

# Medicaid Managed Long Term Care (MLTC) Plans

## What is an MLTC plan?

An MLTC plan is a private health plan that provides your Medicaid long term care benefits. Long term care is ongoing care you need to help you perform every day activities. You only qualify for an MLTC plan if you are over 18, have both Medicare and Medicaid and receive 4 months or more (120+ days) of long term care services. Having an MLTC plan does **not** affect how you receive your Medicare benefits.

## Do I need to choose an MLTC plan?

If you qualify, you usually must join an MLTC plan. It is best to choose one for yourself. Medicaid will automatically choose one for you if you do not choose. Certain groups of people may not need to take an MLTC plan, Call the numbers below to find out whether you qualify for mandatory MLTC.

## What happens once I join an MLTC plan?

Once you have an MLTC plan, you will have to receive your long term care services from providers who are in the plan's network. Your MLTC plan will also cover your Medicaid dental, vision, podiatric, and hearing services. Remember, your MLTC plan does **not** affect how you receive your Medicare benefits.

## What do I need to know?

- Contact **New York Medicaid Choice at 888-401-6582** to get help choosing or switching your MLTC plan.
- If you have additional questions or concerns, contact the **Independent Consumer Advocacy Network (ICAN) at 844-614-8800**.
- Make sure you read all of your mail. If you have an MLTC plan, you will probably get mail in the fall telling you that you qualify for the Fully Integrated Dual Advantage (FIDA) program.
  - The FIDA program gives you the choice of receiving all of your Medicare **and** Medicaid benefits through one plan.

# Terms to Know

**Long term care**— Ongoing care you need to help you perform every day activities. It can include care in the community or in a facility, such as nursing home care, home health care, and adult day health care.

**Managed care plan**— Health insurance offered by a private insurance company. All MLTC plans are managed care plans.

**Dual eligible**— A person who has *both* Medicare and Medicaid. Only dual eligibles are allowed to enroll in MLTC plans. For most services, Medicare pays first and Medicaid covers the rest. However, certain services—such as routine dental and vision care—are only covered by Medicaid.

**Medicaid**— A state-run program offering health insurance to those with limited incomes and assets. Each state has its own Medicaid program rules, qualification limits, and benefits. It is available to people of most ages as long as they meet the qualifications.

**Medicare**— A federal government program that gives you health insurance if you are 65 or older or are under 65 and have a disability. You may receive your Medicare benefits in two ways:

- **Original Medicare**—Traditional program where the federal government directly provides your Medicare benefits
- **Medicare Advantage plan**— Receive your Medicare benefits through a private plan. You get the same benefits as Original Medicare, but you may have to follow additional plan rules to get your items and services covered.

**New York Medicaid Choice**— An organization that helps you choose an MLTC plan. It is also known as the enrollment broker. You can reach it by calling 888-401-6582.

**Fully Integrated Dual Advantage (FIDA) program**—An optional way to receive both your Medicare and Medicaid benefits through one private plan. Starting later this year, you can switch from your MLTC plan to a FIDA plan.