I. BACKGROUND

Beginning October 1, 2011, processing of NCHC claims will transition from Blue Cross/Blue Shield (BC/BS) to HP Enterprise Services, the contractor currently processing Medicaid claims.

Section 203 of Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA or Public Law 111-3) provides avenues to ensure that children eligible for Medicaid and CHIP have a fast and simplified re-enrollment process. Changes to re-enrollment policy were effective July 1, 2011. These policy changes have been included in the re-enrollment process for NCHC.

II. CONTENT OF CHANGE

A. October 1, 2011 HP Enterprise Services, the claims processing contractor for Medicaid, replaces BC/BS as the claims processing contractor for NCHC. This allows the counties to treat NCHC cases more like Medicaid cases.

B. DMA issues NCHC ID Cards

The NCHC ID Card, like the Medicaid ID Card, is on Gray stock and has the NCHC logo on it. In September 2011, a mass mailing issued new NCHC ID Cards to all current NCHC recipients. DMA issues NCHC daily ID Cards beginning October 1, 2011. For NCHC cases approved after October 1, 2011 with an effective date prior to October 1, 2011, BC/BS will issue a card for services provided prior to October 1. Some individuals may receive two cards.

C. NCHC copayments have changed effective October 1, 2011.
D. Effective October 1, 2011, the counties must request replacement NCHC ID cards by using the DB/PML (“P”) Screen. For replacement cards for any period prior to October 1, 2011, BCBS processes the card request. Refer the recipient to the BCBS customer service number, 1-800-422-4658.

E. NCHC claims for service dates October 1, 2011 are processed by HP Enterprise Services and information is available from the Claims Analysis Unit. NCHC claims for service dates prior to October 1, 2011 are processed by, and the information is available from, BC/BS.

F. DMA collects and tracks premiums for Optional Extended Coverage. EIS shows whether premiums have been paid beginning October 1, 2011.

G. The simplified re-enrollment process that was effective July 1, 2011 has been included in the re-enrollment process for NCHC.

H. NCHC fraud and overpayment procedures have been aligned with Medicaid procedures.

I. Manual Changes

1. Changes to MA-3255
   II A 7 BC/BS replaced by DMA.
   II A 7 b County DSS orders NCHC Cards.
   II A 9 b (1) (a) Change in copayment.
   II A 9 b (1) (b) Change in copayment.
   II A 9 b (2) (b) Change in copayment.
   II A 10 Adds claims to repayments.
   II E & F Adds re-enrollment to Match Procedures and clarifies Child Support.
   III E 3 d BC/BS replaced by DMA.
   IV A Redetermination replaced by re-enrollment.
   IV D 2 Form DMA-5126 replaced by DMA-5059.
   VI H 1 Re-enrollment for NCHC explained.
   VI H 3 Deleted return of re-enrollment form.
   VI I Claims processing contractor replaced by DMA.
   VI I 2 b & c Claims processing contractor services deleted.
   VI I 3 d & e Information about ECG notification changed.
   VI I 4 Specialist will send “offering” letter.
   VI I 5 Specialist premium processing explained.
   VI I 6 c IMC views EIS to see if premium payments have been made.
   VI I 8 d Requirement to send manual notice deleted.
   VI I 9 EIS indicates if premium payments have been made.
VI I 9 b (6) Deleted “IMC has to hear from contractor before changing MIC-L.”
VI I 9 b (5) & (6) Clarified coverage and certification date.
VI J 3 b (1) Form DMA-5126 replaced by DMA-5059.
VII D 2 Ex-parte added to re-enrollment.
VII D 2 b “Requested information” replaces DMA-5063R.
VII D 4 a & b “Requested information” replaces DMA-5063R.
VII D 4 d & e “Requested information” replaces DMA-5063R.

2. MA-3205

VI Counties give handbooks to all A/Rs.

III. EFFECTIVE DATE AND IMPLEMENTATION

The change in NCHC claims processing from BC/BS to HP Enterprise Services is October 1, 2011. The eligibility policy is effective for NCHC cases disposed October 1, 2011 and after.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-3255 pgs. 3-8, 11-14, 19-20, 33-38, 41-44.
B. Insert: MA-3255 pgs. 3-8, 11-14, 19-20, 33-38, 41-44.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

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Director

CLG:jb

(This material was researched and written by John Benske, Policy Consultant, Medicaid Eligibility Unit.)