

Appendix 5: State Specific Enrollment and Disenrollment Guidance for the New York Fully Integrated Duals Advantage (FIDA) Demonstration

This document defines New York specific Enrollment/Disenrollment Requirements where there are differences from the national [Medicare-Medicaid \(MMP\) Enrollment and Disenrollment Guidance as published by the Centers for Medicare & Medicaid Services \(CMS\) on June 14, 2013](#).

This is an appendix and must be read in concert with the national MMP Enrollment and Disenrollment Guidance.

Please note that this guidance applies to only the New York FIDA Demonstration.

Except as outlined in § 30, all activities that are defined as State activities in the national MMP Enrollment and Disenrollment Guidance as published by CMS on June 14, 2013 have been delegated to the State's enrollment broker, New York Medicaid Choice (NYMC).

1. Completion of Enrollment Request - *This section supplements and clarifies the requirements of §10.3 of the MMP Enrollment and Disenrollment Guidance.*

An individual may request enrollment in a FIDA Demonstration plan by a) making a telephone call to the FIDA Plan and requesting the FIDA Enrollment Attestation Form, completing it, and submitting it back to the FIDA Plan in person or by mail (for new-to-service members only), b) making a telephone call to NYMC and requesting the FIDA Demonstration Enrollment Form be sent by mail, completing and submitting it to NYMC for processing, or c) by making a telephone call to NYMC and providing verbal answers to NYMC for each of the required questions included in the FIDA Demonstration Enrollment Form and by verbally authorizing NYMC to process the enrollment request. The "new-to-service" member refers to an eligible individual who is currently in Medicaid Fee-For-Service but is not enrolled in New York managed long term care plan. Online enrollment is not available in the FIDA Program.

For any consumer who calls NYMC to verbally enroll, NYMC will look up the caller in the eMedNY Daily Eligibles File. Through this process, NYMC will have access to all of the caller's information as it is listed in the eMedNY Daily Eligibles File, including address, date of birth, HICN number, Medicaid number, current plan information, and more.

Without a written consent form on file, telephonic enrollment is permitted only when the consumer initiates the call and provides verbal consent for another person to act on their behalf as their "Consumer Representative." Regardless of whether the consumer wants to remain on the line or not, the CSR (NYMC call center specialist) must verify all necessary demographic information and must obtain a consumer's verbal consent prior to working with the consumer representative. The CSR will document the name of the consumer representative and their relationship to the consumer in the system. A verbal consent is valid only for the duration of the call.

NYMC must still attempt to obtain verbal answers to all the items on the enrollment form; however, the enrollment request will be processed as long as NYMC has the following

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information: name, authorized representative signature, *if applicable*; authorized representative contact information, if applicable; plan choice; permanent residence address; mailing address; language preference and alternative formats; an answer to the question about union and employer coverage; and an acknowledgement from the applicant/authorized representative of his/her understanding of the information provided under “Please Read and Sign Below” and the “Release of Information” on the model MMP enrollment form.

Telephonic enrollment requests must be recorded and the caller must be informed at the outset that the call will be recorded so that he or she has the opportunity to terminate the call if he/she so chooses. The recording must include a verbal attestation of the individual’s intent to enroll.

A current Participant in a FIDA Plan may request to enroll into a different FIDA Plan either by completing the FIDA Demonstration Enrollment Form and submitting it to NYMC for processing or by calling NYMC and completing a telephonic request to enroll into a different FIDA Plan. For telephonic enrollment requests, effectuated entirely by the individual, the Participant must provide NYMC with verbal answers for each of the required questions included in the FIDA Demonstration Enrollment Form and a verbal attestation of the intent to enroll by authorizing NYMC to process the enrollment request.

2. Medicaid Eligibility and Additional State-Specific Eligibility Requirements for Enrollment in Medicare-Medicaid Plans - *This section supplements and clarifies the requirements of §10.5 of the MMP Enrollment and Disenrollment Guidance.*

In addition to the eligibility criteria listed in §10, an individual must meet the following criteria in order to be eligible to enroll in a FIDA Plan. The individual must be:

- Age 21 or older at the time of enrollment;
- Entitled to or enrolled in Medicare Part A, enrolled in Medicare Part B, eligible to enroll in Medicare Part D, and receiving full Medicaid benefits; and
- Reside in a FIDA Demonstration county.

The enrollment broker, NYMC, will confirm the eligibility of an applicant. Additionally, an individual must meet one of the following criteria:

- Nursing Facility Clinically Eligible and receiving facility-based long-term services and supports (LTSS), which are subsequently referred to as individuals eligible for facility-based LTSS;
- Eligible for the Nursing Home Transition & Diversion (NHTD) 1915(c) waiver; or
- Require community-based long term care services for more than 120 days. Assessments to identify an individual’s need for 120 days or more of community-based long term care services shall be conducted in accordance with Special Term and Condition 28 of the Partnership Plan Demonstration under Social Security Act Section 1115(a).

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Individuals under any of the following categories are not eligible to enroll in the FIDA Demonstration:

- Individuals under the age of 21;
- Residents of psychiatric facilities;
- Individuals expected to be Medicaid eligible for less than six months;
- Individuals eligible for Medicaid benefits only with respect to tuberculosis-related services;
- Individuals with a "county of fiscal responsibility" code 99 in MMIS (Individuals eligible only for breast and cervical cancer services);
- Individuals receiving hospice services (at time of enrollment);
- Individuals with a "county of fiscal responsibility" code of 97 (Individuals residing in a facility operated by the State Office of Mental Health);
- Individuals with a "county of fiscal responsibility" code of 98 (Individuals residing in an OPWDD facility or treatment center);
- Individuals eligible for the family planning expansion program;
- Individuals under 65 years of age (screened and require treatment) in the Centers for Disease Control and Prevention breast and/or cervical cancer early detection program and need treatment for breast or cervical cancer, and are not otherwise covered under creditable health coverage;
- Residents of intermediate care facilities for individuals with intellectual/developmental disabilities (ICF/IIDD);
- Individuals who could otherwise reside in an ICF/IIDD, but choose not to;
- Individuals eligible for Emergency Medicaid;
- Individuals in the OPWDD Home- and Community-Based Services (OPWDD HCBS) section 1915(c) waiver program;
- Individuals in the following section 1915(c) waiver program: Traumatic Brain Injury (TBI);
- Residents of Assisted Living Programs; and
- Individuals in the Foster Family Care Demonstration.

3. Elections and Effective Dates - *This section supplements and clarifies the requirements of §20 of the MMP Enrollment and Disenrollment Guidance.*

In addition to the options listed in the guidance, on an ongoing (i.e., month to month) basis, individuals who meet the criteria for enrollment in FIDA Plans may:

- Disenroll from a FIDA Plan to enroll into a Medicaid Managed Long Term Care (MLTC) plan;
- Disenroll from an MLTC Plan to enroll into a FIDA Plan;
- Disenroll from Medicaid or Medicare Fee-For-Service (FFS) by enrolling into a FIDA Plan;
- Disenroll from a FIDA Plan to enroll into FFS Medicaid without LTSS services;
- Disenroll from a FIDA Plan to enroll into the Nursing Facility Transition and Diversion

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- (NHTD) Waiver; and
- Disenroll from the NHTD Waiver to enroll into a FIDA Plan.

All new FIDA opt-in (i.e. beneficiary initiated) enrollment requests will take effect the first day of the month following the month in which the enrollment request is initially received, unless the request is subject to the 20th day opt-in enrollment cutoff rule, as described in #4 below. For currently enrolled FIDA Participants, the 20th day opt-in enrollment cutoff rule does not apply when they request enrollment in a different FIDA plan. FIDA Participants can request enrollment into a different FIDA plan up to the last calendar day of the month.

4. Effective Date of Voluntary Enrollments - *This section supplements and clarifies the requirements of §20.1 of the MMP Enrollment and Disenrollment Guidance.*

The State has established a systems cut-off date for new to FIDA opt-in (i.e. beneficiary initiated) enrollments. The systems cut-off date for new to FIDA opt-in enrollments is the 20th day of the month. In order for an enrollment to be effective the first day of the following month, New York's cut-off date for accepting new to FIDA opt-in enrollments is **noon** on the 20th day of each month. In the event that the 20th falls on a weekend or holiday, the cut-off is **noon** of the last business day prior to the 20th day of the month. Enrollment requests received after the 20th of the month will be effective the first day of the second month following the month in which the request was initially received. This cut-off date for processing applies to the following new to FIDA opt-in enrollments:

- Enroll into FIDA from MLTC,
- Enroll into FIDA from NHTD Waiver, and
- Enroll into FIDA from FFS.

Exception to the 20th day cutoff: FIDA to FIDA Plan enrollment requests received by the last calendar day of the month will be effective on the first day of the following month.

5. Effective Date of Voluntary Disenrollment - *This section supplements and clarifies the requirements of §20.2 of the Enrollment and Disenrollment Guidance.*

Individuals have until the last calendar day of the month to request disenrollment for the request to take effect at the end of the month in which the request is received. Individuals will be directed to call NYMC to request disenrollment, but may request disenrollment directly by calling 1-800-MEDICARE, by enrolling directly in a new Medicare Advantage or Medicare prescription drug plan or by sending a written request to NYMC.

The effective date for all voluntary disenrollments is the last day of the month in which the disenrollment request is received.

An individual who requests FIDA Plan disenrollment through NYMC will be assisted in

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selecting an MLTC Plan for his/her LTSS Services and if he/she chooses a partial MLTC plan (and not Medicaid Advantage Plus (MAP) or Program of All Inclusive Care for the Elderly (PACE) plans) will be directed to contact 1-800-Medicare to discuss Medicare choices. An individual who requests FIDA Plan disenrollment through NYMC but wishes to enroll in MAP or PACE will be directed to contact the MAP or PACE plan they wish to join. In the event that the individual does not contact 1-800-Medicare and/or does not enroll in a Medicare Advantage or Medicare prescription drug plan of his or her choice, he/she will be returned to Original Medicare and enrolled by CMS into a Part D Prescription Drug Plan.

Those individuals that request disenrollment through 1-800-Medicare will be directed to contact NYMC to select their MLTC Plan for LTSS. In the event that the individual does not contact NYMC, NYMC will obtain information about the disenrollments from the daily DTRR and will reach out to the individuals and counsel them as to their MLTC plan options. In the event that NYMC cannot reach an individual, he/she will be enrolled into the MLTC plan operated by the parent organization of the FIDA Plan from which they are disenrolling. They will be provided with an MLTC Program enrollment confirmation notice informing them of this enrollment and how they may make an alternative selection.

As in all other instances, these disenrollment requests must take effect on the last day of the month in which the request is received. In the event that a Participant requests a disenrollment from a FIDA Plan to Medicaid Fee-For-Service and the safe discharge process has not yet been completed as of the last day of the month, the Participant will be transferred to the MLTC Plan belonging to the FIDA Plan parent organization so that the safe discharge process can be completed. The Participant will receive notice M14b2 informing them of this plan transfer. Under no circumstances may the FIDA Plan hinder or delay the processing of an individual's request to disenroll from the FIDA Plan, regardless of his/her need for LTSS.

6. Enrollment Procedures – *This section supplements and clarifies the requirements of §30 of the Enrollment and Disenrollment Guidance.*

All FIDA enrollments will be processed by NYMC, the enrollment broker. The local county LDSS offices will not be processing enrollment and disenrollment requests. FIDA Plans may accept new enrollment requests directly from new-to-service individuals and may submit these to Maximus using the U-File process. FIDA Plans may not accept requests for enrollment from individuals currently enrolled in another FIDA Plan or requests for disenrollment from individuals enrolled in their Plan. In addition, they cannot accept opt-out requests directly from individuals and may not process such requests themselves. If a FIDA Plan receives a request for any of these transactions, the FIDA Plan must warmly transfer the individual's call immediately to the State enrollment broker, NYMC. If the call is received by the FIDA Plan on a day that is not a business day for NYMC, the FIDA Plan must warm transfer within one business day of receipt of the call. ~~FIDA Plan~~

All enrollment and disenrollment notices will be sent by NYMC. As part of the enrollment

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process, however, the FIDA Plan will be responsible for printing and mailing the following Exhibits to the FIDA Participants, when circumstances dictate, as further described herein:

- P1 – State Model Plan Welcome Letter (NY-Specific version of Exhibit 5a and 5b)
- P2 - Model Notice to Research Potential Out of Area Status – Address Verification Form included (NY-Specific version of Exhibit 30)
- P3 – Advance Notice of Disruptive Behavior
- P4 – Notice of Request for Involuntary Disenrollment Due To Disruptive Behavior
- P5 – Involuntary Disenrollment Denial Notice

Once NYMC has processed an enrollment request, NYMC will communicate the enrollment to the FIDA Plan. FIDA Plans are required to accept opt-in enrollment, as communicated by NYMC. For opt-in enrollment, NYMC will notify plans of new enrollees of the effective date of his/her coverage prior to the effective date. For passive enrollment, NYMC will notify plans of the passive enrollees approximately 60 days prior to the passive enrollment effective date (but no later than 30 days prior to the passive enrollment effective date).

7. Format of Enrollment Requests – *This section supplements and clarifies the requirements of §30.1 of the MMP Enrollment and Disenrollment Guidance.*

The primary mechanism for a potential enrollee to submit an opt-in enrollment request is to call NYMC, who will process the enrollment over the phone. Potential new-to-service enrollees may also submit an enrollment request to the FIDA Plan directly, which the FIDA Plan will, upon receiving an executed FIDA Enrollment Attestation Form from the potential enrollee confirming his/her intent to enroll, submit to NYMC through the U-file process. All potential enrollees may call NYMC to request a FIDA Demonstration Enrollment Form. However, potential enrollees are strongly encouraged to enroll over the phone in order to ensure they are properly educated about all of their health plan choices and avoid potential delays in processing their enrollment due to missing information on the FIDA Demonstration Enrollment Form.

8. Enrollment via the Internet – *This section supplements and clarifies the requirements of §30.1.2 of the MMP Enrollment and Disenrollment Guidance.*

Enrollment via the internet is not available in New York. Enrollment choice information and contact information for NYMC are available on the NYMC website.

9. Enrollment via Telephone - *This section supplements and clarifies the requirements of §30.1.3 of the MMP Enrollment and Disenrollment Guidance.*

Enrollment may be completed via outbound calls by NYMC when during the course of the call made for the purpose of outreach or education or to follow-up on an incoming call from a Participant the Participant expresses a desire to enroll in a FIDA Plan.

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10. Passive Enrollment - *This section supplements and clarifies the requirements of §30.1.4 of the MMP Enrollment and Disenrollment Guidance.*

Individuals Subject to Passive Enrollment

To be eligible for passive enrollment, an individual must meet all State eligibility criteria outlined above in Section 2 of this Appendix.

The following individuals will be excluded from passive enrollment but they may opt in to the Demonstration at any time:

- Native Americans who have self-identified as being exempt from joining an MLTC plan;
- Individuals who are eligible for the Medicaid buy-in for the working disabled and are nursing home certifiable;
- Aliessa Court Ordered Individuals;
- Individuals enrolled in PACE;
- Individuals enrolled in a Medicare Advantage Special Needs Plan for institutionalized individuals;
- Individuals enrolled in Health Homes;
- Individuals assigned to a CMS Accountable Care Organization (ACO) as of the point in time they would otherwise be included in the passive enrollment phase;
- Individuals participating in the CMS Independence at Home demonstration;
- Individuals enrolled in Employer or Union Sponsored coverage for employees or retirees;
- Individuals with End-Stage Renal Disease (ESRD); and
- Individuals eligible for the Nursing Home Transition & Diversion (NHTD) 1915(c) waiver.

11. Processing the Opt-In Enrollment Request - *This section supplements and clarifies the requirements of §30.2 of the MMP Enrollment and Disenrollment Guidance.*

An opt-in enrollment request (verbal or written) will be complete if NYMC obtains or confirms all of the following required elements: Applicant Name; Applicant Signature; Authorized Representative Signature, if applicable; a verbal attestation or written confirmation of the intent to enroll; Authorized Representative Contact Information; Plan Choice; Permanent Residence Address; Mailing Address; Language preference and alternative formats; an answer to the question about Union and Employer Coverage; Response to the Union or Employer coverage question; and an acknowledgement from the applicant of his/her understanding of the information provided under “Please Read and Sign Below” and the “Release of Information” on the model MMP enrollment form. NYMC shall request missing information using the missing information request notice M7 or during a phone call with the applicant.

12. ESRD and Enrollment - *This section supplements and clarifies the requirements of §30.2.4 of the MMP Enrollment and Disenrollment Guidance.*

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Individuals with ESRD may enroll in to a FIDA Plan and may not be excluded from enrollment, regardless of whether they are already enrolled in a separate line of business operated by the FIDA Plan on the first day of eligibility. Individuals enrolled in the FIDA Plan who are subsequently diagnosed with ESRD may choose to disenroll from the Demonstration or may choose to stay enrolled.

13. Enrollment of Individuals with Medicare Employer Group Health Plan Coverage or Individuals Being Claimed for the Retiree Drug Subsidy (RDS) – This section supplements and clarifies the requirements of §30.2.5 of the MMP Enrollment and Disenrollment Guidance.

Individuals with Medicare Employer Group Health Plan Coverage or who are claimed for Retiree Drug Subsidy (RDS) will not be passively enrolled into a FIDA Plan but may choose to enroll in a FIDA Plan after they contact their employer or union plan manager and provide clear informed consent to NYMC indicating that they understand the impact of FIDA enrollment on their employer or union coverage and that they still wish to enroll. An enrollment request from an individual who has Employer Group Health Plan Coverage or RDS will be pended with a notice M7 or M8 sent to the individual to contact NYMC to receive benefits counseling and provide the required consent so that his/her enrollment request may be processed.

14. Individuals with Employer/Union Coverage – Other Sources – This section supplements and clarifies the requirements of §30.2.6 of the MMP Enrollment and Disenrollment Guidance.

Individuals with other comprehensive employer or union coverage will not be passively enrolled into a FIDA Plan but may choose to enroll in a FIDA Plan after they contact their employer or union plan manager and provide clear informed consent to NYMC indicating that they understand the impact of FIDA enrollment on their employer or union coverage and that they still wish to enroll. An enrollment request from an individual who has Employer Group Health Plan Coverage or RDS will have his/her enrollment request pended and will be sent a notice M8 that the individual must contact NYMC to receive benefits counseling and provide the required consent so that his/her enrollment request may be processed.

15. Prior to the Effective Date of Coverage – This section supplements and clarifies the requirements of §30.4.1 of the MMP Enrollment and Disenrollment Guidance.

As outlined in § 30.2 (D) of the National MMP Enrollment and Disenrollment guidance, FIDA Plans may currently perform the Uniform Assessment System – New York (UAS-NY) prior to the effective date of coverage for voluntary enrollments. FIDA Plans may also perform the UAS-NY for passively enrolled Participants after the Enrollee has received his/her welcome packet and up to 20 calendar days prior to his/her FIDA Plan coverage effective date. FIDA Plans must submit a request to CMS/NYSDOH for the authority to perform passive enrollment pre-effective date assessments and may proceed after receiving approval via HPMS memorandum. This does not

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waive any other marketing or enrollment timing requirements. After completing the UAS-NY, FIDA Plans may also complete the Person-Centered Service Plan (PCSP) prior to the effective date of coverage but must use a prospective date for any service authorizations to no earlier than the effective date of coverage. If during the completion of the UAS-NY, the FIDA Plan discovers an urgent or emergent care need, the FIDA Plan must coordinate with the Participant's current coverage to ensure he/she accesses care.

16. Disenrollment Procedures – *This section supplements and clarifies the requirements of §40 of the MMP Enrollment and Disenrollment Guidance.*

Voluntary disenrollment requests must be submitted through NYMC or 1-800-MEDICARE. The FIDA Plan will not accept disenrollments directly from the FIDA Participant and must immediately (but not later than COB of the next business day following the request) direct Participants to NYMC for processing of the disenrollment request.

While plans may not request or encourage Participants to disenroll, NYMC may fully discuss a Participant's concerns about her/his continued enrollment in a plan, present all enrollment alternatives, including FIDA and non-FIDA options, and may suggest that the Participant consider an alternative FIDA Plan option if he/she is a FIDA Participant. NYMC may also recommend that the Participant file a grievance or appeal as a means of resolving concerns, which may resolve the underlying issue that prompted the desire to disenroll, as long as NYMC's actions in no way amount to "discouraging disenrollment."

17. Voluntary Disenrollment by Member – *This section supplements and clarifies the requirements of §40.1 of the MMP Enrollment and Disenrollment Guidance.*

A Participant may request to be disenrolled from a FIDA Plan in any month and for any reason. The Participant may only disenroll by:

- 1) Enrolling in another Medicare health or Part D plan, including a PACE or a SNP organization;
- 2) Calling 1-800-MEDICARE;
- 3) Calling NYMC;
- 4) Submitting a signed written request to NYMC.

The State will not be offering a disenrollment form. Participants who wish to disenroll in writing must do so by submitting a signed written request.

The Participant may disenroll for any reason. See #5 above for information about the disenrollment timing.

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A FIDA Participant may request to be disenrolled from a FIDA Plan in any month, with or without a reason, but must enroll in another FIDA Plan or one of the Medicaid Managed Long-Term Care plans, if the Participant wishes to continue to receiving Medicaid LTSS. If a Participant wishes to disenroll from Medicaid LTSS entirely and return to Medicaid Fee-For-Service, through which he/she will receive physical and behavioral health services but will not receive any LTSS, the Participant and the FIDA Plan must complete the safe discharge process described in #5.

A Participant who wishes to disenroll from FIDA and enroll in the NHTD Waiver may do so at any time. The FIDA Plan and NYMC will coordinate with the LDSS in the enrollment process. The Participant may choose between remaining enrolled in FIDA while the NHTD Waiver application is being processed (such that he/she will continuously receive services) or leaving FIDA before the NHTD Waiver start date (such that he/she will be without services until the NHTD Waiver services begin). NYMC will provide education around this right to any individual's request to disenroll for purposes of enrolling into the NHTD Waiver.

18. Request Signature and Date - *This section supplements and clarifies the requirements of §40.1.1 of the MMP Enrollment and Disenrollment Guidance.*

We clarify that “If a legal representative signs the request for the individual, then he or she must attest to having the authority under State law to do so, and confirm that a copy of the proof of court-appointed legal guardian, durable power of attorney, or proof of other authorization required by State law that empowers the individual to effectuate a disenrollment request on behalf of the applicant is available and can be presented upon request to CMS” and NYSDOH or its enrollment broker.

19. Required Involuntary Disenrollment – *This section supplements and clarifies the requirements of §40.2 of the MMP Enrollment and Disenrollment Guidance.*

There are two types of Involuntary Disenrollment: Required and Discretionary. Required Involuntary Disenrollment follow the occurrence of a triggering event. Discretionary Involuntary Disenrollments are disenrollments that FIDA Plans, under very limited circumstances, can ask the Contract Management Team (CMT) to authorize but the decision is solely up to the discretion of the CMT. The CMT includes staff from NYSDOH as well as staff from CMS regional and central offices.

A. Required Involuntary Disenrollments– Grounds and Process. The State **must** disenroll a FIDA Participant in the following cases

- 1) A change in residence to a location outside the plan service area, including incarceration, makes the individual ineligible to remain enrolled in the FIDA Plan (§40.2.1);
- 2) The Participant is temporarily absent from the plan service in excess of six months;

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- 3) The Participant loses entitlement to either Medicare Part A or Part B (§40.2.2);
- 4) The Participant loses Medicaid eligibility or additional State-specific eligibility requirements (including that the Participant no longer requires 120 or more days of long-term care) (§40.2.3);
- 5) The Participant dies (§40.2.4);
- 6) The FIDA Plan's contract with CMS is terminated, or the FIDA Plan reduces its service area to exclude the Participant (§40.2.5); or
- 7) The individual materially misrepresents information to the FIDA Plan regarding reimbursement for third-party coverage (§40.2.6), as determined by the CMT.
- 8) The individual is not lawfully present in the United States

In the event that the FIDA Plan is aware of the occurrence of 1-6 & 8, the FIDA Plan must complete the action steps outlined below and in the MMP Enrollment and Disenrollment Guidance to confirm the information and then must submit the disenrollment request to NYMC. NYMC will process these involuntary disenrollment requests and send the Participant notice M16. In the event that the FIDA Plan suspects the occurrence of 7, the FIDA Plan must contact the CMT for review. Upon completing its review, the CMT will notify NYMC of its decision and instruct NYMC whether to disenroll the Participant. If the CMT instructs NYMC to disenroll, the Participant will receive notice M16.

B. Discretionary Involuntary Disenrollments – Grounds and Process.

At its option, the FIDA Plan may also request CMT approval of an involuntary disenrollment of a Participant for one of the reasons below. These are not required involuntary disenrollments and instead are at the discretion of the CMT. The request for a discretionary involuntary disenrollment may be made to the CMT in the following circumstances:

- 1) The Participant engages in conduct or behavior that seriously impairs the FIDA or FIDA Plan's ability to furnish Covered Items and Services to either the Participant or other participants.
- 2) The Participant provides fraudulent information on a FIDA Demonstration Enrollment Form or the Participant willfully misuses or permits another person to misuse the Participant's ID card.
- 3) The Participant knowingly fails to complete and submit any necessary consent or release allowing the FIDA Plan and/or Providers to access necessary health care and service information.

Discretionary Involuntary Disenrollment Requests to the CMT must be made to the FIDA or Plan's Monitoring and Oversight Coordinator, who will forward the request to all CMT members. The CMT will, for review of discretionary involuntary disenrollment requests, include CMS Central Office (including MEAG) and NYSDOH FIDA Demonstration leadership representation for both policy and clinical issues. The CMT will, using its discretion, determine whether the Participant may be involuntarily disenrolled. In the event that the CMT authorizes an involuntary disenrollment, the CMT will notify the FIDA Plan and NYMC.

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NYMC will send a confirming notice M16, which will include the Participant's rights to request a fair hearing to challenge the determination regarding his/her continued participation. In the event that the CMT denies the discretionary involuntary disenrollment, the Plan will be instructed to send notice P5.

In the FIDA Plan, the Enrollment Broker will process the Disenrollment and may provide assistance to the Participant in securing alternative coverage. Termination of a Participant's coverage shall take effect at 11:59 p.m. on the last day of the month following the month the Disenrollment is processed.

20. Researching and Acting on a Change of Address - *This section supplements and clarifies the requirements of §40.2.1.3 of the MMP Enrollment and Disenrollment Guidance.*

If the FIDA Plan has reason to believe that a Participant has moved, the FIDA Plan shall send a notice (P2) to the Participant requesting a confirmation of address.

If the Participant responds to confirm his/her new residence address, the FIDA Plan shall instruct the Participant to make an address change request with the Social Security Administration. If the newly reported address is within the FIDA Plan's service area, the FIDA Plan will not submit a required involuntary disenrollment request to NYMC. If the newly reported address is outside the FIDA Plan's service area, the FIDA Plan will request a required involuntary disenrollment. If the newly reported address is outside the FIDA Plan's service area of NYMC but within the FIDA program's service area, the FIDA Plan will request a required involuntary disenrollment and will also contact NYMC so that a new FIDA Plan may be offered to the individual.

If the Participant does not respond to the request to confirm a new address, the FIDA Plan should attempt additional contact to determine the Participant's address. However, if after six months, there has been no contact, the FIDA Plan must request an involuntary disenrollment of NYMC for the Participant being out of the service area for six months or more.

21. Procedures for Developing Addresses for Members Whose Mail is Returned as Undeliverable - *This section supplements and clarifies the requirements of §40.2.1.4 of the MMP Enrollment and Disenrollment Guidance.*

In the event that the letter is returned as undeliverable, the FIDA Plan shall reach out to the Participant's designated contact, known family members, providers, and IDT members prior to submitting a request to NYMC to involuntarily disenroll the individual. NYMC will disenroll the individual as no longer residing in the service area, if after 6 months the FIDA Plan has no response as to whether the Participant still resides in the service area.

22. Loss of Medicaid Eligibility - *This section supplements and clarifies the requirements of §40.2.3 of the MMP Enrollment and Disenrollment Guidance.*

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In accordance with section 2.3.1.12 of the Three-Way Contract, FIDA Plans must work with each Participant to ensure timely recertification of Medicaid eligibility. Section §40.2.3.2 of the MMP Guidance permits FIDA Plans to keep individuals enrolled during a short term loss of Medicaid eligibility as long as the FIDA Plan continues to cover the full FIDA benefit package. This section provides guidance to FIDA Plans on their obligations and options with regard to this optional period of continuous eligibility.

1) FIDA Plan Options

Option #1: FIDA Plans may elect to continue enrollment of individuals subject to the existing WMS policy. Option #2: Alternatively, FIDA Plans may elect to request that Maximus process an involuntary disenrollment when their Participants fail to recertify by their original Medicaid recertification date. If the FIDA Plan exercises Option #1, it will be required to administer it to all Participants on an equal and nondiscriminatory basis.

The FIDA Plan must notify NYMC by January 20 of each year regarding the option the plan has selected for that year. FIDA Plans will not be allowed to change their election at any other time of the year.

2) FIDA Plan obligations and capitation payments

If the FIDA Plan exercises Option #1, the FIDA Plan continues to be obligated to provide the individual with all of the Medicare, Medicaid, and supplemental benefits guaranteed under the Three-Way Contract and plan benefit package over the period of three calendar months following the last day of the month in which a Participant's Medicaid eligibility ended. If the Participant fails to properly recertify by the end of this three-calendar month period, his or her involuntary disenrollment date will be the last day of the month in which the period ended. However, Medicaid capitation payments will stop following the last day of the month in which his or her Medicaid eligibility ended. If a Participant does not successfully recertify for Medicaid by the end of the three-calendar month period following the last day of his or her Medicaid eligibility period, the FIDA Plan will not receive or be entitled to any Medicaid capitation payments after the last day of the month in which the Participant's Medicaid eligibility ended but must hold the Participant harmless and may not collect repayments from any providers. However, if the Participant successfully recertifies for Medicaid by the end of the three-calendar month period following the last day of his or her Medicaid eligibility period, the enrollment will be honored by the FIDA Plan and the FIDA Plan will be entitled to full Medicaid capitation payments for those months.

3) Procedure for Processing Enrollment and Disenrollment Transactions

The enrollment broker will process involuntary FIDA Plan disenrollments effective the end of the month during which the Participant lost Medicaid eligibility (if the FIDA Plan elects Option #2), or at the end of the calendar month in which the additional three-month period ends (if

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the FIDA Plan elects Option #1). If the FIDA Plan elects Option #1, the FIDA Plan is required to notify the enrollment broker of any Participant that has lost Medicaid eligibility for failure to recertify and request his/her involuntary disenrollment.

Individuals who have been involuntarily disenrolled for loss of Medicaid eligibility and have subsequently reestablished Medicaid eligibility and who wish to be enrolled in the FIDA Plan again must submit a new enrollment request following the enrollment process outlined in Section 1 of this document and, if determined eligible, will be enrolled for a prospective enrollment effective date.

23. Disruptive Behavior - *This section supplements and clarifies the requirements of §40.3.1 of the MMP Enrollment and Disenrollment Guidance.*

A FIDA Plan can request an involuntary disenrollment due to disruptive behavior in accordance with the process outlined in Section 2.3.3.10.1 of the FIDA Three-Way Contract. This will be done by contacting the CMT or IDT and submitting the information or evidence that forms the basis of the FIDA Plan's opinion that the Participant's behavior has been disruptive. Before a FIDA Plan can ask the CMT or IDT for an involuntary disenrollment due to disruptive behavior, Section §40.3.1 requires that the FIDA Plan provide the Participant with a chance to cure the disruptive behavior and at least 3 notices. The first required notice (Advance Notice) must give a reasonable timeframe within which the Participant must correct his/her disruptive behavior before the Plan can send the Participant the second required notice (Notice of Intent to Request Disenrollment) and submit the involuntary disenrollment request to the CMT or IDT. These first two notices are P3 and P4. These will be sent by the plan. If the CMT or IDT approves the request, an involuntary disenrollment notice will be sent. This notice is M16. This notice will be sent by NYMC. If this CMT or IDT denies the request, the Plan will be instructed to send the Involuntary Disenrollment Denial Notice (P5).

Instead of the request being reviewed first by NYSDOH and then by CMS, the request will be jointly reviewed by the CMT which, for these reviews, will include CMS Central Office and NYSDOH FIDA Program leadership representation for both policy and clinical issues.

24. Material Misrepresentation Regarding Third-Party Reimbursement - *This section supplements and clarifies the requirements of §40.2.6 of the MMP Enrollment and Disenrollment Guidance.*

The Plan, CMS, or NYSDOH may ask the CMT to consider a disenrollment request for material misrepresentation regarding third-party reimbursement. This is done by contacting the CMT and submitting the information or evidence that forms the basis of the belief that there has been a Material Misrepresentation. If approved, the timing of disenrollment shall be specified by the CMT or IDT for FIDA, which, for these reviews, will include CMS Central Office and NYSDOH FIDA program leadership representation for both policy and clinical issues.

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25. Fraud and Abuse - *This section supplements and clarifies the requirements of §40.3.2 of the MMP Enrollment and Disenrollment Guidance.*

The Plan, CMS, or NYSDOH may propose an involuntary disenrollment for Fraud and Abuse. This is done by contacting the CMT or IDT for FIDA and submitting the information or evidence that forms the basis of the belief that there has been Fraud or Abuse. If approved, the timing of disenrollment shall be specified by the CMT or IDT, which, for these reviews, will include CMS Central Office and NYSDOH FIDA program leadership representation for both policy and clinical issues.

Exhibit to Appendix 5: Inventory of New York Specific Enrollment Notices

Inventory of Enrollment Notices:

1. Notices to be sent by NYMC:

- M1 – FIDA Program Announcement Notice (and Ombudsman Informational Insert)
- M2 – FIDA Enrollment Packet Request Cover Note (Includes: FIDA Program Brochure, FIDA Demonstration Enrollment Form, FIDA Plan List, and Business Reply Envelope)
- M3 – Voluntary Enrollment Confirmation Notice
- M4 – 90 Day FIDA Passive Enrollment Notice
- M5 – 60 Day FIDA Passive Enrollment Notice
- M6 – 30 Day FIDA Passive Enrollment Notice
- M7 – Voluntary Enrollment Pended – Missing Information Notice
- M8 – Voluntary Enrollment Pended – Employer, Union, or Retiree Member Notice
- M9 – Voluntary Enrollment Denial Notice
- M10 – Opt-Out Confirmation and Cancellation of Enrollment from MLTC or FFS to FIDA Confirmation Notice
- M11 – FIDA Disenrollment Cancellation and Reinstatement Notice – Confirmation of Continued FIDA Plan Enrollment
- M12 – FIDA Safe Discharge Confirmation Form
- M13 – FIDA Managed Care Transfer Request Confirmation Notice
- M14a – Voluntary Disenrollment Confirmation Notice with Notice of Safe Discharge Transfer to MLTC
- M14b – Voluntary Disenrollment Confirmation Notice
- M15 – Voluntary Disenrollment Denial Notice
- M16 – Involuntary Disenrollment Confirmation Notice (including Notice of Disenrollment for Plan Non-Coverage During 90 Day Medicaid Eligibility Lapse)

There may be some additional, ad-hoc notices issued as situations demand.

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2. Notices to be sent by FIDA Plans:

- P1 –Welcome Letter (NY-Specific version of Exhibit 5a and 5b)
- P2 – Model Notice to Research Potential Out of Area Status – Address Verification Form included (NY-Specific version of Exhibit 30)
- P3 – Advance Notice of Disruptive Behavior
- P4 – Notice of Request for Involuntary Disenrollment Due To Disruptive Behavior
- P5 – Involuntary Disenrollment Denial Notice