



**Conflict-Free Evaluation and Enrollment Center (CFEEC)
Frequently Asked Questions (FAQs)
March 27, 2015**

These FAQs respond to questions received by the Department about the Conflict-Free Evaluation and Enrollment Center (CFEEC). Please consult all previously released materials in conjunction with the following FAQs. If you have any questions regarding this information, please email to the following address: CF.Evaluation.Center@health.ny.gov.

General Questions

Q1. Are plans required to complete a UAS for consumers that have a completed CFEEC UAS evaluation?

A1. Yes. Plans are still required to complete a UAS assessment as part of the care planning process.

Q2. How will CFEEC apply to the Fully Integrated Duals Advantage (FIDA) Demonstration?

A2. Individuals seeking Community Based Long Term Care (CBLTC) and interested in a FIDA plan will be required to go through the CFEEC for the initial UAS evaluation.

Q3. According to the information provided by the Department, the CFEEC has 5-7 business days to schedule an evaluation. In the event that the consumer does not confirm the appointment, how will this be handled?

A3. The CFEEC will use due diligence in trying to confirm the consumers appointment and leave a detailed message in the event they cannot reach the consumer. The CFEEC nurse evaluator will not conduct the evaluation unless the appointment can be confirmed.

Q4. Is the MLTCP required to complete a UAS assessment 6 months following a CFEEC evaluation?

A4. The timeframe for conducting assessments for new consumers is not subject to the mandatory MLTC transition. The existing process for assessing a new consumer has not changed. Plans are still required to complete the UAS assessment following the CFEEC evaluation and every 6 months following enrollment into the plan or upon significant change in condition

Q5. Can a MLTCP speak to an individual about plan benefits or should they immediately refer the individual to the CFEEC?

A5. MLTC Policy 14.06 indicates that consumers seeking CBLTC must go through the CFEEC for evaluation, which could lead to an enrollment into a plan. There is nothing that would prohibit a MLTCP from speaking with a consumer prior to redirecting them to the CFEEC for next steps.

Q6. Does the CFEEC have staff available to communicate in non-English languages?

A6. Yes. In accordance with NYS Executive Order No. 26, Statewide Language Access Policy, all communications in writing and by phone will be available in six prevalent languages.

Q7. How much time lapses from the initial call to the time the UAS evaluation is completed by the CFEEC nurse assessor and a determination of CBLTC eligibility is made?

A7. While the CFEEC strives to adhere to the 5-7 business day schedule, ultimately, the evaluation is scheduled at the discretion of the consumer. The scheduling of the evaluation is based on the consumer's availability. Certain factors, such as a consumer insisting a family member or caregiver be present at the evaluation, could potentially delay the 5-7 business day timeframe. The goal is to have the determination made once the CFEEC evaluation is completed.

Q8. While the CFEEC dispute resolution process includes a 3 business day timeframe for a final case determination, what is the overall timeframe for the entire process including submission of a disagreement request etc.?

A8. The dispute resolution process would begin once a MLTC plan files their disagreement with the CFEEC. Up to 6 business days are allotted for this part of the process. In the event the CFEEC and the MLTCP are unable to resolve the discrepancy and the dispute goes to the DOH Medical Director, the Medical Director will then have 3 business days to make a final case determination. In total, there are up to a maximum of 9 business days allotted for this process.

Q9. Will the CFEEC 120 day criteria incorporate the provision of CBLTC services that would ordinarily be covered as a post-acute care benefit under Medicare?

A9. In accordance with MLTC Policy Directives 13.03 and 13.15, the standard for CBLTC eligibility is the consumer demonstrating a need for CBLTC services for more than 120 days and subsequently getting deemed eligible following the CFEEC evaluation. Furthermore, consumers are only required to contact the CFEEC to determine if they are CBLTC eligible. Individuals already receiving a Medicare covered post-acute care service such as CHHA may also contact the CFEEC to enroll into a MLTCP or wait until they receive a letter indicating that enrollment is mandatory.

Q10. Can MLTC plans still assist potential enrollees with the Medicaid application process?

A10. Yes, MLTC plans may still assist potential enrollees with the Medicaid application process, with the understanding that the individual will still be directed to the CFEEC for an initial evaluation.

Q11. When will CFEEC policies be made available to MLTCPs, providers and other stakeholders?

A11. On September 30, 2014, MLTC Policy 14.06 was released to intergovernmental contacts and stakeholders. Additional CFEEC policies and procedures will be released on an ongoing basis. Please refer to the MRT 90 webpage for CFEEC related documents, http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm.

Q12. How should a MLTCP facilitate a written referral to the CFEEC?

A12. All referrals should be directed to the CFEEC. To minimize consumer confusion about the process, MLTCPs should perform a warm transfer call to the CFEEC.

Q13. If a dispute is overturned and a MLTCP is required to enroll the consumer, how is this requirement enforced?

A13. In the event of an upheld decision, internal reporting protocols allow the Department to ascertain if the consumer has been enrolled into the MLTCP of their choice. Any time a dispute is upheld, this information is reported to the Department in accordance with the monthly reporting requirements adhered to by Maximus. Tracking whether the consumer was enrolled into the MLTCP is also part of this reporting process.

Q14. Will the CFEEC affect the monthly assessment report that MLTCPs send to MAXIMUS?

A14. This process remains unchanged at this time but will be evaluated as the CFEEC moves forward.

Q15. Do plans have permission to view UAS without receiving a referral for a new enrollee?

A15. Plans do not have permission to view the UAS prior to receiving the referral. Accessing an individual's UAS is only appropriate when there is a reason to do so. Accessing it before there is a referral to the plan would be inappropriate.

Q16. Can a person who is not currently SNF level of care still enroll in a MLTC product? What about PACE and MAP?

A16. Individuals who are not deemed SNF level of care can still enroll in a MLTC partially capitated product because SNF level of care is not required to enroll. The eligibility threshold for partially capitated plans is the need for CBLTC over 120 days. SNF level of care is required for enrollment in PACE and MAP products.

Q17. Does someone in a nursing home seeking CBLTC and not enrolled in a MLTCP need to be evaluated by the CFEEC?

A17. Long term nursing home residents not enrolled in a MLTCP are not expected to seek a CFEEC evaluation but should be redirected to New York Medicaid Choice for education. Individuals staying in a rehabilitation center short-term and seeking CBLTC must be redirected to the CFEEC.