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TO: Local District Commissioners, Medicaid Directors

FROM: Lana Earle, Director
Division of Long Term Care

SUBJECT: Overview of the Retroactive Disenrollment Process: Managed Long Term Care
Retroactive Disenrollment Reason Codes for Local District Use

EFFECTIVE DATE: Immediately

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The purpose of this General Information System (GIS) message is to provide Managed Long Term Care (MLTC) staff of Local Departments of Social Services (LDSS)/NYC's Human Resources Administration (HRA) with updated and new managed long term care retroactive disenrollment reason codes.

Introduction:

Most disenrollments from MLTC Plans are prospective, but disenrollment may be retroactive in certain circumstances. Included in the MLTC Partial Capitation, Medicaid Advantage Plus, and Programs for All-Inclusive Care for the Elderly (PACE) contract is language concerning these retroactive disenrollment reasons and the Department's right to recover capitation payments paid to the contractor for enrollees listed on the monthly roster who are later determined, for the entire applicable payment month, to be ineligible for the applicable program. The Department may only recover capitation payments for Medicaid enrollees listed on a roster if it is determined by the Department that the contractor was not at risk for provision of medical services for any portion of the payment period. However, claims related to certain retroactive disenrollment reason codes (reasons) may be recovered regardless of the provision of medical services. These reasons are subject to the encounter reimbursement process outlined in the May 2017 Medicaid Update.

The role and responsibility of the LDSS/HRA in the retroactive disenrollment process includes the reporting of the applicable retroactive event by notifying the MLTC Plans and the New York State Office of the Medicaid Inspector General (OMIG) of an enrollee's retroactive disenrollment and the effective date of the disenrollment. Please refer to the New MLTC Retroactive Disenrollment Reason codes for the effective date of the disenrollment for the applicable scenario.

The retroactive disenrollment codes for mainstream Medicaid Managed Care Plans, i.e., plans subject to the Medicaid Managed Care (MMC)/Family Health Plus (FHP)/Special Needs Plan (SNP) model contract, may apply to enrollees of MLTC plans and are identified in this document. Due to the new and revised retroactive disenrollment reason codes included in the MMC/FHP/SNP outlined in the [July 27, 2018 letter to local districts and Medicaid managed care plans](#), this GIS message provides additional retroactive disenrollment reason codes that have been developed specifically for reporting MLTC retroactive disenrollment notifications.

Process:

The LDSS/HRA may receive notifications of an issue or event that would warrant a retroactive disenrollment. This notification may be received from a report such as the Public Assistance Reporting Information System (PARIS) Medicaid Interstate Match and the Social Security Administration's Death Master File.

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PARIS Match is an important tool that has the potential to reduce improper Medicaid payments by identifying beneficiaries who are enrolled in multiple State Medicaid programs. The Social Security Administration's Death Master File is compiled from death reports from many sources, including family members, funeral homes, financial institutions, postal authorities, states and other Federal agencies. The file is not a comprehensive file that includes all death records in the United States. These reports are a source that may provide the LDSS/HRA with an event/issue to notify a MLTC plan of a recovery period. Additionally, the MLTC must self-report an event/issue where recovery is appropriate such as when the enrollee:

- is incarcerated;
- has moved out of the MLTC plan's service area;
- is deceased;
- was inappropriately enrolled into the plan with a retroactive effective date; or
- is found to be ineligible at the point of enrollment.

Once the LDSS/HRA has confirmed that the retroactive disenrollment is appropriate, the LDSS/HRA should notify the MLTC plan via the Health Commerce System (HCS) Secure File Transfer 2.0. The LDSS/HRA must also notify OMIG via the HCS application entitled "NYS LDSS and NYSoH Retro Upload". Detailed instructions regarding retroactive disenrollment may be found in the "Retroactive Disenrollment Notification Process" webinar and PowerPoint found on the OMIG website (May 2017). This webinar provides a comprehensive and detailed review of OMIG's retroactive disenrollment notification process. The webinar discusses in detail the electronic retroactive disenrollment notification form and submission instructions that must be used by the LDSS/HRA or other State approved entity, to notify OMIG, Medicaid mainstream managed care and MLTC plans of an enrollee's retroactive disenrollment. While the webinar targets mainstream plans much of the information applies to the MLTC retroactive disenrollment process. The webinar is available on OMIG's website at:

<https://omig.ny.gov/resources/webinars/1050-omig-webinar-37-retroactive-disenrollment-process>

In addition to reporting the issue to the plan and OMIG, the LDSS/HRA would also change the end date of the affected enrollment within the applicable enrollment system.

Please note that the Plans have an opportunity to dispute retroactive disenrollment determinations.

Summary:

The retroactive disenrollment notifications play an important role in ensuring the integrity of the Medicaid Program. OMIG and DOH are committed to assisting the local districts/HRA and other State approved entities in meeting their responsibility to retroactively disenroll Medicaid managed care enrollees and to report these actions in the required form and format.

The Division of Long Term Care and OMIG will be scheduling a meeting soon for all local districts/HRA to review the current process for reporting retroactive disenrollments to OMIG. The meeting will be scheduled in Albany and will also have a Webinar component for those that cannot attend in person.

An MLTC specific PowerPoint is currently in development.

Questions regarding MLTC policy may be submitted to: mltcretrodisputes@health.ny.gov

Questions regarding the retroactive disenrollment notification process may be submitted to: retrodata@omig.ny.gov.

Existing Retroactive Disenrollment Reason Codes applicable to MLTC:

- 01 Incarceration
- 02 Death
- 06 Multiple CINs-Same Medicaid Managed Care Plan
- 10 Break in Coverage
- 12 PARIS Match (Public Assistance Reporting Information System)
- 13 Multiple CINs—Different Medicaid Managed Care Plan
- 14 OMH, OASAS or OPWDD Facility or Waiver Program

NEW MLTC RETROACTIVE DISENROLLMENT REASON CODES¹

Code	Reason	Description	Effective Date of Disenrollment
18	Absent from service area for greater than 30 days (will vary based on product type)	Enrollee has been absent from the service area for more than the entire applicable payment month.	First day of the first full month after the Enrollee left the Contractor 's service area.
19	Level of Functional or Clinical acuity too low for non-duals (non-duals in an MLTC Plan must score 5 or above to be enrolled)	Enrollee is not eligible for MLTC because he/she is assessed as no longer demonstrating a functional or clinical need for community-based long-term care services.	First day of the first full month after the Enrollee became ineligible for MLTC Partial Capitation.
20	Primary service is Social Day Care	Enrollee whose primary service is identified as Social Day Care must be disenrolled from the MLTC plan.	The first day of the first full month after the Enrollee's primary service is determined to be Social Day Care.
21	Assessment tool determines Enrollee no longer eligible	Enrollee is no longer eligible for MLTC Partial Capitation as determined by the assessment tool stipulated by the Department or community based long-term care services.	First day of the first full month after the Enrollee was determined by the assessment tool to be no longer eligible for MLTC Partial Capitation.

¹ The proposed retroactive disenrollment reason codes were based on the MLTC Partial Capitation Model Contract and may not apply to other MLTC plans, e.g., FIDA. Any question regarding which MLTC reason code to use should be directed to DOH.