



September 29, 2021

Dear Medicaid Advantage Health Plan Administrator,

The purpose of this letter is to remind your organization of the elements of Section 2.8 of the Medicaid Advantage contract (see Attachment 1) detailing the Medicaid Advantage Close-Out procedures.

Your plan, as the Contractor, must prepare responses to the following documentation requests.

1. Medicaid Advantage wind down plan of activities and timeline:

Your plan, as the Contractor, must prepare and submit the wind down work plan of activities and timeline to manage the December 31, 2021 close out of your Medicaid Advantage plan.

**Both the workplan and timeline are due to DOH by close of business**

**Wednesday, October 13, 2021** and are to be submitted to both:

[joseph.shunk@health.ny.gov](mailto:joseph.shunk@health.ny.gov), and [dualintegration@health.ny.gov](mailto:dualintegration@health.ny.gov)

Additionally, your plan should be prepared to complete assessments for those Medicaid Advantage members who are receiving Long term Services and Supports (LTSS) from the Local Districts and determine if these members are eligible for transfer to a Medicaid Advantage Plus (MAP) if offered by your plan in the members' service area.

Plans should also determine if any Medicaid Advantage members are ineligible to move to the Integrated Benefits for Dually Eligible Enrollees Program (IB-Dual) due to Third Party Health Insurance (TPHI) coverage.<sup>1</sup>

2. Messaging to Providers:

As the Contractor, your plan must submit to DOH the proposed communications that your plan will be sending to your participating providers as well as training scripts for provider relations and provider service units notifying them that the Medicaid Advantage plan will no longer be available after December 31, 2021. Any issues with provider communications will be discussed on the weekly DOH calls in October, which are referenced below.

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<sup>1</sup>There are multiple reasons why a member may not be eligible to move to the Integrated Benefit for Dually Eligible Enrollees Program (IB-Dual) within Mainstream Managed Care. DOH will work with plans regarding enrollment scenarios on the weekly plan calls.

### 3. Messaging to Enrollees:

As the Contractor, your plan must submit to DOH the proposed communications that your plan will be sending to the Medicaid Advantage member notifying the enrollee that their Medicaid Advantage plan will no longer be available after December 31, 2021.

Template letters notifying enrollees of the Medicaid Advantage closure are forthcoming from DOH that plans are strongly encouraged to use.

If your plan identifies members in receipt of Personal Care Services (PCS), your plan should work proactively with these members to expedite the members' move to another Managed Care product prior to the closing of the plan's Medicaid Advantage product. The transition of PCS members will be discussed on the weekly calls with DOH, referenced below.

### 4. Member Services.

As the Contractor, your plan must submit to DOH the proposed communications that your plan will be using to train your member services and enrollment units explaining that the Medicaid Advantage plan will no longer be available after December 31, 2021.

#### 4.a Enrollment:

As the Contractor, your plan must describe how your member services and enrollment teams will address any requests from a Medicaid beneficiary interested in enrolling in the Medicaid Advantage plan before the end of 2021, as well as, educating the interested person that the Medicaid Advantage plan is ending 12/31/2021. CMS requires that the Medicaid Advantage plan continue operations through the end of the year, including December enrollment.

#### 4.b Disenrollment or Transfer options:

As the Contractor, your plan must also describe how your plan will respond to a Medicaid Advantage enrollee about Medicaid plan options available (transfer and/or disenrollment) before or after December 20, 2021.

### 5. Medicaid Advantage Contract

The Medicaid Advantage contract for the period 2016-2020 is in the final stage of DOH legal approval and will be followed by the Amendment that includes the COVID-19 emergency provisions. Thereafter, the Medicaid Advantage contract for 2021-2025 will also be sent to your plan for signature. Thus, there is the expectation that a 2021-2025 contract will be in place that will allow the timeframes for operational, reporting, and financial wind down activities after December 31, 2021.

## 6. Fiscal Reporting

Throughout 2021, the Contractor will continue to file the Medicaid Managed Care Operating Report (MMCOR). You must also prepare reporting and provider payment activities that would continue thereafter. Further discussion on fiscal reporting will occur on the weekly calls with plans.

## 7. Weekly progress calls

DOH will be reaching out to set up weekly calls with your plan starting October 13, 2021 to discuss wind-down progress. As part of these weekly calls, DOH will work with plans to discuss potential enrollment scenarios which may impact members' transition.

Any questions should contain the subject line: *Medicaid Advantage Close Out* and be submitted to: [joseph.shunk@health.ny.gov](mailto:joseph.shunk@health.ny.gov), and [dualintegration@health.ny.gov](mailto:dualintegration@health.ny.gov)

## **2.8 Close-Out Procedures**

- a) Upon termination or expiration of this Agreement, in its entirety or in specific counties in the Contractor's service area, and in the event that it is not scheduled for renewal, the Contractor shall comply with close-out procedures that the Contractor develops in conjunction with LDSS and that the LDSS, and the SDOH have approved. The close-out procedures shall include the following:
  - i. The Contractor shall assist Enrollees by referring them and by making their enrollee service records available as appropriate to health care providers and/or programs.
  - ii. In conjunction with such termination and disenrollment, the Contractor shall provide such other reasonable assistance as the Department may request in effecting that transition.
  - iii. Enrollees will be provided with education on all available plan options.
  - iv. Contractor must accept the transfer of all Enrollees affected by the termination of another Medicaid Advantage plan that select or are auto-assigned to Contractor.
  - v. These transferring Enrollees are presumed to meet the eligibility requirements for Medicaid Advantage.
  - vi. The Contractor shall promptly account for and repay funds advanced by SDOH for coverage of Enrollees for periods subsequent to the effective date of termination.
  - vii. The Contractor shall give SDOH, and other authorized federal, state or local agencies access to all books, records, and other documents and upon request, portions of such books, records, or documents that may be required by such agencies pursuant to the terms of this Agreement;
  - viii. The Contractor shall submit to SDOH, and other authorized federal, state or local agencies, within ninety (90) days of termination, a final financial statement and audit report relating to this Agreement, made by a certified public accountant, unless the Contractor requests of SDOH and receives written approval from SDOH and all other governmental agencies from which approval is required, for an extension of time for this submission;
  - ix. The Contractor shall establish an appropriate plan acceptable to and prior approved by the SDOH for the orderly disenrollment of Enrollees from the Contractor's Medicaid Advantage Product.
  - x. SDOH shall promptly pay all claims and amounts owed to the Contractor.
- b) Any termination of this Agreement by either the Contractor or SDOH shall be done by amendment to this Agreement, unless the Agreement is terminated by the SDOH due to conditions in Section 2.7 (a)(i) or Appendix A of this Agreement.