



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

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Commissioner

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Executive Deputy Commissioner

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No.: 02 OMM LCM-01

Date: January 24, 2002

Division: Office of Medicaid
Management

TO: Local District Commissioners

SUBJECT: Comprehensive Medicaid Case Management (CMCM)
Authorization/Registration for Target Group Members

ATTACHMENTS: Suggested Enrollment Form with Instructions
(not available on-line)
Suggested Disenrollment Forms with Instructions
(not available on-line)

The Department has become aware of instances in which local district staff has failed to update the Welfare Management System (WMS) Recipient Restriction/Exception Subsystem for the purpose of authorizing or registering target groups to be case managed under Comprehensive Medicaid Case Management (CMCM). As a result, payment of provider claims for CMCM services is being delayed or denied improperly.

According to federal guidelines, states may provide case management services only to individuals who are members of the target groups for whom a Title XIX State Plan Amendment has been approved. Department regulations section 505.16 prohibits provision of case management services by more than one provider entity at any one time.

To assure that only qualified individuals are served, the Department developed Code 35 in the Recipient Restriction/Exception Subsystem to control utilization of this service. This code has no effect on any of the other services that a Medicaid eligible individual needs. Combining this code with the MMIS provider identification number of the case management entity allows only the provider for whom the target group member has chosen to provide case management to be paid for services.

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Pursuant to administrative directive 89 ADM-29, local districts responsible for the client's Medicaid eligibility are responsible for notifying CMCM providers within 10 calendar days of the denial of a registration/authorization request or termination of an existing registration/authorization.

To assist local districts and case management providers with the enrollment and disenrollment process, the Office of Medicaid Management is providing suggested forms, plus associated instruction sheets. These forms are attached to this memorandum as an example of a "best practice." These forms are modeled on forms currently being used in New York City and are being offered for use by LDSS in the rest of the state.

Your district can choose to use the suggested forms or create local equivalents that include at least the following data elements: CMCM provider name and MMIS identification number; client's name; CIN number; enrollment from date or disenrollment end date.

Whether your district chooses to use the suggested forms, or develop their own, it is the responsibility of local districts to ensure that they have sufficient processes in place to register targeted clients in the Recipient Restriction/Exception Subsystem in a timely manner. It is essential that the LDSS and CMCM provider communicate in order for the process to run smoothly. Thus, it is important to notify CMCM providers of the reason the registration was denied:

- Client is not Medicaid eligible;
- Client is not eligible during the specific time-frame requested;
- Client already registered. When this occurs, the district should furnish the name of the provider that appears on the system.

We further recommend that LDSS notify case management providers when a registration/authorization has been completed successfully, so that the case management provider knows that he/she may now submit MMIS claims.

Each LDSS must submit a case management enrollment/disenrollment process plan to the Department by February 28, 2002. The process plan should be forwarded to:

Margaret Smith, MA Specialist 2
Bureau of Maternal and Child Health
Division of Consumer and Local District Relations
New York State Department of Health
Office of Medicaid Management
One Commerce Plaza, Room 727
Albany, New York 12210

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Such plan should:

- Identify the individual(s) designated as a contact for CMCM providers in your district;
- Contain an assurance that the LDSS communicates, orally or in writing with the case management provider, within **TEN** calendar days of the district's determination regarding the registration request; and
- Specify whether the district agrees to provide CMCM providers with the state-suggested enrollment and disenrollment forms; or attach copies of forms developed locally for this purpose.

NOTE: LDSS are not responsible for notifying CMCM providers when a client loses Medicaid eligibility.

Additionally, this process does not apply to the Office of Mental Retardation and Developmental Disabilities' (OMRDD) Medicaid Service Coordination (MSC) Program. All OMRDD MSC enrollments/disenrollments are authorized through OMRDD. The LDSS should not process MSC enrollment/disenrollment requests unless they are received directly from OMRDD.

A companion article will be published in an upcoming issue of the Medicaid Update directed to CMCM providers. The article will reaffirm the CMCM guidelines and instruct them to contact the LDSS regarding your process and forms needed to successfully enroll/disenroll clients in the Restricted Recipient/Exception Subsystem in order to get reimbursed for CMCM services.

We are also including the current instructions for inputting Code 35 into the WMS R/E subsystem.

**INSTRUCTIONS FOR INPUT OF RESTRICTION/EXCEPTION 35
INTO THE WMS R/E SUBSYSTEM**

1. ACCESSING THE RESTRICTION/EXCEPTION SUBSYSTEM

- A. Access the Medical Assistance Menu by choosing selection "25" on the WMS Main Menu.
- B. Access the Restriction/Exception Subsystem by entering "R" on the Medical Assistance menu.
- C. Select the "Input" function by entering "I."
- D. Enter the client's CIN, Case Number and your worker I.D.
- E. Transmit.

2. ENTRY OF THE RECIPIENT EXCEPTION CODE 35

- A. Enter the R/E Code 35 in the **RE/EXC TYPE** field.
- B. Enter the 8 digit PROVIDER IDENTIFICATION NUMBER of the CMCM provider in the **PROVIDER ID** field.

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- C. The **RE/EXC FROM DATE** is entered equal to the first day the client is in "Exception Code 35" status. This is the first day the client is receiving CMCM service from this provider.
- D. Transmit the information and review for accuracy.
- E. Store the accurate data using (S)F13.

3. **DEACTIVATION OF AN ERRONEOUS ENTRY** (This removes an incorrect entry when a R/E 35 has been entered with an incorrect FROM DATE and the FROM DATE needs to be backdated, when the R/E has been added to the wrong client's case record, or when an incorrect Exception Code or Provider Number has been added to the client's case record.)

- A. Access the R/E Subsystem (See No. 1 above).
- B. Enter the **RE/EXC TYPE** of the deactivation (35).
- C. Enter the 8-digit Provider Number of the Existing R/E 35 you wish to deactivate in the **PROVIDER ID** field.
- D. Enter the **RE/EXC PERIOD THRU DATE** equal to the **RE/EXC PERIOD FROM DATE** you wish to deactivate.
- E. Review the input for accuracy and Transmit. (The line showing the R/E 35 should have an **RE/EXC FROM DATE** and an **RE/EXC PERIOD THRU DATE** that are the same date.)
- F. Store the data using (S)F13. (This should make the R/E 35 line completely disappear.)

If you are re-entering a R/E 35, let a weekend pass before you do the new R/E 35 data entry.

4. **TERMINATION OF A RESTRICTION/EXCEPTION** (Use this to end date an existing R/E 35.)

- A. Access the **RE/EXC** Subsystem Input Screen. (See #1 above)
- B. Enter the **RESTRICTION TYPE**, the **PROVIDER ID**, and the termination date in the **RE/EXC PERIOD THRU DATE** field.
- C. Review and transmit the data.
- D. Store the accurate data using (S)F13.

If you have any policy questions, please contact the Bureau of Local District Support: Upstate: (518) 474-8216
New York City: (212) 268-6855

If you have any system questions, please contact the Division of Information Technology, Bureau of Upstate Local District Support at (518) 473-4040.

Kathryn Kuhmerker, Deputy Commissioner
Office of Medicaid Management

Attachments