5101:3-26-02 **Managed health care programs: Eligibility, ~~MCP~~ membership and automatic renewal of ~~MCP~~ membership.**

(A) For the purpose of this rule authorized representative means an individual eighteen years of age or older who stands in the place of the consumer. The authorized representative may act on behalf of individuals inside or outside of the household in which the authorized representative lives. For the purposes of rules 5101:3-26-02 and 5101:3-26-02.1 of the Administrative Code, the authorized representative ~~maybe~~ may be the primary information person of the household, another member of the same assistance group, a custodial parent, or a person designated by custodial parent.

(B) Eligibility.

(1) For the purpose of this rule an eligible individual is a medicaid consumer who is subject to mandatory MCP membership, mandatory preferred option selection of MCP, ECMP, or medicaid fee-for-service healthcare choice, or may voluntarily select MCP membership based on their county of residence.

(2) Individuals identified as meeting the criteria for ECM are eligible for ECMP membership in the manner prescribed in this rule if ODJFS has a provider agreement with an ECMP in the eligible individual's county of residence.

~~(2)~~(3) ~~Eligible individuals~~ Individuals are eligible for MCP membership in the manner prescribed in this rule if ODJFS has a provider agreement with an MCP(s) in the eligible individual's county of residence.

~~(3)~~(4) Nothing in this rule shall be construed to limit or in any way jeopardize an eligible individual's basic medicaid eligibility or eligibility for other non-medical benefits to which he or she may be entitled.

(C) Selection of MCP membership.

(1) An SSE shall assist the eligible individual or authorized representative of any eligible assistance group requesting help in selecting an MCP or other healthcare option.

(2) The ODJFS, SSE or other ODJFS-approved entity must accept and process initial MCP membership selection transactions on behalf of eligible individuals in accordance with paragraph (C)(3) of this rule:

(3) The following applies to membership selection:

(a) MCP membership must occur without regard to an eligible individual's race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services. No policy or procedure that has the effect of discrimination on the basis of race, color, or national origin shall be used.

(b) MCP membership must occur at the assistance group level. All eligible individuals in the assistance group must be enrolled in the same MCP.

(c) Eligible individuals or the authorized representative requesting MCP membership may change their choice up to the ninth working day from the end of the month in which the choice is made. Eligible individuals or the authorized representative must be informed of this provision when requesting MCP membership.

(d) Newborn children whose mothers are MCP members at the time of birth are deemed eligible for medicaid and treated as an MCP member effective on the date of birth:

(i) The MCP must utilize the CDJFS-designated written format to inform the CDJFS of a birth to a member.

(ii) Within five working days of a birth, or immediately upon learning of the birth, the MCP must provide written notification to the appropriate CDJFS, forward a copy of such notice to the ODJFS, and notify the mother in writing of the need to apply to the CDJFS as soon as possible to have the newborn added to the assistance group to ensure ongoing MCP membership.

(iii) If the MCP has not received confirmation by ODJFS of a newborn's MCP membership within ninety days of the date of birth, the MCP must send an additional written notification to the CDJFS, ODJFS, and the mother. If at the end of one hundred twenty days from the date of birth no confirmation has been received, the MCP must again send written notification to the CDJFS, ODJFS, and the mother.

(iv) Notwithstanding the addition of the newborn to the assistance group by the CDJFS, the MCP must provide covered services to the newborn through the last day of the month in which the newborn reaches one hundred twenty days of age unless the provisions of paragraph (C) or (D) of rule 5101:3-26-02.1 of the

Administrative Code apply.

(e) In the case of newborns added by the CDJFS to the assistance group of a mother who is an MCP member ODJFS will provide retrospective premium back to the first day of the month of the child's birth provided that:

(i) The MCP has notified the CDJFS, ODJFS and the mother as described in paragraphs (C)(3)(d)(i) to (C)(3)(d)(iii) of this rule; and

(ii) ODJFS has not paid claims under fee-for-service for the newborn. In the event that fee-for-service claims have been paid, the newborn will be covered under medicaid fee-for-service for the month(s) in question.

(f) In the case of newborns as described in paragraph (C)(3)(d)(iv) of this rule, ODJFS will provide premium payments to the MCP up to the end of the month in which the newborn reaches one hundred twenty days of age.

(g) Newborns or other eligible individuals who are automatically added to the assistance group after the assistance group's initial MCP membership effective date will be enrolled in the same MCP as the rest of the assistance group.

(h) The MCP must accept eligible individuals who request MCP membership without restriction, except as otherwise provided in this rule.

(i) In the event that an MCP member loses medicaid eligibility and is automatically terminated from the MCP but within a period of sixty days or less regains medicaid eligibility, membership in the same MCP shall automatically be renewed.

(j) The SSE will document via the CCR all information provided by the eligible individual or the authorized representative of each eligible assistance group requesting MCP membership. The SSE shall document via the CCR that verbal authorization of MCP membership was given and the date of the authorization.

(k) MCP membership requests and assignments as described in paragraphs (C)(5)(c) and (C)(6)(c) of this rule, and received by the SSE will be

processed utilizing only information contained on the CCR. Following processing by the SSE a copy of the CCR will be forwarded to the MCP.

(l) ODJFS will confirm the eligible individual's MCP membership to the MCP via an ODJFS-produced roster of new members, continuing members, and terminating members on or before the fifth day prior to the end of the calendar month preceding commencement of coverage.

(m) The MCP will not be required to provide coverage until MCP membership is confirmed via an ODJFS-produced roster except as provided in paragraph (C)(3)(d) of this rule or upon mutual agreement between ODJFS and the MCP.

(4) MCP membership is optional for eligible individuals who are residents of counties designated as voluntary by ODJFS.

(5) In addition to the provisions of paragraphs (C)(1) to (C)(3) of this rule, the following applies to membership in mandatory counties.

(a) MCP membership is required for eligible individuals who are residents of counties designated as mandatory by ODJFS.

(b) When a county is initially designated by ODJFS as a mandatory program county, the eligibility of each eligible individual is confirmed by ODJFS as prescribed in paragraph (C)(3)(i) of this rule. Upon the confirmation of eligibility:

(i) Eligible individuals residing in the designated county who are currently MCP members are deemed participants in the mandatory program.

(ii) All other eligible individuals residing in the designated mandatory county may request MCP membership at any time but must select an MCP following receipt of a notification of mandatory selection (NMS) issued by ODJFS following the eligible individual's authorization for medicaid.

(c) MCP membership selection procedures for the mandatory program:

(i) An eligible assistance group which does not make a choice following issuance of an NMS by ODJFS and one additional notice will be

assigned to an MCP by ODJFS, the SSE, or other ODJFS-approved entity.

(ii) ODJFS or the SSE will assign the assistance group to an MCP based on available prior medicaid fee-for-service and/or MCP membership history, whenever available.

(6) In addition to the provisions of paragraphs (C)(1) to (C)(3) of this rule, the following applies to MCP membership in preferred option counties:

(a) Eligible individuals in counties designated as preferred option will be automatically assigned as members in the preferred option MCP unless they select medicaid fee-for-service or a non preferred option MCP.

(b) When a county is initially designated by ODJFS as a preferred option county, the eligibility of each eligible individual is confirmed by ODJFS. Upon the confirmation of eligibility:

(i) Current MCP members residing in the designated county are deemed participants in the preferred option program.

(ii) All other eligible individuals residing in the preferred option county must choose between MCP membership or remaining on medicaid fee-for-service following receipt of a notification of preferred option selection (NPOS) issued by ODJFS following the eligible individual's authorization for medicaid.

(c) Following issuance of an NPOS and one additional notice an eligible assistance group which does not make a choice will be assigned as members in the preferred option MCP by ODJFS, the SSE or other ODJFS-approved entity.

(D) Commencement of coverage.

(1) Coverage of MCP members will be effective at the beginning of the first day of the calendar month following the confirmation of the eligible individual's effective date of MCP membership via an ODJFS-produced roster to the MCP, except as identified in paragraph (C)(3)(d) of this rule.

(2) In no event shall an MCP notify a new member about coverage until MCP membership is confirmed by ODJFS as specified in paragraph (C)(3)(l) of this rule.

(3) An MCP may request deferment of coverage for any new member admitted to an inpatient facility prior to the effective date of coverage who remains an inpatient on the effective date of coverage in accordance with the following:

(a) The MCP must submit deferment requests to ODJFS in writing with required documentation, as specified in paragraph (D)(3)(c) of this rule, no later than six months from the assistance group member's original effective date with the MCP or the last automatic MCP renewal date, if applicable.

(b) MCPs coverage and responsibility for payment of medicaid covered services to a new MCP member may be deferred following MCP notification of the new member's inpatient admission to ODJFS as specified in paragraph (D)(3)(a) of this rule. and subject to approval by ODJFS.

(c) Documentation includes but is not limited to a copy of the inpatient admission form or other proof of inpatient admission and discharge as approved by ODJFS, along with the MCP's written request for deferral of the new member's effective date of MCP membership.

(d) In the event that a previous MCP member subject to automatic renewal or MCP membership as specified in paragraph (C)(3)(i) of this rule is admitted after their MCP membership is terminated to an inpatient facility prior to, and remains an inpatient on the effective date of automatic renewal of MCP membership, the provisions of paragraphs (D)(3)(a) to (D)(3)(c) and paragraphs (D)(3)(f) to (D)(3)(i) of this rule apply.

(e) In the event a new assistance group member, other than a newborn is admitted to an inpatient facility prior to, and remains an inpatient on, the effective date of MCP membership, the provisions of paragraphs (D)(3)(a) to (D)(3)(c) and paragraphs (D)(3)(f) to (D)(3)(i) of this rule apply.

(f) The MCP is responsible for the provision of all medicaid covered services for all other MCP members of the same assistance group as specified in paragraph (D)(1) of this rule.

(g) The MCP's liability for all medicaid covered services for the deferred MCP member begins the first day of the month following the deferred MCP member's date of discharge from the hospital.

(h) The eligible individual's copy of the CCR shall contain language that informs the assistance group of their obligation to notify the MCP about any assistance group member who is hospitalized prior to the effective date of MCP membership and remains hospitalized on the effective date of MCP membership.

(i) Premium payments for the MCP will be adjusted to reconcile the period of MCP membership deferral.

(4) An eligible individual, MCP member or authorized representative may request deferment of initial MCP membership for the purposes of continuity of care.

(a) Continuity of care deferments may be requested by women in their third trimester of pregnancy or by an eligible individual or MCP member having pre-scheduled or ongoing treatment.

(b) The ODJFS-approved length of deferment shall be for the purpose of completing treatment or arranging for the transition of such treatment to providers affiliated with the MCP.

(c) Deferments initiated by an eligible individual or an MCP member or their authorized representative shall be requested at the member level only.

(d) Requests may be made by an eligible individual, an MCP member, or authorized representative prior to or within the initial month of MCP membership. Requests can be made verbally or in writing.

(e) An eligible individual, MCP member, or authorized representative requesting deferment must provide supporting documentation as requested by ODJFS.

(f) In the event an eligible individual or MCP member, other than a newborn, is added to the assistance group the eligible individual or MCP member may request deferment as specified in paragraph (D)(4)(a) of this rule.

(g) The MCP is responsible for the provision of covered services for other MCP members of the assistance group as specified in paragraph (D)(1) of this rule.

(5) An eligible individual or MCP member may request exclusion from MCP membership as a result of a special health care condition and/or

circumstances in accordance with the following:

(a) An MCP membership exclusion initiated by an eligible individual, MCP member, or their authorized representative shall be requested at the member level only.

(b) Requests for MCP membership exclusion must be made directly to ODJFS or the SSE verbally or in writing.

(c) Requests must be received prior to or no later than ninety days following the MCP membership effective date.

(d) An eligible individual or MCP member must provide supporting documentation as requested by ODJFS.

(e) The MCP is responsible for the provision of covered services for other MCP members of the assistance group as specified in paragraph (D)(1) of this rule.

(E) Selection of ECMP membership.

(1) An SSE shall assist the eligible individual or an authorized representative requesting help in selecting ECMP membership or other healthcare option.

(2) The ODJFS, SSE, or other ODJFS-approved entity must accept and process initial ECMP membership selection transactions on behalf of eligible individuals in accordance with paragraph (E)(3) of this rule.

(3) The following applies to membership selection:

(a) ECMP membership for those determined to meet ECM criteria must occur without regard to an eligible individual's race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services. No policy or procedure that has the effect of discrimination on the basis of race, color, or national origin shall be used.

(b) ECMP membership must occur at the eligible individual level. Individuals in the same assistance group who do not meet ECM criteria must not be enrolled in the ECMP.

(c) Eligible individuals or the authorized representative requesting ECMP membership may change their choice up to the ninth working day from the end of the month in which the choice is made. Eligible individuals

or the authorized representative must be informed of this provision when requesting ECMP membership.

(d) The ECMP must accept eligible individuals who request ECMP membership without restriction, except as otherwise provided in this rule.

(e) In the event that an ECMP member loses medicaid eligibility and is automatically terminated from the ECMP but within a period of sixty days or less regains medicaid eligibility, membership in the same ECMP shall automatically be renewed.

(f) The SSE will document via the CCR all information provided by the eligible individual or an authorized representative requesting ECMP membership. The SSE shall document via the CCR that verbal authorization of ECMP membership was given and the date of the authorization.

(g) ECMP membership requests and assignments, as described in paragraph (E)(4) of this rule and received by the SSE, will be processed utilizing only information contained on the CCR. Following processing by the SSE, a copy of the CCR will be forwarded to the ECMP.

(h) ODJFS will confirm the eligible individual's membership to the ECMP via an ODJFS-produced, HIPAA-compliant change roster of new members, terminating members, and members whose demographic information has changed as well as a full roster of all members, on or before the fifth day prior to the end of the calendar month preceding commencement of coverage.

(i) The ECMP will not be required to provide coverage until ECMP membership is confirmed via an ODJFS-approved roster except upon mutual agreement between ODJFS and the ECMP.

(4) In addition to the provisions of paragraph (E)(1) through (E)(3) of this rule, the following applies to ECMP membership in ECM counties:

(a) In those counties served by an ECMP which has entered into a provider agreement with ODJFS, the ECM eligibility of each individual is determined by ODJFS.

(b) Individuals determined ECM-eligible shall be sent a notice of ECMP selection (NECM). The NECM advises the eligible individual that they have met the ECM criteria, explains their options, and advises them that unless they select not to participate, they will be assigned to an ECMP.

(c) Following issuance of the NECM and one additional notice, an eligible

individual will be assigned as an ECMP member by ODJFS, the SSE, or other ODJFS-approved entity, unless the individual has selected not to participate.

(F) Commencement of ECMP coverage.

(1) Coverage of ECMP members will be effective at the beginning of the first day of the calendar month following the confirmation of the member's effective date of ECMP membership via an ODJFS-approved roster to the ECMP.

(2) In no event shall an ECMP notify a new member about coverage until ECMP membership is confirmed by ODJFS as specified in paragraph (E)(3)(h) and (E)(3)(i) of this rule.

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