

## TO BE RESCINDED

5101:3-26-02      **Managed health care programs: Eligibility, enrollment and automatic reenrollment.**

## (A) Eligibility.

- (1) Eligible individuals as defined in rule 5101:3-26-01 of the Administrative Code are eligible for MCP enrollment 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.
- (2) 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 nonmedical benefits to which he or she may be entitled.

## (B) Enrollment.

- (1) An ESE shall assist the caretaker or legal representative of any eligible assistance group requesting help in choosing an enrollment option.
- (2) The ODJFS, ESE, or other ODJFS-approved entity must process initial enrollment transactions on behalf of eligible individuals in accordance with paragraph (B)(3) of this rule:
- (3) The following applies to enrollment in MCPs:
  - (a) Enrollment 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.
  - (b) Enrollment must occur at the assistance group level. All eligible individuals in the assistance group must be enrolled in the same MCP.
  - (c) Eligible individuals requesting enrollment in an MCP may make changes in their enrollment choice up to the ninth working day from the end of the month. Eligible individuals must be informed of this provision when requesting enrollment.
  - (d) Newborn children whose mothers are enrolled in an MCP at the time of birth are deemed eligible for Medicaid and treated as an enrollee effective on the date of birth:

- (i) The MCP must utilize a CDJFS-designated written format to inform the CDJFS of a birth to an enrollee.
  - (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 in writing the enrolled mother of the need to apply to the CDJFS as soon as possible to have the newborn added to the assistance group to ensure ongoing enrollment in the MCP.
  - (iii) If the MCP has not received confirmation by ODJFS of a newborn's enrollment in the MCP within ninety days of the date of birth, the MCP must send an additional written notification to the CDJFS, ODJFS, and the enrolled 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 enrolled mother.
  - (iv) Notwithstanding the addition of the newborn to the assistance group by the CDJFS, the MCP must provide covered services to the newborn to the last day of the month in which the newborn reaches one hundred twenty days of age unless the provisions of paragraph (B) or (C) of rule 5101:3-26-02.1 of the Administrative Code apply.
- (e) In the case of newborns added to the assistance group of the enrolled mother by the CDJFS, ODJFS will provide retrospective capitation 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 enrolled mother as described in paragraphs (B)(3)(d)(i) to (B)(3)(d)(iii) of rule 5101:3-26-02 of the Administrative Code; 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 (B)(3)(d)(iv) of rule 5101:3-26-02 of the Administrative Code, ODJFS will provide capitation 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 enrollment will be enrolled in the same MCP as the rest of the assistance group.
  - (h) The MCP must accept eligible individuals who request enrollment without restriction, except as otherwise provided in this rule.
  - (i) In the event that an enrollee loses medicaid eligibility and is automatically disenrolled from the MCP and within a period of sixty days or less regains medicaid eligibility, such enrollee shall automatically be reenrolled in the same MCP.
  - (j) The ESE will document via CCR all information provided by the caretaker or legal representative of each eligible assistance group requesting enrollment. The ESE shall document via the CCR that verbal authorization of enrollment was given and the date of the authorization.
  - (k) Enrollment requests and assignments as described in paragraph (B)(5)(c) of this rule, received by the ESE will only be processed utilizing information contained on the CCR. Following processing by the ESE a copy of the CCR will be forwarded to the MCP.
  - (l) ODJFS will confirm the eligible individual's enrollment to the MCP via an ODJFS-produced roster of new enrollments, continuing enrollments, and disenrollments 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 the individual's enrollment is confirmed via an ODJFS-produced roster except as provided in paragraph (B)(3)(d) of this rule, or upon mutual agreement between ODJFS and the MCP.
- (4) Enrollment in an MCP is optional for eligible individuals who are residents of counties designated as voluntary by ODJFS.
- (5) In addition to the provisions of paragraphs (B)(1) to (B)(3) of this rule, the following applies to enrollment in mandatory counties.
- (a) Enrollment in an MCP 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 individual is confirmed by ODJFS as prescribed in paragraph (B)(3)(1) of this rule. Upon the confirmation of eligibility:
  - (i) Eligible individuals residing in the designated county who are currently enrolled in a participating MCP are deemed participants in the mandatory program.
  - (ii) All other eligible individuals residing in the designated mandatory county may apply for enrollment in an MCP at any time but must apply for enrollment in an MCP following receipt of a notification of mandatory enrollment (NME) issued by ODJFS following the eligible individual's authorization for medicaid.
- (c) Enrollment procedures for the mandatory program.
  - (i) An eligible assistance group which does not make a choice following issuance of an NME by ODJFS and one additional notice will be assigned to an MCP by ODJFS, the ESE, or other ODJFS-approved entity.
  - (ii) ODJFS or the ESE will assign the assistance group to an MCP based on available prior medicaid fee-for-service and/or MCP enrollment history, whenever available.
- (6) In addition to the provisions of paragraphs (B)(1) to (B)(3) of this rule, the following applies to MCP enrollment in preferred option counties:
  - (a) Eligible individuals in counties designated as preferred option will be automatically enrolled 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 individual is confirmed by ODJFS. Upon the confirmation of eligibility:
    - (i) Eligible individuals residing in the designated county who are currently enrolled in a participating MCP are deemed participants in the preferred option program.

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

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

(C) Commencement of coverage.

- (1) Coverage of eligible individuals 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 enrollment in the MCP via an ODJFS-produced roster to the MCP, except as identified in paragraph (B)(3)(d) of this rule.
- (2) Unless otherwise notified by ODJFS, an MCP must provide new member materials as specified in rule 5101:3-26-08.2 of the Administrative Code to each enrollee or assistance group prior to the effective date of coverage. In no event shall an MCP notify an enrollee of initial enrollment coverage until enrollment is confirmed by ODJFS as specified in paragraph (B)(3)(l) of this rule.
- (3) Prior to the new effective date of coverage, the MCP must issue an identification card as specified in rule 5101:3-26-08.2 of the Administrative Code to enrollees who are auto-reenrolled as specified in paragraph (B)(3)(i) of this rule. In the event the member handbook and/or the provider directory have been revised since the initial enrollment date of the enrollee's assistance group, the MCP must issue a new handbook and/or provider directory to the auto-reenrolled enrollee's assistance group.
- (4) In the event a PCP is not identified for each assistance group member or if the PCP selected by an enrollee is not available, the MCP must select a PCP for each enrollee prior to the effective date of coverage. MCPs must notify enrollees of the name of the selected PCP prior to the effective date of coverage and simultaneously send the enrollee notification advising the enrollee of their ability within their first month of enrollment to change the selected PCP effective on the date of contact with the MCP. PCP change requests after the initial month of enrollment shall be processed according to

procedures outlined in the MCP member handbook.

- (5) An enrolling MCP may defer commencement of coverage for any eligible individual who is admitted to an inpatient facility prior to the effective date of coverage and who remains an inpatient on the effective date of coverage in accordance with the following:
- (a) The enrolling MCP must submit deferment requests to ODJFS in writing with required documentation, as specified in paragraph (C)(5)(c) of this rule, no later than six months from the assistance group member's original effective date with the MCP, or the last auto-reenrollment date, if applicable.
  - (b) The enrolling MCP's liability for the provision of all medicaid covered services will be deferred for the enrolling MCP following MCP notification of the inpatient admission to ODJFS as specified in paragraph (C)(5)(c) of this rule.
  - (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 eligible individual's effective date of enrollment.
  - (d) In the event that an eligible individual subject to automatic reenrollment, as specified in paragraph (B)(3)(i) of this rule, is admitted after their disenrollment to an inpatient facility prior to, and remains an inpatient on the effective date of automatic reenrollment, the provisions of paragraphs (C)(5)(a) to (C)(5)(c) and paragraphs (C)(5)(f) to (C)(5)(i) of this rule apply.
  - (e) In the event a new member is added to the assistance group, other than a newborn, and is admitted to an inpatient facility prior to, and remains an inpatient on, the effective date of MCP enrollment, the provisions of paragraphs (C)(5)(a) to (C)(5)(c) and paragraphs (C)(5)(f) to (C)(5)(i) of this rule apply.
  - (f) The enrolling MCP is responsible for the provision of all medicaid covered services for other enrolled members of the assistance group as specified in paragraph (C)(1) of this rule.
  - (g) The enrolling MCP's liability for all medicaid covered services for the deferred individual begins the first day of the month following the

assistance group member's date of discharge from the hospital.

- (h) The consumer's copy of the CCR shall contain language that informs the assistance group of their obligation to notify the enrolling MCP about any assistance group member who is hospitalized prior to the effective date of enrollment and remains hospitalized on the day of enrollment.
  - (i) Capitation payments for the enrolling MCP will be adjusted to reconcile the period of deferral.
- (6) An enrollee or eligible individual may request deferment of initial enrollment in an MCP 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 enrollee 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 enrolling MCP.
  - (c) Deferments initiated by an eligible individual or enrollee, or their authorized representative shall be requested at the individual level only.
  - (d) Requests may be made by an eligible individual or enrollee prior to, or within, the initial month of enrollment. Requests can be by phone or in writing.
  - (e) An individual requesting deferment must provide supporting documentation as requested by ODJFS.
  - (f) In the event an enrollee or eligible individual, other than a newborn, is added to the assistance group the individual may request deferment as specified in paragraph (C)(6)(a) of this rule.
  - (g) The enrolling MCP is responsible for the provision of covered services for other enrolled members of the assistance group as specified in paragraph (C)(1) of this rule.
- (7) An enrollee or eligible individual may request exclusion from enrollment as a result of a special health care condition and/or circumstances in accordance

with the following:

- (a) An enrollment exclusion initiated by an eligible individual, enrollee, or their authorized representative shall be requested at the individual level only.
- (b) Requests for enrollment exclusion must be made directly to ODJFS or the ESE by telephone or in writing.
- (c) Requests must be received prior to or no later than ninety days following the enrollment effective date.
- (d) An individual must provide supporting documentation as requested by ODJFS.
- (e) The enrolling MCP is responsible for the provision of covered services for other enrolled members of the assistance group as specified in paragraph (C)(1) of this rule.

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Certification

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Date

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