



Dual Eligible Initiative

February 16, 2012



Care Management for All

- New York State is moving toward providing integrated services and care management for all Medicaid recipients.
- For dual eligibles must include both Medicare and Medicaid services.
- Will initiate this movement this summer with mandatory enrollment of those who need care management most – those in need of long term community-based services into MLTCPs and CCMs.



Next Steps

- Department currently has a Dual Integration Planning Contract with CMS to develop a demonstration program.
- Application due to CMS in April 2012.
- If approved, will begin to integrate care and provide care management for all duals in phases, starting with those in receipt of community based long term care services.
- Intend to include other populations over time.



Proposed Dual Demonstration Outline

- Beginning January 1, 2014, dual eligibles in Phase 1 and 2 (NYC and Nassau, Suffolk and Westchester) of the Managed Long Term Care/CCM rollout would be passively enrolled in a Medicare plan – preferably one that is linked to the long term care plan. (Other states will begin their demonstration in January 2013.)
- CMS and DOH will need to approve plans to participate in the demonstration.
- Many of the inconsistent rules between Medicare and Medicaid will be aligned through a three-way agreement (e.g. enrollment/disenrollment/ grievance and appeals).



(continued)

Demonstration Outline

- Individuals who are passively enrolled will have the ability to opt out of the Medicare plan if they choose.
- The plans participating in the demonstration will be required to cover a comprehensive benefit package that includes:
 - *Medicare services, including Part D*
 - *Medicaid services, including all long term care*
- Behavioral health services could be provided through the plan or contracted Behavioral Health Organization.



Key Dates in New York's CMS Demonstration Medicare Timeline (Draft)

- November 2012 Notice of Intent to apply for Medicare plan to CMS.
- February 2013 – Medicare application (including network due to CMS).
- June 2013 – Submit proposed benefit package.
- June-September 2013 – Plan selection complete.
- August-September 2013- Readiness reviews and plans finalize policies and procedures.
- September 20 2013 – Three way contracts.
- October 1, 2013 – Beneficiary notification with opt out.
- January 1, 2014 – Demonstration start.