

# **DMA ADMINISTRATIVE LETTER NO. 13-02**

**DATE:** DECEMBER 28, 2001

**SUBJECT:** PROCEDURES FOR CAROLINA ACCESS/MANAGED CARE

**DISTRIBUTION:** COUNTY DIRECTORS OF SOCIAL SERVICES  
COUNTY INCOME MAINTENANCE DIRECTORS  
COUNTY SUPERVISORS AND CASE MANAGERS  
MANAGED CARE CONTACTS  
PUBLIC CONSULTING GROUP

## **I. INTRODUCTION**

Effective January 2002, recipients in Mecklenburg County can choose between enrolling with an HMO or a Carolina ACCESS provider. The changes enclosed in this letter do not affect any counties that are currently Carolina ACCESS only counties.

Carolina ACCESS and Health Maintenance Organizations (HMO) are managed care programs linking Medicaid recipients with a primary care provider. The primary care provider delivers and coordinates recipients' health care needs. To link recipients with providers, use the Eligibility Information System (EIS).

The purpose of this letter is to transmit revisions to the EIS procedures for participation in the Carolina ACCESS/HMO program. The information provided in this letter is effective Monday, January 7, 2002. Use the information contained in this letter to enroll a recipient in the Carolina ACCESS or HMO program.

## **II. CHANGES**

The changes below impact Mecklenburg County only.

### **A. DSS-8125**

The DSS-8125 now requires at application and redetermination a Carolina ACCESS number in the CA Provider field. If enrolling the individuals with an HMO 9999905 must be entered; otherwise, use the appropriate Carolina ACCESS number.

B. Add-an-Individual Approvals

When approving add-an-individual applications and enrolling with an HMO provider, the Managed Care Enrollment screen requires all individuals on the case to be reenrolled with an HMO provider.

C. HMO Exempt Numbers

The only valid HMO exempt number available is 9099503. This number is automatically assigned to a recipient with Medicare when the other individuals on a case are enrolled with an HMO provider.

For example, if a grandmother (with Medicare) is on an AAF case with her grandchildren and the children are enrolled with an HMO, EIS assigns 9099503 to the grandmother because all individuals in a case must be enrolled with an HMO or have an HMO exempt number.

D. Carolina ACCESS Numbers (Valid or Exempt)

Individuals on a case enrolling in Carolina ACCESS may select different providers and/or may be exempted using the appropriate Carolina ACCESS Exempt number.

For example, if grandmother (with Medicare) is on an AAF case with her grandchildren and the children are enrolled with a Carolina ACCESS provider, the grandmother could be enrolled with a different provider or exempt using 9999903 (if she has Medicare).

Please obsolete DMA Administrative Letters 35-98, 18-98, and 18-98 addendum 1.

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

Sincerely,

Nina M. Yeager  
Director

(This material was researched and prepared by Ken Maddox, EIS Consultant.)

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**I. CAROLINA ACCESS AND HMO POLICY**

A. Recipients receiving Medicaid in the following aid program/categories are not eligible to enroll in Carolina ACCESS or an HMO:

1. MQB
2. MRF
3. RRF
4. SAA
5. MIC (class J, K, S, or L)
6. MAF (class W, T, U, V)

NOTE: The Medicaid classifications in #6 above are for Breast and Cervical Cancer coverage. They will be valid in EIS on February 4, 2002.

B. Unless exempt, recipients receiving Medicaid in MAA may select a Carolina ACCESS provider. They may NOT enroll in an HMO.

C. Recipients receiving Medicaid in the following aid program/categories may enroll in Carolina ACCESS or HMO; however, they are not required to enroll:

1. HSF
2. IAS

D. Unless otherwise exempt (i.e., in a Long Term Care Facility, Medicare eligible, illegal alien), recipients receiving Medicaid in the following aid program/categories must select a primary care provider through Carolina ACCESS or must enroll with an HMO:

1. AAF
2. MAB
3. MAD
4. MAF
5. MIC (N class only)
6. MSB
7. SAD
8. MPW

E. Recipients must be authorized for ongoing Medicaid. Recipients can not enroll when in deductible status.

I. (CONT'D)

F. To enroll the recipients, the living arrangement must be one of the following private, foster care, or domicillary care living arrangement codes:

1. 10
2. 11
3. 12
4. 13
5. 51
6. 52
7. 53
8. 56

G. The recipient can not have Medicare and enroll with an HMO. If the Medicare A or Medicare B indicator is Z or Y, the recipient may enroll with Carolina ACCESS.

H. The recipient can not enroll with Carolina ACCESS or an HMO if he is a non-qualified alien and the Medicaid class is F or O. Non-qualified aliens are not eligible for ongoing Medicaid.

I. The recipient can not participate in CAP and enroll with an HMO.

J. All individuals in a case do not have to enroll with the same Carolina ACCESS provider. If selecting an HMO, all individuals on the case must be enrolled with the same HMO unless the individual is exempt.

**II. CAROLINA ACCESS ENROLLMENT**

A. The recipient must enroll in Carolina ACCESS, HMO, or be given a Carolina ACCESS exempt number at application or redetermination. HMO enrollment is valid in dual Carolina ACCESS/HMO counties only.

B. **IMPORTANT!** It is very important to maintain an accurate and current county provider directory to assure recipients are linked with an appropriate PCP. For example, do not enroll a new patient with a provider who only accepts established patients.

C. The effective date of enrollment at application, redetermination, or requested change is always the ongoing month after the action processes in EIS. Depending on the system cut-off, this may be the next month or the following month.

II.C. (CONT'D)

1. For non-SSI cases, the system cut-off is PULL night, which is the 4<sup>th</sup> working day from the end of the month.
  2. For SSI cases, the system cut-off is the 11th working day from the end of the month because these individuals do not go through the PULL/Reissue process.
- D. To enroll a recipient in the Carolina ACCESS program, enter the appropriate provider number in the Provider field on the individual screen of the DSS-8125. When the action processes, the provider number is changed on the ID and IE segments during the nightly batch process.
- E. EIS requires the Carolina ACCESS number be deleted in the following situations:
1. Authorized to Deductible
  2. Individual Deletions
  3. County Transfers

NOTE: With county transfers, EIS automatically inserts 9900029 when the DSS-8125 processes the last work night of the month.

**III. HMO ENROLLMENT**

HMO enrollment is only valid in dual Carolina ACCESS/HMO counties.

- A. Enrollment is effective the ongoing month in EIS; however, there are two exceptions to this rule:
1. For newborn (6 months old or less) approvals, enrollment is retroactive to the birth month if the mother was HMO at that time and the baby is approved for Medicaid back to the month of birth.
  2. For overdue Medicaid redeterminations (where the recipients are already enrolled with an HMO), the HMO coverage is retroactive to the beginning of the new certification period.
- B. A client can voluntarily request disenrollment from the HMO. However, the client must enroll in Carolina ACCESS or another HMO unless exempt.

Otherwise, the case remains in the HMO until:

1. The case is terminated, or

III.B. (CONT'D)

2. The case is transferred to an aid program/category in which HMO enrollment is not allowed, or
  3. The case is transferred to another county, or
  4. The HMO requests and DMA approves the involuntary disenrollment of a case.
- C. Enroll recipients in a Medicaid contracted HMO using the on-line enrollment screen in EIS.
- D. **IMPORTANT!** Enter only Medicaid HMO enrollment using the on-line Managed Care Enrollment screen. Enter private HMO information and other third party insurance information into the TPR database using the DMA-2041.
- E. There are two mechanisms through which EIS displays the Managed Care Enrollment screen:
1. Through the DSS-8125 process when the Carolina ACCESS exempt number 9999905 is keyed in the Carolina ACCESS Provider field, or
  2. Using the ME selection in EIS if the individual already has 9999905 Carolina ACCESS Exempt number for each individual on the case.

**IV. MANAGED CARE ENROLLMENT SCREEN INSTRUCTIONS ENTRY VIA THE DSS-8125**

A. General Information

1. When approving an application or completing a redetermination in AAF, MAB, MAD, MPW, MAF, MIC (N class only), MSB, or SAD, one of the following must be entered in the Carolina ACCESS Provider number field:
  - Carolina ACCESS Exempt Number
  - Carolina ACCESS Provider Number
  - 9999905 (Indicates Case Recipients Have Elected Enrollment in an HMO)

IV.A. (CONT'D)

2. When 9999905 is keyed on the DSS-8125, EIS automatically determines if the recipients qualify for an HMO.
  - a. When they do not qualify, EIS displays the appropriate error message.
  - b. When the recipients qualify for an HMO and the DSS-8125 is error free, EIS automatically displays the Managed Care Enrollment screen. In order for the DSS-8125 to process, the enrollment screen must be completed for all individuals on the case.
3. If the enrollment screen is displayed through the DSS-8125 process and you PF2 out of the enrollment screen without completing the enrollment, the DSS-8125 is placed on hold.

For application approvals, the DSS-8124 is also placed on hold. The status on the DSS-8124 and on the Application Data (AD) inquiry screen will be "HH".

4. If the enrollment is not resolved that day, the following message will appear on the Error and Attention Report the next workday:  
**FORM HELD-MANAGED CARE NOT CREATED.**
5. To process the DSS-8125 after it was placed on hold using the PF2 key:
  - a. Complete a re-entry on the form and press ENTER.
  - b. EIS displays the Managed Care Enrollment screen.
  - c. Complete the enrollment to process the DSS-8125.
6. You may not place the enrollment screen on hold. You must always start over if you use the PF2 key to get out of the enrollment process.
7. When associated with a DSS-8125, EIS creates the HMO managed care segment in the nightly update. On-line inquiry for managed care is available the following workday.
8. If 9999905 is entered in error, use PF2 to exit the enrollment process. Redisplay the DSS-8125 and enter the correct Carolina ACCESS number.

IV. (CONT'D)

B. Screen Instructions

Use the following instructions when accessing the Managed Care Enrollment screen through the DSS-8125 process.

1. New Application and Reapplication Approvals (Reapplications Against Terminated Cases)
  - a. To enroll the case recipient(s) with an HMO, key 9999905 in the Carolina ACCESS Provider Number field for each individual on the DSS-8125.
  - b. When the DSS-8125 is error free, EIS automatically displays the Managed Care Enrollment screen.

EJA992S1	NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES	DATE: 10/06/97	
	ELIGIBILITY INFORMATION SYSTEM	TIME: 12:30:15	
	MANAGED CARE ENROLLMENT SCREEN		
CASE ID:	FORM ID:	CATEGORY CODE:	SELECT:
99999999		HMOM	
PF2: RETURN TO INQUIRY MENU			
PLEASE SELECT THE TYPE OF ENROLLMENT			

- c. Key S in the SELECT field on the Managed Care Enrollment screen and press ENTER.

**NOTE: The HMOM category code is HMO Medical. Currently, HMOM is the only option.**

- d. When there is at least one HMO eligible individual on the case, EIS displays the Managed Care Enrollment screen again. The messages displayed at the bottom of the screen will vary depending on whether there are previous managed care segments.
      - e. EIS examines the managed care data of the last individual on the DSS-8125 to determine if there is existing or previous managed care.

IV.B.1.e. (CONT'D)

- (1) If there is existing HMOM managed care (ongoing or for the past four months), EIS displays the following message at the bottom of the screen:

**CASE HAS MANAGED CARE # 9999999. DO YOU WISH TO ENROLL/REENROLL OR CHANGE?**

**EIS ALWAYS INSERTS A "Y" BESIDE THE QUESTION:**

**DO YOU WISH TO ENROLL/REENROLL OR CHANGE? Y**

**YOU MAY NOT CHANGE THIS INDICATOR.**

The following is a sample of the screen.

EJA992S1	NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES	DATE: 10/06/97	
	ELIGIBILITY INFORMATION SYSTEM	TIME: 12:30:15	
	MANAGED CARE ENROLLMENT SCREEN		
CASE ID: 99999999	FORM ID: 9999999B	CATEGORY CODE: HMOM	SELECT: S
PF2: RETURN TO INQUIRY MENU			
CASE HAS MANAGED CARE #9999999. DO YOU WISH TO ENROLL/REENROLL OR CHANGE? Y			

- (2) If there is no HMOM managed care (ongoing or for the past four months), EIS displays the following message at the bottom of the screen:

**PRESS ENTER TO CONTINUE THE ENROLLMENT PROCESS**

The message **CASE HAS MANAGED CARE # 9999999. DO YOU WISH TO ENROLL/REENROLL OR CHANGE?** is not displayed.

- f. Press ENTER to continue the enrollment process.

IV.B.1. (CONT'D)

- g. When ENTER is pressed, EIS displays the HMO eligible recipients one at a time. The following screen illustrates the information that is displayed:

EJA940S1	NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES		10/06/97
	ELIGIBILITY INFORMATION SYSTEM		12:30:15
	MANAGED CARE ENROLLMENT SCREEN		
CASE ID: 99999999	FORM ID:	CATEGORY CODE:	HMOM
INDIVIDUAL ID	PERIOD ELIGIBLE	ELIGIBLE PROVIDERS	SELECT
111111111S	11/01/1997 00/00/0000	6700010 6700011	
↑	↑	↑	↑
EIS will list the individual ID of one person at a time.	EIS will fill in the 1st day of the ongoing month.	EIS will fill in zeros for AAF or SSI cases or the Medicaid Cert Thru for non-SSI Medicaid cases.	EIS will list all the HMOs for which the person qualifies.
PF2: INQUIRY MENU PLEASE SELECT A PROVIDER			

- h. At this point, you have the following options:

- (1) To discontinue the enrollment process and return to the EIS Menu, press PF2. Remember that the DSS-8125 is put on hold.
- (2) To select the HMO chosen by the recipient, key S in the SELECT field beside the appropriate HMO and press ENTER.

**NOTE: The provider numbers are defined on page 26 of this letter.**

**EIS continues with this process until all eligible individuals on the case are enrolled. When the last individual is enrolled, EIS displays a blank DSS-8125.**

**NOTE: IF YOU ENROLLED THE CASE IN ERROR AND YOU DISCOVER THIS ON THE SAME DAY YOU KEYED THE DSS-8125, COMPLETE A RE-ENTRY ON THE DSS-8125 AND GO THROUGH THE PROCESS AGAIN.**

IV.B.1. (CONT'D)

- i. When approving a newborn (6 months or less) to a new MIC-N case (application types 1, 2, 4, 5, and 7), EIS searches the managed care segments for the casehead/payee and builds a matching segment for the child if the following conditions are met:
  - (1) The child is age 6 months or less as of the Medicaid Effective Date on the DSS-8125, and
  - (2) The casehead/payee's HMO provider number begins with a "6", and
  - (3) The begin date of the casehead/payee's managed care segment is prior to or equal to the newborn's month of birth.

NOTE: This does not include Add-an-Individual/Inclusion application approvals.

2. Add-an-Individual Approval To An Active Case With HMO

If the case is to remain enrolled with the HMO, 9999905 must be entered in the Carolina ACCESS Provider Number field, on the DSS-8125, for the individual being added. Once error free, the Managed Care Enrollment screen displays for every individual on the application and the case.

NOTE: Refer to VI.A.1 for additional information regarding Add-an-Individual applications.

3. Reapplication Against An Active Case With HMO

- a. If the DSS-8125 to approve the reapplication has Carolina ACCESS Provider numbers, EIS closes the existing HMO managed care segments effective with the OLD CASE TERMINATION DATE on the form.
- b. If the DSS-8125 to approve the reapplication has 9999905 in the Carolina ACCESS Provider Number field, EIS displays the Managed Care Enrollment screen.

Follow the instructions in #1 above to enroll the recipients.

IV.B. (CONT'D)

4. Changing From Carolina ACCESS To HMO
  - a. To change from Carolina ACCESS to HMO, you must complete the DSS-8125.
  - b. Enter the 9999905 in the Carolina ACCESS provider field.
  - c. When the DSS-8125 is error free, EIS displays the enrollment screen.
  - d. Enroll the case recipients following instructions in #1 above.
  - e. In the nightly update, EIS creates the HMO managed care segments effective the first day of the ongoing month. EIS updates the Medicaid History (IE) to indicate that Carolina ACCESS ends the last day of the benefit month and that HMO begins the first day of the ongoing month.
5. Changing From HMO To Carolina ACCESS
  - a. To change from HMO to Carolina ACCESS, you must enter the Carolina ACCESS provider number on the DSS-8125.
  - b. In the nightly update, EIS terminates the existing HMO Managed Care segment effective the end of the current benefit month. EIS updates the Medicaid History (IE) to indicate the HMO ends the last day of the benefit month and that Carolina ACCESS begins the first day of the ongoing month.
6. Redeterminations
  - a. If there is something other than 9999905 in the Carolina ACCESS Provider Number field on the DSS-8125, the Managed Care Enrollment screen is **NOT** displayed.
  - b. If 9999905 is in the Carolina ACCESS Provider Number field on the DSS-8125, the enrollment screen displays once the DSS-8125 is error free.
  - c. Key S in the SELECT field on the Managed Care Enrollment screen and press ENTER.

IV.B.6. (CONT'D)

- d. EIS displays the Managed Care Enrollment screen again. The messages displayed at the bottom of the screen will vary depending on whether there are previous managed care segments.

EIS examines the managed care data of the last individual on the DSS-8125 to determine if there is existing or previous managed care.

- (1) If there is existing HMOM managed care (ongoing or for the past four months), EIS displays the following message at the bottom of the screen:

**CASE HAS MANAGED CARE # 9999999. DO YOU WISH TO ENROLL/REENROLL OR CHANGE?**

**EIS WILL ALWAYS INSERT AN "N" BESIDE THE QUESTION:**

**DO YOU WISH TO ENROLL/REENROLL OR CHANGE?**

**YOU MAY CHANGE THIS INDICATOR TO "Y" IF THE RECIPIENT HAS REQUESTED A CHANGE TO ANOTHER HMO.**

The following is a sample of the screen.

EJA992S1	NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES	DATE: 10/06/97	
	ELIGIBILITY INFORMATION SYSTEM	TIME: 12:30:15	
	MANAGED CARE ENROLLMENT SCREEN		
CASE ID:	FORM ID:	CATEGORY CODE:	SELECT:
99999999	9999999B	HMOM	S
PF2: RETURN TO INQUIRY MENU			
CASE HAS MANAGED CARE #9999999. DO YOU WISH TO ENROLL/REENROLL OR CHANGE? N			

IV.B.6. (CONT'D)

- (2) If there is no HMOM managed care (ongoing or for the past four months), EIS displays the following message at the bottom of the screen:

**PRESS ENTER TO CONTINUE ENROLLMENT PROCESS**

The message **CASE HAS MANAGED CARE # 9999999. DO YOU WISH TO ENROLL/REENROLL OR CHANGE?** is not displayed.

- e. Press ENTER to continue the enrollment process.

- (1) If you answered "N" and:

➔ The redetermination is for an AAF or SAD case, EIS processes the redetermination that night with no change in the existing managed care segments.

➔ The redetermination is for a Medicaid case, EIS processes the redetermination that night and overlays the existing HMOM managed care end date with the new certification thru date on the case.

- (2) If you answered "Y", you must enroll each individual on the case with the new HMO. The enrollment with the new HMO is effective the ongoing month.

7. Instructed By DMA To Disenroll Case For Cause

- a. If you are instructed to disenroll a HSF, IAS, or MPW case from the HMO and the recipient does not want to select a Carolina ACCESS provider, use the following instructions.

NOTE: If the recipient has selected a Carolina ACCESS provider, use the instructions in b. below:

- (1) Complete the DSS-8125 and enter the appropriate Carolina ACCESS exempt number.
- (2) In the nightly update, EIS terminates the HMO managed care segment effective the end of the current benefit month.

IV.B.7. (CONT'D)

- (3) EIS updates the Medicaid History (IE) to indicate the HMO ends the last day of the benefit month and that Carolina ACCESS exemption begins the first day of the ongoing month.
  - b. If you are instructed to disenroll a case from the HMO and the case is AAF, MAB, MAD, MAF, MIC, MSB, or SAD, use the following instructions:
    - (1) Complete the DSS-8125 and enter the Carolina ACCESS exempt number 9900030 or the provider number the recipient selected as his primary care provider.
    - (2) In the nightly update, EIS terminates the HMO managed care segment effective the end of the current benefit month.
    - (3) EIS updates the Medicaid History (IE) to indicate the HMO ends the last day of the benefit month and that Carolina ACCESS begins the first day of the ongoing month.

8. Deductible To Authorized

When changing the Medicaid status on the case from deductible to authorized, you must enter a Carolina ACCESS provider number, Carolina ACCESS exempt number, or 9999905 (indicates HMO).

When you enter 9999905, EIS displays the Managed Care Enrollment screen.

Follow the instructions in #1 above to enroll the recipients.

9. Authorized To Deductible

When changing the Medicaid status on the case from authorized to deductible, EIS requires that the Carolina ACCESS number be deleted.

If the case was HMO, EIS will close the HMO managed care segments in the nightly update.

**V. MANAGED CARE ENROLLMENT SCREEN INSTRUCTIONS ENTRY VIA THE ME SELECTION**

- A. If the recipient requests a change from one HMO to another, you may use the ME selection to make the change.
- B. To display the Managed Care Enrollment screen from the EIS Menu, enter ME in the SELECTION field and the case ID in the KEY field.

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

- 1. You are not allowed to use the ME selection when there is a DSS-8125 form on hold. If there is a DSS-8125 on hold, complete a re-entry on the form and go through the enrollment screen again to change the HMO information.
  - 2. The ME screen can not be used if the individual(s) on the case do not have 9999905 on the ID/IE segments. The DSS-8125 must be used to enroll the individuals with an HMO.
- C. Press ENTER. EIS displays the enrollment screen with the case and the Category Code HMOM.

EJA992S1	NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES	DATE: 10/06/97	
	ELIGIBILITY INFORMATION SYSTEM	TIME: 12:30:15	
	MANAGED CARE ENROLLMENT SCREEN		
CASE ID:	FORM ID:	CATEGORY CODE:	SELECT:
99999999		HMOM	
PF2: RETURN TO INQUIRY MENU			
PLEASE SELECT THE TYPE OF ENROLLMENT			

- D. Key S in the SELECT field and press ENTER.
- E. EIS displays the screen again with the following message:

**PRESS ENTER TO CONTINUE ENROLLMENT PROCESS**

V. (CONT'D)

F. Press ENTER. EIS displays the following screen:

EJA940S1	NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES			10/06/97
	ELIGIBILITY INFORMATION SYSTEM			12:30:15
	MANAGED CARE ENROLLMENT SCREEN			
CASE ID:	99999999	FORM ID:		CATEGORY CODE: HMOM
INDIVIDUAL ID	PERIOD	ELIGIBLE	ELIGIBLE PROVIDERS	SELECT
111111111S	11/01/1997	00/00/0000	6700010 6700011	
↑	↑	↑	↑	
EIS will list the individual ID of one person at a time.	EIS will fill in the 1st day of the ongoing month.	EIS will fill in zeros for AAF or SSI cases or the Medicaid Cert Thru for non-SSI Medicaid cases.	EIS will list all the HMOs for which the person qualifies.	
PF2: INQUIRY MENU				
PLEASE SELECT A PROVIDER				

G. At this point, you have the following options:

1. To discontinue the enrollment process and return to the EIS Menu, press PF2.
2. To select the HMO chosen by the recipient, key S in the SELECT field beside the appropriate HMO and press ENTER.

**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 WILL NOT BE ALLOWED TO USE ANY OF THE PF KEYS AFTER ONE OF THE INDIVIDUALS ON THE CASE IS ENROLLED. YOU WILL GET THE FOLLOWING ERROR MESSAGE: ENROLLMENT/DISENROLLMENT PROCESS STARTED. MUST COMPLETE FOR CASE.**

**IF YOU ENROLLED THE CASE IN ERROR, USE THE ME SELECTION TO COMPLETE ANOTHER MANAGED CARE ENROLLMENT SCREEN.**

H. EIS continues with this process until all eligible individuals on the case are enrolled. When the last individual is enrolled, EIS displays a blank enrollment screen.

V. (CONT'D)

- I. When you make changes to a recipient's HMO using the ME selection, EIS updates the managed care segments immediately. You may view these changes by entering MI in the SELECTION field and the individual ID number in the KEY field. Refer to VII. below for additional inquiry information.

**VI. CASE/INDIVIDUAL CHANGES AND HMO**

EIS automatically updates 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.

A. Non-SSI Cases

1. Add-An-Individual/Inclusion

- a. When adding an individual (7 months or older) to a case that is enrolled with an HMO, you must enter 9999905 in the Carolina ACCESS Provider Number field:
  - (1) If the individual has Medicare, the managed care segment will indicate exempt due to Medicare (9099503).
  - (2) If the individual does not have Medicare, follow instructions in IV.B.1 above to enroll the individual(s) with an HMO.
- b. When adding a newborn (6 months or less) to a case currently enrolled in an HMO and the newborn qualifies for Mom's HMO, EIS builds the managed care segment with the birth month as the begin date through the current month when:
  - (1) The newborn has not received Medicaid in another aid program/category, AND
  - (2) The Medicaid Effective Date equals the month of birth, AND
  - (3) Mom's HMO begin date is prior to or equal to the newborn's month of birth.

For HMO enrollment ongoing, follow instructions in IV.B.1 above to enroll the individual(s) beginning the ongoing month.

VI.A. (CONT'D)

2. Aid Program/Category Transfer

a. If a case with HMO transfers to another aid program/category that also allows HMO, EIS continues the HMO enrollment. The possible transfers to HMO aid program/categories are:

- (1) AAF to MAF, MIC, or MPW
- (2) MAF to AAF, MIC or MPW
- (3) MIC to MAF
- (4) MPW to MAF
- (5) MAD or MSB to MAB
- (6) MAB or MSB to MAD
- (7) MAB or MAD to MSB
- (8) SAD to MAB, MAD, or MSB

b. If a case with HMO transfers to an aid program/category that does not allow HMO, EIS terminates the HMO managed care segment effective with the month of the transfer. Enter 9900030 for MAA and 9999901 for MQB or SAA in the Carolina ACCESS Provider field. The possible transfers are:

- (1) MAB, MAD, or MSB to MQB
- (2) MAD to MAA
- (3) MSB or MAB to MAA
- (4) SAD to SAA

c. HSF and IAS cannot transfer to other aid program/categories.

3. Case Termination

If a case with HMO coverage is terminated, EIS automatically inserts the case termination date in the HMO managed care segment end date field for all individuals in the case.

4. Change In Living Arrangement

a. Private Living to Long Term Care (PLA to LTC)

When the living arrangement for an HMO-enrolled Medicaid recipient changes from a private living arrangement to long term care, EIS automatically closes the HMO managed care segment effective the last day of the month prior to the ongoing month.

VI.A.4.a. (CONT'D)

When completing the DSS-8125, change the Carolina ACCESS number from 9999905 to 9999902 to indicate the long term care exemption for Carolina ACCESS.

b. Long Term Care to Private Living (LTC to PLA)

When the living arrangement for a Medicaid recipient changes from long term care to private living, the recipient should choose either Carolina ACCESS or HMO.

When completing the DSS-8125, change the Carolina ACCESS number from 9999902 to indicate the Carolina ACCESS provider or enter 9999905 if the recipient chooses HMO. When 9999905 is entered on the form, EIS displays the Managed Care Enrollment screen.

5. County Transfer

If a case with HMO coverage transfers to another county, EIS automatically inserts the last day of the month prior to the ongoing month in the HMO managed care segment end date field and inserts 9900029 on the ID and IE segments effective the month of transfer to the new county.

6. Individual Deletion

a. If an individual is deleted from a case with active HMO coverage, EIS automatically inserts the individual delete date in the HMO managed care segment end date field for the deleted individual only.

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

7. Medicaid Continuation

a. If an AAF case transfers to four month Continuation (AAF Payment Type 4), HMO enrollment is continued for the four months.

b. If an MAF case transfers to twelve month transitional Medicaid (AAF Payment Type 5), HMO enrollment is continued for the twelve months.

VI. (CONT'D)

B. SSI Cases

1. Aid Program/Category Transfer

a. If a SSI case with HMO transfers to another aid program/category that also allows HMO, EIS continues the HMO enrollment. The possible transfers are:

- (1) HSF to MAB or MAD
- (2) MAB or MAD to HSF
- (3) SAD to MAB or MAD

b. If a SSI case with HMO transfers to an aid program/category that does not allow HMO, EIS terminates the HMO managed care segment effective with the month of the transfer. Enter 9900030 for MAA or 9999901 for MQB and SAA in the Carolina ACCESS Provider field. on the DSS-8125.

The possible transfers to non-HMO aid programs/categories are:

- (1) MAB or MAD to MQB
- (2) MAD to MAA
- (3) SAD to SAA

2. Change In Living Arrangement

a. PLA to LTC

When the living arrangement for an HMO-enrolled Medicaid recipient changes from a private living arrangement to long term care, EIS automatically closes the HMO managed care segment effective the last day of the month prior to the ongoing month.

When completing the DSS-8125, change the Carolina ACCESS number from 9999905 to 9999902 to indicate the long term care exemption for Carolina ACCESS.

b. LTC to PLA

When the living arrangement for a Medicaid recipient changes from long term care to private living, the recipient should choose either Carolina ACCESS or HMO.

VI.B.2. (CONT'D)

When completing the DSS-8125, change the Carolina ACCESS number from 9999902 to a valid Provider number (can be exempt or provider number) to indicate the Carolina ACCESS provider or enter 9999905 if the recipient chooses HMO. When 9999905 is entered on the form, EIS displays the Managed Care Enrollment screen.

3. County Transfer

When a SSI case with HMO transfers to another county, EIS automatically closes the HMO managed care segment.

If a case enrolled with an HMO transfers to another county, EIS inserts one of the following in the Carolina ACCESS field on the ID and IE segments:

- a. 9900010 for individuals without Medicare A and B.
- b. 9900011 for individuals with Medicare A and B.

4. SSI Termination

When an SSI case with HMO coverage is terminated for death or moving out of state, EIS automatically inserts the case termination date in the HMO managed care segment end date field for all individuals in the case.

When SSI terminates on the SDX (for a reason other than death or moving out of state), EIS builds a DSS-8125 to change the SSI indicator from "Y" to "N".

- a. If the Carolina ACCESS number is something other than 9900010 or 9900011, EIS keeps this # on the ID and carries this number forward to the non-SSI IE segment. The non-SSI segment is effective the ongoing month.
- b. If the Carolina ACCESS number is 9900010 or 9900011, EIS changes the Carolina ACCESS number as follows:
  - (1) If Medicare A or Medicare B is Y or Z, EIS inserts the number 9900060.
  - (2) If neither the Medicare A nor Medicare B is Y or Z, EIS inserts the number 9900050.

VI.B.4.b. (CONT'D)

- (3) EIS changes the Carolina ACCESS number on the ID and carries the 9900060 or 9900050 number forward, as appropriate, to the non-SSI IE segment.
- c. If the Carolina ACCESS number is 9999905 (indicating HMO), EIS keeps the 9999905 number on the ID and carries this number forward to the non-SSI IE segment. The HMO segment remains open.

**VII. MANAGED CARE HISTORY INQUIRY**

- A. To view an HMO segment, enter MI in the SELECTION field and the individual ID in the KEY field and press ENTER.

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

- B. The Managed Care History Inquiry screen displays:

EJA948-1	NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES					DATE: 10/06/97
	ELIGIBILITY INFORMATION SYSTEM					TIME: 12:30:15
	MANAGED CARE HISTORY INQUIRY					
	INDIVIDUAL - 111111111S					
PROVIDER	CATGRY	PROVIDER	CASE	CNTY	FROM	TO
NUMBER	CODE	NAME	ID	NO	DATE	DATE
670001	0	HMO	UNITED HEALTHCARE	99999999	36	11/01/97 00/00/00
SELECTION	<b>MI</b>	KEY 111111111S	PF7=FORWARD	PF8=BACKWARD		
INQUIRY COMPLETE						

- C. Use this screen to view current and previous Managed Care enrollment.

**VIII. MANAGED CARE PROVIDER DATA INQUIRY**

- A. To view the information for a managed care provider, key **MP** in the SELECTION field and press ENTER.

VIII. (CONT'D)

B. The Managed Care Provider Database screen displays:

```
EJA939S1          NORTH CAROLINA DEPT OF HUMAN RESOURCES
                  MANAGED CARE PROVIDER DATABASE
PROVIDER NUMBER:  6700010      MANAGED CARE CATEGORY:  HMOM
CAROLINA ALT UB92 NUMBER:

PROVIDER NAME:
  LAST:           FIRST:           MI:           SPECIALTY CODE:

PROVIDER ADDRESS:
  CLINIC:
  LINE-1:           LINE-2:
  CITY:             STATE:         ZIP CODE:         COUNTY:

OFFICE PHONE:           AFTER HOURS:

COUNTIES BEING SERVED:

PATIENT ASSIGNMENT:           RESTRICTIONS:
  MAXIMUM:  00000      CURRENT:

CA CONTACT PERSON:  FIRST:           LAST:           MI:
PARTICIPATION DATES:(MMDDYY) FROM:           THRU:  000000  LAST CHG

PF2/14=MENU    PF3/15=DATA ENTRY    PF6/18=SCREEN2    PF7/19=DELETE
PLEASE ENTER PROVIDER ID
```

C. Key the PROVIDER NUMBER or the EXEMPT NUMBER.

1. HMO Provider Numbers

- ➔6700010 – United Health Care
- ➔6700011 – Southcare/Coventry

2. Exempt Numbers

The only HMO exempt number available is below. This exempt number is automatically assigned to an individual that has Medicare when the other recipients on the case are enrolled with an HMO. Do not attempt to key this number on the DSS-8125.

- ➔9099503 - Exempt Medicare Recipient

3. Managed Care Categories

- ➔ ACII – ACCESS II/ACCESS III
- ➔CARX (OR SPACE) - CAROLINA ACCESS
- ➔HMOM - HMO MEDICAL

VIII. (CONT'D)

D. Press ENTER. The following is an example of what the information would look like for United Healthcare.

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

PROV #: 6700010   OLD PROV #:                MANAGED CARE CATEGORY: HMOM
CAROLINA ACCESS IND: N      CAROLINA ALT UB92 NUMBER:
HOSPITAL PRIVILEGES: A     OFFICE HOURS:
PVDR ADMN #:                AFTER HOURS CODE:

GROUP/INDIVIDUAL PROVIDER:
LAST:                FIRST:                MI:                SPECIALTY CODE: 02
SITE NAME/LOCATION:
  CLINIC: UNITED HEALTHCARE
  LINE-1: 2307 W. CONE BLVD                LINE-2: P. O. BOX 276303
  CITY: GREENSBORO                STATE: NC ZIP CODE: 27438-0000 COUNTY: 41
  OFFICE PHONE: 877-289-4419 AFTER HOURS: 877-365-7951

COUNTIES BEING SERVED:    41 29 34 41 79 60
RESTRICTIONS:
PATIENT ASSIGNMENT: MAXIMUM: 99999      CURRENT: 00000
CA CONTACT PERSON: FIRST:                LAST:                MI:
PARTICIPATION DTES:(MMDDCCYY) FROM: 08241998 THRU: 00000000 LAST CHG:
04202000

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

IX. CASE DATA INQUIRY

A. If case recipients are enrolled with an HMO, the Case Data (CD) screen displays the following message at the bottom of the screen: HMO ENROLL.

IX. (CONT'D)

- B. Enter CD in the selection field and the Case ID in the key field. Press ENTER. The Case Data Screen displays with the message HMO ENROLL at the bottom.

```

                                EIS CURRENT CASE DATA
CASE-ID 99999999  CREATED 1998357  LAST-CHG  2001278  FORM-ID 99999999B
CO 60 CO-CASE  999999 DIST 000 CO-REASSIGN  0  000000 TERM  00000000
CASEHEAD/PAYEE XXXXXXXXXXXX X XXXXXXXXXXXX          ID 9999999999L PH# 9999999999
ADDRESS LINE 1 9999 MAIN ST                          ADDRESS LINE 2
CITY CHARLOTTE  STATE NC ZIPCODE 99999 WORKER-NO 000 NEEDS UNIT 03
SUB-PAY-CODE          SUB-PAYEE-NAME

APPLICATION-NO 9999999          APPL-DATE 12231998          APPL-TYPE 1
ONGOING-DISP: DATE 12231998 REASON A1  RETRO-DISP: DATE 00000000 REASON
AID-PROG M AID-CATG IC CHILD-CARE: AMT  VENDORS  HOLD/TERM
PYMT-REVW-PERD 000000 000000 PYMT-TYPE 9 MO-PYMT-AMT 00000 PYMT-EFF 000000
MED-STAT A MED-EFF-DATE 12012000 MEDICAID-CERT-PERD 12012000 11302001
MED-DEDUCTIBLE-BAL 00000.00  MEDIC-CLASS N  PAT-MO-LIABILITY-AMT 00000

GROSS INC 00957.00 DISREGD 00000.00 TOT-UNEARN 00000.00 MAIN-AMT 01180.00
WORK-EXP 00090.00 NET-EARNED 00867.00 RSDI-AMT 00000.00 AMBULATORY-CAP
CHILD/ADULT-CARE 00000.00 SSI-AMT 00000.00 DOMICILIARY-RATE 0000.00
GRANT-RECOUPMENT  0000 000000  TOT-COUNTABLE-MO-INC 00867.00

FOOD-STAMP          STEP-PARENT          EPICS CLM N SSI N VA-PAY N
SELECTION:         KEY: 69872392

                                HMO ENROLL

```

**X.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. The PVDR NUMBER is 9999905 and the HMO ENROLLED is Y.

EJA911	INDIVIDUAL INQUIRY SCREEN		DATE: 10/16/2001
ID 999999999G	NAME	XXXXXXXXXX X XXXXXXXXX	
DATE OF BIRTH	01/01/1990	STATUS IN CASE	R SSN 999999999
DATE OF DEATH		FAMILY STATUS	C RSDI CLAIM NO
SEX	M	LIVING ARR	10 <b>PVDR NUMBER 9999905</b>
RACE	B	REF CODE/DATE	0000/00 TPR INS TYPE
GROSS EARN	00000.00	JOBS WORK REG	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
		IVD IND	Y MEDICARE B
WF JOB BONUS		<b>HMO ENROLLED</b>	<b>Y</b> EPICS CLAIM N
MA JOB BONUS			
CREATE DATE	12/23/1998	LATEST CASE ID	999999999 LATEST FORM ID 9999999B
TERM DATE		LATEST COUNTY	60 LATEST DTE UPDT 2001278
SEL:	KEY 999999999G		
LAST ID	PF7=BACKWARD	PF6=CASE	PF9=INDV PROFILE

B. IP Inquiry

The following is an example of an IP screen (Individual Profile) for an individual who is currently enrolled in an HMO. The CA PVDR # field indicates the Carolina ACCESS number 9999905 and the HMO PVDR field indicates the HMO provider number.

NOTE: If the individual is not enrolled with an HMO, then only the CA PVDR # field is completed.

X. (CONT'D)

EJA067	INDIVIDUAL PROFILE	DATE: 10/16/2001
ID 999999999G	NAME XXXXXXXXXX X XXXXXXXXX	CURRENT IE
IVD SANC BEG DTE	CROSS REF IDS	HIST FROM 12/01/2000
IVD SANC END DTE		AUTH FROM 12/01/2000
MRA SANC BEG DTE	999999998G	HIST TO 11/30/2001
MRA SANC END DTE	999999997J	AID PROG MIC
WF JOB BONUS BEG		MED CLASS N
WF JOB BONUS END		SSI N
MA JOB BONUS BEG		CTY 60
MA JOB BONUS END	SPECIAL USE	PAY TP 9
STATUS IN CASE R		CASE ID 99999999
TEEN PARENT	CR 062896	DB/PML CD
TOT 12 MTHS USED	SS 081789	DB/PML AMT
TOT 24 MTHS USED		SPEC COV
TOT 60 MTHS USED		AMB CAP
TOT MTHS XFER IN		LIV ARR 10
BENEFIT DIVERSION		SPECL NEED
FV BEGIN DATE		<b>CA PVDR # 9999905</b>
END DATE		<b>HMO PVDR 6700010</b>
		AUTO ASSGN
		PVDR CHG
		DIST > PVDR
SEL: KEY 999999999G	MSG:	
LAST ID PF7=BACKWARD	PF2=INQUIRY MENU	PF9=INDV INQUIRY

C. IE 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 999999999G												
HIST FROM	AUTH FROM	HIST THRU	PGM	CLS	SSI	CO	PAY	CASE ID	LIV CD	DB/PML	COV	
			AMB	SN				PROVDR NUM	(	AUTO	RSN	)
02/01/2002	02/01/2002	11/30/2002	MIC	N	N	60	9	99999999	10			
								<b>9999905</b>		(		)
12/01/2000	12/01/2000	01/31/2001	MIC	N	N	60	9	99999999	10			
										(		)
12/01/1999	12/01/1999	11/30/2000	MIC	N	N	60	9	99999999				
										(		)
SELECTION	KEY 999999999G											
607-PRESS PA1	KEY FOR NEXT SCREEN											<b>HMO ENROLLED</b>

XI. 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).

## **XII. MEDICAID ID CARDS FOR HMO ENROLLEES**

- A. Each individual enrolled in an HMO receives a separate Medicaid ID card mailed in its own envelope.
- B. EIS prints the HMO name, address, and telephone number for member services on the Medicaid ID card. For example:

United Health Care  
2307 W Cone Blvd  
P O Box 276303  
Greensboro, NC 27438-0000

1-877-289-4419

- C. Above the name and address of the recipient, EIS prints:

PREPAID HEALTH PLAN ENROLLEE

- D. If the case is disenrolled, the Medicaid From Date on the card changes to the first day of the month following the end date on the managed care segment.

## **XIII. PULL/REISSUE**

- A. Non-SSI Cases

When Carolina ACCESS or HMO enrollment is initiated, changed, or closed after regular run but before the pull/reissue deadline, the Medicaid card is pulled. If appropriate, it is reissued.

- 1. A Medicaid ID card is pulled but **not** reissued when:
  - a. The case is terminated.
  - b. An individual(s) is deleted from the case.
- 2. A Medicaid ID card is pulled and reissued when:
  - a. An individual is first enrolled. This includes when recipients change from Carolina ACCESS to HMO.
  - b. An individual with HMO is disenrolled from the HMO. This includes when recipients change from HMO to Carolina ACCESS.
  - c. An individual with HMO becomes exempt.

XIII.A.2. (CONT'D)

d. An individual changes from one HMO to a different HMO.

B. SSI Cases

1. MAB and MAD

EIS does not allow HMO changes between SSI regular run (11<sup>th</sup> workday from the end of the month) and the pull/reissue deadline (4<sup>th</sup> working day from the end of the month).

2. HSF and SAD

EIS allows HMO changes between regular run and the pull/reissue deadline.

**XIV. DUAL CAROLINA ACCESS/HMO COUNTIES**

COUNTY NAME	HMO PROVIDERS SERVING THIS COUNTY
Mecklenburg	6700010 – United Health Care 6700011 – Southcare/Coventry