

APPENDIX D

Procedures for Accepting and Resolving MCP Termination Requests for Benefits from the Bureau for Children with Medical Handicaps (BCMh), Supplemental Security Income (SSI) and Children in Custody (CIC)

Purpose: To put forth the procedures for processing the termination of membership of those consumers under the age of 19 who have been identified as receiving Supplemental Social Security Income (SSI), services through the Bureau for Children with Medical Handicaps (BCMh) or in foster care or out of home placement.

1. The SSC shall enroll all eligible consumers in a managed care plan regardless of the consumer's need to complete an exemption request;
2. The consumer contacts the SSC identifying possible problems with their managed care membership;
3. SSC shall complete and resolve the exemption request based on information provided by the consumer and verification of an enrollment exemption. Requests from consumers who also have commercial insurance shall be forwarded to ODJFS for resolution;
4. SSC forwards the completed applicable exemption request forms to ODJFS no later than 9:00 a.m. the next business day by way of electronic file transfer (EFT) or by secure e-mail.

Supplemental Security Income (SSI)

1. SSC personnel shall verify the consumer's eligibility for SSI before terminating the consumer's membership from the managed care plan;
2. SSC personnel shall check the DESX and AEFMI screens on CRIS-E to verify SSI eligibility. If SSC cannot verify SSI via CRIS-E, the consumer will be contacted by telephone and/or a Call Me Letter to submit the necessary information (i.e. SSI award letter);
3. Once eligibility for SSI has been verified, the SSC shall notify the consumer and/or the MCP of the action taken;
4. If the SSC discovers the consumer is not in receipt of SSI (including pending), the SSC shall notify the consumer of their requirement to be managed care enrolled.

Effective Dates

1. To determine the effective date of termination, SSC shall take into consideration any scheduled appointments and/or other pertinent information;

2. If the consumer's membership is terminated retroactively, SSC shall make the correction on CRIS-E and forward to ODJFS no later than 9:00 a.m. the next business day by way of electronic file transfer (EFT) or by secure e-mail.

Bureau for Children with Medical Handicaps (BCMh)

1. SSC shall verify the BCMh exemption request by contacting the Bureau of Children with Medical Handicaps at the Ohio Department of Health using the verification form shown below;
2. Once eligibility for BCMh has been verified, the SSC shall notify the consumer and/or the MCP of the action taken;
3. If the SSC discovers the consumer is not in receipt of BCMh (including pending), the SSC shall notify the consumer of their requirement to be managed care enrolled.

Effective Dates

1. To determine the effective date of termination, SSC shall take into consideration any scheduled appointments and/or other pertinent information noted on the exemption request;
2. If the consumer's membership is terminated retroactively, SSC shall make the correction on CRIS-E and forward to ODJFS no later than 9:00 a.m. the next business day by way of electronic file transfer (EFT) or by secure e-mail.

Foster Care or Out of Home Placement

1. SSC personnel shall verify the consumer's living arrangement status on the AEICI screen on CRIS-E before terminating the consumer's membership from the managed care plan. The screen must show a Children Services Board (CSB) address;
2. If unable to verify living arrangement on CRIS-E, the SSC shall contact the local children services board or any other entity that can verify status;
3. SSC shall process the exemption request based on the information provided and notify the consumer and/or the MCP of the action taken.

Effective Dates

1. The effective date of termination is the last day of the month preceding placement;

2. Approval Letter

(Date)

(Name)

(Address)

(City/State/Zip Code)

Re: Case Name:
Case Number:
Consumer Name:
Billing Number:

Dear (name):

This letter is to notify you that the Selection Services Center (SSC) has verified that the above mentioned consumer does not have to join a Medicaid managed care plan due to meeting the following federal exemption criteria:

Child under age 19 receiving services through the Bureau for Children with Medical Handicaps (BCMh).

Child under age 19 receiving Supplemental Security Income (SSI)

Child under age 19 in custody of a public children's services agency (PCSA)

(Name) will be on regular Medicaid as of (date). You should call the SSC if he/she/they receives another notice about becoming a member/members of a Medicaid managed care plan or receives a Medicaid managed care plan member identification card instead of a regular Medicaid card.

If you have any questions, you can contact the SSC at 1-800-605-3040.

Sincerely,

3. Consumer Does Not Meet Criteria

(Date)

Name

Address

City/State/Zip

Re: Case Name:
Case Number:
Consumer Name:

Dear (Name):

This letter is to inform you that the Selection Services Center (SSC) has reviewed your request that the above mentioned individual be allowed to remain on regular Medicaid. Membership in a managed care plan (MCP) is mandatory in your county. Consumers who are found eligible for Medicaid under the Covered Families and Children, Healthy Start/Healthy Families Medicaid program must choose one of the managed care plans in their county to receive health care.

Individuals under the age of 19 years, who meet one of the following criteria may remain on regular Medicaid:

- Receives services through the Bureau for Children with Medical Handicaps (BCMh);
- Receives Supplemental Security Income (SSI);
- Is a child in foster care or other out-of-home placement through a public children's services agency (PCSA).

The SSC has verified that the above mentioned individual(s) does not meet the criteria indicated in your request. He/she/they must therefore (remain a member/members of their MCP) OR (become a member/members of one of the MCPs that service your county).

If you have any questions, please contact the SSC by calling 1-800-605-3040.

4. Call Me Letter

(Date)

(Name)

(Address)

(City/State/Zip)

Re: Case Name:
Case Number:
Consumer Name:

Dear (name):

The Selection Services Center (SSC) has received your (Date), request to end your (name's) membership in (MCP Name) because she/he may meet one of the Medicaid managed care exemption criteria, ie. SSI, BCMH, or foster care/out-of-home placement. I have tried to contact you by telephone because we have been unable to verify this information. I can be reached by calling 1-800-605-3040. If I do not hear from you by (date) (Date-10 days from the date of the letter), your request will be withdrawn.

Sincerely,