

Questions to ask when choosing a FIDA plan

The Fully Integrated Duals Advantage (FIDA) program provides managed care for New York residents who are enrolled in Medicare and Medicaid (dually eligible individuals) and in need of long-term care services and supports. You are eligible for FIDA if you:

- Are 21 years or older
- Are dually eligible for both Medicare and Medicaid
- Require long-term care for more than 120 days
- Live in a county in New York State where FIDA is available

In FIDA, one private plan administers your Medicare, Medicaid, long-term care benefits, and drug coverage. Plans are designed to provide more patient-centered care coordination and may encourage better communication among providers, caregivers, and patients.

If you are interested in FIDA, be aware that not all FIDA plans are the same. For example, plans may cover different prescription drugs or have different networks of doctors and facilities. **Before you join a FIDA plan, make sure you understand the plan's network and coverage rules.** FIDA plans are responsible for paying for all of your health services if you follow the plan's coverage rules.

Below are questions you should ask when considering FIDA. For enrollment help, contact New York Medicaid Choice (855-600-3432). If you are experiencing problems or need help navigating your options, contact the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

Providers, hospitals, and other facilities

- Will I be able to use my doctors? Are they in the plan's network?
- Do doctors and providers I want to see in the future take new patients who have this plan?
- If my providers are not in-network, will the plan still cover my visits?
- Which dentists, hospitals, nursing homes, home health agencies, and skilled nursing facilities are in the plan's network?

Prescription drugs

- Are my prescriptions on the plan's formulary (list of covered drugs)?
- Does the plan impose any coverage restrictions?
- Will I be able to use my pharmacy? Can I get my drugs through mail order?

Access to health care

- What is the service area for the plan?

Terms to know

Dually eligible individual: Person enrolled in both Medicare and Medicaid.

In-network: Term that applies to doctors and other providers, such as hospitals and home health agencies, that contract with the beneficiary's plan.

Long-term care (LTC): A range of services and supports to help individuals perform everyday activities.

Medicaid managed long-term care (MLTC): Health plans that provide services for some chronically ill New Yorkers and/or those with disabilities.

Nursing home: Facility that primarily provides medical care, therapy, 24-hour care, and other skilled care, in addition to room and board and personal care

Out-of-network: Term that applies to doctors and other providers who do not contract with the beneficiary's plan.

Service area: Area within which a plan provides medical services to its members.