MLTSS Eligibility/Enrollment Processes: MCO Enrolled Individuals

2016

Provider Responsibilities

- Check eMEVs/REVs to verify Medicaid Eligibility and MCO Enrollment
- Ensure PASRR Level I is completed (Nursing Facility and Special Care Nursing Facility only)
  - Ensure Level II (if applicable) is completed
- Contact County Welfare Agency (CWA) for copy of Cost Share Documents
  - PR1 (NF)
  - PR2 (AL)
- Contact MCO for authorization
  - New authorization required for break in service

MCO Responsibilities

- Authorize non-MLTSS services
- Screening for MLTSS - determine need for MLTSS services
  - Conduct assessment for MLTSS eligibility
  - Submit to OCCO
- Provide Self Attestation Form to member
  - Send form/notification to DMAHS within 5 business days
- Communicate Authorized/Approved clinical eligibility outcome to member and provider
  - Approval Letter to member
  - Service authorization to provider
- Communicate Not Authorized clinical eligibility outcome to member and provider
  - OCCO reassessment needed to make an eligibility determination
  - Not Authorized is an inability to make a determination. It is not a Denial.

OCCO Responsibilities

- Review MCO assessment to establish clinical eligibility within 5 business days of submission
- Provide Approval Letter to MCO
- Conduct reassessment if "Not Authorized"
  - Provide Approval letter to member and MCO
  - Provide Denial letter to member and MCO
  - Provide Denial Notification to MCO
  - Once Fair Hearing rights are exhausted, clinical eligibility is termed (if appropriate) which facilitates MLTSS disenrollment.
- Data enter outcome into NJMMIS system
  - Authorization/Approval will enable/continue MLTSS enrollment if categorically eligible
  - Not Authorized entry has no impact on MLTSS enrollment (new or continued)
  - Denial entry, pending NJ Medicaid Fair Hearing process has no impact on MCO or MLTSS enrollment (new or continued)
- Track and communicate NJ Medicaid Fair Hearing process
  - Terminate clinical eligibility for MLTSS disenrollment. *MCO enrollment continues unless otherwise determined by CWA.
  - Notify CWA and MCO of Fair Hearing process completion and clinical termination, if applicable.

DMAHS/CWA Responsibilities

- Obtain Self Attestation or conduct 5 year look back
- Calculate Cost Share/Patient Pay Liability, if applicable

MLTSS Eligibility

- MLTSS enrollment occurs on the 1st of the month prospectively
  - Cutoff date for next month enrollment is between the 18th to 21st of the month
  - State Plan services are to be provided regardless of MLTSS eligibility and enrollment
  - **Services the MCO cannot cover** until MLTSS enrollment include:
    Assisted Living*, Community Residential Services, Special Care Nursing Facility, Home Delivered Meals, Personal Emergency Response System, Adult Private Duty Nursing
    * Assisted Living FFS billing with clinical eligibility can occur **prior to MCO enrollment**
  - **Services eligible within State Plan Services in the absence of MLTSS enrollment** include:
    Nursing Facility, Medical Day Care, PCA