



June 2, 2022

**Expedited Medicaid Managed Care Enrollment for Individuals Receiving Services
From a Title 14 NYCRR [OASAS Certified Part 820 Residential Service Program](#)**

Background:

Certification Changes for OASAS Residential Programs:

- The State Office of Addiction Services and Supports (OASAS) is in the process of transitioning all OASAS certified residential programs .
- As part of the redesign, upon OASAS approval of completed application, all residential programs will be re-designated from Title 14 NYCRR Part 819 and Title 14 NYCRR Part 816.9 to Title 14 NYCRR Part 820 Stabilization, Rehabilitation, Reintegration Elements of Care.

From		To
Title 14 NYCRR Part 819 - Residential Program	→	Title 14 NYCRR Part 820 Residential Program
Title 14 NYCRR Part 816.9 - Medically Monitored Program	→	Title 14 NYCRR Part 820 Residential Program

Impact on Coverage by Managed Care Plans:

- The transition to Part 820 designation status impacts both: plan coverage; and enrollment policies. See summary table below:

Program Type	Plan Coverage	Contract Section	Service Recipient Enrollment Policy
Title 14 NYCRR Part 819 Residential Program	Not Covered	N/A	Individual Exempt while Part 819 services
Title 14 NYCRR Part 816.9 - Medically Monitored Program	Not Covered	N/A	Non-exempt
Title 14 NYCRR Part 820 Residential Program	Covered. Required benefit package service.	21.19 b) ii) H) and APP. K	Non-Exempt

Expedited Medicaid Managed Care Enrollment / Plan Selection and Enrollment:

- For Medicaid recipients Part 820 programs **are reimbursed through the Medicaid managed Care** plans and not through Medicaid fee-for-service unless the provider is 16 beds or less and until the recipient is enrolled with a Medicaid managed care plan .
- As such, to facilitate access to, and coverage of the Part 820 Stabilization, Rehabilitation, Reintegration, a targeted expedited enrollment process has been established to ensure Medicaid recipients are able to enroll in plans and facilitate Part 820 coverage.

**EXPEDITED MEDICAID MANAGED CARE ENROLLMENT PROCESS FOR TITLE 14 NYCRR PART 820 OASAS
DESIGNATED RESIDENTIAL PROGRAMS**

Overview

- **Effective June 1, 2018**, to facilitate access to, and coverage of the OASAS Designated Title 14 NYCRR Part 820 Programs an expedited enrollment process was established to assist Medicaid recipients to select and enroll in Medicaid managed plan.
- **! CRITICAL: This facilitated expedited enrollment process / phone number IS ONLY FOR: consumers asking to be enrolled in a plan after the regular enrollment processing cut-off dates for NY MEDICAID CHOICE (NYMC) NYSOH**
- **! This expedited enrollment process ONLY applies to individuals already determined eligible for Medicaid, with an assigned Medicaid Client Identification Number (MA CIN).**
- Part 820 Program staff may assist service recipients in accessing the expedited Medicaid Managed Care enrollment process and speaking with Consumer Service Representative (CSR) about the expedited enrollment process including the selection of a Managed Care.

Part 820 Program Process for Using the Dedicated Expedited Enrollment Numbers

- Step One: Part 820 Program staff speak to the Part 820 service recipient about the enrollment process

Prior to placing the call to NYMC, the Part 820 program staff person will speak with the Part 820 Program service recipient about the availability of the expedited Medicaid Managed Care enrollment process. The Part 820 program staff person will advise the service recipient that:

- a) An expedited process is available to help educate them about Medicaid managed care enrollment and select a Medicaid managed care plan.
 - b) The Part 820 Program staff will work with the consumer directly, or their LDSS representative to call the Maximus phone number (see below); and,
 - c) During this call the Part 820 Program Staff will inform the Maximus representative that they are seeking an expedited enrollment of a Part 820 service recipient.
- Step Two: Prior to placing the call, Part 820 program staff will collect required information:

The Part 820 Staff person must have the following information available to share with the CSR:

1. Medicaid Client Identification Number (MA CIN – eight digits)
2. District 78 on epaces YES, OR NO? - District 78 Status combined with day in the month determines what number to call
3. Part 820 Program Name and Address
4. List of Medicaid Managed Care Plans that the Part 820 program is contracted with. NOTE: Programs should speak with their internal business office for this list. The CSR cannot provide this information

- Step Three: Part 820 program staff will place a conference call to the Correct Telephone Number.
Prior to Placing Call Please first check ePaces to confirm if District 78 has been assigned.
District 78 Status, combined with day in the month, determines what number to call

YES - District "78" on ePaces			NO District "78" on ePaces		
Application Type:			Application Type:		
↓			↓		
NYSOH			NY Medicaid Choice		
Timing of Request	Call the:	Phone Number:	Timing of Request	Call the:	Phone Number:
Before the 15th of the month	NYSOH General customer NYSOH customer services number	1-855-355-5777	Before the 3rd Thursday of the month	General Enrollment Number	1-800-505-5678
After the 15th of the month	Dedicated Part 820 Expedited Enrollment Number (See NOTES 1-4)	1-888-939-3678	After the 3rd Thursday of the month and before the start of next month	Dedicated Part 820 Expedited Enrollment Number (See NOTES 1-4)	1-888-939-3678

NOTES- Expedited Enrollments:

1. With the service recipient present, the Part 820 program representative will place a conference call to NYMC tel. #: 1-888-939-3678 (1-888-9-EXEMPT) and request an expedited enrollment to a Medicaid Managed Care (MMC) plan.
2. CSR will obtain verbal consent to have a consumer representative on the line and verify demographic information with the consumer.
3. The Part 820 facility representative will explain to the CSR the reason for their call / request access to the expedited enrollment process for a Part 820 service recipient.
4. The CSR will ask for the Part 820 facility name and address to confirm it is one of the applicable 820 facilities. **Once facility is confirmed, CSR will ask facility which MMC plan(s) they accept. The recipient may voluntarily enroll in a health plan that has a contract / accepts the Part 820 program.**



NYSOH	NY Medicaid Choice
The Customer Service Representative (CSR) will then collect plan information to forward over to the New York State Department of Health for expedited enrollment. The CSR will advise the Article 820 facility representative that, once enrolled, the recipient will receive, by mail, an enrollment confirmation notice. The Article 820 facility representative may also check ePACES the first of the next month to confirm the enrollment.	The Customer Service Representative (CSR) will then assist with enrollment to the MMC plan of choice and educate the consumer, accordingly, including primary care provider (PCP) selection. The service recipient will be counseled to select a plan from their county of residence.

If the specified facility is not shown on either the: monthly state provided 820 list ;or, reflected in the on-line OASAS certification directory available at:
https://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/Rpt_CertifiedProviderRegister4_yellow.pdf
 the CSR should advise the program to contact PICM@OASAS.NY.Gov

Timing of Enrollments: Generally, most expedited requests will be processed within a 24-hour turn-around time from the initiation of the transaction to the MAXIMUS call center. This will include: translation into 834 managed care enrollment file, assignment to a plan, and reflection of plan enrollment on MEVS/ eMedny /MEVS eligibility screens. Programs may verify plan assignment after the 24 hours by reviewing MEVS/ eMedny eligibility screens. For calls received after the customary pulldown dates, CSR will utilize an override function to process the enrollment for the 1st of the next month. This override process can be done until 12 noon on the last business day of the month. Please see the following page for some exceptions to the 24-hour process time.

Lock-In: Once enrolled in a plan, enrollees should get a member handbook explaining how managed care works. Recipients have 90 days from their initial enrollment date to change plans. If they do not switch within 90 days, they are “locked-in” to the plan whether they chose the plan or were automatically assigned, and cannot get out for the following 9 months, unless they have “[good cause](#)” to do so.

After the lock-in period ends, recipients can change plans for any reason at any time. However, the lock in applies 90 days after each new enrollment. Enrollees are supposed to receive notice of this right 60 days prior to the end of the lock-in period.