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

<table>
<thead>
<tr>
<th>New York’s Duals Programs</th>
<th>Medicaid Advantage (MA)</th>
<th>Medicaid Advantage Plus (MAP)</th>
<th>Programs for All Inclusive Care for the Elderly (PACE)</th>
<th>Partial Managed Long Term Care (MLTC)</th>
</tr>
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<tbody>
<tr>
<td><strong>Authority</strong></td>
<td>1115 Waiver</td>
<td>1115 Waiver</td>
<td>Section 1934 Social Security Act</td>
<td>1115 Waiver</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>18+ Voluntary</td>
<td>18+ Voluntary</td>
<td>55+ Voluntary</td>
<td>Voluntary, non-dual 18+ Voluntary, dual 18-20, Mandatory, dual 21+</td>
</tr>
<tr>
<td><strong># Enrollees 06/2019</strong></td>
<td>5,175</td>
<td>15,977</td>
<td>5,776</td>
<td>235,945 (90% Dual, 212k)</td>
</tr>
<tr>
<td><strong>Enrollment Criteria</strong></td>
<td>Medicare Parts A&amp;B, or enrolled in Medicare Part C; Enrolled in plan’s Medicare Advantage Product</td>
<td>&gt;120 days of LTSS, NH LOC</td>
<td>&gt;120 days LTSS, NH LOC</td>
<td>Voluntary; &gt;120 days LTSS, NH LOC</td>
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<tr>
<td><strong>LTSS</strong></td>
<td>Provided by Medicaid FFS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong># of Plans</strong></td>
<td>3</td>
<td>7</td>
<td>9</td>
<td>27</td>
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There are also over 500,000 Full-Benefit Duals in Medicaid Fee For Service
## Where Are NY’s Duals Today?

**Opportunities for Continuity of Care**

<table>
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<tr>
<th>Medicare Placement</th>
<th>Medicaid MCO</th>
<th>Medicaid FFS</th>
<th>% of Total</th>
</tr>
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<tbody>
<tr>
<td>Medicare DSNP with Medicaid Contract Aligned*</td>
<td>22,623</td>
<td>0</td>
<td>3%</td>
</tr>
<tr>
<td>Medicare DSNP with Medicaid Contract Not Aligned*</td>
<td>59,727</td>
<td>142,347</td>
<td>27%</td>
</tr>
<tr>
<td>Medicare Advantage Excluding DSNPs</td>
<td>42,755</td>
<td>68,115</td>
<td>15%</td>
</tr>
<tr>
<td>Medicare FFS</td>
<td>118,096</td>
<td>300,156</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>243,201</strong></td>
<td><strong>510,618</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

- 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*
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
Alignment Opportunities
What Happens Today as a Medicaid Member Becomes Dual by Turning 65?

Mainstream Managed Care Member

- Member needs LTSS for more than 120 days
  - Medicaid: Choose MAP, PACE, MLTC Partial, if no choice made, enrolled to affiliated MLTC Partial or other MLTC Partial
  - Medicare: Medicare FFS or Advantage

- Member doesn’t need LTSS
  - Medicaid: Enrolled in FFS unless Member chooses Medicaid Advantage
  - Medicare: Medicare FFS or Advantage
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**
Plan seeks approval from CMS to begin enrollment procedure

**Step 1**
NYS receives Medicare eligible listing from CMS

**Step 2**
NYS identifies target default population (those most likely to become dual: 87% FPL)

**Step 3**
NYS shares Medicare eligibles list with plans

90 Days Prior:
NYS notifies plan that member will become eligible in 90 days

**Step 4**
Plan to send member notice

60 Days Prior:
Plan notifies member that they will be Medicare eligible in 60 days and enrolled in the aligned product

**Step 5**
Unless member opts out, member enrolls into aligned product

Member becomes Medicare eligible

120 Days Prior (or earlier):
NYS works with CMS to determine prospective Medicare members

The State is working to operationalize this 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.integratedcareresourcemanager.com/resource/default-enrollment-model-notice

Medicare Manual Update
(Default Enrollment starts at section 40.1.4)
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

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<th>High Level Medicare Timeline</th>
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<tr>
<td>Intent to Apply for Medicare 2021</td>
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<tr>
<td>Nov ‘19</td>
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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

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


Program Updates
2019 FIDA Wind Down Timeline

**Late March (could be earlier):** Consistent with CMS guidance, FIDA plans may begin marketing affiliated CY2019 MAP to FIDA enrollees.

**July:**
- DOH released a FIDA Phase-out Plan for a 30 day comment period
- CMS releases the county-level results of the three pronged test; plans may focus marketing efforts on counties that did not pass
- DOH submits revised Phase-out Plan to CMS
- DOH released a FIDA Phase-out Plan for a 30 day comment period

**Mid August:**
- Consistent with CMS guidance, FIDA plans may begin marketing affiliated CY2019 MAP to FIDA enrollees

**October 2:**
- Members that have not chosen to transition to MAP will receive a letter outlining their enrollment choices

**December 31:**
- End of FIDA

**December 20:**
- Any FIDA member that does not make a choice/is not passively enrolled by this date will be auto-assigned to the FIDA plan’s affiliated MLTC Partial Plan, Medicare fee-for-service and a zero cost-share Part D plan

In July, there were 2,705 FIDA enrollees as compared to 3,135 in January.

**April:**
- CMS and DOH will send a letter to FIDA plans in April outlining the crosswalk requirements and info FIDA plans will need to submit

**May 20:**
- Per the current FIDA MOU/three-way contract, individuals can no longer opt into FIDA plan with an effective date 7/1/19 or later

**October:**
- Individuals in counties that pass the three pronged test can begin to be passively enrolled/cross walked into affiliated MAP for 1/1/2020
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?

Mainstream Managed Care Member

- Member needs LTSS for more than 120 days
  - Medicaid: Through Enrollment Procedures, Mainstream member would enroll in the Medicaid Advantage Plus product of their affiliated Mainstream Plan
  - Medicare: Enrolled in affiliated DSNP

- Member doesn’t need LTSS
  - 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