

Enrollment in Managed Care

- Determined eligible for Medicaid; DSS enters into system
- 15-45 days after eligibility entered into system, pre-assignment takes place

Pre-Assignment*

- Notified by letter
- All clients are pre-assigned to a MCO
- Must call to make selection by deadline
- No call = enrollment into pre-assigned MCO
- Obtain services through fee-for-service (regular Medicaid) until MCO is effective

*FAMIS does not have pre-assignment. FAMIS enrollees are assigned to a plan immediately but have 90 days to make a change.

Pre-assignment timeline example

- DSS enters eligibility in system prior to 18th of November
- Recipient pre-assigned on November 18 system run
- Letter mailed to recipient end of November

- Asked to call Managed Care Helpline by Dec. 18 (or the Friday before if the 18th falls on a weekend) to make selection
- Recipient does not call by Dec. 18, enrolled in pre-assigned MCO effective Jan. 1
- Recipient calls on or before Dec. 18 to make selection, enrollment is effective Jan. 1
- Recipient calls to select/change MCO between Dec. 19 and Jan. 18, selection/change effective Feb. 1

Medicaid – Changing MCOs

- 90 days after effective date to change MCOs for any reason
 - Before 18th of month, effective 1st of following month
 - After 18th of month, enrollment delayed another month
- After 90 days change allowed with approval from DMAS for good cause
- Annual Open Enrollment* - change MCOs for any reason

*FAMIS enrollees do not have open enrollment. They may change plans on their annual renewal date.

60-day Re-enrollment

- Member loses Medicaid eligibility – MCO enrollment ends
- Re-gains Medicaid eligibility within 60 days
- Automatically re-enrolled in previous MCO

- Notified by letter

Newborn Enrollment

- Born to MCO-enrolled mom, baby covered by mom's MCO for birth month plus 2 more months
- Mom can change MCO if ID# on file
- Mom should report birth to DSS ASAP
- No Medicaid ID# for baby at end of 3rd month = loss of coverage