

TO: Local District Commissioners, Medicaid Directors

FROM: Lana I. Earle, Director
Division of Long Term Care

SUBJECT: MLTC Enrollees Receiving Long Term Nursing Home Care – “Batch”
Disenrollment Process

ATTACHMENT: Involuntary Disenrollment Notice (Batch Process)

EFFECTIVE DATE: August 1, 2020

CONTACT PERSON: mltcinfo@health.ny.gov
(518) 474-6965

The purpose of this General Information System (GIS) message is to inform local departments of social services (LDSS) of a “batch” disenrollment process that will be used to convert long term nursing home stay Managed Long Term Care Partial Capitation (MLTCP) plan enrollees to Medicaid fee-for-service (FFS) for on-going coverage of their long-term nursing home care.

Pursuant to federal approval received on December 19, 2019, the State amended the Medicaid Redesign Team (MRT) 1115 Demonstration Waiver to implement changes authorized in State Law. The changes include limiting the nursing home benefit in MLTCP plans to three months for those enrollees who are designated as long term nursing home stay (LTNHS).

Batch Disenrollment Process

At this time, the Department of Health will be disenrolling current MLTCP plan enrollees who have been determined eligible for Medicaid coverage of nursing home care and who have been designated as long term nursing home stay for three or more months. Due to the large number of individuals who will meet the three month benefit limit, the involuntary disenrollment will occur through a Batch Process initiated and executed by the Department of Health. The process will establish the required entries in the Principal Provider subsystem in the Welfare Management System (WMS) to initiate Medicaid FFS coverage for these individuals and direct payment to the nursing home. The individuals will subsequently appear on the nursing home’s monthly Roster. This will be a statewide “batch” disenrollment process that will be effective August 1, 2020 for enrollees in MLTCP plans.

Note: Plan initiated involuntary disenrollments for MLTCP long term nursing home stay individuals **are not** being implemented at this time. The Department of Health will issue additional guidance regarding the implementation of plan initiated involuntary disenrollments.

Individuals who are involuntarily disenrolled from their plan under the Batch Process will receive the attached “Involuntary Disenrollment Notice (Batch Process)” from New York Medicaid Choice (NYMC), the Department’s managed care enrollment broker. The disenrollment notice will inform the individual that because financial eligibility for Medicaid coverage of nursing home care has been determined, the individual’s nursing home care will be paid for through Medicaid FFS after the disenrollment effective date. If the individual has been paying income monthly toward the cost of nursing home care, the individual will

be directed to pay the monthly income to the nursing home. This notice also provides information about fair hearing rights. The involuntary disenrollment notice will be mailed by NYMC to enrollees identified by the Department of Health through a review of Recipient Restriction/Exception (RR/E) "N" codes which have been verified by the enrollee's plan.

Note: The notice provides the member the opportunity to request an assessment to determine whether their needs can be met safely in the community. Members that request an assessment before their disenrollment date will not be disenrolled from their MLTCP until they are notified by the plan of the plan's decision.

Enrollees who are involuntarily disenrolled (Batch Process) from an MLTCP due to the long-term nursing home care benefit limitation will maintain their eligibility for MLTCP enrollment for a period of six months following the effective date of their involuntary disenrollment from the MLTCP plan. This continuation of eligibility for MLTCP enrollment will eliminate the need for a Conflict Free Evaluation and Enrollment Center (CFEEC) to enroll in an MLTCP should such an individual leave the nursing home and return to the community within six months of being involuntarily disenrolled.

Outside of the six-month time period, anyone transitioning out of Medicaid FFS institutional care would be eligible for MLTC membership though the current process of CFEEC evaluation and enrollment.

Systems Implications (Batch Disenrollment)

For the batch disenrollment process, the following transactions were made by the Department of Health.

1. Prepaid Capitation Program (PCP) Subsystem

The disenrollment transaction will use the worker identifier MLTC3 for Upstate individuals and NYS66 for Downstate individuals along with disenrollment reason code 93. The effective date of disenrollment will be August 1, 2020.

2. Principal Provider Subsystem

Individuals with a Budget Type 07, 08, 09 or 10 (Budget Type 04 NYC only) will have a Principal Provider file added to their record. The provider number contained in the "N" code record will be used to create the Principal Provider file. The Principal Provider file will include the NAMI amount.

3. eMedNY

The RR/E "N6" code will be end dated to coincide with the end of the managed care enrollment.

Local districts should refer to the January 31, 2020 WMS/CNS Coordinator Letter and June 18, 2020 System GIS WMS098 for further information regarding the batch disenrollment process and reports that were created for each district (report number WINR4132, "Conversion for NH Benefit Limitation for MLTC Partial Cap Plans"). For cases that were excluded from the batch disenrollment process, the district may perform corrective case actions, as appropriate, however, the individuals should not be disenrolled from MLTC unless the individual is deceased or moved out of State. Please direct any questions to the Division of Long Term Care.