
CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

SECTION 47.2: RECIPIENT REQUIREMENTS**PAGE(S) 4**

RECIPIENT REQUIREMENTS**Eligibility Criteria**

Greater New Orleans Community Health Connection (GNOCHC) Waiver services are available to individuals who:

- Are uninsured for at least six months;
- Are non-pregnant;
- Are between 19 and 64 years old;
- Are not eligible for Medicaid, Children's Health Insurance Program (CHIP), or Medicare, with the exception of TAKE CHARGE Family Planning Waiver recipients and recipients who receive coverage through the Tuberculosis Infected Program;
- Are a resident of the Greater New Orleans region (parishes of Orleans, St. Bernard, Plaquemines, and Jefferson);
- Have family income up to 100 percent of the federal poverty level; and
- Meet the citizenship requirements under the Deficit Reduction Act of 2008 and the Children's Health Insurance Program Reauthorization Act of 2009.

Medicaid Verification

All GNOCHC Waiver recipients receive a medical eligibility card.

Providers must verify eligibility through the Medicaid Eligibility Verification System (MEVS) or the Recipient Eligibility Verification System (REVS) before providing services. (See Chapter 1: General Information and Administration, Section 1.2 Recipient Eligibility for more information)

NOTE: MEVS messages for GNOCHC Provider Identification Numbers are different from those for other Provider Identification Numbers.

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**SECTION 47.2: RECIPIENT REQUIREMENTS****PAGE(S) 4**

The following is an example of information provided in response to an inquiry made using a **GNOCHC Provider ID**:

Health Benefit Plan Coverage			
Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	ELIGIBLE FOR GNOCHC SERVICES
Benefit Description	Individual	Medicaid	Preferred Language: English

The following is an example of information provided in response to an inquiry made using a **non-GNOCHC Provider ID**:

Health Benefit Plan Coverage			
Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	ELIGIBLE FOR GNOCHC SERVICES
Benefit Description	Individual	Medicaid	Preferred Language: English
Service Limitations			
Coverage Level	Individual		
Service Type	Medical Care		
Insurance Type	Medicaid		
Plan Coverage Description	ELIGIBLE FOR GNOCHC SERVICES BY GNOCHC PROVIDER		

Concurrent Eligibility**GNOCHC and Family Planning or Tuberculosis-Infected**

Recipients eligible for GNOCHC may also be eligible for either the TAKE CHARGE Family Planning Waiver or the Tuberculosis Infected Program. Eligibility is reported on the date of service for all active programs.

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**SECTION 47.2: RECIPIENT REQUIREMENTS****PAGE(S) 4**

In cases of concurrent eligibility, the requirements of each individual program apply. Providers may only provide services to recipients under the program for which they are enrolled.

For those recipients with concurrent eligibility, the enrollee type, service type, and provider type must match or the claim will be denied.

Service Type	Claim Submitted Under	Action on Claim
GNOCHC	GNOCHC provider number	Claim will pend for payment
	TAKE CHARGE Waiver provider number	Claim will deny
	Tuberculosis Infected Program provider number	Claim will deny
TAKE CHARGE Waiver	GNOCHC provider number	Claim will deny
	TAKE CHARGE Waiver provider number	Claim will pend for payment
Tuberculosis Infected Program	GNOCHC provider number	Claim will deny
	Tuberculosis Infected Program provider number	Claim will pend for payment

GNOCHC and Medicaid

GNOCHC recipients may be found retrospectively eligible for Medicaid. Examples include but are not limited to the following:

- Women who become pregnant after GNOCHC enrollment, and
- Recipients determined to be disabled after GNOCHC enrollment.

In such cases, the closure date for the GNOCHC certification will be the last day of the month in which Medicaid eligibility was determined, and the effective date of the Medicaid certification

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**SECTION 47.2: RECIPIENT REQUIREMENTS****PAGE(S) 4**

may precede the GNOCHC certification closure date. When this occurs, providers should submit a Medicaid claim for processing.

A recipient eligible for both GNOCHC and Medicaid can be identified in MEVS as follows:

Health Benefit Plan Coverage			
Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	Eligible for Medicaid on Date of Service
Active Coverage	Individual	Medicaid	ELIGIBLE FOR GNOCHC SERVICES
Benefit Description	Individual	Medicaid	Preferred Language: English

Providers should also make note of any other service limitations as noted under “Plan Coverage Description”.

Disenrollment

A GNOCHC waiver recipient will be disenrolled if any one of the following occurs. The recipient:

- Has family income that exceeds the income limits at redetermination,
- Voluntarily withdraws from the program,
- No longer resides in a parish within the greater New Orleans area,
- Becomes incarcerated,
- Becomes an inpatient in an institution for mental disorders,
- Obtains health insurance coverage,
- Turns 65 years old, or
- Dies.