WF1500 - MEDICAID COVERAGE PROCEDURES
Change #2-2012
Issued November 1, 2012

WF1500.01 DEDUCTIBLE BALANCE/PATIENT MONTHLY LIABILITY SCREEN/SP(DB/PML)

If a replacement Medicaid card must be issued, use the DB/PML screen. The link is below.

http://info.dhhs.state.nc.us/olm/manuals/dma/eis/man/Eis3105.htm#P13_362

WF1501   MANAGED CARE (HMO)

WF1501.01 GENERAL INFORMATION

Health Maintenance Organizations (HMO's) are Medicaid managed care programs utilized by the Division of Medical Assistance to link recipients with a medical provider who is responsible for providing and coordinating their health care needs. Managed care improved access to medical care for recipients and provides a more effective medical delivery system for the sate and county.

Mecklenberg County's Medicaid managed care program, Health Care Connection, is the primary medical delivery system for Work First recipients who reside in Mecklenberg County. Health Care Connection contracts with licensed HMO's and Carolina ACCESS providers to manage and coordinate their health care needs.   Therefore, in Mecklenberg County only, Work First recipients have the option of enrolling with an HMO or Carolina ACCESS provider.

There are special circumstances where an individual's medical needs may be better met outside of the managed care program. If so, the individual may be exempt from participating in the managed care program to meet his or her medical needs.

WF1501.02 HMO POLICY

HMO's are managed health care programs available for families receiving Work First who reside in Mecklenberg County only. Recipients are linked with a primary care provider who provides or coordinates needed medical services.

A.   Only *Work First Family Assistance* families in Mecklenberg County may enroll.

B.   All individuals in a family must enroll unless otherwise exempt.

C.   The individual still has the option of using regular Medicaid coverage for services that are not covered by the HMO. However all services included in the managed care program must be obtained from the recipients primary care provider or referral source.

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D.   Enrollment continues through the end of the *Work First Family Assistance* certification period.

E.   Enrollment is effective the ongoing month in EIS. However, there are 2 exceptions to this rule.

      1.   For Work First reopens (Change Code "99"), enrollment is retroactive to the reopen date.

      2.   For newborn (6 months old or less) approvals, enrollment is retroactive to the birth month if the mother was enrolled in the HMO at that time and the baby qualified.

F.   A family can voluntarily request disenrollment from the HMO. However, the family must enroll in Carolina ACCESS, unless exempt. Otherwise, the family remains in the HMO until:

      1.   The case is terminated,

      2.   The case is transferred to another aid program/category (certification more than 1 month),

      3.   The case is transferred to another county, or

      4.   DMA approves the involuntary disenrollment of a case.

WF1501.03   HMO ON-LINE ENROLLMENT

Use the on-line enrollment screen in EIS.

IMPORTANT!   Enter only Medicaid HMO enrollment using the on-line Managed Care screens. Continue to enter private HMO information and other third-party insurance information into the TPR database using the DMA-2041.

There are 2 mechanisms through which EIS will display the Managed Care Enrollment screen.

- Automatically, through the DSS-8125 process, **and**
- At caseworker request, using the ME Selection in EIS.

A.   Accessing The Enrollment Screen Through The DSS-8125

HMO enrollment is voluntary for Mecklenburg County. Thereafter, EIS will not display automatically the Managed Care Enrollment screen from the DSS-8125. Mecklenburg County caseworkers use the ME Selection in EIS to enroll *Work First Family Assistance* families in an HMO.

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B. **Policy Regarding Client Education and Enrollment**

Recipient education and enrollment in Mecklenburg County is the responsibility of Public Consulting Group (PCG), the County Department of Social Services' Eligibility Caseworkers, and DMA. Public Consulting Group is considered to be the lead agency with regard to recipient education and enrollment. However, potential Medicaid eligibles should be educated about managed care by their caseworker during the initial point of contact, which is normally when the individual makes an application. Recipients should also be provided managed care education at the time of their re-certification for Medicaid.

C. **PCG's Responsibilities:**

♦ PCG's education efforts will be concentrated through telephone contact and mail upon receipt of the managed care enrollment form.
♦ PCG is responsible for educating recipients about the managed care programs and how they work.
♦ PCG will help recipients to select a provider from the Mecklenburg County Medicaid Managed Care Provider Directory.
♦ PCG will help recipients complete the Managed Care Enrollment Form.
♦ PCG will enter managed care information from the enrollment form into the EIS via the DSS-8125.
♦ PCG will provide follow-up education to recipients as necessary.
♦ PCG will automatically link Medicaid recipients to a Health Plan when recipients do not make a selection within a reasonable timeframe.

D. **Eligibility Caseworker's Responsibilities:**

♦ Caseworkers will key 9900030 or the appropriate managed care exempt number in the Carolina ACCESS field of the DSS-8125 when the application is made/approved. For add an individual application approval to a case enrolled with an HMO, the individual being added must be enrolled with the same HMO, unless the case is changing to another HMO or Carolina ACCESS.

   NOTE: For individuals with a Citizen/ID code of "60" through "66", EIS automatically enters a Carolina ACCESS Exempt Number of 9999901.

♦ Caseworkers are responsible for educating recipients when they make an application for Medicaid.
♦ Caseworkers will ask recipients to complete a Medicaid Managed Care enrollment form during the application process.

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♦ Caseworkers will place the completed enrollment forms in the appropriate place as designated by DSS.
♦ Caseworkers will refer recipients to PCG for follow-up managed care education and enrollment, as necessary.
♦ Caseworkers are responsible for recipient education at re-certification. Recipients should contact PCG when changing Providers or Health Plans.

E.   **DMA's Responsibilities:**

♦ DMA will provide PCG with access to EIS.
♦ DMA will provide PCG with Mecklenburg County Medicaid managed care enrollment tapes, including HMO/Carolina ACCESS enrollment and exemptions.

F.   **Steps for Educating and Enrolling Recipients in Managed Care At Application or Re-Certification**

- Step 1. Educate the applicants/recipients about HMO's and CAROLINA ACCESS.

- Step 2. Give each applicant/recipients an HMO- Carolina ACCESS "Recipient Handbook" and point out the plan comparison charts.

- Step 3. Let applicant/recipient review the Medicaid Provider Directory to choose a Health Plan and/or provider.

- Step 4. Complete each area of the Managed Care Enrollment Form.

- Step 5. When completed, place the Managed Care Enrollment form in the appropriate place as designated by DSS.

- Step 6. Refer applicants/recipients to PCG to address special needs or health care provider concerns.

- Step 7. Assign CS/HMO exempt numbers 9900030 or the appropriate managed care exempt number when the application is made/approved.

G.   **Accessing the Enrollment Screen Using the ME Selection**

To access the Managed Care Enrollment screen, use the following instructions.

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1.   To display the Managed Care Enrollment screen from the EIS Input Menu, enter "ME" in the SELECTION field and the case ID or form ID in the KEY field.

   NOTE: You may enter the "ME" selection from any screen in EIS that displays the SELECTION and KEY fields.

   a.   When enrolling or disenrolling active *Work First Family Assistance* families, use the case ID number to request the enrollment screen.

   b.   When the DSS-8125 has been keyed error-free to approve the application and later the same day you want to enroll the case, use the DSS-8125 form ID number to request the enrollment screen.

   NOTE: You will not be allowed to use the ME selection when there is a DSS-8125 form on hold.

2.   EIS will display the enrollment screen with the case or form ID and the Category Code HMOM.

```
EJA992S1        NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
EJA992                    ELIGIBILITY INFORMATION SYSTEM              00:00:00
                          MANAGED CARE ENROLLMENT SCREEN

CASE ID:      FORM ID:       CATEGORY CODE:      SELECT:

00000000                     HMOM




PF2: RETURN TO INQUIRY MENU

PLEASE SELECT THE TYPE OF ENROLLMENT
```

WF1501.04   MANAGED CARE ENROLLMENT SCREEN INSTRUCTIONS

The Managed Care Enrollment screen process is basically the same whether you request the screen using the ME selection, or EIS displays automatically the screen off the DSS-8125. Where there are differences, they are noted in the following instructions.

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WF1501.05   INITIAL HMO ENROLLMENT

A.   On the first Managed Care Enrollment screen, you have the following options.

   1.   To discontinue the enrollment process and return to the EIS Input menu, press PF2.

> **REMEMBER: If you entered the enrollment screen through the DSS-8125, PF2 puts the DSS-8125 on hold.**

   2.   To continue the enrollment process, enter "S" in the SELECT field on the Managed Care Enrollment screen.

B.   EIS checks to ensure that the payment type on the case is valid for the HMO.

> **NOTE:** If you enter the enrollment screen through the DSS-8125, EIS completes this edit before leaving the DSS-8125 form.

C.   If the payment type is valid, EIS examines each individual on the case. If the individual is exempt because he has Medicare, EIS creates an exempt managed care segment using exempt #9099503.

When EIS creates a Medicare exempt managed care segment for all individuals on the case, the EIS Input Menu is displayed with the following message: **"CASE/FORM EXEMPTED FROM HMO-MEDICARE A, B."**

D.   When there is at least ONE HMO qualified individual on the case, EIS displays the screen again with new messages at the bottom.

PRESS ENTER TO CONTINUE ENROLLMENT PROCESS. USE PF3 TO ASSIGN EXEMPT NUMBER 9999903 TO INDIVIDUALS ON CASE.

```
EJA992S1        NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
EJA992                    ELIGIBILITY INFORMATION SYSTEM          00:00:00
                          MANAGED CARE ENROLLMENT SCREEN

       CASE ID:      FORM ID:       CATEGORY CODE:     SELECT:

       00000000                     HMOM


  PF2: RETURN TO INQUIRY MENU

  PLEASE SELECT THE TYPE OF ENROLLMENT
```

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E.   At this point, you have the following options.

1.   To discontinue the enrollment process and return to the EIS Input Menu, press PF2. Any exempt managed care segments created on-line are **not** deleted.

2.   PF3 is not a valid option at initial enrollment. It is valid only for disenrolling families from the HMO. DO NOT USE PF3 AT INITIAL ENROLLMENT.

3.   To continue the enrollment process, press ENTER. When you press ENTER, EIS displays the HMO qualified individuals 1 at a time. The following screen illustrates the information that is displayed.

```
EJA940S1      NORTH CAROLINA DEPARTMENT OF HUMAN SERVICES
  EJA940          ELIGIBILITY INFORMATION SYSTEM           00:00:00
                MANAGED CARE ENROLLMENT SCREEN

   CASE ID: 00000000      FORM ID:          CATEGORY CODE: HMOM
                                       CHANGE AUTO
INDIVIDUAL ID      PERIOD   ELIGIBLE    PROVIDERS   SELECT REASON ASSIGN
   000000000X   00/00/0000 00/00/0000     0000000
                           0000000


       ↑                  ↑              ↑                 ↑

  EIS lists          EIS fills       EIS fills in      EIS lists all
  the individual     in the          zeros for AAF or  the HMOs
  ID of 1            1st day         Medicaid Cert     for which the
  person at a        of the          Thru for Medicaid person
  time.              Ongoing         continuation cases qualifies.
                     month.


PF2: INQUIRY MENU
PLEASE SELECT A PROVIDER
```

F.   On this screen, you have the following options.

1.   To discontinue the enrollment process and return to the EIS Input Menu, press PF2. Any exempt managed care segments created on-line are not deleted.

2.   PF3 is not a valid option at initial enrollment. It is valid only for disenrolling families from the HMO. DO NOT USE PF3 AT INITIAL ENROLLMENT.

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3.   PF5 is not a valid option at initial enrollment. It is valid only for disenrolling families from the HMO. DO NOT USE PF5 AT INITIAL ENROLLMENT.

4.   To select the HMO chosen by the individual, key "S" in the SELECT field. At this time, there is only 1; However, the selection option is built into the system design in anticipation of future HMO's.

When you select this option, EIS creates an HMO managed care segment for the individual and displays the next HMO eligible individual.

NOTE: Once you have pressed the ENTER key to enroll the first individual, you must complete the enrollment process for all remaining individuals on the case. You are not allowed to use any of the PF keys after 1 of the individuals on the case is enrolled. You will get the following error message. "**ENROLLMENT/DISENROLLMENT PROCESS STARTED. MUST COMPLETE FOR CASE**."

5.   EIS continues with this process until all qualifying individuals in the family are enrolled. When the last individual is enrolled, EIS displays the first Managed Care Enrollment screen with zeros as the case ID. The message at the bottom of the screen reads: "PLEASE ENTER CASE ID OR FORM ID."

6.   From this screen, you may complete a new enrollment for a subsequent case, or press PF2 to return to the EIS Input Menu.

G.   Changes in HMO Enrollment

1.   If the family has existing (ongoing) HMO or exempt managed care segments and you request the enrollment screen using the ME Selection in EIS and key "S" to select HMOM, the following messages are displayed at the bottom of the enrollment screen.

"PF2: RETURN TO INQUIRY MENU"

"CASE HAS MANAGED CARE/EXEMPT NUMBER 9999999. DO YOU WISH TO CHANGE?"

"USE PF3 KEY TO ASSIGN EXEMPT NUMBER 9999903 TO INDIVIDUALS ON CASE"

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2.   You have the following options.

(a)   To discontinue the process and return to the EIS Input Menu, press PF2.

(b)   Family Eligible for HMO but Requests Disenrollment

To disenroll a family from HMO and assign the temporary exempt number 9999903 (family qualifies for HMO), enter "Y" beside the question, "DO YOU WISH TO CHANGE?" and press PF3.

EIS closes the existing managed care segment and creates a temporary exempt managed care segment for each HMO qualifying individual in the family. EIS displays the EIS Input Menu with the following message: "**INDS HAVE EXEMPT MANAGED CARE SEGS CREATED.**"

(c)   Instructed By DMA to Disenroll Case for Cause

To disenroll a case for cause, enter "Y" beside the question, "DO YOU WISH TO CHANGE?" and press ENTER.

On the next screen, press PF5. Key the exempt number 9099502 under "ELIGIBLE PROVIDERS," "S" under "SELECT," and press PF5 again. EIS closes the existing HMO managed care segment and creates an exempt segment with the 9999903 number. The next individual appears.
Repeat this PF5 process for each individual until all individuals on the case are disenrolled.

(d)   To disenroll a case from HMO that was enrolled in error (recipients who do not qualify for the HMO), enter "Y" beside the question, "DO YOU WISH TO CHANGE"?

On the next screen, press PF5. Key the exempt number 9099507 under "ELIGIBLE PROVIDERS," "S" under "SELECT," and press PF5 again. EIS closes the existing HMO managed care segment and creates an exempt segment with the 9099507 number. The next individual appears.

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Repeat this PF5 process for each individual until all individuals on the case are disenrolled.

(e)   To enroll a temporarily exempt family in the HMO, enter "Y" beside the question, "DO YOU WISH TO CHANGE?" and press ENTER.

Complete the screen to enroll the family in the HMO.

EIS closes the existing exempt managed care segments and creates HMO managed care segments for the family.

WF1501.06   MANAGED CARE HISTORY INQUIRY

A.   To view a HMO or exempt managed care segment, enter "MI" in the SELECTION field and the individual ID in the KEY field.

NOTE: You may enter the MI selection from any screen in EIS that displays the SELECTION field.

B.   The Managed Care History Inquiry screen appears.

```
EJA948-1  NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES    DATE: 00/00/00
                  ELIGIBILITY INFORMATION SYSTEM                    TIME: 00:00:00
                    MANAGED CARE HISTORY INQUIRY
                     INDIVIDUAL - 000000000X


PROVIDER      CATGRY       PROVIDER      CASE CNTY FROM    TO     CG AU
NUMBER        CODE         NAME          ID   NO   DATE   DATE   RS AS



SELECTION MI KEY        PF2/14 = MENU PF7/19 = BACKWARD PF8/20 = FORWARD
```

C.   EIS will move the cursor to the INDIVIDUAL field at the top of the screen. To view a managed care segment for a subsequent individual, you may key the new individual ID number without moving the cursor.

WF1501.07   MANAGED CARE PROVIDER DATA INQUIRY

A.   To view the information for a managed care provider or exempt number, key "MP" in the SELECTION field.

B.   The Managed Care Provider Database screen appears as follows:

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```
EJA939S1          NC DEPT OF HEALTH AND HUMAN SERVICES
EJA939            MANAGED CARE PROVIDER DATABASE

PROV #:                    OLD PROV #:           MANAGED CARE CATEGORY:
CAROLINA ACCESS IND:          CAROLINA ALT UB92 NUMBER:
HOSPITAL PRIVILEGES:          OFFICE HOURS:
PVDR ADMN #:                  AFTER HOURS CODE:

GROUP/INDIVIDUAL PROVIDER:
LAST:        FIRST:          MI:               SPECIALTY CODE:
SITE NAME/LOCATION:
CLINIC:
LINE-1:                         LINE-2:
CITY:                  STATE:         ZIP CODE:        COUNTY:
OFFICE PHONE:          AFTER HOURS:

COUNTIES BEING SERVED:
RESTRICTIONS:
PATIENT ASSIGNMENT:           MAXIMUM: 00000    CURRENT:
CA CONTACT PERSON: FIRST:       LAST:          MI:
PARTICIPATION DTES:          (MMDDCCYY) FROM:     THRU: 00000000 LAST CHG:

PF2/14=MENU     PF3/15=ADD PVDR       PF4/16=NOTEPAD         PF5/17=XREF
PF6/18=SCREEN2
PLEASE ENTER PROVIDER ID
```

C.　　Key the PROVIDER NUMBER and the MANAGED CARE CATEGORY.

　　1.　　HMO Provider and Exempt Numbers

　　　　♦　　9999905 - Recipient chooses HMO
　　　　♦　　9900030 - Temporary Exemption
　　　　♦　　9900020 - Temporary Medical Exemption (State approval)
　　　　♦　　9900021 - Permanent Medical Exemption (State approval)
　　　　♦　　9900025 - Recipient has other primary health insurance
　　　　♦　　9900045 - Generated for approved Benefit Diversion Cases

　　2.　　Managed Care Categories

　　　　♦　　CARX (OR SPACE) - CAROLINA ACCESS
　　　　♦　　HMOM - HMO MEDICAL

D.　　The following is an example of what the information looks like for a managed care provider.

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```
EJA939S1                    NC DEPT OF HEALTH AND HUMAN SERVICES
EJA939                      MANAGED CARE PROVIDER DATABASE

PROV #:                OLD PROV #:              MANAGED CARE CATEGORY: HMOM
CAROLINA ACCESS IND: N            CAROLINA ALT  NUMBER:
HOSPITAL PRIVILEGES:         OFFICE HOURS:
PVDR ADMN #:                      AFTER HOURS CODE:

GROUP/INDIVIDUAL PROVIDER:
 LAST:              FIRST:              MI:      SPECIALTY CODE: 02
 SITE NAME/LOCATION:
 CLINIC:
 LINE-1:                             LINE-2:
 CITY:              STATE:  NC   ZIP CODE:             COUNTY:
 OFFICE PHONE:          AFTER HOURS:

COUNTIES BEING SERVED: 60
RESTRICTIONS:
PATIENT ASSIGNMENT:  MAXIMUM: 99999    CURRENT: 00001
CA CONTACT PERSON:   FIRST:          LAST:                  MI:
PARTICIPATION DTES: (MMDDCCYY) FROM:0000000      THRU:  00000000 LAST CHG: 00000000

PF2/14=MENU    PF3/15=ADD PVDR       PF4/16=NOTEPAD         PF5/17=XREF
       PF6/18=SCREEN2
```

E.   Restrictions

It is very important to verify the restrictions on the MP screen to link the recipients appropriately. The restrictions are listed below:

01   No Restriction
02   Established patients only
06   MPW only
07   Nephology patients only (in same or contiguous counties only)
08   Chronic infectious disease only (in same or contiguous counties only)
09   Oncology patients only
10   Established patients & siblings
11   Newborn only
14   Two track clinics; facilities serving two distinct populations
15   Age restrictions - refer to Notepad (PF4/16) on MP Screen

WF1501.08 INDIVIDUAL AND MEDICAID ELIGIBILITY HISTORY INQUIRY

A.   **ID Inquiry**

The following is an example of an ID screen for an individual who is currently enrolled in an HMO. Note the HMO ENROLLED message at the bottom of the screen.

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```
EJA911        INDIVIDUAL INQUIRY SCREEN                    DATE: 09/01/2009
 ID 00000000X    NAME xxxxxx    xxxxxx

 DATE OF BIRTH 00/00/0000     STATUS IN CASE R        SSN         000000000
 DATE OF DEATH               FAMILY STATUS  C         RSDI CLAIM NO
 SEX          X              LIVING ARR    10         PVDR NUMBER  9999905
 RACE         XXXXX          REF CODE/DATE  0000/00    TPR INS TYPE
 ETHNICITY    X              ALIEN ID                  CITIZEN/ID
 LANGUAGE                    DIS
 GROSS EARN    00000.00       WORK REGISTR A           EMP&TRAIN
 CHILD ADULT   00000.00       SPEC RPT                 EMP&TRAN DATE 0000/00
 WORK EXPEN    00000.00       ED. LEVEL                MEDICARE DATE
 NET EARN      00000.00       ED. EMPL                 MEDICARE A
                             INV IND                   MEDICARE B
 WF JOB BONUS                HMO ENROLLED  Y           EPICS CLAIM   N
  MA JOB BONUS               REL TO PAYEE              PACE ENROLLED

 CREATE DATE  00/00/0000      LATEST CASE ID 00000000   LATEST FORM ID 0000000B
 TERM DATE                    LATEST COUNTY  60         LATEST DTE UPDT 2002000
 CRD ISSUE DTE
 SEL:   KEY 000000000X
 INQUIRY IS COMPLETE       PF6=CASE    PF5=MED ABC    PF4=MED D    PF9=INDV PROFILE
```

B.   Medicaid Eligibility History Inquiry

The following is an example of a Medicaid Eligibility History screen for an individual who is currently enrolled in an HMO. Note the HMO ENROLLED message at the bottom of the screen.

```
              EIS INDIVIDUAL ELIGIBILITY HISTORY FOR  000000000X

 HIST FROM  AUTH FROM    HIST THRU   PGM    CLS SSI CO PAY  CASE ID  LIV CD  DB/PML COV
 SUBPGM-CDE-FPL                      AMB    SN          PCHP  PROVDR NUM   (AUTO RSN DIST)

 00/00/0000  00/00/000    00/00/0000  AAF    N   N   60   1   00000000  10



 SELECTION     KEY  000000000X
 607-PRESS PA1 KEY FOR NEXT SCREEN          HMO ENROLLED
```

WF1501.09 CASE/INDIVIDUAL CHANGES AND HMO

EIS continues or closes automatically the HMO managed care segment in certain situations. The following changes occur in the nightly update. The managed care segments are available for inquiry the next workday.

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A.   Add-An-Individual/Inclusion

1.   When adding an individual (7 months or older) to a case currently enrolled in the HMO, EIS creates a managed care segment with **the ongoing month as the begin date.**

   a.   If the individual has Medicare, the managed care segment indicates exempt due to Medicare (9999903).

   b.   If the individual does not have Medicare, the managed care segment indicates the HMO.

2.   When adding a newborn (6 months or less) to a case currently enrolled in the HMO and the newborn qualified for Mom's HMO, EIS builds the managed care segment with the birth month as the begin date when:

   a.   The newborn has not received Medicaid in another aid program/category, and

   b.   The Medicaid Effective Date equals the month of birth, and

   c.   Mom's HMO begin date is prior to or equal to the newborn's month of birth.

      Otherwise, EIS uses the ongoing month as the HMO begin date.

B.   Work First Family Assistance Reopen (Change Code "99")

1.   If a family with HMO coverage is reopened using change code reason "99" and the family still qualifies for the HMO, EIS will re-enroll automatically the family members in the HMO.

2.   The effective date is the Medicaid Effective Date on the reopen.

C.   Aid Program/Category Transfer

If a family transfers to Medicaid (MAF, MIC, or MPW) and the certification period is more than 2 months; EIS automatically closes the HMO managed care segment effective the end of the last month of eligibility.

D.   Case Termination

If a *Work First Family Assistance* case with HMO coverage is terminated, EIS inserts automatically the case termination date in the HMO MANAGED CARE SEGMENT END DATE field for all individuals in the case.

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E.   Individual Deletion

1.   If an individual is deleted from a *Work First Family Assistance* or 2 month continuation (MAF, MIC, MPW) case with active HMO coverage, EIS inserts automatically the individual delete date in the HMO MANAGED CARE SEGMENT END DATE FIELD.

2.   HMO coverage for the individuals remaining on the case continues.

WF1501.10 DB/PML SCREEN AND HMO

When posting retroactive Medicaid for a newborn (6 months old or less) using the DB/PML screen and mom was HMO enrolled during the same retro period, EIS creates an open/shut managed care segment (same HMO as mom).

WF1501.11 MEDICAID ID CARDS FOR HMO ENROLLEES

A.   Currently displayed on all Medicaid ID cards:

1.   Each individual enrolled in an HMO receives a separate Medicaid ID card mailed in its own envelope.

2.   EIS prints the following HMO information on the Medicaid ID card.

3.   Above the name and address of the individual, EIS prints:
PREPAID HEALTH PLAN ENROLLEE

B.   If the case is disenrolled, "Medicaid from Date" on the card changes to the first day of the month following the end date on the managed care segment.

```
  MEDICAID IDENTIFICATION CARD                    (SEE INSTRUCTIONS ON BACK)

N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE
                                                            VALID
CAP   COUNTY CASE NO.   INSURANCE    PROGRAM  CLASS    FROM        THRU
        000000              X          XXX      X    00/00/00    00/00/00

  RECIPIENT I.D.     ELIGIBLE FOR MEDICAID      INS.NO.        BIRTHDATE \ SEX

 000000000X      XXXXXXXXXX X XXXXXXXXX   XXXXXX             00/00/00    X


 INSURANCE DATA                        PREPAID  HEALTH  PLAN  ENROLLEE
                                          00   000000 XXX  00000000
|INS.NO  NAMECODE  POLICY NUMBER  TYPE  XXXXXXXXXX X XXXXXXXXXXXXXXX
                                        XXXXXXXXXXXXXXX
                                        XXXXXXXXXXX,  NC  00000

                                RECIPIENT (NOT VALID UNLESS SIGNED)
 MISUSE MAY RESULT IN FRAUD PROSECUTION   SIGNATURE
```

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WF1501.12 HMO REPORTS

A.   EIS produces two monthly reports in NCXPTR.

    1.   Exempt Report (DHREJ EXEMPT PVDR CODE REPORT)

    2.   SSI Exempt Report (DHREJ SSI EXEMPT MEDICARE REPORT)

B.   The reports are sorted by:

    1.   County Number

    2.   Exempt Number

    3.   Caretaker Name (Last Name, First Name, Middle Initial)

```
EJA796Z1           NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
                         ELIGIBILITY INFORMATION SYSTEM
PAGE  000        RUN DATE:     MM/DD/CCYY
                 RUN TIME:     00:00:00              HMO EXEMPT REPORT
COUNTY NUMBER 00                                     XXXXXX
XXXXXXXXXXXXXXXXXXXXXXX

DIST NO              CNTY CASE NO            WORKER NO
 XXX                  XXXXXX                  XXX

CASE ID AID PGM CAT   CASEHEAD NAME    CASEHEAD ADDRESS   PHONE NUM
00000000      XXX    XXXXXX XXXXX      XXXXXXXXXXX        0000000000

INDIVIDUAL ID                   INDIVIDUAL NAME          EXEMPT NUMBER
XXXXXXXXXX            XXXXXXXXX X XXXXXXXXXXX               000000X

CASE ID AID PGM CAT   CASEHEAD NAME    CASEHEAD ADDRESS   PHONE NUMBER
00000000      XXX    XXXXXXX XXXXX     XXXXXXXXXXX         0000000000

INDIVIDUAL ID               INDIVIDUAL NAME              EXEMPT NUMBER
XXXXXXXXXX         XXXXXXXXXXX X XXXXXXXXXXX             000000X

END REPORT
```

WF1502   CAROLINA ACCESS

GENERAL INFORMATION

Carolina ACCESS is a managed health care program for families receiving Medicaid. Members are linked with a primary care provider who delivers or coordinates needed medical services.

A.   **Explain the program to *Work First Family Assistance* families. Make sure to cover the following points:**

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1.   You must choose a Carolina ACCESS provider for each person on your application.

2.   If you have not seen this provider before, you should call right away to set up your medical record.

3.   You must see this provider for checkups and when you are sick.

4.   If you think you need to see any other doctor, you must get the visit approved by your Carolina ACCESS provider first.

5.   If you see another doctor without an approval from your Carolina ACCESS provider, Medicaid will not pay for the visit.

6.   If his office is closed and care cannot wait until the office reopens, your Carolina ACCESS provider has an after-hours number.

7.   Only go to the Emergency Room for true life-threatening conditions like severe bleeding, broken bones, trouble breathing, or chest pains.

8.   Medicaid will not pay for non-emergency treatment in the Emergency Room unless your Carolina ACCESS provider has approved the visit.

9.   If you are not sure that your visit to the Emergency Room will be approved, call your Carolina ACCESS provider before you go.

10.   You can change Carolina ACCESS providers. Call your case manager or the Carolina ACCESS representative to find out when you can make a change.

B.   Contact your local Carolina ACCESS plan representative with any questions or special situations.

WF1502.01   HOW TO ENTER THE CAROLINA ACCESS CODE

You must key a DSS-8125/8126 to enter/update a Carolina ACCESS Code in the field under "Individual Data." Key the 7-digit provider number. A Carolina ACCESS (C/A) Code is required for:

NOTE: For individuals with a Citizen/ID code of "60" through "66", EIS automatically enters a Carolina ACCESS Exempt Number of 9999901.

WF1500

A.   **Application Approval**

A C/A code is required for each individual that will be in the ongoing case.

B.   **Add-An-Individual Approval - Authorized Cases**

1.   A C/A code is required for **each** individual that is being added to an ongoing case.

2.   A C/A code **cannot** be entered for the other individuals in the case at the same time the application approval is entered.

3.   If a C/A code is to be entered on the other individual(s) in the case, a separate DSS-8125 (and DSS-8126, if necessary) needs to be entered the day after the "add" approval is keyed.

C.   **Review/Redetermination - Authorized Cases**

A C/A code is required for each individual in the case. Once the Carolina ACCESS code has been entered, it does not have to be reentered at each review.

D.   **Program Transfer**

Cases that already have a Carolina ACCESS Provider Code that transfer to an aid program/category that requires a Provider Code require no change.

Cases that already have a Carolina ACCESS Provider Code that transfer to an aid program/category that does not allow a Provider Code must have the Provider Code removed. The exempt code (9999901) can be entered, or the system will assign the code during the nightly update process.

E.   **Changes To a Carolina ACCESS Code**

The Carolina ACCESS Provider Code can be changed anytime the individual changes providers. The Provider Code can also be changed to an exempt code, if applicable. The change is effective the ongoing month.

To remove the Carolina ACCESS code, press the delete key on the C/A field.

WF1500

G.   Pull/Reissue

After the regular run for each aid program/category, any changes to the Carolina ACCESS Code going from "coverage" to "no coverage" or "no coverage" to "coverage" causes a pull/reissue.

Changes for "coverage" to "coverage" (changing the Provider Code) does **not** cause a pull/reissue.

WF1503   THIRD PARTY RECOVERY

http://info.dhhs.state.nc.us/olm/manuals/dma/eis/man/Eis3350.htm#P12_315

WF1504   1634 PROCEDURES

http://149.168.11.112:80/olm/manuals/dss/ei-50/man/WF206-01.htm

WF1500