

Tools for Choosing a Medicaid Managed Long Term Care Plan

As described in [this article](#), most adults in NYS who have Medicaid and Medicare, who need Medicaid personal care or CDPAP services or long-term CHHA or adult day care services, must select and enroll in a managed long term care plan, or a PACE or Medicaid Advantage Plus plan. Starting in May 2022 those not already receiving personal care or CDPAP through their local Dept. of Social Services (DSS) must be assessed through the NY Independent Assessor - [see more here](#). For those who are receiving home care through their Local DSS, such as for Immediate Need, if they don't select one within 60 days of receiving an [enrollment letter](#) from New York Medicaid Choice, they will be assigned to a "partially capitated" managed long term care (MLTC) plan. (See more information on the [enrollment process](#))

The information they will receive -- Links to the information consumers are receiving from New York Medicaid Choice is in [this article](#), including the following:

1. [Official Guide to Managed Long Term Care](#), written and published by NY Medicaid Choice (Maximus) - note - consumer advocates had the opportunity to review a very early draft of this guide months ago, but never had the chance to review or see the guide again until today)
2. List of Plans - [Partial-Cap MLTC](#), [PACE](#), and [Medicaid Advantage Plus](#) - (NY Medicaid Choice lists, which include contact info. and links to web sites)
 - [Statewide Plan contact list](#) (NYS DOH site), and [Statewide version of contact list adapted by Selfhelp](#)
 - <http://www.nymedicaidchoice.com/program-materials> - See Long Term Care plans - separate lists for NYC, Nassau-Suffolk, and Westchester, Hudson Valley, with separate list for each of the 3 types of plans - MLTC/MAP/PACE
 - [See HRA NYC chart](#) showing MLTC plans including MLTC, MAP, and PACE as well as Medicaid Managed Care, Medicaid Advantage, and Special Needs plans. Has eMedNY codes
 - [NYC Chart organized by insurance company](#), showing which different MLTC/MAP/PACE plans are offered by the company as of Dec. 2013 .
 - ◆ [Medicare Advantage plans and enrollment in NYC](#), along with MLTC/MAP/PACE and MEDICAID ADVANTAGE plans offered by the same company as of Feb. 2013 -
 - [Statewide chart by COUNTY](#) showing MLTC/MAP/PACE plans with current enrollment as of December 2013-- Enrollment statistics are updated monthly by NYS DOH here -- [Monthly Medicaid Managed Care Enrollment Report](#)
 - ◆ [Medicare Advantage plans and enrollment in counties outside NYC](#), along with MLTC/MAP/PACE and MEDICAID ADVANTAGE plans offered by the same company as of Feb. 2013 -

If the consumer does not select a plan, they are randomly assigned to a plan. Even if New York Medicaid Choice helps them pick a plan, we understand that the sole criterion NY Medicaid Choice will use in plan selection is the plan network of providers -- this company will have access to an internal database showing all of the networks of providers in each plan, so that it can recommend a plan that contracts with the providers of the client's choice.

Here is other information that may be helpful in selecting a plan.

NYLAG MLTC Data Transparency Project

Click on [this link](#) to compare extensive data about different MLTC plans in different regions, including how many hours of personal care or CDPAP plans authorize. Read NYLAG's [Report](#) about what data is available to compare plans, and recommending more transparency from the State.

NYS Dep't of Health MLTC Consumer Guides and Reports

All MLTC plans are required to report certain quality data to the State. The State posts reports each year at [this link](#), including some results of customer satisfaction surveys conducted by the Dep't of Health. These data for have been summarized on the DOH website, and may help consumers comparing different plans:

- [Long Island Region](#)
- [New York City](#)
- [Westchester County](#)

Please note that consumer advocate have criticized the State's reports for lacking important information that is necessary for consumers to make an informed choice about plans. See [New York's 2012 Managed Long Term Care Report: An Incomplete Picture \(April 2013\)](#) -- *The Coalition to Protect the Rights of New York's Dually Eligible* issued this "[Incomplete Picture](#)" Report as a critique of the NYS Dept. of Health's [2012 Managed Long Term Care Report](#), issued in December 2012. The State's Report does not provide the full spectrum of information that beneficiaries need to make informed health care choices -- For example, The 2012 Report presents the most favorable findings of consumer surveys, but fails to mention less positive but important findings from IPRO's report, including the fact that higher need respondents in poorer health were significantly more likely to raise concerns about services than those in good health. The Report fails to include any meaningful utilization data, showing the amount of and type of services provided by MLTC plans or the medical-loss ratios of the various plans. The Report fails to comply with the Public Health Law that requires the report to present information in a way that allows beneficiaries to make meaningful comparison between plans. Inadequate quality data is reported as well.

ASK PLAN TO COME TO HOME, ASSESS NEEDS & DESCRIBE PROPOSED CARE PLAN *BEFORE* ENROLLING.

The State's Q & A issued Aug. 21, 2012 states:

Q39. How do new Medicaid applicants enroll into MLTC? Can they be assessed by multiple plans prior to enrolling or must they enroll in order to get assessed for services?

A39. Consumers new to service must be assessed prior to enrollment. Consumers may contact multiple plans and request assessment, however, services will not be provided until they are enrolled in a plan.

Q44. In mandatory enrollment zip codes, if a consumer contacts a plan to see options during the 60 day period, if a plan conducts a visit, is the consumer entitled to a written plan of care before the enrollment?

A44. The plan is responsible for issuing a written plan of care.

Information about plans

ADA - Americans With Disabilities Act Compliance by MLTC Plans

An analysis completed by the Center for Independence of the Disabled NY (CIDNY) found MLTC Plans out of compliance with ADA requirements. See Letter to Mark Kissinger, Dep. Commissioner NYS DOH, dated Oct. 5, 2012, from Susan Dooha, Exec. Director, CIDNY, posted at <http://tinyurl.com/CIDNY-MLTC-ADA>, referencing Chart Comparing MLTC ADA Plan Compliance, posted at <http://tinyurl.com/CIDNY-MLTC-ADA-chart-xls>.

Continuity of Care Requirements - Requires Plan to Contract with Former Providers for Short Period

One important factor in choosing a plan is whether you can keep your aide that worked with you when CASA/DSS or a CHHA authorized your care before you enrolled in the MLTC plan? Statewide, the new MLTC plan is required to contract with all home attendant/personal care agencies, certified home health agencies, Lombardi programs, and other care providers that previously had contracts with the local Medicaid program, at least through **March 1, 2014**. See Final Continuity of Care Policy for Managed Long Term Care. This policy is intended for them to be able to keep the same aide they had in the CASA program. If they learn that the assigned MLTC plan does not contract with their current home attendant or home care vendor, they should ask the MLTC plan to do so so that they can keep their aide. Cite the above policy. If the MLTC plan

refuses to allow the client to keep her aide, call the State Dept. of Health at **1-866-712-7197 (MLTC Complaint Line)**.

- The State has clarified that this "continuity" policy will be required in other areas of the State through March 1, 2014. See:
 - ♦ MLTC Policy 13.12: REVISED Personal Care Contracting (thru 12/31/13)
 - ♦ MLTC Policy 13.22: Personal Care Contracting Rates (thru 3/1/2014 in NYC, Long Island & Westchester)
 - ♦ MLTC Policy 13.13: Continuity of Care and Payment Requirements of MLTC Plans to LTHHCP Agencies Providing Care During the 90 Day Transition Period
 - ♦ MLTC Policy 13.23: Coverage of Telehealth Services in MLTC Plans
- For people receiving CDPAP consumer-directed services, the requirement that all plans contract with the local CDPAP vendors goes **through 10/31/13** so consumers can keep their current aides. See Policy for the Transition of Consumer Directed Personal Assistance Services into Managed Care However, as a practical matter, not every plan has entered contracts with every single home attendant vendor in NYC.

PLAN PROVIDER NETWORKS

Despite requests from advocates, the State has not made publicly available any online listing of provider networks. While NY Medicaid Choice has access to some internal database, this is not being made public. The only public information is that posted on the plan's own websites or that the plan will mail you upon request. To help you identify networks, we have compiled information to the extent available as of July 2012.

Is Provider Network Adequate?

The MLTC Model Contract requires the MLTC plan to "...have a minimum of two (2) providers that are accepting new Enrollees in each county in its service area for each covered service in the benefit package unless the county has an insufficient number of providers licensed, certified or available in that county as determined by the Department.

4. Providers of covered services to which an Enrollee must travel must be geographically accessible for the enrolled population. **Travel times must not exceed:**

a. Thirty (30) minutes from the Enrollee's residence in metropolitan areas;

b. Thirty (30) miles from the Enrollee's residence in non-metropolitan areas.

5. If the Contractor is unable to provide necessary services through its contracted network for a particular Enrollee, the Contractor agrees to adequately and timely furnish these services outside of the Contractors' network for as long as the Contractor is unable to

provide them within the network

DOH Model MLTC Contract, Article VII Part D (p. 46)

Look at whether your other providers are in the plan's network. For example --

Nursing Homes in Network and QUALITY of care in Nursing homes

WHAT NURSING HOMES ARE IN MY PLAN'S NETWORK? -NYLAG is beginning to compile charts to compare networks of plans from the directory information listed below. The first type of provider network compiled is for **NURSING HOMES** covered by each plan.

- Click here to download a list of nursing homes in each plan's network as of April 2013, compiled by the State DOH and released in response to a freedom of information request.
- See Long Term Care Community Coalition report with network information (Dec. 2013)

♦ Chart: Nursing Homes in MLTC 2013

Chart: Nursing Homes in Managed Long Term Care With Quality and Plan Information

Chart: MLTC Rankings for Nursing Home Quality 2013

- Click here to download a spreadsheet compiled by NYLAG that has a different page for nursing homes in each borough (last updated February 2012). Check back to this article for additional charts for different types of providers.
- â **For nursing home stays covered by Medicare** for rehabilitation, MLTC plan must pay Medicare coinsurance even if the nursing home is out of the plan's network. DOH confirmed this in a Q&A dated Aug. 16, 2012:

â Q42. As discussed on the MLTC weekly call, can you please confirm that the following assertions are true, and if not, please clarify the policy on the following: (1) MLTC plans must pay the member's Medicare coinsurance for skilled in-patient rehabilitation services provided in an SNF, regardless of whether the facility is in the MLTC plan's nursing home network.

A42. Yes, Managed Long Term Care plans must pay the member's Medicare coinsurance for nursing facilities.

NOTE - However, after the Medicare coverage ends, MLTC plan may decline to pay for nursing home care unless member transfers to an in-network nursing home. The MLTC plan must cover the cost of care pending a reasonable period to transfer. Q&A dated Aug. 16, 2012 Q&A No. 49.

- Click here for a [tool for seeing the severity of deficiencies for nursing homes](#). It has free text capability as well.
The link is set for New York and the nursing homes with the worst deficiencies. This is from ProPublica, a public interest journalism site. Thanks to [Public Signals](#) for this useful link.
- [Mandatory Managed Care in New York State Nursing Homes - A Review and Assessment of Current Access & Quality as the State Mandates Medicaid Managed Long Term Care for Nursing Home Residents](#) - Report of the Long Term Care Community Coalition of NYS, using federal and state data. (Dec. 2013)
- Click here for [Nursing Home Compare](#), a federal database allowing comparison of nursing homes by quality measures, staffing, and deficiencies.
- [2013 Nursing Home Quality Pool \(NHQP\) scores](#) - a State initiative to compute an equitable quality scoring system using existing data sources. The NHQP score is comprised of fourteen quality performance measures, three compliance measures and one efficiency measure. The Department of Health assessed each nursing home on their performance in all areas of the NHQP as compared to their peers. Determinations of fraud or abuse by the Attorney General's office or specific deficiencies cited during the survey process were also incorporated into the results. In January 2014, the State released the ranking of the NHQP scores by quintile; the payment of the 2013 NHQP is [pending](#) CMS approval. The NHQP excludes non-Medicaid, CMS Special Focus Facilities, Specialty-Only Facilities, Continuing Care Retirement Centers, and Transitional Care Units.

Dentists

In addition to a plan's network of dental providers, MLTC recipients as well as mainstream managed care members have the right to access dental services at Academic Dental Center clinics licensed under article 28 of the NY Public Health Law. N.Y. Pub. Health Law Â§ 4403-f(7)(b)(vii)(D) (MLTC statute expressly incorporating Medicaid managed care requirements at N.Y. Soc. Serv. Â§ 364-j(4)(a)(iii)(D)).

There are five dental centers in New York State that meet these criteria. They are:

1. [Columbia University College of Dental Medicine](#);
2. [New York University College of Dentistry](#);
3. [Stony Brook University School of Dental Medicine](#);
4. [University of Buffalo School of Dental Medicine](#) (Daniel Squire);
5. [University of Rochester Eastman Dental Center](#).

Under the [Model MLTC contract](#), dental services at these clinics may be accessed without prior approval and without regard to network participation. Plan must reimburse at reimburse the clinic for covered dental services provided to enrollees at approved Medicaid clinic rates. See Article VII(H)(1) at page 48 of contract. See also MAP Model Contract, at Â§ 22.12(a); PACE Model Contract, at Art. V(L)(c)(sic).

See N.Y. Dep't of Health, [Question and Answer Sheet: Transition of Dental and Orthodontia Coverage from Fee for Service to Medicaid Managed Care](#)

Optometry

Like dental care, optometry services provided by Article 28 clinics affiliated with the College of Optometry of the State

University of New York may be accessed directly by Enrollees without the Contractor's prior approval and without regard to network participation. [Model MLTC contract](#) Article VII(G)(1) at page 48. NYLAG will post list of these clinics soon. Main clinic is

University Eye Center - also offers Homebound visits

SUNY College of Optometry

33 West 42nd St

New York, NY 10036 Phone: (888) 277-5666 or (212) 938-4001 Pre-register using our [Online Appointment Form](#)

MLTC Plan Provider Networks - Where to Find Info (based on info provided by plans and State DOH January 2013)

PLAN	How info available	Phone	Notes
AgeWell New York	Directory online	866-586-8044	
Aetna Better Health	Member Handbook Directory online	1-855-456-9126	
AlphaCare	Directory Online	(855) 363-6110	Member handbook
ArchCare Community Life	Directory online	866-263-9083	Click here for Member Handbook in English & Spanish, with Westchester version
Centerlight Healthcare Select MLTC	Directory online - searchable database	877-226-8500	
Centers Plan for Healthy Living	Directory online	855-270-1600	
ElderServe	Directory Online	800-370-3600	

<u>Extended MLTC</u>	NO WEBSITE AS OF 11/22/13		
<u>Fidelis Care at Home</u>	<u>Searchable database</u> online (select "Fidelis Care at Home," note if provider accepting patients)	800-688-7 422	Must search for particular provider types, no full single directory available.
<u>Guildnet</u>	<u>Directory online</u>	800-932-4703	
<u>HealthPlus MLTC (Amerigroup)</u>	<u>Directory online</u>	800-950-7679	
<u>HHH Choices Health Plan</u>	<u>Directory online</u>	866-663-6877	
<u>HIP MLTC</u>	<u>Directory online</u>	888-447-4838	Caution not to get networks for other HIP Medicaid managed care plans
<u>HomeFirst/ ElderPlan</u>	Directory online: <u>NYC & Westchester County, Nassau County, Monroe County</u>	718-759-4510	
<u>Independence Care System</u>	<u>Directory online</u>	877-427-2525	
<u>Integra MLTC</u>	no directory online	1-855-800-4683	Member handbook in English, Russian and Spanish
<u>MetroPlus</u>	<u>MLTC Provider Directory</u>	855-355-MLTC(6582) (TTY: 1-800-881-2812).	
<u>North Shore-LIJ MLTC</u>	(855) 421-3066	Plan approved by State 10/21/2013 <u>Provider directory</u>	Member handbook
<u>Senior Health Partners</u>	Call for directory. Selfhelp obtained in August 2012 and <u>uploaded here</u> .	800-633-9717	
<u>Senior Whole Health MLTC</u>	<u>Directory online</u> (direct link) or through <u>this webpage</u>	Members 1-877-353-0185 Enrollment 1-877-353-0188	

<u>United Health Personal Assist</u>	<u>View Member Handbook (English)</u>	1-877-512-9354	
	<u>Directory online</u>		
<u>VillageCare Max</u>	<u>Directory online.</u>	800-469-6292	
<u>VNSNY Choice MLTC</u>	<u>Directory online</u>	888-867-6555	Revised May 2012
<u>WellCare Advocate MLTC</u>	<u>Directory online</u>	866-661-1232	Updated once/year - call for more current info

MEDICAID ADVANTAGE PLUS

Plan Name	How Network Info Available	Phone Number	Member Handbook and Additional Notes
<u>Elderplan, Inc.</u>	-	866-386-9437	Elderplan materials available <u>here</u> .
<u>Dual-Eligible (HMO SNP) Medicaid Advantage Plus MLTC</u>	<u>Directory</u>	888-447-9161 TDD 888-447-9161	
<u>Fidelis</u>	<u>Searchable database</u> online (select "Medicaid Adv. Plus," note if provider accepting patients)	877-533-2404	Must search for particular provider types, no full single directory available.
<u>Guildnet Gold, Inc.</u>	Network info <u>online here</u> - scroll down to Provider & Pharmacy Directory and click on borough of choice	800-932-4703 or 800-815-0000	Member handbook available <u>here</u> .
<u>HealthFirst Complete Care</u>	Doctors and hospitals are http://www.healthfirstny.org/our-network-doctors.html but not any other services. Presumably LTC services network is same as <u>Senior Health Partners</u> , affiliate MLTC plan.	online, 888-260-1010	
		866-805-4589	

<u>HealthPlus, an Amerigroup Company</u>	Doctors and other medical providers in MAP plan <u>online here</u> . Long term care does not appear to be online		Member handbook available <u>here</u> .
<u>Senior Whole Health M/M Plus</u>	Directory <u>online</u> for some plans, but says to call for additional info about provider availability for Medicaid Advantage Plus	877-353-0185	Member handbook available <u>here</u> .
<u>VNSNY CHOICE Total</u>	Directory <u>online</u> for Total plan as of 2/2013. See info on networks <u>here</u> .	866-597-6674	Member handbook available for download <u>here</u> .
<u>WellCare Advocate Complete</u>	Directory <u>online</u> , but shows network for various Medicaid & Medicare plans, and cautions that some benefits vary by plan.	866-661-1232	Evidence of Coverage available <u>here</u> .

PACE

Plan Name	How Network Info Available	Phone Number	Member Handbook and Additional Notes
<u>ArchCare Senior Life</u>	Directory <u>online</u>	866-263-9083	
<u>Centerlight Healthcare PACE</u>	Directory <u>online</u> for NYC, Nassau, Suffolk & Westchester	877-226-8500	Member rights listed <u>here</u> .

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