

MEDICAID MANAGED CARE EXEMPTIONS AND EXCLUSIONS

EXEMPTIONS		The following persons may voluntarily enroll, but are not required to enroll in Medicaid Managed Care Plan:		
EXEMPT POPULATIONS		DEFINITIONS	SYSTEM ID	ACTION TO PREVENT AUTO ASSIGN
1.	Residents of Intermediate Care Facilities for the Developmentally Disabled	A resident of an Intermediate Care Facility (ICF/MR) has a developmental disability and lives in a residence which is operated by the State or by a private agency such as ARC. At this residence, the person receives room and board, ongoing health services, and training in skills which encourage independence.	Principle Provider Code 02, 04, Card Code N	N/A
2.	Developmentally or physically disabled individuals receiving services through a Home and Community Based Services (HCBS) Waiver	An individual has a developmental or physical disability and is receiving any of the following services in the community: case management, respite, skills training (residential or vocational), adaptive technology or supported employment, through HCBS, Office of Mental Health (OMH), Traumatic Brain Injury (TBI), At Home Residential Habitation (AHRA) Waivers.	R/E Waiver Codes: <ul style="list-style-type: none"> • HCBS 23, 46-49 • TBI 81 • AHRA 44-45 	N/A
3.	Participants in the Medicaid Model Waiver (Care-at-Home) programs	The waiver was designed for children whose medical conditions can be cared for at home safely and at no greater cost than in a hospital or long term care facility. These children under the age of 18 are determined disabled according to standards in the Social Security Act. They are ineligible for Medicaid due to the parents' excess income and/or resources.	R/E Codes: 62-71	N/A
4.	Office for People with Developmental Disabilities (OPWDD) Waivered Services	Individual who are qualified and identified by OPWDD to receive any program services through OPWDD.	R/E Code 95	N/A
5.	Individuals with chronic medical conditions being treated by a specialist not participating in any MA managed care plan in the service area. Exemption limited to 6 months	Individual who is not currently enrolled in a Medicaid managed care health plan that has a medical condition and is currently under the care of a physician specialist, and there is at least a 6-month treatment plan for ongoing care. This includes individuals scheduled for surgery within 30 days of enrollment with a surgeon that does not participate with any Managed Care Organization (MCO). See the Exemption Request Form for this criterion to meet this exemption.	No	Insert R/E Code 91

EXEMPT POPULATIONS		DEFINITIONS	SYSTEM ID	ACTION TO PREVENT AUTO ASSIGN
6.	Residents of Chemical Dependence Long Term Residential Program	A person residing in a facility including drug-free residential communities (therapeutic communities), recovery homes, community residences and supportive living facilities. A letter from the residence Director or Program Supervisor on program letterhead that verifies that the individual is a resident is required. Exemption applies only until individual leaves residence.	No	Insert R/E Code 91
7.	Native Americans	An individual who provides any of the following documentation: Bureau of Indian Affairs, Tribal health, Long House or Canadian Dept. of Indian Affairs ID. Cards; documentation of roll or band #, or of parent or grandparent roll or band number with birth or baptism certificate indicating descendants from parent or grandparent, birth certificate or notarized letter from medical or state recognized American Indian/Alaska Native/Tribe or Village stating heritage.	No	Insert R/E Code 91
8.	Bridges to Health (B2H) waivers for children in Foster Care	For children who may be in foster care up to 21 years of age who have significant mental health care needs, developmental disabilities or medical fragility and who require institutional level of care.	R/E Codes: 72, 73, 74	N/A
9.	Nursing Home Transition and Diversion Medicaid Waiver (NHTD)	Individuals aged 18-64 with a physical disability, or age 65 and older upon application to the waiver. All individuals need to be assessed to need nursing home level of care.	R/E Code 60	N/A

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EXCLUSIONS**The following persons are excluded and cannot join a Medicaid Managed Care Plan:**

EXCLUDED POPULATIONS		DEFINITIONS	SYSTEM ID	ACTION TO PREVENT AUTO ASSIGN
1.	Resident of state-operated psychiatric facilities	Individuals in receipt of inpatient services at State-operated psychiatric facilities.	Principle Provider Code 6, Card Code R	N/A
2.	Residents of state certified or voluntary operated treatment facilities for children	Medical facilities certified by Office of Mental Health (OMH) which provide for long term psychiatric care for persons 21 years of age and younger.	Tape from OMH	N/A
3.	Participants in capitated long term care demonstration projects	Similar to the Long Term Home Health Care Program. Services are capitated rather than fee-for-service. For example Elderplan.	Provider ID on PCP	N/A
4.	Medicaid eligible infants living with incarcerated mothers in state or local correctional facilities	Infants living in correctional facilities (Taconic Hills and Bedford Hills) with their mothers. Usually lasts up to age1.	No	Insert R/E Code 90
5.	Individuals who are expected to be MA eligible for less than 6 months (except for pregnant women)	Medicaid case is closing within 6 months. This does not include cases that are scheduled to renew in 6 months.	No	Insert R/E Code 90
6.	Blind or disabled children living separate from their parents for 30 days or more	Children under age 18, Certified Blind or disabled, living in a medical facility/separate residence from parents for 30 days or more.	No	Insert R/E Code 90
7.	Permanent residents, under age 21, of residential health care facilities (RHCF) and temporary residents of RHCFs at the time of enrollment	Individuals, under age 21, that are permanently placed in an RHCF are excluded, and individuals that are temporarily residing in an RHCF at the time of enrollment are excluded.	Principle Provider Code 1 or 3, Card Code R	N/A
8.	Adolescents admitted to Residential Rehabilitation Services for Youth (RRSY)	The RRSY program serves chemically dependent individuals who are under the age of 21.	No	Insert R/E Code 90
9.	Individuals receiving hospice services at time of enrollment	Individuals receiving hospice at time of enrollment are excluded. Current enrollees who begin to receive hospice may remain enrolled but hospice services are covered by fee-for-service.	N/A	Insert R/E Code 90

EXCLUDED POPULATIONS		DEFINITIONS	SYSTEM ID	ACTION TO PREVENT AUTO ASSIGN
10.	Individuals with access to comprehensive private health insurance	Comprehensive health insurance covers most medical services; Major Medical, Inpatient, Emergency Room (ER), Physician, Durable Medical Equipment (DME), Clinic, Substance Abuse, Mental Health.	Third Party Health Insurance (TPHI)/EMedNY subsystem	N/A
11.	Individuals in receipt of Medicaid/Medicare	Medicare recipients are excluded from Medicaid Managed Care, but can enroll in Medicaid Advantage or Managed Long Term Care (MLTC).	TPHI/EMedNY subsystem	N/A
12.	Foster care children placed by voluntary agencies or in the care and custody of the Office of Children and Family Services	Local Districts that utilize FC voluntary agencies to place children in the community or facilities.	Principle Provider Code 10, Card Code R	Insert R/E Code 90
13.	Spend-down medically needy	Individuals who have to spend some of their own money for medical needs on a monthly basis to receive Medicaid.	MA Coverage Codes: 06, 02, 21, 22	Insert R/E Code 90 if Pay-In/6 months for 01, 19, 20 coverage
14.	Individuals under 65 years of age, who have been determined eligible by the Medicaid Cancer Treatment Program: Breast, Cervical, Colorectal, Prostate Cancer	Medicaid eligibility through District 99	District Code 99	N/A
15.	Individuals receiving family planning services only	Individuals who are not fully eligible for Medicaid but are eligible to receive family planning services through the Family Planning Benefit Program.	Medicaid Coverage Code 18	N/A
16.	District 97, Fiscal responsibility of State OMH	Medicaid eligibility through District 97	District Code 97	N/A
17.	District 98, Fiscal responsibility of State OPWDD	Medicaid eligibility through District 98	District Code 98	N/A