

## MEMORANDUM

**To:** Suzanne Feeney, General Manager, Medicaid, Behavioral Solutions, OptumHealth  
Adele Gorges, Executive Director, New York Care Coordination Program  
Deb Happ, PhD, Magellan, Vice President, Operations, Magellan Behavioral Health  
Richard Sheola, Corporate Vice President, ValueOptions  
Mitchell Shuwall, Associate Executive Director, The Zucker Hillside Hospital, LIJMC  
Carole Taylor, Chief Clinical Officer, Community Care Behavioral Health

**From:** Tom Smith, OMH Director of Operations, NYS BHOs  
Don Zalucki, OMH Director, Bureau of Program and Policy Development  
Steve Hanson, OASAS Acting Associate Commissioner

**Date:** December 14, 2011

**Re:** Guidance to BHOs re Medicaid eligibility

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The Offices are providing the following guidance regarding Medicaid eligibility questions recently raised by BHOs and providers:

1. The Offices are not able to provide HIPAA standard 834 eligibility files for this project. The Medicaid fee-for-service population includes individuals who are carved out of other managed care initiatives and there are no specified membership enrollment criteria.
2. Hospital providers are responsible for determining whether the Medicaid fee-for-service program covers admitted individuals. BHOs should assume that every individual a hospital provider calls about is fee-for-service and should be reviewed. Please note:
  - a. Dual eligible (Medicaid-Medicare) individuals will NOT be reviewed by BHOs, even if an individual's Medicare coverage is exhausted during an inpatient stay.
  - b. Uninsured individuals will NOT be reviewed by BHOs, even if the hospital is submitting an application for emergency Medicaid coverage.
3. BHOs may assist hospitals to determine the Medicaid eligibility and enrollment category from the information included in the weekly feeds from OMH. BHOs have been instructed on how to check an individual's Medicaid eligibility and managed care enrollment status from the claims data.
4. Some providers may not be prepared to notify BHOs of Medicaid fee-for-service admissions as of January 2012. BHOs have asked how they will know if a provider is not contacting them as required. The best way to determine whether

an inpatient provider is calling a BHO to review all fee-for-service admissions is to compare the provider's review volume to its fee-for-service admission volume from prior years. The Offices provided 2009 Medicaid fee-for-service admission volume in the data book posted with the Selection Process Document, and will circulate a new report shortly that provides counts of fee-for-service admissions by hospital by month for 2010. Claims lag and eligibility issues will limit the ability of the weekly claims data feeds to identify individual admissions that providers are failing to call about in a timely fashion.

We appreciate your feedback and comments regarding these issues.

cc: Robert Myers, OMH  
Kristin Riley, OMH  
John Tauriello, OMH  
Susan Essock, OMH  
Gary Weiskopf, OMH  
Tom Wallace, OMH  
Pam Wondro, OMH  
May Lum, OMH  
Anita Appel, OMH  
Mike Hoffman, OMH  
Trish Marsik, DOHMH

Rob Kent, OASAS  
Adam Karpati, DOHMH  
Jay Zucker, OMH  
Sheila Donahue, OMH  
Peggy O'Shea, OMH  
Patrick Morrison, OASAS  
Pam Nash, OASAS  
Tim Donovan, OASAS  
Steve Rabinowitz, OASAS  
Lisa Lite-Rottmann, OASAS  
Lily Tom, DOHMH