NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

© NYLAG 2016

How to Access Medicaid Services
Borchard Foundation Training Series – Part III

Marie T. Vaz, Staff Attorney
Peter Travitsky, Staff Attorney
Evelyn Frank Legal Resources Program
212-613-7310 eflrp@nylag.org
http://nyhealthaccess.org

April 27, 2016

OVERVIEW

- What does it mean to receive services fee-for service?
- What does it mean to receive services from a managed care plan?
- What are the different Medicaid managed care plans?
- How do you access Medicaid services from a managed care plan?

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

What services does Medicaid cover?

- Federal Law requires a minimum of services:
  - **Hospital services**
  - **Physician services**
  - **Laboratory services**
  - **Nursing home care**
  - For children**: Early and Periodic Screening and Diagnostic Services ("EPSDT")** 42 CFR § 441 Subpart B
- Services must be provided in an **amount, duration, and scope** sufficient to achieve their purpose
- Services must be provided with **reasonable promptness**
- Services for one group or area must be **comparable** to what others receive

42 USC § 1396a

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

What services does Medicaid cover?

- Our New York State Medicaid plan covers many more services when they are **medically necessary**:
  - **Physical, Occupational, Speech therapy**
  - **Mental health**
  - **Prescription and over-the-counter medication**
  - **Dental**
  - **Vision**
  - **Non-emergency transportation**
  - **Long-term care services (example: home care)**
- Federal Law allows New York to provide additional services to certain populations through approved waivers:
  - OPWDD, Care at Home, Traumatic Brain Injury, and Nursing Home Transition and Diversion, Managed Long Term Care

https://www.health.ny.gov/regulations/state_plans/
http://www.health.ny.gov/regulations/state_plans/status/

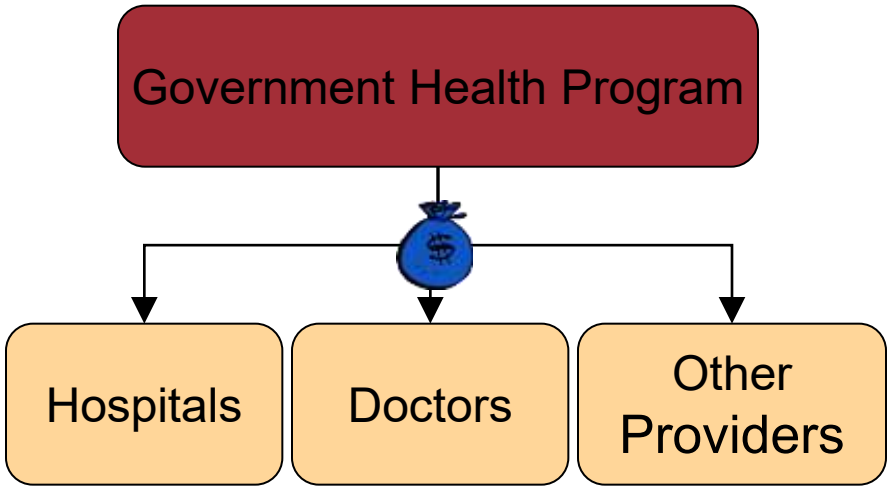
Medicaid is the "payer of last resort"

- You must identify if your client has other health insurance that covers a service in full or in part. That insurance must be billed before Medicaid. 42 CFR Part 433 Subpart D.
  - **Third-party health insurance** through employer/union or family member's employer/union
  - **Medicare**
    - Original Medicare
    - Medicare Advantage
- Once Medicaid pays towards a service that is payment in full and **the beneficiary cannot be billed**
- Medicaid provider manuals are a helpful resource to understand when services are covered/billed: www.emedny.org/ProviderManuals/index.aspx

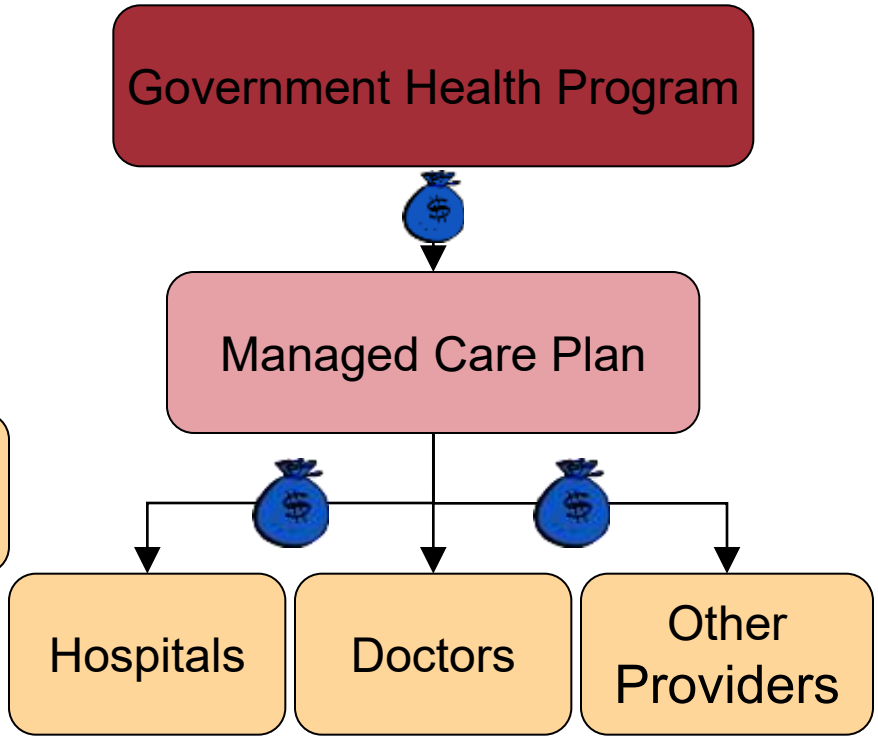
NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Payment for Medicaid services:

Fee-For-Service



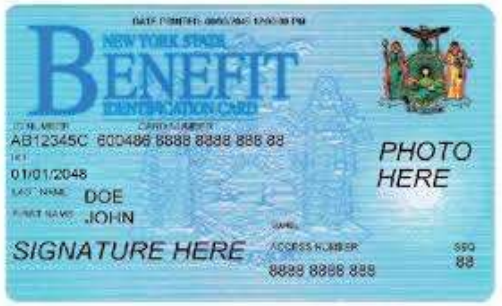
Managed Care



NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

What is *fee-for-service*?

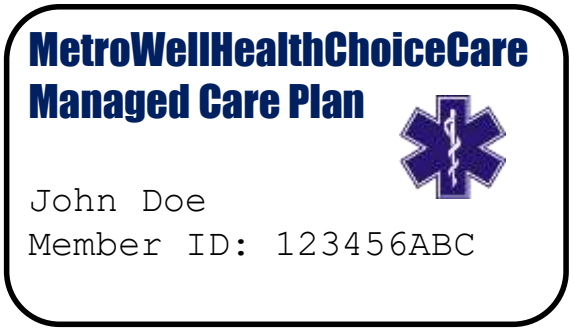
- In regular or fee-for-service Medicaid, beneficiaries can go to any doctor who takes Medicaid. This is called fee-for-service because the doctor or **provider gets a fee every time they provide a service** to a Medicaid beneficiary.
- Fee-for-service Medicaid beneficiaries would use the same "CBIC" card they use for SNAP and Public Assistance to access services:
- To receive long-term care, they would be asking for it directly from the County or State via prescribed forms
  - NYC info: http://www.wnylc.com/health/entry/176/
  - Rest of State: http://www.wnylc.com/health/entry/39/



NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

What is a *managed care* plan?

- A private health insurance **plan paid a fixed amount per member** to authorize, pay for and provide services.
- Enrollees must follow the plan's rules, such as:
  - Choosing a Primary Care Physician ("PCP")
  - Obtaining **referrals** to specialists
  - Seeking **prior authorization** for services
  - Seeing **in-network** providers
  - Plan **formulary** for prescription drugs



- Benefit package: Which services are covered depends on type of plan but must be in **same amount, duration, scope as fee-for-service**
- Use plan card to access package services

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

	Fee for Service	Managed Care
Who does Medicare or Medicaid pay?	Pays each provider fee for each service rendered	Pays flat monthly fee (capitation) to insurance plan
Who does provider bill?	Provider bills Medicare or Medicaid directly	Bills the managed care plan, which pays from the a monthly capitation rate from Medicare or Medicaid
Providers available	Any provider who accepts the insurance (e.g. Medicare)	Only providers in the insurance plan's network
Permission needed for services?	Sometimes. In Medicaid, need approval for personal care, CDPAP, etc. but not for all medical care.	Often. Plan may require authorization to see specialists, or for many services. May not go out of network.
Policy – incentive to give too much/ too little care?	Incentive to bill for unneces-sary care. But offset when authorization needed for services like Medicaid personal care.	Plan has incentive to DENY services, and keep part of capitation rate for profit.
What package of services is available?	Original Medicare = All Medicare services Fee-for-service Medicaid = All Medicaid services	Package of services may be "partial" (MLTC) or full (MAP = all Medicare and Medicaid services).

Medicaid Redesign

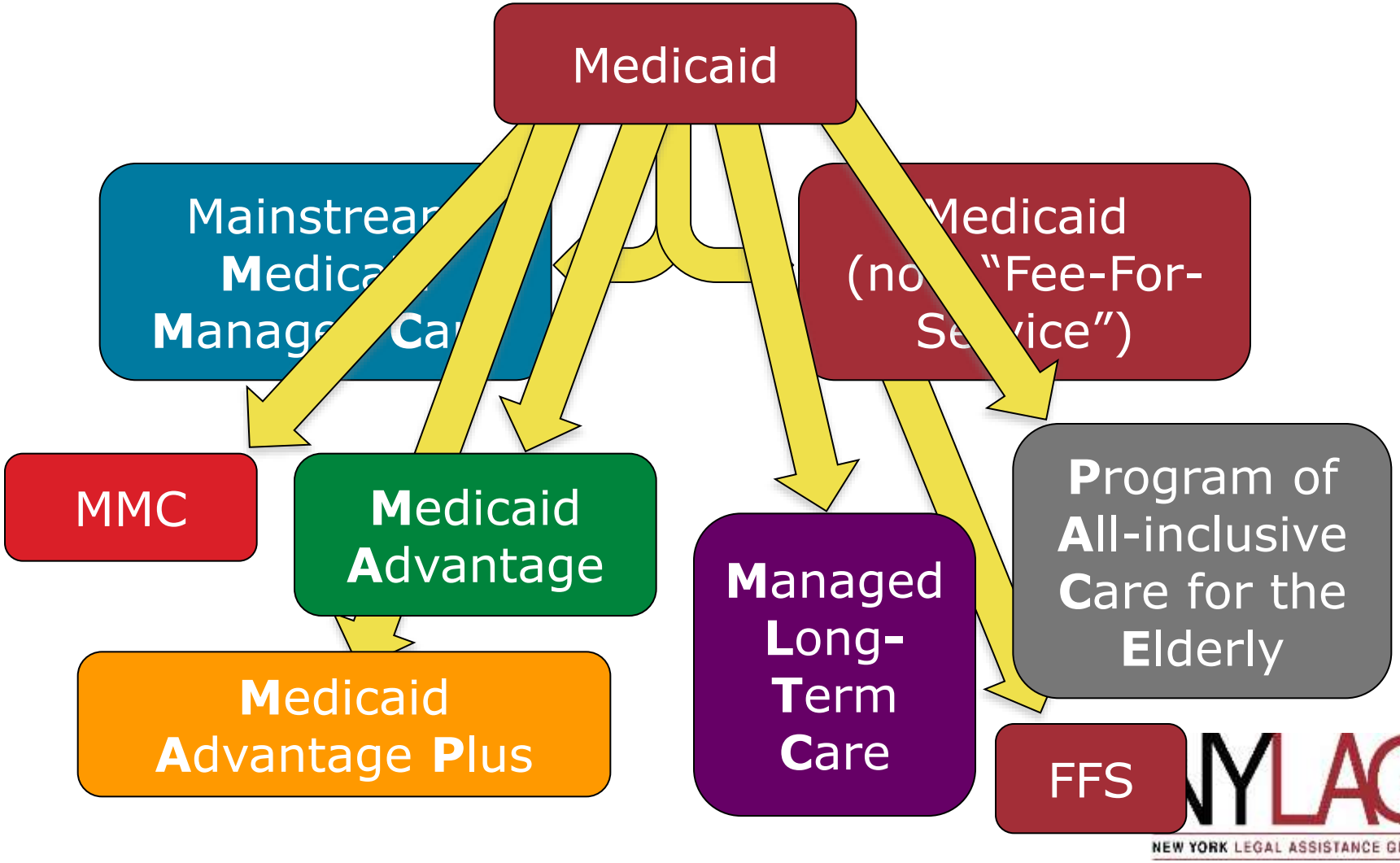
- In 2011, NY State legislature adopted recommendations of the Medicaid Redesign Team ("MRT"):

1. **Which benefits would be offered on a fee-for-service basis changed drastically**
2. **Very few Medicaid recipients would be exempt or excluded from enrolling in managed care**

- Services and populations affected by managed care can be found on the State MRT webpage: http://www.health.ny.gov/health_care/medicaid/redesign/supplemental_info_mrt_proposals.htm
  - MRT 1458: Care Management Population and Benefit Expansion, Access to Services, and Consumer Rights
  - MRT 90: Mandatory Enrollment Managed Long Term Care

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Evolution of Medicaid



Managed care plans and what they cover:

Medicare (A, B, D)	Medicaid (medical)	Medicaid (LTC)
Medicare Advantage		
Medicaid Advantage		
	Mainstream Medicaid Managed Care (MMC)	
	Health and Recovery Plans (HARPs)	
	HIV Special Needs Plans (HIV SNPs)	
		Managed Long-Term Care (partial cap) (MLTC)
Medicaid Advantage Plus (MAP)		
Program of All-inclusive Care for the Elderly (PACE)		
Fully Integrated Duals Advantage (FIDA)		
FIDA IDD		

Plans for people with Medicaid

- People who have **Medicaid only** can enroll in:
  - Mainstream Medicaid Managed Care (mandatory for most)
  - Essential Plan (per immigration status: LPR < 5 years, PRUCOL)
  - Health and Recovery Plans (HARPs) (if hi-need behavioral health)
  - HIV Special Needs Plan (HIV SNP) (if HIV/AIDS or homeless)
- People who have **Medicare and Medicaid** can enroll in:
  - Medicaid Advantage
  - Managed Long Term Care (MLTC)
  - Medicaid Advantage Plus (MAP)
  - Program for All-Inclusive Care for the Elderly (PACE)
  - Fully Integrated Dual Advantage (FIDA)
  - FIDA-IDD

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Plans with long-term care services

- Personal Care Services, Consumer Directed Personal Assistance Program ("CDPAP"), Certified Home Health Aide ("CHHA"), Private Duty Nursing, Adult Day Care
- Only some plans cover long-term care services:
  - People who have **Medicaid only**
    - Mainstream Managed Care
    - Health and Recovery Plans (HARPs)
    - HIV SNPs
  - People who have **Medicare and Medicaid**
    - Managed Long Term Care (MLTC)
    - Medicaid Advantage Plus (MAP)
    - Program for All-Inclusive Care for the Elderly (PACE)
    - Fully Integrated Dual Advantage (FIDA)
    - FIDA-IDD

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Comparing different types of plans

Each type of plan varies on these questions:

1. Who can/must enroll?
2. How do they enroll/disenroll?
3. What is covered under the plan's benefit package?
4. What remains fee for service?
5. What if you need long term care services?
6. How do you request services and appeal requests of services that are not granted?

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

PLANS FOR PEOPLE WHO HAVE MEDICAID ONLY

- Mainstream Medicaid Managed Care
- Essential Plan
- Health and Recovery Plans (HARPs)
- HIV SNPs

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Mainstream Managed Care (MMCO)

- Most, but not all Medicaid beneficiaries in NY who **do not have Medicare** and **do not have a spend-down** must now join a "mainstream" Medicaid managed care plan
- Who is in MMC?
  - **4.4 million New Yorkers!**
  - "MAGI" Medicaid – families, children, adults under 65 without Medicare – either applied on NYSOH Exchange (1.7 million) or had Medicaid through LDSS (2.3 million)
  - Some "non-MAGI" Medicaid – 327,000 SSI recipients who don't have Medicare (including the elderly and many immigrants)

N.Y. Soc. Servs. L. § 364-j (Amended L. 2011 Ch. 59)
18 NYCRR 360-10
http://www.wnylc.com/health/entry/160/

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Mainstream Managed Care (MMCO)

- Enrollment in MMCO –
  - After approved for Medicaid on NYSOH or at LDSS, receive mandatory enrollment packets from **New York Medicaid Choice, a/k/a Maximus,** company contracted to process managed care enrollments and disenrollments
  - Will be randomly assigned to a plan if they do not choose
- Have 90 days from their enrollment date to change plans. If they do not switch within 90 days, they are **"locked-in"** cannot get out for the following 9 months, unless they have "good cause" to do so
- After the lock-in period ends, recipients can change plans for any reason at any time

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Who does not have to enroll in MMCO?

- Two groups of people do not have to join: people who are exempt and people who are excluded
  - **Exempt**: People who can decide **if** they want to join a MMCO plan
    - People in TBI/NHTD/OPWDD/Care at Home waivers
    - People with a chronic condition, in active treatment w/ specialist not in any plan. Limited to 6 months
  - **Excluded**: People who **cannot** join a MMCO plan
    - People with Medicare or other third party health insurance
    - People with a spend down
    - People in hospice
    - People in a limited Medicaid program (e.g. cancer treatment program)
    - Some foster children

http://www.wnylc.com/health/entry/160/

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

What does MMCO cover?

- Most Medicaid services are included in the MMCO benefit package, including these recently added: behavioral health, nursing home, home care
  - Assisted Living, Waiver services are still carved out
- Whether you enrolled in Medicaid on the NYSOH or LDSS MMCO benefits **are the same!**
- What if you need long term care services?
  - Have your doctor complete a M11Q- Medical Request for Home Care form (NYC)
  - Submit it to your plan (usually to the utilization management team)
  - Your plan will assess you for home care and must issue you a written authorization or denial
  - If you are dissatisfied with the plan's decision, you can appeal

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Essential Plan (EP)

- From Part 2 of this series: Starting January 2016, some people who are a **Legal Permanent Resident < 5 years or PRUCOL**, will be enrolled in EP rather than Medicaid at application/renewal – unless they need home care
- The EP covers 10 essential health benefits, as mandated by Federal law 42 USC 18022, NY SSL 369-gg:

• Ambulatory Care	• Hospitalization
• Mental Health, Substance Use disorder services	• Prescription drugs
• Preventative and wellness and chronic disease management	• Rehabilitative and habilitative services and devices
• Maternity and newborn care	• Emergency services
• Laboratory services	• Pediatric services

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Essential Plan (EP)

- Since Medicaid covers more than those 10 benefits, immigrants who are required to enroll in the EP:
  - Will use their CBIC card for **over-the-counter medications and non-emergency transportation**
  - Will use their plan card for dental and vision
- When EP immigration status is determined by NYSOH: Prompted to enroll in EP at application/renewal
- When immigration status is determined by LDSS: Will be transitioned to NYSOH – Procedure outlined in GIS 16/MA 004* – Notices mailed from LDSS and NYSOH
- Remember, people who need long term care are not eligible to enroll in EP but procedure leaves it to individual to bring need to NYSOH/LDSS attention

*http://www.health.ny.gov/health_care/medicaid/publications/gis/16ma004.htm

NYLAG NEW YORK LEGAL ASSISTANCE GROUP

Health and Recovery Plans (HARPs)

- NEW in 2016 - HARPs cover the same services as MMCOs for the same Medicaid-only population, plus special services for people with serious Behavioral Health (BH) conditions:
  - **Enhanced care coordination** – Care manager works with providers
  - **Behavioral Health Home and Community Based Services** ("BH HCBS") to help people live independently, get jobs, graduate, meet recovery goals
- The State identifies eligible enrollees based on high BH service utilization or functional impairment
  - Eligible enrollees will receive notice from the State – They can either:
    1. **Opt out of HARP –** some MMCO's offering BH services within the plan OR
    2. Will be **passively enrolled** in the HARP product of their MMCO company or
    3. May enroll in the HARP of another insurance company – By calling NY Medicaid Choice
- Currently only available to adults in NYC – Rest of State starts October 2016 – Children in 2017

https://www.omh.ny.gov/omhweb/bho/harp.html

http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/

HIV Special Needs Plans (HIV SNPs)

- HIV SNPs cover the same services as MMCOs plus special services for people living with HIV/AIDs:
  - HIV Specialist primary care provider
  - HIV Care Coordination services
  - Treatment adherence services
  - Can include HARP benefits for eligible members
- People who (1) are eligible to enroll in a MMCO, (2) live in NYC, and (3) are living with HIV/AIDs or are homeless can enroll in a HIV SNP
  - Their children can also enroll even if they don't have HIV/AIDs
- If you have Medicaid through the NYSOH, enroll there
- If you have Medicaid through your LDSS, enroll by calling NY Medicaid Choice

https://www.health.ny.gov/health_care/managed_care/providers/#model_contracts

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Counseling example

- Riley has a very sad case and needs your help to apply for Medicaid. Some facts about Riley:
  - Riley has no other health insurance
  - Riley has a pending Social Security Disability ("SSD") appeal
  - Riley applied for SSD because of serious mental health issues
  - Because of Riley's mental health issues:
    - Riley is homeless
    - Riley needs supports to find and maintain housing
    - Riley needs assistance with activities daily living ("ADLs") to be safe at home
  - Riley is a U.S. Citizen
  - Riley has very low income w/out SSD so no Medicaid spend down

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Riley has a few choices:

- Because Riley has Medicaid-only with no spend down, Riley will be required to enroll in a MMCO plan
  - Since behavioral health and home care was recently carved in to the MMCO package, Riley can get mental health treatment and an aide to assist with ADLs from the MMCO plan
  - Because Riley is homeless, Riley can enroll in a HIV SNP instead of a MMCO to receive care coordination
- As Riley accesses BH services from the MMCO, Riley might become eligible for a HARP
  - Riley could have help of a care manager and BH HCBS to find and maintain housing and live independently
- Riley is a U.S. citizen so will not be enrolled in the EP
  - Even if wasn't a U.S. citizen not eligible for EP because needs home care

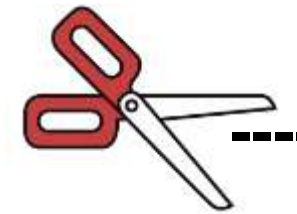
NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Riley gets Medicare!

- Riley's SSD appeal was successful! But, it was pending for two years so Riley started receiving Medicare when the appeal was decided – no 2 year waiting period.
- Now Riley has Medicare as primary insurance to Medicaid.
- Riley will be disenrolled from the MMCO/HARP/HIV SNP because those plans are for people with Medicaid only
- Riley still needs mental health treatment, care management and **home care**

Wow. You're such a great advocate that you got me Medicaid and Medicare…

…But what do I do with these cards?



MetroWellHealthChoiceCare
Medicaid Managed Care Plan

Member: Riley

PLANS FOR PEOPLE WHO HAVE MEDICARE *AND* MEDICAID

- Medicaid Advantage
- Managed Long Term Care (MLTC)
- Medicaid Advantage Plus (MAP)
- Program for All-Inclusive Care for the Elderly (PACE)
- Fully Integrated Dual Advantage (FIDA)
- FIDA-IDD

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Must all Dual Eligibles Join Managed Care Plans?

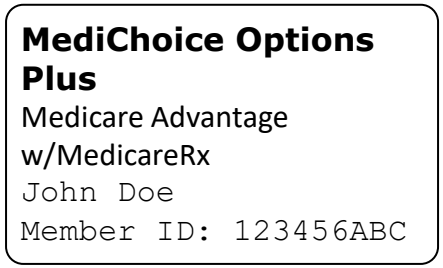
- **No.** For **MEDICARE**, they may choose either:

OPTION 1: ORIGINAL MEDICARE

- Part A: Hospital, rehab, home health, hospice
- Part B: Doctors, medical equipment, labs, x-rays, mental health, ambulance, PT, and *very* short term home health
- No networks, referrals, or prior authorizations
- Standalone Part D: Prescription Drug Coverage

OPTION 2: MEDICARE ADVANTAGE "PART C"

- Covers Parts A, B, sometimes D
- Must stay in provider network
- Might need referrals and prior authorizations for services



NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Must all Dual Eligibles Join Managed Care Plans?

- No. For **MEDICAID** – Most WERE in an MMCO if they had Medicaid before. They will be disenrolled from that MMCO upon getting Medicare. Now:
  - **If they <u>DO NOT</u> need any long-term care**, they may use regular Medicaid card FFS as secondary insurance to Medicare. They may also enroll in a Medicare Savings Program.
    - They have ONE Medicaid managed care option – **Medicaid Advantage** (next slides)
  - **If they <u>DO</u> need long-term care**, they will have to enroll in some Medicaid managed care plan – options will be shown later.

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Medicaid Advantage

- Who must enroll?
  - NO ONE. Medicaid Advantage is ***voluntary***
- Eligibility criteria:
  - Age 18 or older
  - Must have full Medicaid with NO SPEND-DOWN (not just the Medicare Savings Program)
  - Evidence of coverage under Medicare Parts A and B, or Part C
  - Reside in the plan service area
- Who may not enroll? Many people! For complete list see Medicaid Advantage Model Contract 5.2.* Some examples -
  - Have End Stage Renal Disease
  - Residents of Residential Health Care Facilities ("RHCF")
  - Enrolled in managed long term care plan or need Medicaid home care services
  - Have access to comprehensive private health care coverage, except for Medicare

*http://www.health.ny.gov/health_care/managed_care/providers/#model_contract

Medicaid Advantage

- How do you enroll?
  - Must enroll in the Medicaid plan's Medicare Advantage product and same company's Medicaid managed care product for dual eligibles
- How do you disenroll?
  - Disenroll from company's Medicare Advantage product OR Medicaid managed care product for dual eligibles
  - WARNING: Do not disenroll from the Medicare Advantage plan as it could leave client without drug coverage.
  - Instead, enroll in a plan that offers Medicare prescription drug coverage. This means:
    - Standalone Medicare Part D plan
    - A different Medicare Advantage plan that covers drugs, not affiliated with the Medicaid Advantage plan
  - Enrollment in new coverage will begin the first of the following month

Medicaid Advantage

- What is covered under the plan's benefit package?
  - Includes all Medicare and Medicaid-covered services EXCEPT Medicaid long-term care (i.e., home care)
  - DO NOT ENROLL IN THESE PLANS if client needs any Medicaid home care or long term care.
- What remains fee for service?
  - Nothing. Cannot get Medicaid home care FFS any more.
  - What if you need long term care services? Adults who qualify for Medicare and Medicaid who need long term home care must either:
    1. Enroll in MLTC + Original Medicare + Part D OR
    2. Enroll in FIDA, Medicaid Advantage ***Plus***, or PACE plans.

    Doing either #1 or #2 will disenroll client from the MA plan.
  - May not join an MLTC plan while in a Medicaid Advantage plan.

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

ENROLLING IN A PLAN FOR DUALS THAT INCLUDES LONG TERM CARE

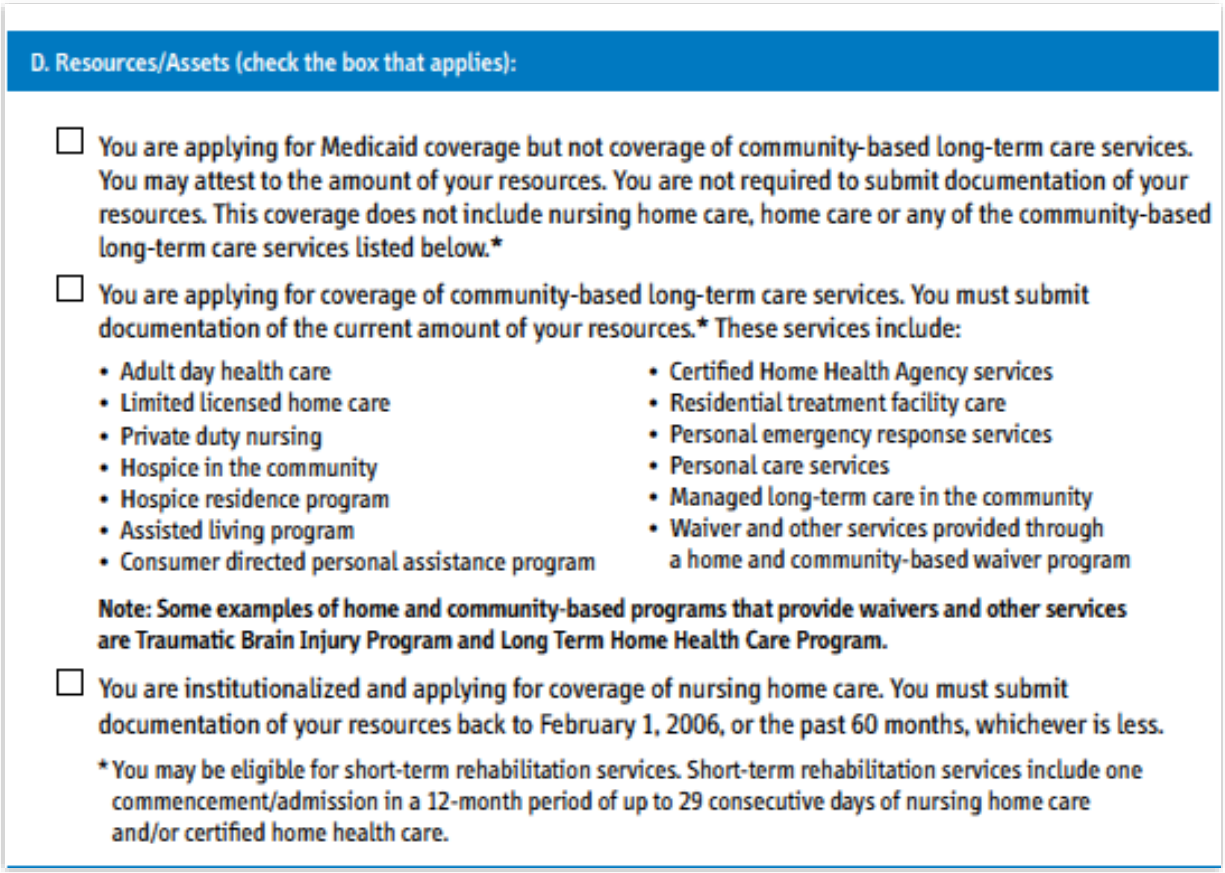
GET ME HOME CARE!...and diapers… and DME… and environmental modifications… and dental… and…

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

How to Enroll

- **Document resources as part** of Medicaid application.
- Use Access NY **Supplement A**
- Submit form and documentation to the LDSS
- In NYC it goes to:

HRA HCSP
Central Medicaid Unit
785 Atlantic Ave, 7th Fl
Brooklyn, NY 11238
T: 929-221-0849



D. Resources/Assets (check the box that applies):

☐ You are applying for Medicaid coverage but not coverage of community-based long-term care services. You may attest to the amount of your resources. You are not required to submit documentation of your resources. This coverage does not include nursing home care, home care or any of the community-based long-term care services listed below.*

☐ You are applying for coverage of community-based long-term care services. You must submit documentation of the current amount of your resources.* These services include:

- Adult day health care
- Limited licensed home care
- Private duty nursing
- Hospice in the community
- Hospice residence program
- Assisted living program
- Consumer directed personal assistance program
- Certified Home Health Agency services
- Residential treatment facility care
- Personal emergency response services
- Personal care services
- Managed long-term care in the community
- Waiver and other services provided through a home and community-based waiver program

Note: Some examples of home and community-based programs that provide waivers and other services are Traumatic Brain Injury Program and Long Term Home Health Care Program.

☐ You are institutionalized and applying for coverage of nursing home care. You must submit documentation of your resources back to February 1, 2006, or the past 60 months, whichever is less.

* You may be eligible for short-term rehabilitation services. Short-term rehabilitation services include one commencement/admission in a 12-month period of up to 29 consecutive days of nursing home care and/or certified home health care.

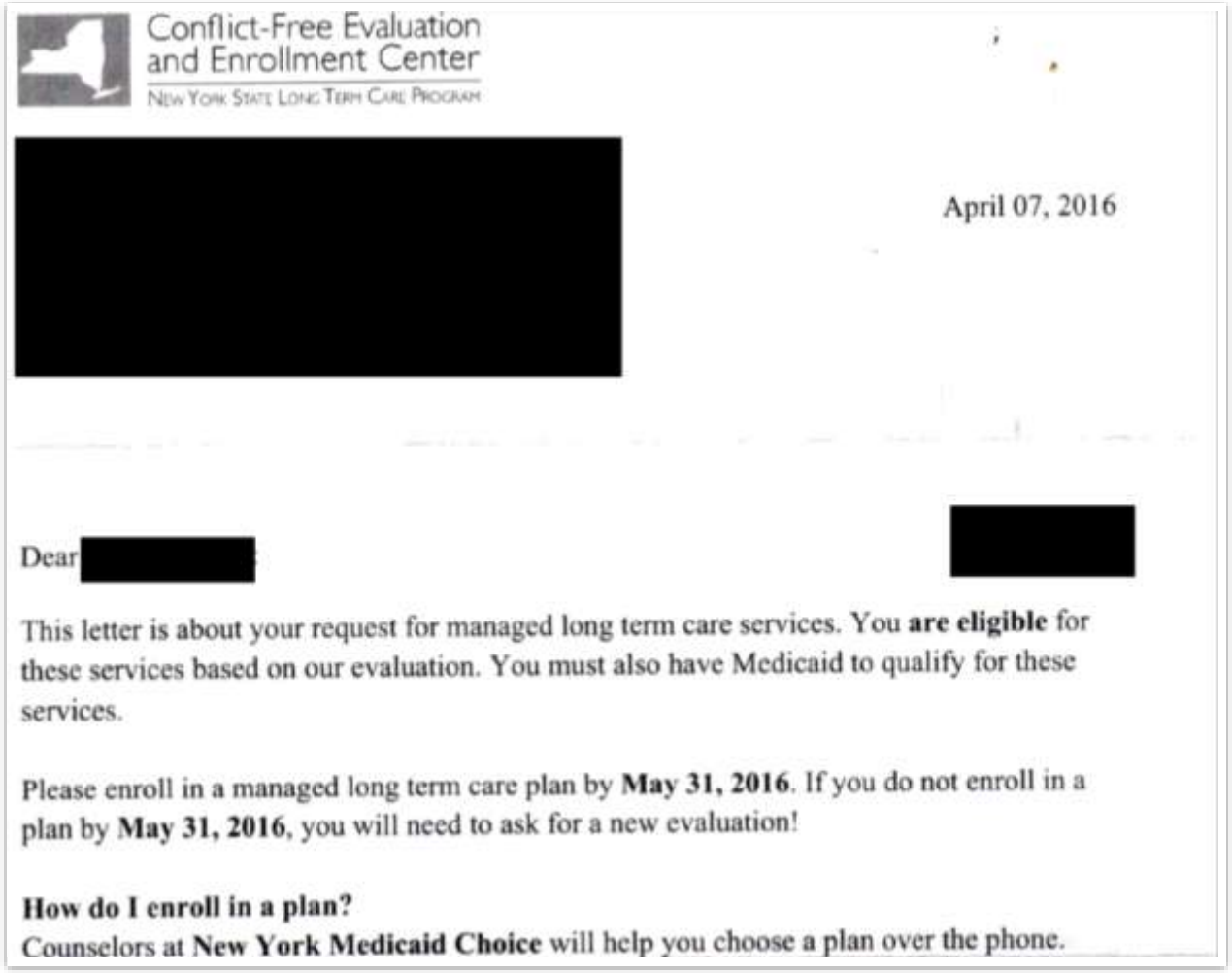
*Note: If client needs housekeeping only, this benefit is only available through fee-for service Medicaid. Medicaid application and M11q go to:

NYC HCSP Central Intake
109 East 16th Street, 5th Floor
New York, NY 10003
T: 212-824-0706 FAX 212-896-8814

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

How to Enroll

- Schedule an evaluation with the **Conflict Free Evaluation and Enrollment Center** at New York Medicaid Choice
- **1-855-222-8350**
- 97% of applicants "pass"
- Lots of guidance on the "who, what, where" of CFEEC evaluations available here*



Conflict-Free Evaluation and Enrollment Center
NEW YORK STATE LONG TERM CARE PROGRAM

[redacted]

April 07, 2016

Dear [redacted] [redacted]

This letter is about your request for managed long term care services. You **are eligible** for these services based on our evaluation. You must also have Medicaid to qualify for these services.

Please enroll in a managed long term care plan by **May 31, 2016**. If you do not enroll in a plan by **May 31, 2016**, you will need to ask for a new evaluation!

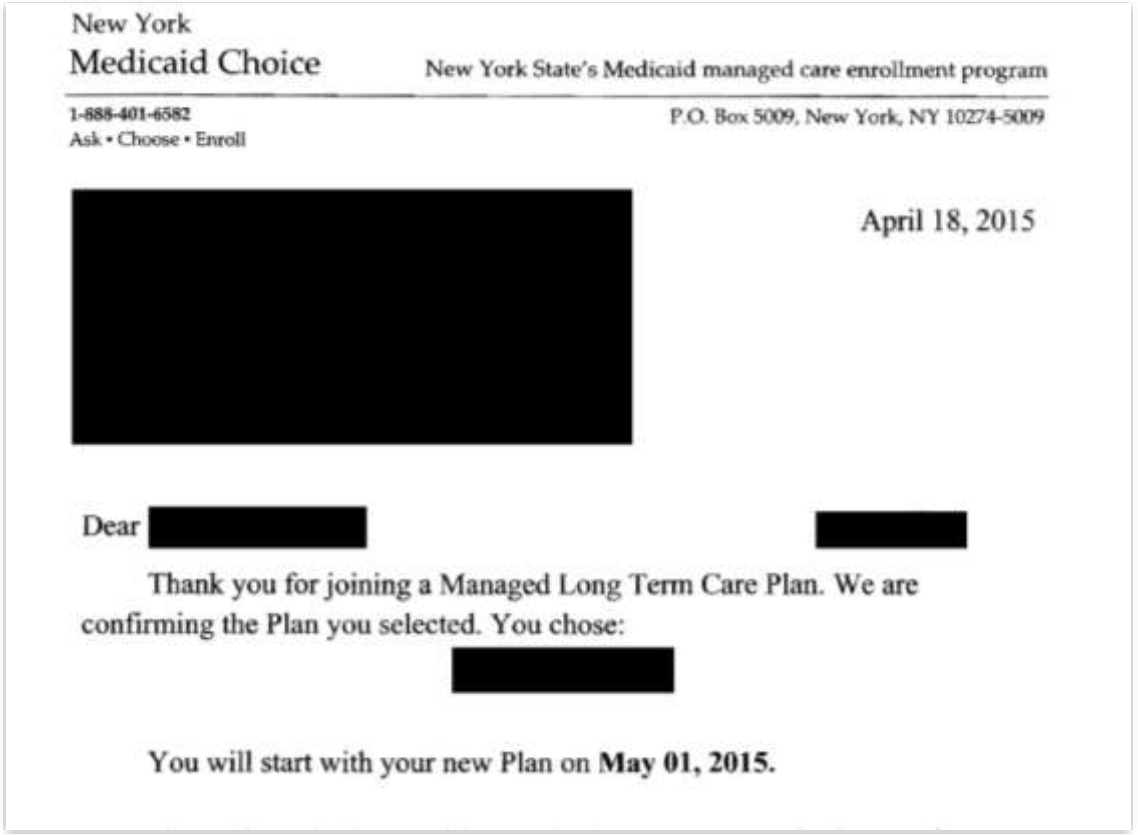
How do I enroll in a plan?
Counselors at **New York Medicaid Choice** will help you choose a plan over the phone.

- http://www.health.ny.gov/health_care/medicaid/redesign/mrt90/
- http://www.wnylc.com/health/afile/202/573/ (NYLAG CFEEC FACT SHEET)

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

How to Enroll

- After the Conflict Free Evaluation you have 60 days to select a plan
- Plan lists: https://www.nymedicaidchoice.com/choose/find-long-term-care-plan
- Plan assesses you and determines plan of care
- Plan must submit your enrollment paperwork to NY Medicaid Choice by the 18th of the month in order for your services to start on the 1st of the following month



New York
Medicaid Choice
New York State's Medicaid managed care enrollment program

1-888-401-6582
Ask • Choose • Enroll

P.O. Box 5009, New York, NY 10274-5009

[redacted]

April 18, 2015

Dear [redacted] [redacted]

Thank you for joining a Managed Long Term Care Plan. We are confirming the Plan you selected. You chose:

[redacted]

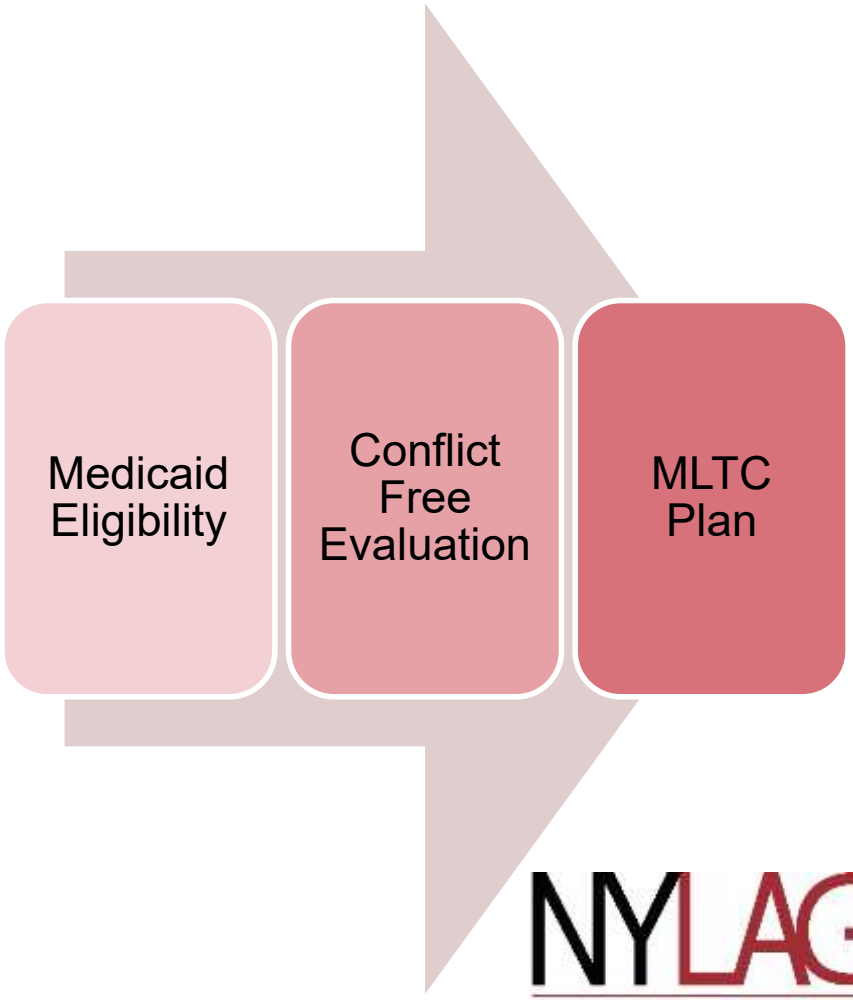
You will start with your new Plan on **May 01, 2015.**

- 90-day transition rights if transitioning from FFS home care http://www.health.ny.gov/health_care/medicaid/redesign/mltc_policy_13-10.htm
- No transition rights if changing plans voluntarily
- Conflict Free Evaluation **NOT** needed when switching between plans

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Focus on MLTC

- Social Security Act 1115 waiver
  https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html
- NY Partnership plan
  https://www.health.ny.gov/health_care/managed_care/appextension/
- Partial Capitation Contract ("MLTC model contract")
  http://www.health.ny.gov/health_care/medicaid/redesign/mrt90/hlth_plans_prov_prof.htm
- MRT 90 polices
  https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/



NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

MLTC

- Who must enroll?
- **Adults 21+**;
- Full Medicaid (not just Medicare Savings Program)
- Evidence of coverage under Medicare Parts A and B, or Part C, who:
  - Need CB-LTC for more than 120 days, regardless of possible need for acute inpatient hospitalization or nursing home placement in that time, or
  - Are nursing home residents on institutional Medicaid permanently placed on or after February 1, 2015 (As of Oct. 1, 2015, enrollment is optional for permanent placements before Feb. 1, 2015)

MLTC Model Contract, Art. IV B.
http://www.health.ny.gov/health_care/medicaid/redesign/mrt90/hlth_plans_prov_prof.htm
Nursing home residents, *See* 15 ADM-01 at
https://www.health.ny.gov/health_care/medicaid/publications/pub2015adm.htm;
See also GIS 16 MA/008
https://www.health.ny.gov/health_care/medicaid/publications/gis/16ma008.htm

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

MLTC

- Who cannot enroll? Many populations! For complete list of exemptions/exclusions, see Art. IV of the Model Contract. Here are some examples:
  - Expected to be Medicaid eligible for less than six (6) months;
  - Eligible only for breast and cervical cancer services;
  - Receiving hospice services at the time of enrollment;*
  - Eligible for Emergency Medicaid (undocumented immigrant);
  - In the OPWDD Home and Community Based Services section 1915(c) waiver program;**
  - In the TBI waiver or the NHTD waiver
  - Residents of Assisted Living Programs (ALP).

*For consumers who need hospice, see MLTC Policy 13.18 at https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policies.htm

**The DD population can enroll in FIDA-IDD, if they are otherwise eligible.

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

MLTC

- What does the plan cover? - "MLTC Benefit Package"
- **Various types of home care (More than 120 days):**
  - **Personal Care (home attendant and housekeeping)**
  - **Consumer-Directed Personal Assistance Program (CDPAP)**
  - **Home Health Aide, PT, OT (CHHA Personal Care)**
  - **Private Duty Nursing**
- Adult day care – medical & social
  - Social day care is not available outside of MLTC, MAP, PACE, or FIDA;
  - Social day care alone is not enough for MLTC; MLTC Policy 13.05 and 13.11*
- Medical alert button, home-delivered meals, congregate meals
- Durable medical equipment, supplies, prostheses, orthotics, hearing aids, eyeglasses, respiratory therapy, Home modifications
- **4 doctors—Podiatry, Audiology, Dental, Optometry**
- Non-emergency medical transportation
- **Nursing home**

*http://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policies.htm

MLTC

- What remains FFS?

- Inpatient and outpatient hospital services
- Physician services
- Lab services
- Radiology and radioisotope services
- Emergency transportation
- Rural health clinic services
- Chronic renal dialysis
- Mental health services
- Alcohol and substance abuse
- OPWDD services
- Family planning services
- Prescription, nonprescription, and compounded prescription drugs
- Assisted Living Program*
- All other services in the State plan

*ALP residents who are duals are currently scheduled to become mandatory on December 1, 2016 but the MLTC model contract and MAP contract list ALP as a non-covered service, while FIDA lists ALP as a covered service;
See Managed Care Transition timeline
http://www.health.ny.gov/health_care/medicaid/redesign/mrt1458_timeline.htm
MLTC Model Contract Appendix G:
http://www.health.ny.gov/health_care/medicaid/redesign/mrt90/hlth_plans_prov_prof.htm

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Transition/Choosing MMC or MLTC

- MLTC is mandatory only for DUAL eligibles. Medicaid-only beneficiaries must get their home care from mainstream Medicaid managed care plan. But – they may want to enroll in an MLTC plan instead. There are conditions for doing so:

1. Must require nursing home level of care (i.e., high hours). But must be pro-active when apply for Medicaid and enroll in an MLTC plan right away –before assigned to MMC. See MLTC Policy 14.01*
2. Medicaid-only beneficiaries who are already in MMC may transition to MLTC **only if** they need a service not available in MMC (social day care, home delivered or congregate meals, or social and environmental supports). See MLTC Policy 14.01*
3. Medicaid-only beneficiaries who become eligible for Medicare must transition to MLTC, See MLTC Policy 15.02*

*http://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policies.htm

MLTC

- What if you need home care?
- Request in writing directly to the plan—no special form needed

Type of Request	Plan Must Issue a Decision No Later than…
Expedited	3 business days from receipt of request; can extend up to 14 calendar days if more info needed
Standard	14 calendar days from receipt of request; can extend up to 14 calendar days if more info needed
Medicaid covered home health care services following an inpatient admission	1 business day after receipt of necessary info; when request made the day before a weekend or holiday, no more than 3 business days after receipt of the request for services

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FULLY CAPITATED PLANS

MEDICARE + MEDICAID SERVICES

1. MAP
2. PACE
3. FIDA
4. FIDA-IDD

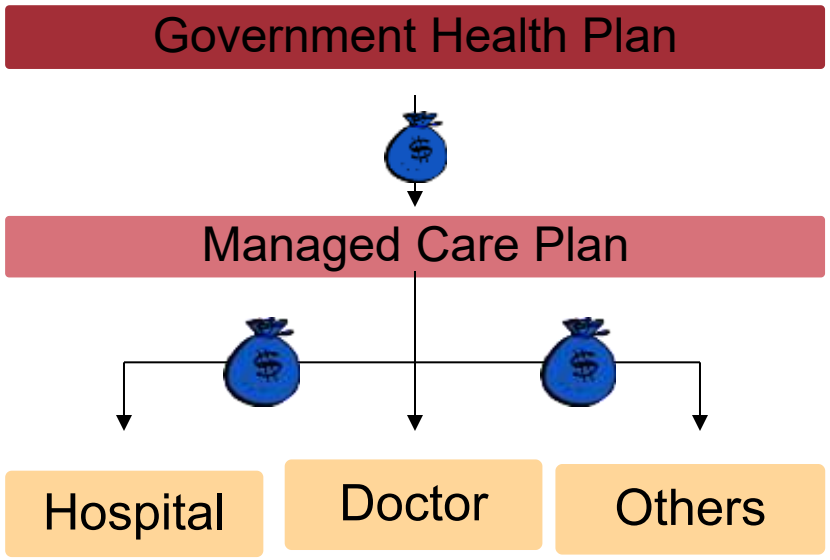
NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Fully Capitated Plans: Common Principles

Payment Structure

- All of these plans cover Medicare A, B, and D, and Medicaid, including home care
- All of these plans are fully capitated, which means that the government pays for all services
- CMS and DOH collaborate on implementation

Capitation



NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Fully Capitated Plans: Common Principles

The same people who are eligible for MLTC are eligible for fully capitated plans:

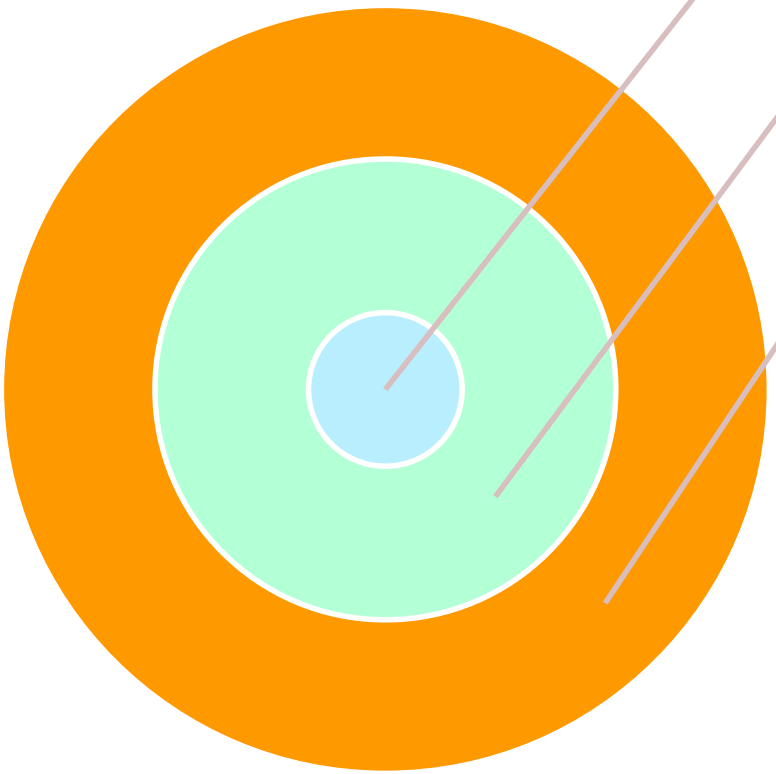
1. Duals, age 21+, who need CBLTC for more than 120 days, regardless of possible need for acute inpatient hospitalization or nursing home placement in that time; or
2. NH dual-eligible residents on institutional Medicaid

This population MUST be in MLTC to access CBLTC services

- Enrollment in a fully capitated plan satisfies this mandate, but is voluntary

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Fully Capitated Plans: Common Principles



FIDA is in NYC and Nassau County only - expected to expand to Westchester County and Suffolk County in the second half of 2016

FIDA-IDD is available in the FIDA region AND Rockland County

MLTC, MAP, and PACE are available statewide

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Fully Capitated Plans: Common Principles

What services are covered

- Medicare Part A
- Medicare Part B
- Medicare Part D
- Medicaid
- All services in the MLTC benefit package

What services remain FFS

- Directly observed therapy for tuberculosis
- Out-of-network family planning services
- Methadone maintenance
- Hospice
  - FIDA/MAP—you can remain in the plan but you will access hospice through FFS
  - PACE—this is a disenrollment - MLTC Policy 13.18(b)

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Fully Capitated Plans: Common Principles

- Enrollment process is the same as that for MLTC plan
  - Conflict Free Evaluation
  - Plan assessment
    - FIDA-IDD also requires OPWDD waiver eligibility; new enrollees should use the front-door process for the OPWDD waiver*
  - Plan submission of enrollment paperwork to NY Medicaid Choice
- Dual eligibles who transition between plans offering MLTC benefit package DO NOT require a new Conflict Free Evaluation –
  - MLTC to MLTC
  - MLTC to fully capitated plan
  - Fully capitated plan to MLTC (but see next slide)

*http://www.opwdd.ny.gov/opwdd_services_supports/eligibility/faqs

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

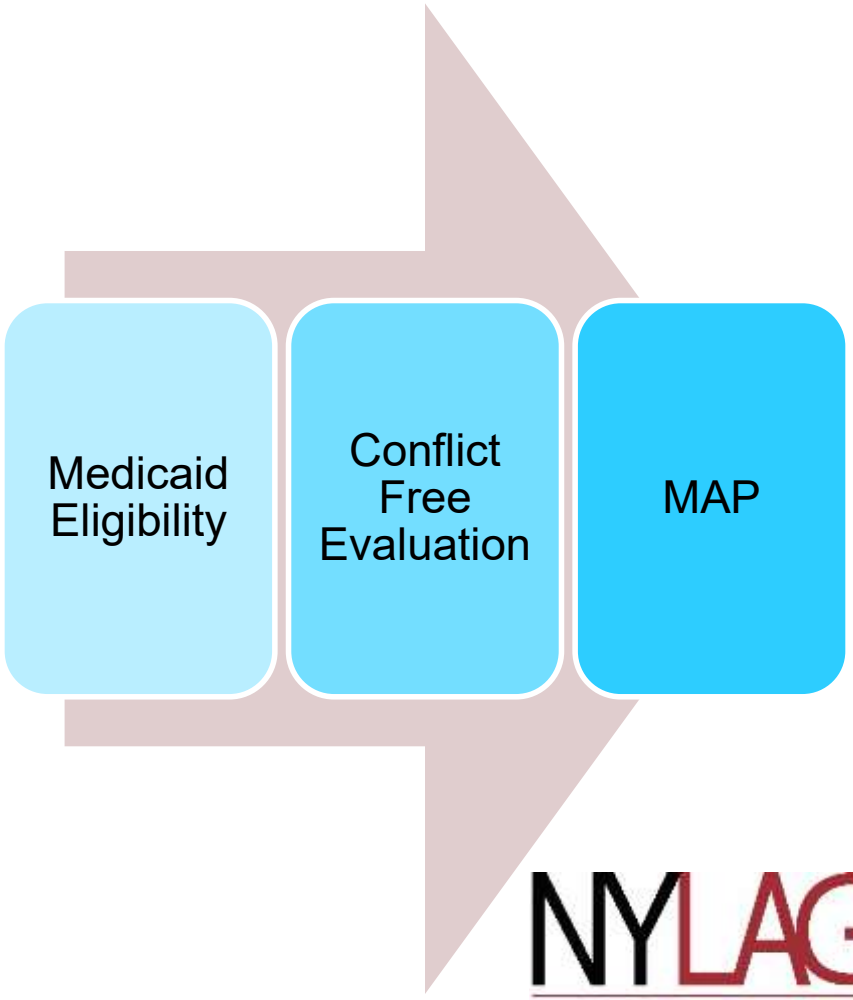
Fully Capitated Plans: Common Principles

- When transitioning from a fully capitated plan to MLTC, remember that the fully capitated plan covers Medicare Part D and the MLTC plan does not
- Transitioning from fully capitated plan to MLTC may call for TWO enrollments with different enrollment deadlines:
  1. Fully capitated plan → MLTC
     - Enrollment paperwork must be submitted by the 18th of the month
  2. Fully capitated plan → Part D plan or Medicare Advantage plan that has drug coverage
     - Any time during the month to be effective 1st of the following month (a dual getting CBLTC through a managed care plan has met her spend down and has active Medicaid coverage, so she has a Special Enrollment Period for Part D)

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Focus on Medicaid Advantage Plus (MAP)

- Same sources of law as MLTC
- Model contract https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/hlth_plans_prov_prof.htm
- MRT 90 policies apply to MAP, unless otherwise stated https://www.health.ny.gov/health_care/medicaid/redesign/mltc_policy_13-03a.htm



NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

MAP

- Who can enroll?
  - **Age 18 or older**
  - Full Medicaid
  - Evidence of coverage under Medicare Parts A and B, or Part C
  - Enroll in the Medicaid plan's Medicare Advantage product
  - Require nursing home level of care
  - Require a service in the MLTC benefit package

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

MAP

- Who cannot enroll? Many people! For complete list of exemptions/exclusions see Medicaid Advantage Plus Model Contract § 5.2. Here are some examples:
  - Individuals with End Stage Renal Disease
    - On ESRD and Medicare, see: https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/esrd-and-medicare-advantage-plans.html
  - Individuals who are only eligible for the Medicare Savings Program (QMB, SLIMB, or QI-1)
    - MSP is not full Medicaid coverage!
  - Individuals with access to comprehensive private health care coverage, except for Medicare
    - Probably many reasons for this, but these individuals may not have Medicare Part B

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

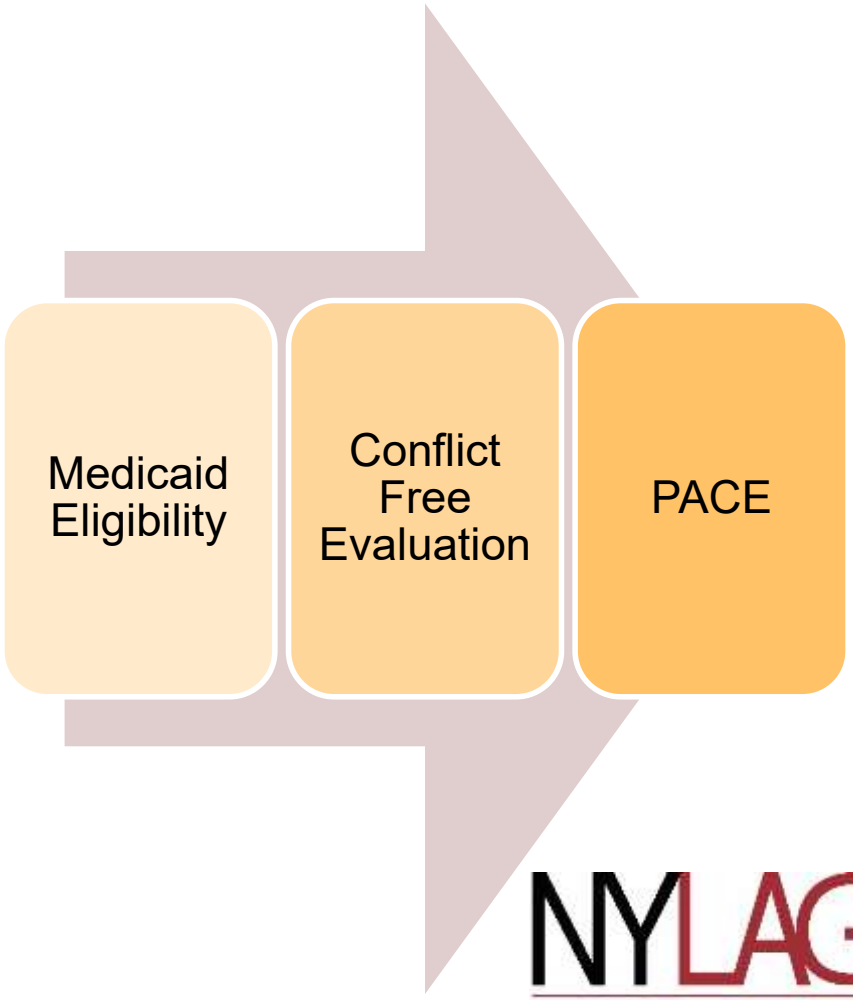
MAP

- What does the plan cover?
- Medicare A, B, D, Medicaid, and MLTC Benefit Package
- Full list of covered and non-covered services is found in Appendix K of the model contract
- Examples of non-covered services:
  - Hospice
  - Methadone maintenance
  - Out-of-network family planning
  - Direct observation therapy for tuberculosis
  - Certain mental health services
  - Assisted Living Program
  - Waiver services
  - OPWDD services

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Focus on PACE

- 42 CFR Part 460 and Manual https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019036.html
- Model contract: https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/hlth_plans_prov_prof.htm
- MRT 90 policies apply to PACE unless otherwise stated https://www.health.ny.gov/health_care/medicaid/redesign/mltc_policy_13-03a.htm
- Enrollment numbers as of Feb. 2016 http://www.integratedcareresourcecenter.net/PDFs/ICRC--PACE%20Program%20Enrollment%20Feb%202016.pdf



NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

PACE

- Who cannot enroll?
- PACE is only available to people age 55 and older who require a nursing home level of care 42 CFR 460.150(b)
- PACE enrollees do not have to be enrolled in both Medicare and Medicaid. 42 CFR 460.150(d)
  - So if you have a client in PACE who wishes to change between managed care products, double check their coverage

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

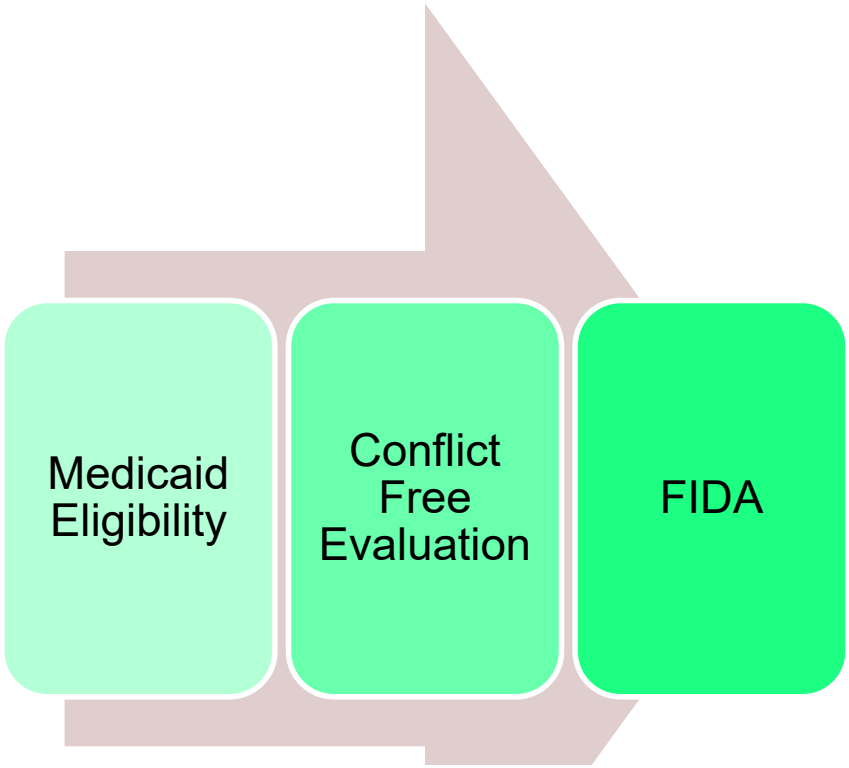
PACE

- What does the plan cover?
- Medicare A, B, D, Medicaid, and MLTC Benefit Package
  - PACE provides services through a particular site – a medical clinic or hospital. Because all providers are linked, potentially more opportunity for coordinated care.
- The following services are excluded (42 CFR 460.96):
  - Services not authorized by the interdisciplinary team, unless it is an emergency service
  - Private duty nursing in an inpatient facility, or nonmedical items for personal convenience such as telephone charges and radio or television rental (unless specifically authorized by the interdisciplinary team as part of the participant's plan of care).
  - Purely cosmetic surgery, or experimental procedures
  - Services furnished outside of the United States, with limited exception

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

Focus on FIDA

- FIDA is a demonstration program under the Affordable Care Act
- Specifically, FIDA is a “financial alignment initiative” overseen by the CMS Medicare-Medicaid Coordination office and NYS DOH.
- New York has chosen a capitated model



See http://tinyurl.com/CMS-Duals-MMCO

https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index.html

FIDA

- FIDA and FIDA-IDD materials, posted by CMS

  https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/New-York.html
- Posted by DOH – MRT 101

  https://www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm
- FIDA enrollment guidance

  https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/NYApp5.pdf
- Enrollment numbers as of Feb. 2016

  http://www.chcs.org/media/ICRC-MMP-Enroll-by-State-February-2016.pdf

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA

- FIDA is currently authorized through December 2017
- DOH is seeking an extension to December 2019
- In addition, FIDA is not statewide—it is only available in NYC and Nassau County; it will expand to Westchester and Suffolk Counties no sooner than mid-2016
  - See “Key Dates” and “Letter of Intent to Extend Scheduled End Date” found at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/New-York.html

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA

- What does the plan cover?
  - FIDA Model Contract App. A
- Everything covered by Medicare, except hospice
  - Doctors, hospitals, short term rehab, prescription drugs, short term CHHA, durable medical equipment
- Everything covered by Medicaid, including the MLTC Benefit Package, except methadone maintenance, out-of network family planning, direct observation therapy for tuberculosis, and hospice
  - Home care, long term nursing home, adult day care, behavioral health, substance abuse, DME and supplies, OTC drugs, dental, podiatry, hearing, vision

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA: Considerations

- **One insurance card**
- **Unified appeals process** (except for Part D)
  - All hearings in one, unified system, with ONE notice, not separate Medicare and Medicaid notices
  - Appeals are auto-forwarded to the next level at every step
  - Aid continuing in ALL appeals, if requested within 10 days of the notice.
- **Limited cost sharing**
  - No deductibles, premiums, or copays (prescription drugs/doctors)
  - You *may* pay: Medicare Part B premium if ineligible for Medicare Savings Program and Medicaid spend down (but no disenrollment for nonpayment of spend down, *See* FIDA enrollment guidance)
- **Interdisciplinary Team** makes care planning decisions
  - Consumer, family, and doctors may participate
- **Participant Advisory Councils** give plan feedback
- **Ombuds program** "**ICAN**" (available for all managed care plans offering LTC) 1-844-614-8800 http://icannys.org

FIDA: Considerations

Provider networks

- Are all providers in network? Doctor, clinic, pharmacy, hospital, nursing home, home care agency
  - Guildnet has a "point of service" network; any Medicare provider will be paid the Medicare rate; unclear if providers will agree to procedures

Drug formularies

- Even if pharmacy accepts FIDA, are the drugs needed covered

Supplemental Coverage—requires a personal decision

- **Retiree coverage**: may terminate for self and any covered dependents
  - You should get a notice from Maximus to confirm that you really want to enroll in FIDA; **If you don't respond in 30 days, no enrollment!**

FIDA Considerations - Medigap

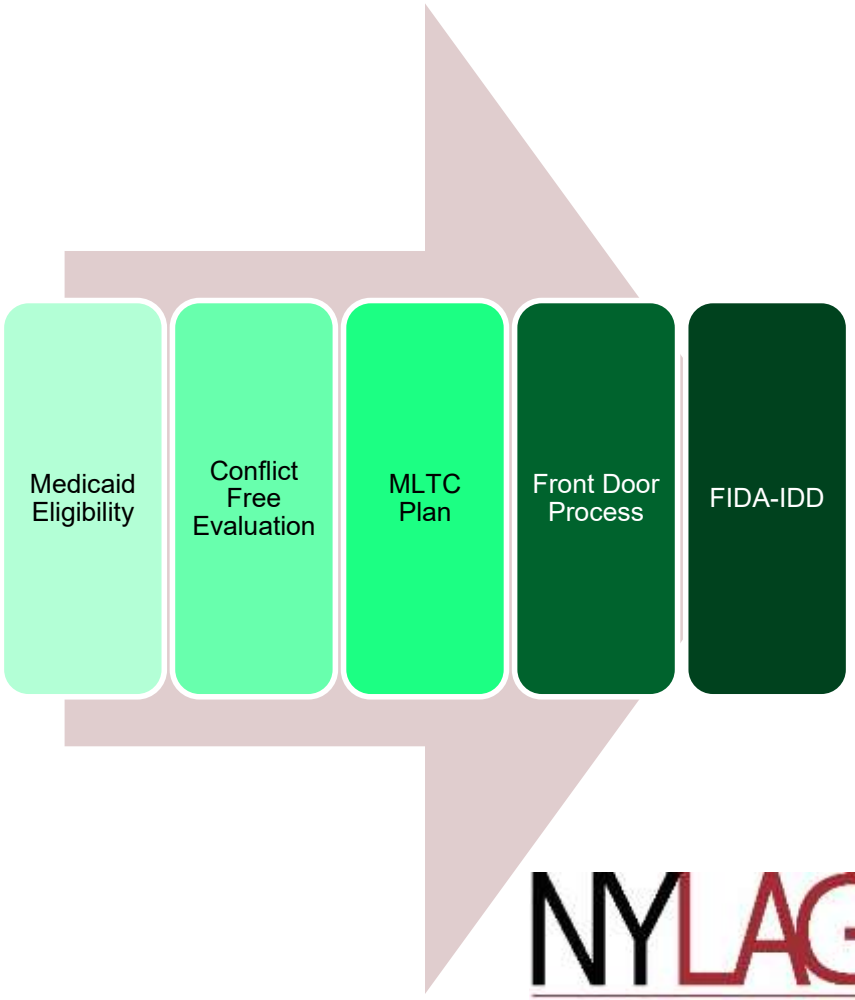
Medigap: a Medigap policy serves no purpose with FIDA, or any fully capitated plan, so you may be tempted to drop your Medigap to stop having the extra bill (there is no requirement that you drop it),

- but can't buy a Medigap while you have Medicaid – federal law prohibits sale as duplicate coverage
- A dual eligible beneficiary can suspend Medigap coverage for up to 24 months but will only be able to reinstate the Medigap policy in that period if the beneficiary first loses Medicaid eligibility.
- *See* NY FIDA Medigap FAQs at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/New-York.html

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA-IDD

- FIDA-IDD Three-way contract
  https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/NewYorkContractIDD.pdf
- FIDA-IDD enrollment guidance
  https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/NYFIDAIDDApp5.pdf
- Other FIDA-IDD materials
  http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/care_management/FIDA_IDD



NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA-IDD

- Care management program for **dual eligibles** with both LTC needs, and intellectual and developmental disability service needs (in OPWDD waiver)
- One plan only: Partners Health Plan
- Available only in the FIDA region (NYC, Long Island, and Westchester), **and** Rockland County
- Launched April 1, 2016
- Enrollment is voluntary—no passive enrollment

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA-IDD

- Who can enroll?
- Must be found developmentally disabled via the Front Door process, as set out in Mental Hygiene Law Section 1.03(22):
- "**Developmental disability" means** a disability of a person which:
  (a) (1) is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia or autism;
  (2) is attributable to any other condition of a person found to be closely related to mental retardation …
- (3) is attributable to dyslexia resulting from a disability described in subparagraph (1) or (2) of this paragraph;
- (b) **originates before such person attains age twenty-two**;
  (c) has continued or can be **expected to continue indefinitely**; and
  (d) constitutes a substantial handicap to such person's ability to function normally in society.

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA-IDD

- Who cannot enroll? Many people! For complete list see: http://www.opwdd.ny.gov/node/6241; Notably if you:
  - Live in NYS OMH facility;
  - Live in a Skilled Nursing Facility or Developmental Center. Psychiatric facilities;
  - Receive hospice services at time of enrollment;
  - An alcohol/substance abuse long-term residential treatment program; or
  - Live in an ALP
  - Are expected to be Medicaid eligible for less than six (6) months;
  - Are eligible only for breast and cervical cancer services;
  - Are eligible only for Emergency Medicaid;

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA-IDD

- What does the plan cover? What is FFS?
- Everything covered by Medicare, except hospice
  - Doctors, hospitals, short term rehab, prescription drugs, short term CHHA, durable medical equipment
- Everything covered by Medicaid, including the MLTC Benefit Package, except methadone maintenance, out-of network family planning, direct observation therapy for tuberculosis, and hospice
  - Home care, long term nursing home, adult day care, behavioral health, substance abuse, DME and supplies, OTC drugs, dental, podiatry, hearing, vision

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

FIDA-IDD

- What does the plan cover?
- OPWDD waiver services:
  - Adaptive technology, community habilitation, day habilitation, intensive behavioral services, pathways to employment, pre-vocational services, residential habilitation (in supervised or supportive individualized residential alternative [IRA], or family care home), respite.
  - Self direction—fiscal intermediary, support brokerage, live-in caregiver, individually directed goods & services, community habilitation, community transition services, supported employment

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP

THANK YOU!

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP