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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 95 LCM-52

Date: May 4, 1995

Division: Health & Long Term
Care

TO: Local District Commissioners

SUBJECT: Enrollment of and Payment for Newborns to Enrollees of
Medicaid Managed Care Providers

ATTACHMENTS: I: Existing Procedures For Enrolling Unborns in Managed
Care (Not Available On-Line)
II: Managed Care Provider Letter (Available On-Line)
III: Hospital Administrator Letter (Available On-Line)

The purpose of this letter is to inform you of the distribution of the attached letters dated March 31, 1995 regarding the enrollment of newborns whose mothers are on Medicaid and enrolled with a managed care provider (MCP).

Whenever possible, it is important that the existing unborn pre-enrollment procedures (Attachment I) be followed by all MCPs and the LDSS. However, if the unborn is not pre-enrolled using the procedures specified in Attachment I, then the procedures specified in Attachment II and III (March 31, 1995 letters) should be used.

The procedures in Attachments II & III require the hospital to notify the MCPs of the birth. The MCPs must then immediately notify the LDSS of the birth. The LDSS must then retroactively enroll the newborn back to the first day of the month of birth in the appropriate MCP. The LDSS must confirm to the MCP that the newborn has been retroactively enrolled in the MCP, and therefore, the MCP can bill the State.

Any questions regarding these enrollment procedures should be directed to your New York State managed care field representative at (518) 486-4429.

Richard T. Cody
Deputy Commissioner
Division of Health & Long Term Care

March 31, 1995

Dear Managed Care Provider:

As you know, the enrollment of and payment for newborns born to enrollees of Medicaid managed care providers has been an on-going issue for many years. After many discussions with managed care providers and counties, agreement on the following policy was reached:

General Rule

Managed care enrollees should be using their managed care provider for all prenatal, delivery and perinatal care. Managed care enrollees are informed of this policy. The State pays capitation rates to the managed care provider for these as well as other services. Therefore, with the exception specified below and/or an emergency situation, a hospital should send managed care enrollees to their managed care provider for treatment.

Exception

It is possible that a pregnant managed care enrollee may present herself at a hospital and must be admitted for delivery. In this case, the hospital must notify the managed care provider promptly and bill the managed care provider for the newborn's and mother's inpatient costs associated with the birth. Managed care providers will reimburse the hospital at the Medicaid rate (or at another rate if contractually agreed to between the managed care provider and the hospital) for this episode of care. Expeditious billing to the managed care provider by the hospital will also allow the managed care provider to arrange perinatal care. However, managed care providers will not deny the inpatient hospital costs if billing/notification is not timely. The managed care provider may deny the hospital for any services after the mother/newborn is released from the hospital and if they continue to use the hospital for any unauthorized care.

Managed care providers will be responsible for payment of the hospital bill even if the newborn is not yet on the roster. The managed care provider will receive retroactive capitation payments to the month of birth as soon as the newborns managed care enrollment is complete.

For your information the enclosed letter has been mailed to all hospitals informing them of the managed care newborn payment policy. Should you have any questions, please contact your State managed care field representative.

Sincerely,

Michael A. Falzano
Assistant Commissioner
Division of Health and Long Term Care

Enclosure

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March 31, 1995

Dear Hospital Administrator:

This letter is to notify you of New York State's payment policy on the enrollment of newborns whose mothers are on Medicaid and enrolled with a managed care provider. (i.e.: HMOs). Managed care providers that cover inpatient hospitalization are responsible for the care of and payment for the newborn of a woman enrolled in their plan.

Therefore, managed care enrollees should be using their managed care provider for all prenatal, delivery and perinatal care. Managed care enrollees are informed of this policy. The State pays capitation rates to the managed care provider for these as well as other services. Therefore, with the exception specified below and/or any emergency, your hospital should send the enrollee to their managed care provider for treatment.

It is possible that a pregnant managed care enrollee may present herself at your hospital and must be admitted for delivery. In this case, your hospital must notify the managed care provider promptly and bill the managed care provider for the newborn's and mother's inpatient costs associated with the birth. Managed care providers will reimburse the hospital at the Medicaid rate (or at another rate if contractually agreed to between the managed care provider and your hospital) for this episode of care. Expeditious billing to the managed care providers also will allow the managed care provider to arrange perinatal care. The hospital should not bill MMIS. Should the hospital bill MMIS and be paid, the State will recover the erroneous payments.

Current state regulations require hospitals and all approved Medicaid providers to conduct an Electronic Medicaid Eligibility Verification System (EMEVS) clearance on each presenting Medicaid recipient to determine Medicaid Eligibility status and medical coverage. Under this policy, hospitals must determine the newborn's managed care status by checking the mother's status on EMEVS. As stated earlier, if the mother is enrolled with a managed care provider, the newborn should be considered enrolled with the same managed care provider. Screeners must specifically check the mother's:

- o Medicaid eligibility status;
- o Medical coverage - a PCP code indicates enrollment in a managed care plan; and
- o Benefit coverage codes to determine whether the recipient has "inpatient hospital" (letter "A") and other relevant coverage.

The hospital must also promptly notify the managed care provider of the admission.

The attached list includes all PCP identifying insurance codes and telephone numbers. In closing, the cooperation of all involved is necessary to ensure appropriate service is rendered to mothers and their newborns and to ensure that hospitals bill and receive payment for those services from the responsible payor.

Questions regarding this policy may be addressed to James Wray at (518) 473-5875.

Sincerely,

Michael A. Falzano
Assistant Commissioner
Division of Health and Long Term Care

Attachment

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PCP CODES	PLAN NAME	TELEPHONE NUMBER
02	HIP/NYC OUTPATIENT	212-630-5316
77	LUTHERAN	718-630-7208
82	BRONX HEALTH PLAN	718-733-4747 X 624
85	ELDERPLAN	718-921-7990
91	MANHATTAN PHSP	1-800-545-0571
92	METROPOLITAN HEALTH PLAN	212-626-8300
98	HIP BI-LINK	212-630-5316
99	HIP NYC COMPREHENSIVE	212-630-5316
A7	AETNA CAPITATION PLAN	1-800-624-4478
BU	BLUE CARE PLUS	315-798-4336
C2	COMMUNITY BLUE	716-887-8720
C7	COMPREHENSIVE CASE MANAGEMENT CORP.	718-920-5910
CF	COMPRECARE	518-798-3555
CG	CAPITAL DISTRICT PHYSICIANS HLTH PLAN	518-452-1941 X 378
CQ	CHOICECARE	516-694-4400 X
CV	CAPITAL DISTRICT PHYSICIANS HLTH PLAN	518-452-1941 X 378
CW	CATHOLIC HEALTH SERVICE PLAN	1-800-749-0820
DC	BROOME MANAGED CARE (SMA)	607-778-2737
DD	BROOME MANAGED CARE (D.DRISCOLL)	607-778-2737
DE	BROOME MANAGED CARE (CHENANGO BRIDGE)	607-778-2737
EI	ERIE COUNTY PCMP-1	716-878-7355
EK	ERIE COUNTY PCMP-2	716-898-5225
EL	ERIE COUNTY PCMP-3(MEDICAL GROUP WNY)	716-882-1212
EN	ERIE COUNTY PCMP-3(UMS-ECMC)	716-898-5400
EO	ERIE COUNTY PCMP-3(LANCASTER/DEPEW)	716-684-6140
EP	ERIE COUNTY PCMP-3(SERV.MED.GROUP)	716-592-7400
EQ	ERIE COUNTY PCMP-3(CONCORD MEDICAL GRP)	716-592-3600
ES	ERIE COUNTY PCMP-3(CPCP GROUP)	716-774-9694
FA	FAMILY HEALTH SERVICES	716-753-7397
GE	GENESIS HEALTH PLAN	914-476-6000
GO	HEALTHCHOICE (G.OGDEN)	607-478-8421
H5	HEALTHCHOICE (DEPNER)	716-593-4250
HH	HEALTH SOURCE-ROCKLAND	914-631-1611
HK	HEALTH CARE PLAN	716-847-1480
HT	HIP-SUFFOLK	212-630-5316
HW	HIP-WESTCHESTER	212-630-5316
HX	HMO-CNY	315-448-6870
HY	HIP-NASSAU	212-630-5316
HZ	EMPIRE BC/BS(HELTHNET)	1-800-552-6630
IE	INDEPENDENT HLTH ASSOC.(IHA-ERIE)	716-631-3086
IL	INDEPENDENT LIVING SENIORS(ROCHESTER)	716-336-2025
IN	INDEPENDENT HLTH ASSOC.(IHA-NIAGARA)	716-631-3086
IV	INDEPENDENT HLTH ASSOC.(IHA-HUDSON VALL)	716-631-0939
MK	MANAGED HEALTH CARE SYSTEMS	718-488-8888
MO	MET LIFE	516-348-4225
MR	BLUE CHOICE OPTION	716-238-4394
MV	MOHAWK VALLEY HEALTH PLAN	518-370-0852
MW	MANAGED HEALTH INC.	1-800-566-2678
NY	NEW YORK HEALTH PLAN	718-533-1300 x 117
OC	ORANGE COUNTH MANAGED CARE PLAN	914-561-0345
OD	ORANGE COUNTY MCP(GRANT)	914-561-0345
OE	ORANGE COUNTY MCP(PRA BHU)	914-561-0345
OF	ORANGE COUNTY MCP(KLEIN)	914-561-0345
OG	ORANGE COUNTY MCP(IGNACCIO)	914-561-0345
OH	ORANGE COUNTY MCP(CAREY)	914-561-0345
OI	ORANGE COUNTY MCP(KAYE)	914-561-0345
OM	UNIVERSAL HEALTH PLAN	718-681-5070
OX	OXFORD HEALTH PLAN	212-984-6447

PH	PRIORITY HEALTH CARE	607-732-1948
PN	PRIMECARE NEW YORK	212-686-1900 x 224 or 225
PQ	PREFERRED CARE	716-325-3920
PV	HEALTH SERVICES MEDICAL CORP.(HSMC)	315-638-2133
PW	PRUCARE(ORANGE)	914-368-9699
PX	PRUCARE(PUTNAM)	914-368-9699
SA	SYRACUSE COMMUNITY HEALTH PLAN	315-476-7921 X415
SC	ST. BARNABUS	718-960-3843
SF	HEALTH FIRST	212-582-8540 X208
SI	STATEN ISLAND PCP	718-226-8372
SN	SANUS	718-899-5200 X304
SP	BETTER HEALTH PLAN	716-842-2800
ST	SAINT VINCENT'S PCP	212-604-2273
SY	SOUTHERN TIER MCP	607-734-3252
TH	CIGNA(TOTAL HEALTH)	1-800-345-9458
TV	TRAVELLER'S MCP	315-433-5861
US	US HEALTHCARE	1-800-245-1206
UT	US HEALTHCARE(NASSAU/SUFFOLK)	1-800-245-1206
WC	WELLCARE	914-338-0202
WD	WELLCARE(DUTCHESS)	914-338-0202
WG	WELLCARE(GREENE)	914-338-0202
WH	WESTCHESTER PHSP	914-631-1611
WO	WELLCARE(ORANGE)	914-338-0202
X3	COMMUNITY HEALTH PLAN	518-783-1864 X4376
X4	COMMUNITY HEALTH PLAN(ULSTER)	518-783-1864 X4376
X5	COMMUNITY HEALTH PLAN(DUTCHESS)	518-783-1864 X4376
X6	COMMUNITY HEALTH PLAN(DELAWARE)	518-783-1864 X4376
X7	COMMUNITY HEALTH PLAN(OTSEGO)	518-783-1864 X4376

04/18/95