

Exclusion from Medallion II

In accordance with 12VAC30-120-370, the following members shall be excluded from participating in Medallion II. Members not meeting the exclusion criteria must participate in the Medallion II program.

1. Members who are inpatients in state mental hospitals.
2. Members who are approved by DMAS as inpatients in long-stay hospitals* (Article IID1.b. in the Medallion II Managed Care Contract), nursing facilities, or intermediate care facilities for the mentally retarded (MCO members who become enrolled in the Technology Assisted Waiver continue to be disenrolled from the MCO).
3. Members who are placed on spend-down.
4. Members who are participating in Plan First.
5. Members who are participating in the tech waiver or in federal waiver programs for home-based and community-based Medicaid coverage prior to managed care enrollment.
6. Members under age 21 who are approved for DMAS residential facility Level C programs as defined in [12VAC30-130-860](#).
7. Newly eligible members who are in the third trimester of pregnancy and who request exclusion within a department-specified timeframe of the effective date of their MCO enrollment. Exclusion may be granted only if the member's obstetrical provider (e.g., physician, hospital, and midwife) does not participate with the enrollee's assigned MCO. Exclusion requests made during the third trimester may be made by the member, MCO, or provider. DMAS shall determine if the request meets the criteria for exclusion. Following the end of the pregnancy, these members shall be required to enroll to the extent they remain eligible for Medicaid.
8. Members, other than students, who permanently live outside their area of residence for greater than 60 consecutive days except those members placed there for medically necessary services funded by the MCO.
9. Members who receive hospice services in accordance with DMAS criteria.
10. Members with other comprehensive group or member health insurance coverage, including Medicare, insurance provided to military dependents, and any other insurance purchased through the Health Insurance Premium Payment Program (HIPP).
11. Members requesting exclusion who are inpatients in hospitals, other than #1 and #2 above of this subsection, at the scheduled time of MCO enrollment or who are scheduled for inpatient hospital stay or surgery within 30 calendar days of the MCO enrollment effective date. The exclusion shall remain effective until the first day of the month following discharge. This exclusion reason shall not apply to members admitted to the hospital while already enrolled in a department-contracted MCO.
12. Members who request exclusion during preassignment to an MCO or within a time set by DMAS from the effective date of their MCO enrollment who have been diagnosed with a terminal condition and who have a life expectancy of six months or less. The member's physician must certify the life expectancy.
13. Certain members between birth and age three certified by the Department of Behavioral Health and Developmental Services as eligible for services pursuant to Part C of the Members with Disabilities Education Act (20 USC § 1471 et seq.) who are granted an exception by DMAS to the mandatory Medallion II enrollment.
14. Members who have an eligibility period that is less than three months.
15. Members who are enrolled in the Commonwealth's Title XXI CHIP program (Known as FAMIS).
16. Members who have an eligibility period that is only retroactive.
17. Children enrolled in the Virginia Birth-Related Neurological Injury Compensation Program established pursuant to Chapter 50 (§ [38.2-5000](#) et seq.) of Title 38.2 of the Code of Virginia.

*The member's HCB services (including transportation to HCB services) are managed and paid for under the DMAS fee-for-service program

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**MCO Inclusion of foster
care children began as a pilot
in the City of Richmond in
December 2011. MCO
inclusion of eligible children in
foster care or receiving
adoption assistance will occur
as follows:
September 1, 2013 –
Tidewater/Hampton Roads
November 1, 2013 –
Central Virginia
December 1, 2013 –
Northern Virginia
Prior to July 1, 2014
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Members enrolled with a MCO who subsequently meet one or more of the aforementioned criteria during MCO enrollment shall be excluded from MCO participation as determined by DMAS, with the exception of those who subsequently become members in the federal long-term care waiver programs, as otherwise defined elsewhere in the contract for home-based and community-based Medicaid coverage (IFDDS, ID, EDCC, Day Support, or Alzheimer's, or as may be amended from time to time). These members shall receive acute and primary medical services via the MCO and shall receive waiver services and related transportation to waiver services via the fee-for-service program.

Members excluded from mandatory managed care enrollment shall receive Medicaid services under the current fee-for-service system. When enrollees no longer meet the criteria for exclusion, they shall be required to enroll in the appropriate managed care program.