NEW YORK STATE OF OPPORTUNITY.

Office of the Medicaid Inspector General

Retroactive Disenrollment Process

Webinar #37

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Table of Contents

Overview of Retroactive Disenrollment

Overview of Retroactive Disenrollment

- Retroactive disenrollment occurs when an enrollee's membership in a Medicaid managed care plan (Plan) terminates.
- The MMC/FHP/SNP Model Contract identifies specific instances for which an enrollee's membership may be terminated retroactively. Section 8 and Appendix H of the Model Contract has detailed information on disenrollment.
- This process can also be used for managed long term care retroactive disenrollments.

Overview of Retroactive Disenrollment (continued)

- The Local Departments of Social Services (LDSS or local districts), NY State of Health (NYSoH) and NYC's Human Resources Administration (HRA) are responsible for notifying the Plans and OMIG of the enrollee's retroactive termination and the effective date of the termination.
- The effective date of the termination is the date the event took place; not the date the local district is notified of the event.

Overview of Retroactive Disenrollment (continued)

- The Plan is notified of the enrollee's membership termination via an electronic retroactive disenrollment notification (electronic form).
- When an enrollee's membership in the Plan is terminated the Plan often continues to receive capitation payments.

Overview of Retroactive Disenrollment (continued)

- The Plan has 30 business days from receipt of the retroactive disenrollment notification to void the capitation payments received after the enrollee's termination.

- OMIG conducts retroactive disenrollment audits to recover capitation payments the Plan has failed to void within 30 business days.

Examples of Circumstances Leading to Retroactive Disenrollment

- Medicaid recipient becomes a permanent resident in a skilled nursing facility or is admitted to a state psychiatric hospital or residential institution.
- Medicaid recipient enters foster care.
- Medicaid recipient is also covered by commercial health insurance offered by the same plan in which the recipient receives Medicaid coverage.

Examples of Circumstances Leading to Retroactive Disenrollment (continued)

- Medicaid recipient has been enrolled in a Plan without his/her consent or knowledge.
- Medicaid recipient has a break in managed care coverage.
- Medicaid recipient is receiving benefits in another state.
- Medicaid recipient has died.

Submission of Retroactive Disenrollment Notifications

Submissions by Local Districts

Submissions by Local Districts

- All submissions of retroactive disenrollment notifications (submissions) are transmitted electronically using a formatted Excel spreadsheet (electronic form).

- The electronic forms contain protected personal information and/or personal health information and must be submitted in a secure transmission.

Submissions by Local Districts (continued)

- The method of secure transmission used by the majority of the local districts, HRA and NYSoH to submit electronic forms to OMIG is an application on the NYSDOH Health Commerce System (HCS) website.

- The HCS application is entitled “NYS LDSS and NYSoH Retro Upload” (Upload) and is prefilled to transmit submissions to “OMIG Retrodata SMB”.

Submissions by Local Districts (continued)

- On the same day the submission is transmitted to the Plan the retroactive disenrollment notification must be transmitted to OMIG.
- The transmission of the electronic form to the Plan must also be a secure transmission.
- The HCS Upload application cannot be used to transmit electronic forms to the Plans.

Submissions for Medicaid Recipients Enrolled by NYSoH

Submissions for Medicaid Recipients Enrolled by NYSoH

1. The local districts and HRA submit the retroactive disenrollment notification to their DOH local district support liaison (Liaison).
2. The Liaison evaluates the retroactive disenrollment notification and takes the appropriate actions including transmission to NYSoH.
3. Local districts and HRA should not submit retroactive disenrollment notifications directly to NYSoH.

Submissions for Medicaid Recipients Enrolled by NYSoH (continued)

- Questions on items 1, 2 and 3 may be submitted to Edith M. Wolbert at: edith.wolbert@health.ny.gov

Submissions for Medicaid Recipients Enrolled by NYSoH (continued)

4. For Medicaid recipients participating in Residential Rehabilitation Services for Youth (RRSY) admission and discharge notices may be submitted to:

   hxexclusions@health.ny.gov

   (518) 473-6397 (voice)

   (518) 474-9062 (fax)

Submissions for Medicaid Recipients Enrolled by NYSoH (continued)

5. For Medicaid recipients in need of permanent placement in a skilled nursing home, an intermediate care facility, a congregate care facility, a Special Needs Plan or a managed long term care program the notices may be submitted to: hxfacility@health.ny.gov

   (518) 473-6397 (voice)

   (518) 474-9062 (fax)

Submissions for Medicaid Recipients Enrolled by NYSoH (continued)

- Questions on items 4 and 5 may be referred to the Bureau of Medicaid Enrollment and Exchange Integration, Office of Health Insurance Programs at (518) 473-6397.

Electronic Retroactive Disenrollment Notification Form

The Electronic Retroactive Disenrollment Notification Form

- The electronic retroactive disenrollment notification form (electronic form) is an Excel spreadsheet.
- The design of the electronic form was based on the paper retroactive disenrollment notification form used prior to April 1, 2014.
- The cells/fields in the electronic form have been preformatted.

The Electronic Retroactive Disenrollment Notification Form (continued)

- Each column is labeled and identifies the data to enter.
- Each row of the electronic form is a individual retroactive disenrollment notification record (record) for a Medicaid recipient.
- Not all columns require data entry for each record.
- Only **one** Plan's data may be entered on each electronic form.

The Electronic Retroactive Disenrollment Notification Form (continued)

- Once the electronic form template (template) is opened you should perform a “save as” and rename the template with the name of the electronic form. This should be done prior to entering any retroactive disenrollment data in order to prevent the original template from being corrupted.
- If the template is corrupted request a new template from OMIG by sending an email to: retrodata@omig.ny.gov

Electronic Form- Entering the Data

Naming Methodology for the Electronic Retroactive Disenrollment Notification Form

The naming methodology for the electronic form is as follows:

1. The form name is always 16 digits.
2. The first 2 numbers are the two-digit county code, e.g., Clinton County's code is 09.
3. The next 8 numbers are the plan's Medicaid provider number, e.g., Goodcare Health Plan's Medicaid provider number is 01238765.
4. The last 6 numbers are the date in the format MMDDYY,

   e.g., 032717. Do not enter the date as 03/27/17 or 03-27-17.

Naming Methodology for the Electronic Retroactive Disenrollment Notification Form

- The correct electronic form name for the example provided on the previous slide is the following:

0901238765032717

Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Nam
1												

1. Row 1 on the electronic retroactive disenrollment notification (electronic form) has the column headings.
2. The first retroactive disenrollment notification (record) is entered on row 2 starting in the cell highlighted in green.
3. The first record is assigned the number 1 even though it is on row 2 of the electronic form.
4. Each record must be assigned a number using the format 1, 2, 3, … 13. Leading zeroes are not used for the line numbers.
5. The line numbers must be consecutive.
6. Do not number a line and leave it blank. All numbered lines must have a record.

Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Nam
1	78											

1. Enter your 2 digit county code in the cell highlighted in green under the column County_Code.
2. All county codes must be two digits. For example, Albany County's code would be entered as 01. Enter the leading zero.
3. If a county code is not entered the record will be rejected and will not enter the database.

Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Nam
1	78	00123456										

1. Enter the provider's Medicaid provider number in the cell highlighted in green under the column entitled Plan_ID.
2. Include leading zeroes, e.g., 00123456.
3. The Plan_ID is always 8 digits.

Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Nam
1	78	00123456	AB######C									

1. The CIN is the client identification number.
2. The CIN is entered in the cell highlighted in green in the column entitled CIN_To_Be_Voided.
3. The CIN is always 8 characters—2 alpha, 5 numeric, 1 alpha.
4. The CIN_To_Be_Voided is the CIN for which capitation payments will be recovered. The Plan should void the claim within 30 business days.
5. Always double check to make sure the correct CIN is entered.
6. If an invalid or incomplete CIN is entered, the record will be rejected and will not be entered in the database.

Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Na
1	78	00123456	AB######C	Ashton	Michael							

1. Do not reverse the names entered in the columns, e.g., the first name is entered in the Recip_Last-Name column.
2. Make sure the name is spelled correctly.
3. Last names may be hyphenated, e.g., Lopez-Garcia.
4. Last names may have Jr., Sr., etc.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Nam
2	1	78	00123456	AB######C	Ashton	Michael	02						
3													
4													
5													
6													
7													
8													
9													
10													
11													
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31													
32													
33													

1. Enter the appropriate disenrollment code in the Disenrollment_Code column.
2. Do not enter code descriptions in this column.
3. Disenrollment codes are always 2 digits, e.g., 01, 07, 09, etc.
4. Code 11 is no longer a valid code and should not be used.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Name	Orig_Line_Num
2	1	78	00123456	AB#####C	Ashton	Michael	02	12/1/2014	3/1/2015					

1. Enter the start date of the disenrollment in the Repay_Premium_From column.
2. Enter the month which includes the disenrollment end date in the Repay_Premium_To column. Always enter as the first day of the month.
3. Dates should be entered using a slash between month, day, and year, e.g., 08/01/14 or 8/1/14. The electronic form will automatically format the date to 8/1/2014.
4. The day entered is always the 1st day of the month.
5. If the repayment is for one month such as March 2015, enter 03/01/15 in the Repay_Premium_From column and 03/01/15 in the Repay_Premium_To column.
6. If there is a break in the repayment period each interval must be entered on a separate line.

Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Name	Orig_Line_Num	Form_D
1	05	00123456	CD#####E	Temple	John	07	5/1/2013	8/1/2013						11/13/
2	05	00123456	CD#####E	Temple	John	07	12/1/2013	3/1/2014						11/13/
3	05	00123456	CD#####E	Temple	John	07	7/1/2014	10/1/2014						11/13/

1. The above entry illustrates that Mr. Temple had three separate intervals when he was covered by commercial health insurance.
2. Notice the data associated with each date interval is re-entered on each line.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Name	Orig_Line_Num	F
2	1	01	09999999	RT#####W	Woods	Beth	06	12/1/2013	5/1/2015	SC#####T					

1. The Dup_CIN_to_be_Retained column is used with disenrollment codes 06 or 13.
2. Disenrollment code 06 is for a recipient with duplicate CINs and the recipient is enrolled in one Medicaid managed care plan.
3. Disenrollment code 13 is for a recipient with duplicate CINs and the recipient is enrolled in two or more Medicaid managed care plans.
4. Dup_CIN_to_be_Retained is the CIN under which the Plan is entitled to retain the capitation payments and will continue to receive capitation payments.
5. It is important that the correct CIN be entered.
6. Don’t reverse the CIN_to_be_Voided with the Dup_CIN_to_be_Retained.

E	F	G	H	I	J	K	L	M	N	O	P	Q
Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Name	Orig_Line_Num	Form_Date	Date_of_Occurrence	
Woods	Beth	06	12/1/2013	5/1/2015	SC#####T					10/1/2015		

1. The Form_Date is the date the electronic form is submitted to OMIG and to the Plan notifying the Plan of capitation payments that will be recouped.
2. The Plans have 10 days from the Form_Date to dispute the retroactive disenrollment.
3. If the Plan is not disputing the retroactive disenrollment, the Plan must void the claim within 30 business days of the Form_Date.
4. Each record on the electronic form sent to the Plan and OMIG must have the same Form_Date.

D	E	F	G	H	I	J	K	L	M	N	O	P	Q
To_Be ed	Recip_Last_Name	Recip_First_Name	Disenrollment _Code	Repay_Premium _From	Repay_Premium _To	Dup_CIN_to_ be_Retained	Disputed	Revision	Orig_File_Name	Orig_Line _Num	Form_Date	Date_of_Occurrence	
###C	Miranda	Tracy	02	12/1/2015	5/1/2016						6/23/2016	11/17/2015	

1. Enter the date the change or event took place that resulted in the enrollee's termination of membership in the Plan, e.g., the date the enrollee expired.
2. Use slashes when entering the date in the **Date_of_Occurrence** column.
3. Make sure you do not mix up the **Form_Date** column with the **Date_of_Occurrence** column.
4. The **Date_of_Occurrence** column does not have to be filled in to enable the record to enter the database. This is an optional data entry.

Retroactive Disenrollment Codes

Retroactive Disenrollment Codes

01 Incarceration
02 Death
03 Permanent Resident Nursing Home
04 Foster Care
05 Long-Term Acute Care Hospital
06 Duplicate CINs-Same Medicaid Managed Care Plan
07 Third Party Coverage (COMMERCIAL HEALTH INSURANCE)

Retroactive Disenrollment Codes (continued)

08 Low Birth Weight/SSI Newborn (DO NOT USE AFTER 4/1/2012)

09 Non-Consensual Enrollment

10 Break in Coverage

12 PARIS Match (DO NOT USE BEFORE 10/1/2009)

13 Multiple CINs—Different Medicaid Managed Care Plans (DO NOT USE BEFORE 10/1/2009)

Disenrollment Code 11-Other

- Disenrollment Code 11-Other is no longer a valid code.
- The use of Disenrollment Code 11 will result in the record being rejected.
- Email retrodata@omig.ny.gov if you are uncertain which disenrollment code to use to submit a retroactive disenrollment notification.

Medicaid Managed Care Plan-Disputed Column & Dispute Process

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Name	Orig_Num
2	1	26	00654321	DE#####F	Castleton	Ronald	06	12/1/2013	5/1/2015	SM#####C	X			

1. The Disputed column is exclusively for the Plans' use.
2. The Plan enters an X in the Disputed column if there is a disagreement regarding any aspect of the retroactive disenrollment notification.
3. The Plan should not alter data in any other column in the record—simply enter an X in the Disputed column. In other words, the Plan does not enter data correcting the record in dispute.
4. The Plan sends the electronic form to the local district, NYSoH or DOH. Do not send a copy of the form to OMIG.
5. All documentation supporting the dispute is submitted to the local district, NYSoH or DOH.

Disenrollments | Metadata

READY

Medicaid Managed Care Plan & the Disputed Column

- The Plan transmits the electronic form with the X to the local district.
- NYC Plans transmit the electronic form with the X to DOH.
- For Medicaid recipients enrolled through NYSoH the Plans transmit the electronic form with the X to NYSoH.

Disputes for Reason Codes 3, 4, 5, and 13

- If a dispute for one of these codes is based on encounter data, the LDSS, HRA, or NYSoH should not make a determination.
- Instead, instruct the Plan to await OMIG audit for resolution of these disputes.
- These codes are subject to a new DOH/OMIG encounter process, whereby plans may be reimbursed for services provided, dependent on OMIG audit determination.

Local District Dispute Process

Local District Disputes (non-NYC)

- Local districts resolve disputes with the Plans for Medicaid recipients residing within their county and enrolled by the county.
- For Medicaid recipients enrolled by NYSoH the Plan disputes are submitted to NYSoH for resolution, not the local district.
- The local district makes the decision whether to accept the Plan's dispute on the retroactive disenrollment notification.
- Local districts should resolve the dispute based on verifiable documentation.

Local District Disputes (continued)

- Upon resolution the local district (or NYSoH) must submit a revision to the Plan and OMIG. Submissions to OMIG should be transmitted using the HCS Upload application.
- If the local district and the Plan cannot resolve the dispute the dispute documentation should be submitted to DOH for resolution.
- If the resolution results in no changes to the original retroactive disenrollment notification a revision with K in the revision column must be submitted to OMIG and the Plan. This will alert OMIG and the Plan that the dispute has been resolved.
- Dispute documentation should not be submitted to OMIG.

NYC Dispute Process

NYC Plan Disputes

- NYC Plan dispute documentation for NYC residents may be transmitted to DOH using secure email to: jennifer.langlais@health.ny.gov or via HCS using Secure File Transfer to: **jll05**
- NYC Plan dispute documentation for Medicaid recipients enrolled by NYSoH may be transmitted using secure email to: edith.wolbert@health.ny.gov or via HCS using Secure File Transfer to: **emw07**
- Do not submit the dispute documentation to HRA or OMIG.

Revision Process

Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Name	Orig_Nu
1	26	00654321	DE#####F	Castleton	Ronald	06	12/1/2014	5/1/2015	SM#####C		V		

1. The Revision column is used to respond to a Plan's dispute.

2. The Revision column is also used to correct an error in a record previously submitted to OMIG and the Plan.

3. The local district, NYSoH or DOH enters one of the following:
   - **K** to **k**eep the original record the same.
   - **M** to re**m**ove the record from the database.
   - **V** to re**v**ise the record.

4. The updated retroactive disenrollment notification is submitted to OMIG and the Plan.

5. The revision should not include the X in the Dispute column.

Disenrollments | Metadata

READY

C	D	E	F	G	H	I	J	K	L	M	N	O	P
n_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Name	Orig_Line_Num	Form_Date	Date_of_Occurrenc
54321	DE######F	Castleton	Ronald	06	12/1/2014	5/1/2015	SM######C		V	2600654321120515		12/28/2015	

1. When submitting a revision to a record the Orig_File_Name column must contain the same name as the very first electronic form submitted to OMIG and the Plan.

2. If there has been more than one revision to a record each subsequent revision must contain the same form name as the first electronic form submitted.

Metadata

D	E	F	G	H	I	J	K	L	M	N	O	P	Q
To_Be ed	Recip_Last_Name	Recip_First_Name	Disenrollment _Code	Repay_Premium _From	Repay_Premium _To	Dup_CIN_to_ be_Retained	Disputed	Revision	Orig_File_Name	Orig_Line _Num	Form_Date	Date_of_Occurrence	
###F	Castleton	Ronald	06	12/1/2014	5/1/2015	SM#####C		V	2600654321120515	7	12/28/2015		

1. When submitting a revision the Orig_Line_Num column must contain the same line number of the record from the first electronic form submitted to OMIG and the Plan.

2. If there has been more than one revision to a record each subsequent revision must have the same line number of the record from the first electronic form submitted to OMIG and the Plan.

Revision Process

1. Place the appropriate letter in the **Revision** column:
   - **K** to **k**eep the record the same.
   - **M** to re**m**ove the record from the database.
   - **V** to re**v**ise the record.
2. Enter the original electronic form name in column **Orig_File_Name**.
3. The **Orig_File_Name** is the very first retroactive disenrollment notification submitted to OMIG and the plan.

Revision Process (continued)

4. Enter the original line number in column **Orig_Line_Num**.
5. The **Orig_Line_Num** is the line number on the very first retroactive disenrollment notification submitted to OMIG and the Plan.
6. Enter the new **Form_Date** (the date the electronic form is submitted to OMIG and the Plan).

Revision Process (continued)

7. Use the proper naming methodology for the electronic form name, i.e., county code, Medicaid provider number, and date in the format MMDDYY.
8. Save a copy of the electronic form with the revisions.
9. Send the electronic form with the revision to the Plan and OMIG. Submissions to OMIG should be transmitted using the HCS Upload application.
10. Do not put more than one Plan's revisions on an electronic form.

Revision Process (continued)

11. When multiple revisions are made to the same retroactive disenrollment the **Orig_File_Name** and **Orig_Line_Num** are entered on all subsequent revisions.

12. Do not use the electronic form name and line number of the last revision.

Common Errors

Common Errors Resulting in Data Rejection

1. If data is copied and pasted from other sources and entered on the electronic form this may change the formatting resulting in the form being rejected.
2. If formatting changes are made to the electronic form, e.g., data is centered, entered in bold font, etc., the form will be rejected.
3. If line numbers are missing or not consecutive, the form will be rejected.

Common Errors Resulting in Data Rejection
(continued)

4. The CIN is incomplete, missing, invalid or in the wrong column.
5. **Repay_Premium_From and Repay_Premium_To** dates are missing, incomplete or reversed.
6. Revision code (K, M, or V) is missing on a revision.
7. **Orig_File_Name** and/or **Orig_Line_Num** is missing on a revision.

Common Errors Resulting in Data Rejection
(continued)

8. The **Form_Date** is missing, incorrect or different form dates are entered on one electronic form.

9. The **Duplicate_CIN_To_Be_Retained** is missing on the electronic form when using Disenrollment Code 06 or Disenrollment Code 13.

Final Reminders

Final Reminders

- Retroactive disenrollment notifications submitted by the local district, HRA, or NYSOH to OMIG are **not** forwarded to the Plan
- The local district, HRA, or NYSOH **must** submit the notifications to the Plan on the same day in a separate, secure transmission.

Final Reminders (continued)

- Submit only **one** electronic form for each Plan to OMIG per day. If more than one electronic form for a Plan is submitted the entire electronic form will be rejected.
- Submit all revisions to OMIG using the HCS Upload application.

Final Reminders (continued)

- Press the Tab key on your keyboard after each data entry to enter the next field. This prevents filling a field with inappropriate data, e.g., the Plan_ID column contains the **Plan_ID and CIN_To_Be _Voided**.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Name	Orig_L_Num
2	1	01	88888888	MD######C	Miranda	Tracy	02	1/1/2016	5/1/2016					

1. The Plan_ID and CIN_To_Be_Voided appear to be in the correct columns.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Line_Number	County_Code	Plan_ID	CIN_To_Be_Voided	Recip_Last_Name	Recip_First_Name	Disenrollment_Code	Repay_Premium_From	Repay_Premium_To	Dup_CIN_to_be_Retained	Disputed	Revision	Orig_File_Nan
2	1	01	88888888MD######C		Miranda	Tracy	02	1/1/2016	5/1/2016				

1. If the Plan_ID column is expanded, the CIN is entered in the incorrect column.

2. The CIN_To_Be_Voided column has no data.

Final Reminders (continued)

- Use the correct format for the electronic form name:
  - The first 2 numbers are the two-digit county code.
  - The next 8 numbers are the plan's Medicaid provider number.
  - **The last 6 numbers are the date in the format MMDDYY.**
- Enter the original electronic form name and original line number on the electronic form when submitting a revision for a prior retroactive disenrollment notification.
- Do not enter data in the **Orig_File_Name** field or the **Orig_Line_Number** field if the electronic form is not a revision.

Final Reminders (continued)

- Do not reverse **CIN_To_Be_Voided** with the **Dup_CIN_To_Be_Retained**.

- **CIN_To_Be_Voided** column--This is the CIN for which the capitation payments must be recovered.

- **Dup_CIN_To_Be_Retained** column--This is the CIN under which the Plan retains the capitation payments.

Final Reminders (continued)

- Do not enter disenrollment code descriptions in the **Disenrollment_Code** column.
- Do not copy and paste data from another source; the data format may be different.
- When a CIN has a break in the **Repay_Premium_From** and **Repay_Premium_To** columns use separate rows for each interval and fill in the data completely on each row.

Final Reminders (continued)

- Never change formatting on the electronic form. The form is pre-formatted to enable the data to enter the database.

- Examples of formatting changes include the following:
  - Centering the data in the field
  - Using **bold**, *italics* or underlining
  - Changing the font, e.g., Plan_ID is entered as **01238765**
  - Adding additional spaces in the data fields
  - Hiding, moving or adding columns or rows

Third Party Health Insurance & Medicare

Medicaid Recipients with Commercial Third Party Health Insurance (TPHI)

- Commercial TPHI does **not** have to be identical to the Medicaid coverage for a retroactive disenrollment to be made.
- For a retroactive disenrollment to be made, TPHI should be comprehensive and provided through the **same** managed care organization as the Medicaid coverage.
- If TPHI is provided through a different managed care organization the disenrollment must be prospective.
- If you are unsure if the TPHI is provided by the same managed care organization, contact OMIG at retrodata@omig.ny.gov.

Medicaid Recipients with Medicare Coverage

- Once a Medicaid recipient is determined to have Medicare coverage the recipient is subject to disenrollment from the Plan.
- Medicaid recipients in receipt of Medicare are prospectively disenrolled from mainstream managed care Plans.
- Only enrollees 65 and older, who are not receiving Medicare, may remain in the mainstream managed care Plan.

Contact Information

NEW YORK STATE OF OPPORTUNITY. Office of the Medicaid Inspector General

Contact Information

Send questions on the retroactive disenrollment process to the following email:

retrodata@omig.ny.gov