

 <p>Department of Human Resources 311 West Saratoga Street Baltimore MD 21201</p>	<p>FIA ACTION TRANSMITTAL</p>
<p>Control Number: 00-13</p>	<p>Effective Date: Upon Receipt Issuance Date: October 1, 1999</p>

**TO:** DIRECTORS, LOCAL DEPARTMENT OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS/ELIGIBILITY STAFF  
DIRECTORS, LOCAL HEALTH DEPARTMENTS  
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF

*Charles E. Henry, Jr.*  
**FROM:** ROBERT J. EVERHARD, EXECUTIVE DIRECTOR, FIA  
JOSEPH MILLSTONE, DIRECTOR, DHMH/MCPA  
JOSEPH E. DAVIS, DIRECTOR, DHMH/MCOA *[Signature]*

**RE:** ALLOWABLE MCO DISENROLLMENTS

**PROGRAM AFFECTED:** MEDICAL ASSISTANCE (MA)

**ORIGINATING OFFICE:** OFFICE OF POLICY, RESEARCH AND SYSTEMS

**SUMMARY:** In April of 1996, the Maryland legislature passed Senate Bill 750. This bill directed the Department of Health and Mental Hygiene (DHMH) to employ managed care principles to promote patient-focused, accessible services to Medicaid customers and to create a "medical home" for Medicaid recipients through which all medical care will be delivered. DHMH created **HealthChoice**.

Initially, in the first year of **HealthChoice**, customers were allowed one disenrollment per year for any reason. **This is no longer allowed.** This action transmittal reviews the enrollment process and provides case managers with the conditions acceptable to effect the disenrollment process.

**ACTION REQUIRED:** FIA case managers should be able to answer basic questions pertaining to a customer's enrollment in **HealthChoice**. More importantly, Medical Assistance customers must be made aware that once enrolled in a MCO they cannot change the assignment for a year without a "for cause" reason. Case managers should encourage customers to make a choice when they receive enrollment information.

Not all Medicaid eligible recipients are eligible for **HealthChoice**. The **HealthChoice** program does include low-income women and children and people with disabilities.

However, the following individuals are not eligible for **HealthChoice**: those with short term Medicaid eligibility (spend down coverage), those individuals also receiving Medicare, those recipients enrolled in the Model Waiver Program for disabled children, those receiving limited coverage through the Family Planning Waiver Program or the Maryland Pharmacy Assistance Program, and those individuals who live in nursing homes, chronic care facilities, state mental hospitals, and intermediate care facilities for the mentally retarded.

## **THE ENROLLMENT PROCESS**

Once determined eligible for MA, if **HealthChoice** eligible, the customer will receive an enrollment packet from the **HealthChoice** Enrollment Broker which will include information on all the MCOs in the specific area; provider lists and locations, services available at each MCO, and an enrollment form.

MA customers have 21 days to choose an MCO. Foster Care children have 60 days. The Department of Health and Mental Hygiene will randomly assign customers who do not choose an MCO within the allotted time.

Customers who have lost eligibility but have had their eligibility re-established within 90 days, and still reside in the same local access area (LAA), are automatically reassigned to their former MCO.

Customers who want to enroll immediately upon receipt of their eligibility for MA may do so by calling the **HealthChoice** Enrollment line at 1 (800) 977 – 7388. This number may also be used for customers who are enrolled and have an approved reason (see below) to make changes in their current MCO assignment.

Inquiries or complaints from customers already enrolled in an MCO can be addressed via the **HealthChoice** Enrollee Action Line (HEAL), 1-800-284-4510.

## **APPROVED DISENROLLMENT REASONS**

DHMH has approved the following reasons as acceptable criteria for disenrollment from one MCO and re-enrollment into another MCO. They are as follows:

1. An enrollee may disenroll from one MCO and enroll in another MCO if the enrollee moves to a Local Access Area that is not served by the enrollee's present MCO.
2. A group of enrollees comprising a family, the members of which are enrolled in different MCOs, may, at the request of an adult enrollee, be disenrolled and reassigned so that all family members are assigned to one MCO.

**[Note:** In the case of a newborn, the mother is allowed to move her newborn to the MCO in which her other children are enrolled and **still** maintain her eligibility in a different MCO]. If she desires to do this, she should call the Enrollment Broker after she receives the baby's Medical Assistance number.

3. An enrollee who moves or becomes homeless, creating a transportation hardship that may be resolved by enrollment into another MCO serving the enrollee's new local address access area, may request to be disenrolled and enrolled into another MCO. **[Note:** Transportation hardship consists of lack of public transportation or distances greater than 30 miles.]
4. In cases of Automated Assignment where the file at the Enrollment Broker has a Bad Address marker on the recipient's demographic screen, a recipient may initiate a one-time change, if requested. **[Note:** Enrollment Broker shall inform the recipient to contact LDSS with their new address.] Additionally, any recipient, who was automatically assigned to an MCO that does not include their historic provider, may make one change to that assigned MCO if requested within 60 days of the Automatic Assignment.

The above reasons are the only State approved reasons for changing MCOs at times other than the Annual Right to Change. When the recipient contacts the Enrollment Broker, if none of the reasons apply, there can be no change permitted until the Annual Right to Change period which is based on the recipient's initial **HealthChoice** enrollment anniversary date. Point (3) below is only to be used in those situations where the recipient explains a crisis situation. It is not to be suggested unless an Enrollment Broker supervisor is made aware of the seriousness of the recipient's situation.

Please note the following:

1. Newborns are automatically assigned to their mother's MCO. The only allowable reasons to change a newborn's MCO are the reasons listed above. **[Note:** A mother's preference for a pediatrician not in her MCO is not an allowable change reason.]
2. Children in state-supervised care (i.e. foster care and adoptions) may require a change of MCO based on reasons listed above. In addition, a child in state supervised care may be disenrolled from the current MCO and enrolled in an MCO serving the group facility in which the child resides, serving other members of the foster care family, or serving other children in foster care placement with the child. The responsible State or local agency can make contact with the Enrollment Broker if such a change is necessary.

3. Situations involving a request for MCO change based on an urgent medical need must be referred to the **HealthChoice** Enrollee (**HEAL**) Action Line at 1-800-284-4510 for approval and entering. Such changes cannot be authorized or entered by the Enrollment Broker. In general, a qualifying change in this situation will be based on a prior arranged service not being accessible, due to the provider not having a relationship with the enrollee's MCO.

**INQUIRIES:** Local departments may direct questions to Deborah Weathers, FIA Program Analyst, on (410) 767-7994.

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