

DSS-4357EL

WGIUPD

GENERAL INFORMATION SYSTEM

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DIVISION: Office of Managed Care

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GIS 99 MA/015

TO: Local Districts Commissioners, Managed Care Coordinators

FROM: Ellen Anderson, Director, Office of Managed Care

SUBJECT: Guaranteed Eligibility

EFFECTIVE DATE: July 1, 1999

CONTACT PERSON: Jeff Dinardo for policy questions at (518)486-9015 or

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Effective July 1, 1999, the State Department of Health (SDOH) will expand the six-month guaranteed Medicaid managed care eligibility under the authority of the State's 1115 Waiver and SSL 364-j(11). Accordingly, all eligible enrollees in Medicaid managed care will receive guaranteed eligibility for six-months of continuous coverage from their Managed Care Organization (MCO).

Guaranteed Eligibility

Individuals who enroll in an MCO as of July 1, 1999, will be eligible for and receive six-months of coverage for the capitated benefits offered through the MCO. This includes enrollment in MCO's eligible for guaranteed eligibility prior to July 1, 1999. The six-month period of guaranteed eligibility 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 will continue to be enrolled with the MCO through the end of the sixth month of coverage and receive all benefits provided by the plan. In addition to the benefits provided by the plan, enrollees in guaranteed eligibility status will 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, several exceptions to the eligibility guarantee. The guarantee period does not apply if the individual is incarcerated, dies, moves out of state, or if medical assistance benefits are terminated because of recipient-initiated fraudulent activities at the time of application for Medicaid eligibility or at the county they were residing in at the time they enrolled in a plan and guaranteed eligibility was established. 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.

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 will 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 guaranteed eligibility period is tracked through the eligibility system (WMS) and is 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 Implications - Upstate Only

PA Case Closings

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