

II. MEMBER ELIGIBILITY AND ENROLLMENT

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2.1 MISSOURI MEDICAID MANAGED CARE (MC+) PROGRAM

Missouri Care serves Mid-Missouri members of the Missouri Medicaid Managed participation in the Federal Medicaid program. Missouri Family Support Division eligibility specialists determine eligibility for MC+. An individual may be eligible under the MC+ Program if they are in one of the following eligibility categories:

Group	ME Codes	ME Code Description	
AFDC and Refugee	05	ADC Caretaker (ADC-AD)	
	06	ADC Dept (ADC-CD)	
	40	Medicaid for Children	
	60	Newborn	
	62	MFC Health Initiative Fund	
	10	Vietnamese Refugee	
	19	Cuban Refugee	
	21	Haitian Refugee	
	24	Russian Jew Refugee	
	26	Ethiopian Refugee	
	18	Pregnant Women – MAF	
	43	Pregnant Women - 60 days	
	44	Postpartum	
	45	Pregnant Woman-60 days Poverty	
	61	Pregnant Woman Poverty 133%-185% HIF	
	Other Children	07	AFDC Foster Care
		08	CWS-FC
		29	Div of Youth Svcs FYS-FC
30		JC-FC	
36		Adoption Subsidy – FFP	
37		Title XIX-FFP/HDN	
50		DYS-Poverty	
52		DYS-GR	
56		Adoption Subsidy-4E Elig.	
57		Adoption Subsidy-Homeless, Dependent, Neglected Children (HDN)	
MC+	64	JC – Group Home - HIF	
	66	Child Welfare – HIF	
	68	DYS-HIF	
	69	JC-HIF	
	70	JC-Poverty	
	71	WVR, 134-150%, Age 1-5	
	72	WVR, 101-150%, Age 6-18	
	73	WVR, 151-185%, Age 1-18	
74	WVR, 186-225%, Age 0-18		
	75	WVR, 226-300%, Age 0-18	

Missouri Care staff is not involved in the eligibility process. After an individual has been determined eligible for the MC+ Managed Care Program, they either choose or

are assigned to one of the State's contracted MC+ Program managed care organizations. Missouri Care is one of the contracted managed care organizations for Mid-Missouri.

2.2 ASSIGNMENT TO MISSOURI CARE

With the exception of newborns enrolled at birth, Missouri Care is assigned MC+ Program eligible participants daily. Missouri Care is responsible for managing the member's care on the first effective day of the member's enrollment until the member is disenrolled from Missouri Care or, if hospitalized when disenrolled, until discharge. If the member loses Medicaid eligibility altogether while hospitalized, Missouri Care is not responsible for any services provided after the date of disenrollment. As with eligibility, disenrollment decisions are made by the State and are not determined by Missouri Care.

If the member requires health care in the days prior to the effective date of enrollment with Missouri Care, the State of Missouri or another managed care organization (not Missouri Care) is the financially responsible party.

2.3 PRIMARY CARE PROVIDER (PCP) MEMBER ASSIGNMENT

Each enrolled Missouri Care member is assigned to a Primary Care Provider (PCP) who has been credentialed by Missouri Care and has a contract to provide services to Missouri Care members. Missouri Care allows members the freedom to choose and/or change their own PCPs from among those in the Missouri Care network. Each new member who does not choose a PCP is assigned a PCP and sent written confirmation of the assignment within five (5) business days following notification by MC+ of their enrollment. Each member is then given fifteen (15) calendar days to choose another PCP. If the member does not notify Missouri Care of his/her preferred PCP within the allotted fifteen (15) calendar days, the member will remain with the assigned PCP.

Missouri Care will perform PCP assignments based upon factors such as current member/Provider relationships, language needs, special health care needs, member residence. Specialists may be assigned as a PCP when medically appropriate, and pregnant women may elect to transfer their care to a primary care obstetrician (PCO) for the course of the pregnancy and the sixty (60) days postpartum.

2.4 MEMBER ROSTERS

Member rosters are available online at www.missouricare.com. You will need a password to access this information; please contact your Provider Relations representative for more information. For those providers who do not have internet access, Missouri Care can print and distribute monthly rosters to you. But because member eligibility can change day-to-day, providers are still advised to check eligibility through the state Interactive Voice Response (IVR) Unit before rendering services.

2.5 ELIGIBILITY VERIFICATION

Once a member has been assigned to a PCP, the assignment is recorded in the Missouri Care computer system and the information is then downloaded to the State eligibility system. A PCP should always check the Interactive Voice Response (IVR) Unit at 573-635-8908, to determine if he/she is responsible for providing primary care to a particular member.

The MC+ Program assigns members to Missouri Care on a daily basis based on eligibility determination. In turn, Missouri Care assigns members to PCPs on a daily basis. Members may change their PCP two (2) times per year without cause.

If a member presents at the office, the PCP should check the IVR (573-635-8908) to verify eligibility and PCP assignment. If the PCP assignment is not available, call the Missouri Care Member Services Department at (800) 322-6027. Member Services can also verify the date that the member was assigned to a particular PCP.

2.6 REMOVING MEMBERS FROM YOUR ROSTER

Should a PCP want an assigned member taken off his/her roster due to the member's non-compliance or disruptive behavior in the office, the PCP can request the member's removal. The request must be directed to the Provider Relations Department in writing. Missouri Care will review the request and if deemed appropriate and within the parameters of Missouri Care's policy for PCP changes, the member will be removed from the PCP's roster. The change will be effective at the end of thirty (30) days, following approval by Missouri Care or immediately if a new PCP is chosen by the member. The PCP will remain responsible for the member's primary care until the change becomes effective. A letter from the PCP must also be sent to the member allowing them adequate time, at least thirty (30) days, to request a new PCP

2.7 IDENTIFICATION CARD

After enrollment with Missouri Care, each member will be issued an identification card (see attachment II.A) showing the member's name and date of birth, Missouri Care ID number, and the selected PCP's name. The member's Missouri Care ID card and red Health Insurance (Medicaid) card should be presented to the Provider's office each time the member presents for service but services should not be denied if no card is presented. The ID card **does not guarantee** that the member is still eligible for the MC+ Program and the Provider should check the IVR. Providers who have doubts about a member's eligibility should verify eligibility and enrollment with Missouri Care.

- To verify eligibility and enrollment – Check the IVR
- To verify PCP assignment – Call Missouri Care Member Services

Providers are also encouraged to take the precaution of verifying the identity of the person presenting the Missouri Care ID card against another form of identification, such as a driver's license or some other photo identification. This type of verification not only deters fraudulent use of the MC+ Program, but also protects the Provider against performing a service for which payment may be denied.

2.8 MEMBER HANDBOOK

At the time of enrollment with Missouri Care, a member receives a copy of the Missouri Care *Member Handbook*. The handbook covers such topics as: how to select or change PCPs, appointment procedures, covered benefits, grievance and appeal process, how to report suspected fraud and abuse, prior authorization, and explains the member's rights and responsibilities in obtaining health care through Missouri Care. Providers may obtain a copy of the *Member Handbook* by contacting their Provider Relations Representative.

2.9 CO-PAYMENTS FOR MISSOURI CARE MEMBERS

For Dates of Service on or after September 1, 2005:

MC+ Managed Care members no longer have co-payments.

For co-pay information on Dates of Service prior to September 1, 2005 please refer to the 2004 Missouri Care Provider Manual.

Pharmacy Dispensing Fees:

Under the regular MC+ Program, Missouri Care and its provider network are expressly prohibited from imposing any type of cost sharing requirements (e.g., co-insurance, deductibles, etc.) on members for delivery of covered services except for MC+ required pharmacy dispensing fees as follows:

<u>Medicaid Maximum Allowable Ingredient Cost for each prescription</u>	<u>Member Fee Amount</u>
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 or greater	\$2.00

Providers should keep in mind that while they are strongly encouraged to collect all appropriate fees, they cannot deny or reduce services to a member who does not pay the pharmacy dispensing fee.

No pharmacy dispensing fees shall be charged or considered the responsibility of the member in any of the categories listed below:

- Beneficiaries under age nineteen (19)
- services related to EPSDT (Early Periodic Screening, Diagnosis and Treatment)
- institutionalized recipients residing in a skilled nursing facility, psychiatric hospital, residential care facility or adult boarding home
- foster care children up to the age of twenty-one (21) years
- those services specifically identified as related to family planning services
- emergency services
- services provided to pregnant members that directly relate to the pregnancy or complications with the pregnancy

2.10 MEMBER RIGHTS AND RESPONSIBILITIES

Member Rights:

Each Missouri Care member is entitled to medical treatment without unlawful bias and according to the general community standards for the delivery of health care. No member may be denied the benefits of, or participation in, covered services on the basis of race, color, sex, sexual preference, age, handicap, religion or national origin. In turn, no Provider may discriminate in the delivery of medical and behavioral health covered services, on the basis of race, color, sex, sexual preference, age, handicap, religion or national origin.

Other Member Rights include the following:

- Each member is guaranteed the right to be treated with respect and with due consideration for his or her dignity and privacy.
- Each member is guaranteed the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand.
- Each member is guaranteed the right to participate in decisions regarding his or her health care, including the right to refuse treatment.
- Each member is guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Each member is guaranteed the right to request and receive a copy of his or medical records and to request that they be amended or corrected.
- Each member is free to exercise his or her rights and that the exercise of those rights does not adversely affect the way Missouri Care and its providers or the state agency treat the member.

Member Responsibilities:

Missouri Care expects members to cooperate responsibly in matters regarding their health care. These include the following:

- The member must present his/her Missouri Care ID and their red Health Insurance card to all Providers before receiving service. members are encouraged to carry a second form of identification.
- The member must know the name of his/her Primary Care Provider (PCP) and obtain approval or authorization from the Primary Care Provider (PCP) before obtaining treatment.
- Each member is responsible for scheduling appointments with his/her PCP and canceling appointments for Missouri Care services, including transportation. If the member cannot keep a scheduled appointment, he/she must call the Provider twenty-four (24) hours in advance to cancel the appointment.
- Each member must provide, to the best of his/her knowledge, complete information about matters relating to the member's health including childhood immunization records through age twenty-one (21), to those providing care.
- Each member must inform the Provider if he/she does not understand the Provider's explanation concerning the member's medical care.
- Each member is responsible for complying with the Provider's treatment plan for medications, diet and exercise.
- Each adult is responsible for scheduling and keeping periodic checkups for infants and children under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Each pregnant member must schedule and keep obstetrical checkups at the recommended intervals. Members are encouraged to participate in other available prevention and wellness programs.
- Each member must notify the Member Services Department or the Family Support Division of address changes or changes in family size that affect eligibility or enrollment (e.g., marriage, birth, adoption, divorce, death, or guardianship).
- Each member must follow the procedures outlined in the Missouri Care *Member Handbook* to obtain services or present questions or concerns.
- Each member is responsible for informing Missouri Care and the Provider if he/she is also covered by other insurance, including Medicare.
- Each member is responsible for calling their PCP before getting services in an emergency room unless it is a true emergency.

- Each member is responsible for paying any appropriate co-pays for prescriptions.
- Each member is responsible for paying for any non-covered services received without prior approval from Missouri Care.
- Each member is responsible for giving a copy of his/her *Living Will* or *Advance Directive* to his/her PCP to include with medical records.