

COUNTY OPTIONS CHANGE REQUEST FORM (COCR)

General Overview

The COCR Form is used to notify the DMA Health Check Consultant of any changes. These changes may include adding or deleting staff such as an HCC, Supervisor, or Director of the Network. COCR forms should be sent to the Consultant as soon as a change has occurred. This includes HCCs on extended leave.

Procedural Overview

- ◆ The HCC Supervisor will submit the COCR Form to DMA Health Check Consultant within 10 days of the change.
- ◆ DMA approves the request for a change.
- ◆ DMA will forward the request to the MMIS fiscal agent Health Check Consultant(s).

Instructions for Completing the COCR Form

The instructions for completing the COCR Form are outlined below.

Enter the following information in the spaces given:

- ◆ Network Name and Network Medicaid Provider Number
- ◆ Supervisor's signature; **The HCC Supervisor must sign all COCR forms**
- ◆ The supervisor's telephone number
- ◆ DMA staff will enter the DMA Approver name and DMA Approval date

1. Change Health Check Coordination Information

All changes relating to the HCC are recorded in this section. Indicate whether the change is to ADD, DELETE, or CHANGE an HCC's name, address, phone/fax number or email address. The Network/Partnership name, HCC's name, address, phone/fax number and email address are **always required** when adding an HCC to your agency. The "effective date" and "hire date" are also required fields.

Note: The field "List each county served" is a required field and MUST be completed.

The name and phone number of the HCC should be entered on the COCR Form as you would like it to appear on the AINS letters sent to Health Check eligibles.

Note: Only one phone number can appear on the notifications.

Note: If the change is deleting an HCC, the effective date of the change must be enter on the form.

2. Change Health Check Supervisor of Network Director Information

All changes relating to Supervisor and/or Director are recorded here. Indicate whether the change is to ADD, DELETE, or CHANGE a name/title, address, and phone/fax number or email address.

Enter the effective date of the change.

3. Change Network Information

All changes relating to the Network's name, address, phone number, and website address are recorded here.

Enter the effective date of the change.

4. To Suppress AINS Letters or Remove a Deceased Child

Indicate on the COCR Form if the request is to suppress AINS letters or removing a deceased child. Include the child's name, MID number and the reason for suppressing the notifications, if the child is not deceased.

Please note the name of the person requesting that the notifications be suppressed.

The "County Options Change Request" Form is found on Appendix 8-3 and 8-4.