

CHANGE NOTICE FOR MANUAL NO. 02-10, NCHC CITIZENSHIP AND CCNC/CA CHANGES, DATE: JANUARY 27, 2010

Manual: Family and Children's Medicaid

Change No: 02-10

To: County Directors of Social Services

Effective: Citizenship Verification Requirement for NCHC - January 01, 2010
CCNC/CA Auto Enrollment for NCHC and other changes - February 01, 2010

I. BACKGROUND

In October 1998, North Carolina Health Choice (NCHC) was established under Title XXI of the Social Security Act, providing medical coverage for children through age 18 whose countable income exceeded the eligibility limit for full Medicaid. Benefits are provided through the State Employees Health Plan. A child cannot receive NCHC if he is eligible for full Medicaid or is covered by a comprehensive insurance plan.

In 2005, the North Carolina General Assembly passed legislation requiring NCHC children to be linked with a Community Care of North Carolina/Carolina Access (CCNC/CA) provider. Effective August 1, 2009, counties began linking NCHC recipients (except NCHC-L recipients) to their provider if their provider was participating in CCNC/CA. However, an exemption was allowed if the recipient failed to choose a CCNC/CA provider.

II. CONTENT OF CHANGE

A. MA-3255, NC Health Choice, has been updated to reflect the following changes:

1. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) requires that citizenship and identity be verified for all US citizen applicants/recipients of NCHC effective January 1, 2010. (Refer to Change Notice 01-10, Citizen/Alien Requirements). Policy added in III. A, NC Health Choice Requirements.
2. Effective February 1, 2010, it is mandatory for NCHC recipients (except NCHC-L recipients) to be enrolled with a CCNC/CA provider. It is preferred that the recipient choose a provider who is participating in a Community Care North Carolina network (CCNC). CCNC provides more managed care services to the recipient. However, if a child is already established with a CA provider and does not want to change, he does not have to.

Unless exempt for another reason, the recipient who does not choose a CCNC/CA provider must be auto enrolled. This requirement has been added to II. H, Enrollment into Community Care North Carolina/Carolina Access.

3. Failing to disclose Insurance information is added in II.A, Referrals for Fraud/Overpayments.
4. Form Names and Numbers for supplements to the DMA-5063 have been updated in III.C, The Application Form.
5. Income level and calculations in the example in IV. A, Countable Income Reported to the Claims Processing Contractor have been updated to reflect the increase in the FPL effective 04/09.
6. In IV.D, Evaluating North Carolina Health Choice Eligibility, added that if the county chooses to accept personal checks, they cannot terminate the NCHC case if the check does not clear the bank.
7. In V.A, Social Security SOLQ Procedures for All Children Eligible for NCHC, deleted the need to contact DMA for assistance when a child's SSN is incorrectly entered. Caseworkers can now key this change into EIS.
8. In VI.I, Optional Extended Coverage, added that the family should contact Blue Cross/Blue Shield of NC if they have not received their enrollment letter within a week after being notified by DSS that a family member is eligible for Optional Extended Coverage (NCHC-L).
9. Names of NCXPTR reports have been updated in VIII.A. C. and E, Reactivating Children on the Waiting List.
10. All attachments for section MA-3255 have been changed to figures.
11. DMA-5066, Log for Medicaid Mail-In Applications has been placed in the online forms folder.
12. Some language has been changed in this section to clarify the intent of the policy.

B. MA-3435, Community Care North Carolina/Carolina Access, policy and figures have been updated to include NCHC recipients. Most figures have been assigned a form number and are now available in the online forms folder.

1. In I, Background, added policy directing caseworkers to begin auto enrolling Medicaid/NCHC recipients who fail to choose a CCNC/CA provider within a reasonable time period of 10 calendar days, unless they qualify for an exemption.

2. In II, Policy Principles, added policy directing caseworkers to focus on enrolling recipients into the CCNC network so they can take advantage of additional managed care services
3. In IV, County DSS Responsibilities, clarified that the CCNC/CA Handbook is to be given to all Medicaid a/rs. Clarified and assigned form numbers for the handouts, CCNC/CA: The Benefits of being a Member. There are now two versions of this handout due to the differences in benefits for Medicaid and NCHC recipients. The DMA-9016 should be given to Medicaid A/Rs and the DMA-9017 should be given to NCHC A/Rs.
4. In VII, Enrollment, deleted policy which stated not to auto enroll a NCHC a/r with a CCNC/CA provider. Changed the entry on the chart of Mandatory Coverage Groups from NCHC to MIC-A, MIC-J, MIC-K, and MIC-S to clarify that policy does not apply to a recipient of MIC-L. Added MIC-L to Ineligible Coverage Groups.
5. In VIII, Assignment Protocols for Medicaid and NCHC Recipients, clarified that individuals approved for MIC-L are exempt from CCNC/CA enrollment. Deleted policy which stated not to select a provider for NCHC children. Added the requirement to give or mail the CCNC/CA handbook, and the DMA-9016, CCNC/CA: The Benefits of being a member-Medicaid handout, to all mandatory and optional Medicaid applicants/recipients. For Medicaid applications/reviews and mail in NCHC reviews which result in NCHC eligibility, caseworkers must give or mail the DMA-9017, CCNC/CA: The Benefits of being a member-NCHC handout, including the Provider name and phone number. New requirement added to allow at least 10 calendar days for the a/r to select a PCP participating in CCNC/CA before auto enrolling.
6. In IX, Recipient Education, added that the name of the medical home, along with the address and telephone number will be provided to NCHC recipients on a notice which will be mailed. Added that the CCNC/CA handbook has a complete list of services for which a referral is not required. Clarified that the visit restrictions apply only to Medicaid recipients.

III. EFFECTIVE DATE AND IMPLEMENTATION

The policy change requiring Citizenship verification for NCHC A/Rs was effective January 01, 2010 and was issued as part of Change Notice 01-10, Citizen/Alien Requirements.

Community Care North Carolina/Carolina Access auto enroll policy and other changes are effective February 01, 2010. Apply this policy to applications taken or redeterminations received on or after 02/01/2010.

IV. MAINTENANCE OF MANUAL

- A. Remove: MA-3255, pages 1-49, and Attachments 1-9.**
- B. Insert: [MA-3255](#), pages 1-49, and Figures [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#) dated 02/01/2010.**
- C. Remove: MA-3435, pages 1-27, and Figures 1, 3, 6, 7, 8, 9, 10, 11a, 11b, 12a and 12b.**
- D. Insert: [MA-3435](#), pages 1-27, and Figures [1](#), [3](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12a](#), [12b](#). dated 02/2010.**

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

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(This material was researched and written by Linda Faulkner, Policy Coordinator, Medicaid Eligibility Unit.)