

DMA ADMINISTRATIVE LETTER NO: 03 -09, (CCNC/CA)

DATE: JUNE 26, 2009

SUBJECT: CCNC/CA Identified Enrollees

**DISTRIBUTION: County Directors of Social Services
Medicaid Eligibility Staff**

I. BACKGROUND

The state legislature is leveraging the Division of Medical Assistance through the managed care programs to save the state Medicaid program millions of dollars in expenditures. The managed care system has proven to improve access to primary care and improve the quality of care and utilization of services for the recipients of Medicaid.

The Managed Care Section has identified Medicaid recipients who are currently seeing a primary care physician who is enrolled in the Community Care of North Carolina/ Carolina ACCESS (CCNC/CA) programs and the recipient is not currently enrolled in CCNC/CA or is exempted with a permanent exempt code. In an attempt to provide the benefits of the enhanced services offered through the CCNC/CA program, a letter ([See Att.1](#)) will be sent to these identified Medicaid recipients on July 7, 2009. (English version is on one side/ Spanish version is on the reverse side.) The letter informs the recipient they will be enrolled in CCNC/CA with the primary care physician the recipient is currently seeing for their medical needs. The letter instructs the recipient that if this is **not** the physician/medical home they wish to continue to use, they are to contact their local county department of social services by July 31, 2009 to request a different physician/medical home.

This is the first of several attempts to ensure that every Medicaid recipient who is not exempt is enrolled in a managed care program. This legislated mandate also requires the Medicaid caseworker to continue to explain the managed care program to every applicant and recipient (a/r) and encourage them to enroll. The optional group of recipients must have "The Benefits of Being a Member" explained to them, and the a/r must be allowed to enroll with a provider of their choice if the provider is in the CCNC/CA network.

II. PROCEDURES TO FOLLOW IN RESPONSE TO LETTERS MAILED JULY 7, 2009 TO IDENTIFIED RECIPIENTS

- A. A list of recipients in your county who have been identified and have received the letter mailed July 7, 2009, can be found in NCXPTR. The name of the report is DHRWDB MANDATORY ENROLLMENT 2009.**
- B. Key the PCP code when the recipient contacts the IMC selecting a medical home.**
- C. If a recipient has not contacted the agency by August 1, 2009, the county caseworker must assign the PCP listed on the report. This must be completed by August 31, 2009.**

III. ADDITIONAL INFORMATION

Effective immediately, code 9900031-“Temporary exemption for recipients eligible for Medicaid through a Health Choice application, but CCNC/CA has not yet been explained” is obsolete. This code was removed from policy in October, 2008, and has now been ‘end-dated.’ Do not use this code at application. For those recipients that are currently exempt with 9900031, enroll or exempt with appropriate code at the next redetermination.

If you have any questions regarding this information, please contact your Medicaid Program Representative. For any other issues that are not able to be handled through that venue, Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

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This material was researched and written by Susan K. Castle, Policy Consultant, Medicaid Eligibility Unit.