

Accessing Care through Medicaid Managed Care

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- NYS Department of Health
- NY Medicaid Choice/MAXIMUS
- Medicaid Managed Long Term Care Plan providers



Answers to Pertinent Questions

- “Mandatory” changes to Medicaid care delivery
- What is Medicaid Managed Care?
- What is Medicaid Managed Long Term Care?
- Which services are available through plans?
- How to access care through plans?
- Advocacy Tips
- Resources



Today's Acronym Key

- CFEEC – Conflict Free Evaluation and Enrollment Center
- DHS/DSS – Department of Human Services or Department of Social Services
- LTC – Long Term Care
- MLTC – Medicaid Managed Long Term Care
- MMC – (Mainstream) Medicaid Managed Care
- PACE – Program for All-Inclusive Care for the Elderly
- PCA – Personal Care Assistance
- SNF – Skilled Nursing Facility/Nursing Home
- UAS or UAS-NY – Uniform Assessment System



Medicare v. Medicaid

Medicare

- Health insurance for persons 65 and older or disabled
- Eligibility NOT based upon income
- Hospital care, medical care, prescription medications
- Federal program

Medicaid

- Health insurance for low income persons of all ages who qualify
- Eligibility based upon income
- Can support care for chronic conditions/long term care
- Federal/State program



Why “mandatory?”

Governor Cuomo creates NYS Medicaid Redesign Team, charged with saving billions \$ from Medicaid



Team recommended mandatory:

- 1) MMC for mainstream Medicaid population
- 2) MLTC for dual eligibles who need long term care services

**NYS authorized by Centers for Medicare and Medicaid to require mandatory transitions for MMC and MLTC*



Out with the old, in with the new

Fee-for-Service Medicaid for Long Term Services and Supports (old)

- Bills paid directly by Medicaid/Medicare
- Providers bill and are paid for each service (more service, more money)
- Local Dept of Human Services Home and Community Based Services staff responsible for assessments

Managed Care (new)

- Bills paid by the Managed Care Plan
- Plan gets a lump sum for a package of services, or for treating one patient for a certain period
- Plan responsible for assessments



Transition of Medicaid Populations to Medicaid Managed Care

Population/Benefit	Transition Date (Monroe Co)
Mainstream Medicaid population	Oct 1, 2011
Long Term Home Health Care Program (Lombardi)	Jan 1, 2013
Personal Care Assistance Level II	Dec 1, 2013
Nursing Home	July 1, 2015
Nursing Home Transition and Diversion waiver	<i>Jan 1, 2018 anticipated</i>
Traumatic Brain Injury waiver	<i>Jan 1, 2018 anticipated</i>
Assisted Living Program	<i>(no date set)</i>
Office for Persons with Developmental Disabilities waiver	<i>(no date set)</i>



Medicaid Managed Care (MMC)



What is Medicaid Managed Care (MMC)?

Medicaid

The Public Health insurance program for the poor, operated by the State

+

Managed (Care)

A type of private health insurance company paid a fixed amount per capita to authorize and pay for all covered services (“capitation”)

- Capitation
- Provider network
- Utilization Mgmt

+

Medicaid - Covered Services

Physician, specialist, pharmacy, hospitalization and other covered services as a primary insurance provider or health plan.

- MAY cover long term care services based upon physician’s authorization.



MMC Services

- Doctor visits & Hospital stays (incl Emergency)
- Prescription and OTC medications as prescribed
- Preventative services & health screenings
- Medical equipment
- Vision/Dental
- Behavioral health (*NEW! As of Jan 2016*)
- May cover long term care services including personal care, home health care, nursing & nursing home, adult day health, equipment and personal emergency response, Consumer Directed Personal Assistance



* *Those with Medicare or other insurance, or Medicaid with a spend-down, are excluded. www.nymedicaidchoice.com*

Medicaid Managed Care (MMC)

- Now mandatory for individuals with Medicaid only, some exemptions/exclusions*
- Individuals choose a plan at time of Medicaid application
- Only for those with Medicaid only, no other insurance
- Includes a nursing home benefit for Medicaid-only
- Mental health services now “carved in” (beginning Jul 2015 NYC area, and Jan 2016 for rest of state)
- NY Medicaid Choice can assist with plan options, questions, problems (state broker) 1-800-505-5678



** Those with Medicare or other insurance, or Medicaid with a spend-down are excluded, more at www.nymedicaidchoice.com*

Medicaid Managed Long Term Care (MLTC)



What is Medicaid Managed Long Term Care (MLTC)?

Medicaid

The Public Health insurance program for the poor, operated by the State

+

Managed (Care)

A type of private health insurance company paid a fixed amount per capita to authorize and pay for all covered services (“capitation”)

- Capitation
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+

Long-Term Care

Non primary care, non-acute care, non-emergency care; long term care based on assessment.

- Home care
- Adult Day Care
- Nursing Home
- Home delivered meals
- Medical equipment
- Home modifications
- Specialty services



MLTC services

*For partial capitation MLTC plans, only
(some plans include primary and acute medical services)*

- Health care services (nursing, home health aide, home support)
- Personal care services (dressing, bathing, grooming)
- Adult Day Health Services & Social Adult Day Services
- Nursing Home
- Home delivered meals, personal emergency response
- Non-emergency medical transportation
- Home modifications, medical equipment, social support
- Consumer Directed Personal Assistance
- Specialty Health Services

» e.g. audiology, dental, optometry, podiatry, physical therapy



Medicaid Managed Long Term Care (MLTC)

- Now mandatory for dually eligible individuals (Medicaid/Medicare), age 21 or older who need 120 days or more of long term care services*
- Also for Medicaid-only who need: 1) social model adult day, 2) home modification, or 3) home delivered meals
- Medicaid with spend down OK, spend down \$ to plan
- Personalized care plans
- Enroll by the 20th of month, begin services 1st of following
- NY Medicaid Choice can assist with plan options, questions, problems (state broker) 1-888-401-6582



* Exclusions/Exemptions apply, see www.nymedicaidchoice.com for details.

Who does NOT have to enroll in MLTC

(at this time)

- Dual eligibles who do NOT require community-based long term care, or who need it for <120 days
- At this time...
 - Nursing Home Transition and Diversion Medicaid Waiver participants
 - Traumatic Brain Injury participants
 - Assisted Living Program residents
 - OPWDD waiver participants
 - Have hospice care
- Those who need ONLY home support services (PCA Level I) - no care



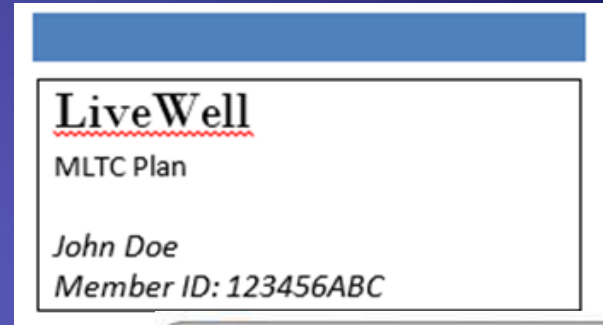
For all Exempt and Excluded groups, please see www.nymedicaidchoice.com

Types of MLTC Plans

	MLTC Medicaid Plan	Medicaid Advantage Plus	PACE
Minimum Age	18 yrs & older	18 yrs & older	55 yrs & older
Full/Partial Capitation	<u>Partial</u>	Full	Full
Who is eligible?	County residents	County residents	County residents
May choose own doctor?	Yes	No	Sometimes
Type of enrollment	Voluntary or Involuntary	Must be voluntary	Must be voluntary
Medicaid Status	Must be <u>approved</u> to enroll	Must be <u>approved</u> to enroll	Must be <u>approved</u> to enroll



It can feel like a card game...



Care via Managed Care

	MMC	MLTC
What care is covered?	<p>Covers long term care services based on assessment</p> <p><u>NOT</u> available/covered:</p> <ul style="list-style-type: none"> - social model adult day - home delivered meals - environmental supports 	<p>Covers long term care services based on assessment</p> <p>Can include:</p> <ul style="list-style-type: none"> - social model adult day - home delivered meals - environmental supports
Who is eligible?	For Medicaid ONLY population	Medicaid/Medicare who need MLTC services <u>OR</u> Medicaid-only who need an MLTC service, above
How to access care?	<ul style="list-style-type: none"> • Doctor order • UAS-NY Assessment 	CFEEC authorizes access to care via UAS-NY, plan often does additional UAS-NY to determine care plan



Access to Care through MMC

- Medicaid-only population automatically enrolled in MMC upon approval of Medicaid (to manage all Medicaid services), but care services accessed separately
- Existing MMC members can request care directly from plan or call NY Medicaid Choice/MAXIMUS (broker) for assistance, 1-800-505-5678
 - Authorization by a physician – DOH 4359
 - UAS-NY assessment determines care needed/care plan
 - Must choose providers in network



Access to care through MLTC

- NEW/prospective members - Conflict Free Evaluation and Enrollment Center (CFEEC), 1-855-222-8350 for 1st assessment, then choose a plan
 - Thumbs up, thumbs down – full UAS-NY assessment
 - NY Medicaid Choice/MAXIMUS is contracted to provide CFEEC
 - Choose plan with preferred providers in network
- Existing MLTC & MMC members can request assessment directly from plan or call NY Medicaid Choice/MAXIMUS (broker) for assistance, 1-888-401-6582



Nursing Home Access & Managed Care

- Residency & Medicaid prior to 7/1/15, MMC/MLTC not mandatory (grandfathered)...unless readmitted
- If new to care & new to nursing home (SNF):
 - Patient Review Instrument (PRI) assessment
 - Placement & chronic care Medicaid established
 - Enroll in plan networked w/SNF (requires UAS-NY)
 - Medicare-only residents – MMC; dually eligible - MLTC
- If already an MLTC or MMC member:
 - UAS-NY/plan substantiates SNF need
 - Patient Review Instrument (PRI) assessment
 - Choose SNF in plan’s network
 - May choose home out of network if plan contracts with home for “out of network” placement



MMC/MLTC Ombudsman/Advocacy

Independent Consumer Advocacy Network (ICAN), <http://www.icannys.org/>, 844-614-8800

- CMS authorized, NYS contracts with ICAN
- Questions about Medicare and Medicaid programs for people receiving long-term care services
- Advice about managed care options
- Solve problems with a plan or provider
- Help with complaints or appeals
- ****Local ICAN contractor is LawNY, (585) 325-2520****



Advocacy Tips

- Care through MLTC/MMC – not only for nursing home level care
 - Must be a personal care need or other covered service available through MLTC to qualify
- Check the network first!
- MLTC: OK to request multiple assessments (after CFEEC)
- Plans may discuss needs, but may not persuade or dissuade
- Local DSS/DHS must provide Immediate Care until MLTC begins, Monroe Co local Personal Care Assistance (PCA) intake line 214-1470



Local Support in every NYS county

- Federally funded, NYS designated Aging and Disability Resource Center (ADRC)
- FREE long term care options, guidance, questions
- www.nyconnects.ny.gov
 - For local contact information by county
 - Statewide database of long term care resources
- (585) 325-2800 (Monroe County)
- (800) 342-9871 (NYS NY Connects line)



Problems, Questions and Concerns

- Questions about MLTC, plan options, enrollment
 - NY Medicaid Choice – (888) 401-6582
- Questions about MMC, plan options, enrollment
 - NY Medicaid Choice – (800) 505-5678
- Complaints about MLTC
 - NYS Department of Health, MLTC line – (866) 712-7197
- Complaints about MMC
 - NYS Department of Health, MMC line – (800) 206-8125
- MLTC/MMC Ombudsman/Advocacy:
 - LawNY, (585) 325-2520



Helpful Resources

- www.nymedicaidchoice.com (MLTC & MMC broker)
 - Consumer-friendly brochures
 - List of plans by county/region
 - Exemptions/Exclusions listings
- NYS DOH MRT Mandatory Enrollment site
http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm
- NY Health Access – Medicaid Managed Care information
<http://www.wnyc.com/health/files/22/>
- NY Medicaid Choice/MAXIMUS Conflict Free Evaluation and Enrollment Center (CFEEC) – MLTC only, 1-855-222-8350
- Monroe County DHS Home Care Service Unit/PCA Intake Line (585) 214-1470 (Lifetime Care)



Leanne Rorick
Director, NY Connects at Lifespan
(585) 244-8400 x194
lrorick@lifespan-roch.org

