



Medicaid Managed Long-term Care (MLTC) Tip Sheet: How do I enroll in an MLTC plan?

**A guide written by people with Medicare, Medicaid,
and long-term care needs, their caregivers, and advocates**

What is long-term care?

Long-term care is ongoing care a person needs to complete everyday activities. Examples of services include:

- Home care (such as personal care, nursing care, physical and occupational therapy),
- Adult day health care,
- Home-delivered meals and congregate meals,
- Medical equipment,
- Eyeglasses,
- Hearing aids,
- Certain home modifications,
- Non-emergency medical transportation,
- Podiatry, audiology, dentistry, and optometry, and
- Nursing home care

What is Medicaid Managed Long-term Care (MLTC)?

Medicaid Managed Long-term Care (MLTC) is a program that provides coverage for Medicaid **long-term care services**. Your MLTC services will be provided by a private health insurance company.

How does MLTC work with my Medicare and Medicaid benefits?

- If you have both Medicare and Medicaid and receive services that both cover (such as doctors' visits, hospital care, and skilled nursing facility care), Medicare will pay first and Medicaid will pay second by covering your remaining costs, such as the Medicare coinsurances and copayments. If you do not have Medicare, Medicaid may be your primary coverage.
- The prescription medications you receive from the pharmacy are generally covered by your Medicare Part D plan.
- An MLTC plan is a separate plan through a private health insurance company that covers long-term care services as well as dental, eye, hearing, and foot care. MLTC plans are not responsible for your prescription medications or medical services that Medicare and Medicaid would cover.

Step 1: Before you enroll, you must...

Start by calling New York Medicaid Choice. New York Medicaid Choice is a state program, and their counselors can help you choose a plan and enroll into it. You can reach them by calling 855-222-8350 or by visiting www.nymedicaidchoice.com.

New York Medicaid Choice will help you set up an evaluation with the Conflict-Free Evaluation and Enrollment Center. The Conflict-Free Evaluation and Enrollment Center will send a nurse to your home to assess whether you qualify for long-term care. Most people who are evaluated are found eligible for MLTC. **It may be helpful to have someone with you during the evaluation, such as a family member, social worker, or friend, who can help describe your needs to the nurse assessing you.**

Who is eligible for long-term care coverage? If you have Medicare and Medicaid, need over 120+ days (over four months) of long-term care services, and are over the age of 21 you should be eligible. If you are not found to be eligible and believe you are, you can file an appeal. For more information, you can call the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

Step 2: After your evaluation, you can choose the plan that is best for you

1. First, you should make a list of all the health providers you use for long-term care services such as home care services, foot care, eye care, hearing care, and dental care. This is the list of services that you receive through your MLTC plan.
2. Second, you should call New York Medicaid Choice at 888-401-6582. You can tell them your list of providers, and they will help you find the plans in your area that include all or most of your providers. If needed, you can try to see if a plan will start working with your providers if they are not in the network.

New York Medicaid Choice can send you a list of all of the plans in your area. They are online and found here:

https://www.health.ny.gov/health_care/managed_care/mltc/mltclplans.htm.

The plans that say "partial" are the MLTC plans. You can also ask New York Medicaid Choice for MLTC plan ratings, which are online as well:

https://www.health.ny.gov/health_care/managed_care/mltc/consumer_guides/nyc/.

3. Third, you can contact all of the plans that you are interested in and shop around for the best one.

How do I decide which plan is best for me? You should choose a plan that includes all or most of your providers. You can then request assessments from as many MLTC plans as you would like.

What is an assessment? An assessment is when a nurse from your plan comes to your home to determine what your needs are and what services your plan should provide, including how many hours of home health care you need. You can shop around by requesting assessments from different plans and seeing which plan offers the most services. You can choose the plan that provides the best services for you to meet your needs. Different people can have different levels of care. For example, some people may receive a few hours of home care each day, while others can have continuous care seven days a week.

For more information on your rights, you can contact the Independent Consumer Advocacy Network (ICAN) at 844-614-8800

Just because a plan assesses you does **not** mean you have to enroll with them. You can choose to enroll in the plan that is best for you. **It may be helpful to have someone with you during the assessment(s) such as a family member, social worker, or friend, who can help describe your needs to the nurse assessing you.**

Step 3: Enroll in the plan that is best for you

Call New York Medicaid Choice at 888-401-6582 to enroll in a plan. You could also enroll by speaking directly to the plan. When you enroll in an MLTC plan, you can receive the same amount of care from the same providers you were using before for up to 90 days (three months) or until the plan completes your first care assessment, whichever is first. After the 90 days and/or care assessment is complete, you should be sure to see **in network** doctors who provide your MLTC-covered services.

For more information about your plan's network, you can speak to your plan. For more information about your rights, you can call the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

Step 4: Start receiving services from your plan

People who enroll by the 20th of the month will have their MLTC coverage start on the 1st of the following month. For example, if an individual enrolled in a plan on January 15th, their MLTC plan would begin on February 1st. However, if an individual enrolled in a plan on January 22nd, their MLTC plan coverage would not begin until March 1st.

Can MLTC plans market to me?

There are marketing rules that MLTC plans must follow in order to ensure that you are not misled and are fully aware of your options. For example, insurance companies and their representatives are **not** allowed to market their MLTC plans by going door to door, making one-on-one appointments without your permission, calling you without your permission, amongst other things. If you think an MLTC plan or its representative has violated marketing rules, you can call the New York State Department of Health Complaint Hotline at 866-712-7197 to report the incident.

Who can help answer questions or address problems with MLTC plans?

- **MLTC care manager** – The care manager is assigned by the plan and should be able to answer questions about plan benefits and network. If you do not know who your care manager is, contact your MLTC plan. Your MLTC plan's phone number should be on your MLTC card and/or mailings.
- **New York State Department of Health Complaint Hotline** – You can call this hotline with complaints or grievances about an MLTC plan: 866-712-7197.
- **New York Medicaid Choice** – Contact New York Medicaid Choice with any questions about switching or enrolling in an MLTC plan: 888-401-6582 or www.nymedicaidchoice.com.
- **New York State Ombudsman** for people with long term care services – All individuals can reach out to the Ombudsman in New York State called the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

Share Your Experience!

This tip sheet was developed by the Medicare Rights Center's [Coalition to Protect the Rights of New York's Dually Eligible \(CPRNYDE\)](#). CPRNYDE is comprised of people with Medicare, Medicaid, and long-term care needs, as well as their caregivers and advocates. If you would like to learn more about us and/or share your own experiences, you can call the Medicare Rights Center at 800-333-4114.