

TO: Local District Commissioners, Managed Care and Eligibility Staff
(Medicaid and Temporary Assistance) Upstate Districts Only

FROM: Brian Wing, Deputy Commissioner, Office of Medicaid Management
Kathleen Shure, Director, Office of Managed Care

SUBJECT: System Generated Medicaid Managed Care Disenrollment and Auto
Reenrollment Process

EFFECTIVE DATE: Immediately

CONTACT PERSON: Jennifer J. Dean, Office of Managed Care
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Background:

On October 23, 2006, Managed Care Coordinators were notified by letter of changes to the system-generated disenrollment process implemented on November 18, 2006 (December pulldown). If a recipient's eligibility has ended at the end of the month prior to the roster production, they are dropped from the roster as before. They will be included on the plan's error report only for the month following the loss of eligibility. They will remain enrolled in the PCP sub-system until the next month's pulldown, at which time they will be automatically disenrolled. The effective date of the disenrollment will be the first of the month following the loss of eligibility, and will be identified by worker code NYDSS and disenrollment code 95. This auto disenroll was previously done after 90 days' loss of eligibility.

The system change also includes an auto reenrollment process for those disenrolled **automatically** by NYDSS with code 95 **and** for those disenrolled **manually** by the district using disenrollment code 95. This process works by leaving the PCP indicator "on" for 90 days after disenrollment for those disenrolled with reason code 95. (The indicator is not visible to districts on WMS) Managed Care policy states that if a recipient regains eligibility within 90 days of the disenrollment date, they may be prospectively reenrolled in the plan of previous enrollment. Leaving the PCP indicator "on" enables the process to work automatically. The effective date of the enrollment will be based upon the primary pulldown date of the month of the eligibility transaction, i.e. after the primary pulldown, reenrollments will take place the first of the following month. (For example, re-establishing eligibility for a recipient on November 29, 2006, will auto re-enroll for January 1, 2007. If the district wished to re-enroll this recipient for December, it would need to be processed manually in PCP).

If disenrollments are manually processed by districts using any other disenrollment code but 95, there will be no automatic re-enrollment.

The recipient will be enrolled in the program (MAMC or FHP) in which their eligibility has been re-established, provided their plan operates both lines of business. For recipient fully MA eligible (not FHP), the system will identify the recipient as not enrolled during the interim months, allowing FFS claims to be paid, even though the system requires a managed care code at this time.

Issue Identified:

We have been notified by local districts that this new process is negatively impacting re-establishing eligibility for recipients when the coverage code is other than 30, 31, 34 or 36. This causes WMS errors by hitting edit: **0522/01 COV. CODE MUST BE 04, 05, 30, 31, 32 OR 33 WHEN THERE IS A CURRENT PCP.** Even though the member shows as disenrolled, the PCP indicator that is "on" causes this error.

Proposed Temporary Solution for Upstate Districts:

There are two options available to process coverage codes other than 30 and 34.

1. Upstate Districts have the capability to over-ride the error. This, however, does leave all disenrollments with the 95 reason code on the file, and subsequent WMS transactions will hit the 522 Error requiring an over-ride for each transaction during the 90 days after disenrollment.
2. The system generated PCP disenrollment can be deleted (DL) and re-entered with reason code 59, as we have re-defined disenrollment reason code 59. ***Please see attached for these newly defined disenrollment codes.***

It should be noted that both of these temporary solutions will currently remove the recipient from the auto process of re-enrolling in the plan from which they were disenrolled. Re-enrollment, if appropriate, will have to be done manually.

A permanent solution to this issue is being worked on at this time to allow for re-establishment of eligibility with other than PCP coverage codes. In the interim, please use one of the above solutions as you judge best for the case situations you encounter.

We apologize for any inconvenience this has caused local districts. If you have any questions or concerns, please contact Kate Cahill at kac10@health.state.ny.us or 518-473-0045