

New York State Department of Health  
 Enrollment Broker Services RFP #1102040410  
 Questions and Answers Related to RFP Amendment 1  
 April 28, 2011

Question Number	Amendment Page Number	RFP Section Reference Number	Question	Answer
1.	Amendment 1	General	<p>Please indicate any impact on or revisions needed to the following expected monthly volumes identified in Section D.3 of the RFP as a result of the changes in amendment #1:</p> <p>30,000 initial and voluntary mailing packets            75,000 enrollment applications processed            90,000 telephone calls</p>	<p>The volumes remain the same. We anticipate that the inclusion of the MLTC activities will offset any decreases that may occur as a result of the changes in the Medicaid program activities. These figures are estimates and are not guarantees of current or future volumes.</p>
2.	Amendment 1	General	<p>Should bidders assume that there are no other changes needed to the contents of the RFP as a result of changes made to State statute in support of reform activities?</p>	<p>Yes, that assumption is correct at this time.</p>
3.	Amendment 1	General	<p>Based on Amendment 1,</p> <p>a) will any of the operational procedures detailed in Appendix 13.1 of the Operational Protocol Appendices in the Procurement Library be affected?</p> <p>b) If yes, would the Department please clarify what will be changed and provide clarification on the nature of the change?</p>	<p>a) Yes.</p> <p>b) The processes described in the RFP and the amendment for mailings, enrollment, auto assignments, notices etc, take precedence over the material in Appendix 13.1. As a result of Medicaid Reform Team proposal #10 (Eliminate Direct Marketing of Medicaid Recipients by Managed Care Plans), effective May 13, 2011 health plans shall not directly market to recipients. Only health plans that are FEs may continue to educate and assist with applications and enrollment during an FE encounter. Consequently, for purposes of submitting a proposal under this RFP, Appendix 13-1 is no longer valid and is hereby</p>

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				rescinded.
4.	3	Revision #3 - Section C.2.2.6	Should confirmation notices sent to new Medicaid applicants who have not selected a health plan also include a health assessment form for each health plan selected by members of the household, as is currently the case?	Yes.
5.	5	Revision #5 - Section C.4	The Amendment #1 states: "In NYC, receive and process MLTCP program enrollments, disenrollments and transfer requests received from plans and sends appropriate notices to consumers." Is it the Department's expectation that these transactions come directly from the plans to the Enrollment Broker or through the local district as is currently the case? If they are coming from the plans directly, can we assume that the transactions have already been approved?	Enrollments, disenrollments, and transfer requests will come to the Contractor directly from the plans. Effective September 1, 2011 enrollments will not need approval from the LDSSs. The Contractor may process enrollments upon receipt. Additionally, the Contractor will make determinations about involuntary disenrollments.
6.	5	Revision #5 - Section C.4	In NYC, will the Contractor be expected to assist and/or process consumer requested MLTC plan transfers? Or will all transfer requests come directly from the health plan?	Yes, the Contractor will be required to process consumer requested MLTC plan transfers and voluntary disenrollments. However, transfers may also come through the health plan.  It is anticipated that the broker would provide services to support the MLTC program on a Statewide basis.
7.	5	Revision #5 - Section C.4	Will the MLTC program include counties not currently served by the enrollment broker?	Yes, it is anticipated that the broker would provide services to support the MLTC program on a Statewide basis.
8.	6	Revision #5 - Section C.4	How many MLTC related Fair Hearings are held each year?	Fair Hearings are requested for involuntary disenrollments and denials. As indicated in the amendment, involuntary disenrollments average 70 per month and denials range between 5 – 10 per month. Fair Hearings average two per quarter.
9.	6	Revision #5	The RFP states that: "...the State will require the	The MLTCP is responsible for documenting

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		– Section C.4	transition and enrollment of people who meet the following criteria into Managed Long Term Care plans or other care coordination models ... if they meet the following criteria 1) Age 21 and older, 2) Eligible for Medicare and Medicaid; and (3) in Need of community-based long term care services for more than 120 days.” How will the vendor be able to verify that the client is in need of community-based long term care services for more than 120 days? Will the State send an indicator that indicates someone qualifies for Medicare/Medicaid and CBLTC or must the contractor determine this? How will the vendor know if a non-dually eligible disabled adult meets these criteria and therefore has the option of joining a MLTCP in lieu of an MMC plan?	<p>Community Based LTC, which will be subject to State audit. The LDSS will continue to establish Medicaid eligibility, which the broker will verify through the daily file updates from the Department.</p> <p>Verification of Medicare is the responsibility of the plan.</p> <p>The plan will be required to identify non dual eligible disabled adult status in the application sent to the Contractor; the Contractor will verify this with the LDSS similar to verification of Medicaid eligibility</p>
10.	6	Revision #5 - Section C.4	Will there be denial reasons specific to different counties in addition to the denial reasons stated in the amendment, and will the Contractor need to specify to the consumer the reason for denial?	The Contractor will need to specify the denial reason. Denial of enrollment criteria is consistent statewide with the exception of age, which is plan specific. Denial reasons are in the contract between the plan and the Department. The Department will provide this information to the Contractor.
11.	6	Revision #5 - Section C.4	Will there be enrollment denial reasons specific to different health plans in addition to those stated in the amendment?	Denials can also be based on service area and age. As stated in the answer to question #10, the denial reasons for each plan will be provided by the Department.
12.	6	Revision #5 - Section C.4	Is there more than one type of MLTC Fair Hearing notice? Is it the Department’s expectation that the Contractor will print Fair Hearing language on the back of denial and disenrollment notices as is currently the case, or send consumers separate Fair Hearing notices?	There are separate Fair Hearing notices for Upstate and New York City and denial of enrollment and involuntary disenrollment notices. The Contractor can print the Fair Hearing language on the back of notices. The Department has a template for Denial of Enrollment and Involuntary Disenrollment Notices.

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13.	6	Revision #5 - Section C.4	Will fair hearing notices specific to MLTC include different instructions specific to each county, for example, LDSS address and phone numbers?	No, there is an Upstate notice and a notice for NYC. See Attachment 1 to these Questions and Answers for these notices.
14.	6	Revision #5 - Section C.4	Will the DOH make available current Denial of Enrollment notices in the Bidder's library?	Current denial of enrollment-disenrollment with Fair Hearing rights notices, NYC and Upstate, are included as Attachment 1 to these Questions and Answers.
15.	6	Revision #5 - Section C.4	Will the Contractor be expected to send any notifications to consumers to confirm the resolution reached at the Fair Hearing?	The Office of Administrative Hearings will issue resolution notice to consumers.
16.	6	Revision #5 - Section C.4	Since non-dual eligible disabled adults will have the option of joining a MLTCP in lieu of an MMC plan, does the DOH expect the Contractor to offer these managed long term care plans on all plan listings, enrollment forms and information sent to Medicaid consumers?	No, as eligibility for MLTC is limited to those in need of community based long term care services and the audience is not as broad as MMC.
17.	6	Revision #5 - Section C.4	How will the Contractor be notified of those Dual Eligibles who are current users of community Long Term Care Services?	After April 1, 2012, current users will be identified for mandatory enrollment on a monthly basis, at the point of reassessment for personal care services. The State/LDSS will identify the target population.
18.	6	Revision #5-Section C.4	Will the Plan and LDSS be required to submit documentation to the contractor to help defend Fair hearing decisions and in what format?	The plan is required to submit sufficient and appropriate documentation to the Contractor to render a decision and help support a Fair Hearing.
19.	6	Revision #5 -Section C.4	For dispute resolution decisions, has the State decided who the third party will be?	No, to be determined.
20.	7	Revision #5 -Section C.4	How will the Contractor know to send a 30 day "to choose" notice before the re-assessment?	The State/LDSS will prompt the issuance of the information.
21.	7	Revision #5 -Section C.4	Will the State send out a consumer notice announcing the MLTC mandatory program?	The Contractor will distribute educational materials upon request to current users, new users, and referral sources. Additional methods

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				to engage and inform all stakeholders will be determined through Medicaid Redesign Team related workgroups and conveyed by the Department to the Contractor.
22.	7	Revision #5 –Section C.4	The RFP states that: “People who are in the Assisted Living Program, Nursing Home Transition and Diversion waiver, Traumatic Brain Injury waiver and those served through the Office of People with Developmental Disabilities would be exempted from mandatory enrollment ...” Will the Contractor be able to identify these populations through State loaded restrictions? If not, how will this information be sent to the Contractor? Will the Contractor need to modify the Exemption Form to include these populations?	Yes, these people will be identifiable on the system. The exemption form will need to be modified by the Contractor and approved by the Department.
23.	7	Revision #5 –Section C.4	The RFP states that: “ Dual eligibles who are current users of community LTC Services will be provided a notice before reassessment that they have 30 days to choose a plan ...” Can the State confirm that the Contractor will be sending potential MLTC enrollees outreach and educational materials related to mandatory enrollment in a MLTC plan?	Yes, the Contractor will be required to send these materials.
24.	7	Revision #5 –Section C.4	The RFP states that: “New Medicaid Applicants who are also in need of community based LTC will be provided with similar information and have a choice of the types of plans and programs available...” How will the vendor know that a new Medicaid Applicant is in need of CBLTC services and therefore eligible to receive information about managed LTC plans, and who will provide this information to consumers?	New users in need of CBLTC can come from various referral sources; e.g. health care providers, etc. An LDSS can flag a new Medicaid applicant as potentially in need of CBLTC services. The health plan is ultimately responsible to maintain proper documentation of the need for CBLTC services. The Contractor will provide any interested party requesting information with information about MLTC.
25.	7	Revision #5	Does the DOH expect a new brochure with	The Contractor may develop a new brochure

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		-Section C.4	<p>MLTC information? Or will MLTC information be incorporated into the current program brochure?</p> <p>If it is a new brochure, will the DOH expect the brochure to be produced in English, Spanish, Russian and Chinese?</p>	<p>for the MLTC program which would be approved by the Department.</p> <p>Additionally, the current Statewide brochure states that dual-eligibles cannot enroll. This language will have to be modified to indicate that there are options for this population and be approved for use by the Department.</p> <p>Materials will have to be produced in English, Spanish, and made available in Russian and Chinese.</p>
26.	7	Revision #5 -Section C.4	Does the DOH expect the notice sent to dual eligibles to also include an enrollment form, New York State consumer guide, and a BRE, as is the case with the Mainstream program?	Yes, the materials included with a mandatory enrollment notice would be similar to those included in a mailing to a mainstream enrollee. However, quality consumer guides would not be included until they are revised to include information about MLTCs. A new standardized enrollment form for this population must be developed by the Contractor and approved by the Department.
27.	7	Revision #5 -Section C.4	Does the DOH anticipate any new enrollment assistance requirements for the MLTC population? For example, calls to provider or plan to verify eligibility prior to enrollment?	Yes. The Contractor will not be calling the MLTC plan to verify the clinical eligibility for CBLTC prior to enrollment. The Contractor will verify Medicaid eligibility through the daily updates received from the State. The Contractor may be required to answer requests from consumers to verify that a consumer's current providers of care participate in the MLTC plan.
28.	7	Revision #5 -Section C.4	Will the Contractor be expected to produce and provide MLTC program specific materials, plan listings and forms to health plans or other entities? If so, please specify expected volumes.	The Contractor must develop and produce program materials for the MLTC program. These materials will provide descriptions of the various products and plan listings. These materials will be distributed by the Contractor

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				to referral sources, e.g. Office for the Aging, hospitals, other health care providers. Each MLTCP has its own marketing materials; requestors of health plan specific information should be directed to the MLTCP or other approved Care Coordination Programs.  We estimate the volume at 2,000 copies per month to begin.
29.	7	Revision #5 –Section C.4	Does the DOH have any specific expectations regarding outreach activities related to education and enrollment in a MLTC?	As with the implementation of mandatory enrollment for other special populations, the Contractor may be required by the Department to hold or participate in educational sessions for referral sources, providers, and consumers.
30.	7	Revision #5-Section C.4-under <u>Mandatory Managed Care</u> , 2 <sup>nd</sup> paragraph from bottom	Will the following rules apply to consumers being auto-assigned to a MLTC plan? <ul style="list-style-type: none"> <li>➤ Quality plan factor</li> <li>➤ Case additions</li> <li>➤ Prior plan association</li> <li>➤ Random assignment</li> </ul>	At this time, the Department anticipates that similar rules, where applicable, will be used to auto assign consumers to MLTC plans. For example, quality plan factors will not apply initially, but may later. The Department will continue to update the Contractor on the rules as needed.
31.	7	Revision #5-Section C.5	Will the department require the contractor to notify the MLTC plans of surplus amount for consumers enrolling in a MLTC, as is currently the case?	Yes
32.	7	Revision #5-Section C.4	Do the grace period and lock-in rules apply to enrollment into MLTC plans or assignment into partially capitated plan?	At this time it is not anticipated that there will be Lock-in. If there is no Lock-in, there is no grace period.
33.	30	C.3.1	This section indicates that “job descriptions and resumes of all key staff (including two references) must be provided to the Department with the proposal”. Since RFP Amendment 1 removed the requirement to include references in Section D.2.4.2.7.A, should the requirement for	Section C.3.1, page 30, paragraph 2, is amended as follows:  The Contractor must employ and train staff necessary to complete the agreed-upon tasks at the performance standard levels specified by

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			<p>references also be removed from Section C.3.1?</p>	<p>the contract. Job descriptions and/or resumes of all key staff (<del>including two references</del>) must be provided to the Department with the proposal <del>and upon any change once a contract is in place</del>. The Department reserves the right to <u>require the Contractor, upon award or upon any change once a contract is in place, to provide resumes (including two references) of any or all key staff. The Department reserves the right to reject</u> any proposed management personnel based on inadequate qualifications, poor references, or knowledge of previous inadequate performance. In addition, the Department may request changes in staff based on performance and quality.</p>



ENROLLMENT BROKER SERVICES  
RFP #1102040410  
QUESTIONS AND ANSWERS RELATED TO RFP AMENDMENT #1  
APRIL 28, 2011

**ATTACHMENT 1**

NOTICES OF DENIAL OF ENROLLMENT-DISENROLLMENT WITH FAIR  
HEARING RIGHTS

UPSTATE AND NYC

**NOTICE OF DISENROLLMENT FROM (ADD NAME OF MLTC PLAN)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN/RID NUMBER			
CASE NAME (And C/O Name if Present) and ADDRESS		General Telephone No. for Questions or Help _____  OR Agency Conference _____ Fair Hearing Information And Assistance _____  Record Access _____  Legal Assistance Information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

You have been enrolled in and receiving services from the (MLTC Plan Name). Effective on (date) you will no longer get services from the (MLTC Plan Name).

This agency is ending your enrollment in the (MLTC Plan Name) on (date) because:

(Reason for disenrollment)

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After the effective date of your disenrollment, you may arrange for medical services by using your Medicaid benefits card. If you have any questions, please call the general telephone number listed above.

**This action has been taken in accordance with Public Health Law 4403-f. If you would like to talk to someone about this decision, you may have a conference to review these actions. If you believe this decision about your request is wrong, you may ask for a State fair hearing. Please read the back of this form to find out how to arrange a conference and/or a fair hearing.**

**NOTICE OF DISENROLLMENT FROM (ADD NAME OF MLTC PLAN)**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision, or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice, or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in continuation of benefits.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by phone or by writing.

1. **TELEPHONE:** Statewide Toll Free 1-800-342-3334. Please have this notice with you when you call.
2. **FAX:** Fax a copy of this notice to (518) 473-6735.
3. **TO WRITE FOR A FAIR HEARING:** Fill in the space below and send a copy of all pages of this notice to:

Fair Hearing Section  
NYS Office of Temporary and Disability Assistance  
Fair Hearings  
P.O. Box 22023  
Albany, N.Y. 12201-2023

**Please keep a copy for yourself.**

4. **OR ONLINE ON THE INTERNET:** Complete the online request form at the following Web page:

<https://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

\_\_\_\_ I want a fair hearing. The Agency's action is wrong because \_\_\_\_\_  
\_\_\_\_\_

Print Name of client \_\_\_\_\_ Name of MLTC Plan \_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_ CIN # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Case # \_\_\_\_\_

**NOTICE OF DISENROLLMENT FROM (ADD NAME OF MLTC PLAN)**

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

IF YOU REQUEST A FAIR HEARING, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by a legal counsel, a relative, a friend or other person, or represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written or oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive care through the MLTC Plan until the fair hearing decision is issued.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO RECORDS**: You have the right to see your case file to help you get ready for the hearing. If you call or write to us we will give you free copies of the documents from your files which we will give to the hearing officer. Also, if you call or write to us we will give you free copies of other documents from your file which you may want for your fair hearing. To ask for these documents or to find out how to see your file, call the general Help telephone number on the front page or write to us at the address at the top of the front page. You should ask for these documents before the date of your fair hearing. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you ask that they be mailed.

**INFORMATION**: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

(REVISED 4/27/11)

**NOTICE DENIAL OF ENROLLMENT IN (ADD NAME OF MLTC PLAN)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN/RID NUMBER			
CASE NAME (And C/O Name if Present) and ADDRESS		General Telephone No. for Questions or Help _____  OR Agency Conference _____ Fair Hearing Information And Assistance _____  Record Access _____  Legal Assistance Information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

Your application for enrollment in the (MLTC PLAN Name) has been reviewed by this agency and has been denied because:

\_\_\_\_\_ (reason for denial) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This action has been taken in accordance with Public Health Law 4403-f. If you would like to talk to someone about this decision, you may have a conference to review these actions. If you believe this decision about your request is wrong, you may ask for a State fair hearing. Please read the back of this form to find out how to arrange a conference and/or a fair hearing.**

**NOTICE OF DENIAL OF ENROLLMENT IN (ADD NAME OF MLTC PLAN)**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision, or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice, or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by phone or by writing.

1. **TELEPHONE:** Statewide Toll Free 1-800-342-3334. Please have this notice with you when you call.
2. **FAX:** Fax a copy of this notice to (518) 473-6735.
3. **TO WRITE FOR A FAIR HEARING:** Fill in the space below and send a copy of all pages of this notice to:

Fair Hearing Section  
NYS Office of Temporary and Disability Assistance  
Fair Hearings  
P.O. Box 22023  
Albany, N.Y. 12201-2023

**Please keep a copy for yourself.**

4. **OR ONLINE ON THE INTERNET:** Complete the online request form at the following Web page:

<https://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

\_\_\_\_\_ I want a fair hearing. The Agency's action is wrong because \_\_\_\_\_  
\_\_\_\_\_

Print name of client \_\_\_\_\_ Name of MLTC Plan \_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_ CIN # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Case # \_\_\_\_\_

**NOTICE OF DENIAL OF ENROLLMENT IN (ADD NAME OF MLTC PLAN)**

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING.**

IF YOU REQUEST A FAIR HEARING, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by a legal counsel, a relative, a friend or other person, or represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written or oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO RECORDS: You have the right to see your case file to help you get ready for the hearing. If you call or write to us we will give you free copies of the documents from your files which we will give to the hearing officer. Also, if you call or write to us we will give you free copies of other documents from your file which you may want for your fair hearing. To ask for these documents or to find out how to see your file, call the general Help telephone number on the front page or write to us at the address at the top of the front page. You should ask for these documents before the date of your fair hearing. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

(REVISED 4/27/11)

**NOTICE OF DISENROLLMENT FROM (ADD NAME OF MLTC PLAN) (NYC)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN/RID NUMBER			
CASE NAME (And C/O Name if Present) and ADDRESS			General Telephone No. for Questions or Help _____  OR Agency Conference _____ Fair Hearing Information And Assistance _____  Record Access _____  Legal Assistance Information _____	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

You have been enrolled in and receiving services from the (MLTCP Name). Effective on (date) you will no longer get services from the (MLTCP Name).

This agency is ending your enrollment in the (MLTCP Name) on (date) because:

(Reason for disenrollment)

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After the effective date of your disenrollment, you may arrange for medical services by using your Medicaid benefits card. If you have any questions, please call the general telephone number listed above.

**This action has been taken in accordance with Public Health Law 4403-f. If you would like to talk to someone about this decision, you may have a conference to review these actions. If you believe this decision about your request is wrong, you may ask for a State fair hearing. Please read the back of this form to find out how to arrange a conference and/or a fair hearing.**



**NOTICE OF DISENROLLMENT FROM (ADD NAME OF MLTC PLAN) (NYC)**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision, or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice, or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in a continuation of benefits.

**RIGHT TO A FAIR HEARING:** If you believe that the action(s) we are taking are wrong, you may request a State fair hearing by:

- 2. **TELEPHONE:** Statewide Toll Free 1-800-342-3334. Please have this notice with you when you call.
- 2. **FAX:** Fax this notice with this page completed to (518) 473-6735.
- 3. **WALK-IN:** Bring this notice to NYS Office of Temporary and Disability Assistance at 330 West 34<sup>th</sup> Street, 3<sup>rd</sup> floor, New York, NY or to 14 Boerum Place, 1<sup>st</sup> floor, Brooklyn, NY.
- 4. **TO WRITE FOR A FAIR HEARING:** Fill in the space below and send a copy of all pages of this notice to:

Fair Hearing Section  
NYS Office of Temporary and Disability Assistance  
Fair Hearings  
P.O. Box 22023  
Albany, N.Y. 12201-2023

**Please keep a copy for yourself**

- 5. **OR ONLINE ON THE INTERNET.** Complete the online request form at the following Web page:

<https://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

\_\_\_\_ I want a fair hearing. The Agency's action is wrong because \_\_\_\_\_  
\_\_\_\_\_

Print Name of client \_\_\_\_\_ Name of MLTCP \_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_ CIN # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Case # \_\_\_\_\_

## **NOTICE OF DISENROLLMENT FROM (ADD NAME OF MLTC PLAN) (NYC)**

### **YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

IF YOU REQUEST A FAIR HEARING, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by a legal counsel, a relative, a friend or other person, or represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written or oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive care through the MLTC Plan until the fair hearing decision is issued.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO RECORDS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will send you free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us we will send you free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the general telephone number listed on page 1 of this notice or write us at the address printed on page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If your request is less than five working days before the hearing, they will be provided to you within three working days of when you ask for them or at the time of the hearing, whichever is earlier.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

(REVISED 4/27/11)

**NOTICE OF DENIAL OF ENROLLMENT IN (ADD NAME OF MLTC PLAN) (NYC)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN/RID NUMBER			
CASE NAME (And C/O Name if Present) and ADDRESS		General Telephone No. for Questions or Help _____  OR Agency Conference _____ Fair Hearing Information And Assistance _____  Record Access _____  Legal Assistance Information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

Your application for enrollment in the (MLTC Plan Name) has been reviewed by this agency and has been denied because

(reason for denial)

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**This action has been taken in accordance with Public Health Law 4403-f. If you would like to talk to someone about this decision, you may have a conference to review these actions. If you believe this decision about your request is wrong, you may ask for a State fair hearing. Please read the back of this form to find out how to arrange a conference and/or a fair hearing.**

**NOTICE OF DENIAL OF ENROLLMENT IN (ADD NAME OF MLTC PLAN) (NYC)**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision, or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice, or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing.

**RIGHT TO A FAIR HEARING:** If you believe that the action(s) we are taking are wrong, you may request a State fair hearing by:

1. **TELEPHONE:** Statewide Toll Free 1-800-342-3334. Please have this notice with you when you call.
2. **FAX:** Fax this notice with this page completed to (518) 473-6735.
3. **Walk-In:** Bring this notice to NYS Office of Temporary and Disability Assistance at 330 West 34<sup>th</sup> Street, 3<sup>rd</sup> floor, New York, NY or to 14 Boerum Place, 1<sup>st</sup> floor, Brooklyn, NY.
4. **TO WRITE FOR A FAIR HEARING:** Fill in the space below and send a copy of all pages of this notice to:

Fair Hearing Section  
 NYS Office of Temporary and Disability Assistance  
 Fair Hearings  
 P.O. Box 22023  
 Albany, N.Y. 12201-2023

**Please keep a copy for yourself**

5. **OR ONLINE ON THE INTERNET.** Complete the online request form at the following Web page:

<https://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

\_\_\_\_ I want a fair hearing. The Agency's action is wrong because \_\_\_\_\_  
 \_\_\_\_\_

Print Name of client \_\_\_\_\_ Name of MLTC Plan \_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_ CIN # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Case # \_\_\_\_\_

**NOTICE OF DENIAL OF ENROLLMENT IN (ADD NAME OF MLTC PLAN) (NYC)**

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

IF YOU REQUEST A FAIR HEARING, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by a legal counsel, a relative, a friend or other person, or represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written or oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

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INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

(REVISED 4/27/11)