Introduction to Managed Long Term Care & ICAN

NYAIL CONFERENCE
September 16 & 17, 2015

Elizabeth Siegel, Staff Attorney
Empire Justice Center / ICAN
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

<table>
<thead>
<tr>
<th>Long Term Care</th>
<th>Additional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nursing Services at home</td>
<td>• Social Adult Day Care</td>
</tr>
<tr>
<td>• Therapies in the home</td>
<td>• Home Modifications</td>
</tr>
<tr>
<td>• Home Health Aides</td>
<td>• Medical Equipment &amp; Supplies</td>
</tr>
<tr>
<td>• Personal Care</td>
<td>• Non-Emergency Transportation</td>
</tr>
<tr>
<td>• Adult Day Health Care</td>
<td>• Personal Emergency Response System</td>
</tr>
<tr>
<td>• Consumer Directed</td>
<td>• Home Delivered Meals</td>
</tr>
<tr>
<td>Personal Assistance</td>
<td>• Podiatry, Optometry, Audiology, Dental</td>
</tr>
<tr>
<td>• Nursing home</td>
<td></td>
</tr>
</tbody>
</table>
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**?

<table>
<thead>
<tr>
<th>Currently</th>
<th>Planned Carve in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living Program</td>
<td>1/1/16</td>
</tr>
<tr>
<td>NHTD waiver</td>
<td>1/1/17</td>
</tr>
<tr>
<td>TBI waiver</td>
<td>1/1/17</td>
</tr>
<tr>
<td>OPWDD waiver</td>
<td>Late 2015 voluntary 2017-2019 mandatory</td>
</tr>
</tbody>
</table>
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
2 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
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)
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
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+
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)
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
3 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
4 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
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
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
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
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!

Elizabeth P. Siegel, Esq.
Empire Justice Center
119 Washington Avenue
Albany, New York 12210
(518) 935-2861
esiegel@empirejustice.org

ICAN at Empire Justice Center
800-724-0490 x 5822
Health@EmpireJustice.org
Questions?