

Type of Request/Question	What Enrollment will need
<b>All Requests</b>	<ul style="list-style-type: none"> <li>• <b>Member's ID Number</b> (if they do not yet have one, please use HICN)</li> <li>• <b>Member's Name</b></li> </ul>
Address Change	<ul style="list-style-type: none"> <li>• New address</li> <li>• Whether the new address is mailing only, residential only, or both               <ul style="list-style-type: none"> <li>◦ If residential: date the member moved/will move</li> </ul> </li> </ul>
ASAP Change	<ul style="list-style-type: none"> <li>• Name of the new ASAP</li> <li>• Date change should be effective</li> </ul>
Deceased Disenrollment	<ul style="list-style-type: none"> <li>• Statement that the member is deceased</li> <li>• Date of death</li> </ul>
Name Change	<ul style="list-style-type: none"> <li>• New/correct name</li> <li>• Where the name is showing incorrectly</li> <li>• <b>Please note:</b> we will have to verify the member's name in MARx before making any changes</li> </ul>
New ID Card	<ul style="list-style-type: none"> <li>• Request for new ID card</li> </ul>
OOA Disenrollment (to disenroll a member immediately for being OOA)	<ul style="list-style-type: none"> <li>• Date the notification was received by THP</li> <li>• Who notified THP that the member moved (member or legal representative)</li> </ul>
OOA Notification (to start OOA tracking process)	<ul style="list-style-type: none"> <li>• Statement that member has been out of the area (and where they are, if known)</li> <li>• The date the OOA notification was received by THP</li> <li>• Who notified THP that the member moved (member or legal representative)</li> <li>• New residential address that is out of service area, if known</li> <li>• Is this a temporary OOA address (ex. a vacation, etc.)? If so, when is the return date, if known</li> <li>• <b>***IMPORTANT***</b> Notification to Enrollment must be made when the member returns to the service area</li> </ul>
PCP Change	<ul style="list-style-type: none"> <li>• Name of new PCP</li> <li>• If the PCP is not accepting new patients, is there doctor approval to accept new patient?</li> <li>• Date change should be effective</li> </ul>
Phone Number Change	<ul style="list-style-type: none"> <li>• New phone number, with identification of home, cell, business, etc.</li> </ul>

**\*\* All requests must be submitted to [SCO\\_Enrollment@tufts-health.com](mailto:SCO_Enrollment@tufts-health.com) \*\***

**\*\* Requests will be turned around within 5 business days \*\***

Type of Request/Question	What Enrollment will need
Redetermination Changes	<ul style="list-style-type: none"> <li>• Where you are seeing/hearing about the change in redetermination status</li> <li>• What changes should be made</li> <li>• <b>Please note:</b> Enrollment will check these updates in MH systems to verify before making any changes to the member's record</li> </ul>
Language Preferences	<ul style="list-style-type: none"> <li>• Note language preferences</li> </ul>

**Notes:**
**Out of Area Disenrollment MMCM CH2, 50.2.1**

If member or member's legal representative notifies THP that they no longer reside in the service area: Disenrollment is effective the first day of the calendar month after the member begins residing outside the service area and member/member's legal representative notifies THP that they moved and no longer reside in the service area.

**Out of Area Tracking MMCM CH2, 50.2.1**

If THP learns that a member has moved through a source other than the member or member's legal representative (ex. via TRR or Care Manager notification), THP will initiate OOA tracking and disenrollment will be effective the first calendar month after six months have passed.

**\*\* All requests must be submitted to [SCO\\_Enrollment@tufts-health.com](mailto:SCO_Enrollment@tufts-health.com) \*\***  
**\*\* Requests will be turned around within 5 business days \*\***