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Authorized Signature

**Number:** SS-IM-04-042  
**Issue Date:** 12/16/2004

**Topic:** Agency-wide Policy

**Subject:** Hospital Holds, Managed Care Enrollment v. Fee For Service (FFS)

**Applies to (check all that apply):**

- |                                     |                               |                                     |                                      |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/>            | All DHS employees             | <input type="checkbox"/>            | County Mental Health Directors       |
| <input checked="" type="checkbox"/> | Area Agencies on Aging        | <input type="checkbox"/>            | Health Services                      |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/>            | County DD Program Managers    | <input type="checkbox"/>            | Other (please specify):              |

**Message:**

**Managed Care Enrollment**

In counties where medical plan enrollment is mandatory and only one plan is available, auto enrollment has been in place for several years. In counties with mandatory medical plan enrollment and multiple medical plans are available, random auto-enrollment was implemented over a year ago.

For dental, it is very similar. In counties with mandatory dental plan enrollment and only one plan is available, auto enrollment was implemented several years ago. For mandatory enrollment areas with multiple dental plans available, random auto-enrollment will be implemented in February 2005.

All medical assistance clients are required to enroll in managed health care either through a plan or a PCM unless they are determined eligible for an approved exemption. (OMAP rule #410-141-0060) Selection of a medical and dental Managed Health Care Plan is an eligibility requirement for some programs.

Often, the client does not choose an available medical or dental plan. Because auto enrollment does not occur until the first of the following month after an eligibility

decision has been made, clients could potentially remain on Fee for Service (FFS) for several weeks. Immediate enrollment into a managed care plan saves the state money in most circumstances.

### **Hospital Holds**

A Hospital Hold is simply a Date of Request initiated when a client has been hospitalized, but with the HOS coding on the application label. The HOS code flags the application so eligibility staff do not enroll the client in a medical plan.

OMAP has a contractual agreement with managed health care plans. Adults and couples without children, identified through the Hospital Hold process, are exempt from enrollment into a Fully Capitated Health Plan (FCHP) for six months. The client would still be enrolled in a dental and mental health plan, if applicable. This agreement applies only to adults and couples without children. It does not apply to children.

When a client with a Hospital Hold is denied for all CAF medical programs, but has indicated they are disabled and is referred to SPD, it is important to give the Hospital Hold information on the referral. If the SPD eligibility worker is able to establish eligibility for the client, they should not enroll the client in a managed health care plan for six month.

*If you have any questions about this information, contact:*

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