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

Managed Long Term Care (MLTC) and Fully Integrated Duals Advantage (FIDA) Update

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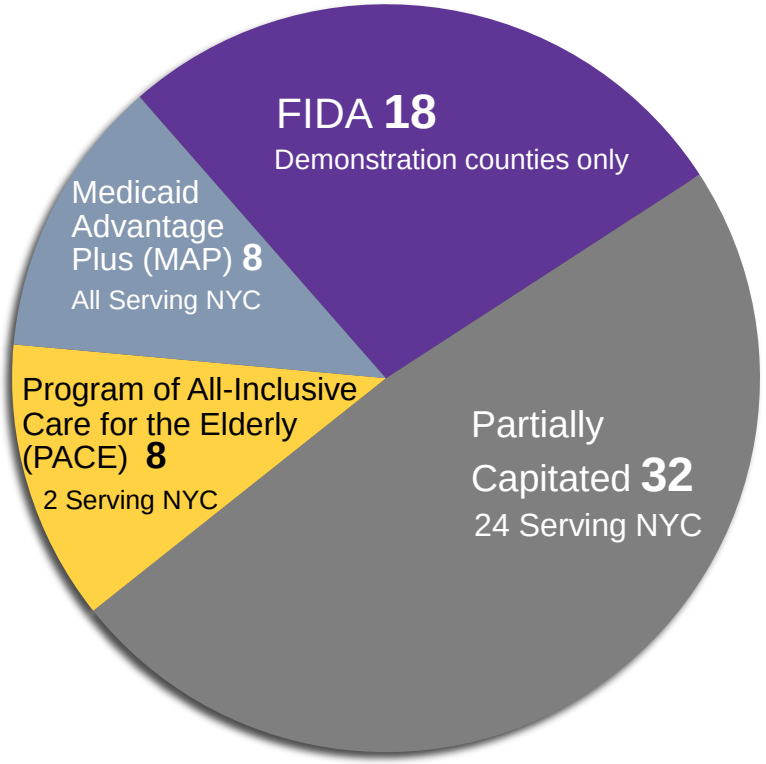
Managed Care Policy and Planning Meeting
December 10, 2015

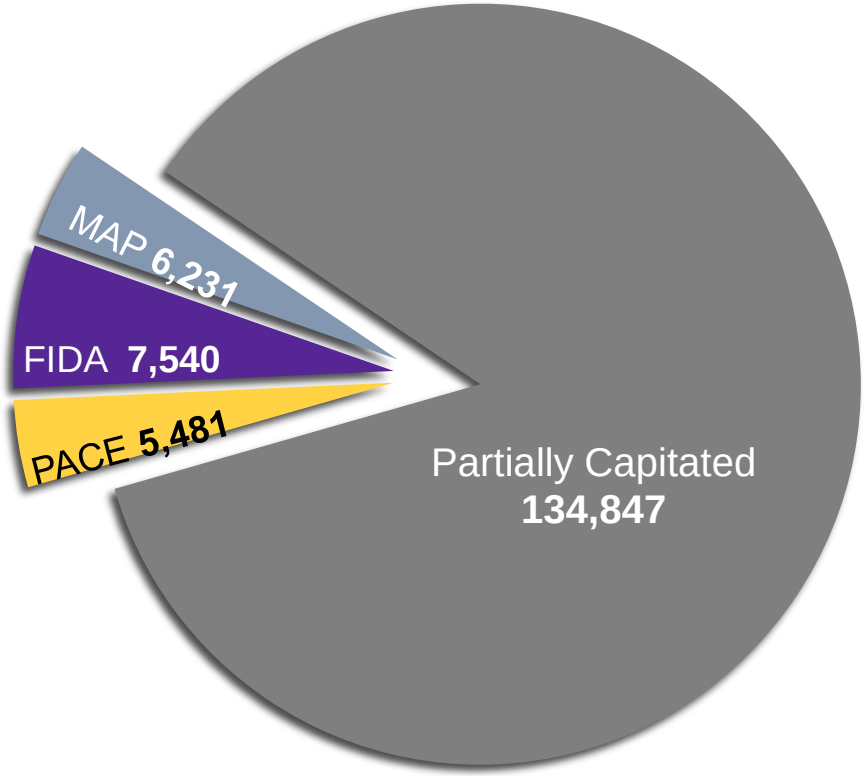
MLTC Statewide Enrollment – November 2015*

*Based on the November 1, 2015 managed care enrollment report

Number of Plans Statewide Actively Enrolling **66**



Total Enrollees Statewide **154,099**



MLTC Update

Since the last Policy and Planning meeting, the following has occurred:

- Fair Labor Standards Act (FLSA) informational letter and FAQ was released and posted on: https://www.health.ny.gov/health_care/medicaid/redesign/fair_labor_standards_act.htm
- The Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) Waiver transition workgroup met on November 30, 2015.
- Meeting materials are available on MRT 90 website.
- We encourage plans to be involved in the transition discussions.
- If interested, please contact: waivertransition@health.ny.gov.

MLTC Update

The following MLTC Policies have been released and posted on the MRT 90 website:

- MLTC Policy 15.05(a): CDPAS FI Questions and Answers was released;
- MLTC Policy 15.06: Nursing Home Transition – Conflict-Free Evaluation and Enrollment Center UAS Requirements was released; and
- MLTC Policy 15.07: Potential Security Exposure UAS.

CFEEC Activity as of December 4, 2015

- The CFEEC is operational throughout the state and evaluations have occurred in all counties.
- Average call volume is **771** per day.
- **141** nurses are on staff to handle the volume.
- **49,516** evaluations conducted to date:
  - ✓**97%** approval rate
  - ✓**3%** denial rate

FIDA Update

- As a result of the Long Term Care Forum and various stakeholder engagement, DOH and CMS have agreed to make reforms to FIDA. Specific attention was given to improve flexibility for Participants, Plans, and providers.

- At the core, FIDA remains true to its original key components:
  - **Fully integrated** delivery of Medicaid and Medicare services
  - **Person-centered care** that promotes independence in the community
  - **Improved quality** through care coordination
  - **High quality cost-effective** health care

FIDA Reforms

Medicare Rates:

- CMS has committed to an upward adjustment related to the Medicare Part A and B rates for all of 2016 and 2017.
- The 2016 rates are not yet final but will be retroactive to January 1, 2016.
- CMS will send rate letters to plans explaining the adjustment.
- CMS is conducting additional analysis of the Part D bids.
- CMS is open to reconsidering the assumptions used in determining the adjustment for CY 2016 based on revised projections of enrollment and recent experience in the demonstration.

FIDA Reforms

IDT Reforms:

- The Participant has right to choose the make-up of Interdisciplinary Team (IDT) and its members:
  - The IDT can consist of just a Care Manager and Participant, or broader, with a variety of members (from the original IDT list).
- IDT members may meet at different times. The Care Manager may separately meet with different IDT members in developing the Person Centered Service Plan (PCSP).
- Provider participation in an IDT is adjustable, depending on member availability, items being discussed in a given meeting, or the needs, wishes, and goals of the Participant.

FIDA Reforms

IDT Reforms:

- Primary Care Providers may sign off on a completed PCSP without attending IDT meetings.
- Plans have authorization over any medically necessary services included in the PCSP that are outside of the scope of practice of IDT members.
- IDT training will be encouraged, but not mandatory.
- Plans develop their own procedures for communication among IDT members.
- Plans retain responsibility for effective and efficient information sharing among providers (including non-IDT participants), including any PCSP revisions.

FIDA Reforms

IDT Reforms:

- DOH/CMS and the Contract Management Team (CMT) will evaluate the FIDA Plan's IDT delivery and operations.
- FIDA Plans must meet Medicare-Medicaid Plan Model of Care (MOC) elements and consistently update MOCs to reflect changes to the IDT Policy.
- The CMT will assess a Plan's IDT performance against specific data collected and percentages calculated.

FIDA Reforms

Marketing:

- Plans now have authorization to do the following:
  - Market multiple lines of business under the Medicare Marketing Guidelines.
  - Provide a written or verbal comparison (either DOH/CMS prepared or plan-prepared) among their MLTC (Partial, PACE, MAP) and FIDA programs.
  - Conduct outbound FIDA marketing calls to individuals enrolled in any other Medicaid or Medicare product line with the Plan or company.
  - Organize in-person appointments if they are solicited by the individual.
  - Conduct promotional activities and make nominal gifts at the Medicare Marketing Guidelines levels ($15).
  - Send, with a prior approval from DOH/CMS, FIDA educational materials (e.g., letters, newsletters, etc.) to participants who have opted out.

FIDA Reforms

Marketing:

- Plans may submit enrollment requests to Maximus (consistent with MLTC procedure). Maximus will process the enrollment and send letters, which include ICAN contact information, to the individuals that:
  - confirms the Participant's enrollment in FIDA;
  - informs the Participant that choice counseling is available through Maximus; and
  - informs the participant of the option to switch or disenroll from a FIDA Plan at any time.
- Plans may remain on the phone when prospective Participants call Maximus.
- Plans do not have to include both the plan phone number and enrollment broker number in their marketing materials.

FIDA Reforms

2016 Enrollment:

- Suspend passive enrollment until further notice, except in limited circumstances.
- Enrollment in Region 2 (Suffolk and Westchester) will not start until after mid-2016.

Continuity-of-Care Period:

- The coverage continuity period for out-of-network providers remains 90 days or until a PCSP is developed and implemented, whichever is later.

FIDA Reforms

ADA Attestation Form:

- No provider should be terminated from a FIDA Plan network for not answering in the affirmative to elements on the form.
- The form is to help FIDA participants identify which providers offer specified accessibility features.
- Completion or non-completion of the form, or responding in the affirmative to elements included therein does not alter existing obligations to comply with the ADA.
- FIDA Plans must maintain a complete and accurate provider directory, including information collected by the form. FIDA Plans have discretion on how to address provider refusals to complete the form.

FIDA Reforms

Reporting:

- Completion of the bi-weekly and monthly dashboards is no longer required.
- DOH/CMS will streamline several reporting measures (e.g., NY1.1, NY1.2, and NY2.1) based on the new IDT policy (to be released). Changes to these measures would be applicable beginning with the 4th quarter of 2015 (October – December) reporting period.

FIDA Reforms

Quality Withhold (QW):

- *Effective upon execution of the Three-way Contract Amendments*.
- The 2015 and 2016 quality withhold payments will be tied to participation through December 31, 2016. This will essentially add a new criterion to the QW calculation that excludes an organization from receiving QW amounts if the organization does not participate at least through 2016. (QW amounts are 1% of rate in 2015 and 2% in 2016).
- For any Plans that do not continue through December 31, 2016, quality withhold amounts from 2015 and 2016 will be pooled and added to amounts earned by FIDA Plans participating on January 1, 2017 (based on 2016 performance).

FIDA Reforms

- Next Steps:
  - DOH will release the full set of FIDA Reforms, including an updated IDT Policy.
  - Reforms are effective immediately unless otherwise stated.
  - Plans should make sure that they participate in the Friday FIDA Plan conference calls.