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### **GENERAL INFORMATION SYSTEM**

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**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 Reason (and two Attachments)

**EFFECTIVE DATE:** Immediately

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

ATTACHMENTS: 1) 2022 MLTC Involuntary Disenrollment Processing Schedule revised 04

06 2022

2) Updated List of MAP plans Absent for 30 Days from Service Area

04 25 2022

The purpose of this General Information System (GIS) message is to inform local departments of social services (LDSS) of resumption of an additional allowed involuntary disenrollment reason 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), 20 ADM 04 - Coronavirus (COVID-19) – Medicaid Eligibility Processes During Emergency Period, limited the allowed disenrollment reasons for managed care plans to member requested disenrollment, death and no longer a resident of the State.

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

On August 18, 2021, and December 23, 2021, the Department of Health (Department) issued GIS 21 MA/17 and GIS 21 MA/24, respectively, which resumed four involuntary disenrollment reasons:

- Enrollee is no longer a member of the plan's Medicare Advantage Program (Resumed effective October 1, 2021, and thereafter)
- Enrollee no longer resides in the plan's service area. (Resumed effective October 1, 2021, and thereafter)

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- Enrollee or family member engages in behavior that seriously impairs the Contractor's ability to furnish services for reasons other than those resulting from the Enrollee's special needs. (Resumed effective January 1, 2022, and thereafter)
- Enrollee has been absent from the plan's service area for more than 30 consecutive days. (Resumed effective January 1, 2022, and thereafter. Please see attached 04/25/2022 revised and updated plan list.)

One (1) additional involuntary disenrollment reason is now being resumed:

- Does Not Receive At Least One Community Based Long Term Services and Supports (CBLTSS) Within the Previous Calendar Month. (Resumed effective July 1, 2022, and thereafter.)
- 1. Additional Involuntary Disenrollment Reason Resumption and Supportive Documentation Required- No CBLTSS disenrollment Effective July 1, 2022

The Department will begin resuming this additional involuntary disenrollment process through New York Medicaid Choice (NYMC), the New York State Enrollment Broker. The approved involuntary disenrollments for this additional reason will be processed prospectively with eligible effective for disenrollment dates beginning July 1, 2022, and monthly thereafter. See Attachment 2022 MLTC Plan Processing Schedule for Involuntary Disenrollments revised 4 6 2022. Managed Long Term Care (MLTC) plans are required to begin submitting disenrollments May 11 through June 9, 2022, and thereafter, for this additional resumed 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
- o Personal care services in the home
- o Adult day health care
- o Private duty nursing, or
- Consumer Directed Personal Assistance Services (CDPAS)

This resumed additional involuntary disenrollment reason is applicable to MAP, PACE and MLTCP plans. The request requires a written statement from the MLTC plan on plan letterhead that includes the reason why the enrollee has not received services. If no contact was made with the enrollee or authorized representative, the specific dates and times of a combination of at least five phone and mail attempts within the last 30 days should be included. MLTC plans must submit the Managed Long Term Involuntary Disenrollment Request Form and supporting

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documentation to NYMC. The enrollee will be notified they will be disenrolled to Medicaid Fee for service (FFS).

## 2. Timely Notice of Involuntary Disenrollment and Referrals

Plans will be notified of approved disenrollments via the 834 TERM file that is provided to plans on a monthly basis. 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 plan will receive an 834 ADD file for the auto assigned enrollment. 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 the individual's transferred MLTC plan as a part of the involuntary disenrollment procedures.

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., June 1, 2022, for a July 1, 2022, effective date.)

Individuals will be notified of their disenrollment by the NYMC due to the above reason.

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

Please see webpage link for more involuntary disenrollment resumption information <a href="COVID-19">COVID-19</a>
<a href="Guidance for Medicaid Providers (ny.gov)">Guidance for Medicaid Providers (ny.gov)</a> under the reformatted section titled Coverage and Billing Guidance subsection Other Guidance.

Please direct any questions to mltcinfo@heath.ny.gov or call (518) 474-6965.