

Caregiver Outreach Series, December 2014

Medicaid Changes in 2015

Your loved one may soon get mail about a new type of health insurance called a “Fully Integrated Dual Advantage Plan” (FIDA plan). Your loved one’s health insurance will change in 2015 if this mail is ignored. This change will only affect residents of New York City, Westchester, and Long Island who are enrolled in Managed Long Term Care plans (MLTC plans) and Medicaid Advantage Plus plans (MAP plans).

This newsletter explains how to help your loved one decide whether to enroll in a FIDA plan. If you wish to get further news for caregivers on Medicaid in New York, please email:

ny-medicaid-caregivers+subscribe@googlegroups.com

Here, we review:

- The new FIDA program, features of the program, and how it will affect your loved one’s care
- How to opt out of FIDA if your loved one does not wish to change
- Guidance on how to select a FIDA plan if your loved one does wish to change

What is an MLTC plan? How can I tell if my loved one is enrolled in one?

MLTC participants have a card like this, and a New York State “Benefit” card
 (These are 7 of the 25 plans available in NYC; see last page for complete list)

<p>Guildnet MLTC Plan Jane Doe Member ID: 123456</p>	<p>Senior Health Partners MLTC Plan John Doe</p>	<p>HomeFirst (ElderPlan) MLTC Plan John Doe</p>
<p>Fidelis Care at Home MLTC Plan John Doe Member ID: 123456</p>	<p>WellCare MLTC Plan Jane Doe Member ID: 123456ABC</p>	<p>VNS CHOICE MLTC Plan John Doe Member ID: 123456ABC</p>

Since 2012, most adult residents of New York State who receive all of the following benefits have had to enroll in Managed Long Term Care plans (MLTC plans), or Medicaid Advantage Plus plans (MAP plans):

- Medicare
- Medicaid
- Long term care services

MLTC plans provide: home care, adult day care, dental care, eyeglasses/optometry, transportation to doctors, medical supplies, hearing aids/audiology, and other Medicaid services. In 2015 these plans will also provide nursing home care. **They do not cover doctors, lab tests, hospital care, and prescription drugs. MLTC plan participants access these benefits through Medicare.**

How do I know if my loved one is enrolled in Medicare?

Generally, senior citizens and many people with disabilities have Medicare. They have an option of how to access Medicare services.

The first option for receiving Medicare is from the government. This is “original Medicare.” People who use original Medicare must have drug coverage. They get drug coverage through private Medicare Part D plans.

They may also have extra health insurance. This could be in the form of a Medigap policy. These extra health insurance policies are offered through private companies.

Extra private health insurance may also be available to your loved one as a benefit from prior employment. This too, would serve as a supplement to Medicare.

Participants in original Medicare have at least 2 insurance cards (3 cards if they have supplemental insurance).



The second option for receiving Medicare is through a private plan known as a Medicare Advantage plan. These plans cannot be supplemented by Medigap policies, but usually include drug coverage.

There are more than 90 Medicare Advantage plans serving New York City, Long Island, and Westchester. (Example for illustration only, not endorsed.)

EmblemHealth High Option VIP
 Medicare Advantage w/MedicareRx
 John Doe
 Member ID: 123456ABC

It may not be clear from the insurance card whether your loved one is insured under Medicare. Call the plan and confirm if your loved one is enrolled in a Medicare plan (the plan’s phone number is usually found on the card itself). You can also call **1-800-Medicare** to check your loved one’s Medicare benefits.

Regardless of how one receives Medicare services, MLTC participants have 2 additional cards: a Medicaid “Benefit” card and a card for the MLTC plan. This means your loved one can have up to 5 insurance cards total!

What is a MAP Plan? How can I tell if my loved one is enrolled in one?

“Medicaid Advantage Plus” plans (MAP plans) combine Medicaid benefits AND Medicare benefits, AND offer long term care services. This means that MAP plans DO cover doctors, lab tests, hospital care, and prescription drugs, unlike MLTC plans. As you will see below, this makes MAP plans sound very similar to FIDA plans, but FIDA plans offer some features not offered by MAP plans. (Example for illustration only, not endorsed.)

HealthFirst Assured Care
Medicaid Advantage Plus
(Dual HMO SNP)
John Doe
Member ID: 123456ABC

Note: the card associated with a MAP plan may not state that it is a MAP plan. Rather, the card may say “Dual-SNP,” for “Special Needs Plans for Dual Eligibles” (“Dual-eligible” is a term used to describe people who have both Medicare and Medicaid).

Only 5% of people with Medicare & Medicaid long-term care are in MAP plans—the rest are in MLTC plans. Many companies sponsor both an MLTC and MAP plan. Confirm with the plan which type your loved one is in.

How are services changing for MLTC and MAP participants?

Your loved one will receive letters from the Department of Health or its contractor NY Medicaid Choice, explaining new FIDA plans. FIDA will be an option in downstate New York only, in two regions:

- (1) NYC and Nassau County;
- (2) Westchester and Suffolk Counties.

FIDA has no premiums or copayments, but consumers who have surplus income under Medicaid (also known as “excess income” or a “spend-down”) will still have a surplus.

There will be 22 plans to choose from. All must offer a Medicare Advantage plan, Part D drug coverage, an MLTC plan, and all other Medicare and Medicaid services. Members will get all of these benefits under one health plan, with a single insurance card. Each plan will have a unique provider network, and its own drug list (called a “formulary”). (Example for illustration only, not endorsed; See last page for list of FIDA plans.)

*Watch the mail starting in
December 2014.*

*If your loved one does
nothing in response to the
notices from Department of
Health/NY Medicaid Choice,
your loved one will be
automatically enrolled in a
FIDA plan—this is called
“passive enrollment.”*

Healthfirst AbsoluteCare FIDA Plan
(Medicare=Medicaid Plan)
John Doe
Member ID: 123456ABC

How and when will these changes happen?

Your loved one will get one notice per month over the course of 4 months from the Department of Health/NY Medicaid Choice. The month in which these mailings will start depends on the region that your loved one lives in, as explained below.

If your loved one lives in NYC or Nassau County, these dates further vary according to date of annual Medicaid renewal. If your loved one is an SSI recipient, then these dates will vary based on your loved one’s birthday

month. **For the sake of simplicity, watch the mail starting December 2014.**

If your loved one does nothing in response to the notices from Department of Health/NY Medicaid Choice—does not OPT OUT—your loved one will be automatically enrolled in a FIDA plan. This is called “passive enrollment.”

First, there will be an announcement notice offering the option to enroll in FIDA voluntarily. This will be followed by three more notices, counting down—one at 90 days, 60 days, and 30 days—one notice per month, until the passive enrollment date. Companies offering a FIDA option can call your loved one and urge them to enroll by phone. **If your loved one has Alzheimer’s disease, or a related dementia, you may need to intervene. Likewise, if English is not your loved one’s preferred language, you may need to intervene.**

In NYC and Nassau County, anyone who does not “opt out” of FIDA or choose their own FIDA plan will be “passively enrolled” into a FIDA plan on April 1, 2015 or one of the next 3 months.

In Westchester and Suffolk Counties, the passive enrollment date for all is July 1, 2015.

If your loved one chooses to enroll in a FIDA plan, and does so voluntarily prior to the passive enrollment date, enrollment is effective the first of the following month (e.g., enrollment 2/10/15 is effective 3/1/15).

Is anyone excluded?

Certain populations will not be passively enrolled in FIDA.

People who live in Medicaid Assisted Living Programs are excluded.

People receiving hospice care are excluded.

People enrolled in certain “waivers” are also excluded:

- Office of People with Developmental Disabilities
- Traumatic Brain Injury

FIDA rollout timeline with times that you should start monitoring your loved one’s mail for notices		
Check the mail for:	Starting in the 5 boroughs of NYC and Nassau County on...	Starting in Westchester and Suffolk Counties on...
Announcement	Dec. 1, 2014	Mar. 1, 2015
90 Day Notice	Jan. 1, 2015	Apr. 1, 2015
60 Day Notice	Feb. 1, 2015	May 1, 2015
30 Day Notice	Mar. 1, 2015	June 1, 2015
Passive enrollment starts unless loved one opts out	Apr. 1, 2015	July 1, 2015

What are the possible risks of FIDA?

Limited provider networks. For consumers who have not been enrolled in managed care plans before, FIDA could present a challenge. These consumers will not be accustomed to narrow provider networks. This will be most common among people in original Medicare.

The FIDA plan will only need to cover all of your loved one's providers for the first 90 days after enrollment. After that, your loved one's coverage will be limited to doctors covered by the plan. If interested in FIDA it is crucial that you help your loved one compare plans to see which plans cover your loved one's providers.

Limited drug coverage. Your loved one's drug coverage will be limited to medications covered by the plan. The FIDA plan will only cover all of your loved one's medications for the first 90 days after enrollment. Beyond 90 days, the plan will only cover those drugs in its own formulary. If interested in FIDA it is crucial that you help your loved one compare plan drug formularies to see which plans cover your loved one's medications.

Medigap coverage disenrollment. If your loved one currently has a Medigap policy and Medicaid, it is because your loved one had the Medigap policy before enrolling in Medicaid. Otherwise, a Medicaid beneficiary cannot have a Medigap policy.

If your loved one has a Medigap policy your loved one will have no need to keep the policy under FIDA. This is because FIDA promises full coverage. As a result, your loved one may be tempted to disenroll from her Medigap coverage. However, if your loved one disenrolls from Medigap, and then disenrolls from FIDA, but still needs Medicaid, it will be

difficult to then resume coverage under the Medigap policy.

Loss of employer-sponsored health coverage for your loved one or dependents.

Individuals who have health insurance coverage under a retirement plan are excluded from passive enrollment. However, these individuals can still choose to enroll in FIDA voluntarily.

If your loved one has coverage as a retiree, and has any dependents who also have coverage under the policy, enrollment in FIDA could mean terminating coverage for your loved one and any dependents. Whether this is a risk depends on the terms of the policy itself. You must call the retiree plan to find out.

Does FIDA enrollment come with any benefits or protections?

No copayments or deductibles. Your loved one cannot be charged copayments or deductibles under FIDA, including for Part D drugs. Your loved one will also not have a Medicare Part B premium (this is typically deducted from Social Security). However, your loved one will continue to be billed for the Medicaid Spend-down (called a "NAMI" in nursing homes).

Interdisciplinary teams (IDT). FIDA plan care decisions must be made by an interdisciplinary team ("IDT") including your loved one, a representative of your loved one's choosing, certain doctors, your loved one's home care aide, and the FIDA plan's care manager. IDT decisions cannot be modified by the FIDA plan outside of the IDT itself, and are appealable by your loved one, representatives, and providers.

Disenroll at any time. Your loved one can disenroll from FIDA at any time and return to

Original Medicare or Medicare Advantage, with MLTC for long term care. Disenrollment should be effective the 1st of the month following disenrollment, but in some cases could take until the 1st of the second month following the time of disenrollment.

Integrated appeal process. New York will have a new appeal system for FIDA plans. Adverse notices (service reductions, terminations, or denials) will look the same regardless of the type of service at issue. Under this system all appeals will look the same regardless of whether the service at issue is a Medicare service or a Medicaid service. You and your loved one do not have to navigate Medicare and Medicaid bureaucracies.

The appeal process for Part D drug coverage, however, will largely remain the same.

Aid continuing. If a service is reduced or terminated, and your loved one requests an appeal within 10 days of the date on the notice, your loved one can request “aid continuing.” This means that the service must be maintained at the current level pending the outcome of the appeal. This is only available for requests for appeal made on time.

Four levels of appeal. There are four levels of appeal in FIDA plans. Aid continuing can continue through the first three levels if requested on time. In order, appeals are to:

- (1) The plan
- (2) State’s integrated hearing officer
- (3) Medicare Appeals Council
- (4) Federal district court

Ombuds program. New York State has created an Ombuds program dedicated to assisting and advocating for consumers navigating FIDA, including appeals of service

denials. **The ombuds program will also be available to consumers who remain in their MLTC plans and opt out of FIDA.**

“**ICAN**” FIDA OMBUDS 1-844-614-8800
<http://icannys.org>

My loved one is not interested in FIDA, what can I do?

You must help your loved one opt out; if you ignore the mailings and do nothing your loved one will be automatically assigned to a FIDA plan. Enrollment in a FIDA plan is not mandatory, but it is compulsory if your loved one does nothing. People who do not wish to participate must **OPT OUT** of FIDA. Nothing will change for those individuals who opt out. These individuals will simply keep their current coverage—whether an MLTC or MAP plan, Original Medicare or Medicare Advantage plan—and can continue seeing their current providers and taking their current medications.

After the Announcement letter is sent in your region (see timeline above), you can call NY Medicaid Choice to opt out:

1-855-600-FIDA (3432)
TTY: 1-888-329-1541

Monday–Friday:
8:30 am–8:00 pm

Saturday:
10:00 am–6:00 pm

My loved one is interested in FIDA, what can I do?

Help your loved one choose a plan. MLTC members who wish to participate in FIDA can select a plan.

If you do nothing, your loved one will be automatically assigned to a FIDA plan. If you do nothing, the State will automatically enroll your loved one in a FIDA plan. Most—but not all—people will be assigned to a FIDA plan connected to their current MLTC or MAP plan, so they can keep their home care providers.

How do we choose a FIDA plan?

Compare, compare, compare! There are 22 FIDA plans to choose from (see chart below). Your loved one deserves thorough and sensitive support in all health and long term care decisions. Diligence is key. FIDA plans promise simplicity for consumers, and certain desirable benefits, like no premiums and no copayments. However, all FIDA plans are required to share these characteristics. Enrolling in a plan for these promises, alone, without considering your loved one's needs, could be detrimental.

If your loved one wishes to join any FIDA plan you should review plan literature to determine whether her doctors and drugs, and other needed treatments, are covered by the plan that you are considering. Do not assume that all of your loved one's doctors will be covered by a FIDA plan offered by the same company that administers your loved one's MLTC plan. These doctors may accept only Original Medicare and not a Medicare Advantage or FIDA plan.

You must check what doctors are covered by each FIDA plan that you are considering. You must also check what medications are covered

by each FIDA plan that you are considering. It is unwise to enroll in a plan that refuses to allow you or your loved one the chance to compare this information.

What if my loved one is in a nursing home during the FIDA rollout period?

This depends on whether they have been long-term residents or are first going into a nursing home in 2015.

People who were in nursing homes as permanent residents with care paid for by Medicaid before January 1, 2015, *may* join a FIDA plan, but do not have to do so. If they choose to enroll, FIDA plans cannot force them to move. They will not be passively enrolled into FIDA.

People who are first approved by Medicaid for permanent nursing home placement after January 1, 2015 will be passively enrolled in a FIDA plan on or after August 1, 2015. FIDA plans cannot force these individuals to move either.

They must contract with and pay the nursing home. Stay tuned for other changes—even if they opt out of FIDA, they may be required to join a MLTC plan to cover their nursing home care. This is still awaiting federal approval.

Can my loved one see doctors outside of the FIDA plan's network or take medications that are not in the FIDA plan's formulary?

Only during the 90-day transition period—for the first 90 days after enrollment, the FIDA plan in which your loved one enrolls

Do not assume that all of your loved one's doctors will be covered by a FIDA plan offered by the same company that administers your loved one's MLTC plan—most of these doctors are covered by Medicare, and have never been covered by the MLTC plan.

What should the investigation process look like?

must pay for ALL current home care, prescription drugs, and other services. This rule applies to ALL FIDA plans, it includes all doctors that are not within the plan's network, and it includes prescription drugs that are not within the plan's formulary.

It does not matter how your loved one enrolls—these transition rights apply whether your loved one does nothing and is “passively enrolled,” or enrolls voluntarily during the rollout period.

After 90 days, the FIDA plan will no longer pay for out-of-network providers, or for services or drugs that the FIDA plan decides are not needed. Before the 90-day transition period ends, the FIDA plan must assess your loved one. The plan must also give your loved one notice if it plans to reduce home care hours or other services. Your loved one will have the right to appeal, but the plan will not have to pay for out-of-network services.

Your loved one will not be locked into the FIDA plan; disenrollment from FIDA is permitted in all cases. If your loved one will lose providers by enrolling in a FIDA plan, it is possible to disenroll. Or your loved one can change to doctors or other providers in the FIDA plan's network. Vigilance is crucial because your loved one may not be scheduled to see each of her doctors during the transition period, so she will not realize that one or more of her doctors is out of network. Down the line, this could mean a big bill from any provider who is not in the plan's network. **Remember, disenrollment from FIDA will not restore your loved one's coverage under a Medigap policy or retiree health insurance coverage if your loved one disenrolled from that coverage upon enrolling in FIDA.**

Review your loved one's health insurance. Know what health insurance your loved one has. Beware of the risk of terminating current insurance, particularly if dependents are also covered under that insurance (see, “**Loss of employer-sponsored health coverage for your loved one or dependents**”).

Review all prescription drugs and doctors. Remember: after 90 days FIDA plans will not cover out of network doctors or non-formulary prescription drugs. Be sure to include those doctors that your loved one visits infrequently when comparing plans. Failure to do so could mean a big bill from the doctor later on.

Caregivers who divide up responsibilities must communicate with each other. Many families divide up the “work” of caregiving. For instance, one adult child may manage their mother's home care and medical care, while another may manage their mother's financial affairs. In families like this, it will be important for caregivers to be in constant communication about mail received. Passive enrollment into FIDA is one instance where your loved one cannot afford to discard a notice that may look like junk mail.

For more information on FIDA, or to opt out, call NY Medicaid Choice: 1-855-600-3432
<http://www.nymedicaidchoice.com>

For information or advocacy contact “ICAN” FIDA OMBUDS 1-844-614-8800
<http://icannys.org/>

LONG TERM CARE PLANS IN FIDA AREA – Which companies are offering FIDA plans?

COMPANIES	Offering MLTC and/or MAP Plans in...				FIDA PLAN?
	NYC*	Nassau	Suffolk	Westchester	
AETNA BETTER HEALTH	x	x	x		AETNA BETTER HEALTH FIDA
AGEWELL NEW YORK (PARKER JEWISH)	x	x	x	x	AGEWELL NEW YORK FIDA
ALPHACARE MLTC (MAGELLAN)	x			x	ALPHACARE SIGNATURE FIDA
AMERIGROUP/HEALTHPLUS	x				HEALTHPLUS AMERIGROUP FIDA
ARCHCARE COMMUNITY LIFE	x			x	ARCHCARE COMMUNITY ADVANTAGE FIDA
CENTERLIGHT	x	x	x	x	CENTERLIGHT HEALTHCARE FIDA
CENTERS PLAN FOR HEALTHY LIVING	x				FIDA CARE COMPLETE
ELDERSERVE	x	x	x	x	RIVERSPRING FIDA
EMBLEMHEALTH (HIP)	x	x	x	x	EMBLEMHEALTH DUAL ASSURANCE FIDA
EXTENDED	x	x	x		NOT OFFERED**
FIDELIS/NYS CATHOLIC HEALTH PLAN	x	x	x	x	FIDELIS CARE FIDA
GUILDNET	x	x	x	x	GUILDNETGOLD PLUS FIDA
SENIOR HEALTH PARTNERS/HEALTHFIRST COMPLETECARE	x	x	x	x	HEALTHFIRST ABSOLUTE CARE FIDA
HHH CHOICES	x			x	NOT OFFERED**
HOMEFIRST (ELDERPLAN)	x	x	x	x	ELDERPLAN FIDA TOTAL CARE
INDEPENDENCE CARE SYSTEMS	x				ICS COMMUNITY CARE PLUS FIDA MMP
INTEGRA (PERSONAL TOUCH)	x	x	x	x	INTEGRA FIDA
METROPLUS	x				METROPLUS FIDA
MONTEFIORE HMO	x			x	MONTEFIORE EMERALD CARE FIDA PLAN
NORTH SHORE-LIJ HEALTH PLAN	x	x	x		NORTH SHORE-LIJ FIDA LIVEWELL
SENIOR WHOLE HEALTH	x				SWH WHOLE HEALTH FIDA
UNITED HEALTHCARE	x				NOT OFFERED**
VILLAGE CARE MAX	x				VILLAGECAREMAX FULL ADVANTAGE FIDA PLAN
VNS CHOICE/ CHOICE PLUS	x	x	x	x	VNSNY CHOICE FIDA COMPLETE
WELLCARE	x	x	x	x	WELLCARE ADVOCATE COMPLETE FIDA

* Not all plans shown for NYC are offered in every borough.

** For people enrolled in an MLTC or MAP Plan that is not associated with a FIDA plan, it is unclear what FIDA plan they will be assigned to during passive enrollment.