



EVELYN FRANK LEGAL RESOURCES PROGRAM  
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**MANAGED LONG-TERM CARE UPDATE - TRAINING APPENDIX APRIL 2015**

**Avoiding MLTC Enrollment Delays with Spend-down and Nursing Home Discharges**

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**Lists of MLTC and FIDA plans**

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- 4. List of FIDA plans as April 2015 (posted at [https://www.health.ny.gov/health\\_care/medicaid/redesign/fida/plans.htm](https://www.health.ny.gov/health_care/medicaid/redesign/fida/plans.htm)) ..... 26

**AVAILABLE ONLINE**

**STATE MLTC POLICIES** [http://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_90.htm](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm)

**DOH FIDA website** [http://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_101.htm](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm)

**NYHEALTHACCESS.org** <http://wnylc.com/health/entry/169/> (tools to select a plan)

<http://wnylc.com/health/entry/114/> (about MLTC)

<http://wnylc.com/health/entry/176/> (new procedures for applying for home care)

<http://www.wnyc.com/health/news/41/> - News on MLTC updated monthly

<http://www.wnyc.com/health/news/33/> - News about FIDA

<http://www.wnyc.com/health/entry/184/> - Grievances & Appeals in MLTC

**NY Medicaid Choice** <http://nymedicaidchoice.com/program-materials> for Contact LISTS of plans by region and BROCHURE on MLTC for consumers. .... **1-855-886-0570**

**COMPLAINT LINE NYS DOH - 1-866-712-7197** [mltcworkgroup@health.state.ny.us](mailto:mltcworkgroup@health.state.ny.us) put "COMPLAINT" in subject line

**You Were Approved for Medicaid – Now What?  
Avoiding and Troubleshooting Enrollment Delays in Managed Long Term Care for  
People with a Medicaid Spend-Down and  
People Being Discharged from Nursing Homes**

If your monthly income is over the Medicaid level, you are still eligible for Medicaid as part of the spend-down program. Your spend-down is the amount your income is over the Medicaid income level (\$845 HH1/\$1,229/HH2 2015), after deducting any Medigap or other health insurance premium. Your spend-down is like a deductible. In order to access Medicaid services, you must meet the spend-down first.

Medicaid applicants with spend-downs face new delays in accessing Medicaid home care through Managed Long Term Care plans.

When you are approved for Medicaid with a spend-down, you do not have ACTIVE Medicaid coverage. Your coverage is not ACTIVATED until you have met your spend-down with incurred or paid medical bills. There are special rules for those with spend-downs who enroll in MLTC. Instead of incurring or paying medical bills to ACTIVATE your Medicaid case, the MLTC plan will bill you for the amount of your spend-down.

Unfortunately, at the time of evaluation and enrollment in an MLTC, your Medicaid case will not show up as active in the plan's computer system. The MLTC employees may tell you that you are not eligible to enroll. THIS IS INCORRECT. In other cases, the MLTC employees do not understand the enrollment process, which generally requires the plans to take an additional step to ensure timely enrollment of people with spend-downs.

If you have or know you will have a Medicaid spend-down you can take action now to prevent delays in MLTC enrollment using these tips.

This handout also gives tips for enrolling in MLTC from a nursing home.

## TIPS FOR NEW APPLICANTS

### STEP 1: Tips for submitting Medicaid application.

- A. **You MUST file Medicaid applications at HRA--HCSP Central Medicaid Unit, 785 Atlantic Avenue, 7th Floor, Brooklyn, NY 11238** if seeking MLTC services. You should send your application certified mail with return receipt.
- B. **Make clear when you apply for Medicaid that you are seeking MLTC services.** Write this on top of your application or submit our "Cover Sheet" with your application, attached. CHECK THE BOX: *"I want to enroll in a Managed Long Term Care (MLTC) plan as quickly as possible. I will not be seeking other Medicaid services until I am enrolled in an MLTC plan. I understand the MLTC plan will bill me for the spend-down."* NOTE: If you check this box, you will not be able to ask a Certified Home Health Agency (CHHA) to provide you with Medicaid services on a temporary basis pending your MLTC enrollment.
- C. **Complete Supplement A of the Medicaid Application and Document resources.** (<http://www.health.ny.gov/forms/doh-4495a.pdf>). Include actual bank statements and other documentation of assets showing balance on the 1<sup>st</sup> of the month of the application.
- D. **Retroactive Coverage.** If you are seeking retroactive eligibility for reimbursement or so that Medicaid providers can bill for services provided in the 3 months prior to the month of application, you must include financial statements going back up to 3 months and copies of medical bills for this period or an explanation for the request. You must also complete the Section G, question 1 on page 5 of the application. Ex: Application filed in November 2014. Include statements showing balance back to August 1, 2014 with explanation or bills.
- E. **Apply for Medicaid with a Spend Down BEFORE Enrolling in a Pooled Trust.** Submitting a Medicaid application with a trust will cause additional delays. Better to apply for Medicaid and be approved with a spend-down. Once Medicaid is approved and you are enrolled in MLTC, then submit the pooled trust along with other disability forms to the same HCSP office. If you've already been enrolled in a pooled trust, you must disclose this on your application and provide proof. You

should request that Medicaid first process the application without the trust, and give you Medicaid with a spend-down, and then process the trust.

**F. Include paid and unpaid medical bills with your Medicaid application.**

- 1) If you have been billed for medical care that you received in the 3 calendar months before the month you are filing the application, including home care:
  - i. Check the box **YES** on Section G, Question 1 on page 5 of the Medicaid application that asks, “Does anyone applying have paid or unpaid medical bills or prescription bills for this month or the 3 months before this month?” – Also check the same box on the Cover Sheet.
  - ii. Attach any paid or unpaid bills from this period.
  
- 2) If you have any OLD UNPAID medical or prescription bills, including for home care, that are from services provided *before* the last 3 months, even if many years old, check the box **YES** on Section G, Question 2 on page 5 of the application that asks about unpaid bills, and attach these bills to your application.

**G. Spousal Impoverishment Protections for Married MLTC members.** If applicant seeking MLTC is MARRIED and spouse is NOT seeking Medicaid, and applicant has a spend-down, the “spousal impoverishment protections” may help eliminate or at least reduce the spend-down. This is most likely true if the couple’s combined income is under \$3,400, not counting the cost of any Medigap premiums, then the “spousal impoverishment” protections are likely to obviate the need to use a pooled trust. This is because the non-applicant spouse is allowed to keep an allowance of \$2,980.50 – his/her own income plus as much of the applicant’s income as is needed to bring her own income up to that limit. But these protections are not available until AFTER applicant’s Medicaid is accepted and enrolled in an MLTC plan. If these protections will be helpful, then:

- 1) the spouse should do a **SPOUSAL REFUSAL** with the application,
- 2) accept the initial Medicaid budget with a spend-down that is calculated based solely on the income of the applicant spouse.
- 3) Assure any MLTC plan you are seeking to enroll in that the spend-down will be reduced to -0- once the client enrolls, because you will request the spousal impoverishment protections

- 4) As soon as you are enrolled in an MLTC plan, submit **DOH Request for Spousal Impoverishment Assessment Form** (posted with Fact Sheet at [http://www.health.ny.gov/health\\_care/medicaid/program/update/2014/mar14\\_mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2014/mar14_mu.pdf) (copy attached hereto). This request should be submitted to HRA-HCSP Central Medicaid Unit.

## STEP 2: PREVENT EVALUATION AND ENROLLMENT DELAYS WITH MLTC PLANS

- A. **Request a Conflict-Free Eligibility Assessment** as soon as Medicaid approved. Call *New York Medicaid Choice* at **1-855-222-8350** to schedule your assessment. See <http://tinyurl.com/conflict-free-MLTC>. They should schedule it within a week. **A family member or social worker should be present** at the assessment to help point out your functional needs, medications, and diagnoses.
- B. **After your conflict free evaluation has been completed, begin scheduling assessments with MLTC plans.** We recommend scheduling three assessments – if timing permits. If a plan won't schedule an evaluation because your Medicaid case is "not active" due to your spend down:
- Ask to speak to a supervisor. Explain that you have a Medicaid spend-down.
  - Give the plan a copy of the **notice** approving Medicaid (sometimes the notice "denies" Medicaid because you have a spend-down, but that is really an *approval* with a spend down!).
  - Give the plan the **HRA HCSP FAQ** dated Nov. 13, 2013, refer them to Q11. Copy attached and posted at <http://www.wnylc.com/health/download/449/>.
  - Tell the plan to call **HRA HCSP MLTC Provider Relations Unit (PRU)** to verify Medicaid eligibility, and that once they have assessed the client they will be able to activate Medicaid for enrollment by faxing a "conversion request" to HRA – see Section C. below. TEL: (929) 221-2427 Fax: (718) 636-7848
  - If the plan still refuses to schedule an assessment, **COMPLAIN!** Call the MLTC Complaint line 1-866-712-7197; NY Medicaid Choice 1-888-401-6582; HRA 929-221-0849. In addition, contact EFLRP at 212-613-7310 [eflrp@nylag.org](mailto:eflrp@nylag.org)
- C. **"Conversion" process.** Once you've been evaluated by a plan and decided to enroll in it, your MLTC plan must submit a **MAP MLTC/PRU Cover Sheet HCSP-3047a**

(known as a “CONVERSION FORM”)(1/16/2015 update to former “3022” form) to HRA HCSP MLTC Provider Relations Unit. TEL: (929) 221-2427 Fax: (718) 636-7848

MLTC plans frequently ignore this step, causing an additional delay because enrollment must be completed by the 19<sup>th</sup> of the month, for services to start on the 1<sup>st</sup> of the following month. With this form, HRA/DSS will “convert” the Medicaid eligibility code to one that allows MLTC enrollment. This is ALWAYS necessary in any spend-down case.

- a. Plan must fax a **MAP Medicaid Cover Sheet Form HCSP-3047a** (known as a “**CONVERSION FORM**”)(formerly 3022 form) to the **HRA HCSP MLTC Provider Relations Unit**, requesting that the code be changed.  
Plans can download this form on the “MARC” website, but a copy is attached and also posted at <http://www.wnylc.com/health/download/450/>.
  - 1) Must include MLTC ENROLLMENT FORM signed by consumer.
  - 2) TEL: (929) 221-2427 Fax: (718) 636-7848
- b. Give the plan the **HRA HCSP FAQ** dated Nov. 13, 2013, refer them to Q11.  
Copy attached and posted at <http://www.wnylc.com/health/download/449/>.
- c. If the plan refuses to submit the conversion form, COMPLAIN! Call the MLTC Complaint line at 1-866-712-7197; NY Medicaid Choice 1-888-401-6582, HRA 929-221-0849 or EFLRP at 212-613-7310 / [eflrp@nylag.org](mailto:eflrp@nylag.org).
- d. **FOLLOW UP!** Confirm the date that the plan submitted the conversion form to HRA. After the 19<sup>th</sup> of the month, follow up with the plan to confirm enrollment is effective for the first of the following month. You can also confirm enrollment with HCSP (929-221-0849). If you learn after the 19<sup>th</sup> of the month that the plan failed to submit the conversion form contact EFLRP immediately.

**TIPS for Nursing Home Residents with Institutional Medicaid Trying to be Discharged Home with MLTC services**

- 1) **CFEEC (conflict free eligibility and enrollment assessment)** should not be necessary if consumer already receiving Medicaid-paid nursing home services. See FAQ #42 at [http://www.health.ny.gov/health\\_care/medicaid/redesign/2015-march\\_transition\\_nursing\\_home\\_population\\_benefits\\_to\\_mmc\\_faq.htm](http://www.health.ny.gov/health_care/medicaid/redesign/2015-march_transition_nursing_home_population_benefits_to_mmc_faq.htm) -- But not clear. If required, CFEEC should be done in nursing home.
- 2) **MLTC plan should conduct assessment in NH and have consumer sign enrollment form** with enrollment to begin first of the following month. See [MLTC Policy 14.04: MLTCP Potential Enrollee Assessments](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm) (5/22/14) (on [http://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_90.htm](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm)) The MLTC plan must conduct the assessment within 30 days of the referral. The plan may also require an in-home assessment to make sure the home environment is safe, but may not require the prospective member to travel to their home for the assessment. A family member or other person can attend the in-home visit.
- 3) MLTC must fax a “conversion” form to **HRA-HCSP-3047b “MLTC/NHED Cover Sheet”** -this is different than form 3047a discussed above – 3047a. Attached p. 15 or download at <http://www.wnylc.com/health/download/564/>.
  - a. Must include signed Enrollment agreement.
  - b. Fax to **HCSP Provider Relations Unit** Fax: (718) 636-7848 TEL: (929) 221-2427
  - c. Note that Enrollment does NOT have to be done by the 19<sup>th</sup> of the month – can be later and still enroll for the 1<sup>st</sup> of the next month. This is in HRA MICSA Alert “[MLTC Submissions of Nursing Home Enrollments](#)” (Feb. 14, 2013)(Download at <http://www.wnylc.com/health/download/439>)
- 4) Nursing home must also fax:
  - a. Form **MAP-259f** -Discharge Alert, necessary to convert the Medicaid eligibility from institutional Medicaid to community Medicaid for MLTC enrollment. Attached p. 17 & posted at <http://www.wnylc.com/health/download/132/>.
  - b. Form **MAP 3057e for Special Income Standard for Nursing Home Residents Discharged to MLTC plans**. (attached at p. 16 and download at <http://www.wnylc.com/health/download/398/>) This allowance will reduce or even eliminate the individual’s spend-down if s/he would otherwise have one,

by increasing the Medicaid income level. The amount of the increase varies regionally. The 2014 rate is \$972 NYC, \$1066 in Long Island, \$786 in N. Metropolitan Region including Westchester.

For more information on this special income standard see:

- HRA MICSA Alert– 2/13/13  
<http://www.wnylc.com/health/download/398> and
- NYS DOH [GIS 14/MA-017](#) (Aug. 5, 2014)
- NYS DOH [12- ADM-05 - Special Income Standard for Housing Expenses for Individuals Discharged from a Nursing Facility who Enroll into the Managed Long Term Care \(MLTC\) Program](#)
- [MLTC Policy 13.02: MLTC Housing Disregard](#) available at [http://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_90.htm](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm)

5) If MLTC applicant is married, the **Spousal Impoverishment protections** may be requested *after* MLTC enrollment to reduce or eliminate the spend-down. See section G above on page 3 and form attached (p. 14).

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1. Contacts & Complaint Numbers.....	8
2. Model Cover Sheet for Medicaid Applications Seeking MLTC.....	9
3. HRA HCSP FAQ Nov. 13, 2013 ( <a href="http://www.wnylc.com/health/download/449/">http://www.wnylc.com/health/download/449/</a> )...	10
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7. MAP 3057e for Special Income Standard for Nursing Home Residents Discharged to MLTC plans. Download at <a href="http://www.wnylc.com/health/download/398">http://www.wnylc.com/health/download/398</a> .....	16
8. MAP-259f - Nursing Home Discharge Alert to convert from institutional Medicaid to community Medicaid for MLTC enrollment. Download at <a href="http://www.wnylc.com/health/download/132/">http://www.wnylc.com/health/download/132/</a> .....	17

## CONTACT NUMBERS

**New York Medicaid Choice** (Enrollment Broker) <http://nymedicaidchoice.com/>

- To request a Conflict-Free Assessment 1-855-222-8350
- For information about MLTC 1-888-401-6582
- **FIDA** – for information or to OPT OUT 1-855-600-3432
  - **To fax** authorization to opt out for someone else 1-917-228-8601
- Enrollment complaints – Consumers line 1-888-401-6582
  - Advocates line 1-855-886-0570

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### NYC HRA HCSP Centralized Medicaid Eligibility Unit

**Home Care Services Program, 785 Atlantic Avenue, Brooklyn, NY 11238** (includes processing of NYSARC and other trusts)

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General Number		(929) 221-0849
<i>Director</i>	Randa Henry-Jenkins	
<i>Adm. Asst. to Director</i>	Darrell Evans	(929) 221-3257
Homebound Medicaid Unit		(929) 221-2495
<b>Supplemental Needs Trusts (&amp; pooled trusts) for home care &amp; MLTC cases</b>	Yvette Poole-Brooks	(929) 221-2493 <a href="mailto:poolebrooksy@hra.nyc.gov">poolebrooksy@hra.nyc.gov</a> Fax (718) 636-7848
<b>Pooled Trusts Non-Home Care</b>	Eileen Fraser-Smith	(929) 221-0868 /69 <a href="mailto:fraser-smithe@hra.nyc.gov">fraser-smithe@hra.nyc.gov</a> Fax (718) 636-7847
<b>MLTC Provider Relations Unit</b> (MLTC plan liaisons re eligibility)		(929) 221-2427 Fax: (718) 636-7848

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**State Dept. of Health MLTC Complaints** 1-866-712-7197 [mltctac@health.ny.gov](mailto:mltctac@health.ny.gov)

**Conflict-Free Assessment Complaints** [CF.Evaluation.Center@health.ny.gov](mailto:CF.Evaluation.Center@health.ny.gov)

**ICAN – Statewide Ombudsprogram for FIDA & MLTC** 1- 844-614-8800

[ican@cssny.org](mailto:ican@cssny.org)

**NYLAG Evelyn Frank Legal Resources Program** (part of ICAN) 1-212-613-7610

[Eflrp@nylag.org](mailto:Eflrp@nylag.org)

**COVER SHEET FOR NYC MEDICAID APPLICANTS  
SEEKING MANAGED LONG TERM CARE**

File application at: **HRA--HCSP Central Medicaid Unit**  
785 Atlantic Avenue, 7th Floor  
Brooklyn, NY 11238  
TEL 929-221-0849

Name of Applicant(s) \_\_\_\_\_

Name of Contact Person Assisting with Application \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant is seeking Managed Long Term Care enrollment and is expected to have a Spend-Down. Applicant elects the following: **[Check One]**

- I want to enroll in a Managed Long Term Care (MLTC) plan as quickly as possible. I will not be seeking other Medicaid services until I am enrolled in an MLTC plan. I understand the MLTC plan will bill me for the spend-down.
- I want to obtain home health services from a certified home health agency or use Medicaid for other services before I enroll in an MLTC plan. I understand I am responsible for the spend-down and that the MLTC plan must submit a conversion for enrollment.

Applicant is enclosing paid and/or unpaid medical bills to meet his/her Spend-Down. **[Check all that apply]**

- I have paid medical bills from the 3-month period before the month I am filing this application. ATTACH BILLS.
- I have unpaid medical bills from the last 6 years. ATTACH BILLS.

*This form is not an official form. It was created by:*  
New York Legal Assistance Group - Evelyn Frank Legal Resources Program.  
212-613-7310 [eflrp@nylag.org](mailto:eflrp@nylag.org)

**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](http://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](http://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](http://www.nyc.gov/marc)

# MLTC/PRU COVER SHEET



HCSP-3047a 01/26/2015

**Home Care Services Program  
Centralized Medicaid Eligibility Unit  
785 Atlantic Avenue, 7<sup>th</sup> Floor  
Brooklyn, New York 11238**

DATE: \_\_\_\_\_

PLAN NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

Tel 929-221-2427  
Fax 718-636-7848

CONSUMER NAME: \_\_\_\_\_ CIN: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_  
(Last four digits only)

## MLTC PROVIDER RELATIONS UNIT

You MUST indicate a requested action:

- RVI-3 Conversion – Supplement A (DOH-4495A) and resource documents required
- Community surplus conversion request
- Re-link to plan
- Withdrawal
- Retroactive Disenrollment



Date: \_\_\_\_\_

# Request for Assessment Form

**Institutionalized Spouse’s Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Community Spouse’s Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

***/we request an assessment of the items checked below:***

- Couple’s countable resources and the community spouse resource allowance
- Community spouse monthly income allowance
- Family member allowance(s)

**Check [ ] if you are a representative acting on behalf of either spouse. Please call your local department of social services if we do not contact you within 10 days of this request.**

**NOTE:** If an assessment is requested without a Medicaid application, the local department of social services may charge up to \$25 for the cost of preparing and copying the assessment and documentation.

\_\_\_\_\_  
***Signature of Requesting Individual***

***Address and telephone # if different from above***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MLTC/NHED COVER SHEET



**Home Care Services Program  
Centralized Medicaid Eligibility Unit  
785 Atlantic Avenue, 7<sup>th</sup> Floor  
Brooklyn, New York 11238**

Tel 929-221-2427 Fax 718-636-7848

DATE: \_\_\_\_\_

PLAN NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONSUMER NAME: \_\_\_\_\_ CIN: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_  
(Last four digits only)

**Marital Status:**    Single    Married    Widowed    Divorced    Separated

## **NURSING HOME TRANSACTIONS**

You MUST indicate a requested action:

<input type="checkbox"/> NAMI request (Include resource documentation) Name of facility: _____ Address: _____ Provider ID: _____ Date of Permanent placement: _____
<input type="checkbox"/> Consumer newly permanently placed in a nursing home <u>or</u> <input type="checkbox"/> Change of nursing home facility (Complete facility information below) Name of facility: _____ Address: _____ Provider ID: _____ Date of permanent placement/move: _____
<input type="checkbox"/> Consumer returning to the community from a nursing home (MAP-259F required) Date of discharge: _____ Requested MLTC enrollment date: _____ New residence address: _____ _____
<input type="checkbox"/> Consumer returning to community and remaining enrolled in the plan

**SPECIAL INCOME STANDARD FOR HOUSING EXPENSES FOR INDIVIDUALS  
DISCHARGED FROM A NURSING FACILITY WHO ENROLL INTO THE MANAGED  
LONG TERM CARE (MLTC) PROGRAM**



Consumer's Name: \_\_\_\_\_ Case No. \_\_\_\_\_  
or CIN \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Nursing Home Conversion/Enrollments: Consumer Returning to the Community from a Nursing Home**

When determining whether or not I continue to meet the income eligibility requirement for Medicaid, I am requesting that the special income standard for housing expenses for consumers returning to the community be budgeted against my income.

- I attest that my actual monthly housing expense is \_\_\_\_\_.

I also attest to the following:

- Immediately prior to establishing residency at the address that I have provided above, I resided in a Nursing Facility.
  - I resided at this Nursing Facility for a minimum of the last 30 consecutive days immediately prior to my discharge, not including the day of discharge;
- I agree to receive my community-based long term care Medicaid coverage care and support from a Managed Long Term Care (MLTC) plan. I understand that if I disenroll from MLTC coverage in the future, I will no longer be entitled to the special income standard that I am claiming now and that my income eligibility for continuing Medicaid will be determined without that special standard being applied to my case budget.
- I have enrolled/am in the process of enrolling in the following MLTC plan:

\_\_\_\_\_  
MLTC Plan Name

- I also understand that if, for any reason, I do not enroll in a MLTC plan, I will not be eligible for the special income standard that I am claiming and that my income eligibility for continuing Medicaid will be determined without that special standard being applied to my case budget.

Signature of Consumer/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about this form, or if you would prefer to submit this form directly to the Home Care Services Program (instead of to the Managed Long Term Managed Care Plan that you have chosen to join), please call (929) 221-0849

**DISCHARGE NOTICE**

 <b>NYC</b> Human Resources Administration Department of Social Services
MAP-259f 05/22/2013 (Replaces MAP-1124)

Date: \_\_\_\_\_

**TO:**

Medical Assistance Program  
NHED - Expedited Discharge Unit  
P.O. Box 24210  
Brooklyn, NY 11202-9810

**FROM:**

NAME OF FACILITY	
ADDRESS	
PROVIDER NUMBER	
CONTACT PERSON	TELEPHONE

RESIDENT'S NAME	
CIN	SOCIAL SECURITY NUMBER

**At the actual time of discharge, fax this form to (917) 639-0687.**

The above-named resident was discharged on \_\_\_\_\_ to \_\_\_\_\_

- |  |   |  |                                   |                                  |
|--|---|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Out of State  | <input type="checkbox"/> Own Home       | <input type="checkbox"/> Relative's Home | <input type="checkbox"/> IRA      | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Out of County | <input type="checkbox"/> ALP Adult Home | <input type="checkbox"/> Congregate Care | <input type="checkbox"/> Hospital | <input type="checkbox"/> AWOL    |

Other \_\_\_\_\_

Community Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dialysis Services needed  Yes  No If "yes" which center \_\_\_\_\_

Private Home Care Agency \_\_\_\_\_

CASA Office \_\_\_\_\_

Address \_\_\_\_\_

Other (specify) \_\_\_\_\_

**If resident was discharged to another Nursing Home use form MAP-2159 and submit to the Transaction Unit.**

PROVIDER ID NUMBERS AND PLAN CODES



Medicaid Managed Care Plan	Provider ID	BP	eMedNY Code	Telephone Number	Boroughs	Products MA, CHP, FHP
Affinity Health Plan	00477156	02	82	800-553-8247	All	All
Emblem Health (Formerly Health Insurance Plan of Greater NY [GHI/HIP])	00313979	07	99	800-447-8255		
HealthFirst PHSP, Inc.	01479670	01	SF	866-463-6743		
HealthPlus, an Amerigroup Company	01617894	66	KP	800-950-7679		
Metro-Plus (Metropolitan Health Plus)	00894519	03	92	800-303-9626	All, except SI	
NY State Catholic Health Plan/Fidelis	01751046	66	SP	888-343-3547	All	
United Healthcare Community Plan	01403176	01	MO	800-396-7177	All	
Wellcare of New York, Inc	01182503	66	WC	800-288-5441	All, except SI	

HIV Special Needs Plans (SNP) →	Plan Name	Provider ID	eMedNY Code	Telephone Number	Boroughs
	Amida Care Inc.	02191582	OD	800-556-0689	All
	Metro Plus	02191362	OM	800-303-9626	All, except SI
	VNSNY Choice Select	03420871	VS	866-265-7306	

Medicaid Advantage/Dual Eligible Plans (BP Code = 71)	Provider ID	eMedNY Code	Customer Service	TTY/TDD	Boroughs
Affinity	02802899	YY	866-247-5678	800-662-1220	All
Elderplan, Inc MA	03186129	YJ	718-921-7979	800-662-1220	
Emblem Health (Formerly Health Insurance Plan)	02707899	YC	800-447-9733	877- 208-7920	
Emblem Health Medicare Choice Value (Formerly Group Health Insurance)	02591073	Y4	866 -557-7300	877- 208-7920	
Fidelis Dual Advantage NYC	02738989	YD	800-247-1447	800-695-8544	
Healthfirst Maximum	02594847	Y8	888-260-1010	800-662-1220	All, except SI
Liberty Health Advantage, Inc.	02660144	Y9	866- 542-4269	800- 662-1220	All
MetroPlus MA Advantage	02922750	YM	800-303-9626	800-881-2812	All, except SI
Senior Whole Health of New York Medicaid Advantage	02872888	YR	877-353-0185	711	All, except SI
Touchstone Health (Prestige Plan)	02902761	YT	888-777-0204	888-777-0301	All, except Manhattan
UnitedHealthcare Dual Advantage	03238240	YU	800-514-4912	877-486-2048	All
Wellcare Liberty (Medicaid Advantage Plan)	02645710	YW	800-650-4359	877-247-6272	Brooklyn, Bronx, Queens
VNS MA Advantage	1528059805	VN	866-783-4444	711	All

**MA ADVANTAGE PLUS PLANS**

PLAN NAME	PLAN ADDRESS	BOROUGHES	PLAN TEL. NO.	TTY/TDD	PROVIDER ID	eMedNY CODE	BP
Elderplan, Inc	745 64 <sup>th</sup> Street Brooklyn, NY 11220	All	866-386-9437	800-662-1220	03173113	YL	72
Emblem Health (Formerly Health Insurance Plan)	55 Water Street New York, NY 10041	All	800-447-9161	888-447-4833	03239801	ZH	72
Fidelis	95-25 Queens Blvd. Rego Park, NY 11374	All	877-533-2404	800-558-1125	02927631	YF	72
Guildnet Gold, Inc.	15 West 65 <sup>th</sup> Street, 4 <sup>th</sup> Fl New York, NY 10023	All, except Staten Island	800-932-4703	800-662-1220	02942923	YG	72
HealthFirst CompleteCare	100 Church Street New York, NY 10007	All	888-260-1010	888-542-3821	03420808	MH	72
HealthPlus, an Amerigroup Company	241 37 <sup>th</sup> St, 4 <sup>th</sup> Fl. Brooklyn, NY 11232	All	866-805-4589	800-855-2880	03173080	YO	72
Senior Whole Health of New York Medicaid Advantage Plus	450 7 <sup>th</sup> Avenue Suite 1601 New York, NY 10001	All, except Staten Island	877-353-0185	711	02932896	YH	72
VNSNY CHOICE Total	1250 Broadway, 11 <sup>th</sup> Fl. New York, NY 10001	All	866-597-6674	711	02914056	YN	72

**PROGRAM FOR ALL INCLUSIVE CARE FOR THE ELDERLY (PACE) PLANS**

PLAN NAME	PLAN ADDRESS	BOROUGHES	PLAN TEL. NO.	PROVIDER ID	eMedNY CODE	BP
ArchCare Senior Life	155 E. 56 <sup>th</sup> Street 2 <sup>nd</sup> Fl. New York, NY 10022	Bronx, Manhattan, Staten Island	866-263-9083	03114514	AC	75
Centerlight Healthcare PACE	612 Allerton Avenue Bronx, NY 10457	All	877-226-8500	01234037	C7	75

**(Remainder of page left blank intentionally)**

**MANAGED LONG TERM CARE (MLTC) PARTIAL CAP PLANS**

PLAN NAME	PLAN ADDRESS	BOROUGHES	PLAN TEL. NO.	PROVIDER ID	eMedNY CODE	BP
Aetna Better Health	55 West 125 <sup>th</sup> Street, 13 <sup>th</sup> Fl. New York, NY 10027	Brooklyn, Manhattan, Queens	855-456-9126	03458546	AH	66
Agewell	271-11 76 <sup>th</sup> Avenue New Hyde Park, NY 11040	All, except Staten Island	866-586-8044	03481927	AG	66
AlphaCare	335 Adams Street, 26 <sup>th</sup> Fl. Brooklyn, NY 11201	All, except Staten Island	888-770-7815	03560441	AL	66
Archcare Community Life	205 Lexington Avenue New York, NY 10016	All	855-467-9351	03466800	AP	66
Centerlight Healthcare Select	612 Allerton Avenue Bronx, NY 10457	All	877-226-8500	02710185	TF	66
Centers Plan For Healthy Living	75 Vanderbilt Avenue, Suite 600 Staten Island, NY 10304	All	855-270-1600	03506989	CP	66
ElderServe Health Inc.	5901 Palisades Avenue Riverdale, NY 10471	All	800-370-3600	03234044	EH	66
Extended	21 Penn Plaza, Suite 304 New York, NY 10001	All	855-299-6492	03549135	EC	66
Fidelis Care at Home	95-25 Queens Blvd. Rego Park, NY 11374	All	800-688-7422	01788325	GD	66
Guildnet, Inc.	15 West 65 <sup>th</sup> Street, 4 <sup>th</sup> Fl. New York, NY 10023	All	800-932-4703	01827572	GN	66
HealthPlus, an Amerigroup Company	241 37 <sup>th</sup> St, 4 <sup>th</sup> Fl. Brooklyn, NY 11232	All	800-600-4441	02644562	KX	66
HIP/Emblem MLTC	55 Water Street New York, NY 10041	All	888-447-9161	03416231	HP	66
HomeFirst, Inc	6323 Seventh Avenue Brooklyn, NY 11220	All	866-389-2656	03253707	ED	66
Independence Care System	257 Park Avenue South, 2 <sup>nd</sup> Fl. New York, NY 10010	All, except Staten Island	877-427-2525	01865329	IX	66
Integra	2701 Emmons Avenue Brooklyn, NY 11235	All	855-661-0002	03475427	IT	66
MetroPlus	160 Water Street, 3 <sup>rd</sup> Fl. New York, NY 10038	All, except Staten Island	855-355-6582	03466906	MP	66
Montefiore HMO	200 Corporate Boulevard South Yonkers, NY 10701	Bronx	855-556-6683	03594052	MF	66
North Shore LIJ	2200 Northern Blvd. Suite 104 East Hills, NY 11548	All, except Bronx	855-421-3066	03580307	NS	66
Senior Health Partners A Healthfirst Company	100 Church Street, 17 <sup>th</sup> Fl. New York, NY 10007	All	866-585-9280	02104369	H1	66
Senior Whole Health of New York MLTC	450 7 <sup>th</sup> Avenue, Suite 1601 New York, NY 10001	All, except Staten Island	877-353-0185	03459881	SW	66
UnitedHealthcare Personal Assist	77 Water Street, 14 <sup>th</sup> Fl. New York, NY 10005	All	877-512-9354	03439663	UH	66
VillageCareMax	154 Christopher Street New York, NY 10014	All, except Staten Island	800-469-6292	03420399	VL	66
VNSNY CHOICE	1250 Broadway New York, NY 10001	All	888-867-6555	01750467	VC	66
WellCare Advocate	110 5 <sup>th</sup> Avenue, 3 <sup>rd</sup> Fl. New York, NY 10011	All	866-661-1232	02825230	WN	66

**Managed Long Term Care, Medicaid Advantage Plus, and PACE plans by County in NYS with Enrollment as of June – Oct. 2014**

**Code: Shaded = MAP or PACE plan (includes Medicare)**  
**County names in BOLD are Mandatory MLTC**

<b>County and Date Became Mandatory</b>	<b>Name of plan/ company</b>	<b>Enrollment 6/2014</b>	<b>Enrollment 10/2014</b>	<b>Type of plan</b>
<b>ALBANY<sup>1</sup></b> (1/2014)	NYS Catholic Health Plan	51	51	MAP
	FIDELIS MAP	0	0	MAP
	EDDY SENIOR CARE	3	2	PACE
	FIDELIS CARE AT HOME	104	148	MLTC
	VNS CHOICE	148	168	MLTC
	WELLCARE	38	49	MLTC
	HOMEFIRST (ElderPlan)	6	7	MLTC
	UNITED HEALTHCARE PERSONAL ASSIST.	5	15	MLTC
	VNA HOME CARE OPTIONS	39	54	MLTC
ALLEGANY	TOTAL SENIOR CARE	18	18	PACE
	FIDELIS CARE AT HOME	0	0	MLTC
<b>BROOME</b> (9/2014)	FIDELIS CARE AT HOME	12	16	MLTC
	UNITED HEALTH CARE PERSONAL ASSIST.	0	0	MLTC
CATTARAUGUS	TOTAL SENIOR CARE	80	87	PACE
	FIDELIS CARE AT HOME	1	2	MLTC
<b>CAYUGA</b> (6/2014)	FIDELIS CARE AT HOME	1	8	MLTC
	VNA HOME CARE OPTIONS	0	7	MLTC
CHAUTAUQUA	FIDELIS CARE AT HOME	1	2	MLTC
CHENANGO	FIDELIS CARE AT HOME	1	1	MLTC
<b>COLUMBIA</b> (4/2014)	FIDELIS CARE AT HOME	5	10	MLTC
	VNSNY CHOICE	24	34	MLTC
CORTLAND	FIDELIS CARE AT HOME	2	2	MLTC
<b>DELAWARE</b> (9/22/2014)	FIDELIS CARE AT HOME	9	14	MLTC
	VNSNY CHOICE	0	0	MLTC
<b>DUTCHESS</b> (9/2014)	ELANT	77	138	MLTC
	FIDELIS CARE AT HOME	21	24	MLTC
	VNS CHOICE	14	10	MLTC
<b>ERIE</b> (1/2014)	CENTERS PLAN FOR HEALTHY LIV	63	88	MLTC
	FIDELIS CARE AT HOME	178	269	MLTC
	TOTAL AGING IN PLACE PROGRAM	127	142	MLTC
	WELLCARE	145	179	MLTC
	FIRST CHOICE HEALTH	0	0	MLTC
	HOMEFIRST (ElderPlan)	3	11	MLTC
	UNITED HEALTH CARE	3	36	MLTC
	VNSNY CHOICE	103	116	MLTC
	Catholic Health CHS BUFFALO LIFE	168	180	PACE
ESSEX	FIDELIS CARE AT HOME	2	2	MLTC

County and Date Became Mandatory	Name of plan/ company	Enrollment 6/2014	Enrollment 10/2014	Type of plan
<b>FULTON (9/2014)</b>	FIDELIS CARE AT HOME	12	18	MLTC
	VNSNY CHOICE	0	0	MLTC
GENESEE	FIDELIS CARE AT HOME	0	0	MLTC
<b>GREENE ( 6/2014)</b>	VNSNY CHOICE	12	30	MLTC
HAMILTON	FIDELIS CARE AT HOME	0	0	MLTC
<b>HERKIMER ( 6/2014)</b>	FIDELIS CARE AT HOME	11	21	MLTC
	SENIOR NETWORK HEALTH	48	46	MLTC
	VNSNY CHOICE	0	0	MLTC
JEFFERSON	VNA HOME CARE OPTIONS	0	0	MLTC
LIVINGSTON	FIDELIS CARE AT HOME	24	28	MLTC
<b>MADISON (11/14?)</b>	VNA HOME CARE OPTIONS	21	38	MLTC
	VNSNY CHOICE	0	0	MLTC
<b>MONROE (1/2014)</b>	FIDELIS CARE AT HOME	170	260	MLTC
	HOMEFIRST (ElderPlan)	453	571	MLTC
	UNITED HEALTH CARE Personal Ass	3	35	MLTC
	VNSNY Choice	14	19	MLTC
	ELDERPLAN	0	0	MAP
	ElderOne (was INDEPEND. LIVING FOR SENIORS)(Rochester Gen Hosp.)	560	611	PACE
<b>MONTGOMERY (9/2014)</b>	FIDELIS/ NYS Catholic Health Plan	4	4	MAP
	FIDELIS CARE AT HOME	14	13	MLTC
	VNSNY CHOICE	0	0	MLTC
<b>NASSAU (Jan. 2013)</b>	ELDERPLAN MAP	4	4	MAP
	GUILDNET GOLD	72	71	MAP
	HEALTHFIRST COMPLETE CARE	15	16	MAP
	EMBLEMHEALTH (HIP)	75	72	MAP
	VNSNY CHOICE TOTAL	0	0	MAP
	AETNA BETTER HEALTH	264	263	MLTC
	AGEWELL NEW YORK	363	388	MLTC
	CENTERLIGHT	132	118	MLTC
	ELDERPLAN (HomeFirst)	130	142	MLTC
	ELDERSERVE	93	91	MLTC
	EXTENDED	29	32	MLTC
	FIDELIS CARE AT HOME	583	585	MLTC
	GUILDNET	1,531	1,602	MLTC
	EMBLEMHEALTH (HIP)	253	258	MLTC
	INTEGRA	55	80	MLTC
	NORTH SHORE-LIJ	315	430	MLTC
	SENIOR HEALTH PARTNERS INC	201	206	MLTC
	VNSNY CHOICE	345	324	MLTC
	WELLCARE	62	78	MLTC
	CenterLIGHT PACE	62	55	PACE

County and Date Became Mandatory	Name of plan/ company	Enrollment 6/2014	Enrollment 10/2014	Type of plan
NIAGARA (11/2014?)	COMPLETE SENIOR CARE	116	117	PACE
	CENTERS PLAN FOR HEALTHY LIV.	35	36	MLTC
	FIDELIS CARE AT HOME	0	2	MLTC
	FIRST CHOICE HEALTH	0	0	MLTC
	HOMEFIRST (ElderPlan)	0	1	MLTC
ONEIDA (6/2014)	FIDELIS CARE AT HOME	32	75	MLTC
	SENIOR NETWORK HEALTH	433	449	MLTC
	UNITED HEALTH CARE Personal Ass	0	9	MLTC
	VNSNY CHOICE	0	0	MLTC
ONONDOGA (1/2014)	FIDELIS CARE AT HOME	45	67	MLTC
	VNA HOME CARE OPTIONS	280	313	MLTC
	UNITED HEALTH CARE Personal Ass.	12	31	MLTC
	HOMEFIRST (ElderPlan)	1	1	MLTC
	VNSNY CHOICE	0	1	MLTC
	PACE CNY	463	475	PACE
ONTARIO	FIDELIS CARE AT HOME	1	2	MLTC
ORANGE (9/2013)	ELANT	283	300	MLTC
	FIDELIS CARE AT HOME	417	437	MLTC
	HAMASPIK CHOICE	90	122	MLTC
	HOMEFIRST (ElderPlan)	1	6	MLTC
	UNITED HEALTH CARE Personal Ass	0	3	MLTC
	VNSNY CHOICE	20	21	MLTC
	WELLCARE	119	141	MLTC
ORLEANS	FIDELIS CARE AT HOME	0	3	MLTC
OSWEGO (11/2014?)	FIDELIS CARE AT HOME	6	11	MLTC
	VNA HOME CARE OPTIONS	3	9	MLTC
	PACE CNY	0	0	PACE
OTSEGO	VNSNY CHOICE	0	1	MLTC
PUTNAM (4/2014)	ARCHCARE	30	34	MLTC
	FIDELIS CARE AT HOME	12	45	MLTC
	VNSNY CHOICE	0	2	MLTC
RENSSELAER (6/2014)	FIDELIS MAP/ NYS Catholic Health PI	26	25	MAP
	FIDELIS CARE AT HOME	14	26	MLTC
	HOMEFIRST (ElderPlan)	6	11	MLTC
	VNSNY CHOICE	52	101	MLTC

<b>County and Date Became Mandatory</b>	<b>Name of plan/ company</b>	<b>Enrollment 6/2014</b>	<b>Enrollment 10/2014</b>	<b>Type of plan</b>
<b>ROCKLAND (9/13)</b>	CENTERLIGHT	231	140	MLTC
	CENTERS PLAN FOR HEALTHY LIV	23	21	MLTC
	ELANT	251	302	MLTC
	ELDERPLAN	13	18	MLTC
	FIDELIS CARE AT HOME	392	446	MLTC
	HAMASPIK CHOICE	96	175	MLTC
	HOMEFIRST (ElderPlan)	13	18	MLTC
	UNITED HEALTH CARE Personal Ass	1	0	MLTC
	VNSNY CHOICE	16	16	MLTC
	WELLCARE	133	158	MLTC
<b>SARATOGA (6/2014)</b>	VNSNY CHOICE	14	37	MLTC
	VNA HOMECARE OPTIONS	0	11	MLTC
	HOMEFIRST (ElderPlan)	0	3	MLTC
<b>SCHENECTADY (6/2014)</b>	HOMEFIRST (ElderPlan)	2	17	MLTC
	VNSNY CHOICE	0	0	MLTC
	FIDELIS CARE AT HOME	28	33	MLTC
	EDDY SENIOR CARE	137	151	PACE
	FIDELIS MAP/ NYS Catholic Health PI	25	25	MAP
<b>SCHOHARIE (9/2014)</b>	FIDELIS CARE AT HOME	0	0	MLTC
	VNSNY CHOICE	0	0	MLTC
STEUBEN	FIDELIS CARE AT HOME	1	1	MLTC
<b>SUFFOLK (Jan. 2013)</b>	Guildnet GOLD (MAP)	83	82	MAP
	HIP (EMBLEMHEALTH)	26	26	MAP
	VNSNY CHOICE TOTAL	0	0	MAP
	CENTERLIGHT	85	86	PACE
	AETNA BETTER HEALTH	256	285	MLTC
	AGEWELL NEW YORK	148	167	MLTC
	CENTERLIGHT SELECT	170	155	MLTC
	ELDERPLAN (HomeFirst)	41	51	MLTC
	ELDERSERVE	124	141	MLTC
	EXTENDED	3	5	MLTC
	FIDELIS CARE AT HOME	397	394	MLTC
	GUILDNET	1,394	1,499	MLTC
	HIP (EMBLEMHEALTH)	66	70	MLTC
	INTEGRA	24	38	MLTC
	VNSNY CHOICE	105	108	MLTC
	NORTH SHORE LIJ	35	77	MLTC
WELLCARE	15	24	MLTC	
<b>SULLIVAN (4/2014)</b>	FIDELIS CARE AT HOME	18	74	MLTC
	HAMASPIK CHIOCE	89	147	MLTC
	VNSNY CHOICE	1	2	MLTC
TIOGA	FIDELIS CARE AT HOME	4	4	MLTC
TOMPKINS	FIDELIS CARE AT HOME	2	2	MLTC

County and Date Became Mandatory	Name of plan/ company	Enrollment 6/2014	Enrollment 10/2014	Type of plan
<b>ULSTER</b> (4/2014)	FIDELIS CARE AT HOME	82	175	MLTC
	HAMASPIK CHOICE	26	72	MLTC
	VNS CHOICE	1	14	MLTC
	WELLCARE	41	66	MLTC
<b>WARREN</b> (9/22/2014)	FIDELIS CARE AT HOME	1	1	MLTC
	VNSNY CHOICE	0	0	MLTC
<b>WASHINGTON</b> (6/2014)	FIDELIS CARE AT HOME	4	14	MLTC
	VNSNY CHOICE	0	2	MLTC
WAYNE	FIDELIS CARE AT HOME	1	2	MLTC
<b>WESTCHESTER</b> (Jan. 2013)	AGEWELL NEW YORK	293	331	MLTC
	ALPHACARE	9	18	MLTC
	ARCHCARE COMMUNITY LIFE	430	436	MLTC
	CENTERLIGHT	369	310	MLTC
	ELDERPLAN (HomeFirst)	329	345	MLTC
	ELDERSERVE	143	163	MLTC
	FIDELIS CARE AT HOME	252	281	MLTC
	GUILDNET	209	247	MLTC
	HIP / EMBLEMHEALTH	41	44	MLTC
	HHH CHOICES	89	84	MLTC
	INTEGRA	33	58	MLTC
	MONTEFIORE	49	76	MLTC
	SENIOR HEALTH PARTNERS	162	185	MLTC
	VNSNY CHOICE	254	239	MLTC
	WELLCARE	30	42	MLTC
	CENTERLIGHT	223	224	PACE
	ELDERPLAN	0	3	MAP
	HIP/EMBLEMHEALTH	5	7	MAP
VNSNY CHOICE TOTAL	0	0	MAP	
WYOMING	FIDELIS CARE AT HOME	0	0	MLTC
<b>TOTAL UPSTATE</b>			19,689	

**TOTAL ENROLLMENT Oct. 2014**

	NYC	Rest of State	Total statewide
<b>PACE</b>	3,611	2,006	5,617
<b>MAP</b>	5,448	386	5,834
<b>MLTC</b>	107,743	17,297	125,040
<b>TOTAL</b>	<b>116,802</b>	<b>19,689</b>	<b>136,491</b>

**New York City – Enrollment in MLTC, MAP and PACE Plans June. And Mar 2015**

	March 2013	June 2014	Mar 2015
<b>MEDICAID ADVANTAGE PLUS</b>			
1. HealthFirst	1,319	2,836	3,444
2. Elderplan	742	798	811
3. HIP of Greater New York (EmblemHealth)	365	523	523
4. Guildnet	383	540	573
5. VNS Choice Plus	77	223	197
6. NYS Catholic Health Plan	102	86	75
7. Senior Whole Health	42	29	54
<b>NYC Total MAP</b>	<b>3,093</b>	<b>5,035</b>	<b>5,680</b>
<b>MLTC PACE PLANS</b>			
1. ARCHCARE SENIOR LIFE	224	339	375
2. COMPREHENSIVE CARE MGMT	2,903	3,435	3,056
<b>Total MLTC PACE</b>	<b>3,127</b>	<b>3,774</b>	<b>3,431</b>
<b>MLTC PARTIAL CAPITATION PLANS</b>			
VNS CHOICE	18,619	16,446	15,108
SENIOR HEALTH PARTNERS INC	7,459	10,879	13,713
GUILDNET	10,228	11,229	10,815
ELDERSERVE	7,866	10,009	10,049
ELDERPLAN	7,252	9,620	9,320
CENTERLIGHT	7,839	3,435	6,280
WELLCARE	4,028	5,712	6,248
FIDELIS CARE AT HOME	3,731	5,767	5,894
INDEPENDENCE CARE SYSTEMS	4,172	5,081	5,339
VILLAGE CARE MAX	1,501	2,944	3,601
AGEWELL NEW YORK (Parker Jewish)	268	2,430	3,389
AMERIGROUP/HealthPlus	2,705	2,798	2,738
AETNA BETTER HEALTH	226	2,099	2,505
CENTERS PLAN FOR HEALTHY LIVING	48	1,669	2,164
INTEGRA (Personal Touch)	0	1,151	2,125
SENIOR WHOLE HEALTH	178	916	1,764
ARCHCARE COMMUNITY LIFE	114	1,407	1,457
ALPHACARE (Magellan)	0	545	1,431
UNITED HEALTHCARE	147	746	1,010
NORTH SHORE-LIJ HEALTH PLAN	0	381	983
HIP/ EMBLEMHEALTH	577	978	943
METROPLUS	54	577	885
MONTEFIORE HMO	0	290	434
EXTENDED MLTC	0	228	317
HHH CHOICES	1,872	2,190	0
<b>Total NYC</b>	<b>78,884</b>	<b>99,527</b>	<b>108,512</b>
<b>OUT OF NYC</b>			<b>19,731</b>
<b>Total Statewide MLTC</b>			<b>128,243</b>
<b>FIDA enrollment APRIL 2015</b>			<b>3,600</b>

Data from [http://www.health.ny.gov/health\\_care/managed\\_care/reports/enrollment/monthly/](http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/)

Contact information for plans at [http://www.health.ny.gov/health\\_care/managed\\_care/mltc/mltcplans.htm](http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm) and at

<http://nymedicaidchoice.com/program-materials> (Long Term Care Plans by region)

**Mandatory rollout -- all require MANDATORY enrollment in MLTC plans, with option of choosing MAP or PACE instead, for ADULT (>21) dual eligibles who need Medicaid community-based long term care services.**

	Counties	" <u>Announcement</u> " letter sent	<u>60-day</u> "Choice" letters sent	"Front door" closed - no new Personal Care applications at local Medicaid office
9/2012 - 12/2013	NYC, Nassau, Suffolk, Albany, Erie, Monroe, Nassau, Onondaga, Orange, Rockland, Suffolk, Westchester			
Jan 2014	Columbia, Putnam, Sullivan, Ulster	April 2014	early May 2014	May __ 2014
June 2014	Cayuga, Herkimer, Oneida, and Rensselaer	Week of May 23, 2014	week of June 2, 2014	May 30th
July 2014	Greene, Saratoga, Schenectady, and Washington	Week of June 30th	Week of July 14	July 7, 2014
August 2014	Dutchess, Montgomery, Broome, Fulton, Schoharie	Week of Aug. 29th	Week of Sept. 22nd	September 8, 2014
September 2014	Delaware, Warren	Sept. 15th	Oct. 1st	Sept. 22 <sup>nd</sup> , 2014

**NOTE MAP and PACE are options but these plans combine Medicare Advantage with MLTC and Medicaid, and would control ALL access to primary and acute care paid for by Medicare AND Medicaid. In order to keep your own doctor and pay with Medicare, join an MLTC plan.**

<sup>1</sup> **BOLD** = Mandatory county as of October 2014.

GREY = MAP or PACE plan