



ICAN

**Independent
Consumer Advocacy
Network**

Introduction to Managed Long Term Care & ICAN

NYAIL CONFERENCE

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**Community
Service
Society** | Fighting Poverty
Strengthening
New York


Empire Justice Center
Making the law work for all New Yorkers

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Agenda

- Intro to Medicaid Managed Care
- Medicare Basics
- Intro to Managed Long Term Care (MLTC)
- MLTC Overview
 - What is MLTC?
 - Enrollment & Plan Selection
 - Transitions and Rights
- Unique Budgeting Considerations
- How ICAN Can Help

Mainstream Medicaid Managed Care (MMC)

Who gets Mainstream Medicaid Managed Care?

All counties now mandatory

- Now 3.44 million New Yorkers enrolled.

EXCLUSIONS/EXEMPTIONS from MMC:

- All Dual Eligibles.
- All people with a Spend-down
- Waiver Enrollees:
 - OPWDD, TBI, NHTD, Care at Home Waiver for Children
- Individuals with other comprehensive health insurance;
- Limited Medicaid:
 - Emergency Medicaid, Medicaid Cancer Treatment Program, TB-related services

What does MMC Cover?

Model Contract, Appendix K:

Inpatient Hospital Services, Physician Services, Radiology, Drugs (prescription and OTC), Rehabilitation, EPSDT, Home Health, Emergency Services, Vision, Dental, DME

Community Based Long Term Care Services 'carved in' to MMC –

- Certified Home Health Agency
- Personal Care
- CDPAP
- Private Duty Nursing
- Adult Day Health Care/AIDS Adult Day Health Care
- Hospice
- Nursing Home coverage

Medicare Basics

Basic Medicare Coverage

Health insurance for seniors and many people with disabilities

- Part A: Hospital, skilled nursing facility (rehab), home health, hospice
- Part B: Doctors, preventive care, medical equipment, outpatient hospital, labs, x-rays, mental health, ambulance, and *very* short term home health care
- Part C: Medicare Advantage
- Part D: Prescription Drug Coverage

Basic Medicare Coverage: Option 1

Original Medicare

- Part A: Hospital, skilled nursing facility (rehab), home health, hospice
- Part B: Doctors, preventive care, medical equipment, outpatient hospital, labs, x-rays, mental health, ambulance, and *very* short term home health care
- Part D: Prescription Drug Coverage
 - Must pay for a Part D plan

Subject to premiums, copays/coinsurance, and deductibles

Basic Medicare Coverage: Option 2

Medicare Advantage

- Covers A, B, and D
- Generally narrower provider networks and medication lists
- Prior authorization requirements and other limits

Subject to premiums, copays/coinsurance, and deductibles

MANAGED LONG TERM CARE (MLTC)

Why Are We Talking About Managed Long Term Care?

- Medicare DOES NOT pay for long-term care services
- Medicaid DOES pay for long term care services
- Most Dual Eligibles (people on Medicaid and Medicare), must enroll in a Managed Long Term Care (MLTC) plan to get long term care services

What is Managed Long Term Care (MLTC)?

- Program for dual eligible adults who need more than 120 days of long term care
- Long term care (and other Medicaid services) provided through health plans
 - Medicaid pays the plans to provide services (monthly capitation rate)
 - Includes care management component
- **Mandatory in all counties statewide**
 - Each county must have at least two MLTCs

Services Provided by Medicaid Long Term Care

- Medicaid Long Term Care services for people living in the community include:
 - Level II Personal Care
 - Home Health Aides
 - Nursing Services
 - Adult Day Health Care
 - Therapies in the Home
 - Consumer Directed Personal Assistance Services
- Nursing home care

MLTC Benefit Package

Long Term Care

- Nursing Services at home
- Therapies in the home
- Home Health Aides
- Personal Care
- Adult Day Health Care
- Consumer Directed Personal Assistance
- Nursing home

Additional Services

- Social Adult Day Care
- Home Modifications
- Medical Equipment & Supplies
- Non-Emergency Transportation
- Personal Emergency Response System
- Home Delivered Meals
- Podiatry, Optometry, Audiology, Dental

Who Must Join MLTC?

- Dual eligibles who are age 21 or older AND
- Receiving / need Medicaid Community-based long term care services for >120 days in a calendar year
 - Level II Personal Care
 - Consumer Directed Personal Assistance
 - Certified Home Health Agency services
 - Adult Day Health Care (medical model)
 - Private Duty Nursing
 - Lombardi / Long Term Home Health Care Program

Who May Join MLTC?

Voluntary enrollment for:

- Dual eligibles
 1. 18 through 20 years old;
 2. Need >120 days community long term care; AND
 3. Assessed as nursing home eligible.
- Non-dual eligibles (Medicaid only)
 1. 18 years and older;
 2. Need >120 days community long term care; AND
 3. Assessed as nursing home eligible.

Who Cannot Join MLTC?

- Only need Housekeeping services (aka, Level I Personal Care services)
- Need <120 days Community Based Long Term Care
- In receipt of Hospice services
 - But if in MLTC and develop a need for hospice, stay in MLTC
- Only need Social Adult Day Care

Who is Currently Excluded from MLTC?

Currently	Planned Carve in
Assisted Living Program	1/1/16
NHTD waiver	1/1/17
TBI waiver	1/1/17
OPWDD waiver	Late 2015 voluntary 2017-2019 mandatory

Steps to MLTC Enrollment

1

Assessment by Conflict Free Evaluation and Enrollment Center (CFEEC)

2

Learn about Plan Types & Options

3

Obtain MLTC Plan Assessments and Choose a Plan

4

Enroll in an MLTC Plan

1

Conflict Free Evaluation and Enrollment Center (CFEEC)

- CFEEC (Maximus)
- For people newly seeking MLTC
 - No CFEEC assessment if transferring from plan to plan, or from a previous Medicaid long term care service
- Evaluation Process
 - CFEEC conducts initial evaluation of MLTC eligibility (7 business days from call)
 - » Can obtain prior to Medicaid eligibility decision, but assessment only good for 60 days
 - CFEEC gives thumbs up or down for MLTC eligibility

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Learn about Plan Types & Options

Two Models of MLTC

- **Partially Capitated MLTC** (MLTC with only Medicaid benefits)
- MLTC with Medicaid AND Medicare benefits
 - Program for All-Inclusive Care for the Elderly (**PACE**)
 - Medicaid Advantage Plus (**MAP**)
 - Fully Integrated Dual Advantage (**FIDA**) (currently only available in NYC & Nassau)
- http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm

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Learn about Plan Types & Options

MLTC with only Medicaid benefits:

- Also known as Partially Capitated MLTC
- Provides Medicaid services only
- Does NOT provide Medicare-covered services
 - For Medicare services use:
 - Original Medicare
(or Medicare Advantage)
 - Part D plan
(or Medicare Advantage/Prescription Drug Plan)

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Learn about Plan Types & Options

Medicaid Advantage Plus (MAP):

- Provides all Medicare and Medicaid services
- Additional eligibility requirement: Need Nursing Home level of care
- Use plan's provider network for all services
- CAUTION: Medicaid Advantage Plus (MAP) is not the same as Medicaid Advantage (MA). Both include all Medicare services, but:
 - MA provides Medicaid without LTC
 - MAP provides Medicaid with LTC

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Learn about Plan Types & Options

Program for All-Inclusive Care for the Elderly (PACE):

- Provides all Medicare and Medicaid services
- Provide services through a particular site – a medical clinic or hospital. Because all providers are linked, potentially more opportunity for coordinated care.
- Additional eligibility requirement(s):
 - Need Nursing Home level of care, and
 - Age 55+

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Learn about Plan Types & Options

Fully Integrated Dual Advantage (FIDA):

- Demonstration project to coordinate care for dual eligible population
- Person-centered care model
- Currently only in NYC & Nassau (Suffolk & Westchester rollouts delayed)

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Learn about Plan Types & Options

Fully Integrated Dual Advantage (FIDA) cont'd:

- Provides most Medicare & Medicaid services
 - But not: Methadone maintenance, out of network family planning services, direct observation therapy for tuberculosis, and hospice care (these are offered through regular Medicare/Medicaid)
- Integrated Medicaid/Medicare appeals process

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Obtain MLTC Plan Assessments and Choose a Plan

- Find out which plans contract with preferred providers
- Schedule plan assessment(s)
 - Must be conducted within 30 days of request
 - Obtain assessments from multiple plans
 - Ask for proposed care plans
- Choose the MLTC that best meets needs

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Enroll in an MLTC Plan

- **Partially Capitated MLTC** (Medicaid only MLTC):
 - Must enroll through the plan
 - Enrollment has no impact on Medicare
- **MAP or PACE:**
 - Must enroll through the plan
 - Automatically disenrolled from Medicare Advantage, Stand-alone Part D and Mainstream Medicaid Managed Care

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Enroll in an MLTC Plan

- **FIDA:**

- Passive Enrollment

- Partially Capitated MLTC enrollees passively enrolled (auto assigned) to a FIDA plan after 90 day's notice
- Passive enrollment began April 1, 2015
- Individuals can affirmatively decline (“opt out of”) FIDA enrollment by contacting NY Medicaid Choice

- Voluntary Enrollment

- Enroll through the plan
- Automatically disenrolled from Medicare Advantage, Part D and Mainstream Medicaid Managed Care

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Enroll in an MLTC Plan

- Timing:
 - Must enroll by noon on the 20th of month to be effective by the first of the next month
- No lock-in!
 - Can switch plans at any time
 - But cannot return to fee-for-service Medicaid for community based long term care

Transitioning New Medicare Enrollees from MMC to MLTC

- People in Mainstream managed care (MMC) who newly obtain Medicare cannot stay in MMC
- DOH MLTC Policy 15.02 – to prevent gaps in long term care between MMC disenrollment and MLTC enrollment
- Before MMC disenrollment, there will be a chance to choose an MLTC plan:
 - If MMC has a “sister” MLTC → passive enrollment to sister MLTC
 - If no “sister” plan → auto-assigned to an MLTC if don’t choose one

Transition Rights From Other Long-term Care to MLTC

- Continuity of Care:
 - Continuation of existing long term care services care plan for 90 days or until plan conducts a new assessment – whichever is LATER
 - Continuation of patient-worker relationship for 90 days
- After 90-day continuity of care
 - New care plan may be implemented (no earlier than 91st day)
 - Must receive advanced, written notice of new care plan with appeal info

Member Rights in MLTC

- Right to medically necessary services
- Right to notice with appeal information if MLTC denies, reduces, changes, suspends, or terminate service
- Right to Aid Continuing if Request Fair Hearing
 - For termination, suspension, or reduction of previously authorized treatment/service
 - Must provide aid-continuing even if care plan authorization period or 90-day transition expired
- Right to Complain, Appeal and to a Fair Hearing

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MLTC BUDGETING

Spend-down

- MLTC will bill for spend-down
- If enrollee does not pay spend-down, MLTC may disenroll (following notice with appeal rights)
- For new MLTC applicants with spend-down:
 - Spend-down can be paid after enrollment into plan

MLTC BUDGETING: Married Couples

- Same budgeting rules as HCBS Waivers (for now)
- Apply most favorable income budgeting rules:
 - Count applicant's income only OR
 - Use spousal impoverishment budgeting

Independent Consumer Advocacy Network (ICAN)

What Is ICAN?

- Network includes a toll free helpline and community-based organizations
- Educates and advocates for people who want or get Medicaid long-term care through managed care plans
- Funded by a NYS Department of Health grant

ICAN services are free, confidential and independent from all health insurance companies

ICAN Can Help

- **Answer questions** about Medicaid programs for people receiving long term care
- **Provide Support** and technical assistance to other advocates
- **Solve problems** with plans and providers
- **Help individuals** understand their rights, file complaints or appeal
- **Assist with concerns** about MLTC or long term care in mainstream Medicaid Managed Care
- **Act as a Sentinel** to identify and report to DOH systemic issues or problems with Medicaid long term care

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Get Help From ICAN!

Call

844-614-8800

TTY Relay Service 711

Email

ican@cssny.org

Useful Contacts

- New York Medicaid Choice (888) 401-6582
- CFEEC (855) 222-8350
- DOH MLTC Complaints
 - (866)712-7197
 - mltcworkgroup@health.state.ny.us
- DOH Mainstream Managed Care Complaints
 - (800) 206-8125
 - managedcarecomplaint@health.state.ny.us

Contact Me!

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Questions?