



## Department of Health

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Executive Deputy Commissioner

**TO: Health Plan Administrators:**

**SUBJECT: Resumption of Certain MLTC Involuntary Disenrollments**

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Dear Health Plan Administrators:

This is a follow up to the notice sent on April 3, 2020, COVID-19 Extension of Medicaid Coverage, under the Families First Coronavirus Response Act (FFCRA). That notice 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. Under these provisions, plan-initiated involuntary disenrollments have not been processed during the public health emergency.

Subsequent CMS rulemaking and guidance permits State Medicaid programs to resume certain disenrollment processes as long as comparable coverage is maintained. For further information, please see <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html>.

The Department of Health will begin re-instituting certain involuntary disenrollment processes prospectively, effective for disenrollment date of October 1, 2021 and monthly thereafter. MLTC plans may begin submitting disenrollments on September 1, 2021 for the following two Disenrollment Reasons:

- **No longer in Medicare product (Enrollee is no longer a member of the Plan's Medicare Advantage Program).**

Applicable to Medicaid Advantage Plus (MAP) plan. Requires submission of document proof from CMS or ePACES and expected disenrollment date. MAP plans submit the Managed Long Term Care Involuntary Disenrollment Request Form to New York Medicaid Choice (NYMC).

- **Enrollee no longer resides in the plan's service area**

Applies to all MAP, Programs All-Inclusive Care for the Elderly (PACE) and Managed Long Term Care Partial Capitation (MLTCP) plans. Requires evidence of consumer's new residence. MAP, PACE, and MLTCP plans must submit the Managed Long Term Care Involuntary Disenrollment Request Form to NYMC and include dates of when HRA/LDSS was notified of the new address.

**Note:** Residential Address must be updated by the LDSS in order for the disenrollment/transfer to be processed.

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., September 1, 2021 mailing date for an October 1, 2021 effective date).

Plans will be notified of disenrollments via the 834 process. MLTCP plans will also be notified of auto-assignment for individuals that are mandatory. This process will then continue on a monthly basis. The date of disenrollment depends on the date the disenrollment request is received and accepted per the NYMC Disenrollment Processing Schedule included with this notice.

Individuals will be notified of their disenrollment by NYMC due to the above reasons. Fair Hearing rights apply to this notice including Aid to Continue. The disenrollment notice has contact information if the individual disputes the disenrollment (NYMC at 888-401-6582). Individuals who are disenrolled from their MLTC plan will continue to receive their Medicaid coverage through another managed care plan or the Medicaid fee for service program.

Prior to the effective date of disenrollment, plans must make all necessary referrals to another plan or LDSS for all covered and non-covered services. Plans must make arrangements to transfer the Plan of Care (POC) to the receiving plan or LDSS. If the member is auto-assigned to an MLTCP plan, the receiving plan 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 of Health will continue to evaluate resumption of other involuntary disenrollment reasons and will notify plans prospectively. If you have any questions about this notice, please contact [mltinfo@health.ny.gov](mailto:mltinfo@health.ny.gov).

Thank you.