

DMA ADMINISTRATIVE LETTER NO: 03-09

ADDENDUM 2, (CCNC/CA)

DATE: FEBRUARY 23, 2010

SUBJECT: CCNC/CA Identified Enrollees

DISTRIBUTION: County Directors of Social Services
Medicaid Eligibility Staff

I. BACKGROUND

In June 2009, the Managed Care Section began the first of several phases to ensure that every Medicaid recipient who is not exempt is enrolled in a managed care program. At that time, the Managed Care Section identified Medicaid recipients who were seeing a primary care physician (PCP) who was enrolled in the Community Care of North Carolina or Carolina ACCESS (CCNC/CA) programs but the recipient was not enrolled in CCNC/CA. These recipients were sent a letter informing them that they were being enrolled in CCNC/CA with the primary care physician the recipient was seeing for his medical needs. The letter also instructed the recipient that if this was **not** the physician/medical home he wishes to continue to use, he was to contact his local county department of social services to request a different physician/medical home.

In December 2009 the second phase of the CCNC/CA enrollment identified those Medicare/Medicaid recipients who were seeing a primary care physician who is enrolled in CCNC/CA and the recipient is not. This phase addressed dual eligible recipients in twenty six intervention counties: Bertie, Buncombe, Cabarrus, Chatham, Chowan, Edgecombe, Gates, Green, Hertford, Hoke, Lincoln, Madison, Mecklenburg, Mitchell, Montgomery, Moore, New Hanover, Orange, Pasquotank, Pender, Perquimans, Pitt, Sampson, Stanley, Union, and Yancey.

The third phase of the CCNC/CA enrollment addresses dual eligible recipients in the remaining seventy-four counties. These recipients receive letters ([attachment 1](#) and [attachment 2](#)) informing them of their enrollment with the primary care physician noted in the letter. The letter instructs the recipient to contact his county department of social services if he would like an alternate medical home or chooses to “opt out” of the CCNC/CA program. The county dss is responsible for keying the PCP in EIS for these dual eligible recipients.

II. PROCEDURES TO FOLLOW IN RESPONSE TO LETTERS MAILED MARCH 2010 TO IDENTIFIED RECIPIENTS

A. A list of recipients in your county who have been identified and are sent a letter during March 2010 can be found in NCXPTR. The name of the report is DHRWDB OPT OUT DUALS CAII AND CAI.

- B. Key the PCP code when the recipient contacts the IMC selecting an alternate medical home.**
- C. When a recipient contacts the IMC and requests to “opt out” of the program, explain the benefits of being a member to assist the recipient in making an informed choice. If the recipient continues to request to “opt out”, key a “9999903” exempt code.**
- D. Note on the XPTR report the recipients who choose to opt out or change the identified medical home.**
- E. Beginning March 22, 2010 through May 21, 2010, key the PCP code assigned on the listed report for those recipients who did not request an alternate medical home or to “opt out” of the program. All recipients on the report must be linked to a PCP or have a “9999903” exempt code by May 21, 2010.**

The Medicaid caseworker is reminded to continue to explain the managed care program to every applicant and recipient (a/r) and encourage them to enroll. DMA will be monitoring the compliance of county enrollment of the duals on the XPTR report.

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

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This material was researched and written by Susan Ryan, Policy Project Manager, Medicaid Eligibility Unit.