NEW YORK STATE | Department of Health | Office of Health Insurance Programs

Providing Integrated Care for New York's Dual Eligible Members

Stakeholder Discussion

February 28, 2019

Discussion Topics

- ❑FIDA Wind Down and Transition
- ❑Options for Enhancing MAP
- ❑Aligned Enrollment for MAP and MA
- ❑Default Enrollment
- ❑Future Discussions and Next Steps

FIDA Wind Down and Transition

FIDA Wind Down – Recap

- Each of the six FIDA plans operating during the last year of FIDA have a Medicaid Advantage Plus (MAP) aligned with a Dual Eligible Special Needs Plan (D-SNP) that serves the same geographic area as their FIDA
- Exiting FIDA members can be “crosswalked”/transitioned to an affiliated MAP if three Medicare tests can be satisfied:
  - ✓ Financial Test – Medicare costs for the MAP cannot be more than Medicare fee-for-service in the same county
  - ✓ Network Test – Comparable Medicare networks between FIDA and the D-SNP
  - ✓ Benefits Comparison Test – Comparable benefit offerings between FIDA and MAP
- At our last meeting, concerns were raised about the short amount of time between CMS completing the three-pronged test (late August) and the timeframe for discussing and educating members about their transition options (October)

NOTE: There is also a Premiums and Cost Sharing Test – DSNPs cannot impose a Part C Premium and D-SNP

FIDA Wind Down and Transition to MAP

- To address the timing concerns, CMS has agreed to amend the 2019 Marketing Guidance for FIDA to eliminate prohibitions on FIDA plans marketing other Medicare products they offer
- CMS and DOH will allow FIDA plans to discuss calendar year (CY) 2019 MAP and FIDE-SNP options before the CY 2020 Medicare Advantage marketing start on October 1, 2019
- Yesterday (after 4 pm via HPMS) CMS provided FIDA plans the amended 2019 Marketing guidance, a memo and marketing scripts to ensure communication is limited to CY 2019 MAP and consistent with marketing rules
  - The marketing scripts allow the MAP/FIDE-SNP to include their plan-specific details
  - Plans will submit their script to CMS/DOH for review/approval using HPMS. CMS/DOH will expedite the review and approval of scripts
- In late March, CMS will also provide DOH an early reading of the outcome of the Financial Test using CY 2019 FIDE-SNP rates – this will provide a preliminary look into which counties FIDA Plans may not pass the Financial Test

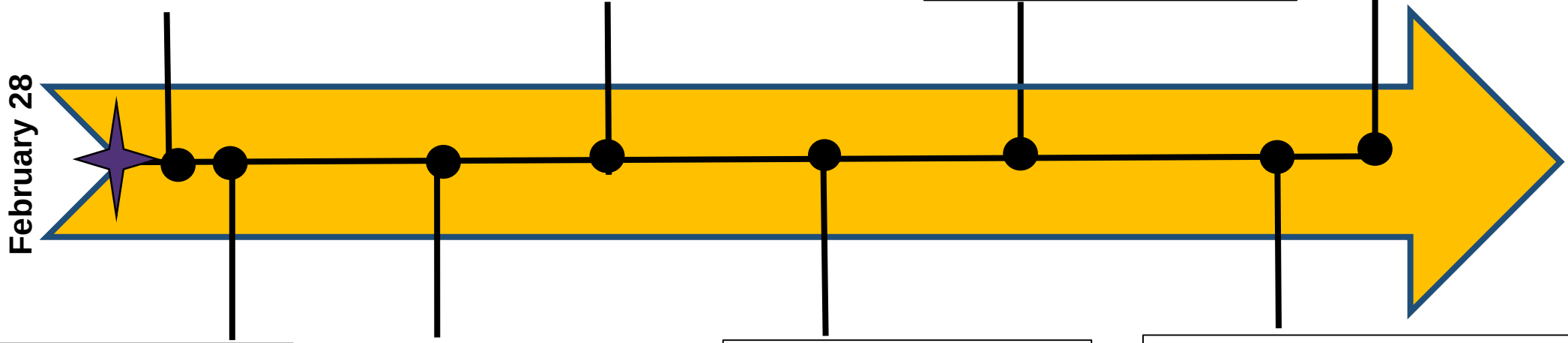
2019 FIDA Wind Down Timeline

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

August: CMS releases the county-level results of the three pronged test; plans may focus marketing efforts on counties that did not pass

October 2: Members that have not chosen to transition to MAP will receive a letter outlining their enrollment choices (including MAP)

December 31: End of FIDA



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/crosswalked into affiliated MAP for 1/1/2020

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

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Options for Enhancing MAP

Enhancing MAP: Increasing Integration and Applying FIDA Lessons

Grievance and appeals

Integrated marketing materials and models

Aligned enrollment

Default enrollment

Applying FIDA's Grievance and Appeal (G&A) Process to MAP

The G&A process incorporates the most consumer-favorable elements of the Medicare and Medicaid grievance and appeals systems into a consolidated, integrated system for participants

Grievances

- A grievance is a specific or generalized complaint about the plan, a provider, etc., not a mechanism for challenging a plan's coverage decision
- Plan must send written acknowledgement within 15 business days of receipt
- Grievance must be decided as fast as Participant's condition requires but no longer than 30 days
- A Participant may file an external grievance through 1-800 Medicare. The DOH/CMS Contract Management Team will review

Appeals*

- Level 1 Appeal: Plan-Level
- Level 2 Appeal: Integrated Administrative Hearing
- Level 3 Appeal: Medicare Appeals Council
- Level 4 Appeal: Federal District Court

* Note: Proposed FIDA process that would be applied to MAP has four levels of appeal instead of the existing 5 Medicare steps and 4 Medicaid steps in MAP & MA today

Notices

Single consolidated notices (all model notices drafted by CMS/NY) emphasize consumer "readability"

Applying FIDA's G&A Process to MAP

- Medicare managed care rule proposed November 1, 2018, if finalized as proposed would provide authority to integrate at plan level starting in CY 2020
- New York is working with CMS to determine which authority can be used to apply FIDA's G&A process to MAP
- CMS does not have authority to integrate appeals (even at the plan level) for plans that are not HIDE or FIDE SNPs, so cannot be applied to MA
- Timing:
  - Applying FIDA's G&A to MAP would need to go into effect CY2020 to maintain continuity from FIDA

Applying FIDA's G&A Process to MAP

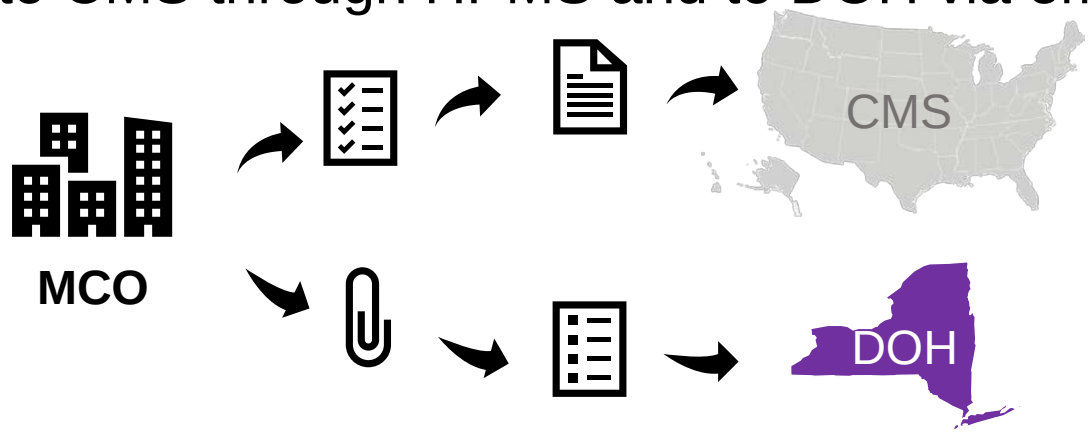
- To formalize and publicize this approach:
  - Preliminary thinking is CMS/DOH would enter into Memorandum of Understanding
  - CY 2020 MAP Coordination of Benefits Agreements would need to be amended
    - DOH and CMS will develop an integrated Grievance & Appeal process for MAP adapted from the FIDA product.
    - Process will involve Plans in the development of the integrated G&A for MAP
- ***Discussion and Feedback***

Integrated Marketing and Member Materials

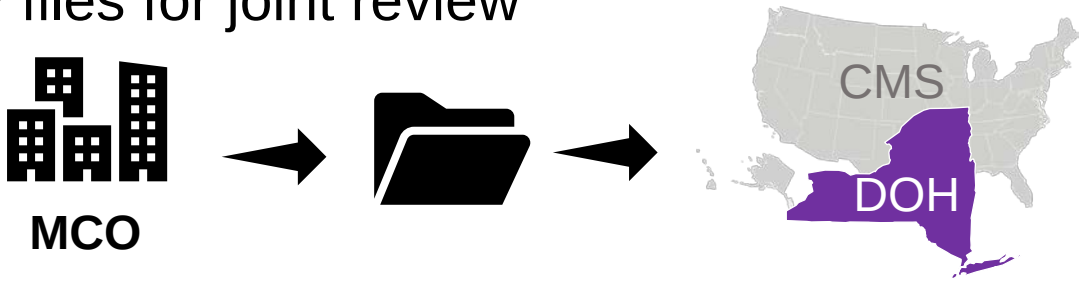
- CMS has indicated New York also has the option to apply FIDA-like integrated marketing and member materials to MAP
- Approach to integrated materials could include the development of integrated materials and either the joint or bifurcated approvals of materials by CMS and DOH
- Timing:
  - MAP process would need to go into effect CY 2020 to maintain continuity from FIDA
  - CY 2020 MAP Coordination of Benefits Agreements would need to be amended
- Targeted materials for CY2020 integration in MAP include:
  - Summary of Benefits (SB)
  - Provider and Pharmacy Directory
  - Formulary (List of Covered Drugs)
- Materials:
  - CMS and DOH will collaborate and share examples of integrated materials (i.e., FIDA and other states)
  - MAP/D-SNPs would then populate and submit for review

Process for Approving Integrated Member and Marketing Materials

Current Process for MAP/D-SNP: Plan sends separate materials to CMS through HPMS and to DOH via email



Joint Review Process (similar to FIDA): Plan uses HPMS Secure Portal to send CMS and DOH the package of necessary files for joint review



- CMS has indicated New York also has the option to apply FIDA-like integrated marketing and member materials to MAP and MA
- ***Discussion and Feedback*** **-** Do plans prefer a coordinated review of materials? Should NY explore with CMS integrated materials and joint review for MA ?

Applying FIDA's Aligned Enrollment to MAP & MA

- Goal is to have enrollment aligned between Medicaid and Medicare similar to the FIDA program
- *The protocols used in FIDA cannot exactly be transferred to programs outside the Financial Alignment Demonstration (FAD)*
- Other states have explored this issue and have arrived at options that keep the enrollment aligned but do not need CMS authority
- The Minnesota approach is the current leading example

Applying Aligned Enrollment to MAP and MA: Minnesota Model

Key differences between the FIDA and Minnesota Enrollment Process:

- In the Minnesota Model, the State and D-SNPs agree by contract to delegate both Medicaid and Medicare enrollments to a mutually agreed upon designated entity through a TPA agreement for integrated enrollment functions including:
  - Use of one integrated enrollment form for both Medicare and Medicaid enrollment (includes Part D); Enrollments can be generated through the plan, state or an enrollment broker
  - Dual status verification process; Aligned enrollment dates (matches Medicare requirements)
  - Submission and entry to state; Creation of files and enrollment submission to CMS
  - Reconciliation of enrollment changes between Medicare and Medicaid (dis-enrollments, deaths, move out of area, loss of special needs status, SEPs, etc.)
  - File exchanges between state, CMS and plans; CMS and state reporting and audit response
  - Audit of Medicare related function by plans
- The Minnesota Model does not use an enrollment broker in its system
  - NY does and would continue to do so even in this new system
- Under FIDA, Info-Crossing performs certain functions for submission of demo-enrollments to CMS
  - Info-Crossing will no longer be available, so an independent entity would take over this function

While different, the Minnesota Enrollment Model would achieve similar outcomes as the integrated FIDA enrollment system today

Applying Aligned Enrollment to MAP and MA

- Significant exploration and coordination with CMS and DOH systems required to move forward
- Timing:
  - MAP process being evaluated for CY2021 implementation at the earliest
  - MA process being evaluated for CY2021 implementation at the earliest
- ***Discussion and Feedback***

Timeline for Coordination of Benefits Agreements (COBA) for CY 2020

Activity	Date
Check with CMS for any COBA changes	February 1, 2019
CMS D-SNP list posted	March 1, 2019
Send COBA to plans (would include Integrated Grievance and Appeal and Marketing and Materials language)	April 1, 2019
COBA signed and returned to NYS	May 1, 2019
COBA signed by DLTC Director and sent back to plans	On or before June 15, 2019
Plans must upload COBA to CMS	July 1, 2019

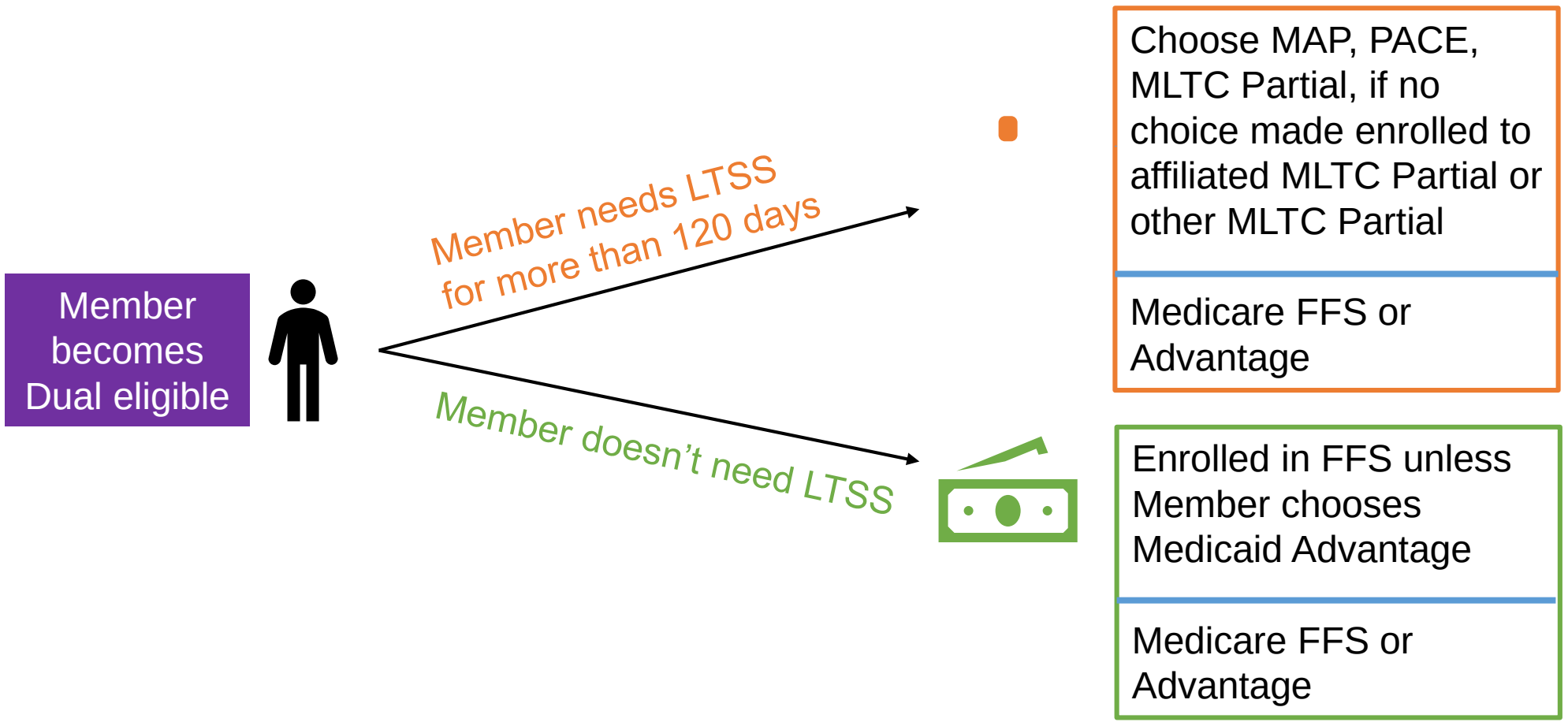
Increasing MAP & MA Enrollment

Refresher: Where are Duals enrolled in Medicaid today?

June 2018 Data	Total
MLTC Partial Capitation	189,211
Medicaid Advantage Plus	10,803
FIDA	3,867
FIDA-IDD	968
PACE	5,206
Mainstream	15,560
Medicaid Advantage	6,747
FFS Medicaid Full Dual	522,301
FFS Medicaid Partial Dual	178,476
Total	**933,139**

- Partial Duals are individuals with income and/or resources that are too high to receive full Medicaid benefits
- Depending on their income, Partial Duals receive Medicare premium assistance and some (Qualified Medicare Beneficiaries) also receive assistance with deductibles, co-insurance and co-payments
- Health care benefits for Partial Duals are paid through the Medicare program
- Partial Duals are **not** eligible for integrated programs

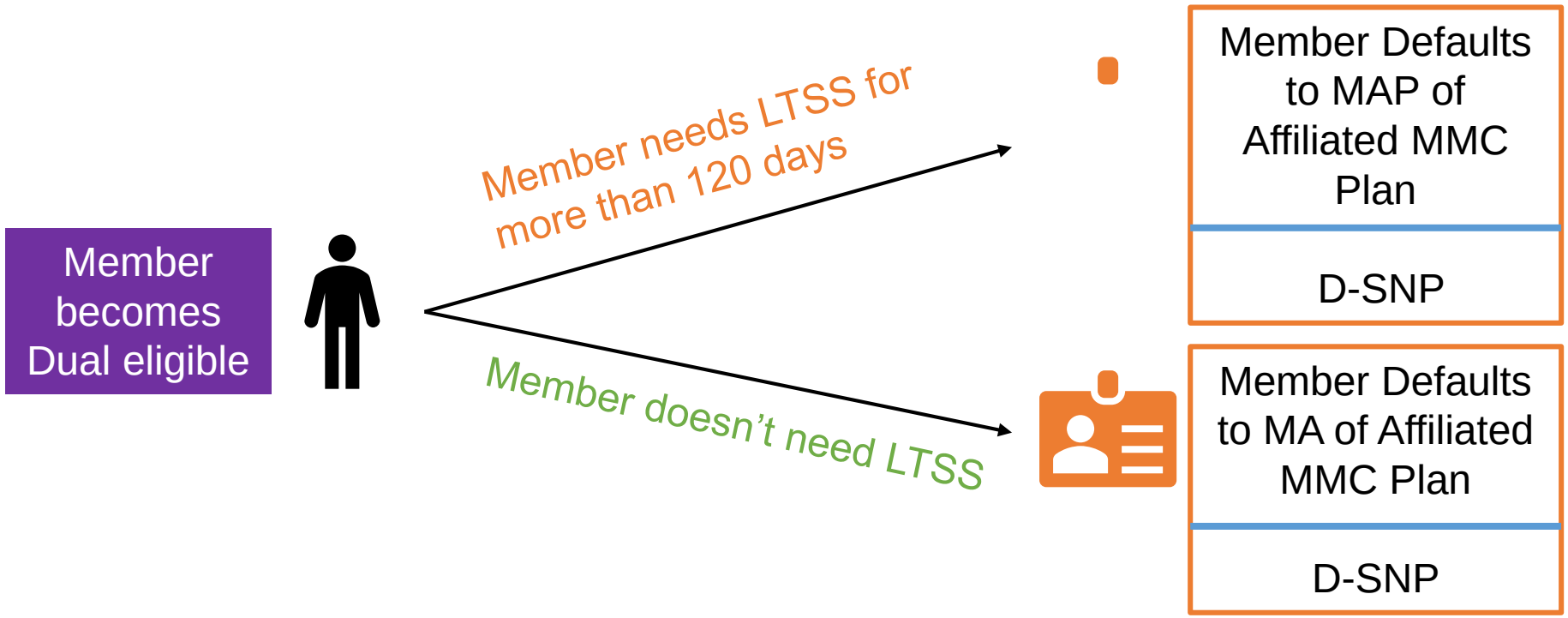
Refresher: What happens today when a Medicaid member is about to become a Dual?



*LTSS includes nursing, personal care, home care, consumer directed personal assistance, adult day health care, private duty nursing

Default Enrollment from Mainstream to Affiliated MAP or MA

- Approximately 58,000 Medicaid members became Duals in 2017
- ***CMS has confirmed default enrollment may be used for individuals that become Dual while in Mainstream (MMC) Plan and where the plan has an affiliated MAP or MA product***



Under default enrollment, members may opt out of default and make other choices, including PACE

Increasing MAP and MA Enrollment via Default Enrollment

- Default enrollment from MMC into affiliated MAP and MA can begin when operationally ready, including:
  - New York must approve default enrollment in Coordination of Benefits Agreements
  - New York agrees and is able to provide Medicare eligibility information to its Plans on a monthly (or more frequent basis)
  - Processes to coordinate the timing of renewal of Medicaid eligilbity when member becomes Medicare eligible, Medicare Advantage eligibility, level of care assessment for MAP and 60 day member notice
  - Plans apply to CMS for default enrollment into their D-SNP

Increasing MAP and MA Enrollment via Default Enrollment

- Current Mainstream Affiliations:
  - 1 Mainstream plan has both an affiliated MA and MAP
  - 2 Additional Mainstream plans have an affiliated MAP
  - 2 Additional Mainstream plans have an affiliated MA
- Notice of Intent to apply with CMS for new Medicare products is due in November 2019 for new 2021 offering
- DOH will begin working to draft default enrollment processes for stakeholder review and discussion
- ***Discussion and Feedback***

Future Discussions / Next Steps

- Continue discussion on default enrollment
- Options for Duals currently in fee-for-service
- Coordination of Benefits Agreement
- CMS Rule expected in April – may inform discussions
- DOH and PACE Association meeting next week
- We continue to welcome stakeholder feedback at: dualintegration@health.ny.gov