

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Jonathan Bick  
Director, Division of Health Plan Contracting and Oversight

**SUBJECT:** Managed Long Term Care Involuntary Disenrollment Resumption – Additional Reasons

**Attachment I** –MAP Plans’ Disenrollment If Enrollee Has Been Absent 30 vs 90 days  
**Attachment II** – 2022 MLTC Plan Processing Schedule Inv. Disenrollments

**EFFECTIVE DATE:** Immediately

**CONTACT:** mltcinfo@heath.ny.gov or (518) 474-6965

The purpose of this General Information System (GIS) message is to inform local departments of social services (LDSS) of resumption of two additional allowed involuntary disenrollment reasons listed below for Managed Long Term Care Partial Capitation (MLTCP), Medicaid Advantage Plus (MAP) and Programs for All-Inclusive Care for the Elderly (PACE).

**BACKGROUND:**

The Department of Health’s response to the Families First Coronavirus Response Act (FFCRA) (see for example GIS 20 MA/04 - Coronavirus (COVID-19) – Medicaid Eligibility Processes During Emergency Period) limited the allowed disenrollment reasons for managed care plan disenrollments to member requested disenrollment, death and no longer a resident of the State.

Subsequent Centers for Medicare & Medicaid Services (CMS) rulemaking and guidance permits State Medicaid programs to resume certain managed care plan disenrollment processes if comparable coverage is maintained.

On August 18, 2021, the Department of Health (Department) issued GIS 21 MA/17 (Managed Long Term Care’s Involuntary Disenrollment Resumption) which resumed two (2) involuntary disenrollment reasons:

- Enrollee is no longer a member of the plan’s Medicare Advantage Program; and
- Enrollee no longer resides in the plan’s service area.

Two (2) additional involuntary disenrollment reasons are now being added.

- Enrollee or family member engages in behavior that seriously impairs the plan's ability to furnish services for reasons other than those resulting from the Enrollee's special needs; and
- Enrollee has been absent from the plan's service area for more than 30 consecutive days (unless 90 days is provided for specific plans noted in Attachment I).

#### **ALLOWED INVOLUNTRY DISENROLLMENTS:**

The Department will begin resuming these two additional involuntary disenrollment processes through New York Medicaid Choice (NYMC), the New York State Enrollment Broker. The approved involuntary disenrollments will be processed prospectively with eligible effective dates beginning January 1, 2022 and monthly thereafter. See Attachment II, **2022 MLTC Plan Processing Schedule for Involuntary Disenrollment**. MLTC plans may immediately begin submitting disenrollments for the following two additional Disenrollment Reasons:

- **Enrollee or family member engages in behavior that seriously impairs the plan's ability to furnish services for reasons other than those resulting from the Enrollee's special needs.**

Applicable to MAP, PACE and MLTCP plans. Requires a written statement from Health Plan (on Plan letterhead) describing the case situation, including the names of different home care agencies utilized, and results of service attempts. Adult Protective Services (APS) reference is needed for safety issues. The MAP, PACE and MLTCP plan must submit the Managed Long Term Involuntary Disenrollment Request Form and supporting documentation to NYMC. It is expected that the member will be transferred to another MLTC plan to remain in the MLTC program.

- **Enrollee has been absent from the plan's service area for more than 30 consecutive days** (unless 90 days is provided for specific plans noted in Attachment I).

Applicable to MAP, PACE and MLTCP plans. Requires a written statement from the enrollee's Home Care Agency, or other pertinent evidence, that an effort was made to contact the enrollee including the date of the last contact with enrollee. The MLTC, MAP or PACE plan must submit the Managed Long Term Involuntary Disenrollment Request Form and supporting documentation to NYMC. The member will be notified that they may transfer to another MLTC plan. If no selection is made by the member, the member will be disenrolled to Medicaid Fee for service.

#### **TIMELY NOTICE AND REFERRALS:**

Plans will be notified of approved disenrollments via the 834 TERM file that is provided monthly to plans. The date of disenrollment is to be determined prospectively based on the date the disenrollment packet is received and accepted. For example, if accepted prior to the 15th of the month, the disenrollment or transfer effective date will be the end of the current month. If on or after the 15th of the month, the disenrollment or transfer effective date will be the end of the following month. In cases where an involuntary disenrollment results in an auto-assigned enrollment, the MLTC

Partial Capitation plan will receive an 834 ADD file for their auto assigned enrollment. MAP and PACE members that may want to re-enroll in their plan should be referred back to their plan to ensure the Medicare Advantage enrollment is correctly aligned as well.

As part of the resumption of involuntary disenrollments, the plan must send its Notice of Intention to Disenroll to all enrollees and their authorized representatives for whom it requests disenrollment. Plans send this notice 30 days prior to the requested disenrollment effective date (e.g., December 1, 2021 mailing date for a January 1, 2022 effective date).

Individuals will be notified of their disenrollment by the NYMC due to the above reasons. Fair Hearing rights apply to this notice including Aid to Continue. Medicaid members who are disenrolled from their MLTC plan will continue to receive their Medicaid coverage through another MLTC plan or the Medicaid fee for service (FFS) program.

The MLTC plan that initiates the involuntary disenrollment must follow existing safe discharge procedures which includes providing the current Plan of Care (POC) to the LDSS or NYMC as a part of the involuntary disenrollment procedures.

The LDSS may receive personal care referrals to continue personal care for individuals who are involuntary disenrolled to Medicaid FFS due to being out of the plan's service area for longer than is allowable and must accept the referral to continue care for the Medicaid member. The LDSS should continue the current POC until a new Community Health Assessment (CHA) is completed and the POC is updated, which should be completed as soon as feasible but no later than the next scheduled reassessment date.

The Department will continue to evaluate the resumption of other involuntary disenrollment reasons in 2022 and will notify the LDSS prospectively.

Please direct any questions regarding this message to the Bureau of Managed Long Term Care at [mltinfo@heath.ny.gov](mailto:mltinfo@heath.ny.gov) or call (518) 474-6965.