MEDICARE RIGHTS CENTER

Getting Medicare right

Helping Beneficiaries Understand Medicaid Managed Long Term Care (MLTC) Plans

Medicare Rights Center

- The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through:
  - Counseling and advocacy
  - Educational programs
  - Public policy initiatives

Duals Coalition

- The Coalition to Protect the Rights of New York's Dually Eligible (CPRNYDE): established in 2012 to advocate beneficiary-focused implementation of new managed care programs in New York State
- Monthly meetings
- Monthly e-newsletter
- Beneficiary Engagement Workgroup
- For more information: www.nyduals.org
- Duals coalition education and advocacy is made possible by the Altman foundation, Community Catalyst and New York Community Project Management Trust

What we will learn

- You will come away from this training able to help your clients understand
  - MLTC **eligibility** rules and notable exceptions
  - MLTC **enrollment** timeline in New York
  - MLTC **coverage** basics
  - How to make the right enrollment choices
  - MLTC marketing fraud and how to avoid it

MLTC Background

What is Medicare?

- Federal program that gives health insurance to people **65 and older** and people **under 65 who have a disability**
  - No income qualifications
- **Not** affected by MLTC-only plans
- Two ways to receive Medicare benefits:

Original Medicare	Medicare Advantage Plan
• Traditional program offered directly through the federal government	• Receive same Medicare benefits, but through a private plan

What is Medicaid?

- State and federal program offering health insurance to those with limited incomes/assets
- Available to people of most ages who meet financial limits
- Each state has its own Medicaid rules

2014 New York Medicaid Qualification Limits For 65+ or Disabled		
Family Size	**Monthly Income Limit**	**Asset Limit**
Single	$829	$14,550
Married	$1,212	$21,450

Note: Different income limits apply for young and non-disabled adults. Asset testing only applies to disabled or blind 21-64 year olds and people who are 65+.

Medicare and Medicaid coordination

- People who have both Medicare and Medicaid are known as **dual eligibles**
- Medicare always pays first
- Medicaid is the payer of last resort
  - This means Medicaid always pays last after all other forms of insurance have paid
- Dual eligibles must have Medicare prescription drug coverage (Part D)
  - Are automatically enrolled into Extra Help (aka Low-Income Subsidy or LIS) to help with drug costs

Terms to know

- Long term care
  - Ongoing care needed to help perform everyday activities
  - Medicaid covers most long term care needs
- Managed care
  - A plan operated by a private insurance company, intended to better coordinate client's health care
  - People in managed care plans usually must:
    - Use a certain group of doctors (in-network)
    - Get their plan's permission before getting expensive care
- Activities of Daily Living (ADLs)
  - Daily self care activities such as bathing, dressing, and using the bathroom

The ACA and dual eligibles

- The Affordable Care Act (ACA: Obamacare, health reform): makes it easier for Medicare and Medicaid to work together to provide health care
- Two new programs in New York, both run by private **managed care plans**:
  - MLTC: for managing an individual's Medicaid long term care (already launched)
  - FIDA: for managing an individual's Medicaid AND Medicare coverage and care (launching January 2015 in New York City and Nassau)

MLTC and FIDA: What's the difference?

MLTC

- Only covers Medicaid long term care, dental, vision, hearing, and podiatric services
- Does not affect Medicare coverage
- Is **mandatory**

FIDA

- Covers all health care services and items, including prescription drugs
- Provides both Medicare and Medicaid benefits
- Is **optional**

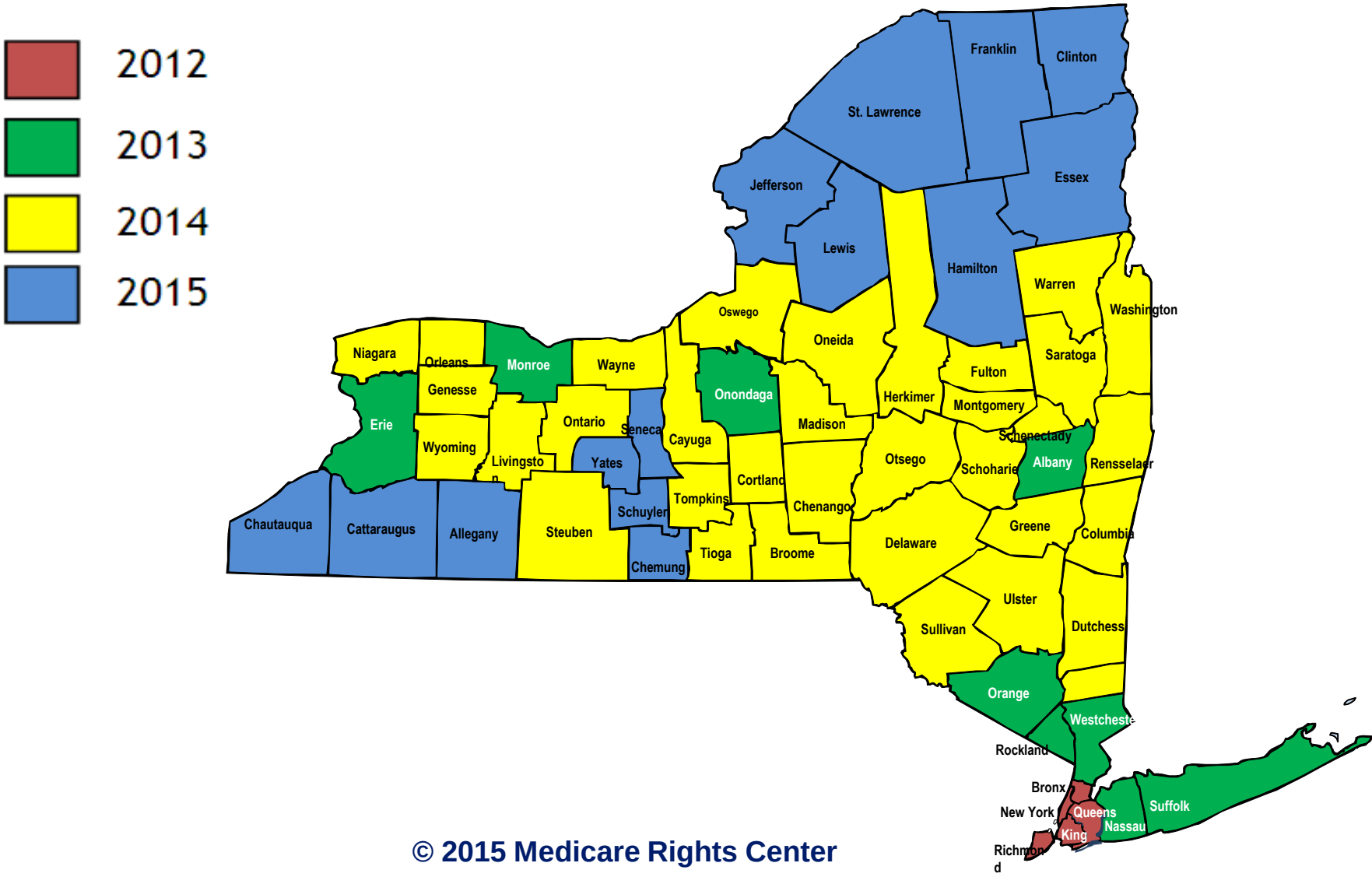
MLTC Eligibility

Four MLTC eligibility criteria

To be eligible for mandatory MLTC, a beneficiary must	
1) Be dually eligible	Have both Medicare and Medicaid
2) Be at least 21 years old	Beneficiaries under 21 may enroll if they are 18 or older and need certain types of care. Enrollment for 18-21 year olds is not mandatory.
3) Receives 120+ days of community-based long term care	Long term care = Ongoing care one needs to help perform everyday activities. Can include care in the community or in a facility. Examples include but are not limited to: •Home health care •Nursing home care •Medical adult day health care
4) Live in a county in New York State where MLTC has been rolled out	All New York State counties will have rolled out MLTC by March 2015 (see next slide)

Beneficiaries must meet **all four** eligibility criteria to qualify for mandatory MLTC in NY

MLTC rollout in New York State



Mandatory MLTC exclusions

- The following dual eligible beneficiaries are excluded from mandatory MLTC, **even if** they meet the four criteria:
  - Native Americans
  - Beneficiaries who are under 18
    - Beneficiaries 18-21 are not mandated to enroll, but may elect to enroll
  - Beneficiaries who only receive Social Adult Day Care services
    - As opposed to Social and Medical Adult Day Care services
  - Beneficiaries who only need housekeeping services
    - Do not need help with any other ADLs
  - Beneficiaries who have Traumatic Brain Injury (TBI) waivers
  - Beneficiaries who have Nursing Home Transition & Diversion (NHTDW) waivers
  - Beneficiaries who have Office for People with Developmental Disabilities (OPWDD) waivers
  - Beneficiaries who are currently receiving hospice care
  - Beneficiaries who live in an Assisted Living Program

MLTC Enrollment

Remember

- Enrollment into MLTC for beneficiaries who meet the four criteria is **mandatory**
  - Enrollment into MLTC for beneficiaries who are 18-21 years old and meet the other three criteria is **optional**
- The four criteria are
  - Dually eligible
  - 21 or over
  - Need 120+ days of community-based long term care
  - Live in a New York State county where MLTC has been adopted

Medicaid enrollment

- All beneficiaries continue to apply for Medicaid via their county Department of Social Services (DSS, or the Human Resources Administration (HRA) in NYC)
- Once Medicaid application is approved, if the beneficiary meets all four MLTC criteria: referred to New York Medicaid Choice
- Beneficiaries no longer apply for long term care services coverage (like home care) through DSS/HRA
  - Enrollment into MLTC serves as long term care benefits application
- Must recertify for Medicaid every year to retain MLTC eligibility
- Beneficiaries with Medicaid spend-down may have trouble enrolling into an MLTC plan
  - Contact DSS/HRA

MLTC enrollee groups

1) Beneficiaries who meet all four criteria when their county implements MLTC:
   - Eligibility not assessed; county knows they are eligible
   - Receive **Announcement Letter** from NY Medicaid Choice the month their county rolls out
   - Receive **Choice Notice** from NY Medicaid Choice

2) Beneficiaries who become eligible for all four criteria **after** their county implements MLTC:
   - MLTC eligibility assessment performed by Conflict-Free Evaluation and Enrollment Center (CFEEC)
   - Facility refers client to NY Medicaid Choice
   - New York Medicaid Choice sends **Choice Notice**

More about MLTC notices

1) Beneficiaries who meet all four criteria when their county implements MLTC receive an **Announcement Letter** from NY Medicaid Choice the month of implementation

- Two weeks later, beneficiary receives a **Choice Notice** from NY Medicaid Choice with a brochure of MLTC plan options in their area
  - This notice gives 60 days to choose a plan
- If plan is not chosen, beneficiary is automatically assigned to a plan 60 days after receiving Choice Notice
  - Plan may or may not have beneficiary's providers in the network
  - Not locked into auto-assignment; **can change plans up to once per month**

More about MLTC notices

2) Beneficiaries whose long term care facility contacts New York Medicaid Choice because they become eligible for MLTC receive the **Choice Notice** with a brochure of MLTC plan options in their area
   - This notice gives 60 days to choose a plan

❖ If plan is not chosen, beneficiary is automatically assigned to a plan 60 days after receiving Choice Notice
   - Plan may or may not have beneficiary's providers in the network
   - Not locked into auto-assignment; **can change plans up to once per month**

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

<Date>

<Case Name>
<Address>
<City, State> <Zip Code>

Important Medicaid Notice

<Dear Consumer Name.> <CIN#>

This is an important notice from the Medicaid Program. We are writing because you get home care or other long-term care services. The way you get these services will change in the next several months. To keep receiving your services, you will be required to join a Managed Long Term Care Plan.

Contact for MLTC enrollment

- Once a plan is selected from the brochure, beneficiary (or caregiver) should contact New York Medicaid Choice to enroll
  - Write down the name of representative, date, and outcome of the call
- Beneficiaries are not locked into their plan choice; **can change plans up to once per month**
- New York Medicaid Choice
  - Also known as Maximus
  - 1-888-401-6582
    - http://www.nymedicaidchoice.com/

MLTC Coverage Basics

MLTC coverage

- Home care
  - Help with ADLs
  - Skilled nursing
  - Physical, occupational, speech therapy
- Adult day health care
  - Medical only, or Medical and Social together
- Home-delivered meals, congregate meals
- Medical equipment, eyeglasses, hearing aides, home modifications
- Non-emergency medical transportation
- Podiatry, audiology, dentistry, optometry
- Nursing home care

Care needs assessment

- MLTC plans must conduct a assessment of the beneficiary's care needs after the plan is selected and before the person is enrolled
  - This is different from the CFEEC eligibility assessment
  - Care needs assessment must take plan within 30 days after the plan is contacted
  - A nurse will come to the beneficiary's home to determine care needs (e.g., if the client needs home care, nursing home care, adult day care)
  - Beneficiaries may contact multiple plans for assessments
- A care assessment must also happen every six months or sooner if there is a significant change in condition

Continuation of care protection

- Each new MLTC plan member continues to receive services under their old plan of care for at least 90 days after new plan takes effect, or until a new plan of care is completed by their provider
  - Whichever is later
- Even if old care plan takes place out of network
- MLTC plan must send new written plan of care to beneficiary
  - Beneficiary can appeal new plan of care if necessary

CDPAP

- Consumer Directed Personal Assistance Program (CDPAP) – beneficiary coordinates their care and who they receive it from
- To use with MLTC, beneficiary must request through plan
  - Can appoint representative if unable to own coordinate care
- Can appeal if plan denies request to participate in CDPAP

MLTC Choices

MLTC plan choices

- A beneficiary who meets all four eligibility criteria can make one of three MLTC choices
  - MLTC-only coverage
  - Medicaid Advantage Plus (MAP)
  - Program of All-Inclusive Care for the Elderly (PACE)

MLTC

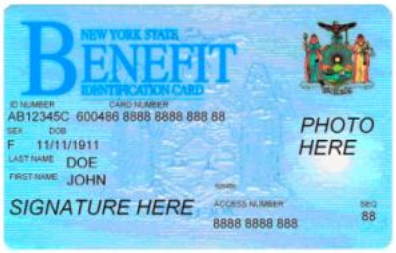
- **Medicaid Managed Long Term Care (MLTC)**
- Known as a partially capitated plan, only covers a small portion of Medicaid services
  - Home care
  - Adult day health care
  - Home-delivered meals, congregate meals
  - Medical equipment, eyeglasses, hearing aides, home modifications
  - Non-emergency medical transportation
  - Podiatry, audiology, dentistry, optometry
  - Nursing home care
- Medicare and acute care Medicaid not affected
  - Acute care Medicaid = hospital inpatient and outpatient care, pays after Medicare
- Between three and five insurance cards

MLTC

Medicaid MLTC with Original Medicare

Original Medicare Card

Part D Card



Medicaid Card

Managed Long Term Care Plan Card
MLTC Plan
J Doe
Member ID: 123456ABC

MLTC Plan Card

Medigap
Plan C
J Doe
Member ID: 123456ABC

(Maybe) Medigap Card

Medicaid MLTC with Medicare Advantage

Medicare Advantage Plan Benefit Card
Elder Plus Gold Member Plan
J Doe
Member ID: 123456ABC

Medicare Advantage Plan Card

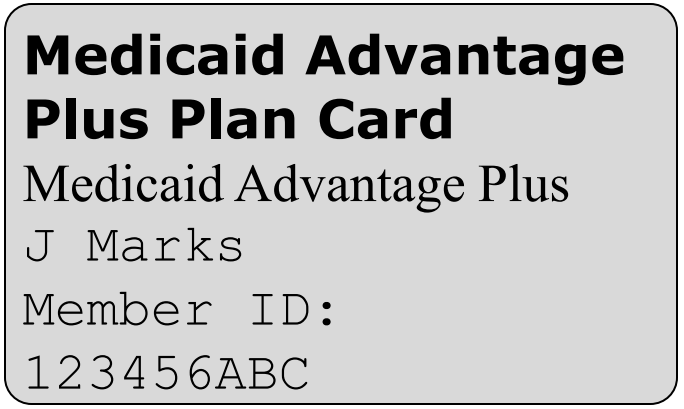
Medicaid Card

Managed Long Term Care Plan Card
MLTC Plan
J Doe
Member ID: 123456ABC

MLTC Plan Card

MAP

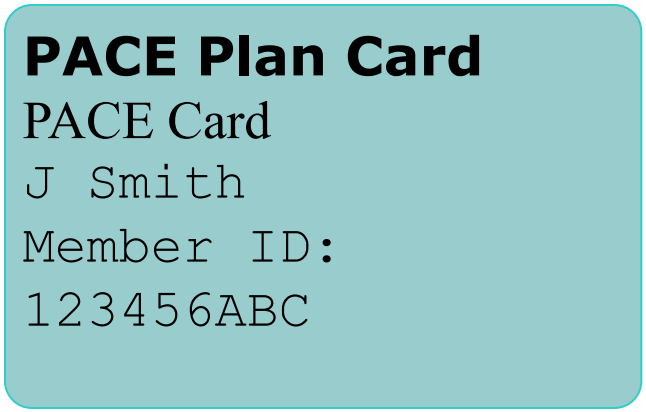
- Medicaid Advantage Plus (MAP)
  - Known as a fully capitated plan, plan covers all Medicare and Medicaid services
  - One plan card
  - Very similar to FIDA
  - Is being phased out in favor of FIDA



PACE

- Program of All-Inclusive Care for the Elderly (PACE)
  - Known as a fully capitated plan, plan covers all Medicare and Medicaid services
  - One plan card
- Provides Medicare and Medicaid services from one facility or site to ensure better care coordination
  - Must be at least 55 years old **and**
  - live in an area serviced by a PACE program

PACE Plan Card



How to choose a plan

- MLTC: Make sure long term care, hearing, dental, podiatry, and vision providers are in the MLTC plan's network
- MAP: Make sure **all** of providers are in network
  - Includes primary care, long term care, specialists, etc.
  - Also have to make sure prescription drugs are on the list of covered drugs (formulary) and that pharmacies are in network
- PACE: Must use only PACE facility providers and pharmacies

MLTC plan marketing rules

Marketing = written or oral communication used to encourage enrollment into a plan

Allowed	Not allowed
Only New York State Department of Health-Approved marketing materials	Cold calling beneficiaries or coming to their homes uninvited
Providing any potential enrollee not referred by New York Medicaid Choice with information describing managed long term care, a list of available Plans and information on how to reach New York Medicaid Choice	Marketing in hospital emergency rooms, treatment rooms, patient rooms, medical professional offices, Nursing Home or Adult Care Facility resident rooms, Adult Day Health Care Programs and Social Day Care sites
Making reference in marketing materials and activities only to benefits/services offered by the plan	Providers are not allowed to market plans to beneficiaries at any time for any reason
Plan marketing activities at medical facilities with provider permission and prominent display of all other MLTC plans operating in the county or borough	Offer benefits, services, or gifts valued at more than $5.00 to persuade people to enroll with such gifts being offered regardless of beneficiary's intent to enroll.

Common MLTC challenges

- Can be difficult to determine if client has MLTC
  - MLTC is not shown on card
  - Notices will show MLTC
  - Ask what types of services beneficiary receives
- Can be difficult to enroll client in MLTC with spend-down
  - Contact DSS/HRA or MLTC plan expert staffer
- Your client may need more services
  - Work with case manager, may have to appeal

Conclusion

- If your client is a dual eligible and receives 4 or more months of long term care, they must get long term care from a managed care plan
- Currently, they probably already get long term care benefits from an MLTC plan
- Going forward, they may also qualify for a FIDA plan
  - FIDA plans provide all Medicare and Medicaid benefits
  - If your client does nothing, they will be automatically enrolled in a FIDA plan

Where to find information

- **New York Medicaid Choice**
  - 888-401-6582
  - http://www.nymedicaidchoice.com/
  - Can contact to enroll in or switch FIDA or MLTC plans
- **Independent Consumer Advocacy Network (ICAN)**
  - 844-614-8800
  - http://www.icannys.org
  - Can contact with any problems or concerns about MLTC or FIDA