Office of Health Insurance Programs

Division of Health Plan Contracting and Oversight
Managed Long Term Care Policy # 19XX

Process for Voluntary Transfers for Non-Dually Eligible Medicaid Managed Care Enrollees to Managed Long Term Care

Date of Issuance: Month XX, 2019

Effective Date: Month XX, 2019

This policy supersedes the May 9, 2016 "Dear Health Plan" letter, which provided guidance to health plans regarding the transition of non-dual Medicaid Managed Care (MMC) plan members that have expressed an interest in voluntarily enrolling into a Managed Long Term Care (MLTC) plan.

This policy describes the process for voluntarily transferring non-dually eligible Medicaid Managed Care (MMC) plan enrollees, including mainstream Medicaid Managed Care plans, HIV Special Needs Plans (HIV SNPs), and Health and Recovery Plans (HARPs) who are 18 years of age and older, are in need of Long Term Services and Supports (LTSS) and wish to voluntarily transfer to a MLTC plan. Currently, there are three (3) services available through the MLTC plan benefit package that are not included in the MMC plan benefit package, those services are Home Delivered Meals, Social and Environmental Supports, and Social Day Care. The MMC plan enrollee may request a transfer to an MLTC plan to access these services, or the enrollee's MMC plan may choose to voluntarily reimburse any of these non-covered services or identify alternative sources for provision of these services, including community resources, to meet the needs of the enrollee. The enrollee requesting the voluntarily transfer must have a documented need for a service that is included in the MLTC plan benefit package but is not included in the enrollee's current MMC plan benefit package.

Note: Once the Community First Choice Option (CFCO) is implemented, services currently identified as Home Delivered Meals and Social and Environmental Supports will be available to CFCO eligible enrollees. Those services will be identified as Home Delivered Meals and Environmental Modifications within the MMC plan benefit package. Social Day Care, however, will continue to not be included in the MMC plan benefit package.

Plan Responsibilities:

Plans are responsible for educating Primary Care Physicians (PCPs), and upon request, any other network provider who is or will be treating the enrollee, regarding the transfer process and the provider's role in the process.

MMC plans are responsible for informing PCPs, and any other network provider who is or will be treating the enrollee, of community resources available to enrollees for these services and for providing a list of these resources to the providers. The MMC plan must also assist the enrollee in:

i. identifying resources for obtaining the non-covered services through informal supports or community resources identified by the MMC plan;
ii. transferring to an MLTC plan to access the non-covered service if other resources are not available or are insufficient to meet the needs of the enrollee; and
iii. completing the Conflict Free Evaluation and Enrollment Center (CFEEC) Transfer/Evaluation Request Form and submitting the signed form to the MLTC plan if the enrollee wishes to pursue transferring to an MLTC plan.

Plans may develop informational packets for network providers that include:

i. a list of community or other resources for those three services that are available to enrollees in an MLTC plan; and
ii. the CFEEC Transfer/Evaluation Request Form.

MMC plans or the enrollee's PCP may contact New York Medicaid Choice (NYMC), the State's enrollment Broker, at (888) 401-6582, to obtain more information regarding the transfer process.

Process:

When a need for a service not included in the MMC plan benefit package is identified for a non-dually eligible MMC plan enrollee, the following is the process for the determination and/or voluntary transfer to an MLTC plan.

1. The MMC plan must provide, upon request, the CFEEC Transfer/Evaluation Request Form (attached) to the enrollee's network PCP. MMC plans will identify a staff member who will review the transfer request and assist the enrollee and provider with the process.

2. The provider, together with the MMC plan enrollee, completes the Transfer/Evaluation Request Form to document the need. Once completed, the provider will submit the signed form to the MMC plan with a copy to the enrollee.

3. Upon receipt and review of the CFEEC Transfer/Evaluation Request Form, the MMC plan has the option of discussing the need with the provider and the enrollee, and voluntarily reimbursing for the requested service.
   a) If the MMC plan elects to voluntarily reimburse for the service, the MMC plan must issue a service authorization to the enrollee.

      i. If the enrollee agrees to accept the service from the MMC plan as authorized, the MMC plan representative is responsible for completing "Section 5" of the CFEEC Transfer/Evaluation Request Form:
         A. The MMC plan submits a copy of the service authorization along with the completed CFEEC Transfer/Evaluation Request Form to NYMC indicating that the MMC plan is voluntarily covering the service, and that the enrollee agrees with this arrangement.
         B. Upon receipt of the information in (A) above, NYMC is responsible for issuing a denial of the request for transfer to the enrollee, including appeal rights, and the right to a Fair Hearing. The denial must state that the enrollee no longer requires a transfer and must

reference the MMC plan's authorization for the service, and the enrollee's acceptance of the service from the MMC plan.

ii. If the enrollee does not agree to accept the service as authorized by the MMC plan, the transfer request is to proceed as below.

b) If the MMC plan will not voluntarily reimburse for the requested service, the transfer request is to proceed as below.

4. In order for a transfer request to proceed, the MMC plan must have a reasonable expectation that the enrollee has the need for greater than 120 days of Community Based Long Term Care (CBLTC) services. The MMC plan representative is responsible for completing "Section 5" of the CFEEC Transfer/Evaluation Request Form. Completed Transfer/Evaluation Request Forms (with HIV SNP, HARP, or MMC plan attestation) are valid for 75 days.
   a) The MMC plan submits the completed form to NYMC by faxing to (917) 228-8724.
   b) The MMC plan forwards a copy of the completed form to the enrollee.
   c) MLTC plans are not responsible for requesting or submitting MMC plan, HIV SNP or HARP enrollee transfer requests.
   d) NYMC is responsible for proceeding with the transfer request following the steps outlined below.

5. Enrollee Education:

   a) NYMC is responsible for conducting outreach and educating the enrollee regarding the implications of leaving the MMC plan, including:
      i. potential loss of access to the MMC plan comprehensive benefit package,
      ii. Medicaid fee-for-service coverage for certain comprehensive benefits previously covered by the MMC plan (dental, vision, eyecare), and
      iii. loss of access to the enrollee's current MMC plan network providers.
   b) If the enrollee chooses not to proceed with the transfer, s/he will remain enrolled in the current MMC plan and continue to receive benefits.
      i. NYMC will send a notice to the enrollee confirming withdrawal of the transfer request.
   c) If the enrollee proceeds with the transfer request, NYMC Conflict Free Evaluation and Enrollment Center (CFEEC) staff will contact the enrollee to schedule the CFEEC evaluation.

6. CFEEC Evaluation for MLTC plan Enrollment Eligibility:

   a) NYMC CFEEC staff will schedule a CFEEC nurse evaluation at the convenience of the enrollee.
   b) The CFEEC nurse evaluation is performed using the Community Health Assessment Tool of the Uniform Assessment System (UAS) and determines if the enrollee meets eligibility criteria for enrollment in an MLTC plan.
   c) The CFEEC evaluation will indicate whether or not the enrollee meets the following criteria to be eligible for MLTC plan enrollment:
      i. requires more than 120 days of Community Based Long Term Care (CBLTC) services; and
      ii. has a Nursing Home Level of Care (NH LOC) score of 5 or above.

d) If the evaluation determines that the enrollee does not meet the eligibility criteria for MLTC plan enrollment, the enrollee will remain enrolled in the MMC plan to receive covered services.
    i. NYMC will issue a notice to the enrollee indicating that the CFEEC evaluation determined the enrollee to be ineligible for MLTC plan enrollment.
    ii. NYMC will issue a denial notice to the enrollee, including appeal and Fair Hearing rights.
e) If the evaluation determines that the enrollee meets the eligibility criteria for MLTC plan enrollment, and the enrollee is not otherwise excluded from enrollment:

    i. NYMC staff will educate the enrollee regarding MLTC plans available for enrollment.
    ii. NYMC will conduct a warm transfer by phone to the MLTC plan of choice to begin the MLTC plan enrollment process.
f) Results of CFEEC evaluations are valid for 75 days during which time the MLTC plan enrollment must be completed.

7. MLTC Plan Comprehensive Assessment:

    a) Prior to completing the transfer process for eligible enrollees, a registered nurse employed by, or contracted with, the MLTC plan must conduct a comprehensive assessment of the enrollee using the Community Health Assessment Tool of the Uniform Assessment System (UAS). The assessment must be performed within 30 days of the telephonic warm transfer.
    b) The comprehensive assessment determines the functional needs of the enrollee and confirms the need for the services documented in the CFEEC Transfer/Evaluation Request Form.
    c) Based on the results of the comprehensive UAS assessment, the MLTC plan will provide a final person-centered plan of care (POC) intended to meet the enrollee's need for services.
    d) If the enrollee does not agree with and does not accept the final POC, the enrollee may withdraw the request to transfer to an MLTC plan and remain enrolled in their current MMC plan. If needed, the MLTC plan must assist the enrollee in contacting NYMC to discuss enrollment options.

8. Plan Enrollment:

    a) If the enrollee agrees to and accepts the final POC, the MLTC plan will alert NYMC to process the transfer transaction.
    b) MLTC plans must obtain the enrollee's signature to document acceptance of the POC.
    c) Upon obtaining the enrollee's signature, the MLTC plan will conduct a three-way call with the enrollee and NYMC to confirm the transfer.
    d) Once the transfer is confirmed with NYMC, the MLTC plan must accept the new enrollment and may not reject the enrollment transaction.
    e) NYMC will monitor MMC plan to MLTC plan transfer transactions to prevent enrollees from being disenrolled to fee-for-service Medicaid during the transfer process.

Note: NYMC is responsible for moving Medicaid cases from the New York State of Health (NYSoH) to the Local Departments of Social Services (LDSS), following New York State Department of Health procedures, to enable the enrollment transaction into the MLTC plan to occur.

9. Continuity of Care:

    a) Both the MMC plan and the new MLTC plan are responsible for ensuring continuity of care for the enrollee when s/he is transferring enrollment:

        i. The new MLTC plan is responsible for requesting the POC and ensuring the new enrollee is assessed for service needs in accordance with state and federal regulations, and that needed services are authorized and provided in a timely manner.
        ii. Upon request, the MMC plan is responsible for transmitting the current POC to the MLTC plan.

Note: Enrollees may withdraw a request to transfer from the current MMC plan to an MLTC plan at any time during this process. Enrollees may contact NYMC at (888) 401-6582 to obtain more information, including a review of MLTC plan enrollment eligibility and plans available for enrollment.

Questions regarding mainstream Medicaid Managed Care (MMC) and New York Medicaid Choice (NYMC) may be submitted to the Medicaid Managed Care mailbox at: omcmail@health.ny.gov.

Questions regarding Managed Long Term Care (MLTC) may be submitted to the Managed Long Term Care mailbox at: mltcinfo@health.ny.gov.

Questions regarding the Conflict Free Evaluation and Enrollment Center (CFEEC) may be submitted to the Managed Long Term Care mailbox at: CF.Evaluation.Center@health.ny.gov.