



**Louisiana Department of Health  
Health Plan Advisory 16-27  
September 26, 2016**

**Managed Care Organization (MCO) Returned Mail Procedures**

This advisory describes the process by which the MCO shall follow up on all member related returned mail pieces.

The transient nature of the Medicaid population has been an issue when attempting to locate members at renewal. All contacts with members should be used to verify current demographic information, including: 1) mailing address; 2) physical address; 3) home phone number; 4) cell phone number; and 5) email addresses. When returned member-related mail pieces are received by the MCO, the MCO should first identify whether a forwarding address has been received on the piece of mail or if no forwarding address has been received. The following procedures shall be followed for each instance:

**MCO Responsibilities**

Forwarding address received:

- If an out-of-state address is received, follow procedures in place for reporting on a member disenrollment request to Maximus. Upon receipt, LDH staff shall follow existing procedure found at L-600 in the Medicaid Eligibility Manual.
- For in-state addresses received, the MCO shall attempt to contact (including, but not limited to, by phone, mail, email, text) the member to verify that the newly received address is correct. Once verified, the MCO will update the member's address in the LDH online demographics change system.
  - If the MCO is not able to verify the newly received address with the member/head of household within 30 days of receipt of the returned mail, this member shall be treated as though no forwarding address was received.

No forwarding address received:

- Attempt to contact the member at the phone numbers on file (and by email or text, when appropriate) and at any collateral contact numbers.
  - If contact is made and a new address is received, update LDH online demographics change system information;

- If contact cannot be made within 30 days of receipt of the returned mail, inform LDH via provided report template with member name, Medicaid ID number, the date of the original mailing and the date the returned mail was received. This information is due on the 15<sup>th</sup> day of each month.

#### LDH Responsibilities

- Review all internal systems to identify any alternative contact information, update eligibility information as appropriate (*Eligibility Supports*).
- Propose closure for members who cannot be located and terminate eligibility using closure code 94 - Unable to Locate (*LDH Eligibility Field Operations*).
- This information will be relayed to the MCO via the 834 from the Enrollment Broker.