Fully-Integrated Duals Advantage (FIDA) Stakeholder Workgroup

Outreach / Enrollment / Consumer Engagement

Tuesday, October 9, 2012
1:00 p.m. – 2:40 p.m.

Call summary

On Tuesday, October 9, 2012, NYSDOH held the second of three FIDA Outreach/ Enrollment/ Consumer Engagement Workgroup meetings for stakeholders. Following is a summary of the meeting discussion.

I. Review of meeting summary from previous call

NYSDOH asked if the workgroup members had any feedback on the meeting summary from the prior workgroup meeting, which was provided with this call's meeting materials. One participant asked for clarification on the use of the term "application" in the enrollment section of the summary. Workgroup members said it was used in the context of selecting plans to participate in FIDA if an RFA process was used, not related to passive enrollment. Clarification will be made to the call summary.

II. Discussion of ADA Compliance Issues

Susan Dooha provided the workgroup with an overview of an analysis she completed regarding ADA compliance plans submitted by health plans to the state. Key criteria examined included that health plans had: 1) Staff trained on ADA compliance plans and on how to interact with members in a constructive and respectful way; 2) Provider networks that were able to comply with ADA; and 3) Members understood that they could file complaint.

The analysis found that many plans showed general confusion regarding what members should do regarding ADA, and that plans repeated the ADA guidelines rather than giving guidance (i.e., illuminating accommodations and processes for the member). Serious issues that were identified and need remedy included: 1) Plans did not have procedures for tracking/recording accommodation requests and disposition of requests; 2) Plans did not provide notice regarding right to accommodation (some did but just for hearing/vision); 3) Plans did not provide detailed guidance regarding how to ask for accommodation, who would handle requests, and how decisions would be made and recorded; 4) Plans did not adequately address people with multiple disabilities; 5) Plans had no information on psych or learning disability and how they would be accommodated; 6) Plans had narrow spectrum of accommodations described and a lack of recognition that accommodations are individualized; 7) There were no plans for training of staff/front line staff; and 8) Plans did not provide mechanisms to provide notice to members regarding right to complain outside of plan. To effectively remedy, some issues would fall to the State and some would fall to plan; however tremendous opportunity exists to work with and engage the community to address issues.

Susan made the following suggestions regarding ADA compliance considerations for FIDA:

- State provides model compliance plans, handbook language, and education of personnel involved with ADA compliance
- Work with disability community to develop model handbook
- Require plans to provide training on ADA compliance plan and identify specific personnel responsible for compliance
- Training for administrative law judges and plan personnel that work with appeals and grievances
- Develop brochure that would aid plans in communicating with enrollees

The workgroup then discussed the information. Discussion points included:

- **Current grievance notices.** A participant mentioned that most grievance notices inform the member that at any time they can complain outside of the plan and provide contact information to do so. Susan agreed but said that they specifically should have a disability avenue.
- **Connect ADA with consumer communications.** Trilby de Jung suggested that NYSDOH should assist plans to make communications clear, accessible and customized. Trilby will provide the workgroup with a link to a CMS Toolkit that is very comprehensive and worthy of consideration.
- **Freedom of Information Act (FOIA) requests.** Valerie Bogart mentioned that it is difficult to help the Department and suggested improvements if FOIA requests are needed to obtain documents. NYSDOH stated that they can make available items that are FOIA eligible.
- **Workgroup to improve notices.** A participant requested that NYSDOH convene a workgroup to improve notices. NYSDOH said that resources would have to be identified to support a new workgroup.
- **Cost to support implementation.** Rose Duhan asked if any cost analysis was done regarding Susan's recommendations, and if there are any available funding sources to implement suggestions. Susan said cost was not analyzed; however, ADA has been in effect for 22 years and that the cost would not be so high relative to plan's budgets overall.
- **Plan collaboration.** Erika Ange stated that this is a great area for potential collaboration, and that groups of plans working on the issues together would be ideal. She suggested that there might me some creative ideas in the MA proposal that would be worthy to consider.

Finally, Susan stated that she would provide the workgroup with a report regarding ADA compliance in CA that would be relevant to the group.

III. Review of CMS "Preferred Requirement Standard"

NYSDOH sent out a link to a resource for the committee to review regarding CMS preferred requirement standard. The workgroup discussed the issue, summary provided below.

- **Passive Enrollment.** Valerie suggested that there be a voluntary opt-in enrollment process rather than opt-out, even if just in the first year. Valerie also urged that "intelligent assignment" also be used to minimize impact on primary care relationships. She stated the FIDA proposal planned to have passive enrollment for those in MLTC; however, she thinks that there is no basis to assume that this would assure continuity of care because the benefits packages are different. Rebecca Novick stated that pushing off the opt-out may be helpful in the first year relative to tracking the consequences/ impact of the program on the population. David Silva added that as part of the demonstration project allowing voluntary enrollment in the beginning allows plans to work out the kinks before a more "heavy handed" approach. Preferred requirement standards from CMS seem to permit it as an option.
- **Medicare Advantage population.** One participant requested data on the Medicare Advantage population, mentioning it would be helpful because perhaps enrollment could begin with people who are used to a managed care environment. NYSDOH said they are looking for the data and are working with CMS to try and obtain it. Workgroup members can contact CMS directly to request the data as well. David suggested that perhaps passive enrollment should begin with duals already enrolled in Medicare Advantage, since they have a less intense need for services and would not be a large change to the member because they are already used to managed care.
- **Continuity of care and passive enrollment.** Karl Dehm stated that it is important to link people to FIDA where they had previously received managed care services. Members have relationships with not just providers but also plan-based care managers and personal care managers and it is important to preserve the relationship if possible and preferred by member. Plans will also have to build a Medicare provider network so a year grace time will give plans time to do so.
- **Other issues.** Trilby requested an online plan comparison tool for FIDA plans. Valerie would like to consider special enrollment periods and retroactive disenrollment periods, along with standards for decisions and a defined arbiter.

IV. Discussion of Marketing Guidelines in Partial MLTC Plans

NYSDOH provided the workgroup with a partial cap contract for reference for the marketing discussion.

- **Difference in marketing between Medicare and Medicaid.** Karl Dehm stated that there are significant differences in marketing rules. Most significant from his perspective is that Medicare does not allow the plan to take referrals from a provider (i.e., a member has to contact the plan; the plan cannot call the member based on referral). In MLTC, a plan can market to providers and then providers identify leads to the plan for follow up. Karl thinks that the MLTC process is more appropriate for the FIDA population, and that merging the

two marketing policies will not work. Karl will outline some of the differences for the group in writing to be distributed prior to the next call.

- **Enrollment agent vs. sales agent.** Participants stated that a licensed agent must do enrollment for Medicare. In MLTC, a nurse must do an assessment with enrollment. Pat Moore stated that in the PACE model a nurse does enrollment and assessment for both Medicare and Medicaid and suggested that FIDA should do the same. A participant also pointed out that a broker's training is in marketing and products, and that if there are a lot of plans there may still be a need for brokers to help people understand plan choices. Sales agents cannot adequately substitute for brokers, since they cannot be fully objective. Sales agents and brokers would not be qualified to do an assessment, which is needed to understand the member's needs in order to help inform plan selection.
- **Marketing materials.** David urged a much stronger prior review process for marketing materials, with detailed review. Model notices would provide clarity and save a lot of review time. While NYSDOH staffing is limited, it does not prohibit examining options such as templates, models, etc., to implement to address this suggestion.
- **Other issues.** Valerie experienced that there is a "hard sell" on the part of the plans, which should be monitored. Carol Santagelo noted that consequences for marketing irregularity should be included for marketing activities, materials, and marketing plan itself.

V. Wrap Up/Next Steps

Members that indicated they would provide materials should do so as soon as possible to Laurie A. Arcuri (laa03@health.state.ny.us) in order to disseminate prior to the next work session scheduled for **Thursday, October 25 from 1-3 pm.**

For the next agenda, workgroup members agreed to discuss an integrated patient bill of rights, especially sections related to consumer protection and education. Another member suggested discussing a limitation on plan choices from any one company in order to standardize offerings and not overwhelm consumers and advocates with multiple plans from one company.

During the wrap up a workgroup member asked about the future of the workgroups. NYSDOH stated that since negotiations with CMS have not begun, these sessions are information gathering meetings. As FIDA moves forward, workgroups will be reconvening. Another participant asked if there were any workgroups related to FIDA and Health Home. NYSDOH stated they would check with Greg Allen.

Websites for the group to explore:

- State Demonstrations to Integrate Care for Dual Eligible Individuals: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.html

- State Model Contract:
http://www.health.ny.gov/health_care/managed_care/mltc/pdf/mltc_contract.pdf

- Marketing Guidelines – State Model Contract:

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c03.pdf