Ongoing Case Maintenance Questionnaire

This questionnaire examines the processes and procedures to manage ongoing caseloads in a timely and accurate manner.

Some questions may have multiple parts, so please be sure to answer each part. Please be thorough and detailed in your responses.

_* Inc	licates required question	
1.	Email *	
2.	Organization name *	
3.	Your name and title: *	

Ongoing Case Maintenance

We are interested in learning more about your processes and procedures surrounding case maintenance. Please answer each question, keeping in mind that some questions may have multiple parts. If a question is not relevant to your Site, or if you are unable to answer, please write N/A and provide a brief explanation.

How do you ensure your case comments meet the minimum requirements of <u>OM</u> <u>22-035</u> ?
Do you use a case comment template? Describe your processes. *
Please provide your case comment template for medical assistance programs.
Please email if upload doesn't work.
Files submitted:

What is your business process for working the Medical Assistance Eligibility Span Error Report (med span report)?	•
How do you ensure reported changes are data entered within 15 days of being reported?	
What is your Eligibility Site process for rescinding a closed MA application? *	
What is your Eligibility Site process for rescinding a closed MA renewal? *	
	How do you ensure reported changes are data entered within 15 days of being reported? What is your Eligibility Site process for rescinding a closed MA application? *

12.	What is your process when a member submits a renewal without a signature? *
13.	Have all eligibility workers completed the Renewal Revamp Training? How do you
	ensure new hires are taking this training?
14.	What is your process for making outbound calls to collect telephonic signatures on renewals?
15.	What is a Limited Authorized Representative? *

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