



**Department
of Health**

**Office of
Health Insurance
Programs**

Fully Integrated Duals Advantage (FIDA) Stakeholder Update

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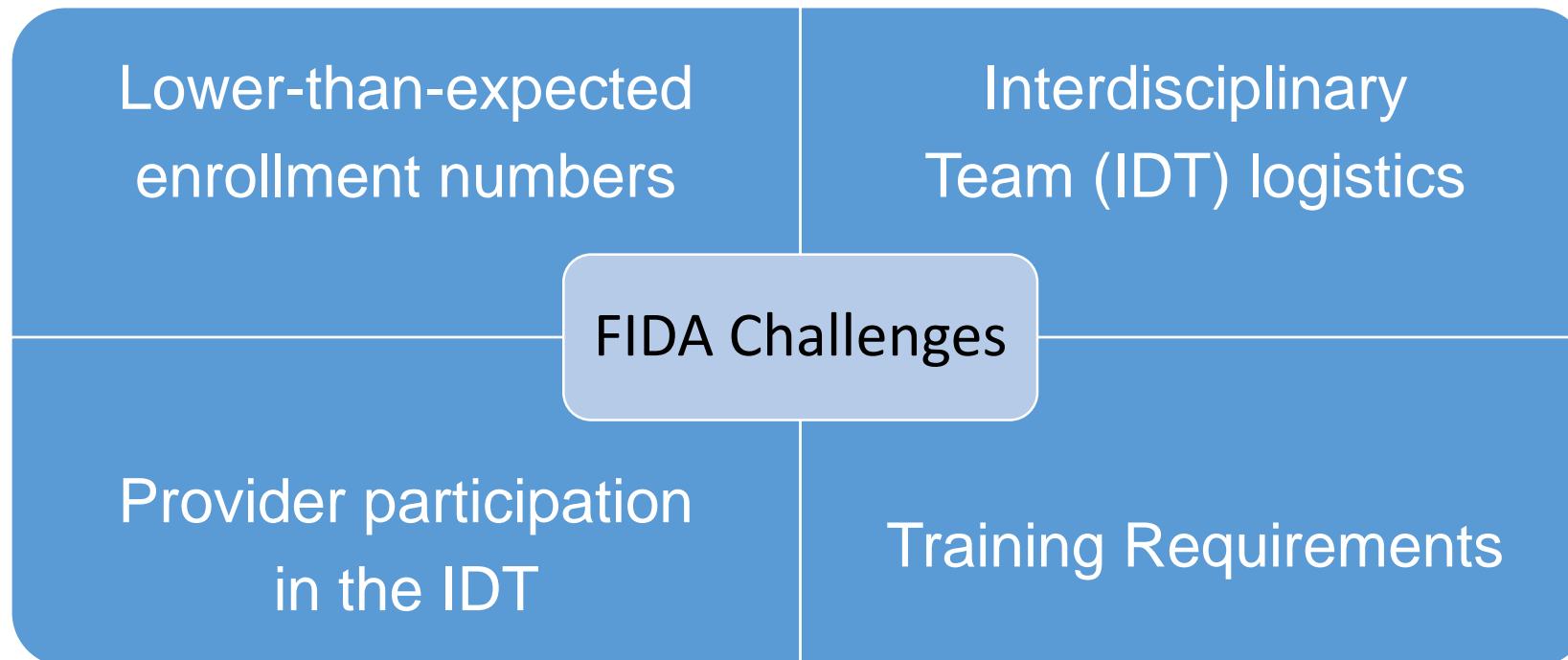
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Office of Health Insurance Programs (OHIP)

New York State Department of Health (NYSDOH)

Challenges of FIDA

- In September, DOH provided an overview and update on the FIDA program.
- DOH discussed the challenges we were experiencing related to the program:



The Future of FIDA

- As a result, OHIP hosted a Long Term Care forum on the future of FIDA and Managed Long Term Care (MLTC).
- The whitepaper and slides are available on the MRT website at: https://www.health.ny.gov/health_care/medicaid/redesign/
- Over 530 people participated and comments were received.
- DOH collaborated with the Centers for Medicare and Medicaid Services (CMS), Participants, Plans, providers, and stakeholders to reform FIDA.

FIDA Reforms: Same Great Program

- 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

FIDA Reforms: More Flexible Functions

To enhance the ease and value of FIDA, DOH and CMS reformed the program with specific attention to improved flexibility for the Participant, Plans, and providers. Changes include:

- **The Participant's right to choose the make-up of the Interdisciplinary Team (IDT):**
 - The IDT can be small, consisting of just a Care Manager and Participant, or broader, with a variety of members (from the original IDT list) based on the Participant's choice.

FIDA Reforms, continued

- **More flexible IDT:**

- Provider participation in an IDT is adjustable, depending on member availability, items being discussed in a given meeting, or the needs, wishes, and goals of the Participant.
- Primary Care Providers may review and sign off on a completed Person Centered Service Plan (PCSP) without attending IDT meetings.
- IDT members may meet at different times. The Care Manager may separately meet with different IDT members in developing the PCSP.
- Plans have authorization over any medically necessary services included in the PCSP that are outside of the scope of practice of IDT members.
- IDT training will be encouraged, but not mandatory.

FIDA Reforms, continued

- **Simplified procedures:**
 - Plans and IDTs have more flexibility in how and when the IDT members communicate with one another.
 - Plans retain responsibility for effective and efficient information sharing among providers (including non-IDT participants), including any PCSP revisions.

FIDA Reforms, continued

- **Ease of transition and timing of assessments:**
 - Plans may use the existing MLTC schedule for completion of a Participant's Uniform Assessment System (UAS) if the Participant is transferring from a sister MLTC/PACE/MAP plan. i.e., each FIDA Participant transferring from a sister plan need not complete a new assessment until 6 months from the date of their last MLTC assessment.
 - The FIDA Plan must contact the Participant 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.
 - If an updated UAS is required, it will be conducted within six months of the last UAS, and development of PCSP implemented within 90 days following the enrollment effective date.
 - All other Participants have a PCSP deadline of 90 days from the enrollment effective date.

FIDA Reforms, continued

- **Assurance of Participant satisfaction:**
 - DOH/CMS and the Contract Management Team (CMT) will evaluate the FIDA Plan's IDT delivery and operations.
 - FIDA Plans must meet Medicare-Medicaid Plan Model of Care (MOC) elements and consistently update MOCs to reflect changes to the IDT Policy.
 - The CMT will assess a Plan's IDT performance against specific data collected and percentages calculated.

FIDA Reforms, continued

- **Assurance of Participant satisfaction:**
 - Data collected includes:

In the last six months, did anyone from the Participant's health plan, doctor's office, or clinic help coordinate care among these doctors or other health providers?

How satisfied is the Participant with the help in coordinating care in the last year?

What is the number of nursing home certifiable Participants who lived outside the nursing facility during the current measurement year as a proportion to those during the previous year?

Has the required follow-up after hospitalization for mental illness occurred?

FIDA Reforms, continued

- **Assurance of Participant satisfaction:**
 - Percentages calculated include:

Participants discharged from a hospital who were readmitted within 30 days, either for the same condition as their recent hospital stay or for a different reason.

Participants who saw their primary care doctor during the year.

Participants in the FIDA Demonstration who reside in a nursing facility, wish to return to the community, and were referred to preadmission screening teams or the Money Follows the Person Program.

Patients 65 years or older discharged from any inpatient facility and seen within 60 days following discharge by the physician providing on-going care, who had a reconciliation of the discharge medications with the current medication list in the medical record documented.

FIDA Reforms, continued

- **Flexibility in enrollment:**

- Plans are allowed to submit enrollment requests to Maximus (consistent with MLTC procedure). Maximus will process the enrollment and send letters, which include ICAN contact information, to the individuals that:
 - confirms the Participant's enrollment in FIDA;
 - articulates that choice counseling is available through Maximus; and
 - informs the Participant of the option to switch or disenroll from a FIDA Plan at any time.
- Plans are allowed to remain on the phone with prospective participants when they call Maximus.

FIDA Reforms, continued

- **Flexibility in marketing:**

- Plans now have authorization to do the following:

- Market multiple lines of business under the more flexible Medicare Marketing Guidelines.
 - Provide a written or verbal comparison (either DOH/CMS prepared or plan-prepared) among their MLTC (Partial, PACE, MAP) and FIDA.
 - Send, with a prior approval from DOH/CMS, FIDA educational materials (e.g., one-page letters, newsletters, etc.) to participants who have opted out.

FIDA Reforms, continued

- **Flexibility in marketing:**

- Plans now have authorization to do the following:

- Conduct outbound FIDA marketing calls to individuals enrolled in any other Medicaid or Medicare product line with the Plan or company.
 - Organize in-person marketing appointments if these appointments are solicited by the individual.
 - Conduct promotional activities and make nominal gifts at the Medicare Marketing Guidelines levels (\$15).

FIDA Reforms, continued

- **Rates:**

- CMS has committed to reviewing its payment of health plans participating in the demonstration in addition to increasing rates for 2016 to offset the CMS-HCC risk adjustment model's under prediction of costs for full benefit dual eligible beneficiaries.
- CMS is conducting additional analysis of the Part D bids.
- CMS is open to reconsidering the assumptions used in determining the adjustment for CY 2016 based on revised projections of enrollment and recent experience in the demonstration.

FIDA Reforms, continued

- **2016 Enrollment:**

- Suspend passive enrollment until further notice, except in limited circumstances.
- Enrollment in Region 2 (Suffolk and Westchester) will not start until after mid-2016.

FIDA Reforms, continued

- **ADA Attestation Form:**

- No provider should be terminated from a FIDA Plan network for not answering in the affirmative to elements on the form.
- The form is to help FIDA participants identify which providers offer specified accessibility features.
- Completion or non-completion of the form, or responding in the affirmative to elements included does not alter existing obligations to comply with the ADA.
- FIDA Plans must maintain a complete and accurate provider directory, including information collected by the form. FIDA Plans have discretion on how to address provider refusals to complete the form.

FIDA Eligibility Remains the Same

- Eligible individuals:
 - Are age 21 or older at time of enrollment;
 - Are entitled to benefits under Medicare Part A, enrolled under Part B, eligible to enroll in Part D, and receiving full Medicaid benefits;
 - Reside in New York City or Nassau County; and
 - Must meet one of the following:
 - Require more than 120 days of community-based long term care; or
 - Are Nursing Facility Clinically Eligible and receiving facility-based long term services and supports (LTSS); or
 - Are eligible for the Nursing Home Transition and Diversion Waiver program.

FIDA Plan Benefits

- FIDA offers the most robust service package of the four managed long term care products.
- A Plan benefits comparison chart is available on:
 - FIDA MRT website:
www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm
 - FIDA Participant-friendly website:
www.health.ny.gov/health_care/medicaid/redesign/fida/

FIDA Plan Benefits, continued

- **NO** additional deductibles, premiums, or copayments;
- **NO** referrals to see specialists;
- **One phone number** to call the Plan for all questions regarding their benefits; and
- **One ID card** to receive *all* of the Participant's Medicare and Medicaid benefits.

Continuity of Care Remains the Same

- Participants maintain current providers – even if not in the FIDA Plan’s network – and service levels, including prescription drugs, for at least 90 days or until a PCSP is finalized and implemented, whichever is later.
- Exceptions:
 - Existing behavioral health service providers must be maintained for up to 24 months;
 - For nursing facility services, FIDA Plans must allow Participants to maintain current providers for the duration of the Demonstration; or
 - If the IDT or the FIDA Plan approves the Participant to see an out of network provider.

Role of ICAN

- A Participant has access to the Ombudsman, known as the Independent Consumer Advocacy Network (ICAN).
- ICAN is an independent, conflict-free entity that provides individuals free assistance in accessing care, filing grievances, appealing adverse decisions, and understanding and exercising rights and responsibilities.
- The network has numerous physical locations throughout NYS, at which Participants can obtain in-person assistance.
- ICAN can be reached by calling **1-844-614-8800** or online at www.icannys.org.

Next Steps

- DOH and CMS remain committed to the FIDA Program and will monitor the changes in 2016 and make additional changes if needed.
- DOH recognizes that there must be better alignment and coordination of Medicaid and Medicare services and our goal is to continue to increase the number of people receiving services through fully integrated managed long term care plans.

QUESTIONS?

Resources:

FIDA MRT website:

www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm

FIDA Participant-friendly website:

www.health.ny.gov/health_care/medicaid/redesign/fida/

FIDA email: fida@health.ny.gov

