New York’s Medicaid Advantage Programs: Integrated Care Models for Dual Eligible Beneficiaries

CHCS Network Exchange Web Conference

Medicaid Best Buys: Managed Care Models for Long Term Care Supports and Services
Managed Care Landscape in NY

- Medicaid Managed Care - 1115 Waiver
  - Mandatory in 35 counties and NYC
  - Over 2.5 million enrolled
  - Largely TANF/SN
  - Mandatory Enrollment of ABDs in NYC as of 11/05
  - 27 full risk plans
  - 3 HIV SNPs
  - Prior to 1/05, dual eligibles excluded
  - Now have 11 Medicaid Advantage Plans-integrated care model for dual eligible

- Managed Long Term Care - Article 4403-f PHL
  - Voluntary in 14 counties and NYC
  - 19,755 enrolled
  - Must be nursing home certifiable, nearly all dually-eligible
  - 4 PACE
  - 13 Partially capitated MLTC
  - 2 Medicaid Advantage Plus
  - 13 additional MLTC plans designated and under development
    - 6 PACE
    - 7 Medicaid Advantage Plus
MLTC Enrollment Growth

- Partial Caps
- PACE
- All MLTC

Enrollment Growth from January 2003 to Current:

- Jan-03: 6,990
- Jan-04: 8,624
- Jan-05: 10,065
- Jan-06: 12,176
- Jan-07: 15,640
- Current: 19,775
New York’s Integrated Care Models

Two Models:
- Medicaid Advantage
- Medicaid Advantage Plus

Integration accomplished through state Medicaid agency contract with Medicare Advantage SNP to provide defined set of Medicaid wrap around benefits to enrollees on a capitated basis
Key Features

- Builds on strengths of Medicare Advantage program and State’s Medicaid Managed Care and MLTC programs
- Blends Medicare and Medicaid delivery of services and financing at plan level
- Holds MCO accountable for arranging for or providing for most Medicare and certain Medicaid covered services
- Eliminates fragmentation caused by two payers
- Enables better care coordination
How Does It Work

- Duals meeting eligibility criteria voluntarily enroll in one plan---but in two products offered by the plan
- Plan receives two monthly premiums---one from CMS and one from State
- State premium covers Part C cost sharing under Medicare Advantage SNP and services covered by Medicaid wrap.
Key Differences Between Two Models

Medicaid Advantage
- Plans must be Medicare Advantage SNPS, and qualified to participate in Medicaid Advantage
- Enrollees must be 18 and over, fully Medicaid eligible, not otherwise excluded from Medicaid managed care
- MCO integrates primary, preventive and acute care (no long term care)

Medicaid Advantage Plus
- Plans must be Medicare Advantage SNPS, MLTCPs under PHL 4403-f, and qualified to participate in Medicaid Advantage Plus
- Enrollees must be 18 and over, Medicaid eligible, eligible for nursing home level of care
- MCO integrates primary, preventive, acute and long term care
- More intensive case management model
Medicare Advantage Benefit Package

- Standard Medicare Part C Benefit
- Supplemental Medicaid Benefit/Enhancements
  - No limit on medically necessary hospital stays
  - No prior hospital stay required for SNF entry
  - Medically necessary podiatry
  - Medicaid covered DME
  - Medicaid covered prosthetics
  - Medicaid hearing services and products
  - Medicaid vision care
- Part D Benefit Approved by CMS
Medicaid Advantage Benefits

- Medicaid Advantage
  - Non-Medicare covered inpatient mental health
  - Non-Medicare covered home health services
  - Private duty nursing
  - Dental
  - Non-emergency transportation

- Medicaid Advantage Plus--
  - Care management
  - Non-Medicare covered nursing home
  - Personal care
  - Nutrition
  - Medical social services
  - Social and environmental support services
  - Adult day care
  - Social day care
  - Personal emergency response services
How We Got Started

- Development began in 2003
- Initial focus on amending 1115 Waiver to permit dual eligibles to enroll in Medicaid health plans
- Scope quickly broadened to evolve existing managed care models to eliminate fragmentation of coverage between two payers and to effectively integrate the delivery and financing of primary, acute and long term care services.
Steps We Took

- Assessed managed care landscape
- Engaged in discussions with CMS
- Formed work group of health plans that participate in both Medicare and Medicaid
- Assessed available Medicare Advantage products, actuarial value of benefits, differences between Medicare and NY Medicaid benefits
Early Decisions

- Worked off Medicare Advantage platform
- Chose not to seek additional waivers of Medicaid or Medicare rules
- Developed uniform Medicare Advantage benefit package for participating plans to file with CMS
- Enhanced uniform Medicare Advantage benefit with some supplemental Medicaid services not usually covered by Medicare
- Based Medicaid Advantage premiums on plan’s A/B bid to CMS for enhanced uniform Medicare Advantage product and plan’s projections for Medicaid Advantage enrollment and utilization of wrap services.
Issues We Encountered

- Differences in Medicare and Medicaid regulatory and administrative requirements
  - Enrollment Process
  - Enrollment/Member materials
  - Marketing Guidelines
  - Grievance and Appeals Processes
  - MMA preemption of state laws except for solvency and licensure
- Mechanism for joint review and approval of member marketing materials
- Need for risk assessment tools to better assess patient needs and predict financial risk
- Need for streamlined application for plan qualification
Accomplishments

- Model contracts, model handbook, premium proposal submission requirements
- Joint marketing materials review process with CMS Regional Office
- Streamlined program application process for new plans
- Contract with consultant to develop tool to appropriately assess dual eligibles for acute and long term care needs and to predict risk for payment purposes
- Through CHCS, ongoing communication with CMS and other states on Medicare/Medicaid integration issues
- Currently communicating with CMS RO on implementing SNP state subset policy
- Increase in number of plans and dual eligibles participating in integrated care models
Current Program Status

- Medicaid Advantage
  - 11 contracted plans, 9 operational
  - 2 others scheduled to begin in next few months
  - 2-3 more in pipeline for 2008
  - Enrollment is 3,774

- Medicaid Advantage Plus
  - First 2 plans scheduled to begin in next few months
  - 2 others under review
  - Several existing partial capitation MLTCs planning to expand to Medicaid Advantage Plus model in 2008
Observations

- Current climate positive for State’s to facilitate integration of Medicare and Medicaid
- Health plans are increasingly interested in serving dual eligibles and integrated programs
- Despite high interest by plans, enrollment growth has been modest
- Other CMS approved SNP benefit packages seem to have more market appeal than the uniform Medicare Advantage benefit package under our program models
Next Steps

- Continue to evolve existing models to effectively integrate financing and delivery of Medicare and Medicaid services
- Increase plans offering integrated primary, acute and long term care benefits
- Work with plans to refine uniform benefit packages to be more competitive
- Increase number of dual enrollees in integrated program models
- Refine data reporting and analysis by plans
- Develop and monitor quality measures specific to the enrolled populations
<table>
<thead>
<tr>
<th>Program</th>
<th>Medicaid Managed Care</th>
<th>Medicaid Advantage</th>
<th>PACE</th>
<th>Managed Long Term Care</th>
<th>Medicaid Advantage Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Groups</td>
<td>Medicaid No Duals</td>
<td>Duals Only (must have full Medicaid age 18 and over)</td>
<td>Duals and Medicaid only (must be 65+ and eligible for nursing home admission)</td>
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<tr>
<td>Services Included</td>
<td>Acute care Limited SNF Behavioral Health CHHA Dental Transportation DME</td>
<td>Acute Care Limited SNF Home Care Behavioral Health Dental Transportation DME Pharmacy (Part D)</td>
<td>Acute Care Unlimited SNF Home Care Personal Care Dental Transportation DME Pharmacy (Part D)</td>
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<tr>
<td>Funding Source</td>
<td>Medicaid only</td>
<td>Medicare Medicaid</td>
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</tr>
<tr>
<td>Carved Out Services</td>
<td>Pharmacy Permanent SNF Personal Care Behavioral Health (SSI)</td>
<td>Nursing home (&gt;100 days)</td>
<td>No carved-out services</td>
<td>Hospital Care Physician Services Behavioral Health Pharmacy</td>
<td>Specialized mental health services</td>
</tr>
</tbody>
</table>
Related Information on DOH Website
www.health.state.ny.us

- Health Plan Contracts
  - Medicaid Advantage
  - Medicaid Advantage Plus
- MLTC Consumer guide
- MLTC Final Report to the Legislature
- eQARR 2006
- 2006 NYS Managed Care Plan Performance Report