

MLTC FREQUENTLY ASKED QUESTIONS

(HRA/HCSP MEDICAID)



HCSP QUICK REFERENCE-03...11/13/2013

Q1: What is the expected processing time for New York Access with Supplement A once it has been submitted to HRA?

A: Medicaid Applications are allotted 45 calendar days for processing. However, it should be noted that additional time may be required for actions, such as deferrals, referrals due to pooled trust, supplemental needs trusts, disability determinations, and estate/ real property matters.

Q2: What is the expected turn around time for surplus conversion packets submitted to the HCSP Centralized Medicaid Unit?

A: The turn around time is 10 business days.

Q3: What is the expected turn around time for a Medicaid deferral submitted to the HCSP Centralized Medicaid Unit?

A: The turn around time for a Medicaid deferral is 10 business days.

Q4: What is the expected turnaround time for RVI 3 (consumers who have not documented their resources) conversion submission that has been forwarded to the Centralized Medicaid Unit?

A: The turn around time is 10 business days.

Q5: What documents are needed for an RVI 3?

A: An individual applying for community-based long term care who has not previously submitted documentation for all of their resources must complete form DOH-4495A Access NY Supplement A, and provide documents to HRA that verify all of their resources.

Q6: What documents are needed for a surplus conversion case?

A: The plan must initially assess the nursing home individual and determine the Medicaid status if deemed appropriate for Managed Long Term Care. If the individual is Medicaid eligible, follow the Medicaid Alert - **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on Medicaid Authorized Resource Center (MARC) website (www.nyc.gov/marc) on February 14, 2013.

Q7: How can a nursing home resident who is ready for discharge enroll in a MLTC?

A: The plan must assess the nursing home individual and determine the Medicaid status if deemed appropriate for managed long term care. If the individual is Medicaid eligible, follow the Medicaid Alert - **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on Medicaid Authorized Resource Center (MARC) website (www.nyc.gov/marc) on February 14, 2013.

Q8: Who is the HCSP Medicaid Contact person for MLTC plans?

A: The Centralized HCSP Medicaid office has established a Provider Relations Unit that can address plan issues. Each plan has been assigned a HRA liaison who they can directly contact to address Medicaid related matters. MLTC plans can call 929-221-0849 to find out the name and contact information for their liaison assigned to them. Please note the HRA liaison will only interact with designated plan representatives.

Q9: How are surplus amounts reflected for supplemental needs trust and pooled trust?

A: Upon approval of the trust, the surplus information will be updated retroactive to the trust approval date.

Q10: What is the MLTC plan responsibility regarding a member who moves out of the county?

A: The plan should inform the member to contact the appropriate LDSS for the county from which they are moving, to initiate the transfer of Medicaid process.

Q11: How should a MLTC plan address a Medicaid case when ePACES screen indicates “NO COVERAGE-EXCESS INCOME” ?

A: This ePACES message means that the individual is eligible to enroll in a MLTC plan. The individual has been determined eligible for Medicaid and has a spend-down that they have not met. The plan should submit a conversion request to HRA via the HCSP 3022, MLTC Medicaid Cover Sheet, available on MARC. This will allow HRA to convert the Medicaid coverage and the plan will be able to enroll the individual in their plan of choice. The plan should **NOT** refer the individual to the MICSA/DARB ‘pay-in’ in unit.

Q12: How should a MLTC plan address a Medicaid case when ePACES screen indicates “ELIGIBLE ONLY – OUTPATIENT CARE”?

A: This ePACES message means that the individual has been determined eligible for Medicaid and has a spend down. The statement “eligible only – outpatient care” indicates that the individual has not met the spend down for 6 consecutive months. Therefore, they are not currently eligible for Medicaid coverage for an in-patient hospitalization. They are eligible to enroll in a MLTC plan. The plan should submit a conversion request to HRA via the HCSP 3022, MLTC Medicaid Cover Sheet, available on MARC. This will allow HRA to convert the Medicaid coverage and the plan will be able to enroll the individual in their plan of choice. The plan should **NOT** refer the individual to the MICSA/DARB “pay-in unit”.

Q13: How should a MLTC plan address a Medicaid case when ePACES screen indicates “54-LONG TERM CARE NON COVERED”?

A: This ePACES message means that the individual “attested” to the amount of his/her current month resources at the time of application, but did not document them. The plan should ask the individual or representative of the consumer if they documented their resources at the time of application/renewal. If the consumer states that they did, the plan should submit form HCSP 3022, MLTC Medicaid Cover Sheet, to HRA requesting a conversion and annotate in the “other” section that the consumer has indicated their current month’s resources were documented.

If the consumer states they did not document their current month resources, then the plan should submit form HCSP 3022 to HRA along with DOH-4495 Supplement A, and current documentation of bank accounts and other related resources.

Q14: How should a MLTC plan address a Medicaid case when ePACES screen indicates “NH CODE and/or COVERED SERVICES SKILLED NURSING HOME CARE”?

A: This ePACES message means that the Medicaid coverage for this consumer is only for institutional care. When a plan has assessed an individual in the community and determined eligible for enrollment into MLTC, the plan should request a Medicaid conversion via HCSP 3022, MLTC Medicaid Cover Sheet. Plans should refer to the Medicaid Alert of February 14, 2013, **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on MARC website at: www.nyc.gov/marc