



**Department  
of Health**

# **MLTC Involuntary Disenrollment Process**

**NOTE: the instructions provided here, related to member outreach for No CBLTSS involuntary disenrollment procedures, apply only during the continuance of the COVID-19 Public Health Emergency.**

# Webinar Logistics

- All participants will remain muted throughout the presentation.
- All questions during the presentation should be submitted through the Q&A function.
- A question-and-answer period will be held at the end of the presentation and will review questions that were submitted during the training in the Q&A function.
- The webinar is being recorded and will be posted along with the slides on the Department of Health's (Department) webpage [COVID-19 Guidance for Medicaid Providers \(ny.gov\)](#) under the section *Other Guidance/Resumption of Additional MLTC Involuntary Disenrollments*.
- Answers provided to questions submitted during the webinar will be based on current information, and thus may not constitute a complete or final answer. FAQ documents will be posted on the Department's webpage [COVID-19 Guidance for Medicaid Providers \(ny.gov\)](#) under the section *Other Guidance/Resumption of Additional MLTC Involuntary Disenrollments*
- Questions will be answered as time permits and any questions we are unable to answer will be included in FAQ documents.
- Additional questions may be submitted after the presentation to [MLTCTAC@health.ny.gov](mailto:MLTCTAC@health.ny.gov)

May 20, 2022

# Agenda

- Background and Resumed MLTC Involuntary Disenrollments To-Date
- Instructions to Request Involuntary Disenrollment specific for No CBLTSS
- Scenarios
- Summary
- Questions
- Appendix - Files

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# Background and Resumed MLTC Involuntary Disenrollments To-Date

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# MLTC Involuntary Disenrollment

- The Department of Health (Department) notice issued April 3, 2020, *COVID-19 Extension of Medicaid Coverage*, under the Families First Coronavirus Response Act (FFCRA), informed Managed Long-Term Care (MLTC) plans that only members that moved out of state, requested to be disenrolled or are deceased, may be disenrolled from plans.
- Subsequent CMS rulemaking and guidance permits State Medicaid programs to resume certain disenrollment processes, as long as, comparable coverage is maintained
- Since then, the Department has begun the resumption of additional and specific MLTC involuntary disenrollment processes prospectively.
- The next slide will list those resumed reasons, effective dates that the reasons were resumed and the New York Medicaid Choice (NYMC) reason code.
- Additional information on these specific resumed reasons can be found here: [COVID-19 Guidance for Medicaid Providers \(ny.gov\)](#) under the section *Other Guidance/Resumption of Additional MLTC Involuntary Disenrollments*

# MLTC Resumed Involuntary Disenrollment Reasons

| MLTC Involuntary Disenrollment Reason Resumed   | NYMC D File Code | Disenrollment Effective Date             |
|---|------------------|--|
| No longer in Medicare product (member is no longer a member of the Plan's Medicare Advantage Program)   | 35               | October 1, 2021, and monthly thereafter  |
| Enroll no longer resides in the plan's service area   | 26               | October 1, 2021, and monthly thereafter  |
| Member or family member engages in behavior that seriously impairs the Contractor's ability to furnish services for reasons other than those resulting from the member's special needs. | 31               | January 1, 2022, and monthly thereafter  |
| Member has been absent from the plan's service area for more than 30 consecutive days.  | 27A, B and C     | January 1, 2022, and monthly thereafter. |
| Does Not Receive At Least One of The Following Community Based Long Term Services and Supports (CBLTSS) Within the Previous Calendar Month  | 42               | July 1, 2022, and monthly thereafter     |

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# Requesting an Involuntary Disenrollment

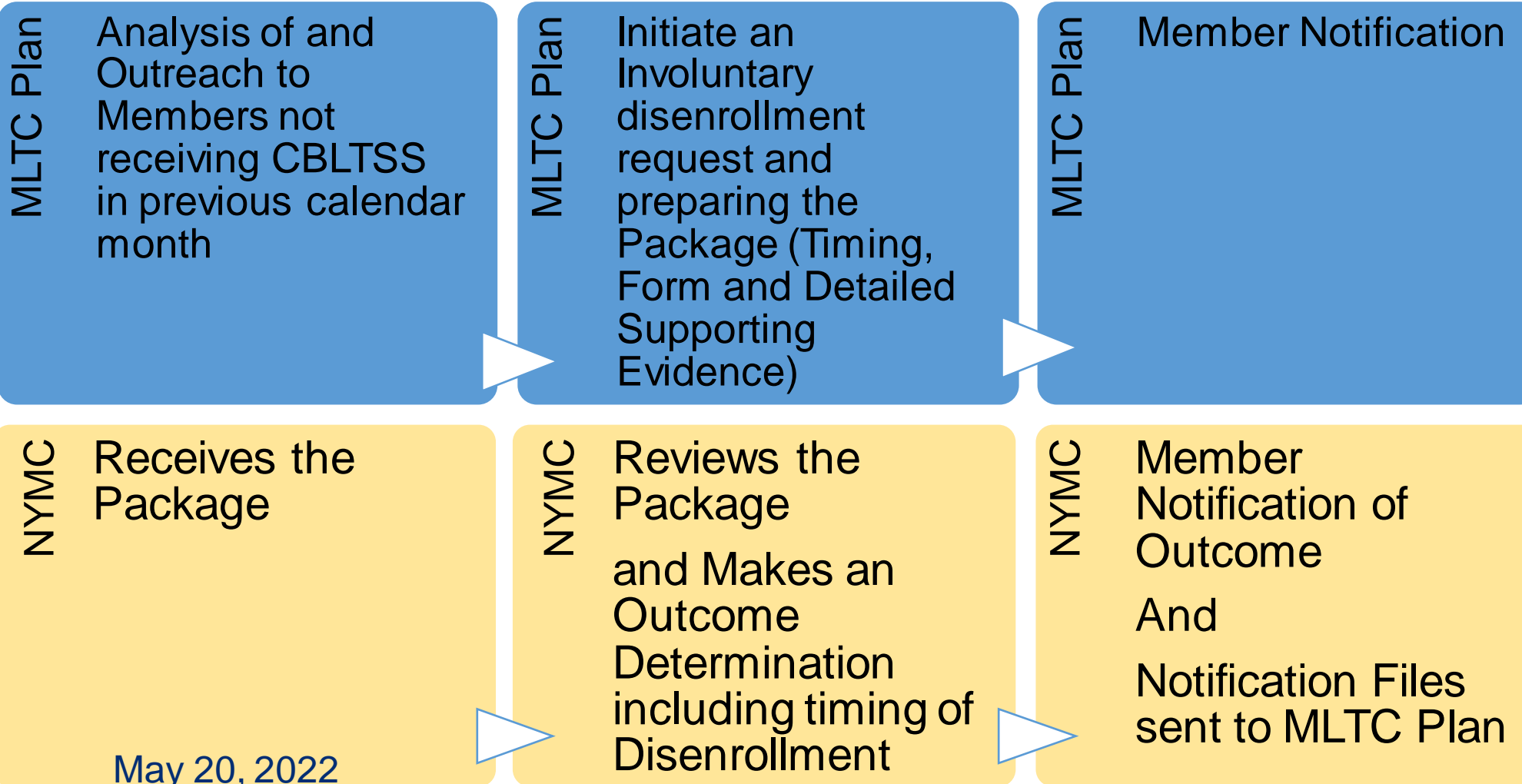
- MLTC Plans are required to submit resumed involuntary disenrollment reasons to New York Medicaid Choice (NYMC)
- An involuntary disenrollment is a disenrollment initiated by the plan without agreement from the member.
- An involuntary disenrollment requires approval by the NYMC, designated by the Department.

# Instructions to Request and Process Involuntary Disenrollment specific for No CBLTSS

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# Overview of Steps for MLTC and NYMC



# MLTC Plan Analysis- No CBLTSS in the Previous Calendar Month

- As always, Managed Long Term Care Partial Capitation (MLTCP), Medicaid Advantage Plus (MAP) and Programs All-Inclusive Care for the Elderly (PACE) plans are required to reach out to the member:
  - upon enrollment to assess and develop the member's plan of care (care plan),
  - monthly for care management updates,
  - every 90 days if a voluntary care plan was temporarily put in place, refer to:  
[https://www.health.ny.gov/health\\_care/medicaid/covid19/2020-04-23\\_guide\\_volplanofcare.htm](https://www.health.ny.gov/health_care/medicaid/covid19/2020-04-23_guide_volplanofcare.htm).  
and
  - when there is a change in condition.
- Through these care management outreach activities, plans should have been identifying and engaging with their members who have not been receiving any authorized CBLTSS services throughout the public health emergency.
- The plan must analyze and identify members monthly that are not receiving at least one of the following CBLTSS within the previous calendar month and determine when to initiate a disenrollment.

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# Involuntary Disenrollment Reason

- Does Not Receive At Least One of The Following Community Based Long Term Services and Supports (CBLTSS) Within the Previous Calendar Month:
  - Nursing services in the home
  - Therapies in the home
  - Home health aide services
  - Personal care services in the home
  - Adult day health care
  - Private duty nursing, or
  - Consumer Directed Personal Assistance Services (CDPAS)
- The above reason applies to MLTC Partial Capitation (MLTCP), MAP and PACE.

NOTE: The instructions provided here, related to member outreach for No CBLTSS disenrollment procedures, apply only during the continuance of the COVID-19 Public Health Emergency.

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# Voluntary vs. Involuntary Disenrollment

During the remainder of the public health emergency, the plan should continue this care management outreach as described on Slide 10.

With the resumption of this additional involuntary disenrollment reason, the plan informs the member that they cannot remain in the MLTC plan if they are not receiving at least one of the CBLTSS services authorized in their plan of care within the previous calendar month.

- i. If the member agrees to voluntarily disenroll, the plan must follow contractual requirements for a member-initiated disenrollment. Member must sign the form or, if they are unable to sign the form, they must provide verbal consent, which must be documented.
- ii. If the member does not agree to voluntarily disenroll, the plan must follow the requirements for involuntary disenrollment in the April 26, 2022, Dear Health Plan Administrator notice and this webinar.
- iii. During the public health emergency, additional member outreach prior to initiating this involuntary disenrollment reason is required. The plan must first identify the members that have not received CBLTSS in the previous calendar month and, prior to initiating the involuntary disenrollment, outreach to the member to discuss why services have not been received, when an involuntary disenrollment will be initiated, or when to restart service that would stop the involuntary disenrollment from proceeding.

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# When to and When Not to Initiate Involuntary Disenrollment Request

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# When to Initiate a Request for Involuntary Disenrollment -No CBLTSS

The following are examples of instances in which a plan must initiate involuntary disenrollment due to lack of member receiving CBLTSS in the previous calendar month.

The member may not have received the services because they:

- choose not to receive plan services as their family or other natural supports are providing the needed assistance,
- no longer require these services, or
- have declined or refused the services

# When Not to Initiate a Request for Involuntary Disenrollment- No CBLTSS

A member may not be involuntarily disenrolled from an MLTC plan if the reason they did not receive CBLTSS in the previous 30 calendar days was:

- Nursing is the only service in the member's plan of care, and the scheduled frequency results in no scheduled nursing service in the previous calendar month.
- A member has been assessed to need personal care or personal assistance, but the plan is unable to locate an in-network provider to furnish the service and is working to find an out-of-network provider to furnish services.
- Members that have a current temporary and voluntary plan of care change on record reconfirmed every 90 days. See April 23, 2020, COVID-19 Guidance: Voluntary Plan of Care Schedule Change. [https://www.health.ny.gov/health\\_care/medicaid/covid19/2020-04-23\\_guide\\_volplanofcare.htm](https://www.health.ny.gov/health_care/medicaid/covid19/2020-04-23_guide_volplanofcare.htm)
- As part of the next reconfirmation of the member's continued agreement with the voluntary care plan (occurring at least every 90 days), plans must inform the member that continued non-receipt of CBLTSS will result in initiation of disenrollment. Therefore, a plan should not initiate disenrollment until it reconfirms the voluntary care plan with the member.
- Member is hospitalized during the previous calendar month that the member was identified as not receiving CBLTSS.

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# How to Initiate a Disenrollment with the Member

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## Plan Outreach to Member (before submitting request to NYMC)

- If the member meets the criteria above of when to initiate, the MLTC plan must outreach to the member to discuss voluntary and involuntary disenrollment options with the member.
- If the member does not voluntarily agree to be disenrolled from the MLTC plan, or if the plan is unable to contact/communicate with the member (after having made at least 5 reasonable attempts within a 30-day period to engage the member -which should be a combination of phone calls and written notifications), the plan may begin the involuntary disenrollment process for lack of CBLTSS.

NOTE: The instructions provided here, related to member outreach for No CBLTSS disenrollment procedures, apply only during the continuance of the COVID-19 Public Health Emergency.

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# MLTC Involuntary Disenrollment Request

- If no contact was made with member and/or with their authorized representative, the MLTC plan must document the specific dates and times of a combination of at least five phone and mail attempts within the last 30 days.
- During the public health emergency, a home visit is not required but may be utilized as an attempt to contact.
- The dates of the outreach attempts should be reasonably spaced across the 30-day outreach period and on different days of the week and times of day.
- The 30-day period starts the date the report of members not receiving CBLTSS is run, usually the beginning of each month.
- All information should be submitted to NYMC through via the Secure File Transfer Portal (SFTP) server, also known as MOVEit.
- If the Plans have any questions, please contact the New York Medicaid Choice- Health Plan Affairs Department.

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# MLTC Plan Responsibility Member Notification

- Once a MLTC Plan has identified that a member has not been receiving CBLTSS and the member has either declined to voluntarily disenroll, or the Plan was unable to contact the member, the Plan must send the member and their authorized representative written notification, referred to as the Notice of Intent to Disenroll (the notice must have been approved by the Department).
- This notice is sent to the member and/or their authorized representative at least 30 calendar days prior to the effective date of the involuntary disenrollment.
- The notification makes the member and/or their authorized representative aware that NYMC is reviewing the request to disenroll the member. Any services that the member is currently receiving continue while NYMC is reviewing the information.

# Requesting NYMC Review: Timing, Form and Supporting Documentation

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# Timing of the Disenrollment Request

| Identify members  | Outreach members   | Notice to members & Send Disenrollment Form to NYMC*  |
|---|--|---|
| <p>Plan identifies members that are found not to be receiving CBLTSS in previous calendar month ex: April</p> | <p>Upon contact with member determine reason for not receiving services.<br/>ex: May</p> | <p>Step 1- Send Intent to Disenroll letter to member <u>at least 30</u> days prior to disenrollment effective date<br/>ex: no later than June 1 for July 1 disenrollment effective date</p> <p>Step 2- Send Involuntary Disenrollment Form to NYMC*<br/>ex: May 11-June 9 for July 1 disenrollment effective date</p>   |
| <p>Plan identifies members that are found not to be receiving CBLTSS in previous calendar month ex: April</p> | <p>Make 5 attempts to contact member within a 30 day period<br/>ex: May</p>              | <p>Step 1- Send Intent to Disenroll letter to member <u>at least 30</u> days prior to disenrollment effective date<br/>ex: no later than June 1 for July 1 disenrollment effective date</p> <p>Step 2- Send Involuntary Disenrollment Form to NYMC*<br/>ex: June 1-June 9 for July 1 disenrollment effective date<br/>or<br/>June 10-July 8 for August 1 disenrollment effective date</p> |

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# Preparing the Involuntary Disenrollment Package

After the Plan has conducted member outreach and sent Intent to Disenroll letter to the member and any authorized representative, the Plan must submit a completed Managed Long Term Care Involuntary Disenrollment Request Form to NYMC along with supporting documentation specified below. This is the Involuntary Disenrollment Package

For involuntary disenrollment due to lack of receipt of CBLTSS in previous calendar month, the Plan must complete the “Managed Long Term Care Involuntary Disenrollment Request Form.”


Select the involuntary disenrollment reason on page 2 of the Form for No CBLTSS:

- Does not receive at least one of the following services:
- Nursing services in the home
  - Therapies in the home
  - Home health aide services
  - Personal care services in the home
  - Adult day health care
  - Private duty nursing or
  - Consumer Directed Personal Assistance Services

Written statement (on Plan letterhead) indicating that consumer is not receiving one of the listed services.

# MLTC Involuntary Disenrollment Request Form - Sample

**Managed Long Term Care  
INVOLUNTARY DISENROLLMENT  
REQUEST FORM**

  
 0000000000IL

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*Please Print*

Plan Name: \_\_\_\_\_

Nurse/Case Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ (Area Code) \_\_\_\_\_

Member's Name: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Plan must select  the disenrollment reason for this request and provide the required supporting documentation.

| Disenrollment Reason | Required Supporting Documentation |
|----------------------|-----------------------------------|
|                      |                                   |

The Plan must print on the form (or type on the form) and complete ALL information on page 1

- Plan Name
- Nurse Case Manager
- Phone Number
- Member's Name and CIN number
- Plan must select one of the reasons for disenrollment AND provide the supporting documentation for review

**Note:** Plans may contact the HPA department at NYMC to request The MLTC Involuntary Disenrollment Request Form

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# No CBLTSS – Required Supporting Documentation

In addition to the completed form, plans must submit a signed letter with their contact information, on plan letterhead, which includes the following information:

- Reason: No CBLTSS received in previous calendar month
- Name and Client Identification Number (CIN) of member that has not received at least one of the CBLTSS identified in his/her plan of care,
- Specifying the authorized schedule of services that the member should have been receiving and the name of the agency/agencies which should have provided service, if available,
- The period of time the services have not been received (which should be the previous calendar month),
- If contact was made, include the reason why the member has not received the services, and a description of the safe discharge plan which includes information about any referrals to other providers of applicable services or supports made on behalf of the member and the status of such referral(s).



# **NYMC Processing Involuntary Disenrollment Requests**

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# NYMC Determines if Package is Complete

- NYMC reviews the submitted request to involuntarily disenroll the member for No CBLTSS.
- If the Involuntary Disenrollment Package (“the Package”) is incomplete, NYMC issues a request for additional information to the submitting plan via email back to the Plan in MOVEit.
- The submitting plan has 6 business days to submit the missing information. If missing information is not received within 6 business days, the original request is closed, and the plan must submit a new involuntary disenrollment request. If the request is closed, the Plan is notified through MOVEit and the member remains an enrollee of that plan.
- If the Package is complete, NYMC reviews to determine if the request is because the Plan is unable to reach the member or if the member was contacted but refused to voluntarily disenroll.
- Based on the outcome of the review the Processing Team or the Clinical Quality Assurance Department completes the review and makes a determination on the request.

# Unable to Reach/Contact the member

- If the reason for disenrollment is because the Plan is unable to contact the member, the Plan is required to submit documentation of the dates and times that they attempted to contact the member, along with the method of how the attempt was made (phone, in person, mail).
- There should be at least 5 documented attempts that were made over different days/times and include a combination of telephone call and written notification.
- These outreach attempts must be over a 30-day period (that begins after the member has been identified as being in non receipt of services).
- Copies of the written notifications issued are encouraged to be included for Fair Hearing.
- The Processing Team reviews the Package to ensure that the attempts meet the requirements to contact the member.
- Based on the review of the submitted Package, the Processing Team makes a determination to either approve/confirm the request to disenroll the member or to overturn the Plan's request to disenroll the member.
- The decision is communicated via the D File to the plan.

# When member refuses to disenroll - No CBLTSS

- If the reason for disenrollment is because the member was not in receipt of CBLTSS in the previous calendar month and the criteria was met to a) initiate the involuntary disenrollment, b) the member was able to be contacted and the c) member is refusing to voluntarily disenroll from the Plan, the request is reviewed by the Clinical Quality Assurance Nurse Specialist (QANS) Department
- Upon receipt of the Package by the QANS department, an RN is assigned to review the submitted documentation, and review the most recent Community Health Assessment (CHA), in the UAS if it is available. The QANS review the information submitted to determine if there is a safe discharge plan and if the member continues to need service, there is a plan to have the services provided. This only applies if the member was contacted and refuses to disenroll.
- If there is no safe discharge plan in place, the request for Involuntary Disenrollment will be denied.
- If the QANS needs additional information to complete their review from the Plan, the QANS department notifies the Plan via MOVEit. The Plan has 2 business days to submit the additional information. If it is not received by the end of the 2nd business day, the QANS review the information that was submitted with the original Package
- Once the QANS has made a determination based on the information that was submitted in The Package, they will notify the Plan of their determination via MOVEit.

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# Plan Submissions

All submissions, along with their supporting information must be submitted within the established processing schedule window to ensure the request for involuntary disenrollment are processed timely.

| 2022 MLTC PLAN INVOLUNTARY |                              |
|----------------------------|------------------------------|
| Plan Submission Window     | DISENROLLMENT EFFECTIVE DATE |
| 12/13/21-1/10/22           | 2/1/2022                     |
| 1/11/22-2/7/22             | 3/1/2022                     |
| 2/8/21-3/8/22              | 4/1/2022                     |
| 3/9/22-4/8/22              | 5/1/2022                     |
| 4/11/22-5/10/22            | 6/1/2022                     |
| 5/11/22-6/9/22             | 7/1/2022                     |
| 6/10/22-7/8/22             | 8/1/2022                     |
| 7/11/22-8/9/22             | 9/1/2022                     |
| 8/10/22-9/8/22             | 10/1/2022                    |
| 9/9/22-10/10/22            | 11/1/2022                    |
| 10/11/22-11/8/22           | 12/1/2022                    |
| 11/9/22-12/9/22            | 1/1/2023                     |
|                            |                              |



We are here on the 2022 schedule

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# Plan and Member Notification

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# Outcomes

There are three (3) outcomes for any Involuntary Disenrollment request received by NYMC.

| Outcome                   | Definition   |
|---------------------------|--|
| <p><b>APPROVED</b></p>    | <p>The Involuntary Form is complete and is <b>approved</b>. member is disenrolled to Fee For Service (FFS) or transferred into another Plan, according to the Involuntary disenrollment category and processing schedule.</p>  |
| <p><b>DISREGARDED</b></p> | <p>The Involuntary Form is reviewed for completion and <b>disregarded</b> due to an issue with the form, incorrect or missing documentation, insufficient Medicaid eligibility or Plan has requested a withdrawal. Plans are notified by secure email in MOVEit of all disregarded forms and the reason why. Plans may reach out to NYMC with any follow up inquiries.</p> <p>Note: The form does NOT proceed to review for approval. member remains enrolled in the Plan.</p> |
| <p><b>OVERTURNED</b></p>  | <p>The Involuntary Form is complete. It is reviewed by a Clinician or Adjudicator who determined that the request be <b>overturned</b> (denied) and member remains enrolled in the Plan.</p> <p>Note: member is notified by NYMC of denial via the Involuntary Disenrollment Overturned Notice (LZ).</p>   |

# Plan Notification D File and T File

- See Appendix for the specifics on D File and T File



# NYMC Member Notification

- Members are mailed outcome notices at the conclusion of the Involuntary Disenrollment review process when NYMC has either approved or overturned the Plan's request to Involuntary Disenroll a member.
- When NYMC approves the request to involuntarily disenroll a member from the plan, NYMC issues the MLTC Involuntary Confirmation Notice to the member. (see sample on next slide)
- When NYMC overturns the request to involuntarily disenroll a member from the plan, NYMC issues the MLTC Involuntary Disenrollment Request Overturn Notice to the member.
- NYMC mails the Outcome Notice within 2-3 business days to the member's address on file and to the Authorized Representative's address, if applicable.
- Outcome notices are generated in English and are available in Spanish.
- If NYMC "Disregards" the request, NYMC does not send any notification to the member. It is the Plan's responsibility to notify the member of the outcome.

# MLTC Involuntary Disenrollment Request- Confirmation Notice

New York  
 Medicaid Choice New York State's Medicaid managed care enrollment program  
 1-888-401-6582 P.O. Box 5009, New York, NY 10274-5009  
 Ask • Choose • Enroll

<Date>

<Barcode> <Letter Code>  
 <Name>  
 <Address>  
 <City>, <State>, <Zip>

Dear <Consumer Name>: <CIN>

We are writing because <Plan> told you that you must leave their Plan. New York Medicaid Choice reviewed the Plan's decision to end your enrollment. After a review of your case, we **agree** with the Plan. Starting <Effective date>, you will no longer be in <Plan Name> because:

The Plan showed proof that you have not used the community based long term services and supports (CBLTSS) that are part of your plan of care for at least one calendar month. You must be receiving CBLTSS to be enrolled in a Managed Long Term Care plan.

#### What happens next:

- If you need CBLTSS in the future, call New York Medicaid Choice. A counselor will assist you with your plan enrollment or put you in contact with the plan of your choice.

You may want to share this letter with your family or someone who knows about your health care needs. Please call **New York Medicaid Choice** if you have trouble reading or understanding this letter or if you have any questions. Our counselors can also help you choose a Plan.

**Call: 1-888-401-MLTC or 1-888-401-6582, Monday - Friday, from 8:30 am – 8:00 pm and Saturday, from 10:00 am – 6:00 pm.**  
**TTY Services: 1-888-329-1541.**

#### Information for people in New York State's managed care plans

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. If you have a problem with your health plan, doctor or other care provider - ICAN can help. To learn more about ICAN, go to [www.icannys.org](http://www.icannys.org), or call 1-844-614-8800. TTY: 711. All services are free.

#### (FH#299 A)

This action has been taken in accordance with Public Health Law 4403-f. If you would like to talk to someone about this decision, you may have a conference to review these actions. If you believe this decision is wrong, you may ask for a State fair hearing. Please read the back of this notice to find out how to arrange a conference and/or a fair hearing.

The NYMC MLTC Involuntary Confirmation (LL) includes the following Sections:

- Introduction
- Reason for Disenrollment
- What Happens Next
- Questions? Call Us
- Independent Consumer Advocacy Network (ICAN)
- Fair Hearing rights apply to this notice including Aid to Continue. The disenrollment notice has contact information if the member disagrees with the disenrollment (NYMC at 1-888-401-6582).
- NOTE: If the member does request a Fair Hearing from the notice issued by NYMC, the Clinical Quality Assurance department represent NYMC at the Fair Hearing

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# MLTC Involuntary Disenrollment Request - Overturn Notice

New York  
**Medicaid Choice**      New York State's Medicaid managed care enrollment program  
 1-888-401-6582      P.O. Box 5009, New York, NY 10274-5009  
Ask • Choose • Enroll

<Date>

<Barcode> <Letter Code>  
 <Name>  
 <Address>  
 <City>, <State>, <Zip>

Dear <Consumer Name>:

<CIN>

>

We are writing because <Plan Name> told you that you must leave the Plan. *New York Medicaid Choice* reviewed the Plan's decision to end your enrollment. After reviewing your case, we **do not agree** with the Plan. This means that you can stay with: <Plan Name>.

You may want to share this letter with your family or someone who knows about your health care needs. If you have trouble reading or understanding this letter or if you have any questions – we can help. Please call *New York Medicaid Choice*.

**Call: 1-888-401-MLTC or 1-888-401-6582, Monday - Friday, from 8:30 am – 8:00 pm and Saturday, from 10:00 am – 6:00 pm.**  
**TTY Services: 1-888-329-1541.**

**What happens next:**

- You will keep receiving your home care and other services from <Plan Name>. Your Plan will contact you about your continued services.
- You can contact *New York Medicaid Choice* if you do not hear from your Plan or if you need help with any problems you may be having with the Plan.
- From now on, you must be in a Plan to receive Medicaid home care and other long term care services in your community. To change plans, call *New York Medicaid Choice*. A Medicaid Choice counselor will process your enrollment over the phone or put you in contact with the plan of your choice.

**Information for people in New York State's managed care plans**

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. If you have a problem with your health plan, doctor or other care provider - ICAN can help. To learn more about ICAN, go to [www.icannys.org](http://www.icannys.org), or call 1-844-614-8800. TTY: 711. All services are free.

End of document. ■

The NYMC MLTC Involuntary Disenrollment Request Overturn Notice (LZ) includes the following Sections:

- Introduction
- Decision
- Questions? Call Us
- What Happens Next
- Independent Consumer Advocacy Network (ICAN)

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# Member No CBLTSS Scenarios 1 and 2

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# Scenario #1- Member contacted

Dolores has been enrolled in an MLTC Plan for 2 years. Dolores has been receiving daily Personal Care Services (PCS) through February. During March, Dolores did not receive PCS or any other CBLTSS. Dolores has declined the need to have PCS any longer. The MLTC plan contacted Dolores on April 3rd and they declined to have any PCS services, but Dolores also declined to voluntarily disenroll from the MLTC plan.

The MLTC Plan submits the request to NYMC for an Involuntary Disenrollment. The plan submits all the required information, including any clinical evidence that supports the safe discharge plan. The QANS Department reviews the submitted clinical information and approves the Plan's request to disenroll Dolores

Dolores receives a Confirmation Notice from NYMC that she will be disenrolled from the MLTP plan, the effective date of the disenrollment and her Fair Hearing rights.

The plan is notified through MOVEIt.

# Scenario #2- Member Not Contacted

Rocky has been enrolled in an MLTC Plan for 3 years. Rocky has been receiving daily Consumer Directed Personal Assistance Service (CDPAS) through February. During March, Rocky did not receive CDPAS or any other CBLTSS. Rocky has refused service as Rocky's daughter is now living with Rocky and providing care to Rocky. The MLTC plan attempted to contact Rocky 5 times by a combination of phone and letter in April.

The MLTC plan documents all attempts and dates of outreach and lack of response. Rocky was unable to be reached.

The MLTC Plan submits the request to NYMC for an Involuntary Disenrollment.

NYMC makes a determination to process the request and send a Confirmation Notice to Rocky.

The MLTC plan is notified through MOVEit of the determination.

\*\* if the specific details in how and when the MLTC plan attempted to reach Rocky at least 5 times in 30 days are not documented in the Package to NYMC, NYMC makes determination to Overturn the request. The MLTC plan is notified through MOVEit of the determination. An Involuntary Disenrollment Request Overturn Notice is mailed to the member to notify Rocky of the outcome and that he remains in the plan. The plan would be out of compliance with the contractual obligations to involuntary disenroll Rocky for no receipt of CBLTSS.

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# Summary

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# Summary

New York State is resuming the process to request an Involuntary Disenrollments for members who have not received CBLTSS services in the previous calendar month.

MLTC plans may submit their requests beginning May 11, 2022, and thereafter to NYMC for a determination, and include the supporting information.

Upon receipt of the requests, NYMC reviews to determine if all the required information has been submitted with the request. Requests are then reviewed, and an outcome is determined.

Based on the information submitted, NYMC makes a determination to:

- Approve (notice sent to member, MLTC notified via MOVEit)
- Overturn (notice sent to member, MLTC notified via MOVEit)
- Disregard the request ( no notice sent to member, MLTC notified via MOVEit).



## Contacting Health Plan Affairs (HPA) at New York Medicaid Choice

- To contact HPA at NYMC, plans may directly email HPA (emails without PHI).
- If there is PHI, the Plans must contact NYMC via MOVEit and include all the member department members.

# Questions?

Contact us: [mltinfo@health.ny.gov](mailto:mltinfo@health.ny.gov)



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# Appendix: D File and T File

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# Plan Notification-D File and T File

Once a final decision is made on an Involuntary Disenrollment, a D File is generated. The D File is not a new file, it is an existing file that has been in production.

Once the file is generated, it is posted daily in the Plan designated folders on MOVEit.

If a member is disenrolled, NYMC generates a T File, to notify the Plan when the disenrollment has successfully been processed with the effective date of the disenrollment.

NYMC posts files to designated folders for each plan on their Secure File Transfer Portal (SFTP) server, also known as MOVEit.

# Plan Notification-D Files

The D file contains the following data elements.

- Case #
- CIN
- Type of request – this is Involuntary Disenrollment
- Date of request
- Plan involved
- Reason for the request – specific reasons/code for the Involuntary Disenrollment request (example 42- no CBLTSS for last 30 days)
- Status of the Involuntary Disenrollment Request
- Date of decision

# Plan Notification-Files-Sample

```
MLTC PLAN NAME                                0123455504/27/2022IDPD
066002222222DFF77777FInvoluntary Disenrollment04/22/20220123455542 42-ALL -
0000003
```

```
No longer receiving or qualifies for Community Long Term Care services   Approved   04/27/2022
```

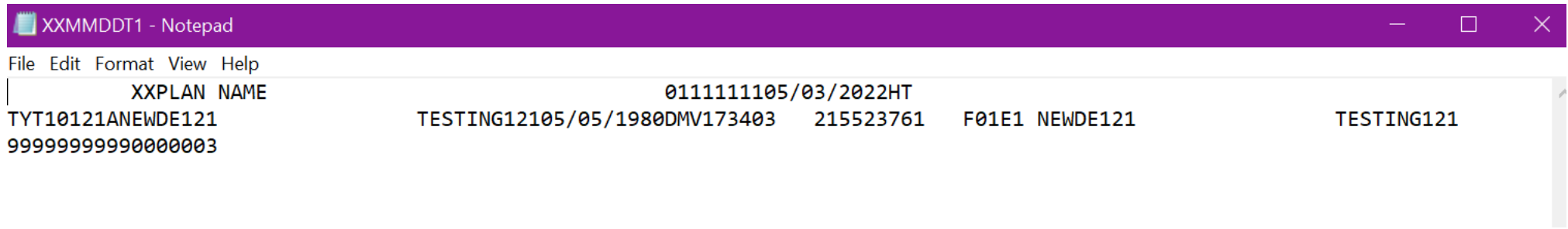
# Plan Notification-T Files

The T File contains the following data elements:

- MCO Plan Name
- Date
- Type- (E = Enrollment or T= Disenroll/Transfer)
- Transaction Code (E= Enrollment or T= Terminate enrollment with this plan)
- CIN number
- Consumer Name
- Date of Birth
- Address
- Phone number
- Expiration Date (Disenrollment Date)
- Disenrollment source (involuntary Disenrollment)

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# Plan Notification-T Files



The screenshot shows a Notepad window with a purple title bar. The text inside is as follows:

```
File Edit Format View Help
|           XXPLAN NAME           0111111105/03/2022HT
TYT10121ANEWDE121      TESTING12105/05/1980DMV173403   215523761   F01E1 NEWDE121           TESTING121
9999999999000003
```

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