

FIDA Workgroup

Outreach / Enrollment / Consumer Engagement

Friday, September 14, 2012

1:00 p.m. – 2:00 p.m.

Call summary

On Friday September 14, 2012, NYSDOH held its first of three FIDA Outreach/ Enrollment/ Consumer Engagement Workgroup meetings for stakeholders. Following is a summary of the meeting discussion.

Attendees

NYSDOH requested that all meeting attendees that were not on the original attendance list to email Laurie A. Arcuri (laa03@health.state.ny.us) from NYSDOH to indicate participation on the call to ensure that future materials from the workgroup are received.

Overview of FIDA and Workgroup Charge

NYSDOH provided an overview for the workgroup members to the FIDA proposal and the important involvement of stakeholders in shaping the details of the FIDA program as negotiations occur between NYS and CMS. To date, NYSDOH has not received feedback from CMS on the FIDA proposal and have not begun negotiations with CMS; however, NYS is not slated to begin the demonstration until 2014 which leaves ample time for negotiation to occur. At the end of this call summary is a copy of the FIDA overview document that was distributed to workgroup members prior to the call.

NYSDOH has established four stakeholder workgroups as part of the FIDA proposal, each with its own separate charge. The four workgroups are:

- **Finance/Rate Setting.** Charge: to provide feedback related to capitalization; solvency; reserves and rates
- **Outreach/Enrollment/Consumer Engagement.** Charge: to provide feedback related to beneficiary protections, participation and service benefits (including but not limited to): Plan Choice; Continuity of Care; Enrollment Assistance and Options Counseling; Person-Centered Planning; ADA and Civil Rights Protection; Enrollee Communications; Marketing; Education and Enrollment Process
- **Navigation/Appeals/Grievances.** Charge: to provide feedback related to integrated appeals and grievances (including but not limited to): Plan grievances and internal appeals; External Appeals; Enrollment and Disenrollment Processes; Member access and communication supports; Customer service standards; and Member Ombudsman
- **Plan Qualifications/Quality Metrics.** Charge: to provide feedback related to plan selection and quality metrics (including but not limited to): Plan Selection Process; Network Adequacy; requirements for Integrated Services, Assessment, Care Planning

and Management; Credentialing; Model of Care; and Core Demonstration Measures with focus on NCQA/HEDIS/AHRQ/CAHPS/NQF

Review of Known CMS Standards for Navigation/ Appeals/ Grievances

Since NYSDOH has not received feedback from CMS yet on the FIDA proposal, NYSDOH provided an analysis of the MOU that was created between Massachusetts (MA) and CMS so the workgroup members could see some issues that were raised and provide a structure to target comments. NYSDOH provided some context for the MA MOU, including the following:

- Age group in MA project is 21-64 (versus 21 and older in NYS's proposal)
- Strategy for plan selection in the MA document has been approved by CMS
- MA is providing a full range of services—behavioral, primary, LTC support, and pharmacy
- Pharmacy component is very different between MA and NYS and may not provide a good context to review
- Data system specification/interoperability section is also relevant to consider, given that expectations are higher because of the data exchange requirements of CMS in the demonstration

In addition to the MOU, a three-way contract will be developed between MA, CMS, and Health Plans which could provide another level of detail that the workgroup may want to take into consideration.

Workgroup Discussion

Enrollment—General and Passive Enrollment. Currently it is envisioned that the FIDA process for enrollment for members already in a MLTC plan would be that the eligible member would receive information on the FIDA plans that are available. If the current MLTC plan has a FIDA plan as well, it would be possible for the member to stay within plan if desired, though person would have a choice. If the member does not make a choice they would be passively enrolled into a FIDA plan with their current MLTC plan.

Participants discussed passive enrollment assessment, specifically if a plan would have to do a new/additional assessment at the time of transition to a FIDA plan, or would they just need to reassess at the member's next assessment date. Some participants felt that a passively enrolled member moved into FIDA within the existing plan would have their care management plan go with them and transitioned between care management teams; therefore, it would be reasonable to reassess at next assessment date provided the care management team has adequate information. Other participants suggested that you would need to reassess upon transfer within plan, given that the FIDA plan will have different services. Participants responded to this suggestion stating that since the member is already within the plan, they would already be aware of the services they need and would automatically put them in once they become a covered benefit. Participants agreed that if a member moved to a new plan, then a new assessment would need to be conducted when transferred to the new plan.

Participants sought clarity on the plan application process, specifically if there would be a new application, would it be one or two applications, and if a member is passively enrolled would a full application need to be completed.

It was discussed that a fair hearing process would have to be available to members if they are moved to a new plan and the member did not like the plan. Participants agreed that a clearer definition of passive enrollment would be desirable.

Continuity of care. The workgroup members strongly support the MLTC language (specifically the 60-day transition period, reassessment in that period, transition period does not arbitrarily extend indefinitely). Workgroup members did not think a 90-day period was necessary as indicated in the MA MOU. One participant suggested establishing an evaluation period for the time period so that it could potentially be adjusted based on experience gathered in 2013 when mandatory managed care gets implemented. Participants stressed the importance of ensuring providers have the opportunity to contract with plans to ensure continuity of care, as well as ensuring that enrollees understand their rights. This is particularly important for members who have recently transitioned into a managed care plan and then are transitioned again into a FIDA plan.

Enrollee assistance and options counseling. One workgroup member who is familiar with MA duals demonstration project volunteered to send the MA plan to the group. It was suggested that FIDA coordinate with Health Insurance Counseling and Advocacy Program (HICAP) to educate members regarding enrollee assistance.

Person-centered planning. Workgroup members did not have anything to add regarding this topic; will revisit in a future session.

ADA and civil rights protection. NYSDOH will contact Susan Dooha at CIDNY to see if it is possible to obtain and circulate to the workgroup the information she has compiled on ADA compliance.

Enrollee communications. Workgroup members wanted to ensure that communications were comprehensive and clear regarding member rights and responsibilities. One set of requirements and process to create notices is desired, as well as the need for communications to be standardized and have consumer advocacy input.

Marketing. The workgroup requested a crosswalk of Medicare and Medicaid marketing guidelines for consideration.

Next Steps

NYSDOH will provide links to relevant current NYSDOH documents to workgroup participants prior to the next meeting, as well as any information provided by participants. The agenda and any pre-work for the workgroup participants will also be provided prior to the next meeting.

Future session dates and times

Workgroup call #2: Tuesday, October 9 from 1-3pm

Workgroup call #3: Thursday, October 25 from 1-3pm

Overview

NYSDOH Demonstration Proposal to Integrate Care for Dual Eligible Individuals

Fully- Integrated Duals Advantage (FIDA)

Managed Care Model – Fully-Integrated Dual Advantage (FIDA)

New comprehensive managed care option that is specifically tailored to meet the complex needs of New York's full dual eligibles. Through Fully-Integrated Duals Advantage (FIDA) program, full dual eligibles who require 120 or more days of Long-Term Supports and Services (LTSS) would be provided the entire range of Medicare and Medicaid services as well as an extensive list of LTSS many of which were previously only available in New York State's Home and Community-Based Services Waiver programs.

Through the FIDA program, full dual eligibles would be provided with features such as, but not limited to:

- Seamless access to all physical health, behavioral health, and LTSS;
- A choice of plan and a choice of providers, with choices being facilitated by an independent, conflict-free Enrollment Broker;
- Care planning and care coordination by individualized interdisciplinary teams that are centered around each dual eligible;
- Consumer direction for personal care services;
- An independent, conflict-free, Participant Ombudsman to aid in any questions or problems the Participant has;
- Continuity of care provisions to ensure seamless transition into one's FIDA plan;
- Articulated network adequacy and access standards; and
- New Health Education and Wellness benefit.

Background

Qualifying Plans and Governing Rules

While NYSDOH is building the FIDA program requirements from the program requirements for the MAP program, it will, however, contract with MLTC plans in the demonstration service area that are in operation in 2013, that obtain CMS approval to be a Medicare Advantage Plan for 2014 and that are able to meet the requirements of the FIDA program. The MLTCPs are approved to operate based on the Department's review of their compliance with the MLTC programmatic requirements including a strong care management component, having an adequate contracted network to provide benefit package services, having adequate capitalization and solvency as well as meeting the Public Health Law's requirement for character and competence of the governing body and controlling persons.

For the FIDA OPWDD program, one to three qualifying plans with a history of high-quality care coordination for people with developmental disabilities will be selected to participate. Eligibility to apply to be an OPWDD FIDA plan is further dependent upon the entity being approved to operate as an MLTCP under the authority of NYSDOH during CY 2013. NYSDOH and OPWDD are pursuing state regulatory and legislative changes to support the establishment of specialized MLTCPs in 2013 for this demonstration.

Participating plans will be required to comply with all Medicare Advantage and Medicaid MLTCP requirements except to the extent that NYSDOH has obtained waiver of applicable provisions. FIDA plans will also be required to comply with all applicable New York State laws and regulations, and all additional requirements contained in the three-way contract being developed by CMS and NYSDOH/OPWDD.

Additionally, NYSDOH will pursue a waiver from CMS to permit any PACE plan that is able to meet the FIDA requirements to participate in the FIDA program.

Description of the Target Population

As of December 2010, there were 755,067 dually eligible Medicare/Medicaid recipients in New York State. Many of New York’s dual eligibles are vulnerable, disabled, frail adults with chronic medical conditions who are significantly functionally impaired and/or have complex mental health and LTSS needs.

The target population for this demonstration is:

- FIDA - 123,800 full dual eligibles in the **eight counties** of Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester who: 1) Are age 21 or older; 2) Require community-based long term care services for **more than 120 days**; 3) Are not receiving services through the OPWDD system; and 4) Are not receiving services in an OMH facility.
- FIDA OPWDD – up to 10,000 full dual eligibles **statewide** who: 1) Are age 21 and older and 2) Are receiving services through the OPWDD system; and 3) Are not receiving services in an OMH facility.

Dual eligibles in the 8 county service area	Overall	Individuals receiving LTSS in institutional settings	Individuals receiving LTSS in HCBS settings
Overall total	460,109	54,164	123,880
Individuals age 65+	356,256	49,420	110,102

Individuals under age 65	103,853	4,744	13,778
Individuals with serious mental illness	75,956	20,796	21,112

Geographic Service Area

The FIDA Program will operate in the eight contiguous New York counties of Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester. 123,880 full dual eligibles who met the enrollment criteria reside in this service area. This service area was selected because it contains extensive provider and plan capacity.

The FIDA OPWDD Program will be available statewide but selected plan(s) will operate in discrete regions of the state based on the network scope and capacity. Up to 10,000 full dual eligibles who receive services through the OPWDD system will participate in this program.