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Providing Integrated Care for New York's Dual Eligible Members

Stakeholder Session

August 2019

Overview

- ❑ Current Landscape of New York's Dual Population
- ❑ Benefits of Aligning Care for Duals
- ❑ Alignment Opportunities
- ❑ FIDA Updates

Overview of New York's Duals Programs

New York's Duals Programs				
	Medicaid Advantage (MA)	**Medicaid Advantage Plus (MAP)**	**Programs for All Inclusive Care for the Elderly (PACE)**	**Partial Managed Long Term Care (MLTC)**
	Integrated Plans			
Authority	1115 Waiver	1115 Waiver	Section 1934 Social Security Act	1115 Waiver
Age	18+ Voluntary	18+ Voluntary	55+ Voluntary	Voluntary, non-dual 18+ Voluntary, dual 18-20 Mandatory, dual 21+
# Enrollees 06/2019	**5,175**	**15,977**	**5,776**	**235,945 (90% Dual, 212k)**
Enrollment Criteria	Medicare Parts A&B, or enrolled in Medicare Part C; Enrolled in plan's Medicare Advantage Product	>120 days of LTSS, NH LOC Medicare Part A&B, or enrolled in Part C; Enrolled in plan's Medicare Advantage Plus Product	>120 days LTSS, NH LOC May be any or all of the following: Medicare Part A; enrolled under Part B; or eligible for Medicaid	Voluntary; >120 days LTSS, NH LOC Mandatory; >120 days LTSS
LTSS	Provided by Medicaid FFS	Yes	Yes	Yes
# of Plans	3	7	9	27

There are also over 500,000 Full-Benefit Duals in Medicaid Fee For Service

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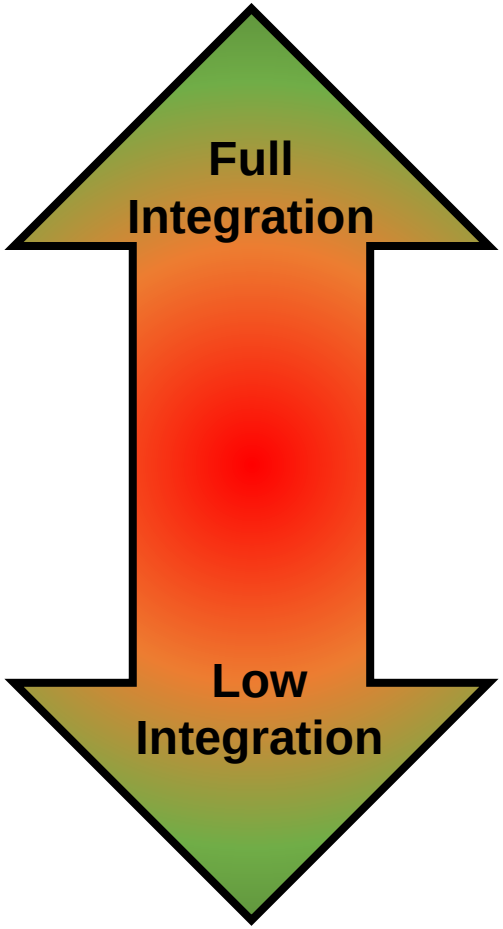
Where Are NY's Duals Today?

Opportunities for Continuity of Care



Data as of June 2018			
Medicare Placement	Medicaid MCO	Medicaid FFS	% of Total
Medicare DSNP with Medicaid Contract Aligned*	22,623	0	3%
Medicare DSNP with Medicaid Contract Not Aligned*	59,727	142,347	27%
Medicare Advantage Excluding DSNPs	42,755	68,115	15%
Medicare FFS	118,096	300,156	55%
Totals	**243,201**	**510,618**	**100%**

- Overall, only 3% of membership is aligned
- There is a significant population in unaligned DSNPS that present an opportunity

**Aligned is defined as being in the same plan for Medicaid and Medicare*

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Why Align?

- *Simplification for Members to Improve Member Outcomes*
- *Aligned Clinical and Financial Incentives between Medicare and Medicaid*
- *Access to Stronger Care Coordination Model*

Features of an Integrated Product

✓Continuity of care

✓Person-centered care coordination

✓Integrated member services, member materials and review process

✓Unified process and review of marketing materials

✓Coordinated appeals and grievances

✓Aligned enrollment/disenrollment

✓Increased provider engagement

✓Ability to offer consumer incentives under Medicare

✓Coordinated communication with CMS

✓Frailty adjuster

✓Integrated data to better inform analytics, risk adjustment, and rate setting

✓Benefit package alignment

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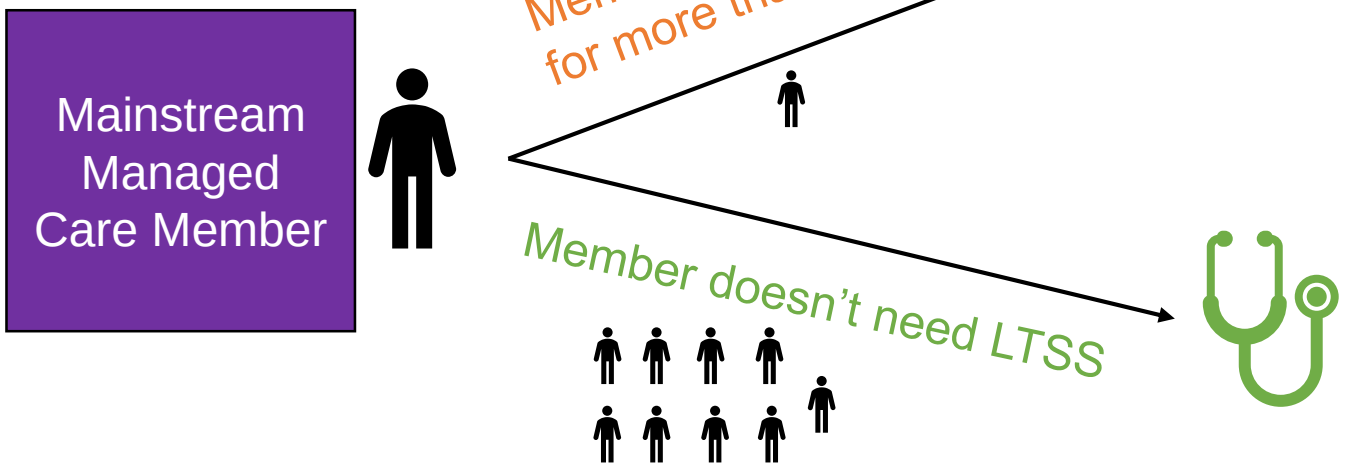
Alignment Opportunities

What Happens Today as a Medicaid Member Becomes Dual by Turning 65?



Medicaid	Choose MAP, PACE, MLTC Partial, if no choice made, enrolled to affiliated MLTC Partial or other MLTC Partial
Medicare	Medicare FFS or Advantage

Medicaid	Enrolled in FFS unless Member chooses Medicaid Advantage
Medicare	Medicare FFS or Advantage

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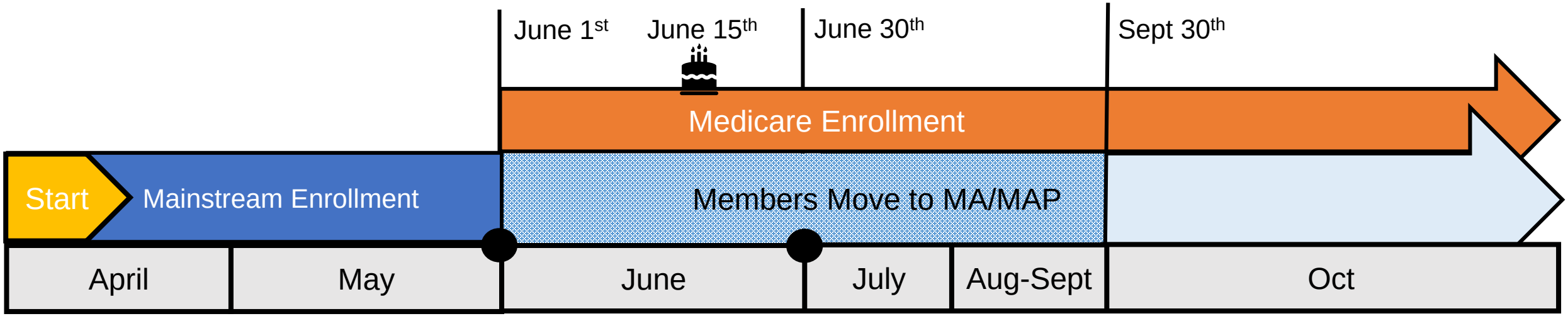
How Can We Better Align Duals?

The State can use CMS enrollment procedures for members as they become dual eligible to align them into a MAP or MA plan

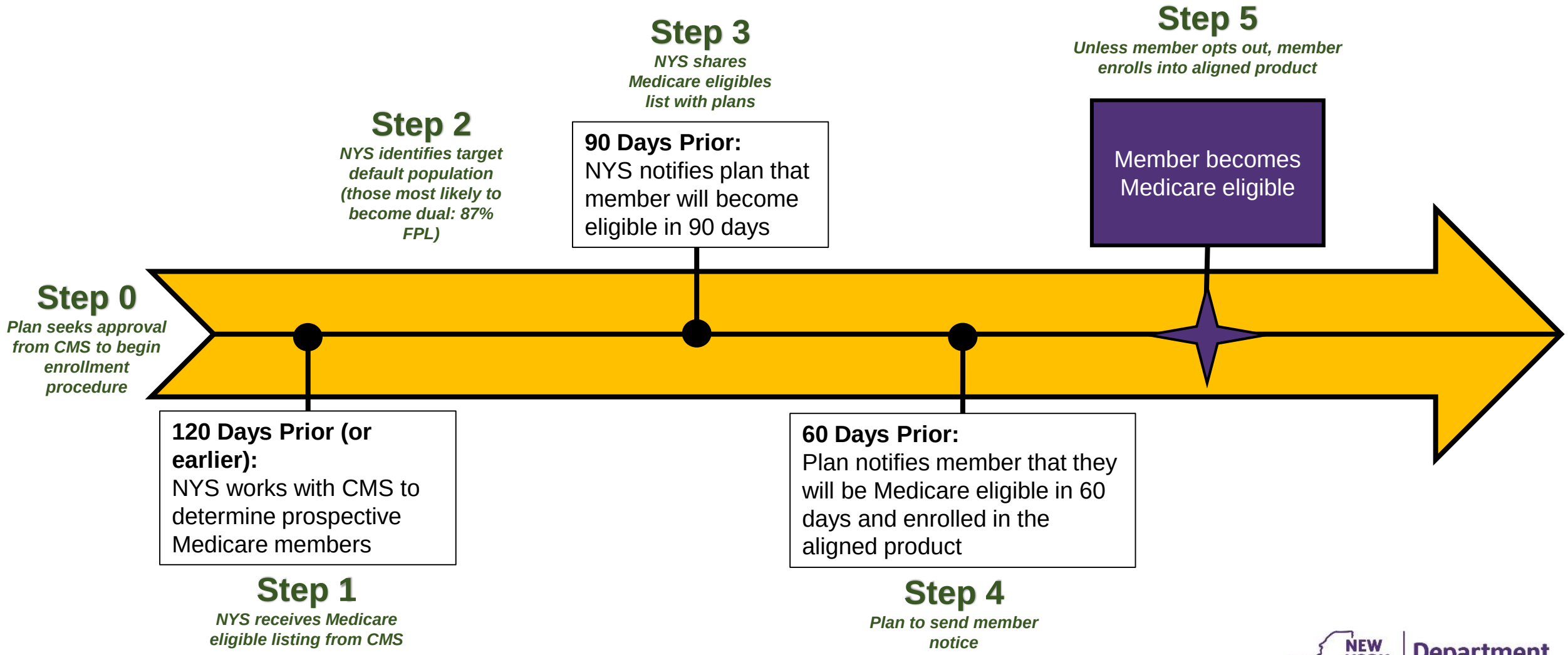
- Members would have the ability to opt out
- Members would still be able to select the plan of their choice (PACE, MAP, MA, or MLTCP)
- Non LTSS Members will still have the choice to opt to FFS

Member Timeline for Enrollment



This timeline reflects the overall movement for a member as they become dual eligible; the State is working to operationalize this process

CMS Enrollment Procedure Process



The State is working to operationalize this process

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Step 0: Plans Seek CMS Approval to Begin CMS Enrollment Procedure

Plan Application Support
• CMS provides support to States and Plans, including offering a Sample Model Notice (see next slide) • NYS is providing support to Plans in establishing the required data procedures and appropriately identifying the eligible population

Subject to CMS approval, select Medicare Advantage organizations may automatically enroll newly certain eligible Medicare beneficiaries into a dual eligible Medicare Advantage special needs plan (D-SNP) with member ability to opt out

Individual Requirements

- Newly eligible for Medicare Advantage
- Currently enrolled in corresponding MMC (or under parent org)
- Will remain in Medicaid Managed Care upon Medicare enrollment

Plan Requirements

- Must have affiliated Medicaid Managed Care Products with DSNP
- Must demonstrate State approval and State agreement to provide necessary information for the Medicare Advantage plan to identify members in their Medicaid Managed Care who are in their Medicare Advantage initial coverage election period
- Minimum Medicare 3 star quality rating
- Obtain CMS approval through a proposal
- Must meet specific notice and timeline requirements

Step 0: Plans Seek CMS Approval to Begin CMS Enrollment Procedure

Model Notice

https://www.integratedcareresourcecenter.com/resource/default-enrollment-model-notice

Note: The following is a template of the letter to be used in this process. All letters used will contain the required CMS disclaimers, materials ID, and appropriate CMS submission approval prior to use.

KEEP THIS NOTICE FOR YOUR RECORDS

<Date>

<Name>
<Address>
<City>, <State> <ZIP>

IMPORTANT: Your health and drug plan is changing.

Dear <Name of Member>:

We are writing to let you know about important changes to your medical and prescription drug coverage. As your Medicaid plan, we'd like to thank you for your membership in <Medicaid MCO Plan Name>, offered by <Parent Organization Name>.

Because you will be eligible for Medicare soon, <Parent Organization Name> will **automatically enroll you into <D-SNP Name> for your Medicare benefits. This coverage will start on <insert effective date = Part A and B effective date>, the same day your Medicare benefits start.**

You currently have <state-specific name for Medicaid program> (Medicaid). <D-SNP name>, offered by <parent organization name>, helps your Medicare and <Medicaid or state-specific Medicaid name> benefits work together.

If you don't want <D-SNP name> to provide your Medicare coverage, you can choose to get your Medicare coverage through another plan or through Original Medicare. **If you don't make another choice by <insert date before effective date>, you'll be enrolled with <D-SNP name> starting <insert effective date>.**

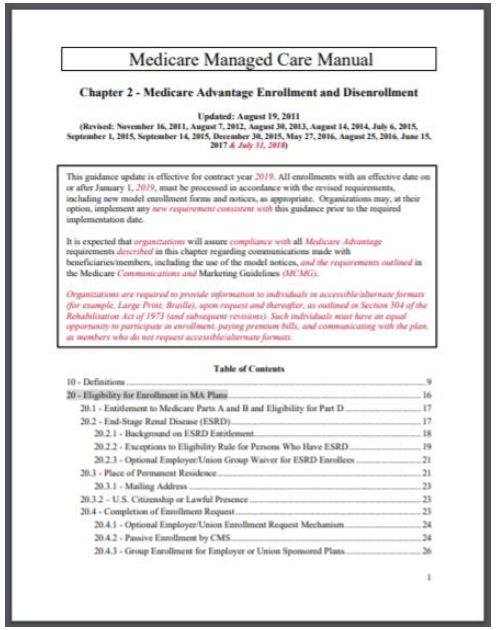
Your <state-specific name for Medicaid program> coverage won't change [*insert as applicable*: **<due to enrollment in <D-SNP name>, Original Medicare or another Medicare health plan>**. You will continue to get your <state-specific name for Medicaid program> coverage through <Medicaid MCO Plan Name>.

You don't have to do anything unless you don't want to be automatically enrolled in <D-SNP name>. If you don't make another choice by <insert day before effective date>, your new coverage will start on <insert effective date>.

For more information about your <D-SNP name> and the benefits and services your new plan covers, **or to find out if you can still see your current providers in your new plan and whether your new plan covers all of your prescription drugs**, call <D-SNP name> at <phone number>. TTY users should call <TTY number>. We are open <days/hours of operation and, if different, TTY hours of operation>.

Medicare Manual Update

https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/Downloads/CY_2019_MA_Enrollment_and_Disenrollment_Guidance.pdf
(**Default Enrollment starts at section 40.1.4)**



Medicare Managed Care Manual

Chapter 2 - Medicare Advantage Enrollment and Disenrollment

Updated: August 19, 2011
(Revised: November 16, 2011, August 7, 2012, August 30, 2013, August 14, 2014, July 6, 2015, September 1, 2015, September 14, 2015, December 30, 2015, May 27, 2016, August 25, 2016, June 15, 2017 & July 31, 2018)

This guidance update is effective for contract year 2019. All enrollments with an effective date on or after January 1, 2019, must be processed in accordance with the revised requirements, including new model enrollment forms and notices, as appropriate. Organizations may, at their option, implement any new requirement consistent with this guidance prior to the required implementation date.

It is expected that organizations will assure compliance with all Medicare Advantage requirements described in this chapter regarding communications made with beneficiaries/members, including the use of the model notices, and the requirements outlined in the Medicare Communications and Marketing Guidelines (MCMG).

Organizations are required to provide information to individuals in accessible/alternate formats (for example, Large Print, Braille), upon request and thereafter, as outlined in Section 504 of the Rehabilitation Act of 1973 (and subsequent revisions). Such individuals must have an equal opportunity to participate in enrollment, paying premium bills, and communicating with the plan, as members who do not request accessible/alternate formats.

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Next Steps For CMS Enrollment Procedures

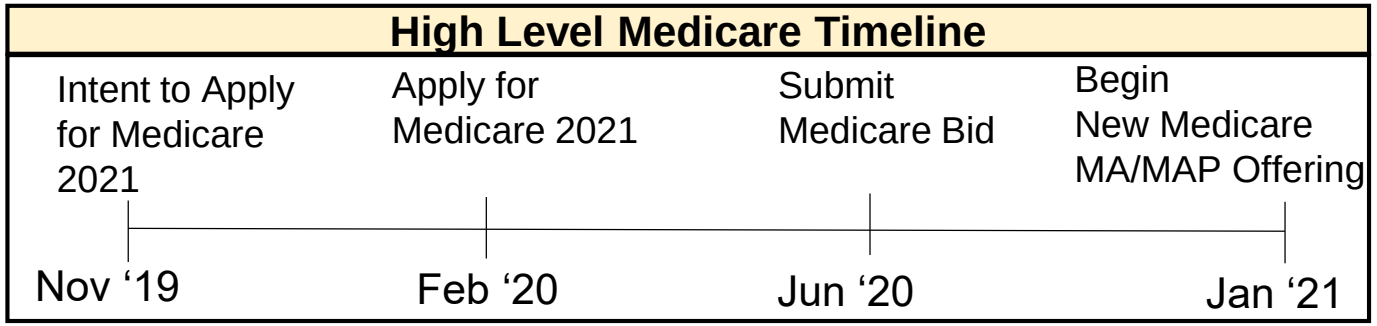
2019

- State establishes CMS Enrollment Procedure Design
- Plans begin process with CMS for Enrollment approval
- System changes occur to implement design
- Plans not currently eligible for CMS Enrollment Procedures to work with NYS and CMS on product line approval for November deadline

2020

- CMS approval of State Design and Plan application
- Plans not currently eligible for CMS Enrollment Procedures continue to work with NYS and CMS on plan approvals
- CMS Enrollment Procedure begins

High Level Medicare Timeline



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Path Forward For Integrated Members

Goals: Improve member outcome & experience through:

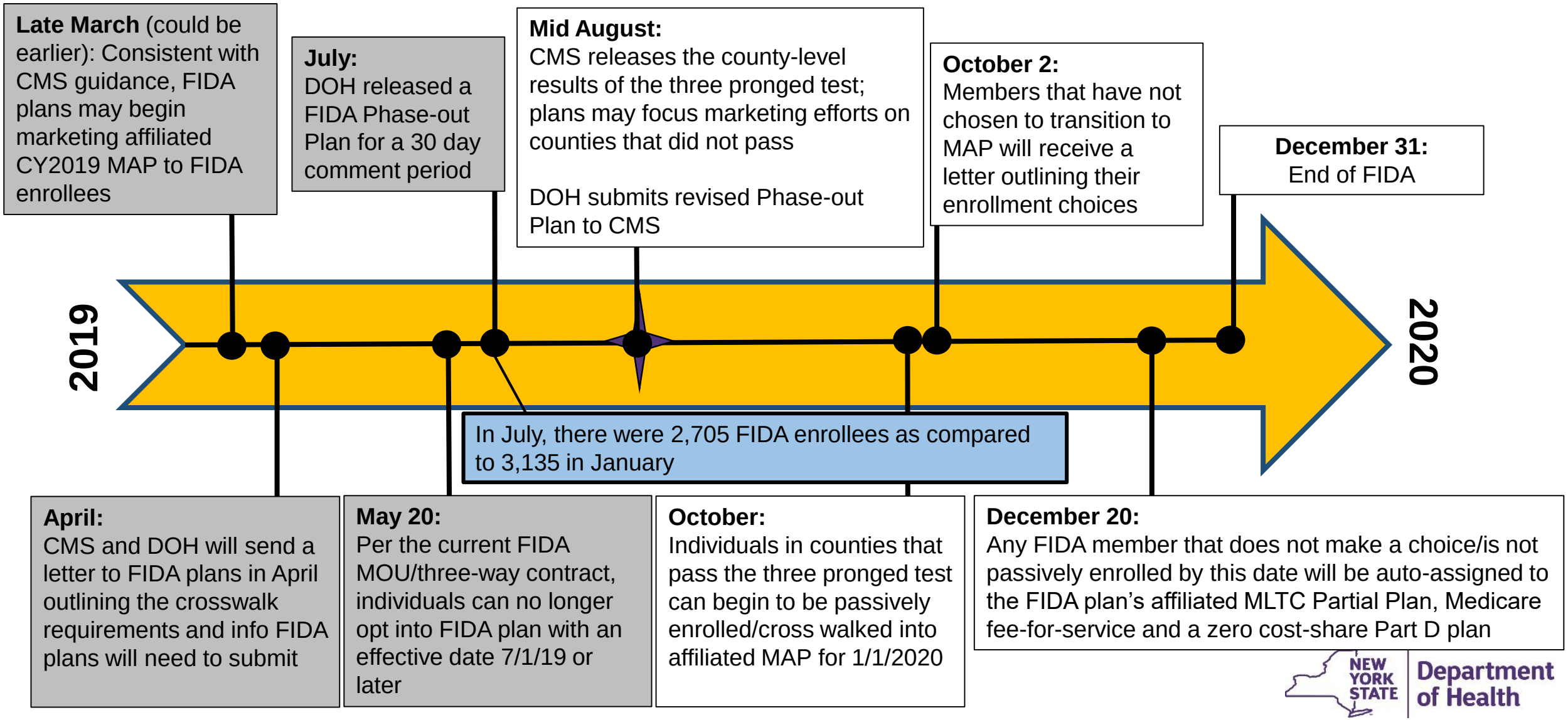
- Member choice and continuity of care
- Member alignment and integrated products
- Partnering with plans, providers, and stakeholders to improve outcomes

Strategies

Item	Enhance MAP through integrated G&A	Medicare CMS Enrollment Procedure for MMC into Medicaid Advantage or MAP	Enhance MAP and Medicaid Advantage through integrated BH, including HARP benefits	Medicaid Advantage Choice/Opt-out for Non-LTSS duals in Medicaid FFS today

Program Updates

2019 FIDA Wind Down Timeline



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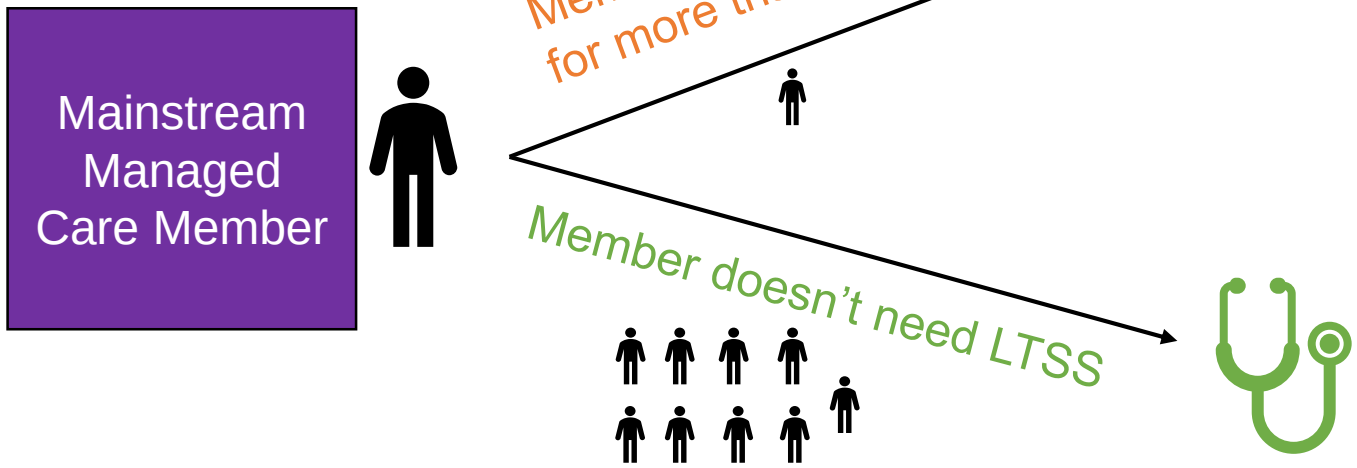
Future Discussions / Next Steps

- Continued discussion with CMS on enrollment procedures
- Closing out FIDA Program
- We continue to welcome stakeholder feedback at dualintegration@health.ny.gov

Appendix

What Would Utilizing CMS Enrollment Procedures Look Like?



Medicaid	Through Enrollment Procedures, Mainstream member would enroll in the **Medicaid Advantage Plus** product of their affiliated Mainstream Plan
Medicare	Enrolled in affiliated DSNP

Medicaid	Through Enrollment Procedures, Mainstream member would enroll in the **Medicaid Advantage** product of the affiliated Mainstream Plan
Medicare	Enrolled in affiliated DSNP

Members have the ability to opt out of this enrollment and retain full choice options

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