

**DMA ADMINISTRATIVE LETTER NO. 12 – 02**

**DSS ADMINISTRATIVE LETTER ECONOMIC INDEPENDENCE  
NO. 02 – 2002**

**DSS ADMINISTRATIVE LETTER NO. 09 – 2001 ADULT AND FAMILY SERVICES**

**THE INFORMATION IN THIS LETTER APPLIES TO MECKLENBURG COUNTY  
ONLY.**

**DATE: December 20, 2001**

**SUBJECT: Policy for Mecklenburg County Managed Care  
Education And Enrollment**

**DISTRIBUTION: County Directors of Social Services**

**Medicaid, Work First, and Special Assistance Supervisors**

**and Caseworkers**

**Public Consulting Group (Health Benefits Advisor)**

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## **I. PURPOSE**

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The purpose of this letter is to provide directions for educating and enrolling eligible Mecklenburg County Medicaid recipients in a managed care program.

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## **II. INTRODUCTION**

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HMO risk contracting, Carolina ACCESS, and ACCESS II/III are Medicaid managed care programs that link Medicaid recipients with a primary care provider who is responsible for providing and coordinating most of their health care needs. Managed care improves access to medical care for recipients and provides a more effective medical delivery system for the state and county.

Since its implementation in 1996, Health Care Connection, Mecklenburg County's Medicaid managed care program, has been the primary medical delivery system for Medicaid recipients who reside in Mecklenburg County. Health Care Connection is a Medicaid managed care program whereby the Division of Medical Assistance (DMA) contracts with licensed Health Maintenance Organizations (HMOs) to provide and coordinate medical services for certain Medicaid eligibles on a full-risk capitated basis.

Beginning January 7, 2002, Health Care Connection will be expanded to offer Carolina ACCESS/ACCESS II enrollment in addition to HMOs. Carolina ACCESS/ACCESS II is a Medicaid managed care program whereby certain Medicaid eligibles are required to select a primary care provider (PCP) to manage and coordinate their health care needs. Thus, eligible Mecklenburg County Medicaid recipients will have the option of enrolling with an HMO or a Carolina ACCESS/ACCESS II provider.

The current process for enrolling recipients in a managed care program will change beginning January 7, 2002. Enrollment with an HMO or a Carolina ACCESS/ACCESS II provider will be accomplished by entering the appropriate seven-digit provider or managed care exempt number in the Carolina ACCESS field on the individual screen of the DSS-8125. All current HMO exempt numbers will be converted to corresponding managed care exempt numbers, e.g., 9099503 will convert to 9999903. A list of the new exempt numbers is included.

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### **III. POLICY REGARDING CLIENT EDUCATION AND ENROLLMENT**

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Recipient education and enrollment in Mecklenburg County is the responsibility of Public Consulting Group (PCG), the County Department of Social Services' Eligibility Caseworkers, and DMA. Public Consulting Group is considered to be the lead agency with regard to recipient education and enrollment. However, potential Medicaid eligibles should be educated about managed care by their caseworker during the initial point of contact, which is normally when the individual makes an application. Recipients should also be provided managed care education at the time of their re-certification for Medicaid.

**A. PCG's RESPONSIBILITIES:** PCG's education efforts will be concentrated through telephone contact and mail upon receipt of the managed care enrollment form.

- PCG is responsible for educating recipients about the managed care programs and how they work.
- PCG will help recipients to select a provider from the Mecklenburg County Medicaid Managed Care Provider Directory.
- PCG will help recipients complete the Managed Care Enrollment Form.
- PCG will enter managed care information from the enrollment form into the EIS via the DSS-8125.
- PCG will provide follow-up education to recipients as necessary.
- PCG will automatically link Medicaid recipients to a Health Plan when recipients do not make a selection within a reasonable timeframe.

**B. ELIGIBILITY CASEWORKER'S RESPONSIBILITIES:**

- Caseworkers will key 9900030 or the appropriate managed care exempt number in the Carolina ACCESS field of the DSS-8125 when the application is made/approved. For add an individual application approval to a case enrolled with an HMO, the individual being added must be enrolled with the same HMO, unless the case is changing to another HMO or Carolina ACCESS.
- Caseworkers are responsible for educating recipients when they make an application for Medicaid.
- Caseworkers will ask recipients to complete a Medicaid Managed Care enrollment form during the application process.
- Caseworkers will place the completed enrollment forms in the appropriate place as designated by DSS.
- Caseworkers will refer recipients to PCG for follow-up managed care education and enrollment, as necessary.
- Caseworkers are responsible for recipient education at re-certification. Recipients should contact PCG when changing Providers or Health Plans.

### **C. DMA's RESPONSIBILITIES:**

- DMA will provide PCG with access to EIS.
- DMA will provide PCG with Mecklenburg County Medicaid managed care enrollment tapes, including HMO/Carolina ACCESS enrollment and exemptions.

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## **IV. STEPS FOR EDUCATING AND ENROLLING RECIPIENTS IN MANAGED CARE AT APPLICATION OR RE-CERTIFICATION**

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- Step 1. Educate the applicants/recipients about HMOs and Carolina ACCESS.
  - Step 2. Give each applicant/recipient an HMO-Carolina ACCESS 'Recipient Handbook' and point out the plan comparison charts.
  - Step 3. Let applicant/recipient review the Medicaid Provider Directory to choose a Health Plan and/or provider.
  - Step 4. Complete each area of the Managed Care Enrollment Form.
  - Step 5. When completed, place the Managed Care Enrollment Form in the appropriate place as designated by DSS.
  - Step 6. Refer applicants/recipients to PCG to address special needs or health care provider concerns.
  - Step 7. Assign CA/HMO exempt number 9900030 or the appropriate managed care exempt number when the application is made/approved.
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## **V. ATTACHMENTS:**

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- A-1 Carolina ACCESS and HMO Education Information
- A-2 Education and Enrollment Resources  
HMO - Carolina ACCESS Provider Numbers
- A-3 Medicaid Managed Care Enrollment Requirement Chart
- A-4 Medicaid Managed Care Exempt Numbers

If you have any questions regarding Mecklenburg County managed care education and enrollment, please contact DMA's Managed Care Section at 919-857-4022.

Sincerely,

Nina Yeager, Director

Division of Medical Assistance

Pheon Beal, Director

Division of Social Services

(This material was researched and prepared by Darryl Frazier, Program Operations Supervisor in the Managed Care Section.)

### **ATTACHMENT A-1**

#### **CAROLINA ACCESS AND HMO EDUCATION INFORMATION**

##### **WHAT IS CAROLINA ACCESS?**

§ A Health Plan that will give you a “medical home.”

§ Carolina ACCESS provides you with a primary care provider who can provide and coordinate your health care needs or make a referral.

§ Carolina ACCESS increases access to medical care so you don't have to go to the ER except for true Emergencies.

§ You can continue to go to the Health Dept., Dentist, Mental Health Dept., or get family planning services without a referral.

## **WHAT IS AN HMO?**

§ Health Maintenance Organization.

§ A state-contracted insurance company that will give you a “medical home.”

§ Provides you with a primary care provider who can provide care or make a referral.

§ Increases access to care so you don't have to go to the ER except for true emergencies.

§ You can continue to go to the Health Dept., Dentist, Mental Health Dept., or get family planning services without a referral.

## **THINGS TO CONSIDER WHEN CHOOSING YOUR MANAGED CARE PROGRAM**

§ Who is your doctor?

§ Where is your doctor located?

§ Does your doctor participate with ... Carolina ACCESS? An HMO? Or both?

§ Are you satisfied with the service received from your doctor?

§ Which hospital would you prefer to use if you were hospitalized?

§ Do you have transportation to your doctor's office or is it located on a bus route?

## **SIMILARITIES BETWEEN CAROLINA ACCESS & HMO(s)**

§ Medicaid covers the same services under both programs – The Carolina ACCESS exempt services are similar to the Out-of-Plan benefits of the HMO program (HMOs are not responsible for providing Out-of-Plan benefits).

§ Unnecessary trips to the ER are eliminated; you have access to your doctor 24 hours per day, 7 days per week.

§ You cannot go to another doctor without your doctor's referral or you may be responsible for the bill.

§ You have the right to choose your doctor from a list of participating doctors.

§ You may change doctors or Health Plans if you are not satisfied.

§ You must get a referral from your doctor to see a specialist provider.

§ Both programs offer free health education classes through the Health Dept.

§ Make an appointment with your doctor for all non-emergency services.

## **DIFFERENCES BETWEEN CAROLINA ACCESS & HMO(s)**

### **(CAROLINA ACCESS)**

§ Some services may require a \$3 co-payment for recipients age 21 and older.

§ Your doctor can refer you to any specialist who accepts Medicaid.

§ To change doctors, call Public Consulting Group at 704-373-2273.

### **(HMO)**

§ There are no co-payments for office visits with an HMO.

§ Your HMO doctor will refer you to a specialist provider within your HMO's provider network.

§ To change doctors, call your HMO's 1-800 Member Services telephone #.

§ For medical advice, call your HMO's 1-800 Nurse Advice telephone #.

§ HMOs provide case management including scheduling appointments, arranging for transportation, and managing diseases such as diabetes or asthma.

## **ATTACHMENT A-1 [CONTINUATION]**

### **WHAT HAPPENS IF YOU CHOOSE CAROLINA ACCESS?**

§ A primary care doctor must be chosen for each eligible family member.

§ Each eligible family member receives his own Medicaid ID card.

§ If you have never seen your doctor, call and make an appointment today.

§ Unless you have a life-threatening emergency, always call your doctor before going to the ER or any doctor's office.

§ Check your Medicaid ID card each month to be sure it is correct.

§ Always keep or call to cancel your medical appointments.

## **WHAT HAPPENS IF YOU CHOOSE AN HMO?**

§ A primary care doctor must be chosen for each eligible family member.

§ The HMO will contact you and send information including a member ID card that you must take along with your Medicaid card to all of your appointments.

§ If you have never seen your doctor, call and make an appointment today.

§ Unless you have a life-threatening emergency, always call your HMO's 24 hour Medical Advice Nurse before going to the ER or any doctor's office.

§ Check your Medicaid card each month to be sure it is correct.

§ Always keep or call to cancel your medical appointments.

## **ATTACHMENT A-2**

### **EDUCATION AND ENROLLMENT RESOURCES**

Public Consulting Group (PCG) - 704-373-2273

DMA Managed Care Section - 919-857-4022

UnitedHealthcare Member Services - 877-289-4419

Southcare Member Services - 800-350-6294

Metrolina Comprehensive - 704-393-7720

Carolinas Health Care System - 704-355-7777

### **HMO – Carolina ACCESS Provider Numbers**

UnitedHealthcare - 6700010

Southcare - 6700011

Metrolina Comprehensive - 344507A



Carolinas Health Care System - CA provider members will be provided via the\* NCXPTR report distribution system.

**ATTACHMENT A-3**

**MEDICAID MANAGED CARE ENROLLMENT REQUIREMENT CHART**

<b>DESCRIPTION</b>	<b>MEDICAID AID CATEGORY</b>	<b>HMO ELIGIBLE?</b>	<b>CAROLINA ACCESS/ACCESS II ELIGIBLE?</b>
<b>WORK FIRST</b>	AAF	YES	YES
<b>FAMILY CHILD</b>	MAF	YES	YES
<b>INFANT CHILDREN</b>	MIC	YES	YES
<b>BLIND</b>	MAB	YES	YES
	MSB	YES	YES
<b>DISABLED</b>	MAD	YES	YES
<b>**PREGNANT WOMEN</b>	MPW	YES	VOLUNTARY
<b>ADULT CARE HOME</b>	SAD	YES	YES
<b>ADOPTION SUBSIDY</b>	IAS	VOLUNTARY	VOLUNTARY
<b>FOSTER CARE</b>	HSF	VOLUNTARY	VOLUNTARY
<b>AGED</b>	MAA	NO	VOLUNTARY
<b>M'CARE/ MEDICAID</b>	DUAL ELIGIBLE	NO	VOLUNTARY
<b>OTHER</b>	MFR	NO	NO
	PRESUMP. ELIG.	NO	NO
		NO	NO

	MQB	NON-MEDICARE,	YES
	SSI	UNDER 65 ONLY	
<b>INSTITUTIONAL</b>	NF/ICF-MR	NO	NO
<b>SPECIAL ASST. AGED</b>	SSA	NO	NO
<b>*COMMUNITY ALTERNATIVES</b>	CAP PROGRAMS	NO	YES

All Medicaid Aid Categories are required to enroll in a managed care program unless NO or VOLUNTARY is listed under the managed care program heading. If needed, medical or special exemptions should be considered on a case by case basis. DMA is aware of the SAD/SAA/MAA contradiction. \*\* Pregnant women must enroll in a managed care program. \* Services are exempt for Carolina ACCESS enrollees.

#### **ATTACHMENT A-4**

#### **CAROLINA ACCESS - HMO**

#### **EXEMPT NUMBERS**

<b>Exempt Numbers</b>	<b>Definitions</b>
<b>9999901</b>	System generated: Used for coverage groups ineligible for managed care enrollment (ex. MQB, MRF, SAA, RRF).
<b>9999902</b>	Recipients residing in a nursing facility (living arrangement codes 50, 58, 59, 60), or inpatient psychiatric facility (living codes 70, 71, 72, 73, 75).
<b>9999903</b>	Optional Medicare client who has chosen to be exempt.
<b>9099503</b>	System generated: Optional Medicare client who is the head-of-household and is exempt from enrolling with an HMO. Other Medicaid eligibles within the household must enroll in managed care.
<b>9999905</b>	Used to enroll recipients in an HMO. If recipients qualify for HMO enrollment, the managed care enrollment screen will be displayed.
<b>9900010</b>	System generated: Temporary number for SSI recipients without Medicare.
<b>9900011</b>	System generated: Temporary number for SSI recipients with Medicare (If client chooses to be exempt, assign exempt number 9999903).
<b>9900012</b>	Native Americans who have a valid Indian Health Service ID card who choose not to enroll in managed care.

<b>9900013</b>	MPW recipients or eligible pregnant women in any AID category who have already established with an OB/GYN doctor who does not participate in an HMO or Carolina ACCESS provider network.
<b>9900015</b>	Temporary exempt code for foster care or adoptive children (IAS or HSF) whose guardian chooses not to enroll them in managed care, or for recipients who reside out of the county.
<b>9900020</b>	Temporary medical exemption requiring State approval.
<b>9900021</b>	Permanent medical exemption requiring State medical staff approval.
<b>9900025</b>	Recipient has other insurance that is primary. Includes Champus and VA.
<b>9900029</b>	Non-SSI recipient transfers from one county to another (system generated).
<b>9900030</b>	Temporary exemption.
<b>9900031</b>	Temporary number for recipients determined to be Medicaid eligible through a Health Choice application, but managed care has not yet been explained.
<b>9900041</b>	Temporary NUMBER for CHS to replace exempt number 9099502 (Foster Care)
<b>9900042</b>	Temporary NUMBER for CHS to replace exempt number 9099507 (Pregnant Women)
<b>9900043</b>	Temporary NUMBER for CHS to replace exempt number 9099511 (General Exemption)
<b>9900045</b>	System generated for approved Benefit Diversion Cases, or used when the State mandates that Medicaid should be reopened until a determination for ongoing eligibility can be made.
<b>9900050</b>	System generated when a SSI case becomes non-SSI and previously had the 9900010 exempt code.
<b>9900060</b>	System generated when a SSI case becomes non-SSI and previously had the 9900011 exempt code.