

MICSA /NHED Submission Protocol Transition of Nursing Home Benefits into Medicaid Managed Care

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Overview

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Overview (cont'd)

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Overview (cont'd)

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Residential Health Care Facilities (RHCF)

Application for Nursing Home Level of Coverage

New Applications & Conversion Forms

Applications for Nursing Home Coverage are Submitted to NHED

The following forms are required:

MAP 648P	<p>Receipt for Submission of “Request” from RHCF</p> <ul style="list-style-type: none"> ➤ 2 copies are required with a manual submission if a receipt is being requested
DOH 4220	<p>Access NY Health Care Application</p> <ul style="list-style-type: none"> ➤ For consumers without MA coverage
DOH 4495A	<p>Access NY Supplement A</p>
MAP 751P	<p>Consent Form to Release Information</p>
HIPAA OCA FORM NO: 960	<p>Authorization for Release of Health Information Pursuant to HIPAA</p> <ul style="list-style-type: none"> ➤ 3 are required- signed and dated
PRI	<p>Patient Review Instrument</p> <ul style="list-style-type: none"> ➤ Pages 1 – 4

Additional Forms

The following forms are required, *if applicable*:

MAP 3043	Authorization to Apply for Medicaid on Behalf of Consumer
MAP 3044	<p>Facility Submission of Application on Behalf of Consumer</p> <ul style="list-style-type: none"> ○ Not needed if SNF has a Master Agreement approved by HRA's Office of Legal Affairs <ul style="list-style-type: none"> • submit signature page
MAP 2159i	<p>Notice of Permanent Placement Medicaid Managed Care</p> <ul style="list-style-type: none"> ○ Must have authorized plan signature
LDSS 486T	Medical Report for Determination of Disability
LDSS 1151	Disability Interview Form
MAP 259H	<ul style="list-style-type: none"> ○ <i>*Intent to Return Home/Not to Return Home</i> <ul style="list-style-type: none"> • Must be submitted if consumer has ownership in property
MAP 259D	<i>*Discharge Alert</i>
MAP 252F	AIDS Medical Form

Additional Forms (cont'd)

The following forms are required, *if applicable*:

MAP 259F

Discharge Notice

MAP 2159

**Notification of Change or Correction to File from Nursing Facility*

Processing Timeframes

Application for Medicaid NH Coverage

- 45 days for a fully documented application package
- 90 days for consumers who require a disability determination and a fully documented application package

Renewal

- 30 days for a fully documented renewal application package

Source: NYC, *Department of Social Services, Nursing Home Eligibility Division(NHED) Deferral Process & Request For An Extension, May 15th, 2015*

Deferral & Re-application Timeframes

Application/Conversions

Deferral: Request for Additional/Missing Information

- 15 business days
- Additional extension(up to 15 business days can be given) upon a documented request extension

❖ Re-application may be filed within 30 days of a decision.

Renewals

Deferral

- 10 business days
- No extensions

❖ Re-application may be filed within 30 days of a closing. After 30 days, a new application must be filed.

Transition of the Long Term Benefit into Managed Care Permanent Placement

EXCEPTIONS

1. **Consumers 20 years of age and younger**
 - Excluded from the NH Transition policy.
2. **Intermediate Care Facilities (ICF)**
 - Excluded from the NH Transition policy.
3. **Alternate Level of Care (ALOC) status in hospital.**
 - Excluded from the NH Transition policy.
4. **Current Fee-For-Service MA eligible consumers in permanent status, discharged to a hospital for an inpatient stay with bed-hold are not subjected to this policy change.**
 - Excluded from the NH Transition policy.
5. **Consumers residing in an out-of-state facility.**
 - Excluded from the NH Transition policy.
6. **Non-dual, long term placement consumers residing in an SNF prior to 2/1/2015**
7. **Fully Integrated Dual Eligible (FIDA) program**
 - FIDA enrollees in the community transitioning to nursing home level of care remain enrolled in the plan.
8. **Program of All-Inclusive Care of the Elderly (PACE)**
 - PACE enrollees in the community transitioning to nursing home level of care remain enrolled in the plan.
9. **Medicaid Advantage/Dual Eligible Plans**
 - Medicaid Advantage enrollees remain enrolled for rehab stays. Once the stay becomes permanent, the consumer must be disenrolled to Fee-For-Service (FFS). If determined eligible for Medicaid nursing home coverage, the consumer will become subject to the NH Transition policy and select a MLTC.
10. **Non-Dual Consumers with TPHI**
 - Non-duals with TPHI coverage only are exempt (not excluded) and may voluntarily enroll in a MLTC.
 - Dual Consumers with TPHI and/or Spend-down remain mandatory for MLTC.

Application for Medicaid Nursing Home Coverage Fee-For-Service MAGI

Not Permanently Placed

Less than 30 days

- 1) MAGI-Like/Non-Chronic Budget
- 2) No Resource Test
- 3) No 60 Month Look Back

More than 30 days
& Returning Home

- 1) MAGI-Like/Non-Chronic Budget
- 2) No Resource Test
- 3) 60 Month Look Back

❖ HBE consumers are transferred to LDSS

Application for Medicaid Nursing Home Coverage Fee-For-Service MAGI

Permanently Placed

1. MAGI-Like/Non-Chronic Budget
2. No Resource Test
3. 60 Month Look-Back

❖ HBE consumers are transferred to LDSS

Application for Medicaid Nursing Home Coverage Fee-For-Service NON-MAGI

Not Permanently Placed

Less than 30 days

- 1) Non-Chronic Budget
- 2) Resource Test
 - No if Non-SSI Related
 - Yes if SSI-Related (may attest)
- 3) No 60 Month Look Back

More than 30 days & Returning Home

- 1) Chronic Budget after 30 days (Spousal)
- 2) Non- Chronic Budget (Non-Spousal)
- 3) Resource Test
- 4) 60 Month Look Back

Application for Medicaid Nursing Home Coverage Fee-For-Service NON-MAGI

Permanently Placed

- 1) Chronic Budget
- 2) Resource Test
- 3) 60 Month Look-Back (if not already done)

❖ **Reference: GIS 15 MA/07, Policy Change for the Begin Date of the Transfer-of-Assets Look Back Period**

Fee-For-Service Consumer Determined Permanently Placed

- ❖ Application is Accepted for Nursing Home (NH) Coverage
 - Principle Provider File
 - NH bills FFS
 - N7-Referral for Managed Care Enrollment
 - Trigger a 60 day period to choose
 - Exemptions/Exclusions must be submitted to MAXIMUS by consumer

- ❖ Once Consumer is Enrolled
 - N1 – Mainstream, regular SNF Rate
 - N6- MLTC
 - Principle Provider File
 - Closed effective 1st day of Plan Enrollment

Enrollments Prior to Determination

- ❖ FFS consumers who are enrolled into a plan during a hospital or nursing home stay, and the stay is prior to a determination for NH coverage, will be dis-enrolled.
 - Once disenrolled, HRA will enter a R/E 90 to prevent auto-assignments during eligibility

- ❖ Consumer is determined eligible for NH coverage
 - N7-Referral for Managed Care Enrollment
 - Trigger a 60 day period to choose

Nursing Home Long Term Care Coverage Denial

- ❖ Consumer receives Community Coverage or Community-Based Long Term Care coverage

Some examples include:

1. Failed to provide resource information
2. Prohibited Transfer which resulted in a Penalty Period (process remains unchanged)
 - a) If Penalty Period has expired, a revised Medicaid pick-up date for nursing home coverage will be given.
 - b) If penalty period is in the future, HRA/NHED must be contacted at the end of penalty period.
 - Submit MAP 648P

- ❖ NON-MAGI Consumer failed Resource Test



Mainstream & HIV/SNPs Permanent Placement



MAP 2159i, Notice of Permanent Placement Medicaid Managed Care must be completed with plan representative's signature and submitted to NHED.

- If permanently placed in a Skilled Nursing Facility (SNF)
- Only to be used for managed care enrollees

Submit Applicable forms and documents for Conversion

Managed Care enrollees admitted to a nursing home for a rehabilitative or permanent placement will not be disenrolled from their plan.

Source: Medicaid ALERT, published April 3, 2015: Transition of Long Term Nursing Home Benefit into Medicaid Managed Care

NHED

Mainstream & HIV/SNPs

- ❑ Managed Care enrollees are required to have a 60 month look back when determined to be permanently placed.
 - Plan authorization is required for the stay, permanent placement, bed-type & changes in bed-type
 - Report to NHED within 48 hours change in bed-type, status, financial and demographic information.
 - Report to NHED a facility transfer- in & out-of-network to HRA within 48 hours

- ❑ Forms to submit to NHED
 - ✓ MAP-2159i - plan authorization for permanent placement
 - ✓ DOH 4495, Access NY Supplement A
 - ✓ MAP-2159- report plan authorized change in bed-type and other status changes

It is critical to coordinate with an existing guardian, attorney and the community spouse, if applicable.

Mainstream & HIV/SNPs

MAGI

Rehabilitative Stay

- LDSS and HBE enrollees admitted to a NH for rehabilitative care should not be referred to HRA/NHED.

Permanent Placement

- Authorized by Plan
- MAP 2159i is submitted to NHED with Plan Authorization
 - ✓ Authorized bed-type
- Refer for 60 Month Look Back
 - ✓ Prohibited Transfers
 - ✓ Home Equity
- No Resource Test
- Non-Chronic Budgeting
- ❖ HBE consumers are transferred to LDSS

Mainstream & HIV/SNPs NON-MAGI

Rehabilitative Stay

- Do not refer to HRA/NHED for LTC Assessment

Permanent Placement

- Authorized by Plan
- MAP 2159i is submitted to NHED with Plan Authorization
 - ✓ Authorize bed-type
- Refer for 60 Month Look Back
 - ✓ Prohibited Transfers
 - ✓ Home Equity
- Chronic Budgeting
- Resource Test
- ❖ HBE consumers are transferred to LDSS

Permanent Placement Bed Type R/E Codes Mainstream & HIV/SNP

- ❑ The following codes are only applicable to Mainstream Medicaid Managed Care & HIV Special Needs Plans

- **N1 Regular NH**
- **N2 AIDS NH**
- **N3 Neuro-Behavioral NH**
- **N4 Traumatic Brain Injury NH**
- **N5 Ventilator Dependent**

- ❑ HRA will automatically enter an N1 for a consumer deemed permanently placed when a bed type is not selected.
- ❑ N Codes cannot be prospectively end dated
- ❑ HRA must be notified within 48 hours of any change in status, including a change in bed-type.
 - ✓ **MAP 2159** to NHED

Mainstream & HIV/SNP Transfer Penalties

❑ Consumer will not be disenrolled

❑ Prohibited Transfers

- Payments made to NH for other than a rehab stay are recouped by plan
- Plan will be noticed of the penalty period
- Consumer is responsible for cost of care during penalty period
- Upon completion of the penalty period, NH must notify HRA/NHED
 - ✓ **MAP 648p**
 - HRA/NHED will put up the appropriate N code

Managed Long Term Care (MLTC) Plans

NHED

❑ MLTC Plans are responsible for ensuring that HRA is notified within 48 hours when the following occurs:

❑ **Report to NHED MLTC enrollees**

❑ who have 30 days of a ALOC in a hospital or nursing home

✓ MAP-648p

✓ DOH 4495, Access NY Supplement A

❑ determined permanently placed in a nursing home

✓ MAP-648p

✓ MAP-2159i

❖ Plan authorization is required for permanent placement

✓ DOH 4495, Access NY Supplement A

❑ Transfer to a facility in or out-of-network

✓ MAP-2159

❑ **Report to HCSP MLTC enrollees**

❑ financial or demographic changes/updates

✓ MAP-3047b

❖ **It is critical to coordinate with an existing guardian, attorney and the community spouse, if applicable.**

MLTC MAGI

Rehabilitative Stay (30+ days)

- Refer for 60 Month Look Back
 - ✓ Prohibited Transfers
 - ✓ Home Equity
- No Resource Test
- MAGI-Like/Non-Chronic Budgeting
- MAGI SSI: Spousal Impoverished Budgeting if more advantageous

Permanent Placement

- Refer for 60 Month Look Back
 - ✓ Prohibited Transfers
 - ✓ Home Equity
- No Resource Test
- Must be authorized by Plan
- MAP 2159i is submitted to NHED with Plan Authorization
 - ✓ Bed-type is N6, if eligible
- MAGI-Like/Non-Chronic Budgeting
- MAGI SSI: Spousal Impoverished Budgeting if more advantageous

MLTC NON-MAGI

Rehabilitative Stay (30+ days)

- Refer for 60 Month Look Back
 - ✓ Prohibited Transfers
 - ✓ Home Equity
- Resource Test
- Non-Chronic Budgeting
- Spousal Impoverishment Budgeting

Permanent Placement

- Must be authorized by Plan
- MAP 2159i is submitted to NHED with Plan Authorization
 - ✓ Bed-type is N6, if eligible
- 60 Month Look Back
 - ✓ Home Equity
 - ✓ Prohibited Transfers
- Resource Test
- Chronic Budgeting

Permanent Placement Bed Type R/E Codes MLTC Plans

□ The following code is applicable only to MLTC

➤ N6 All NH Bed Types

- ❖ All permanently placed MLTC enrollees who are determined eligible for nursing home level of Medicaid coverage will receive a N6 regardless of the type of the bed type.

MLTC Transfer Penalties

□ Prohibited Transfers

- Enrollee is prospectively & involuntarily disenrolled by HCSP/MLTC if remaining in facility
- Payments made to SNF are not recouped from facility
- Consumer is responsible for repayment of Medicaid incorrectly paid

References:

1) GIS 13 MA-018, Spousal Impoverishment & Transfer of Assets Rules for Certain Individuals enrolled in a MLTC; 2) MAGI- no resource but a look back for transfer penalties; Non-MAGI-Resource test. 3) 06 OMM/ADM5, Deficit Reduction Act of 2005, Long Term Care Medicaid Eligibility Changes.

NHED Streamlined Conversions

- ❑ To qualify for a Streamlined Conversion, a consumer must have been discharged from an RHCF within 12 months of request for permanent placement and have active MA, SSI or CA

The following forms and documents are required and must be submitted to NHED:

MAP 259t	Request to Convert Case
MAP 2159i	<p>Notice of Permanent Placement Medicaid Managed Care and the plan authorization must be submitted.</p> <ul style="list-style-type: none"> • Managed Care enrollee's only & if permanently placed in a Skilled Nursing Facility (SNF)

Bed-Hold

- ❑ MA eligible consumers in permanent status prior to the transition date, discharged to a hospital for an inpatient stay **with bed-hold** are not subjected to the Transition of Long Term Nursing Home Benefit into Medicaid Managed Care policy change.
- ❑ Enrollment into a managed care plan is required if bed-hold is exhausted or not in place for consumers entering a SNF after 2/1/2015.
 - **NH's are required to report bed-hold**

The following forms & documents are required & must be submitted to NHED:

MAP 2159	Notification of status changes
MAP 2159i	For consumers who are enrolled and now deemed permanently placed when returning to a NH.

Net Available Monthly Income

NAMI

- ❑ NAMI will appear on the plan nursing home report
- ❑ The NAMI may be different than what is provided on the plan nursing home report
 - Pending budgets
 - Reported/Unreported Income and Resources
- ❑ HRA/LDSS is responsible for providing the NAMI and changes in the NAMI to Plans via consumer notices. If NAMI on notice is different than NAMI on nursing home report, the plan must use the NAMI on the consumer notice
- ❑ Plans are responsible for collecting the NAMI
 - Therefore, it is **critical** that plans review all copies of enrollee notices, which will be placed on a secured server.

Mainstream & HIV/SNP Nursing Home Residents Renewals

- ❑ Renewals for Fee-For-Service, Mainstream & HIV/SNP will be submitted to NHED

- ❑ Nursing Homes are responsible for assisting plan enrollees and submitting their renewals timely.
 - ✓ Continuity of Care
 - ✓ Avoid a break in coverage or case closing

MLTC Nursing Home Residents Renewals

- ❑ Renewals for MLTC enrollees must be submitted directly to the Home Care Service Program (HCSP) via an automated process utilizing a recipient specific bar coded renewal application.

- ❑ MLTC plans are responsible for assisting enrollees and submitting their renewals timely.
 - ✓ Continuity of Care
 - ✓ Avoid break in coverage
 - ✓ Work with Contracted facilities.

- ❑ Renewals for MLTC consumers **cannot** be processed by NHED.

Notices

Secured Internet Site for Managed Care Plans

In accordance with 15 OHIP/ADM-01, HRA is required to provide Managed Care Organizations with copies of notices sent to all consumers in receipt of long term nursing facility services or who are institutionalized spouses. To fulfill this requirement, HRA has developed a secure internet site which will allow Managed Care Organizations to access notices which contain information on the current status of and changes to their consumers' Medicaid eligibility status. This will provide a secured and efficient method of delivering a copy of consumer correspondences to an enrollees' plan provider.

Notices

Secured Internet Site for Managed Care Plans

Once a Managed Care Organization requests access, that Managed Care Organization will be given a secure login to an FTP internet site which will show notices only for that organization's consumers. All Managed Care Organizations must obtain access to their secured file to download enrollee notices and to stay up to date with changes in the consumers' financial eligibility, which may not be accurately reflected on the plan or nursing facility's roster.

Copies of notices will not be mailed, e-mailed or faxed. They must be downloaded from the FTP site by the Managed Care Organizations. The following provides instructions on how each Managed Care Organization affected by this policy change must obtain access to their secured file.

Notices

Secured Internet Site for Managed Care Plans

How to obtain the secured log-in information

In order to obtain the secure login information, a managed care organization will need to complete the following steps:

1. Contact HRA to make an appointment at the following number:
 - (929)221-3526 or (929)221-2265
2. On the appointment date, send a Managed Care Organization representative, in person, to
785 Atlantic Avenue
6th Floor Reception
Brooklyn, NY 11238

Notices

Secured Internet Site for Managed Care Plans

The representative must have:

1. Managed Care Organization ID
2. A letter on the organization letterhead authorizing this person to obtain the secure login information. The letter must be signed by the Managed Care Organization administrator authorizing the release of the secured login information to the representative presenting the letter at the appointment. The letter must also **provide**:

- a) The authorizing administrator's name, position, department, e-mail and telephone number.
- b) The Managed Care Organization's provider ID number.
- c) A contact e-mail and telephone number for the representative appearing for the appointment

Notices

Secured Internet Site for Managed Care Plans (cont'd)

3. The authorizing administrator will be contacted by telephone and must confirm that the login information may be released to the representative.
4. Once this information is verified, the representative will be provided documentation of the organization's specific login information and must sign a release acknowledging the receipt of the login information and instructions on how to access the secured site.
5. A copy of the signed acknowledgement will be provided to the representative and HRA will retain the original for its record.
 - **MAP 3114, ACKNOWLEDGEMENT OF RECEIPT OF CREDENTIALS FOR ACCESS TO HRA FTP SERVER**

Notices

Secured Internet Site for Managed Care Plans

Important Information for MCOs

Please note that once given a login, the managed care organization becomes solely responsible for ensuring that access to the site is maintained securely and the information contained therein is accessed in a manner consistent with all applicable Privacy and Data Security laws and regulations.

1. Due to the confidential nature of the documents, all User IDs and passwords are the responsibility of the Managed Care Organization to secure and distribute in a safe manner. Therefore, the Managed Care Organization must notify HRA when a plan employee who had access to the site, or knowledge of the organization's User ID and password, is no longer in its employment. HRA will then revoke the User ID and/or password to the site. The Managed Care Organization must also notify HRA of any unauthorized or improper dissemination or use of its User ID and/or password, in which case HRA will similarly revoke the User ID and/or password. Following HRA's protocol for the release of User IDs and/or passwords, the Managed Care Organization will be issued a new User ID and/or password and renewed access.
2. Organizations will only be given read-only permissions to files placed in the FTP folder.
3. Organizations are responsible for setting up and maintaining their connection to the FTP server.
4. A secure FTP client such as FileZilla, Secure FTP, FTP Voyager, winscp, or cuteftp, etc. should be used to set-up a connection to HRA's designated server.

Notices

Secured Internet Site for Managed Care Plans

- After this initial Alert, HRA will not contact the Managed Care Organizations to advise them of their ability to access notices through this site.
 - HRA will place all notices onto the site but it is incumbent upon the Managed Care Organizations themselves to request access.
 - Managed Care Organizations are responsible for checking the server daily for copies of notices sent pertaining to their enrollees.
- ❖ **MAP 3114, ACKNOWLEDGEMENT OF RECEIPT OF CREDENTIALS FOR ACCESS TO HRA FTP SERVER**

Expedited Discharge

- ❑ **NHED must be notified the day of discharge by NH**
 - ❑ N Codes will be end dated
 - ❑ Budgets for MLTC enrollees determined eligible with Spousal budgeting will remain the same.

- ❑ **Forms: MAP-259f**
 - E-FAX: (917) 639-0687 if manual submitter
 - EDITS for EDITS submitters

Facility Transfers

All changes, including the transferring from one nursing home to another must be reported by facility within 48 hours to NHED.

- ❑ Mainstream, HIV/SNPs, MLTC, MAP and FFS
 - Form: MAP-2159 is submitted to NHED

Plan Transfers

MAXIMUS

The request for a plan transfer (disenrolling from one to enroll in another) must be submitted to MAXIMUS

- ❑ Consumers transferring to a plan to access a facility out of district, the plan must operate within District of Financial Responsibility and the district where the facility is located.

Plan Transfers MAXIMUS

- ✓ MAXIMUS will provide NHED with a monthly file providing plan transfers.
- ✓ HRA will provide new plan with relevant consumer notices
- ✓ Permanent Placement must be authorized by new plan
- ✓ All changes must be reported to HRA within 48 hours

Submitting to NHED

It is **strongly encouraged** that Managed Care Plans submit through their contracted NH.

❑ Eligibility Data & Image Transfer System (EDITS)

- Approximately, 85% of all submissions to NHED is electronic via EDITS
- HRA suggests required forms and documents be submitted via the NH's that submit using EDITS

❑ Manual/Paper

Medical Assistance Program
Nursing Home Eligibility Division
P.O. Box 24210
Brooklyn, New York 11202-9810

❑ Discharge Notice

- Manual Submitters: E-FAX ONLY To (917) 639-0687
- EDITS Submitters: EDITS

- ❖ **It is critical to coordinate with an existing guardian, attorney and the community spouse, if applicable.**

Submitting to HCSP/MLTC

What has not changed for MLTC Plans?

- ❑ MLTC Plans must continue to submit initial eligibility requests to HCSP
- ❑ Utilizing the current protocol, continue to forward to the HCSP Fee-For-Service HCSP consumers discharged to community requiring MLTC enrollment.
- ❑ HCSP must be notified the day of discharge by MLTC Plans for consumers who have been determined eligible for the Special Income Standard for Housing Expenses for Individuals Discharged from a Nursing Facility who Enroll into the Managed Long Term Care (MLTC) Program (see 12 OHIP/ADM-5).
 - ✓ Forms: HCSP 3047b & MAP 259f

Plan Responsibility N Codes

- ❑ All Plans are responsible to authorize Permanent Placement and the Bed-type N codes
 - ✓ N1-N6 indicates client has been determined permanently placed

- ❑ Plans must monitor N codes reported on the Nursing Home Report
 - ✓ Review to ensure that the N code is correct

Plan & Nursing Home Responsibilities

Mainstream & HIV/SNP

- Approve permanent placement
- Report bed type and any changes
- Assist in 60 month look back and ensure submitted to HRA
- If prohibited transfer, recoup payments from NH, and stop future payments until end of transfer penalty period
 - ✓ At end of the penalty period, NH must notify HRA with MAP-648P
 - ✓ HRA will put up N code
 - N1 unless otherwise indicated by plan

Plan & Nursing Home Responsibilities

Mainstream & HIV/SNP (continued)

- Compare consumer notices re: NAMI to Roster
 - ✓ If different use consumer notices
- If receive transferred NH client
 - ✓ Evaluate permanent placement
 - ✓ Approve if appropriate
 - ✓ Inform HRA bed type
- If receive NH client through plan transfer, review and approve permanent placement, if appropriate
- Work with NH to ensure client renews

Plan & Nursing Home Responsibilities

Managed Long Term Care (MLTC)

- Notify HRA when client in NH 29 days or more
 - ✓ Assist with 60 month look back and ensure submitted to HRA
- Approve permanent placement, when appropriate
 - ✓ HRA will put N6 on system, plan will see on roster
- If transfer penalty, HRA will prospectively disenroll
 - ✓ At end of transfer period, NH to notify HRA
 - ✓ HRA will put N7 on case for client to select plan
- Compare consumer notices re: NAMI to roster
 - ✓ If different use consumer notices
- If receive NH client through plan transfer, review and approve permanent placement, if appropriate
- Ensure client renews

Plan & Nursing Home Responsibilities

Nursing Home

- Application process for FFS unchanged
- If consumer enrolled in managed care, ensure plan approval of permanent placements, bed type changes
- Notify HRA when discharged to community or transferred to new facility
- Notify HRA at end of transfer penalty
- Work with Mainstream & HIV/SNP's to renew coverage for their enrollees

State Complaint Line

- ❑ Consumers, family members and representatives have the right to file a complaint with any of the following:
 - Health plan member services department
 - New York Medicaid Choice
 - State Department of Health by phone or in writing
 - MMC Complaint line: 800-206-8125
 - MLTC Complaint line: 866-712-7197
 - MLTC Complaints e-mail: MLTCTAC@state.ny.gov



Source: New York State Department of Health, Medicaid Redesign Team, Published January 2015,
*Transition of Nursing Home
Populations and Benefits to Medicaid Managed Care*



Consumer Helplines

❑ MAXIMUS: NY Medicaid CHOICE Program

➤ Mainstream: (800)505-5678

➤ MLTC: (888)672-8411

❑ Medicaid Helpline: (888) 692-6116

Nursing Home Eligibility Division (NHED) Provider Relations

☐ **Providers Only Helpline**

- Residential Health Care facilities
- Managed Care (only to discuss enrollees with a nursing home stay)

- Telephone Number: (718) 557-1368

HCSP/Managed Long Term Care (MLTC) Provider Relations

- ❑ Deals directly with the MLTC plan
 - Must be on the approved contact list
 - Inquiries must be submitted to MLTC Provider Relations e-mail inbox

- MLTC Provider Relations email:
mltcproviderrelations@hra.nyc.gov

Managed Care Client Services (MCCS) Provider Relations

☐ Providers Only

- Managed Care Organizations (not for nursing home related inquiries)
 - Mainstream
 - HIV/SNPS
 - HARPS
 - Medicaid Advantage (**NOT MAP**)
- Hospitals
- Pharmacies
- ❖ Provider Helpline: (212)273-0062
- ❖ MCCS Provider/Agency e-mail Inbox:
managecareclientservices@hra.nyc.gov
- ❖ Managed Care System

Nursing Home Transition Information

Available on-line:

<http://health.ny.gov/healthcare/medicaid/redesign/mrt1458.htm>

Questions:

MRTupdates@health.ny.gov

Plan Benefits

Plan covered benefits appear in Appendix G of the MLTC Model Contract and Appendix K of the MMC Model Contract.

http://www.health.ny.gov/health_care/managed_care/mamctext.htm

http://www.health.ny.gov/health_care/managed_care/mltc/model_contracts.htm

Submission Process Q & A