



# PROVIDER ALERT

Alert # 19- 2004 12-10 HCAL, HCCH, HCYA, HCBerks

## Notification Regarding Health Choices Behavioral Health Expedited Enrollment

Community Care is issuing this alert to inform all providers about the HealthChoices Behavioral Health Expedited Enrollment initiative. As you know, currently an individual is enrolled with Community Care after they have chosen their Physical Health Managed Care Organization (PH-MCO). Community Care enrollment takes place simultaneously with PH-MCO enrollment, which occurs 30-45 days after an individual becomes eligible for Medical Assistance (MA). Since the individual does not have a choice of Behavioral Health plans, this 30-45 day waiting period is unnecessary and only delays the individual's access to behavioral health services.

**The HealthChoices Behavioral Health Expedited Enrollment initiative, targeted to take effect January 1, 2005, will eliminate the 30-45 day BH enrollment lag referenced above.**

This initiative will modify the information system (CIS) logic to automatically enroll an individual with Community Care on the System Date. The system date is the date that is captured by CIS when the County Assistance Office determines an individual is eligible for MA and enters their information into the system. Individuals who become MA eligible in a HealthChoices zone will be more quickly enrolled in the BH-MCO and have access to BH services through the BH-MCO on the System Date.

## Important Changes Regarding Financial Responsibility for Individuals who Become Community Care Members While Receiving Inpatient/Residential services:

- **Previously if a recipient became eligible for MA benefits during an admission to inpatient/residential services, MA FFS would cover the inpatient/residential admission until the individual became enrolled with Community Care (30-45 days after the MA eligible date as referenced above). If the BH-MCO enrollment date began while the recipient was still in the inpatient/residential facility, the MA FFS program remained financially responsible for the stay until the end of the current or following month (depending on the BH-MCO begin date). According to DPW the expedited enrollment initiative changes this policy effective January 1, 2005. Effective January 1, 2005, Community Care will become financially responsible for all individuals, including those admitted to inpatient/residential facilities, on the system date.**
  - **For example, a recipient is admitted to an inpatient/residential facility on June 21 and becomes eligible for MA on July 1. July 1 is the system date and Community Care will become financially responsible for the inpatient/residential facility stay effective July 1.**
- **Due to these changes it is critical that all providers check EVS daily, or on any day on which they are providing services.**
- **Providers must notify Community Care by the next business day when EVS indicates that the individual is enrolled with Community Care, even when the change occurs mid-hospital/residential stay. Failure to notify Community Care as required by the pre-certification guidelines may result in non-payment of services.**
- **Community Care will conduct concurrent review for inpatient/residential stays once the provider notifies Community Care that the individual is a member.**

**Other Important Facts to Remember:**

- Community Care will not be financially responsible for any costs incurred prior to the BH-Enrollment Date (System Date).
- Community Care will not be financially responsible for drug and alcohol non-hospital residential, rehabilitation or detoxification stays from date of admission if the stay began before the BH-MCO enrollment date. BH-MCO will acquire financial responsibility on the System Date.
- The expedited enrollment initiative will not change the Single County Authority admission processes and procedures related to drug and alcohol non-hospital residential, rehabilitation or detoxification programs.
- The expedited enrollment initiative will not change CAO processes related to eligibility determinations.

If you have questions related to this clarification please contact your provider relations representative.