

# When an MLTC Plan Closes - What are the Members' Rights? WARNING - Changes Now in Effect

Since Managed Long Term Care (MLTC) plan enrollment has been mandatory since 2013 for most adult "dual eligibles" (people with Medicaid and Medicare) who need Medicaid home care, some MLTC plans have either closed or reduced their service area, no longer covering certain counties or New York City.

What happens to a plan's members when a plan closes altogether, or in a particular county or city? Under NYS DOH **MLTC Policy 17.02**, members of a closing plan have important Transition Rights. They are automatically assigned to a new plan, which is **required to provide the same services and hours/day that the closing plan provided for 120 days** or until there is a reassessment and the enrollee has agreed to a new plan of care. See advocates concerns about gaps in the State's transition policy below. If they wait to switch plans after they receive official notice of the plan closings, the new plan must continue their current services for at least 120 days.

**This article is in this fact sheet - KNOW YOUR RIGHTS: "IS YOUR MLTC PLAN CLOSING?" - (8/2022)**

**HEADS UP 2024 and later: More MLTC plans to close in 2024-25 due to changes in the NYS Budget enacted in April 2023.** The sponsoring insurance company of any MLTC plan must also sponsor a Dual-SNP (Medicare Advantage Special Needs Plan for dual eligibles) with at least THREE stars in the CMS plan performance ratings, and meet other performance standards. This requirement will lead to more Medicaid Advantage Plus (MAP) plans being offered as an alternative to MLTC plans. MAP plans are a hybrid of an MLTC plan combined with a Medicare Advantage Dual-SNP plan. See more about D-SNP and MAP plans and the State's goal of providing "integrated care" for dual eligibles here. See here about the different fair hearing system used for MAP appeals ("FIDE" hearings).

- **There are five (5) MLTC plans that have no aligned D-SNP are all small upstate plans** - with their Nov. 2023 enrollment they are Elderwood (1,135), Evercare (775), Kalos (780), Prime Health Choice (578), and Senior Network Health (341). With no D-SNP plan, they cannot become a MAP plan and are likely to close or merge with another plan.
- **THREE (3) other MLTC plans have an aligned D-SNP and are likely developing a MAP plan** - with their Nov. 2023 enrollment they are: Aetna (6000 in NYC and Long Island), iCircle (3,602 in many upstate counties), and Nascentia a/k/aVNA Homecare Options (4,870 in many upstate counties)

**BEWARE - Since Nov. 8, 2021, Change in state regulation cut back ON CONSUMER RIGHTS AFTER THE 120-DAY TRANSITION PERIOD**

## **ENDS -- See below. and see this article.**

See [this article](#) about **where to get help** with plan changes or report problems directly to the State Dept. of Health MLTC Complaint line at 1-866-712-7197 e-mail [mltctac@health.ny.gov](mailto:mltctac@health.ny.gov) .

### **This article explains:**

A. [Recent and Expected Plan Closings - Status](#) -

B. [Details about the MLTC Policy 17-02](#) .

C. [Consumer advocate concerns about the policy](#)

- **[What happens after the 120 Day Transition Period?](#)** - Old Policy through Nov. 8, 2021
- **[NOVEMBER 8, 2021- STATE regulation cuts back on consumer rights, purporting to allow MLTC plan to reduce hours without any reason -- after transition period](#)**
- **[6. Consumer Access to Records from Plan that Closed](#)**

D. [Past Plan Closings - 2015 thru 2019 - ICS, Guildnet, United HealthCare upstate, and FIDA Plans closed Jan. 2019](#)

E. [Strategy for Consumers Faced with Plan Closings or Reductions in Service Area](#)

F. Getting Help - click [here](#) to find referrals

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## **A. Recent MLTC Plan Closings or Withdrawal from Counties -**

- See [this note](#) about possible plan closings coming in 2024-25 if these MLTC plans do not develop a MAP plan.
- **Jan 1, 2024 - Montefiore MLTC plan closed - acquired by Riverspring MLTC (a/k/a ElderServe) eff. Jan. 1, 2024..** In November 2023, Montefiore had **1,267 members**, of which 991 were in NYC and the rest in Westchester. Riverspring/ a/k/a Elderserve has **16,949** members, of which most are in NYC (Nov. 2023), and about 1000 members are spread between Nassau, Suffolk, and Westchester. See [DOH monthly MLTC enrollment stats](#). Montefiore's closing may be prompted by the new requirement that companies sponsoring MLTC plans also sponsor a Dual-SNP plan. See [more here](#).

- ◆ Montefiore members were sent notices in October 2023 telling them to select a new plan. If they did not select a new one, they would be automatically

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enrolled in Riverspring eff. Jan. 1, 2024. Their transition rights - to keep their same plan of care from Montefiore - continue for 120 days through May 1, 2024. See here for what happens after that.

- **August 1, 2023 - Extended MLTC closing** and will become part of **Hamaspik Choice MLTC**. Extended had **5,745 members** in April 2023, mostly in NYC except for about 400 in Nassau and Suffolk Counties. Members received notices in late May telling them that if they may choose a new plan, and that if they don't enroll in a different plan by July 31, 2023, they will be enrolled in Hamaspik 8/1/23.

- ♦ By August 2023, Hamaspik enrollment increased from **1,937** members in six counties in the Hudson Valley to **7,516** members, of which 5,131 are in NYC. This is Hamaspik's first presence in New York City. From these numbers, most Extended members were auto-enrolled in Hamaspik, significantly increasing Hamaspik's size. But it is still far below the largest plans that have 51,000 - 54,000 members statewide (Centers Plan and Healthplus) and mid-size plans like Senior Whole Health (26,000) and VNS Choice (23,727). (Source DOH Monthly Medicaid Managed Care Enrollment Report..)

- **Dec. 1, 2022 -- Integra**, which had as **42,838** members in June 2022, was acquired by **Anthem, which owns Empire-HealthPlus MLTC plan**, with 4,726 members. See article about closing of deal in May 2022. Integra members received notice from NY Medicaid Choice that if they did not select and enroll in a different plan by Nov. 30, 2022, they would be transferred to Blue Cross Blue Shield/HealthPlus on Dec. 1, 2022. Most Integra members apparently transitioned to the Blue Cross Blue Shield/HealthPlus MLTC plan, making this plan one of the 2 largest plans in NYS - along with **Centers Plan for Health Living**.

- ♦ **Transition Period (4 months)** ends March 31, 2023. See more about rights in the transition period here and this article for warning to beware of what may happen after the transition period ends.

- **Oct. 1, 2022 - Agewell** closed, acquired by **Senior Whole Health, which has been owned and operated by Molina since Dec. 2020**. Earlier, Molina acquired Senior Whole Health from Magellan, which acquired Agewell in 2017. In June 2022 Agewell has **13,188** members in NYC, Long Island, and Westchester. Members received letters from NY Medicaid Choice in July-August 2022 that if they did not select and enroll in a plan of their choice by Sept. 30, 2022, they would be transferred to Senior Whole Health on Oct. 1, 2022. Note that Molina also acquired the Affinity Health Plan, which is a "mainstream" Medicaid managed care plan for those who do not have Medicare or other 3rd party health insurance (not an MLTC).

- ♦ **Transition Period (4 months)** ends Jan. 31, 2023. See more about rights in the transition period here and this article for warning to beware of what may happen after the transition period ends.

- WITH Agewell and Integra's closing, a **total of 56,000 MLTC members will be changing plans** - over 20% of all MLTC enrollees. A breakdown by county is as follows - and read more about their rights below.

Region/County	Agewell	Integra	Total by County
Nassau	1,295	1,771	3,066
NYC	10,189	39,144	49,333
Suffolk	1,080	1,110	2,190
Westchester	624	813	1,437
<b>TOTAL NYS (June 2022)</b>	<b>13,188</b>	<b>42,838</b>	<b>56,026</b>

- Earlier MLTC plan closings since 2015 are posted below.

## **B. Transition Rights under NYS DOH Policy 17.02 when MLTC Plans Close or Reduce Service Area**

The New York State Department of Health 2017 directive called, "**MLTC Policy 17.02: MLTC Plan Transition Process - MLTC Market Alteration**" clarifies an important protection for enrollees in a plan that is closing. Members will receive a notice from New York Medicaid Choice, the States enrollment broker for managed care, that they should select a new plan within sixty (60) days of the date of the notice. The notice will state that if they do not select a plan within sixty (60) days, they will be auto-assigned to a new MLTC plan. There should be no interruption of services.

- 1. CONTINUITY OF SAME SERVICE PLAN & HOURS** - MLTC Policy 17.02 requires the new plan to which the member is transferring must continue to provide services under the enrollee's existing plan of care -- meaning the same types of services for the same number of hours/week -- and utilize existing providers "for the earlier of the following: (i) one hundred twenty (120) days after enrollment; or (ii) until the new plan has conducted an assessment and the enrollee has agreed to the new plan of care." See more below about advocate concerns about the length of this transition period and what happens if the new plan decides to reduce services.
  - ◆ **CONTINUITY OF PROVIDERS** - The policy directive says that the new plan must "utilize existing providers" during the transition period.
- 2. CHOICE OF PLAN** -- While the enrollee may choose to transfer to an MLTC, PACE, or Medicaid Advantage Plus plan, they will be auto-assigned solely to an MLTC plan if they do not select a plan themselves. the MLTC plans provide only Medicaid services, and no Medicare services. Those in these "partially capitated" plans obtain their Medicare services from either Original Medicare fee for service or through their own Medicare Advantage plan. In contrast, PACE, or Medicaid Advantage Plus plans are "fully capitated" and combine a Medicare Advantage plan with an MLTC plan, providing all Medicaid and Medicare services in one plan,
- 3. No Conflict-Free Eligibility Assessment Required** - The new plan must accept the enrollee transferring from the closing MLTC plan. (Presumably after May 2022 this means that no NY Independent Assessment (NYIA) is needed, which replaced the conflict-free assessments.

**4. "Blind" Enrollments Allowed Directly with New York Medicaid Choice -**

Members of a closing plan do not have to schedule an enrollment visit with a new plan in order to sign up with a new plan. They may contact [New York Medicaid Choice](#) directly to enroll in a new plan. Most members would prefer, however, to be assessed by the new plan before enrolling. This way they may be able to find out if the new plan is likely to try to reduce their hours after the 120-day transition period. However, with a high demand for assessments when a plan closes, it is difficult to schedule assessments in the short period of time allowed, so a "blind" enrollment may be necessary.

**5. Protection of Nursing Home Residents Enrolled in Plan that is Closing -** The new policy states, "Permanent nursing home residents shall be allowed to remain in their nursing homes and be accommodated through an out-of-network arrangement if the nursing home is not part of the receiving plan's network." When this directive was issued in 2017, permanent nursing home residents were required to remain enrolled in MLTC plans. Since 2020, this policy has changed, and now permanent nursing home residents are disenrolled from MLTC plans after 3 months, if they have been determined eligible for the Nursing Home Medicaid benefit (after the 5-year lookback). See [this article](#). Even now, for those MLTC members who are in nursing homes and have not yet been disenrolled because of permanent placement, Policy 17.02 should ensure that no nursing home resident will be required to move to a new nursing home.

## **C. Consumer Advocacy Concerns about Transition Policy 17.02**

The "new plan" must only continue services for the longer of:

(i) 120 days after enrollment; or

(ii) until the new plan has conducted an assessment and the enrollee has agreed to the new plan of care.

The new plan is required to conduct an assessment within 30 days of the transfer enrollment effective date, unless a longer time frame has been expressly authorized by the Department in its sole discretion." Consumer advocates have expressed concern to the State Department of Health about various aspects of this policy.

**1. New plan does not have to continue same services for 120 days if it reassess member's needs earlier and member has "agreed" to a new plan of care.**

Consumer advocates believe that only a member fearful of losing their home care services, or pressured into "agreeing" without being advised of their rights -- would agree to a reduction of their services. The DOH Policy does not appear to require the new plan to send the member notice telling them that hours are being reduced because they "agreed" to the reduction, and if the plan is mistaken as to whether the member agreed, that the member may appeal the reduction. The notice should also explain that reductions in hours are permitted only when there is a justification for the

reduction. See #2 below.

**2. May the new plan reduce hours after the 120-day transition period ends?**

**WARNING - On Nov. 8, 2021, changes in state regulations went into effect that purport to cut back on MLTC member rights that advocates believe are guaranteed under the Due Process clause of the Fourteenth Amendment of the U.S. Constitution, as held in Mayer v. Wing, 922 F. Supp. 902, 911( S.D.N.Y. 1996), and incorporated in state regulation 18 NYCRR 505.14(b)(5)(v)(c)(2)(ii), and in MLTC Policy 16.06: Guidance on Notices Proposing to Reduce or Discontinue Personal Care Services or Consumer Directed Personal Assistance Services.**

- **See this article about the changes in state regulation concerning member rights in the new plan, after the Transition period ends.**
- See more about MLTC Appeals and Hearings here.

- 3. More questions about the Policy 17.02 - WHICH MEMBERS OF THE CLOSING PLAN MUST BE GIVEN THE SAME SERVICE PLAN and HOURS by the NEW PLAN?** The Policy only says that no one may be "transitioned" until the plan closure is approved by State Department of Health. In recent plan closings, rumors and even press coverage started before the closure was approved by the State -- which frightened members into switching to other plans even if those plans did not offer the same number of hours. Members can be afraid that they would lose ALL of their home care if their plan closed, and transfer to a plan that offered only reduced hours. Would those members be protected, with the new plan required to continue the same number of hours?
- 4. BLIND ASSESSMENTS** - As stated above, most members of a closing plan would prefer to be assessed by the new plan before enrolling. This way they may be able to find out if the new plan is likely to try to reduce their hours after the 120-day transition period. However, with a high demand for assessments when a plan closes, it is difficult to schedule assessments in the short period of time allowed, so a "blind" enrollment may be necessary.
- 5. ICAN INFORMATION** - Policy 17.02 does not require that all notices include contact information for ICAN - the Independent Consumer Advocacy Program funded by the State to serve as ombudsprogram to advocate for MLTC members. The September 2017 notices from North Shore LIJ MLTC plan, the first ones issued for a plan closing under the new Policy 17.02, lacked any referral information to ICAN, DOH presumably approved these notices.
- 6. Consumer Access to Records From Old Plan that Closed** - Policy 17.02 does not address consumer access to records. However, existing authority plainly mandates that Plans maintain records and that consumer's be provided access to them. See, e.g.,:
- ◆ 45 CFR 164.530 Federal HIPAA law requires a covered entity to retain documents for 6 years.
  - ◆ 11 NYCRR 243.2 NYS insurance law says "an insurer shall maintain...A claim file for six calendar years after all elements of the claim are resolved and the

file is closed or until after the filing of the report on examination in which the claim file was subject to review, whichever is longer. A claim file shall show clearly the inception, handling and disposition of the claim, including the dates that forms and other documents were received."

- ◆ Art VIII. Sect. E of the MLTC model contract (see p. 80 of the contract / 88 of the pdf) which requires all contractors to "preserve and retain all records relating to Contractor performance...in readily accessible form during the term of this Agreement and for a period of ten (10) years thereafter. All provisions of this Agreement relating to record maintenance and audit access shall survive the termination of this Agreement and shall bind the Contractor until the expiration of a period of ten (10) years commencing with termination of this Agreement or if an audit is commenced, until the completion of the audit, whichever occurs later."
- ◆ Further, Appendix L of the MLTC model contract (p. 173 of the contract / 181 of the pdf) says consumers have "the Right to request and receive" a copy of their medical records "and ask that the records be amended or corrected."

## D. Past MLTC Plan Closings in NYS

1. **Dec. 2020 - Senior Whole Health** acquired by Molina from Magellan, which in turn acquired Agewell in 2017.
2. **Wellcare MLTC members were transferred to Fidelis on June 1, 2020, when Wellcare was acquired by Centene, so transition period ended on Oct. 1, 2020.**  
Until October 1st, Fidelis or other new MLTC plan the former Wellcare member transferred to was required to continue the same hours of care for any former Wellcare member. Since then, Fidelis has reportedly tried to reduce hours for some of these former Wellcare members. These reductions can generally be challenged successfully. See this KNOW YOUR RIGHTS Fact sheet.

**Who is affected?** Wellcare MLTC plan had members in the following counties prior to closure June 1<sup>st</sup> as follows. Anyone still in the plan as of May 2020, and possibly some who transitioned in the few months before, has transition rights.

Wellcare MLTC Enrollment	Jan-20	May-20
ALBANY	45	45
ERIE	400	362
NASSAU	315	289
NEW YORK	3,689	3,292
ORANGE	299	272
ROCKLAND	195	173
SUFFOLK	490	422
ULSTER	169	157
WESTCHESTER	165	156

**Total** **5,767 5,168**

2. **UnitedHealth MLTC** - Closed April 2019 (had earlier closed in upstate counties)
3. **ICS Closing March 31, 2019** - closing announced January 8, 2019 -- see the latest info here

ICS members were transferred to VNS Choice unless they selected another plan. They had a special 1-year transition period that ended April 1, 2020. See this Fact Sheet - **KNOW YOUR RIGHTS: February 2020 Update for Former ICS Members Fact Sheet**. More about ICS closing 3/31/2019 -- see more here and in this news article.

#### **4. Guildnet MLTC Plan + FIDA and MAP- Closing January 1, 2019**

[Click here for the latest updates on the Guildnet closing.](#)

**Guildnet enrollees received this official notice the week of 10/15/2018**, and must choose a new plan by 12/19/2018 if they do not want to be auto-assigned to a new plan. Under MLTC Policy 17.02 they can call NY Medicaid Choice which will do a "warm transfer" to their selected plan, without the need for a Conflict Free assessment (CFEEC). These letters followed confirmation on Sept. 20, 2018 by the NYS Dept. of Health that **Guildnet** is terminating all of its health insurance products in New York State effective 1/1/2019, including the following plans shown with enrollment as of August 2018 (TOTAL - 8,211 members - all in NYC):

Guildnet Medicaid Advantage Plus -	478 members
Guildnet Gold Plus (FIDA)	417 members
Guildnet MLTC -	7,316 members

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  - ◆ The notice doesn't include contact information for ICAN, the statewide Ombudsprogram to advocate for MLTC members. That is TEL 844-614-8800 TTY Relay Service: 711 Website: icannys.org ican@cssny.org
  - ◆ Those Guildnet members who call NY Medicaid Choice before 12/19/18 to choose their plan will be able to do a "blind enrollment" (no pre-enrollment conflict-free assessment). **WARNING:** NY Medicaid Choice may refer a Guildnet member who calls to the new plan, to request an assessment by a new plan, instead of doing a blind enrollment. The member may have an assessment by a prospective new plan, but is not required to. The member is not required to sign a "plan of care" proposed by the new plan. The new plan must honor the 120-day continuity of care regardless of the results of its own assessment.
  - ◆ DOH said that Guildnet MLTC and UHC members will be randomly auto-assigned to a different plan if they do not select one by the deadline. However, DOH indicated that NY Medicaid Choice will conduct outreach with members to try to assign the member to a plan with the same licensed home care agency (LHCSA) in its network to promote continuity of care. FIDA



auto-assignments will be fully "intelligent" based on Primary Care Provider and LHCSA.

**Transition Rights - Continuity of Care** -- Under MLTC Policy 17.02, the new plan must continue Guildnet's service plan with the same providers and same amount of home care and other services for **120 days** after the enrollment, "or until the new plan has conducted an assessment and the enrollee has agreed to the new plan of care."

- This is true whether the enrollee chooses their own plan before 12/19 or allows themselves to be autoassigned.
- About 10% of Guildnet MLTC Members apparently switched to another plan effective October 1st -- before receiving the official letter about the closing. **See enrollment chart**. If the new plan has reduced services, we suggest you **request a PLAN APPEAL with AID CONTINUING**, and contact **ICAN** for help, and file a complaint with the NYS Dept. of Health. 1-866-712-7197 or e-mail mltctac@health.ny.gov. See next bullet re after 120 days.
- ♦ Many may have switched because they heard about the closing from employees of Guildnet or the press. A leaked letter of Aug. 21, 2018 from Alan Morse, CEO of Guildnet, to Guildnet employees stated that the Guildnet MLTC plan would close effective 12/1/18. See Crain's Health Pulse report that the NYS Dept. of Health (DOH) confirmed that GuildNet had "filed a request with the state to stop offering its MLTC plan." It said the nonprofit has stopped enrolling new members. 'The department is working with GuildNet to ensure continuity of care as it finalizes particulars of this plan,' a spokeswoman said." Guildnet's enrollment has markedly decreased in the last year or two, from being the second largest MLTC plan in NYC to the 10th largest plan currently. See this chart.
- After 120 days, the new plan to which the Guildnet member transitioned may only reduce services if the individual's medical condition has improved or there is some other change since the services were authorized by the previous plan. This is required under a different MLTC policy - MLTC Policy 16.06: Guidance on Notices Proposing to Reduce or Discontinue Personal Care Services or Consumer Directed Personal Assistance Services.

These transitions are subject to the new MLTC Lock-In policy that is effective for changes in plans 12/1/18 or later... New guidance was just issued on this. See Licensed Home Care Services Agencies (LHSCA) Contract Limitation Guidance - 08.17.2018

- Guildnet enrollees will have 90 days from the effective date of their enrollment into a new plan, if on 12/1/18 or later, to switch plans (e.g., if they don't like the plan they were autoassigned to)
- After the 90 days, they will be locked into their plan for 9 months unless they can establish good cause.

See more updates about Guildnet closing in this news article

5. **UNITED HEALTH CARE MLTC withdrawing from upstate counties - Feb. 2019**

6. **UnitedHealthcare** is no longer offering their partial-capitation MLTC plan in the following counties effective 2/1/2019, shown with enrollment as of AUGUST 2018:

ALBANY	103
BROOME	266
ERIE	181
MONROE	534
ONEIDA	91
ONONDAGA	288
Total	1,463

Notices to plan members will be sent in November 2018, giving them 60 days to select a new plan, or they will be auto-assigned as of February 2019.

7. **Possible Plan Closing in 2018 -- Independence Care Systems (ICS)**

News media reported in July 2018 that talks with the State are underway regarding the possible closing of ICS, an MLTC plan founded in 2000 that is in operation in four boroughs of New York City. See WNYC Radio, New Yorkers with Physical Disabilities Rally to Save Health Care Plan (July 9, 2018) and Crain's NY Business, Disability Advocates Fear Closure of Specialized Plan (July 5, 2018). The Crain's article cites a memo dated June 22, 2018 circulated within the plan's Member Council, of which NYLAG obtained a copy, which states, "The NYS Department of Health will probably announce in the early fall that ICS will cease operations as an MLTC plan by the end of the year." The ICS memo explains that members would receive 90 days notice to choose another plan, or they would be assigned to VNS Choice MLTC plan. The memo states further, "Members will be guaranteed the same level of care (continuity of care) for at least 120 days or until a new assessment is done."

The ICS memo states, "It is in each ICS member's best interest to stay at ICS until notification comes from DOH because the extended continuity of care will only be offered to people at ICS at the time of notification." The reason ICS recommends that members stay at ICS until notification comes from DOH is because of language in the State guidance, **"MLTC Policy 17.02: MLTC Plan Transition Process - MLTC Market Alteration."** That guidance, described more below, can be read to require a new plan to continue the ICS plan of care for 120 days only for members who transfer to the new plan *after* ICS' request for plan closure and notices to members about the closure have been approved by the Department of Health. Until that happens, ICS members who transfer plans are at risk of having their services cut if they change plans. While consumer advocates may disagree about whether the continuity of care rights should apply even before official DOH approval is given, the safest strategy is for ICS members to remain in ICS until official notice is provided by the State.

The Crain's article quotes one active ICS member who said, "ICS' members are more likely to require 12 hours or more of home care a day than members of other plans, which

warrants higher reimbursement from the state. A push to include funding for higher rates in the budget failed." The article quotes Victor Calise, Commissioner for the Mayor's Office for People with Disabilities as stating, "ICS is the only MLTC plan that is capable of providing the specialized care needed to maximize the number of people with disabilities who are living in the community."

IMPACT: 6,182 Members in NYC as of August 2018 - see this chart

**8. FOUR FIDA PLans CLOSING IN 2019:**

1. Guildnet GoldPlus FIDA plan - NYC only (418 members)
2. Village Care Max Full Advantage NYC only ( 23 members)
3. MetroPlus FIDA NYC only (205 members)
4. AgeWell NY FIDA plan - NYC, Suffolk, Nassau, & Westchester (247 members) -- NOTE that Agewell was the SOLE FIDA plan in Suffolk county.

9. **GUILDNET FIDA - These notices were sent by Guildnet and by New York Medicaid Choice to all Guildnet Gold Plus FIDA plan members in early October 2018, stating that if they don't select a new plan by 12/31/18, they will be auto-assigned to Healthfirst AbsoluteCare FIDA plan for January 1st.** As the notices state, consumers who are assigned to Healthfirst FIDA have transition rights to continue receiving services, including homeCare, at their current levels for 90 days.

Warning that as of now, MLTC Policy 17.02 does not specifically apply to FIDA. However, if participants in terminating FIDA plans choose to switch to another FIDA plan, they will be given a 90-day transition period per the 3-way FIDA Model Three-Way Contract (Â§ 2.6.6.1). It is less clear what transition rights members of a closing FIDA plan have if they switch to an MLTC plan. Stay tuned for more on that. This is especially critical for **Suffolk County residents**, where the plan that is closing - Agewell FIDA - was the ONLY FIDA plan, so they do not have the option of switching to another FIDA plan. They may switch to the sole Medicaid Advantage Plus (MAP) plan in Suffolk County (VNS Choice FIDA) or to the sole PACE plan in Suffolk (Centerlight PACE). Members of closing FIDA plans in Nassau County and NYC who do not select a new plan will be auto-assigned to another FIDA plan.

**Remember Medicare Part D!** Additionally, If a member of a closing FIDA plan decides to switch to an MLTC plan instead of to another FIDA plan or another "fully capitated" plan like PACE or Medicaid Advantage Plus, they must remember to select and enroll in a Medicare Part D prescription drug plan for January 1, 2019. Before, the FIDA plan covered their drugs. Now, they need to enroll in a stand-alone plan. For more info on Medicare Part D see a training manual and other info [here](#) and see [NYS plans in 2019](#).

10. **Late 2017- Early 2018 - AlphaCare merged with Senior Whole Health, which had been acquired by Magellan.** Magellan, a large national insurance company, had owned AlphaCare, an MLTC plan. In late 2017, Magellan acquired Senior Whole Health, and the smaller AlphaCare MLTC plan was merged into Senior Whole Health

MLTC plan - see [new website](#) and [Business Wire news, Oct. 2017](#).

Before the merger, in Sept. 2017, AlphaCare had 4,459 enrollees, mostly in NYC with a few in Westchester., and Senior Whole Health had 9,141 members in NYC. As of June 2018, only 3 members remain in Alphacare, and Senior Whole Health has 13,726 members, all in NYC except for 219 in Westchester. (Statistics from [DOH Managed Care Enrollment Reports](#).)

11. **North Shore LIJ MLTC plan -- Effective Jan. 2018 members were transferred to Centers Plan for Healthy Living**, unless they selected another plan after receiving [this Sept. 2017 letter to members](#). Sept. 2017 its enrollment numbers were as follows.

NASSAU	1,846
NEW YORK CITY	2,618
SUFFOLK	1,181
<b>Total</b>	<b>5,645</b>

SOURCE: [NYS DOH Monthly Managed Care Enrollment Statistics](#).

â New York Newsday publicized the closing on September 1, 2017, [Northwell to end long-term care plan that covers 6,000 elderly](#). The North Shore MLTC closing is the first one that applied the new Transition Policy issued by the State Dept. of Health, described below. Centers Plan was poised to increase its current enrollment of 18,600 to become the largest partial capitation MLTC plan in the state. Comparison of the 4 largest MLTC plans in the state at the time was as follows:

#### FOUR LARGEST MLTC PLANS IN NYS - ENROLLMENT Sept. 2017

	Centers Plan	Guildnet Fidelis VNS			
ERIE	201	0	604	165	
NASSAU	284	340	750	493	
NEW YORK CITY	17,571	8,792	7,825	10,102	
NIAGARA	32	0	91	0	
ROCKLAND	71	0	65	85	
SUFFOLK	279	557	989	473	
WESTCHESTER	222	33	731	362	
Other counties	0	0	8,432	964	
<b>Total 9/2017</b>	<b>18,660</b>	<b>9,722</b>	<b>19,487</b>	<b>12,644</b>	
FROM NS LIJ MLTC	5,645				
<b>POTENTIAL TOTAL</b>	<b>24,305</b>				

12. **Guildnet** leaving **Nassau, Suffolk, and Westchester** counties November 2016 - January 2018 See history in [this link](#) - read updates for April and May 2017.

**UPDATE 1:** In October 2017 - NYS DOH reportedly is permitting Guildnet to notify its remaining 930 Guildnet members in the three affected counties that they have 60 days to select a new plan, or they will be auto-assigned to another plan, pursuant to the new DOH MLTC Policy 17.02 described below. **See consumer strategies below to advise clients who receive these letters.**

**UPDATE 2: - FORMER GUILDNET MEMBERS MAY ASK FOR HOURS TO BE RESTORED** - About **3,000** former members of Guildnet MLTC plan in Long Island and Westchester who transitioned to another plan after March 20, 2017, have received [this Sept. 29, 2017 letter from the State](#) telling them they must call New York Medicaid Choice **before**

**Dec. 29, 2017 at 1-888-401-MLTC or 1-888-401-6582** to request that their hours be restored to the amount Guildnet had authorized, if the new plan reduced their hours. If they are still eligible for Medicaid, the new plan will increase their hours to the amount Guildnet authorized.

**Prior history - Guildnet closing** - In April 2017, Guildnet sent [notices](#) to its over 4,200 members in the 3 affected counties (Westchester, Suffolk, and Nassau) that they had to select a new plan by May 18, 2017 "to assure a smooth transition." Members panicked when other plans either could not schedule assessments before that date, or offered to accept the enrollee but with hours reduced compared to the number Guildnet authorized.

â On May 13, 2017, NYS Dept. of Health sent over [4000 letters to members](#) of Guildnet MLTC plan in the 3 counties that clarified that Guildnet had requested to pull out of those 3 counties, but that members were not required to find a new plan by June 1st, and that Guildnet was required to continue providing them with MLTC services "until a smooth transfer can be completed to your new plan." The letter did not say what happens if the enrollee could not find a plan willing to provide the same hours as Guildnet authorized. See [letter posted here](#).

In June 2017, a [lawsuit called "Turano" was brought by the New York Legal Assistance Group](#), through its Special Litigation Unit,, representing Guildnet members harmed by the lack of a "transition policy" that guarantees a transition of members from Guildnet in the 3 counties to another MLTC plan with the same number of hours that Guildnet authorized. For more information contact NYLAG Special Litigation Unit at 212-613-5032.

Between November 2016 and September 2017, Guildnet enrollment in the affected 3 counties declined as follows (source: [NYS DOH Monthly Managed Care Enrollment Statistics](#)):

**GUILDNET ENROLLMENT in Long Island & Westchester Nov. 16 - Sept. 17 - June 2018**

**Nov-16**

		<b>Sept. 2017</b>	<b>June 2018</b>	
NASSAU	1,861	340	0	
SUFFOLK	2,256	557	1	
WESTCHESTER	485	33	0	
<b>TOTAL</b>	<b>4,602</b>	<b>930</b>	<b>1</b>	

In October 2017 - NYS DOH reportedly is permitting Guildnet to notify its remaining 930 Guildnet members in the three affected counties that they have 60 days to select a new plan, or they will be auto-assigned to another plan, pursuant to the new DOH MLTC Policy 17.02 described below.

13. **HomeFirst, an MLTC plan run by ElderPlan**, announced in May 2017 that it is also pulling out of **Suffolk County**. As reported in Crain's Health Pulse, this is "... the latest example of an insurer narrowing its geographic coverage for chronically ill and disabled members, the health plan confirmed on Friday. The decision 'was driven by the difficulties we encountered effectively staffing and serving the needs of members across such an expansive geographic area,' said a spokeswoman for the nonprofit MJHS, which runs Elderplan. The insurer will continue to cover members' services until they pick a new plan, she said."

â Enrollment in Elderplan in Suffolk county has decreased from 302 members in Nov. 2016 to 184 in Sept. 2017.

14. **Centerlight Select" MLTC Plan closed effective January 31, 2017.** All 5,099 members enrolled as of November 2016 were transferred to the Centers Plan for Healthy Living MLTC Plan ("Centers Plan") effective Feb. 1, 2017, if they did not choose and enroll in a different plan. The acquisition of the Centerlight members made Centers Plan the fourth largest MLTC plan in the state (after Fidelis, Guildnet and VNS Choice), growing from 8,373 to 13,472 members. See Nov. 2016 enrollment stats. Centerlight's 5,099 MLTC members received a letter in early December stating that if they did nothing, they would be transitioned to Centers Plan MLTC on Feb. 1, 2017.
15. **December 2015 - HIP/EmblemHealth MLTC** plan sent letters to its 1300 members that it would no longer offer MLTC coverage as of January 1, 2015. The notice stated that unless members choose and enroll in another MLTC plan by December 18th, they will automatically be enrolled in Guildnet. Emblemhealth had the 5th smallest enrollment of the MLTC plans in NYC.
16. **September 2015 - Homefirst** discontinued enrolling new members in eight upstate counties -- Albany, Erie, Niagara, Monroe, Onondaga, Rensselaer, Saratoga, and Schenectady. Membership in this plan in these counties totaled 715, with Monroe County the most impacted. Members were notified that they could switch to another plan, but remain in Homefirst if they did nothing. Advocates reported problems including:
  - ♦ people who remained in the plan could not receive services because the plan had ended contracts with some of its home care providers;

- ◆ members contacted other MLTC plans which refused to authorize the same number of hours that Homefirst had authorized. There was no right to continuity of coverage.
- ◆ Given the small number of plans in these upstate counties, other plans lacked the resources to assess, let alone serve all of the enrollees who transferred.

## E. Consumer Strategies When Plans Close

Consumers who receive notices that their plan is closing - whether North Shore LIJ MLTC or Guildnet now in late 2017, or other plans in the future -- should not enroll in any other plan that does not ensure in writing that they will approve the same services that the plan that is closing approved. They should either (1) wait to be automatically assigned to a plan by New York Medicaid Choice OR (2) find a plan that contracts with the same home care agency or CDPAP provider the consumer wants, and enroll in that plan after consumer receives the 60-day notice to select a plan).

Consumers may not be able to get a new plan to assess them at home in time to select a plan before being "auto-assigned" to a new plan. Under the new Policy 17.02, they should be protected because ANY plan they are assigned to **MUST** continue the same hours that the closing plan authorized at least for a time. They need to be vigilant for any threat to reduce services by the new plan, and request a hearing if any cut in hours or services is threatened - whether by written notice or even an oral threat.

**WARNING** -- Given that MLTC Policy 17.02 allows plans to reduce services if the consumer "agrees," consumers should be careful not to indicate agreement to a reduction. Send a letter that they **do not agree to a reduction**. Be sure to keep proof of faxing, emailing or mailing this statement.

If the member transitions to a new plan - whether a plan they select or a plan they are auto-assigned to -- and the new plan indicates it will reduce services, **request a fair hearing right away** and **contact ICAN or other legal services program**. Request a hearing even if the new plan does not provide written notice of the reduction. ICAN provide assistance or representation in some cases.

**For questions, contact ICAN - (844) 614-8800**

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Medicaid -> Home Care -> When an MLTC Plan Closes - What are the Members' Rights? WARNING - Changes Now in Effect

<http://health.wnyc.com/health/entry/217/>