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.

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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

ENROLLMENT/DISENROLLMENT REASON CODES

ENROLLMENT:

01-Enrollment Override
02-Voluntary Enrollment (all input methods)
05-Mandatory Enrollment via Auto Assign
07-Automated Enrollment of a Newborn

DISENROLLMENT:

97-Moved Out of Plan's Service Area
95-Lost Eligibility-Automated Re-enrollment within 90 days
93-Client or LDSS Initiated/Excluded or Exempt
86-Client Request
85-Death
66-Retro-Active Disenrollment (plan must void claims subsequent to disenrollment date)
65-Plan Termination
59-Lost Eligibility-No Automated Re-enrollment within 90 days