

TO: Local District Commissioners, Medicaid Directors

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

SUBJECT: MLTCP Enrollees Receiving Long Term Nursing Home Care –
“Batch” Disenrollment Process – Second Run

ATTACHMENT: Involuntary Disenrollment Notice (Batch Process)

EFFECTIVE DATE: Immediately

CONTACT PERSON: Division of Long Term Care
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The purpose of this General Information System (GIS) message is to inform local departments of social services (LDSS) that the August 1, 2020 State initiated “Batch Process” disenrollment was successfully completed, and individuals that were included in the process have been converted to Medicaid Fee for Service (FFS) for on-going coverage of their long term nursing home care.

A second “Batch Process” disenrollment will be completed by the State for the three-month nursing home benefit limitation under the Managed Long Term Care Partial Capitation Plan (MLTCP) for a disenrollment effective date of November 1, 2020 for members who:

- have been designated as long term nursing home stay (LTNHS), and
- have been in a LTNHS for more than three months (LTNHS 3+), and
- have been determined by the local social services district to be financially eligible for nursing home Medicaid coverage.

Batch Disenrollment Process

The Department of Health will only disenroll current MLTCP plan enrollees who have been determined eligible for Medicaid coverage of nursing home care and who have been designated as long term nursing home stay for three or more months. The involuntary disenrollment will occur through a Batch Process initiated and executed by the Department of Health. The process will establish the required entries in the Principal Providers subsystem in the Welfare Management System (WMS) to initiate Medicaid FFS coverage for these individuals and direct payment to the nursing home. The individuals will subsequently appear on the nursing home’s monthly Roster. This will be a statewide “batch” disenrollment process that will be effective November 1, 2020 for enrollees in MLTCP plans.

Individuals who are involuntarily disenrolled from their plan under the Batch Process will receive the attached “Involuntary Disenrollment Notice (Batch Process)” from New York Medicaid Choice (NYMC), the Department’s managed care enrollment broker. The disenrollment notice will inform the individual that because financial eligibility for Medicaid coverage of nursing home care has been determined, the individual’s nursing home care will be paid for through Medicaid FFS after the disenrollment effective date. If the individual has been paying income monthly toward the cost of nursing home care, the individual will be directed to pay the monthly income to the nursing home. This notice also provides information about fair hearing rights. The involuntary disenrollment notice will be mailed by NYMC to enrollees identified by the Department of Health through a review of Recipient Restriction/Exception (RR/E) “N” codes which have been verified by the enrollee’s plan.

Note: The notice provides the member the opportunity to request an assessment to determine whether their needs can be met safely in the community. Members that request an assessment before their disenrollment effective date will not be disenrolled from their MLTCP until the assessment is completed and they are notified by the plan of the plan's decision; including any appeal related to the MLTC plan's decision.

Enrollees who are involuntarily disenrolled (Batch Process) from an MLTCP due to the long term nursing home care benefit limitation will maintain their eligibility for MLTCP enrollment for a period of six months following the effective date of their involuntary disenrollment from the MLTCP plan. This continuation of eligibility for MLTCP enrollment will eliminate the need for a Conflict Free Evaluation and Enrollment Center (CFEEC) evaluation to enroll in an MLTCP should such an individual leave the nursing home and return to the community within six months of being involuntarily disenrolled.

Outside of the six-month time period, anyone transitioning out of Medicaid FFS institutional care would be eligible for MLTC membership through the current process of CFEEC evaluation and enrollment.

Systems Implications (Batch Disenrollment)

For the batch disenrollment process, the following transactions were made by the Department of Health.

1. Prepaid Capitation Program (PCP) Subsystem

The disenrollment transaction will use the worker identifier MLTC5 for Upstate individuals and NYS66 for Downstate individuals along with disenrollment reason code 93. The effective date of disenrollment will be November 1, 2020.

2. Principal Provider Subsystem

Individuals with a Budget Type 07, 08, 09 or 10 will have a Principal Provider file added to their record. The provider number contained in the "N" code record will be used to create the Principal Provider file. The Principal Provider file will include the NAMI amount.

3. eMedNY

The RR/E "N6" code will be end dated to coincide with the end of the managed care enrollment. Local districts should refer to the January 31, 2020 WMS/CNS Coordinator Letter, the June 18, 2020 System GIS WMS098 and GIS 20 MA/06, "MLTC Enrollees Receiving Long Term Nursing Home Care – "Batch" Process" released on July 13, 2020 for further information regarding the batch disenrollment process and reports that were created for each district (report number WINR4132, "Conversion for NH Benefit Limitation for MLTC Partial Cap Plans").

Local districts are reminded that they should not independently disenroll individuals from a MLTCP plan due to the three-month LTNHS limitation. Individuals should only be disenrolled through the State initiated Batch Process. Plan initiated involuntary disenrollments for MLTCP long term nursing home stay individuals **are not** being implemented at this time. For cases that were excluded from the batch disenrollment process, the district may perform corrective case actions, as appropriate, however, the individuals **should not** be disenrolled from a MLTCP plan unless the individual is deceased or moved out of State.

Note: When making case corrections, districts should note that an RR/E “N” code (N1-N9), is not allowed to be entered if there is an RR/E code present identifying an individual as participating in “Community First Choice Option” (CFCO). A system edit will occur (edit 6005) that will not allow these codes to co-exist. An individual residing in a nursing home does not meet the CFCO residential requirement and districts are instructed to end-date the RR/E “CF” code effective the date the individual entered the nursing home. For individuals with an RR/E code “CO” present, districts are instructed to contact their OPWDD liaison to end-date the code the date the individual entered the nursing home. This will allow entry of the appropriate RR/E “N” code.

Please direct any questions, including questions from plans and providers, to the Division of Long Term Care at (518) 474-6965 or e-mail MLTCNH@health.ny.gov.