

CHANGE NOTICE FOR MANUAL NO. 20-11, COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS

DATE: NOVEMBER 28, 2011

Manual: Aged, Blind, and Disabled Medicaid

Change No: 20-11

To: County Directors of Social Services

Effective: December 1, 2011

I. BACKGROUND

The NC General Assembly has mandated a savings of approximately \$90 million in state appropriations for this fiscal year by DMA through the CCNC networks. Enrolling Medicaid recipients with a CCNC Primary Care Physician (PCP) as quickly as possible is a critical step in meeting this mandate. As a continued effort, policy regarding enrollment procedures is streamlined. Case workers are linking recipients who are mandatory for enrollment and auto enrolling recipients in the optional coverage groups. Recipients in the optional coverage group must be enrolled unless they opt out.

The IMC must not automatically exempt recipients in the optional groups from auto enrollment. If the recipient is not available to choose a PCP, they must be auto enrolled. Temporary exemptions codes allowing recipients time to choose a PCP will no longer be used. It is no longer necessary to send notices recipients for this purpose.

II. CONTENT OF CHANGE

MA-2425, Community Care of North Carolina/Carolina Access, changes includes:

- A. IV.E. Auto enrolling all mandatory and optional is added to County DSS responsibilities.**
- B. VII.A. Enrollment rules are revised to reflect current policy. Mandatory and optional coverage groups are subject to auto enrollment. The IMC must auto enroll recipients in the optional group if they are not available to choose a PCP or opt out.**

- C. VII.A.3. Ten Calendar day notice requirements and all references to it are removed. If a recipient in the optional category does not opt out, they are subject to auto enrollment. Temporary exempting a recipient in order to allow time to choose a PCP no longer applies.**
- D. VII.A.8.b. Living arrangement code 59 is removed from the list of living arrangement codes that do not allow enrollment. Individuals residing in an ICF-MR are not exempt from CCNC/CA enrollment rules.**
- E. VII.B&C. Native American enrollment classification is clarified. A Native American who is not a member of a Federally Recognized Tribe is Mandatory. A Native American who is a member of A federally Recognized Tribe is Optional.**
- F. “Self identified children with special need health care needs” is obsolete. It is removed as an Optional coverage group and from exempt code 9900015. “Does not include ICF-MR” is added to the Ineligible Group coverage group chart.**
- G. VII.D. exempt code chart is revised:**
1. Living arrangement code 59 is removed from exempt code 9999902

ICF-MR is no longer considered a nursing facility and excluded from auto enrollment. ICF-MR will be mandatory or optional depending on their program category such as age or Medicare or any other valid exemptions.
 2. Exempt code 9999903-“caseworker has been unable to contact a dual eligible (Medicaid/Medicare) recipient to explain and offer enrollment in CCNC/CA” is obsolete. All reference to this code is removed from policy. Dual eligibles in the mandatory or optional coverage groups are subject to auto enrollment.
 3. Exempt code 9900012 and 9900015 have been revised to include “who has opted out.” Recipients in the optional categories may opt out to participate in CCNC/CA. If the recipient does not opt out, they are subject to auto enrollment.
 4. Exempt code 9900033 “Temporary code used for a/r when no PCP is chosen and the worker is allowing the 10 calendar days for the a/r to choose a PCP” is obsolete. All reference to this code is removed.
- G. VIII.B. CCNC/CA enrollment procedures for mail-in applications, re-enrollment and ex parte reviews are revised to reflect current policy. During the process, if not already enrolled, the IMC must enroll all mandatory and optional recipients. Recipients will not be temporary exempted in order to allow time to choose a PCP. The DMA-9007 and DMA-9013 are obsolete and all reference these forms are removed.**
- H. VIII.C. Auto Newborns CCNC/CA enrollment procedures are revised to reflect current policy.**

- I. DMA-9017 is revised to include “the name of your child’s Primary Care Provider is listed on the Medicaid identification card.”**

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective 12/01/2011

IV. MAINTENANCE OF MANUAL

Remove: MA-2425, Community Care of North Carolina/Carolina Access, Pages 1-27.

Insert: [MA-2425](#), Community Care of North Carolina/Carolina Access, Pages 1-27.

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

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Director

(This material was researched and written by Ena Lightbourne, Policy Consultant, Medicaid Eligibility Unit.)