

September 10, 1992

Dear Commissioner:

As you know a temporary restraining order issued by the New York State Supreme Court temporarily enjoins this Department from implementing provisions of Chapter 41 of the Laws of 1992. This includes the Medical Care Coordinator Program (MCCP) which had a planned implementation date of July 1, 1992.

In anticipation of a favorable decision, as allowed by the temporary restraining order, I am transmitting to you the attached MCCP Administrative Directive which describes the MCCP and outlines social services district responsibilities in administering the program.

I recommend that you and your staff review this ADM carefully to familiarize yourselves with your responsibilities in administering the MCCP. Please note that while the ADM has an effective date, the MCCP will not be effective until the court issues a decision. In addition, HR recipients who fail to volunteer for the MCCP or enroll in a managed care program will not receive reduced benefits unless and until the court allows the program to be implemented. Social services districts should proceed with certain administrative actions in anticipation of the implementation of the MCCP. These include:

- Designate a staff person to serve as the MCCP Coordinator and inform this Department who has been designated.
- Provide recipients who wish to enroll in the MCCP with a MCCP Provider Selection Form and assist recipients in completion of the form.
- Assist individuals who are experiencing difficulty in finding primary providers to serve as their medical care coordinators.
- Make required entries for the MCCP in WMS. When entering a new MCCP enrollee, the WMS will indicate the effective date as the following Monday. In actuality, these assignments will not be effective on these dates. Adjustments to the WMS will be made by this Department so that you may enter new enrollees in the MCCP into WMS without the case going into effect until the matter is resolved by the courts.

- Social services districts should **not** at this time confirm enrollments of recipients in the MCCP by completing the appropriate section of the MCCP Provider Selection Form and sending copies of the form to the primary providers and recipient. When the matter is resolved by the courts, this Department will inform social services districts of the implementation date for the MCCP. At that time the social services district should then complete the appropriate section of the MCCP Provider Selection Form, indicate the effective date on each form, and mail copies of the form to providers and recipients.

If you have any questions in regard to this letter or the enclosed ADM, please call this Department at 1-800-342-3715, Extension 4-6866. I look forward to working with you to ensure a successful implementation of this important initiative.

Sincerely,

Jo-Ann A. Costantino  
Deputy Commissioner  
Division of Medical Assistance

Enclosure

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 | ADMINISTRATIVE DIRECTIVE |  
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TRANSMITTAL: 92 ADM-36

TO: Commissioners of  
 Social Services

DIVISION: Medical  
 Assistance

DATE: September 10, 1992

SUBJECT: Medical Care Coordinator Program (MCCP)

SUGGESTED  
 DISTRIBUTION:

All Medical Assistance Staff  
 All Public Assistance Staff  
 All Accounting Staff  
 All Adult Services Staff  
 All Staff Development Coordinators

CONTACT  
 PERSON:

Any questions concerning this release should be  
 directed to Mr. Gerard Nelligan or Mr. Stephen  
 Jackson at 1-800-342-3715, Extension 4-6866.  
 User ID - DMA013 for Electronic Mail

ATTACHMENTS:

(Att. 1), MCCP Regulations (On-Line)  
 (Att. 2), Recipient Withdrawal Form - Not Available  
 On-Line  
 (Att. 3), Provider Change/Recipient Withdrawal Letter  
 (On-Line)  
 (Att. 4), Provider Selection Form-Not Available On-Line  
 (Att. 5), Dear Home Relief Recipient Letter  
 Not Available On-Line  
 (Att. 6), Dear Medicaid Recipient Letter  
 Not Available On-Line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90-ADM-44		360-6.4			Chapter 41
89-ADM-8		360-6.8			of the Laws of 1992

I. PURPOSE

This release informs social services districts of Medical Assistance (MA) policy changes governing the provision of services to persons eligible for MA only as a result of being eligible for or in receipt of Home Relief (HR) who are at least 21 years of age but less than age 65, and not certified blind or disabled, pregnant or caring for a dependent child (HR recipients). Chapter 41 of the Laws of 1992 requires that as of July 1, 1992 these individuals receive a reduced benefits package, or, if they so choose, full benefits by participating in either a managed care or primary provider program. One of the primary provider options available to HR recipients is a new, voluntary program called the Medical Care Coordinator Program (MCCP). This release describes the MCCP and outlines social services district responsibilities in administration of the program.

II. BACKGROUND

In the past several years, the New York State Legislature has increasingly emphasized the role of managed care and primary provider programs in the administration of MA. Primary provider programs are viewed as a means of delivering health care that benefits the recipient by providing that individual with coordinated care from a designated primary provider, while ensuring that only cost effective, medically necessary services are provided. The MCCP represents an effort by the State to control growing MA expenditures, provide the HR recipient with only medically necessary care and increase the number of managed care and primary provider options from which a recipient may choose.

Following issuance of Department regulations which would have implemented the MCCP and the reduced benefit package for HR recipients, a Justice of the New York State Supreme Court [McCall, et al. v. Bane (Sup. Ct., New York Co.)] issued a temporary restraining order (TRO) prohibiting the Department from reducing MA benefits pursuant to the authority of Section 62 of Chapter 41 of the Laws of 1992, or limiting in-patient hospital coverage to 32 days, or reducing the MA utilization thresholds of any member of the proposed class. However, the TRO did not restrain the Department from continuing administrative actions, including issuing ADMs, or engaging in training and education activities, necessary to prepare districts to implement these provisions.

The Department is issuing this ADM to inform districts of the legislation, to describe the operation and implementation of the MCCP, as envisioned by the Department, and to permit districts to undertake the administrative steps required to receive, process and enroll HR recipients into the MCCP in anticipation of the dissolution of the TRO.

The Department will issue a GIS message and a follow-up ADM informing the districts of any change in the status of the TRO requiring district action or changes to policies and procedures set forth herein. The July 1, 1992 date referred to in this directive is the date provided for by Chapter 41 and is not the date of actual implementation, which will be determined by further order of the Court.

### III. PROGRAM IMPLICATIONS

As of July 1, 1992, HR recipients will only be eligible for a reduced benefit package. The following services will no longer be available to HR recipients not participating in the MCCP or a managed care program:

- personal care;
- nursing facility care except those already in a nursing facility on the effective date;
- home care, e.g., home health services and home nursing;
- private duty nursing;
- orthotic devices, including hearing aids and prescription footwear;
- physical therapy, occupational therapy, and/or speech pathology services provided by a private practicing physical therapist, occupational therapist, or speech pathologist;
- transportation services;
- sickroom supplies;
- clinical psychology provided by independent practitioners; and
- audiology services provided by independent practitioners.

As of July 1, 1992 those HR recipients who enroll in a managed care program approved by the Department or volunteer for the MCCP are eligible to receive the full range of MA covered services. (In addition, as of May 1, 1992 in-patient hospital coverage for HR recipients is limited to a maximum of thirty-two days per year unless inpatient coverage is part of a full capitation program [HMO or other prepaid capitation program]). HR recipients may choose to either enroll in a managed care program or volunteer for the MCCP. Under the MCCP each recipient is required to select either a primary physician or clinic and a primary pharmacy to serve as his or her medical care coordinators and to approach these providers to obtain their agreement to be the primary providers.

The MCCP will operate functionally in a manner similar to the Recipient Restriction Program (RRP). It should be noted that the two programs have no connection and the recipients who volunteer for the MCCP have not been identified as receiving duplicative or excessive care or services.

Policies that apply to the MCCP include the following:

1. Coordination of Care

The goal of the MCCP is to promote the coordinated delivery of health care services to HR recipients enrolled in the program. In order to achieve this goal, the program requires participating HR recipients to receive all their primary medical care from the physician or clinic they have chosen as their primary provider. HR recipients must also receive all pharmacy services from their chosen primary pharmacy. This pharmacy must maintain a patient profile for each individual indicating the name, strength, quantity and dosage of any drugs and supplies, the prescriber's name and date the drugs or supplies were dispensed.

Under the MCCP, only the HR recipient's primary physician or clinic may order the following ancillary services: pharmacy services, laboratory tests, durable medical equipment and non-emergency transportation. The only exception to this policy is when the primary physician or clinic refers the recipient to another provider. When this occurs, the provider to whom the recipient was referred may also order services. In either case, the primary provider's MMIS identification number must be written on all order/prescription forms so that the provider of ancillary services can properly access EMEVS and submit claims for payment. The only exception to this ordered services policy is non-emergency transportation which must always be ordered by the primary physician or clinic. Providers to whom MCCP patients are referred may not order non-emergency transportation.

2. Monthly Management Fee

To encourage physician participation in the MCCP a monthly management fee of \$10.00 per HR recipient to be paid to primary office-based physicians has been established. The fee is payable, provided the HR recipient remains eligible, even if services are not provided during the month.

To collect the monthly fee, a physician must submit a claim through MMIS for each HR recipient for whom the physician is serving as primary provider. Primary physicians may bill once each month for each HR recipient using procedure code W0140.

3. Exceptions

HR recipients who have selected a primary physician or clinic to serve as his or her medical care coordinator are required to receive all care within the provider's scope of practice from the chosen provider. All claims from other physicians and clinics will be denied except under the following circumstances:

- in cases of documented emergencies;
- in cases where the primary provider has referred the recipient to another physician or clinic; or
- in cases where the service provided is either methadone maintenance or a service provided in an inpatient setting.

4. Referrals

Under the MCCP, primary physicians and clinics may refer their patients to other providers when necessary. When making a referral the primary provider must give the servicing provider his or her MMIS identification number so that the servicing provider can perform the necessary EMEVS steps and properly submit claims.

5. Insufficient Access

If a physician or clinic and/or a pharmacy provider is not sufficiently accessible to serve as the medical care coordinator for a HR recipient who has volunteered for the MCCP, that recipient is eligible for the full range of MA benefits if there is also no approved managed care program available. If there is such a program available to that recipient, he or she must enroll in that managed care program in order to qualify for the full range of MA services.

A provider is not sufficiently accessible to serve as the medical care coordinator for a HR recipient if the social services district cannot identify any physician or clinic and/or pharmacy provider within the geographic area from which persons in the recipient's local community customarily obtain medical care and services who is willing to serve as such recipient's primary MCCP provider.

When a HR recipient who has volunteered for the MCCP is determined to have insufficient access to a primary MCCP provider and no managed care program is available, the social services district must enter code "53" in the WMS Restriction/Exception Subsystem to reflect this situation.

6. Primary Provider Changes

HR recipients participating in the MCCP have the right to change primary providers. If a HR recipient changes his or her primary providers, a new MCCP Provider Selection Form must be completed. HR recipients should, however, be encouraged to develop lasting relationships with their primary providers. It is through such lasting relationships that the benefits of continuous, coordinated care will be realized.

7. Recipient Withdrawals

A HR recipient who has chosen to participate in the MCCP may choose to withdraw from the program at any time by signing the MCCP Recipient Withdrawal Form. The social services district must send a completed MCCP Provider Change/Recipient Withdrawal Form to the recipient's primary providers. Social services districts must also make the necessary changes to WMS reflecting the recipient's withdrawal as soon as possible. Withdrawals must become effective no later than the Monday next succeeding the week in which withdrawal information is successfully processed by WMS.

8. EMEVS and Billing Requirements

Providers participating in the MCCP will be required to comply with special EMEVS and billing instructions when providing services to the MCCP population. Those requirements were discussed in a recent issue of the MEDICAID UPDATE and are also included in the MMIS Provider Manuals under RRP guidelines.

9. Utilization Thresholds

HR recipients whose care is being coordinated under the MCCP are subject to all utilization threshold limits. Service authorizations and Medicaid Override Application System (MOAS) approvals must be obtained in accordance with utilization threshold guidelines for the service being provided.

IV. REQUIRED ACTION

Until the Department issues a GIS and follow-up ADM as described in Section II, districts should take the actions specified in Paragraphs A through E below. Upon receipt of further instruction from the Department to implement the MCCP, districts should take the actions specified in Paragraphs F and G for all HR recipients enrolled to that date and the actions specified in Paragraphs A through G for all new MCCP enrollments:

A. Designate Local Coordinator

Designate a staff person(s) to serve as the MCCP coordinator and inform this Department who has been designated by calling 1-800-342-3715, Ext. 4-6866. A social services district may choose its RRP coordinator to serve as MCCP coordinator.



B. Complete MCCC Provider Selection Form

Provide HR recipients who wish to enroll in the MCCC with an MCCC Provider Selection Form and assist recipients in completion of the form. During the initial implementation stage, this form will not be supplied to social services districts by this Department. Social services districts should photocopy the form and use the photocopies when necessary.

C. Assist in Finding Primary Providers

Assist individuals who are experiencing difficulty in finding primary providers to serve as their medical care coordinators. This Department will lend assistance in this effort by providing social services districts with lists of active Medicaid providers in each county by zip code. An initial list was mailed to each district during June and an updated list will be sent as soon as it is available.

D. Process Initial MCCC Enrollments

Process initial enrollments of HR recipients in the MCCC by completing the appropriate section of the MCCC Provider Selection Form.

E. Data Entry

Make required entries for the MCCC in WMS reflecting new enrollments, provider changes, recipient withdrawals, changes in coverage code, and clients residing in underserved areas. The new WMS codes for the MCCC are indicated in Section V of this release. Code 53 is only to be used when it has been determined that a recipient resides in an underserved area. Please note that no provider number is required when code 53 is entered. A From Date must, however, be entered with code 53.

The new codes may be entered only for recipients with Coverage Code 16. When changes occur in the WMS case that result in a different coverage code for a MCCC recipient, the MCCC exception codes must be terminated or access to services and payment of claims will be denied.

As indicated in Section V, the current procedures for entering RRP codes apply to the new MCCC codes. Complete information and instructions on how to use these codes can be found in the RRP Procedure Manual.

F. Recipient and Provider Notification

Upon initial enrollment in the MCCP, send copies of the completed MCCP Provider Selection Form to the recipient and primary providers. (A copy of the completed form must be maintained in the case record.) Send the MCCP Provider Change/Recipient Withdrawal Letter to all primary providers when a HR recipient requests a change in primary provider or withdraws from the MCCP. (A copy of this form should also be retained for the recipient's case record.) When a recipient has been determined to reside in an area where there is insufficient provider access (code 53), recipients should be notified in writing of their status. In addition, districts must provide either the "Dear Home Relief Recipient" or "Dear Medicaid Recipient" letter (dated May 1, 1992, see attached), whichever is appropriate, to applicants/recipients who change coverage category (i.e., HR to federally related) and to all new recipients.

G. Recipient Withdrawals

Have HR recipients who withdraw from the MCCP sign the MCCP Recipient Withdrawal Form and give the HR recipient a copy of the form. This serves as appropriate client notification. A copy of the signed form should be retained for the HR recipient's case record.

V. SYSTEMS IMPLICATIONS

New values have been added to the restriction/exception subsystem of WMS to accommodate the MCCP. The new codes which are effective on July 1, 1992 are:

53 client lives in underserved area  
55 primary pharmacy  
56 primary physician  
58 primary clinic

The new codes may be entered only for recipients with Coverage Code 16. The current procedures for entering restriction/exception data into WMS apply for these new codes and continue for managed care data as well. This includes restriction/exception type, provider number, and begin and end dates. (Please refer to the RRP Procedure Manual for additional information.) Codes 55, 56 and 58 require a MMIS provider identification number when entered (the from date is generated by the computer) while Code 53 requires only the entry of that code with no provider number required. Code 53 does, however, also require the entry of a From Date.

Date September 10, 1992

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IV. EFFECTIVE DATE

The effective date for the policies and procedures indicated in this release is July 1, 1992.

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Jo-Ann A. Costantino  
Deputy Commissioner  
Division of Medical Assistance

Section 360-6.8 is added to read as follows:

Section 360-6.8 Medical care coordinator program (MCCP).

(a) Policy. Effective July 1, 1992, an recipient who is eligible for medical assistance (MA) solely as a result of being eligible for or in receipt of Home Relief (HR) and who is at least 21 years of age but under the age of 65 (MA/HR recipient), may receive certain MA services only if the recipient is enrolled in a health maintenance organization or other entity which provides comprehensive health services, a managed care program, a primary provider program, or a voluntary medical care coordinator program (MCCP).

(b) Scope. This section defines the MCCP; specifies the rights of participating recipients; establishes the qualifications and responsibilities of participating primary physicians, diagnostic and treatment centers, hospital out-patient departments and pharmacies in providing and coordinating medical care, services and supplies for participating recipients; and sets forth the responsibilities of social services districts in administering the MCCP.

(c) Definitions. As used in this section, unless expressly stated otherwise or unless the context of the subject matter requires a different interpretation:

(1) MCCC means a program in which an MA/HR recipient voluntarily enrolls with a primary physician, diagnostic and treatment center or hospital out-patient department and a primary pharmacy which will provide or refer the MA recipient to medically necessary services and will further coordinate the use of medical services to assure that the recipient receives appropriate medical care, services and supplies and that MA is provided in an appropriate and cost-effective manner.

(2) MA/HR recipient means a person who is eligible for MA solely as a result of being eligible for or in receipt of HR and who is at least 21 years of age but under the age of 65.

(3) Primary provider means a physician, diagnostic and treatment center, or hospital out-patient department enrolled in the MA program which has agreed to coordinate the health care of an MA/HR recipient and to provide and/or direct all medically necessary care, services and supplies for which the MA/HR recipient is eligible.

(4) Primary pharmacy means a pharmacy enrolled in the MA program which has agreed to provide all drugs and pharmaceutical supplies ordered for an MA/HR recipient enrolled in the MCCC.

(d) Recipient participation. Participation by an MA/HR recipient in the MCCC is voluntary.

(e) Recipient responsibilities.

(1) An MA/HR recipient who wishes to participate in the MCCC must obtain a copy of the provider selection form from his or her social services district, complete the form and return it to the social services district.

(2) The MA/HR recipient must identify on such form his or her choice of primary physician, diagnostic and treatment center or hospital out-patient department, and his or her choice of primary pharmacy, and obtain agreement from the providers that they will be the primary provider and primary pharmacy. An identified provider agrees to be a primary provider or primary pharmacy for an MA/HR recipient by signing a selection form.

(3) An MA/HR recipient who participates in the MCCC may change his or her primary provider or primary pharmacy by completing a provider change form furnished by the social services district if another primary provider or primary pharmacy satisfactory to the recipient agrees to act as the primary provider or primary pharmacy.

(4) An MA/HR recipient who participates in the MCCC may withdraw from the MCCC at any time by completing a recipient withdrawal form furnished by the social services district.

(5) If an MA/HR recipient volunteers to participate in the MCCC but no primary provider or primary pharmacy is sufficiently accessible or no primary provider or primary pharmacy which is sufficiently accessible agrees to be the recipient's primary provider or primary pharmacy, the recipient may receive the MA services which are available to participating MA/HR recipients without enrolling in the MCCC. The recipient will continue to receive these services until a provider or pharmacy affiliated with a health maintenance organization or other entity which provides comprehensive health services, a managed care program, a primary provider program, or the MCCC is sufficiently accessible and agrees to provide medical care or pharmacy services to the recipient, at which time the MA/HR recipient must enroll in such program in order to continue to receive such MA services.

(f) Provider responsibilities.

(1) A primary provider or primary pharmacy must furnish written confirmation to a social services district, prior to acting as a primary provider or primary pharmacy, of the provider's agreement to act as primary provider or primary pharmacy and to comply with all requirements of this section. A provider confirms such agreement by signing the provider selection form presented by the MA/HR recipient.

(2) A primary provider or primary pharmacy may act as a primary provider or primary pharmacy with respect to a particular MA/HR recipient only on and after the effective date of the recipient's enrollment in the MCCC. The social services district will inform the primary provider or primary pharmacy in writing of the recipient's enrollment in the MCCC.

(3) A primary provider is responsible for providing, either directly or through referral to another qualified MA provider, all MA covered care, services and supplies to an MA/HR recipient enrolled in the MCCC. The primary provider is responsible for ordering or directing the following services for an enrolled MA/HR recipient:

- (i) laboratory services;
- (ii) durable medical equipment;
- (iii) pharmacy services; and
- (iv) medically necessary and appropriate non-emergency transportation services.

(4) A physician acting as primary provider for an enrolled MA/HR recipient will receive a monthly management fee of \$10.00 for managing and coordinating the care of each MA/HR recipient for which the physician is the primary provider.

(5) A pharmacy acting as primary pharmacy must institute and maintain a current patient profile for each enrolled MA/HR recipient. A current patient profile must contain: the identity of the prescriber of a drug or pharmaceutical supply; the strength, quantity and dosage regimen of a drug; and the date of service for the dispensing of a drug or pharmaceutical supply. A current patient profile must be readily accessible to the department and its designated agents upon request. The primary pharmacy also must adhere to all drug utilization review requirements under the MA program.

(g) Social services district responsibilities.

(1) Each social services district will be primarily responsible for administration of the MCCP.

(2) Each social services district must take actions necessary for the efficient and effective functioning of the MCCP, including:

(i) assisting MA/HR recipients to enroll in the MCCP;

(ii) assisting enrolled MA/HR recipients to choose primary providers and primary pharmacies;

(iii) processing the provider selection forms promptly and determining the effective dates of recipients enrollment in the MCCP;

(iv) providing written notice to MA/HR recipients and identified primary providers and primary pharmacies confirming the MA/HR recipients' effective dates of enrollment in the MCCP;

(v) processing primary provider and primary pharmacy change forms and recipient withdrawal forms promptly and determining the effective dates of changes or withdrawals from the MCCP;



(vi) providing to MA/HR recipients and the primary providers and primary pharmacies a written notices confirming the effective dates of MA/HR recipients' participation in or withdrawals from the MCCP and providing to MA/HR recipients a list of the MA services which the recipients will become ineligible to receive upon the effective dates of withdrawals unless the MA/HR recipients have enrolled in other managed care programs;

(vii) determining whether available primary providers are sufficiently accessible to MA/HR recipients so that services can be reasonably provided to recipients;

(viii) advising the department when recipients have problems obtaining access to primary providers or primary pharmacies; and

(ix) entering necessary data into WMS to support timely implementation of the MCCP and recipients' enrollment, changes in primary providers or primary pharmacies, or withdrawals from MCCP.

MEDICAL CARE COORDINATOR PROGRAM (MCCP)  
PROVIDER CHANGE/RECIPIENT WITHDRAWAL LETTER

RECIPIENT NAME: \_\_\_\_\_

MEDICAID NO.: \_\_\_\_\_

Dear MCCP Provider:

This is to inform you that as of \_\_\_\_\_, 19\_\_\_\_, you will no longer serve as the primary provider for the recipient identified above. This recipient has:

+--+  
+--+      Changed Primary Provider

+--+  
+--+      Withdrawn from the MCCP

Thank you for your continued assistance and cooperation.

\_\_\_\_\_  
Signature of Authorized Representative