

The Role of New York Medicaid
CHOICE (NYMC) in the Mandatory
Managed Long Term Care Program

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What is NYMC?

- We are a subcontractor of the NYS Department of Health.
- Serving as the Enrollment Broker since 1998
- Assist Medicaid consumers to make informed health care decisions
- Process enrollments, transfers, disenrollments, exemptions and exclusions
- Handle consumer complaints
- Respond to questions or refer to the appropriate agency
- Independent of all managed care health plans

What is NYMC? cont.

- New York Medicaid CHOICE employs a multi-faceted approach to maximize informed consumer choice and minimize auto assignments.
- The program is managed and closely monitored by the State Department of Health, the Human Resources Administration and Local Department of Social Services.

Education

- NYMC will be sending the mandatory packet to consumers:
 - currently receiving Fee-For-Service (FFS) Long Term Care for more than 120 days
 - Medicaid and Medicare eligible
 - and 21 or older.
- The packet informs consumers of their 60 days to choose a plan.
- If they do not choose plan, a partial plan will be chosen for them.

Education cont.

- The Mandatory Packet instructs consumers to contact NYMC if they have any questions or need assistance in choosing a Managed Long Term Care (MLTC) Plan.
- NYMC is able to research provider information in the Health Plan Network (HPN).

Enrollment

- NYMC can process enrollments into Partial Plans for consumers who received the Mandatory Packet.
- Consumers who received a Mandatory Packet and request to enroll into a Medicaid Advantage Plus (MAP) or Pace Plan, will be transferred to their plan of choice.
- Consumers who have not received a packet and request to enroll will be transferred to their plan of choice, regardless of the plan type (Partial, Pace, MAP).

Enrollment cont.

- Once the call is transferred to the plan, the plan will be required to assess the consumers and if appropriate submit the transaction to NYMC.

Enrollment Confirmation

- NYMC sends confirmation notices to consumers for accepted enrollments.
- Plans are notified of their enrollment status via the NYMC Electronic files.
- Plans will know the origin of their enrollment via their NYMC Electronic files using the transaction types and source codes.

Transfers and Disenrollments

- We define transfer as a consumer requesting to go from any Medicaid Managed Care Plan into a MLTC Plan.
- Disenrollment is defined as a person requesting to be on FFS Medicaid (without Long Term Care services unless they are exempt or excluded).
- Consumers who request to transfer will be directed to their plan of choice.
- Consumers who request to disenroll will be referred to their current plan.

Transfers and Disenrollments cont.

- NYMC will inform consumers that they can only receive FFS Long Term Care if they qualify for an exemption/exclusion.
- If the consumer does not qualify for an exemption/exclusion they can only receive long term care services from a Plan.
- NYMC is developing forms for MLTC Plans to use for the transfer and disenrollment processes.
- Plans will send these forms to NYMC for processing. They will receive status of their transactions within 48 hours.