NEW YORK STATE | Department of Health | Office of Health Insurance Programs

Fully Integrated Duals Advantage (FIDA)

STAKEHOLDER UPDATE

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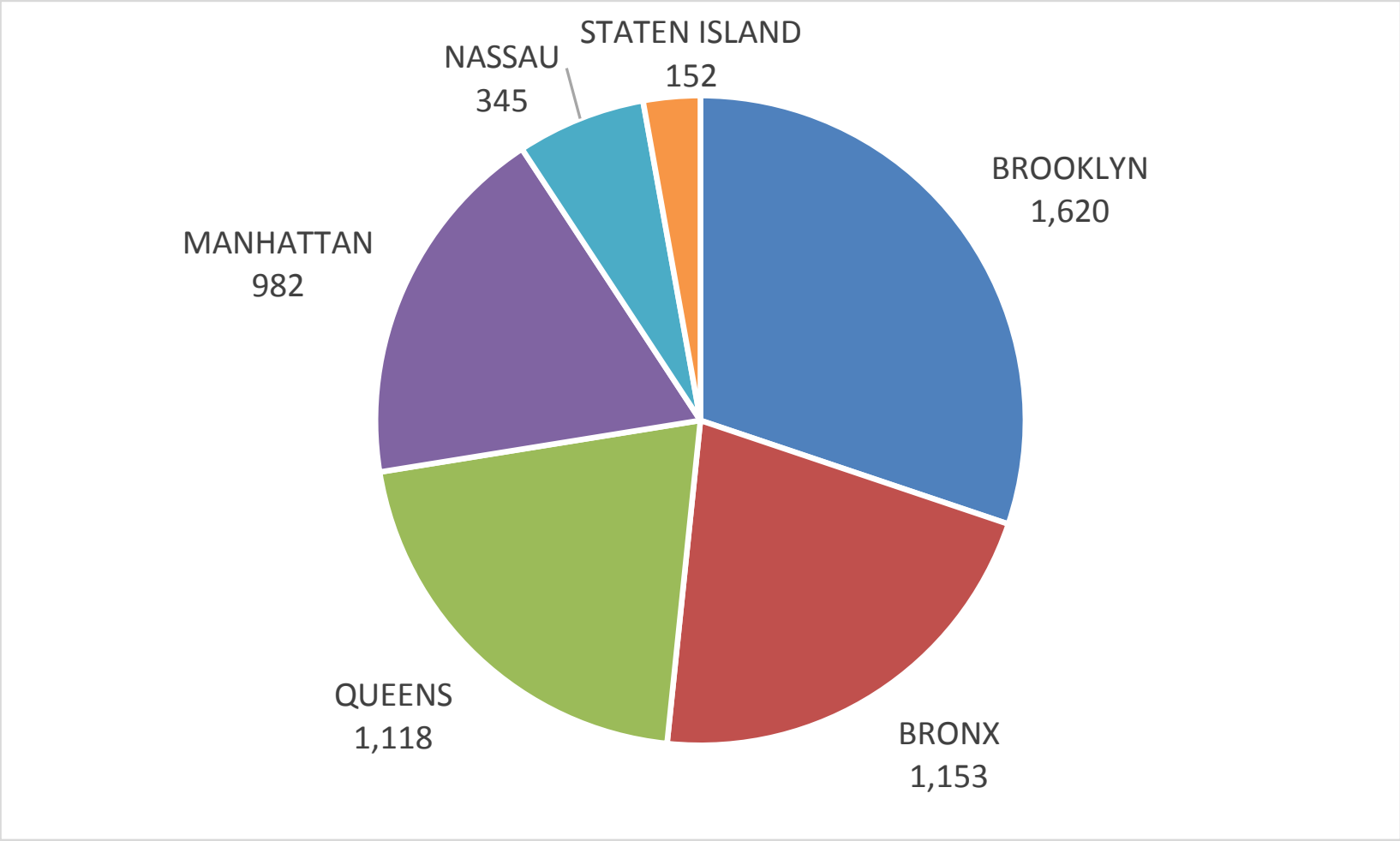
MRT Stakeholder
July 22, 2016

Agenda

- FIDA Quick Facts → *What Do We Know About the Program?*
- FIDA Reforms
- Recent Changes → *Take Another Look at FIDA*
- Future of FIDA→ *We need your opinion*

FIDA Quick Facts: Enrollment, by County*

- Brooklyn has the largest enrollment (1,620), followed by Bronx (1,153), Queens (1,118), Manhattan (982), Nassau (345), and Staten Island (152).



*As of May 2016

FIDA Quick Facts: Enrollment by Plan*

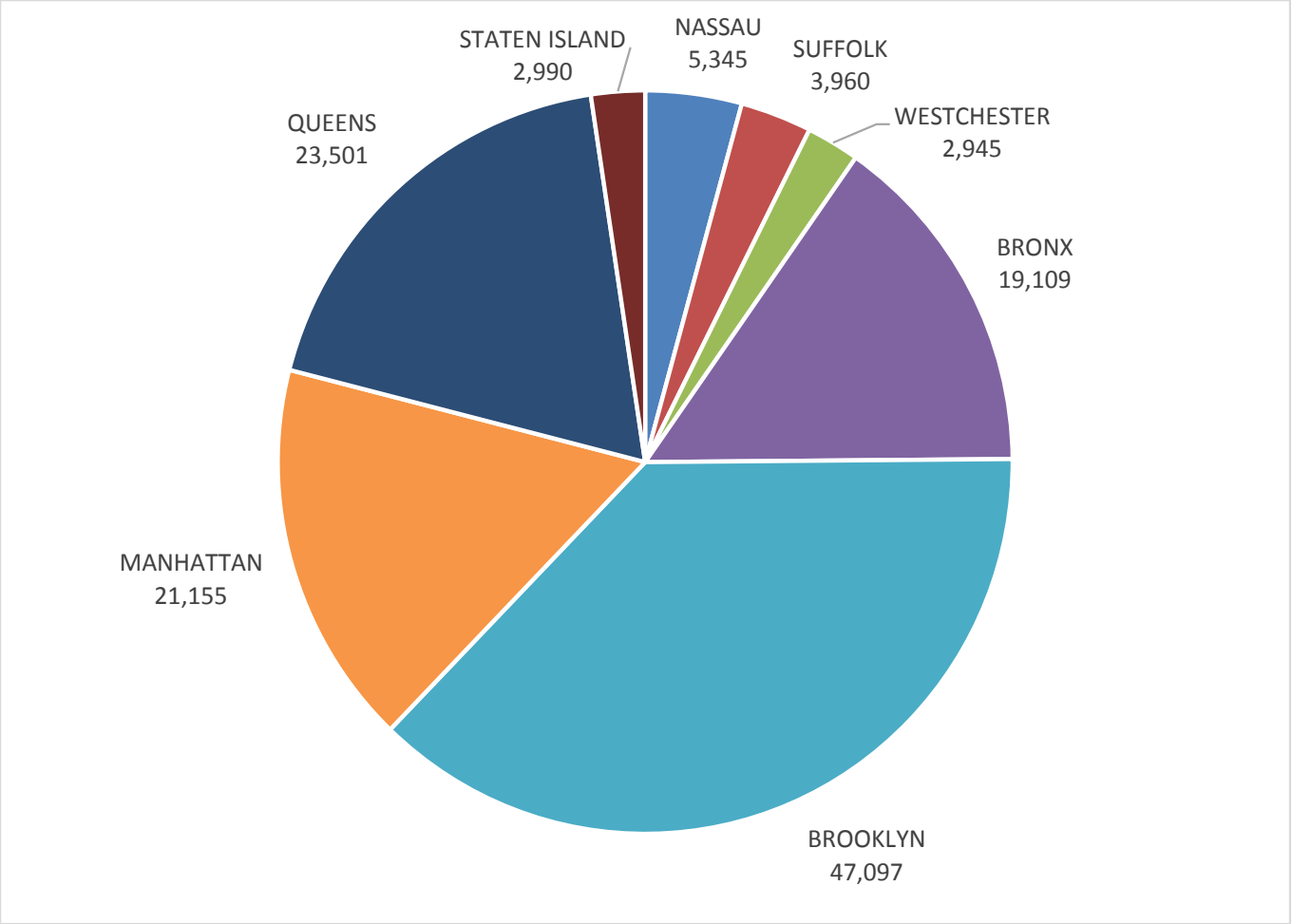
- The largest five plans are:
  1. VNSNY
  2. HealthFirst
  3. GuildNet
  4. Fidelis
  5. Elderplan

Plan Name	Enrollment
VNSNY	1,939
Healthfirst	1,058
GuildNet	822
Fidelis	318
Elderplan	289
MetroPlus	179
CenterLight	169
ICS	161
WellCare	155
SWH	67
Aetna	52
AgeWell	41
AlphaCare	36
North Shore	28
FIDA Care Complete	25
VillageCareMax	24
RiverSpring	7

*As of May 2016

FIDA Quick Facts: Eligibles by County*

- Number of Potential Eligibles who are Currently Enrolled in an MLTC Plan, by County*
- Brooklyn has the biggest potential (47,097 eligibles) for growing the FIDA enrollment, followed by Queens (23,501), Manhattan (21,155), Bronx (19,109), and other counties.



*As of May 2016

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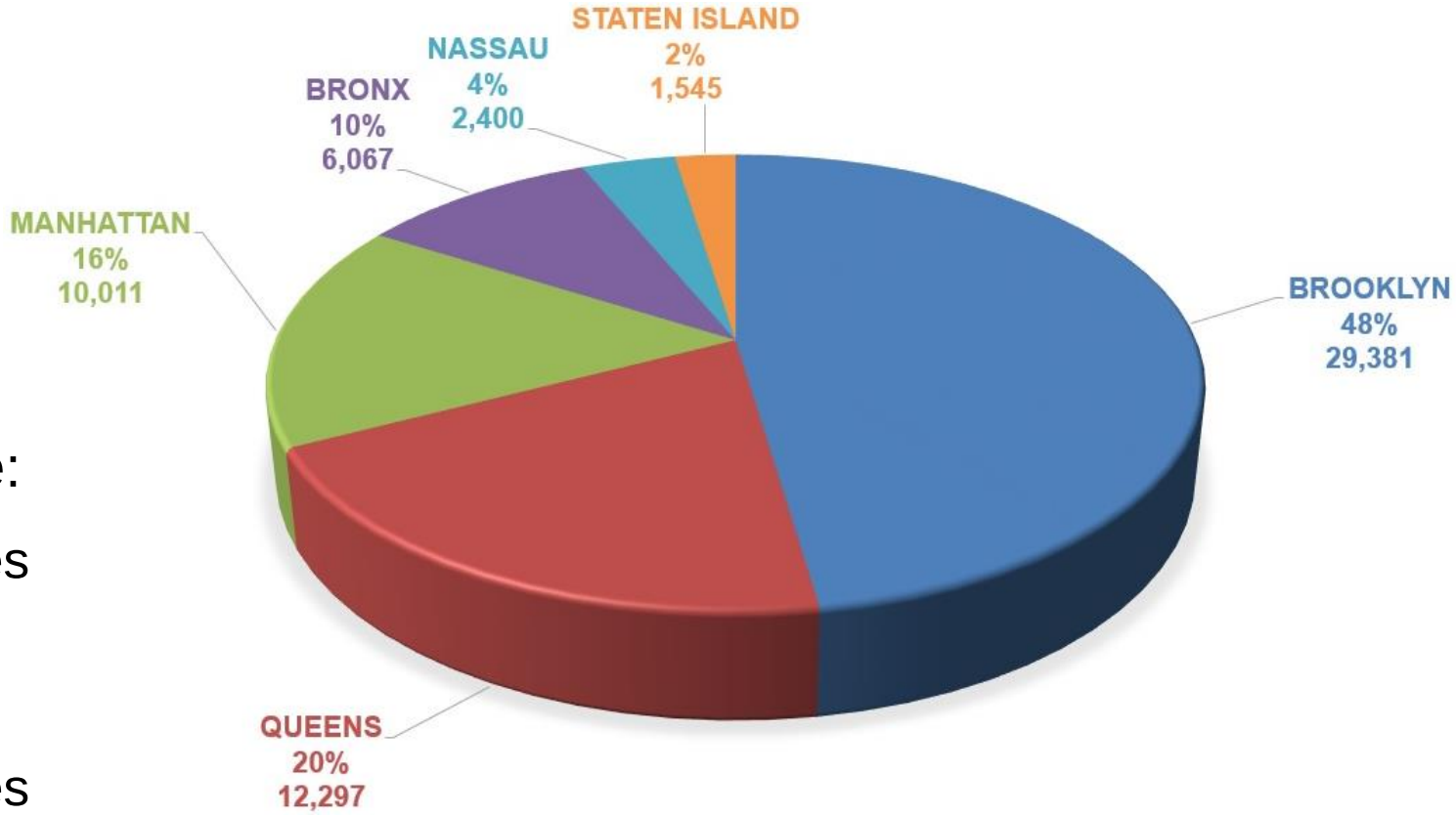
FIDA Quick Facts: Opt-Outs, by County*

- Largest number of opt-outs: Brooklyn (48%), followed by Queens (20%), and Manhattan (16%), Bronx (10%), Nassau (4%), and Staten Island (2%)
- Zip-code areas with the highest number of opt-outs tend to have:
  - A large number of FIDA eligibles who speak Russian, Chinese, and Spanish
  - A large number of FIDA eligibles who are currently enrolled in a Medicare Advantage plan



*As of May 2016

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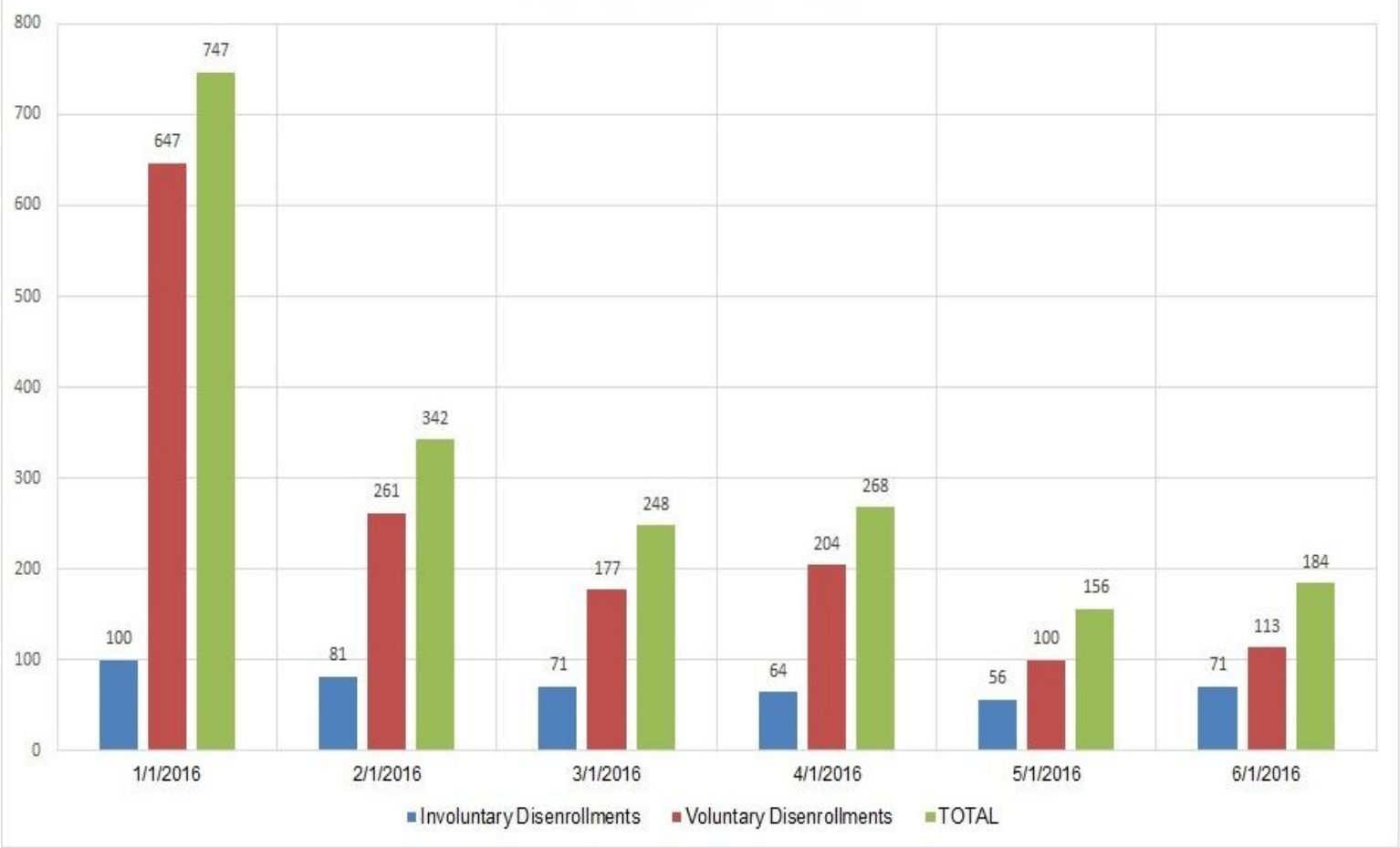
FIDA Quick Facts: Disenrollment

- The number of monthly disenrollments have stabilized over the last six months, going down from 747 in January to 184 in June 2016
  - Voluntary disenrollments have decreased by over 300% since January
  - Involuntary disenrollments (due to death, relocation, etc.) has plateaued



*As of May 2016

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FIDA Quick Facts: Enrollment by Age

- Overall, FIDA consumers tend to be older than consumers in MLTC.
  - For example, consumers 85 years and over constitute 39% of the FIDA enrollment* vs. 28% in MLTC**

Program	54 & Under	55-64	65-74	75-84	85 and Over
FIDA	3.6%	5.1%	18.4%	33.5%	39.4%
MLTC	6.2%	9.3%	22.1%	34.3%	28.1%

*As of May 2016
** As of 2015 (See *2015 MLTC Report*)

FIDA Quick Facts: Appeals

- First-in-the-nation integrated appeals and grievance process for Medicare and Medicaid appeals[1]:
  - The process incorporates the most consumer-favorable elements of the Medicare and Medicaid appeal and grievance systems into a consolidated, integrated system;
  - Plans use integrated model notices, jointly developed by CMS and NYSDOH;
  - Plans communicate the steps in the integrated appeal process, as well as the availability of free Participant Ombudsman (ICAN) services to assist with appeals.
  - Providers can file an appeal on behalf of an enrollee [2]

[1] Except Part D appeals.
[2] However, providers do not have a FIDA-specific right to appeal plan coverage or payment decisions.

FIDA Quick Facts: Appeals

- The FIDA fully integrated appeals process was available starting in January 2015, but no appeals were filed prior to June. There have been 65 appeals auto-forwarded to IAHO since June 2015.

The Nature of the Appeals:

DME	2	Medicare and Medicaid
Dental	11	Medicaid Only
Diagnostic Testing	2	Medicaid Only
Environmental Modifications	1	Medicaid Only
Prescription	1	Medicare and Medicaid
Inpatient Hospitalization	9	Medicare and Medicaid
Home Visits	3	Medicare and Medicaid
Medical Supplies	2	Medicare and Medicaid
Non-Emergency Transportation	1	Medicaid Only
Personal Care Services	30	Medicaid Only
Rehab Services	2	Medicare and Medicaid
Skilled Nursing Services	1	Medicare and Medicaid

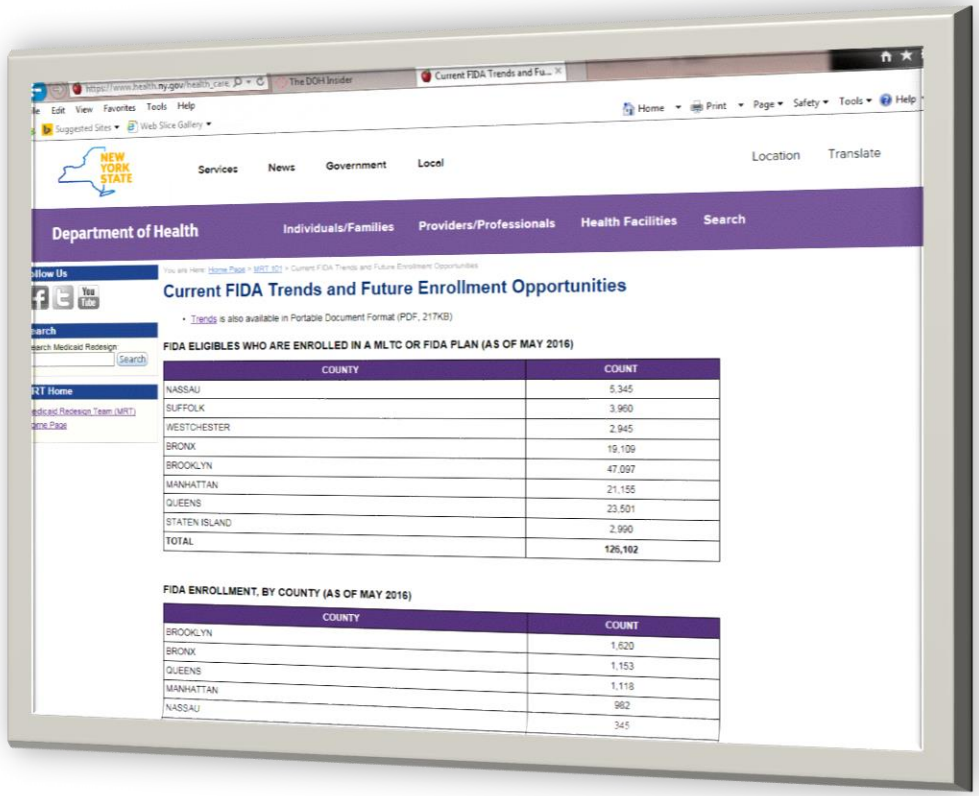
*As of June 2016

FIDA Quick Facts:

Trends and Enrollment

Find more information on FIDA:

- "Current FIDA Trends and Future Enrollment Opportunities":
  - A snapshot of FIDA eligibles, enrollment by plan/county; opt-outs; enrollments by age/gender and new enrollments.
  - Monitored and reported regularly and posted quarterly on MRT 101: https://www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm



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Current FIDA Trends and Future Enrollment Opportunities

FIDA ELIGIBLES WHO ARE ENROLLED IN A MLTC OR FIDA PLAN (AS OF MAY 2016)

COUNTY	COUNT
NASSAU	5,345
SUFFOLK	3,960
WESTCHESTER	2,945
BRONX	19,109
BROOKLYN	47,097
MANHATTAN	21,155
QUEENS	23,501
STATEN ISLAND	2,990
TOTAL	126,102

FIDA ENROLLMENT, BY COUNTY (AS OF MAY 2016)

COUNTY	COUNT
BROOKLYN	1,620
BRONX	1,153
QUEENS	1,118
MANHATTAN	982
NASSAU	345

FIDA Reforms

At the core, FIDA remains true to its original key components:

- **Fully integrated** delivery of Medicaid and Medicare services
- **Person-centered care** that promotes independence in the community
- **Improved quality** through care coordination
- **High quality cost-effective** health care

Reforms: Flexibility for Dual-Eligibles

- Previously, some enrollees had to go through too many assessments when transitioning from an existing MLTC plan to FIDA. As a result of the reform, most enrollees will have to go through *fewer* assessments:
  - If the enrollee is transferring to a FIDA Plan from a sister MLTC/PACE/MAP plan:
    - The FIDA Plan will contact the enrollee and review any available medical record and claims history from the pre-enrollment period to determine changes in health status, health event, or needs that would trigger an updated UAS.
    - Otherwise, a new UAS assessment will be conducted within six months of the last UAS assessment.
- All enrollees will have a care plan by the 90th day from the enrollment effective date.
- The enrollee has the right to choose the make-up of the care team (IDT):
  - The IDT can be small, consisting of just a Care Manager and enrollee, or broader, with a variety of members.

Reforms: Flexibility for Providers

- Provider participation is adjustable, depending on member availability, items being discussed in a given meeting, or the needs, wishes, and goals of the enrollee.
- Primary care providers may review and sign off on a completed care plan[1] without attending IDT meetings.

[1] Person-Centered Service Plan (PCSP)

Reforms: Flexibility for Providers

- IDT members/providers may meet at different times. The Care Manager may separately meet with different IDT members/providers in developing the care plan[1].
- Plans can authorize any medically necessary services included in the care plan that are outside of the scope of practice of IDT members.
- IDT training will be encouraged, but not mandatory.
- Providers have more flexibility in how and when they can communicate with one another.
- Plans will help with sharing information among IDT members/providers.

[1] Person-Centered Service Plan (PCSP)

Reforms: Flexibility for Marketing

- Plans can now:
  - Market multiple lines of business.
  - Provide comparison of their MLTC (Partial, PACE, MAP) and FIDA products.
  - Send, with prior approval from DOH/CMS, FIDA educational and/or promotional materials to participants who have opted out.
  - Conduct outbound FIDA marketing calls to individuals enrolled in any other Medicaid or Medicare product line with the plan or company.
  - Conduct promotional activities and make nominal gifts at the Medicare Marketing Guidelines levels ($15).

Additional Changes: Take Another Look at FIDA

FIDA as a Reformed Program

- Information on the reformed FIDA program and revised IDT Policy are available at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm
- FIDA policy and program updates have been made since the end of 2015 for the following reasons:
  - To make FIDA more person centered: e.g., allowing participants to choose IDT members and allowing FIDA assessments to occur on the MLTC schedule
  - To ensure consistency with current MLTC policies: e.g., the U-File process that allows plans initiate enrollment transaction of new-to-service individuals
  - To ensure consistency with the Medicare policies: e.g., agent compensation policy
  - To help plans promote FIDA alongside the other MLTC and Medicare Advantage products

Additional Changes: Take Another Look at FIDA

Policy and Program Updates

1. Effective Now: Plans may accept enrollment requests directly from the consumer and then submit the request to Maximums via secure electronic U-File communication, similar to other MLTC programs.
2. Effective Now: Plans are now permitted to use commission-based or per enrollment compensation for plan-licensed Medicare reps.
3. Effective Now: FIDA plans are allowed to market their products alongside competing MAP and Medicare Advantage products.
4. Effective January 2017: FIDA plan will determine which covered services require provider prior-authorizations, similar to other MLTC programs.

Additional Activities: Take Another Look at FIDA

FIDA Advertising Campaign:

- Collaboration with the DOH Public Affairs Group has taken place to develop and implement an advertising campaign focusing on FIDA reforms:
  - Primary target audience is potential FIDA providers
  - Secondary target audience is potential participants and their caretakers, family/friends and community
  - Consists of a multipronged approach involving digital, print, outdoor and radio advertisements.

Additional Activities: Take Another Look at FIDA

FIDA Advertising Campaign:

- Four-month duration
- Digital component first to go live, with pop-up ads on cell phone apps and banner ads on websites
- Out-of-home component will be second and includes posters displayed on bus shelters, newsstands, phone kiosks, etc. in several locations throughout areas with highest opt-out rates.
- FIDA promotional giveaways, hard copies of promotional materials (brochure and rack card), and a flash drive of electronic files of promotional materials will be given to plans.
- Audio advertisements will play on radio stations and streaming channels and print advertisements will run in medical journals and magazines.

Additional Activities: Take Another Look at FIDA

FIDA Outreach Mailing:

- During the four-month ad campaign DOH will also be conducting outreach mailings to the following core audiences:

  1. Medicare providers who have provided services to FIDA eligibles between January and July 2016 (about 9,000)
  2. Consumers who have opted out of FIDA and are still FIDA eligible
  3. Consumers who have joined MLTC since December 2014 and never opted out of the FIDA program
  4. Outreach goal is to communicate the changes to FIDA and encourage providers and consumers to take another look at the program.

Raising Provider Awareness and Cooperation

- Integrated Appeals Hearing Office (IAHO) is now posting redacted FIDA appeal decisions to the Office of Temporary & Disability Assistance (OTDA) website (http://otda.ny.gov/hearings/search/), similar to what they do today with Medicaid fair hearing decisions.
- *FIDA Trends & Future Enrollment Opportunities* posted on MRT 101 July 6th
- *FIDA & Medicare Advantage: Prospective Areas for FIDA Marketing* distributed to FIDA plans:
  - Illustrates the relationship between FIDA enrollment, Medicare Advantage enrollment, and FIDA opt-outs.

Future of FIDA: We need your opinion

1. Two-year FIDA demonstration extension:

   January 1, 2018 – December 31, 2019

2. Option for FIDA to enter into Region 2 (Suffolk and Westchester counties), starting January 2017 or 2018

3. Option to allow existing FIDA plans to serve additional current FIDA counties

WHAT DO THE STAKEHOLDERS THINK?

QUESTIONS?

Resources:

FIDA email: fida@health.ny.gov

FIDA Participant-friendly website:
www.health.ny.gov/health_care/medicaid/redesign/fida/

FIDA MRT website:
www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm

ICAN - Your FIDA Ombudsman: ican@cssny.org
1-844-614-8800
www.icannys.org

For FIDA enrollment questions, contact NY Medicaid Choice:
1-888-600-34232