

Providing Integrated Care for New York's Dual Eligible Members

Stakeholder Session



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)			
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	
Full Integration	Medicare DSNP with Medicaid Contract Aligned*	22,623	0	3%	
	Medicare DSNP with Medicaid Contract Not Aligned*	59,727	142,347	27%	
Low Integration	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

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

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

 \checkmark 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

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

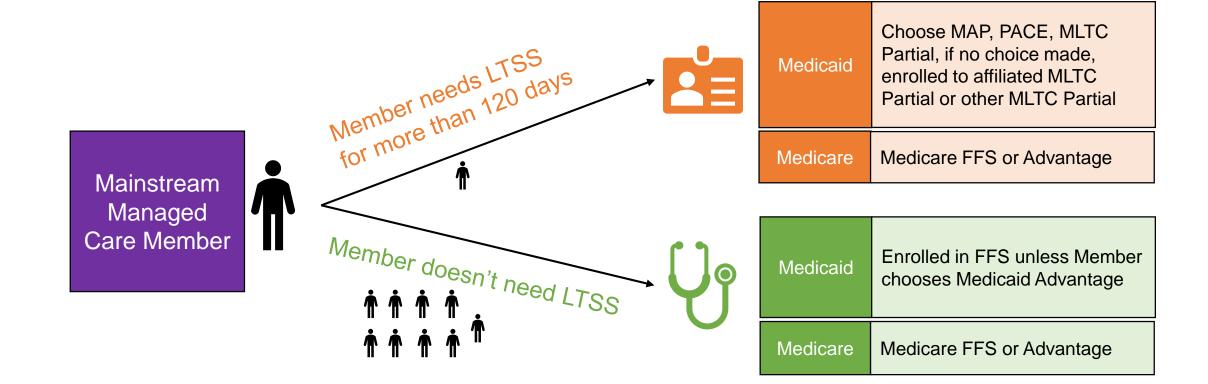
✓Benefit package alignment



Alignment Opportunities



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





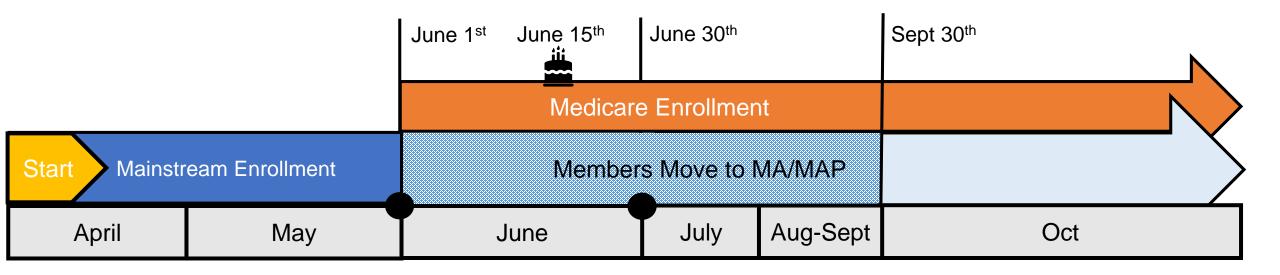
How Can We Better Align Duals?

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



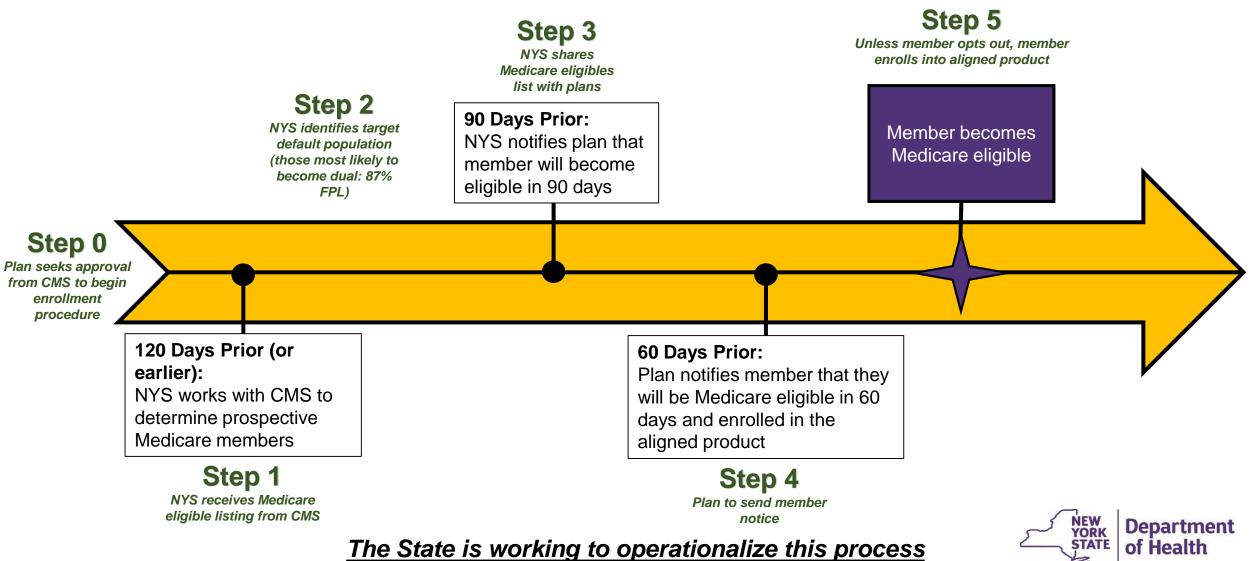
Member Timeline for Enrollment



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



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.integratedcareresourcecen ter.com/resource/default-enrollmentmodel-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></date>
<pre><name> </name></pre> <address <state="" c(h)r,=""> <zip> </zip></address>
IMPORTANT: Your health and drug plan is changing.
Dear <name member="" of="">:</name>
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 Names, offered by -Parent Organization Names.</medicaid
Because you will be eligible for Medicare soon, «Parent Organization Name» will automatically enroll you into <0.5NP Name» for your Medicare benefits. This coverage will start on <inset a="" and="" b="" benefits<br="" date="Part" date»,="" day="" effective="" medicare="" same="" the="" your="">start.</inset>
You currently have <state-specific for="" medicaid="" name="" program=""> (Medicaid), <d-snp name="">, offered by <parent name="" organization="">, helps your Medicare and <medicaid or="" state-specific<br="">Medicaid name> benefits work together.</medicaid></parent></d-snp></state-specific>
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 'sinest date before effective date>, you'll be enrolled with <d-snp name> starting <insert date="" effective="">.</insert></d-snp </d-snp>
Your <state-specific for="" medicaid="" name="" program=""> coverage won't change [/nsert as applicable: <due <0-snp="" enrollment="" in="" name="" to="">, Original Medicare or another Medicare health plan>. You will continue dep your <state-specific for="" medicaid="" name="" program=""> coverage through</state-specific></due></state-specific>
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>.</d-snp
For more information about your -O.SUP pames-and the benefits and services your new plan covers, or to find out if your can still are your current providers in your new plan and whether your new plan covers all of your prescription drugs, call <0.SUP names at <phone -dayshours="" <tty="" are="" call="" numbers.="" of="" open="" operation<br="" should="" tty="" users="" we="">and, if different, TTY hours of operations.</phone>

Medicare Manual Update

https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/Downloads/CY_201 9_MA_Enrollment_and_Disenrollment_Guidance.pdf (Default Enrollment starts at section 40.1.4)

Medicare Managed Care Manual		
Chapter 2 - Medicare Advantage Enrollment and Disense	llment	
Updated: August 19, 2011 (Revised: November 16, 2011, August 7, 2012, August 9, 2013, August 14, 2014, Jul September 1, 2015, September 14, 2015, December 30, 2015, May 27, 2016, August 25, 3 2017 <i>& July 31, 2018</i>)		
This guidance update is effective for contrast year 2019. All enrollments with an effer or after January 1, 2019, must be processed in accordance with the revised requiremen- caching new model combinent forms and notices, as appointent. Comparisations an option, implement any <i>new requirement constituent</i> with this guidance prior to the req momentation data.	nts, 19, at their	
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 the deducare Communications and Marketing Guidelines (MCMG).		
Organizations are required to provide information to individuals in accessible altern	ate formate	
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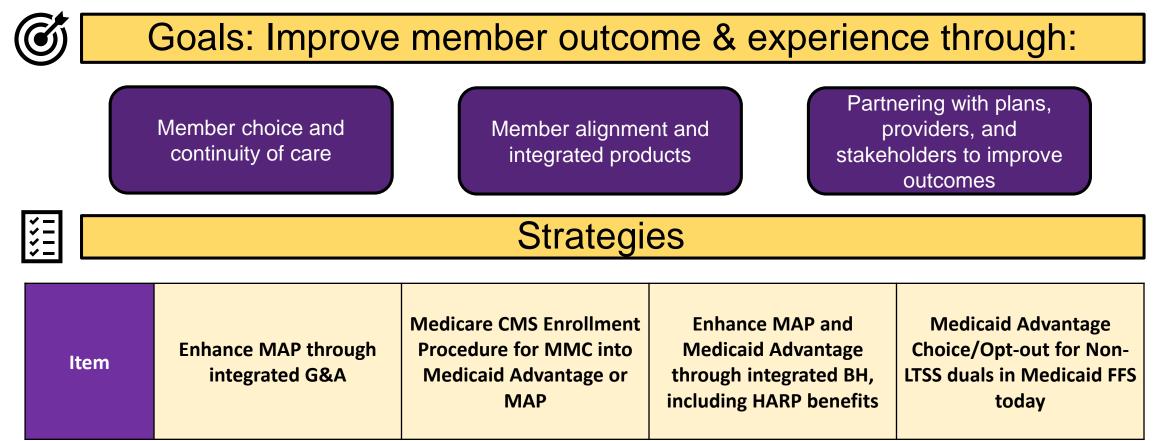
Next Steps For CMS Enrollment Procedures

<u>2019</u>	 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
<u>2020</u>	 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					
Intent to Apply for Medicare 2021	Apply for Medicare 2021	Submit Medicare Bid	Begin New Medicare MA/MAP Offering		
Nov '19	Feb '20	Jun '20	Jan '21		



Path Forward For Integrated Members

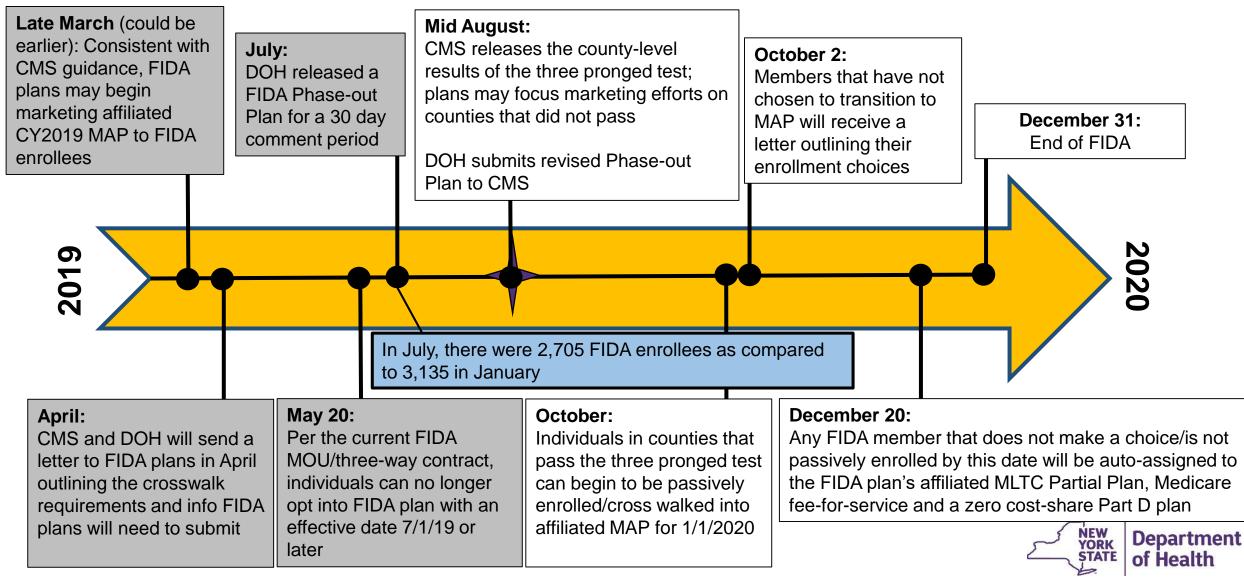




Program Updates



2019 FIDA Wind Down Timeline



Future Discussions / Next Steps

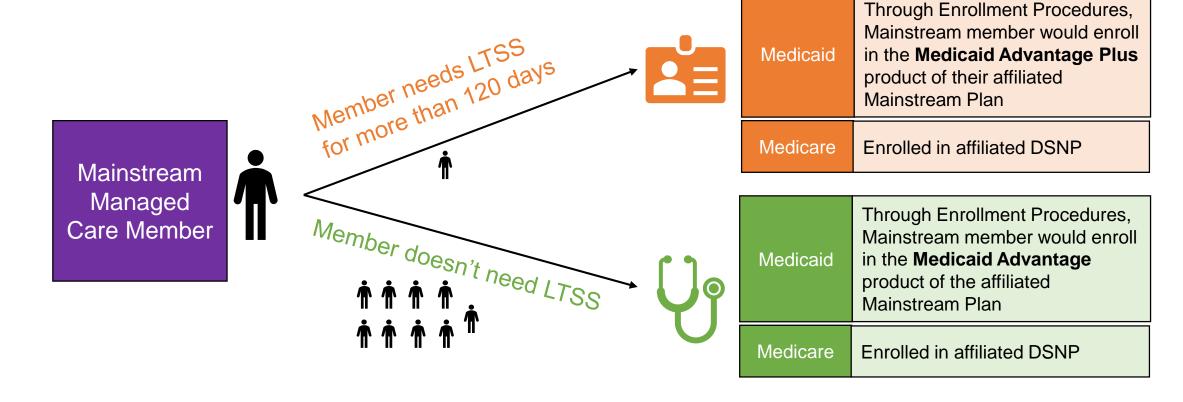
- Continued discussion with CMS on enrollment procedures
- Closing out FIDA Program
- We continue to welcome stakeholder feedback at <u>dualintegration@health.ny.gov</u>



Appendix



What Would Utilizing CMS Enrollment Procedures Look Like?



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

