
Medicaid New Enrollment File

Monthly Report

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Terminology for Medicaid Reporting

- RCP = Recipient, found in the title cell of a number of columns
- LIS = Low Income Subsidy, found near the end of a report, titled LOW_INC_CO_PAY_CAT
- Effective Date = the date a member's plan becomes effective, found near the end of a report, titled RCP_PPHP_BEG_DT
- RCP_MCARE_ID_NUM – Medicare ID number, provided by the federal government should the member be eligible or have active Medicare Coverage

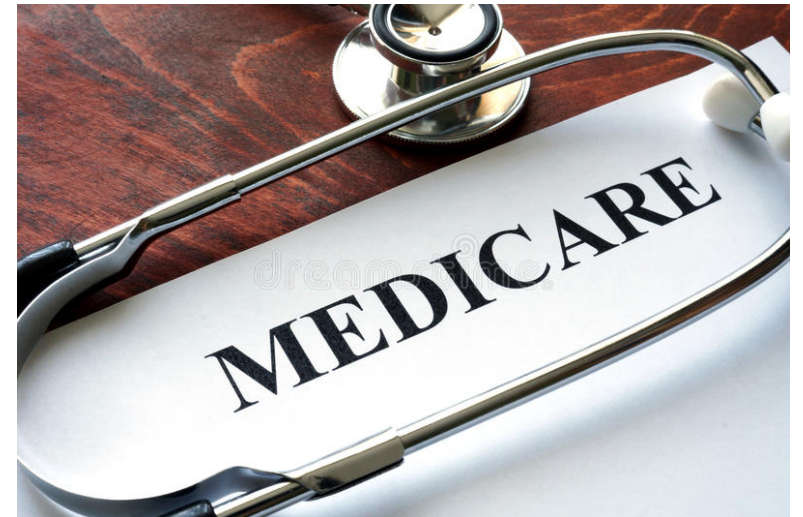
New Enrollment File

- Products
 - MSHO
 - MSC+
 - SNBC
 - SNBC Enhanced
- The report of new members is sent to Medica directly from DHS
- Sent to delegates via Sharefile from SPP Enrollment Team
- Sent each month on or near the first of the month

Group ID and PCC ID

Group ID

- First five digits of a member's Medica ID number
 - Attached to a specific care system, group of clinics, and may indicate a member's Medicare eligibility.
-
- ❑ MSHO
 - Group ID is specific to Care System, Clinic, or County
 - ❑ SNBC-I
 - Group ID is specific to Care System, Clinic, or County
 - ❑ SNBC
 - Group ID is specific to Care System, Clinic, or County
 - Group ID is specific to Medicare Coverage
 - ❑ MSC+
 - Group ID is specific to metro vs non-metro
 - Group ID is specific to Living Setting/Waiver Status
 - Group ID is specific to Medicare Eligibility Status



MSC+ Group ID Complexity

MSC+ coverage and group assignment depends heavily on Medicare eligibility status.

Many MSC+ members will go on and off of Medicare while the MSC+ timeline remains open. This change will alter the member's group ID. However, the change in the group ID or Medicare eligibility does not quantify the member as being truly a new member.

If you find an MSC+ member is open yet missing from your monthly full enrollment report, please contact the Enrollment Team for an update.

Please see the group IDs right for reference.

Medica Choice Care SM MSC+ for Minnesota Senior Care Plus (MSC+) Enrollees Members age 65+ eligible for Medicaid; may have non-integrated Medicare*	
59165 - Metro Institutional with Medicare (MA30/MA35)	59665 - Regional Institutional with Medicare (MA30/MA35)
59180 - Metro Community with Medicare (MA30/MA35)	59680 - Regional Community with Medicare (MA30/MA35)
59169 - Metro Comm. w/Medicare \$0 Cost-Sharing (MA30/MA35)	59179 - Reg. Comm. w/Medicare \$0 Cost-Sharing (MA30/MA35)
59167 - Metro Institutional without Medicare (MA30/MA35)	59667 - Regional Institutional without Medicare (MA30/MA35)
59197 - Metro Institutional without Medicare (NM30/NM35)	59697 - Regional Institutional without Medicare (NM30/NM/35)
59181 - Metro Community without Medicare (MA30/MA35)	59681 - Regional Community w/o Medicare (MA30/MA35)
59166 - Metro Comm. w/o Medicare \$0 Cost-Sharing (MA30/MA35)	59168 - Regional Comm. w/o Medicare \$0 Cost-Sharing (MA30/MA35)
59191 - Metro Community without Medicare (NM30/NM35)	59691 - Regional Community w/o Medicare (NM30/NM35)
59666 - Metro Comm. w/o Medicare \$0 Cost-Sharing (NM20/NM35)	59668 - Regional Comm. w/o Medicare \$0 Cost-sharing (NM30/NM35)

Primary Care Clinic (PCC)

Medica's use of PCC stands for the Primary Care Clinic.

PCCs are unique numbers used to identify to counties, care systems, and partner companies that provide care coordination to our members.

Each member is required to have an assigned PCC for any given month of enrollment.

PCCs can be updated due to any of the following changes:

- Moved into a new county
- Changed primary care providers or clinics
- Change of care coordination delegate
- Or, in rare cases, by member request should it be deemed appropriate



Data Specifications

Rate Cell, Living Arrangements, and Waiver Status

MSHO

MSHO members' residential status drives the rate cell we receive from DHS.

The rate cell can be found in column X and overrides in importance the living arrangement.

Rate Cells:

A = Community, Non-Waiver Status

B = Community, Waiver Status

D = Institutional, Skilled Nursing Facility

Only members with a Rate Cell D will be listed under an "Institutional" PCC

MSC+

MSC+ members' living setting and waiver status drive the rate cell. The living setting in Column V is the description of the code in Column U.

The Waiver Type in Column AR provides the code for the member's waiver status.

WAIVER_TYP	WAIVER DEF
F	CADI-CONVERSION
G	CADI-DIVERSION
H	CAC-CONVERSION
I	CAC-DIVERSION
L	TBI-CONVERSION
M	TBI-DIVERSION
P	TBI-HOSP-CONV
Q	TBI-HOSP-DIV
R	DD-MR-RC-CONVERSION
S	DD-MR-RC-DIVERSION
Z	CSG-DIVERSION

Rate Cell, Living Arrangements, and Waiver Status

SNBC and SNBC Enhanced

SNBC and SNBC Enhanced members' living setting drives the rate cell. However, it is helpful to know when a member also has an alternative waiver status.

The living setting in Column V is the description of the code in Column W.

The Waiver Type in Column AS provides the code for the member's waiver status, should their be one. Waivers are managed by the county, however a coordinator is often working in tandem with that waiver.

SNBC/MSHO/MSC+ Living Arrangement Codes	
41	NFI
42	NFII
43	ICF-MR
44	SHORT-TERM-STAY-NFI
45	SHORT-TERM-STAY-NFII
46	SHORT-TERM-STAY-ICF
47	REGIONAL TREATMENT CENTER *
48	MEDICAL-HOSPITAL
49	SEX OFF AND FORENSIC PGMS IMD
50	RTC-MI PSYCH INPAT HOSP-IMD
51	RULE-31-IMD-CD
52	RULE-36
53	IMD-HOSPITAL
54	REHAB-OPT-FOR-CHILD
55	ADULT-FOSTER-HOME
56	GRH
57	TREATMENT CENTER
60	NON-NEG RF NON-NEGOTIATED RATE FACILITIES
61	TRANSITION HOME
68	ADULT-CITY-CO-JAIL
69	OTHER-CORRECT-FAC
80	COMMUNITY
35	Elderly Waiver

Living Setting

WAIVER_TYP	WAIVER DEF
F	CADI-CONVERSION
G	CADI-DIVERSION
H	CAC-CONVERSION
I	CAC-DIVERSION
L	TBI-CONVERSION
M	TBI-DIVERSION
P	TBI-HOSP-CONV
Q	TBI-HOSP-DIV
R	DD-MR-RC-CONVERSION
S	DD-MR-RC-DIVERSION
Z	CSG-DIVERSION

Waiver Status

RCP_PPHP_BEG_DT: Enrollment Effective Date

RCP_PPHP_BEG_DT, Column AW in MSHO and Column BA in SNBC Enhanced, reflects a member's original effective date. The date will always be the current month or a previous month and should never reflect a future date. A previous future date will indicate a retro-effective enrollment.

Retro member information should also be sent via email to the appropriate entity on the day it is received from DHS.

AW	AX	
RCP_PPHP_BEG_DT	ASSESSMENT_DT	LOW_IF
10/1/2020		2
10/1/2020		3
10/1/2020		3
10/1/2020		2
10/1/2020	7/6/2017	3
10/1/2020	12/9/2015	3
9/1/2020		2
10/1/2020		2
10/1/2020	4/1/2020	3
10/1/2020		2

Reassigning Members

Reassignment to Alternative PCC

New member PCC assignment may need to be altered due to any of the following factors:

- Member residing in SNF
- Member moved back to community
- Member lives in different county
- Member sees specific doc in a Care System
- Member does not see a Care System doc

After researching your new members, any member found to meet the criteria for a reassignment should be sent to the Medica Enrollment Team at SPPEnrollmentQ@medica.com by the date noted in the email you receive each month notifying the report is available – most often between the 6th and 8th of the month

Product Changes

SNBC to SNBC Enhanced/MS C+ to MSHO

When an SNBC member moves to SNBC Enhanced or an MSC+ member moves to MSHO, the goal for Medica Enrollment is to maintain the member with the same delegate whenever possible. MSHO works slightly differently as assignment depends first and foremost upon the member's primary care physician.

Review members that have termed from your full enrollment list (Term Tab) and compare to the month's new enrollment list via vlookup function based on the PMI.

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