Issue 115: INSIDER’S EDGE: When Can a Recipient Change MCOs?

Individuals seeking coverage for Medicaid on the basis of their modified adjusted gross income (MAGI) can apply in the Maryland Health Connection (MHC). Individuals who qualify for benefits this way are eligible for Maryland Medicaid’s Managed Care Program known as HealthChoice. Under HealthChoice, recipients choose one of eight Managed Care Organizations (MCOs) to provide their care. The following MCOs currently participate in the HealthChoice Program:

- AMERIGROUP Community Care
- Jai Medical Systems
- Kaiser Permanente
- Maryland Physicians Care
- MedStar Family Choice
- Priority Partners
- Riverside Health of Maryland
- UnitedHealthcare

Recipients frequently have questions about when they can select or change their MCO. Some Medicaid recipients assume that they can automatically change MCOs during the MHBE open enrollment period (November 1-January 31) for qualified health plans (QHPs). However, the rules for MCO changes are somewhat different. Read on to learn more!

**When can a new applicant who has never been enrolled in HealthChoice select their MCO?**

Once a consumer’s initial application is complete and all outstanding verifications have been verified, they will receive an enrollment packet in the mail with information on each MCO. The consumer has 28 days to select an MCO. Consumers who do not select an MCO will be auto-assigned to one.

**Can a recipient who has been auto-assigned to an MCO change their MCO?**

Recipients who have been auto-assigned to an MCO have 90 days to make a one-time transfer to an MCO of their choosing.

**How often can a recipient change MCOs?**

Recipients can change MCOs after they have been enrolled in the same MCO for twelve or more months.

**What happens when a recipient loses eligibility and later reapplies for benefits?**

When a former HealthChoice recipient who was enrolled within the last 120 days has been determined eligible for Medicaid again and all outstanding verifications have been verified, they will be automatically re-enrolled in the MCO that they received coverage through previously. The automatic re-enrollment process
takes approximately 10 days. Services are covered on a fee-for-service (FFS) basis until the automatic re-enrollment process is complete.

If more than 120 days have passed since the former HealthChoice recipient was previously enrolled, they will receive an enrollment packet in the mail with information on each MCO. The consumer has 28 days to select an MCO. Consumers who do not select an MCO will be auto-assigned to one.

**Are there any other reasons that a recipient can change MCOs?**

Consumers may also be able to change their MCO if they meet one of the “for cause” criteria including cases where the:

- Recipient moves to a county not served by member’s current MCO.
- Recipient becomes homeless creating a transportation hardship that can be resolved by switching to an MCO that serves the individual’s new local access area.
- Members of the household are served by different MCOs. In this case, the Head of Household may request that a member(s) of their family be moved into the same MCO as the other household members.
- Foster Care child is moved to a new Foster Care placement where family members or other Foster Care children are enrolled in a different MCO. A DSS or Match Program caseworker may request the transfer of the Foster Care child so that all household members are assigned to the same MCO.
- Recipient has an urgent medical need, subject to State approval. The fact that a recipient’s PCP has discontinued their contract with the recipient’s MCO is typically not sufficient. All requests are subject to State approval.

**Additional Resources**

For our readers who love COMAR, be sure to check out COMAR 10.09.63.05 and COMAR 10.09.63.06.

Readers may also find these other MCO resources helpful:

- [HealthChoice Home Page](#)
- [Applying for HealthChoice](#)
- [MCO Comparison Chart](#)
- [Provider Relations](#)
- [HealthChoice Provider Search](#)

**That’s it for today!** Send your questions to dhmh.medicaidmarge@maryland.gov.