



North Carolina Department of Health and Human Services
Division of Medical Assistance

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Beverly Eaves Perdue, Governor
Albert A. Delia, Acting Secretary

Michael Watson, Director

October 3, 2012

SUBJECT: CCNC/CA Exemption Codes 9900646, 9900648, 9900649

Dear County Director of Social Services:

The NC General Assembly mandated a savings of approximately \$90 million in state appropriations for fiscal year 2011-2012 by the Division of Medical Assistance (DMA) through the Community Care of North Carolina (CCNC) networks. Increasing the number of Medicaid beneficiaries enrolled with a CCNC Primary Care Provider (PCP) was a critical step in meeting this mandate. As a result, DMA launched a statewide enrollment effort in July 2011 to drastically increase the number of Medicaid beneficiaries enrolled in the CCNC program. By the conclusion of the project in June 2012, ninety percent of those targeted for enrollment (112,135 beneficiaries) were enrolled with a PCP.

Originally, Adult Care Home (ACH) and Intermediate Care Facility-MR (ICF-MR) residents were to be included in the enrollment initiative. However, due to the complexities of enrolling this population, CCNC/CA enrollment was eventually suspended. To easily identify residents of these types of facilities, beneficiaries were changed to one of two newly created exempt codes:

9900648—TEMPORARY to identify residents of an Adult Care Home
9900649—TEMPORARY to identify residents of an ICF-MR

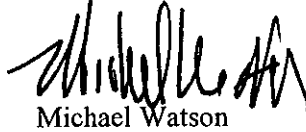
These codes were created to address a very specific need during the enrollment project. Because DMA placed beneficiaries in these codes temporarily, DMA is continuing to work toward enrollment of this population. For these reasons, assignment to these codes has become obsolete. Social Service staff should continue to follow established CCNC/CA assignment protocols based on the program aid category of the beneficiary.

In addition, the number of beneficiaries assigned to the 9900646 exemption code during the past year has increased ninety-one percent, from 16,571 beneficiaries in August 2011 to 31,603 beneficiaries in August 2012. Exempt code 9900646 indicates a dual eligible recipient who opted not to enroll. According to the enrollment rules outlined in Adult Medicaid Manual MA-2425 and Family and Children's Medicaid Manual MA-3435, optional groups must *not* be automatically exempt unless they opt out. If a recipient in an optional coverage group is not available to opt out or choose a primary care provider, they must be assigned to an appropriate PCP. Counties are encouraged to promote the enrollment of dually eligible beneficiaries into CCNC/CA and may use DMA-9016 (<http://info.dhhs.state.nc.us/olm/forms/dma/dma-9016.pdf>) to explain the added Medicaid benefit of enrollment.



If you have questions, please contact your CCNC/CA Managed Care Consultant
(http://www.ncdhhs.gov/dma/ca/MCC_0212.pdf)

Sincerely,



Michael Watson

MW/pc

