI.
 - b. If member confirms this new information has been reported to HSRI, no further action is needed by vendor. Corrected information will be present on a future eligibility file.
 - c. If no, vendor may proceed to report demographic change to EOHHS.

*Vendors are required to report to EOHHS any members that are not living in Rhode Island and are receiving mail outside of the State of Rhode Island. This is reported to EOHHS through the monthly *Member Out of State Fraud Report* submitted to EOHHS by MCOs. This compliance requirement only applies for out-of-state address changes, not phone/email changes. MCOs can also provide out of state mailing address updates in the 'VendorAddressChangeReport.xls' template.

4. **Vendor must confirm the type of change using one of the following options in the VendorAddressChangeReport.xls:**
 - a. *Mailing only:* Member wants to change address for mailing communication purposes only.
 - b. *Residential only:* Member has moved but does not want mail to be sent to new address. Vendor should confirm mailing address and inform member that mail will continue to go to original mailing address. Note for residential addresses, one of the 39 cities/towns listed on tab 2 of the VendorAddressChangeReport.xls template must be used. Villages or hamlets may not be used to capture residential addresses. For example, for a member reporting a 'Riverside, RI' address, vendor must record the address in the reporting template as East Providence, RI. Zip codes must align with the cities/towns contained in tab 2 of the VendorAddressChangeReport.xls. Additionally, zip codes may only contain 5 numbers. Do not append additional 4 numbers to the end of a zip code on the Vendor Address Change Report.
 - c. **Both Mailing and Residential:* Member moved and wants both mail and residence address changed. As noted above, for residential addresses, one of the 39 cities/towns listed on tab 2 of the VendorAddressChangeReport.xls template must be used. Villages or hamlets may not be used to capture residential addresses. For example, for a member reporting a 'Riverside, RI' address, vendor must record the address in the reporting template as East Providence, RI. Zip codes must align with the cities/towns contained in tab 2 of the VendorAddressChangeReport.xls. Additionally, zip codes may only contain 5 numbers. Do not append additional 4 numbers to the end of a zip code on the Vendor Address Change Report.

- d. *N/A Phone Number Only*: Member is only changing their phone number on the record.
- e. *Email Only*: If member is only updating their email address on file.
- f. **All Changes*: This option is inclusive of 'both mailing and residential' and a phone number change. If All Changes is selected, all required entries in each of the fields must be entered on the Vendor Address Change Report. **If there is a missing or incorrect entry (e.g., a zero) in one of the fields, the entire record will be rejected.**

*EOHHS recommends for only address changes that the MCO selects the 'Both Mailing and Residential' or 'All Changes' to help ensure that records match.

Vendor must clearly note which type of change option described above is chosen in the drop-down tabs in the weekly VendorAddressChangeReport.xls to the State. Note that vendor may use an additional row in the Vendor Address Change Report.xls to report a type of change not included in the change options noted above.

- 5. **Vendor must inform the member that he/she will receive a notification from the State at the new mailing address within 7-30 days and the change will be noted in the member's account.**

Notification template is Attachment 3 to this policy.

- 6. **Vendor must inform the member that he/she may receive additional demographic confirmation notices if the member is enrolled in other State programs, including but not limited to SNAP.**

C. Reporting Requirements for Vendors to Update Member Addresses/Phone Numbers/Email Addresses

The following procedures outline the reporting process vendors must utilize in providing EOHHS updated member information. Vendors must use the 'VendorAddressChangeReport.xls' (Attachment 1) to notify EOHHS of member mailing address or phone number changes (and email addresses if provided). Alternate formats will not be accepted by EOHHS and MCOs should follow file naming conventions set forth in this policy.

Vendors must submit to the EOHHS file transfer portal (FTP) a weekly incremental file with updated member demographic information in the standard reporting template on Fridays, or the last day of the week if there is a State observed holiday, by 12 p.m. E.S.T. Reports must contain only the week's data. Submission folder on FTP will be titled 'Weekly Address Change Report'. All data received after this deadline will be added in the following week's address update file run.

Demographic changes are subject to EOHHS audit and must comply with policies and procedures set forth in this policy, the Vendor Contract, and all state and federal regulations.

MCOs must not remove columns, modify header fields and convert report other than the template provided by EOHHS.

1. Report Field Specification Requirements

Vendors must include the following file specifications for member mailing address/phone number updates:

- ***Head of Household (HOH) SSN (Required)** (*No leading zeros, dashes or spaces when entering SSNs.*)
- ***MMID (Required) First/Last Name (Required)**
- ***DOB (YYYYMMDD) (Required).**
- Previous Address (Required if reporting new address)
 - New Address (All fields required if updating new address. Please make sure to use the correct City/Town and Zip listed on Tab 2 of template.)
- Previous Phone Number (Required if reporting new a phone number). Do not use parens, dashes or spaces when entering telephone numbers.
 - New Phone Number
- New Email

Vendors are advised that, for address fields, certain characters are not allowed in file submissions.

Characters not allowed include:

- Tilda (~)
- Asterisk (*)
- Ampersand (&)
- Colon, Semicolin (: , ;)
- Any other character not included in the list of allowable characters

Allowable characters:

- Alphabetic Characters both upper and lower case (A-Z, a-z)
- Numbers (0-9)
- Space ()
- Pound Sign (#)
- Hyphen (-)
- Comma (,)
- Period (.)

***Requirements for HOH SSN, DOB and MMID:** If the HOH is not a member, but dependents are members, HOH information must still be sent when available. The MMID field can be left blank or a dummy value may be added in this field. However, the HOH details, to include: Name, DOB, SSN, must be entered. If the HOH

information is not available, MCO must advise the individual to enter demographic changes through the Customer Portal or by contacting HSRI. If multiple members share the same HOH and the HOH is a member, **one** record must be sent with the HOH and associated data.

In the 'Previous Address/Phone Number' and 'New Mailing Address/Phone Number' columns of the reporting template, vendors may leave field(s) blank if the field is not being updated. For example, the vendor would be required to provide the previous mailing address, including the Apt number, Street Number, Address, Address 2 (if applicable), State, Town, Zip Code fields if a new mailing address is given by a member. The same rule would apply if a member updates his/her phone number. Blank data fields will not overwrite existing data. **Vendor must ensure that the member information is accurate and complete, as incorrect member information will cause the address update to error off.**

Entering addresses with apartment numbers or additional information, should follow below guidelines:

For example:

10 Main Street, Apt 20
Next to turnabout
Providence, RI 02904

Should be entered in the following report fields:

Address line 1 may be added to "Street Name" column, but may not be more than 60 characters in length. In this instance, Street Name would contain "10 Main Street".

Apartment and address line 2 may be added to the Address Line column, but may not be more than 60 characters in length. In this instance, Address Line would contain "Apt 20, Next to turnabout".

Vendors may include up to 500 demographic changes in a single report. The vendor must use the same heading format in the template for all rows. If a vendor needs to submit more than 500 demographic changes in a given week, the vendor must use a new template. In addition, the vendor must indicate the date the template is submitted to EOHHS and the name of the vendor submitting the report to EOHHS in the report (i.e., NHP, THP, UHC). If a member updates their address multiple times, the most recent submitted address will be considered valid. It may take up to 20 days for the file to be processed and for the new mailing address/phone number to be updated on all data systems, including 834 processing form.

2. Report File Naming Convention

- a. Vendor must use the following naming convention when submitting the reporting template to EOHHS:
VENDORAddressChangeReportV#_VENDORNAME_YYYYMMDD.xls (No spaces should be inserted between characters.)
- b. Vendor must insert their name (i.e., NHP, UHC, THP) in VENDORNAME and the date (YYYYMMDD) the report is submitted in the file naming convention to EOHHS. The file naming convention should be the same as the date submitted within the report. Reports that fail to include approved file naming convention may be rejected by EOHHS and need to be resubmitted.
- c. Vendor must submit report via the EOHHS FTP portal into the vendor's respective report submission folder. After the report has been submitted to EOHHS on the FTP portal, the vendor must email OHHS.MCOOversight@ohhs.ri.gov notifying EOHHS that the report has been uploaded and can be retrieved.
- d. EOHHS will follow up with the MCO if there is any further action necessary to update member's addresses and phone numbers.

D. Exception process

Any errors, or exceptions, that occur during the update process will be provided to Health Source Rhode Island (HSRI) for follow up. EOHHS will provide an update to MCOs, as necessary, for addresses reported by MCOs to EOHHS that cannot be updated because of file processing issues and/or errors.

On a weekly basis, EOHHS will provide MCOs a list of addresses that have failed to be successfully inputted into the system. EOHHS will provide the reason via a reason code for why the information was not changed. MCOs must submit corrected information via the next file submission for any exceptions they are able to correct (and confirm the information is correct with the member). EOHHS requires that MCOs provide any additional outreach to members, if they cannot correct this information, and advise these members contact DHS or HSRI. All codes except E03 and E08 can be resolved by the MCO where possible.

Exception Code	Description
E01	Individual is not found in RIBridges system
E02	Case is not found with individual as head of household
E03	All the cases with the individual as head of household don't have authorized and ongoing benefits for any program
E04	The information in the Excel is incomplete
E05	Phone number match not found
E06	The city mentioned in the RI physical address is not among the 39 allowed values
E07	Individual is a head of household for a MA-SSI case
E08	None of the cases have ongoing Medicaid benefits
E09	The format of one or more values in the excel is incorrect

Attachments to this Policy

1. VendorAddressChangeReport.xls
2. MCO Demographic Update Process PowerPoint April 17, 2020
3. Member Demographic Change Notice
4. Address Change FAQs