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# Helping Beneficiaries Understand Fully Integrated Dual Advantage (FIDA) Plans

# Medicare Rights Center

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- ❖ 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

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- ❖ 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](http://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

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- ❖ FIDA background
- ❖ FIDA eligibility
- ❖ FIDA enrollment processes and timeline
- ❖ FIDA coverage basics
- ❖ Understanding the difference between MLTC and FIDA plans
- ❖ How to avoid FIDA marketing abuses



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# FIDA Background

# What is Medicare?

- ❖ Federal program that gives health insurance to people **65+** and people **under 65 with disabilities**
  - No income qualifications
- ❖ Two ways to receive Medicare benefits:

## Original Medicare

- Traditional program offered directly through the federal government

## Medicare Advantage Plan

- Provides same Medicare benefits, but through a private plan

# What is Medicaid?

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

2015 New York Medicaid Eligibility Limits For 65+ or Disabled		
Family Size	Monthly Income Limit	Asset Limit
Single	\$845	\$14,850
Married	\$1,229	\$21,750

Note: Different income limits apply for young and non-disabled adults. Asset tests only apply to disabled or blind individuals 21-64, and to individuals 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 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



# MLTC and FIDA: What's the difference?

## MLTC

- Only covers Medicaid long term care, dental, vision 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**



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# FIDA Eligibility

# Four FIDA eligibility criteria

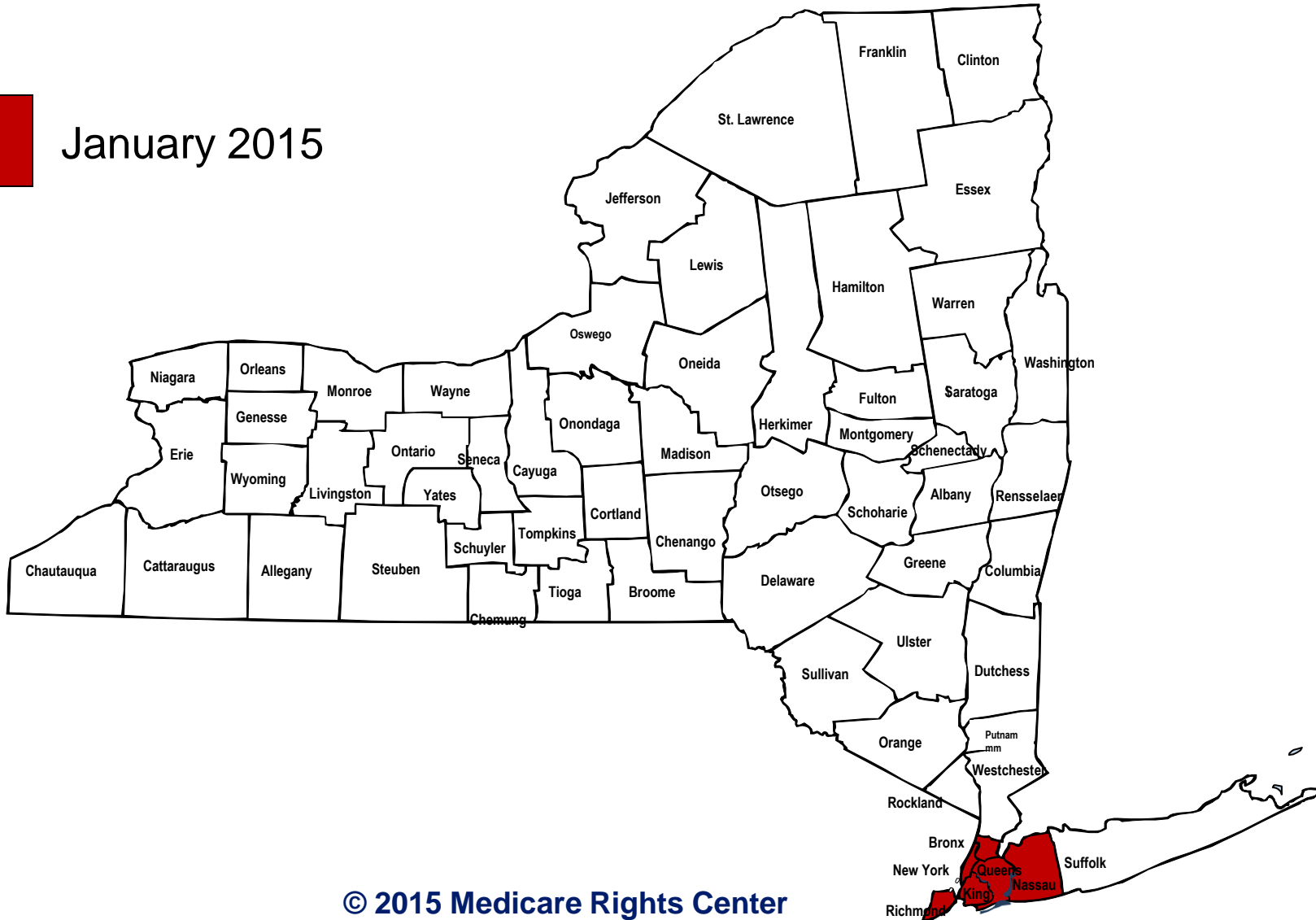
**To be eligible for FIDA, a beneficiary must meet all of the following:**

<b>1) Be dually eligible</b>	Have both Medicare and Medicaid
<b>2) Be at least 21 years old</b>	
<b>3) Receives 120+ days of community-based long term care</b>	Long term care = Ongoing care needed to help perform everyday activities. Can include care in the community or in a facility. Examples include but are not limited to: <ul style="list-style-type: none"><li>•Home health care</li><li>•Nursing homes</li><li>•Medical adult day health care</li></ul>
<b>4) Live in a county in New York State where FIDA has been rolled out</b>	Downstate counties: New York City and Nassau

# FIDA rollout in New York State



January 2015





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# FIDA Enrollment

# FIDA enrollment

- ❖ FIDA start date = January 1, 2015
- ❖ To be FIDA-eligible, must meet all four criteria
- ❖ Enrollment into FIDA is **optional**
- ❖ Beneficiaries will be automatically (**passively**) enrolled if they do not opt in or opt out
- ❖ Beneficiaries can switch into, out of, or between FIDA plans up to once per month
- ❖ New York Medicaid Choice (aka Maximus)
  - 888-401-6582
  - <http://www.nymedicaidchoice.com/>

# FIDA enrollment

- ❖ Opt in = actively enroll in FIDA through New York Medicaid Choice
  - If enrollment occurs **before** noon on the 20<sup>th</sup> of the month, plan effective date is 1<sup>st</sup> of the month after enrollment
  - If enrollment occurs **after** noon on the 20<sup>th</sup> of the month, effective date is first of the month after next
  - See next slide for more information
- ❖ Opt out = contact New York Medicaid Choice or 800-MEDICARE to decline FIDA enrollment
  - Beneficiaries choosing to opt out should do so before passive enrollment to avoid coverage disruptions
  - Also possible to enroll in FIDA and later opt out
    - Will go back to Medicare/Medicaid/MLTC coverage on the 1<sup>st</sup> of the month after disenrollment (if disenrolled before noon on the 20<sup>th</sup>)

# FIDA opt-in enrollment

January 1<sup>st</sup> – 20<sup>th</sup> → February 1

January 20<sup>th</sup>- 30<sup>th</sup> → March 1

February 1<sup>st</sup> – 20<sup>th</sup> → March 1

February 20<sup>th</sup>- 31<sup>st</sup> → April 1

March 1<sup>st</sup>- 20<sup>th</sup> → April 1

March 20<sup>th</sup>- 30<sup>th</sup> → May 1

April 1<sup>st</sup>-20<sup>th</sup> → May 1

April 20<sup>th</sup>- 31<sup>st</sup> → June 1



# FIDA passive enrollment

## ❖ Phases of passive enrollment:

- Region I: Bronx, Kings, Nassau, New York, Queens, and Richmond counties
  - Opt-in starting January 1, 2015
  - **Passive enrollment** starting April 1, 2015
- Region II: Westchester and Suffolk counties are **on hold until further notice**

## ❖ FIDA-eligible beneficiaries will receive three notices before their passive enrollment

- 90-day, 60-day, and 30-day notices
- Notices remind people to choose a plan that best meets their needs, or to opt out before passive enrollment

# Nursing home enrollment

- ❖ Permanent nursing home residents before February 1, 2015 will be covered by fee-for-service Medicaid
  - Do not have to enroll in MLTC
  - Not going to be passively enrolled into FIDA
- ❖ New permanent nursing home residents (moved to nursing homes after February 1, 2015) will have to take an MLTC plan
- ❖ New permanent nursing home residents (moved to nursing homes after February 1, 2015) will be passively enrolled into FIDA **on or after August 1, 2015**
  - Definitive dates are not yet scheduled
- ❖ All permanent nursing home residents have the option to opt into FIDA after October 1, 2015

# Exceptions to passive enrollment

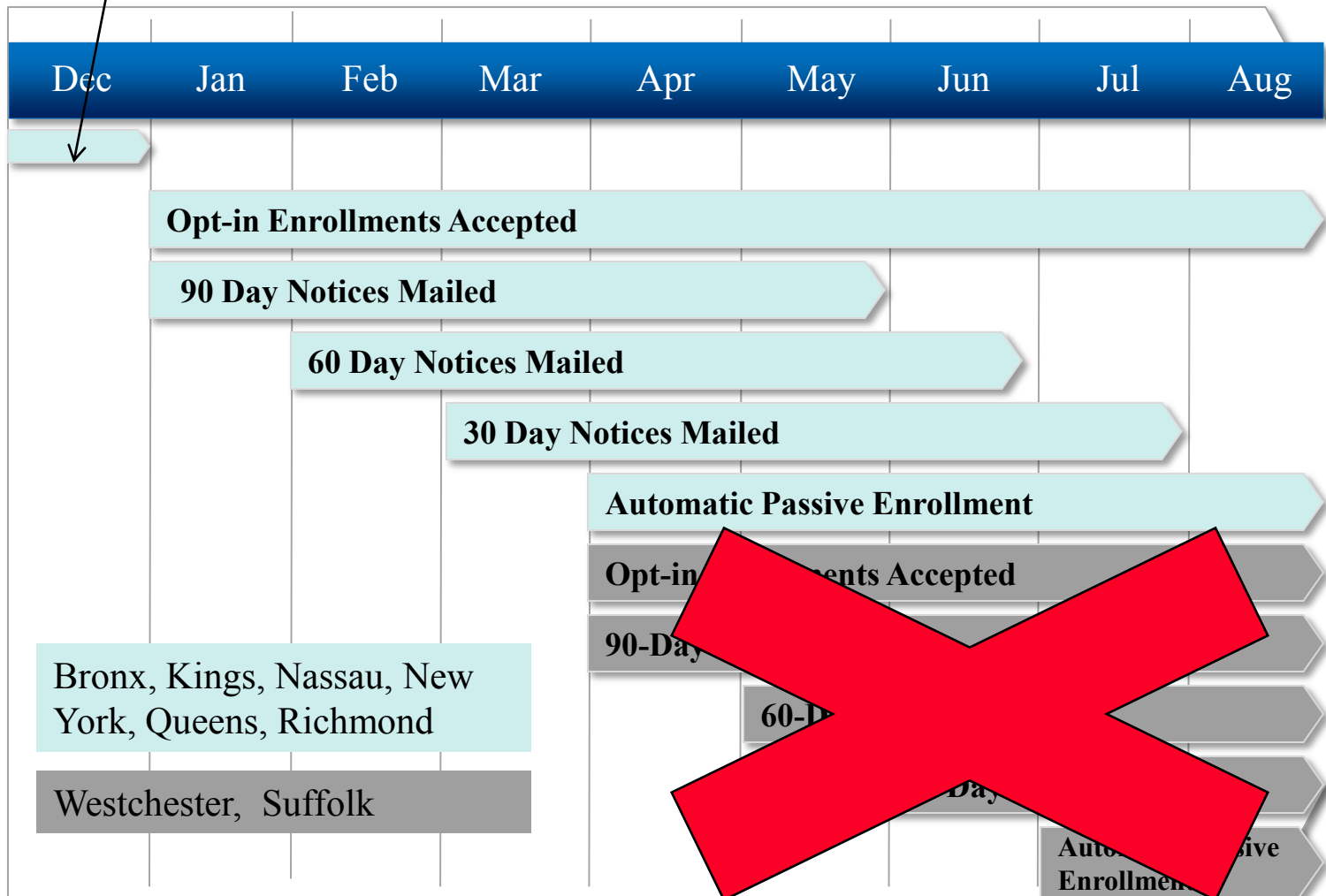
- ❖ The following groups are excluded from passive enrollment into FIDA, but may choose to opt in:
  - Native Americans
  - Nursing home-eligible people who qualify for the Medicaid buy-in for the working disabled
  - Aliessa court-ordered individuals
  - PACE plan enrollees
  - Special Needs Plan for institutionalized individuals enrollees
  - Health Home enrollees
  - Those who are Accountable Care Organization (ACO) members when their passive enrollment phase begins
  - Individuals participating in the CMS Independence at Home demonstration
  - Individuals enrolled in employer- or union-sponsored coverage for employees or retirees

# Exclusions from FIDA

- ❖ The following groups are not allowed to enroll into FIDA plans:
  - People under 21
  - Office of Mental Health (OMH) facility residents
  - Beneficiaries who receive Office for People with Developmental Disabilities (OPWDD) services
  - Psychiatric facility residents
  - Individuals expected to be Medicaid-eligible for less than six months
  - Individuals eligible for Emergency Medicaid
  - Individuals receiving hospice services before FIDA rollout
  - Residents of or people who qualify to reside in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
  - Residents of alcohol/substance abuse long-term residential treatment programs
  - Individuals in the Traumatic Brain Injury (TBI) waiver program
  - Residents of Assisted Living Programs
  - Individuals in the Foster Family Care demonstration

# FIDA enrollment timeline

Program Announcement Letter Mailed



# Opt-out pros and cons

Those who opt out of FIDA will continue to receive their benefits through separate channels, as before FIDA

Opt-Out Pros	Opt-Out Cons
Can stay with fee-for-service Medicare and acute care Medicaid, which do not have provider networks	Separate benefit cards for different areas of coverage, meaning a beneficiary could have up to five different types of insurance
<ul style="list-style-type: none"><li>•Can keep current Medicare and acute-care Medicaid providers</li><li>•Can keep current Part D plan</li></ul>	Limited care coordination offered, beneficiaries and caregivers must navigate different areas of coverage themselves
Can switch between MLTC plans or switch to FIDA up to once per month	Beneficiaries who meet all four criteria must at least have an MLTC plan

# Opt-in pros and cons

Those who opt into FIDA and those who are passively enrolled will receive their benefits through one plan

Pros	Cons
One card and one plan for all health care services	<ul style="list-style-type: none"><li>• Limited to a network of providers and pharmacies for all drugs and services</li><li>• May have to stop using providers who are not in plan's network</li></ul>
Interdisciplinary team (IDT) helps manage care to ensure that most coordinated care is delivered	Beneficiaries who disagree with interdisciplinary team decisions need to appeal to the plan
Optional: Can switch between FIDA plans or switch back to an MLTC plan up to once per month	Passive enrollment for beneficiaries who do not opt in or opt out



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# FIDA Coverage



# FIDA coverage

- ❖ FIDA plans cover all services a dual eligible beneficiary is entitled to including:
  - Medicare coverage
  - Medicaid coverage
  - Long term care coverage
  - Drug coverage
- ❖ There are no costs for covered benefits from in-network providers
  - Balance billing is illegal
- ❖ FIDA beneficiaries must stay within a network of doctors and hospitals
- ❖ This rule applies to all Medicare and Medicaid services except:
  - Beneficiaries already in nursing homes can stay in their current nursing homes regardless of plan networks
  - Beneficiaries receiving behavioral health services can keep current behavioral health providers for 2 years after they join a FIDA plan if their treatment began before they transitioned into FIDA

# Continuation of care protections

- ❖ New FIDA plan members continue to receive the same services from their existing providers for at least 90 days after coverage start date or until a Person-Centered Service Plan (PCSP) has been completed by the FIDA plan, whichever is later
  - Eases beneficiary's transition to new network of providers
  - Eases beneficiary's transition to new drug coverage
- ❖ FIDA plan has 60 days to assess the care needs of people who were passively enrolled and 30 days for all other enrollees

# Care needs assessment

- ❖ All new FIDA plan enrollees must receive an assessment of medical, behavioral health, long term care service, and social needs
  - Also assesses access to caregivers
- ❖ A registered nurse (RN) contracted with the plan completes the care needs assessment
- ❖ Must be performed in the individual's home, hospital, acute care facility, assisted living facility, or nursing home
- ❖ Reassessment must take place every 6 months, when there is a change in need, or when a reassessment is asked for
- ❖ Used to create the Person-Centered Service Plan

# Person-Centered Service Plan

- ❖ “A written description in the care management record of Participant-specific health care goals to be achieved and the amount, duration, and scope of the covered services” (FIDA Memorandum of Understanding)
- ❖ Developed by interdisciplinary team (IDT: more information on next slide)
- ❖ Must be completed within 30 days of a care needs assessment or reassessment
- ❖ Beneficiary preferences must be included
- ❖ The FIDA plan must monitor and address any gaps in care in the Person-Centered Service Plan
  - Must call for updates when necessary

# Interdisciplinary Team (IDT)

- ❖ Ensures the integration and coordination of beneficiary's health care through the Person-Centered Service Plan and ongoing support
  - IDT must authorize most care services
- ❖ Each FIDA plan member has their own IDT led by a plan-employed care manager. Other IDT members include :
  - FIDA beneficiary (if they are able and willing)
  - FIDA beneficiary's caregivers or representatives (if applicable)
  - Primary care physician
  - RN who performed the care needs assessment (if member approves)
  - Behavioral health specialists (if applicable)
  - Home care aide (if applicable)
  - Nursing home representative (if applicable)
  - Other specialists or health providers (if member approves)

# Interdisciplinary Team (IDT)

- ❖ Except for emergency and urgent care, beneficiary should consult with their IDT before they use a Specialist if not noted in their Person-Centered Service Plan
- ❖ FIDA plan cannot change IDT decisions
- ❖ Beneficiary can appeal any IDT decisions, including Person-Centered Service Plan decisions
- ❖ The IDT authorizes any other health care service needs that may arise (also appealable)
- ❖ IDT can supplement covered services with non-covered services or items if the Person-Centered Service Plan indicates non-covered services are needed (and plan then pays for these services)



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# FIDA Choices

# FIDA networks

- ❖ FIDA beneficiaries must choose providers, hospitals, facilities, and pharmacies that are in their plan's network
  - Services provided outside the plan network will typically be denied
- ❖ FIDA networks must have
  - At least 2 of every provider type—including long term care providers—necessary to provide covered services within a 15-mile radius or 30 minutes from the beneficiary's ZIP code
  - At least 8 skilled nursing facilities in each county
  - At least 8 nursing homes in each county



# How to choose a FIDA plan

- ❖ When looking at FIDA plans, beneficiaries should consider:
  - 1) Their current doctors, hospitals, long term care providers, and pharmacy networks
  - 2) Their current prescription drug coverage, including the medicines they take and the pharmacies they use
- ❖ Remember, FIDA is **optional**

# FIDA choices: questions to ask

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- ❖ What service area does the plan cover?
- ❖ Which specialists, hospitals, home health agencies, skilled nursing facilities and pharmacies are in the plan's network?
- ❖ Will the plan pay for any out-of-network services?
- ❖ What coverage do beneficiaries have if they travel to parts of the U.S. outside their plan's service area?

# FIDA choices: questions to ask

- ❖ Are the beneficiary's prescriptions on the plan's **formulary**
- ❖ Are there restrictions on when the plan will cover a beneficiary's prescriptions? These might include:
  - Prior authorization
  - Quantity limits
  - Step therapy
- ❖ Will the beneficiary be able to use their current pharmacy?
- ❖ Can the beneficiary get their drugs by mail order?
- ❖ Can the beneficiary fill their prescriptions if they travel outside the plan's service area?

# Do your homework!

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- ❖ Beneficiaries should not feel pressured to sign up for a plan before they've learned the facts
- ❖ Always call NY Medicaid Choice directly to confirm coverage information. Ask for information in writing.
- ❖ **Keep records.** Write down:
  - The name or ID# of your customer service representative
  - The date and time of the call
  - The information provided
  - The outcome of the call and any next steps

# Choices after a beneficiary is passively enrolled

- ❖ If beneficiary is interested in FIDA encourage:
  - A conversation with their primary care doctor about new coverage
  - Confirmation with their home health care agency that they will accept FIDA plan
  - Creating a list of prescription drugs to see whether they are all covered on FIDA plan's formulary
- ❖ FIDA plan has 60 days to perform the initial assessment and create their PCSP
- ❖ Beneficiaries can prepare for assessment by making a list of their prescription drugs, providers, and current health care needs and issues

# Choices after a beneficiary is passively enrolled

- ❖ If beneficiary wants to switch coverage back to pre-FIDA coverage:
  - Remind them of 90 days of continuous coverage
    - If they disenroll with that timeframe, services should not be disrupted
  - Call **NY Medicaid Choice (855-600-3432)** to disenroll from FIDA
    - Request confirmation of disenrollment from NY Medicaid Choice representative and what date that disenrollment is effective
  - Specify which MLTC plan you want to be enrolled in—whether it is the same as your pre-FIDA MLTC plan, or a different one
    - Confirm what date that enrollment will be effective
  - Call 800-Medicare to confirm new Medicare coverage
    - Also confirm Part D coverage
  - Make them aware that they may have to be re-assessed for coverage needs by their MLTC plan
    - Should contact MLTC care manager about reassessment

# FIDA plan marketing rules

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

Allowed	Not allowed
Marketing after December 1, 2014 <b>or</b> after contract is signed with Medicare and State of New York (whichever is later)*	Offering financial or other incentives to persuade potential enrollees, including promotional items or any gifts
<b>Must</b> provide NY Medicaid Choice's phone number and hours of operation on all marketing materials	Any marketing of Medicare Advantage or Part D plans to current FIDA members
Long term care facilities may provide brochures with FIDA eligibility criteria and information about each plan with which the facility contracts	Distributing FIDA marketing materials to current Medicare Advantage or Part D plan members (these individuals will receive info from NY Medicaid Choice)
Mailings and print media marketing campaigns so long as they include NY Medicaid Choice's contact information	Unsolicited calling, e-mailing, or home visits to potential plan members
Use of marketing materials approved by New York State Department of Health	

# Where to find information

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## ❖ **New York Medicaid Choice**

- 855-600-3432
- <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



# Medicare Interactive

## ❖ Medicare Interactive

- [www.medicareinteractive.org](http://www.medicareinteractive.org)

## ❖ Web-based compendium developed by Medicare Rights to be used as a counseling tool to help people with Medicare.

- Easy to navigate
- Clear, simple language
- Answers to Medicare questions and questions about related topics, for example:

“How do I choose between a Medicare private health plan (HMO, PPO or PFFS) and Original Medicare?”

- 1.5 million annual visits and growing

# Dear Marci e-newsletter

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- ❖ Timely, understandable answers to Medicare questions
  - ❖ Links to deeper exploration of topics
  - ❖ Additional resources and health tips
  - ❖ Released every two weeks
- Sign up on our website:  
[MedicareRights.org/about-mrc/newsletter-signup.php](http://MedicareRights.org/about-mrc/newsletter-signup.php)

# Medicare Rights University

- ❖ Web-based curriculum that empowers professionals to better help their own clients, patients, employees, retirees, and others navigate Medicare
  - Beta tested with 30+ companies and nonprofits
- ❖ Four levels with four to five courses each
- ❖ Courses organized by knowledge level
  - Free assessment
- ❖ Quizzes and downloadable course materials
- ❖ Builds on 25 years of Medicare Rights Center counseling expertise
- ❖ For details, visit [MedicareRightsUniversity.org](http://MedicareRightsUniversity.org) or contact Scarlet Watts: 212-204-6285 , [swatts@medicarerights.org](mailto:swatts@medicarerights.org).

# Medicare Rights University

HOME ABOUT COURSES GLOSSARY RESOURCES

LOGIN REGISTER



INITIAL ASSESSMENT

USER'S GUIDE

COURSE CATALOGUE

FREE TRIAL

## WELCOME TO MEDICARE RIGHTS UNIVERSITY!

The screenshot shows a video player interface. At the top, there is a navigation bar with links: Home, About, Course List, Webinars, Glossary, Store, Register, and Logout. The main content area displays the title "Level 1 Course 1: Health Insurance Terms" and a brief description: "This course will go over commonly used insurance terms, so that you can begin to understand the language of health insurance and Medicare. This course will also go over helpful health care terms that you may find useful in future Medicare courses. These terms are helpful to know, especially when discussing Medicare coverage of health care services." Below the text is a video player showing a slide with the Medicare Rights University logo and the text "Level 1: Medicare Basics Course 1: Health Insurance Terms". The video player has a progress bar at the bottom showing 02:23 / 03:13. Below the video player, there are sections for "Course Materials" (Level 1 Course 1 Slide Deck) and "Supplementary Materials" (Health Terms Handout). A red box highlights the link "Apply What You've Learned Handout". On the right side of the video player, there is a search bar and a list of courses: Medicare Basics, Understanding Medicare Options, Medical Training Facility (MFL) Care, Medicare Appeals, Medicare Prescription Drug Coverage (Part D), Extra Help for People with Low Income, Medicare Savings Programs (MSPs), Waiver Health Care, and Respite Care.