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GENERAL INFORMATION SYSTEM
DIVISION: Office of Managed Care

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TO: All Local District Commissioners, Managed Care Coordinators

FROM: Ellen Anderson, Director, Office of Managed Care

SUBJECT: Guaranteed 6 Months Coverage Under Medicaid Managed Care

EFFECTIVE DATE: Immediately

CONTACT PERSON: Jeff DiNardo for policy questions at (518)486-9015 or
Kate Cahill for systems questions at (518)474-5050

This is to remind all districts of their obligation to provide all eligible enrollees in Managed Care Organizations (MCOs) with six months of continuous coverage from the enrollee's initial date of MCO enrollment.

Effective July 1, 1999, 6 months of guaranteed coverage is to be provided, under the authority of SSL 364-j (11), and the Federal Balanced Budget Act.

Guaranteed Coverage

With limited exceptions noted below, children and adults who enroll in an MCO are eligible to receive six months of coverage for the capitated benefits offered through the MCO. The six-month guarantee period starts on the eligible individual's effective date of enrollment in an MCO and continues through the end of the sixth month. Should eligibility for medical assistance terminate during this six-month period, the recipient is entitled to continue enrollment in the MCO through the end of the six month of coverage and receive all benefits provided by the plan. In addition to the benefits provided by the plan, enrollees in guarantee status receive pharmacy services through the fee-for-service program and family planning services through the free access policy which allows recipients to access services on a fee-for-service basis as well as in plan.

There are, however, very limited exceptions to the guarantee. The guarantee period does not apply if the individual is incarcerated, dies, or moves out of state. Also, women with net available income at or below 185% of the federal poverty level who are eligible for Medicaid only because they are pregnant, and who are only eligible for Medicaid through the end of the month in which the sixtieth day following the end of the pregnancy occurs, are not eligible for the guarantee. These are the only bases upon which an individual may be disenrolled from a plan during the guarantee period. If an individual meets one of the above conditions, the correct closing code must be used. If the correct code is not used, the guarantee will be generated.

Individuals who move to another county within the state continue to receive guaranteed coverage from the county they were residing in at the time they enrolled in a plan and the guarantee was established. If during the first six months of enrollment in an MCO, an enrollee becomes eligible for Medicaid only as a spend-down, the enrollee will be eligible to remain enrolled in the MCO for the remainder of the six-month period. During the six-month guarantee period, an enrollee eligible for spend down and in need of services not provided within the plan but covered by Medicaid, has the option of spending down to gain Medicaid eligibility for the out of plan services. In this situation, the local district must monitor and manually set coverage codes as appropriate.

When an eligible individual loses and regains eligibility within a 90 day period, she/he will not be entitled to a new six-month guarantee period but the initial six month period continues to apply. The guarantee period is tracked through the eligibility system (WMS) and must be monitored by the local districts.

The definition of MCO includes Health Maintenance Organizations (HMOs), Prepaid Health Services Plans (PHSPs), Integrated Delivery Systems (IDSs), partial capitation plans, and the Special Needs Plans for the mental health and HIV populations.

Systems Instructions for Non-NYC Local Social Services Districts*

*NYC has an automated guarantee and manual generation of guarantee coverage is not generally required.

PA Case Closings

For individuals who have Coverage Code 30 (PCP Full Coverage) or 32 (PCP/HR) at the time of PA Case closings and who will not receive any other MA extension and who have a PCP Guarantee Date (on PCP subsystem) the beyond Coverage "To" Date of the PA case closing:

- o Enter appropriate closing code and MA case number.
- o WMS System generated opening code "710".
- o MA Insert RC 765 will be system generated.
- o Coverage Codes 31 (existing coverage 30) and/or 33 (existing coverage 32) will be generated for the balance of the period ending with the PCP Guarantee Date.
- o At the end of the guarantee period, close MA case.

MA Case Closings

For individuals who have Coverage Code 30 (PCP Full Coverage) or 32 (PCP/HR) at the time of their MA case closing and who have a PCP Guarantee Date (on PCP subsystem) beyond the Coverage "To" date of the MA case closing:

- o Enter Transaction Type 05, Reason Code Y77 and Notice Indicator "N" (manual notice is required). Erie County, OMH, OMR must use Reason Code 094 (No Notice Indicator).
- o Change MA Coverage Code to 31 for recipients with existing Coverage Code 30, and to 33 for recipients with existing coverage code 32.
- o Enter MA "To" Date equal to Guarantee Date on PCP subsystem.
- o At the end of the guarantee period, close MA case.