

The New Medicaid Landscape: LTC Services in Medicaid Managed Long-Term Care

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Today's Agenda

- What is Managed Long Term Care (MLTC)?
- What to Expect in Albany, Erie, Monroe, and Onondaga Counties – and all other upstate counties by the end of 2014.
- Transition Rights for Patients Mandated into MLTC.
- Due Process Rights and Patient Protections.

What is a *managed care* plan?

- A type of private health insurance plan paid a fixed amount *per capita* to authorize, pay for & provide all covered services.

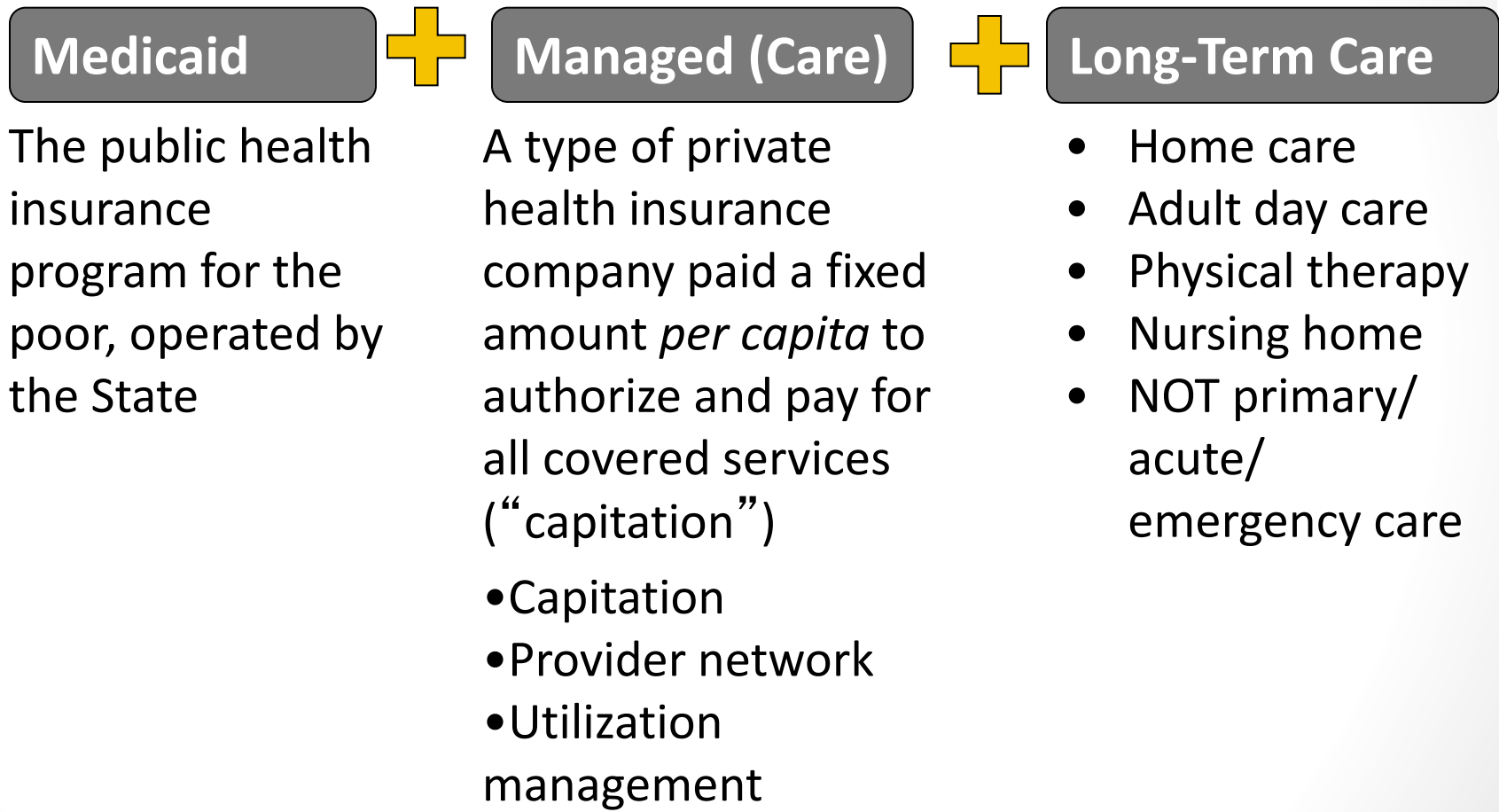
Features of Managed Care

- Capitation rate = monthly premium
- Provider network – must stay “in-network”
- Utilization management – need Plan’s prior approval for certain services
- Benefit package – which services covered depends on type of plan and who is payer

Who gets Mainstream Medicaid Managed Care?

- All counties now mandatory – just as of this year
 - Now 3.44 million New Yorkers enrolled.
- EXCLUSIONS from MMC:
 - All Dual Eligibles.
 - All people with a Spend-down
- LTC in Benefit Package –
 - Certified Home Health Agency (CHHA);
 - Personal Care (August 2011);
 - CDPAP (November 2012);
 - Private Duty Nursing; and
 - Nursing Home coverage (October 2014)

What is Medicaid Managed Long-Term Care (MLTC)?



Two Models for Managed Long-Term Care

- Partial Capitation
 - MLTC Plans
- Full Capitation
 - Program for All-Inclusive Care for the Elderly (PACE), or
 - Medicaid Advantage Plus (MAP)
- Availability varies by County
 - <http://www.wnylc.com/health/afile/114/371/>
 - http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm

MLTC Plans

- Plan provides Medicaid LTC package of services;
- Plan does NOT provide Medicare-covered services.
- Most primary and acute medical care is not in the MLTC service package, so client keeps her regular Medicare card (or Medicare Advantage plan) for all Medicare primary/acute care.

MLTC Benefit Package

- Home care:
 - Personal Care (Level I and Level II) ;
 - CDPAP;
 - Home Health Aide, PT, OT (CHHA Personal Care);
 - Private Duty Nursing.
- Adult day care – Medical & Social;
- PERS, home-delivered meals, congregate meals;
- Medical equipment, supplies, prostheses, orthotics, hearing aids, eyeglasses, respiratory therapy, Home modifications;
- 4 Medical specialties-Podiatry, Audiology, Dental, Optometry;
- Non-emergency medical transportation;
- Nursing home.

**** PACE & MAP also include primary and acute care ****

Services Not Covered by MLTC Partial Capitation Plans

- MLTC partially capitated plans DO NOT provide primary, acute & specialty medical care, hospital inpatient or outpatient care, lab tests, prescription drugs
 - except for 4 specialties (audiology, dental, optometry, podiatry)
- MLTC Members use their ORIGINAL MEDICARE or MEDICARE ADVANTAGE or Medicaid cards for these services

MAP & PACE

- Plan provides all Medicare and Medicaid services, including Long Term Care services.
- PACE:
 - PACE plans provide services through a particular site – a medical clinic or hospital. Because all providers are linked, potentially more opportunity for coordinated care.
- MAP:
 - Traditional insurance model. Plan contracts with various providers.
 - CAUTION: Medicaid Advantage Plus (MAP) is not the same as Medicaid Advantage (MA). Both include all Medicare services, but:
 - MA provides Medicaid *without* LTC;
 - MAP provides Medicaid *with* LTC.
- Not everyone eligible for MLTC is eligible for PACE or MAP: Must Need Nursing Home level of care.

When did Medicaid Mandate Managed Long Term Care?

- Medicaid Redesign Team (MRT) changes:
 - Approved in 2011;
 - Started in NYC (September 2012);
 - Expanded to Nassau, Suffolk & Westchester Counties
 - For Personal Care Services; CDPAP; and Home Health Recipients.
 - Rest of State by the end of 2014.

MLTC Timeline

<u>Month</u>	<u>Counties</u>
April 1	Columbia, Putnam, Sullivan, Ulster
May 1	Rensselaer, Cayuga, Herkimer, Oneida
June 1	Greene, Schenectady, Washington, Saratoga
July 1	Dutchess, Montgomery, Broome, Fulton, Madison, Schoharie, Oswego
August 1	Warren, Delaware, Niagara, Otsego, Chenango
September 1	Essex, Clinton, Franklin, Hamilton
October 1	Jefferson, Lewis, St. Lawrence, Steuben, Chautauqua, Cattaraugus, Alleghany
November 1	Yates, Seneca, Schuyler, Tioga, Cortland, Chemung
December 1	Genesee, Ontario, Livingston, Orleans, Tompkins, Wayne, Wyoming

Who Must Join MLTC?

- Dual eligibles, who are:
 - Living in “mandatory” counties;
 - Age 21 or older; and
 - Receiving or in need of Medicaid Community-Based Long-Term Care services for >120 days in a calendar year
 - CDPAP
 - Certified Home Health Agency services (CHHA)
 - Adult Day Health Care (medical model)
 - Lombardi Waiver (Long-Term Home Health Care)
 - Private-Duty Nursing

Who does NOT have to join MLTC?

- No Medicare (but MAY enroll if need home care and would otherwise qualify for nursing home care);
- Under 21 (but MAY enroll if over 18);
- Those Excluded from Mandatory MLTC even in mandatory county:
 - In TBI, NHTD or OPWDD waiver
 - Have Hospice Care or live in Assisted Living
- Need <120 days Community Based LTC;
- Need ONLY Level I PCS;
- Need ONLY Social Adult Daycare.

* NOTE: Spend-Down does NOT keep patients out of MLTC as it does for MMC *

What Happens When MLTC Becomes Mandatory?

- How does Mandatory Enrollment Work?
- How to Select a Plan?
- What Rights do Members Have?

Timeline in Mandatory Counties

- “Announcement” letter from DOH mailed to all personal care, CDPAP, CHHA, private duty nursing, adult day recipients;
 - http://www.health.ny.gov/health_care/medicaid/redesign/docs/1.1-am_notice-english-unenrolled.pdf
- 30 days later – NOTICE from NY Medicaid Choice (Maximus) giving 60 days to select an MLTC plan, with option of picking MAP or PACE;
 - <http://www.wnylc.com/health/download/318/>
- Select & Enroll in Plan;
- OR: Randomly assigned to MLTC – not to MAP or PACE.

Choosing a Plan

- Full or Partial Capitation?
- Partial – MLTC:
 - If recipient wants to keep current doctors, hospitals, etc.
- Full – MAP or PACE:
 - Plan covers all Medicare and Medicaid services
 - Must use plan network
 - PACE provides services at a particular site;
 - MAP works like conventional insurance.

Enrollment

- Must have active Medicaid approved FIRST.
- MLTC:
 - May enroll through plan or through NY Medicaid Choice (Maximus – (888) 401-6582)
 - Enrollment has no impact on Medicare.
- MAP or PACE:
 - Must enroll through the plan, not NY Medicaid Choice;
 - Two parts to enrollment:
 - Enrollment in Medicare Advantage and in connected Medicaid plan;
 - Automatically disenrolled from Medicare Advantage; Stand-alone Part D; and MMC.

Enrollment (cont'd.)

- No lock-in!
 - Members can switch plans at any time;
 - But cannot return to FFS for LTCS
- Timing:
 - Must enroll by the 20th to be effective by the first of the next month;
 - But plans may extend disenrollment until the first of the second month;
 - There should be no gap in services.

Transition to MLTC

- Continuity of Care:
 - 90-day continuation of services – or until the plan conducts a new assessment – whichever is LATER.
 - DOH Policy 13-10, May 8, 2013.
 - Includes personal care, CDPAP, private duty nursing, and adult day care.
 - MLTC Plan must contract with all PC vendors under contract with LDSS.

After the Transition Period

- Plan may reduce services
 - Must give advance written notice of change;
 - Must describe available appeal rights;
 - Must give “Aid Continuing” if client requests fair hearing.
- **NEW – INTERNAL APPEAL** – In MLTC, client must first request an Internal Appeal within the Plan. Only if she loses that may she request a state fair Hearing

Appeal Rights

- Internal Appeals with the MMC Plan;
- External Review;
- Fair Hearings.

Internal Appeals

- Can be submitted orally or in writing (but oral appeals must be followed up by written appeal, except where expedited appeal is requested)
- Plans must assist enrollees in filing appeals
- Enrollees must have at least 60 days to file appeal (no more than 90)
- Instructions and time frames for filing an appeal must be in the Notice of Action

Fair Hearings

What is a Fair Hearing?

Adversarial, administrative hearing in front of an Administrative Law Judge (ALJ) to challenge determinations made by the Local DSS, managed care plans, or the New York State Department of Health.

Due Process Issues

- Notice:
 - Timely
 - 10 days prior to proposed action
 - Adequate
 - Must describe proposed action;
 - Specific reasons for the action;
 - Legal basis for the action;
 - Right to conference/fair hearing;
 - Right to representation.

When to request a Fair Hearing

- To Challenge the Action:
 - Within 60 days of the notice
- For Aid Continuing:
 - Within 10 days of receipt of the notice
- Without notice (or notice is either untimely or inadequate):
 - No limit.

Notice Requirements

- Must:
 - Clearly indicate a clinical rationale that shows review of the enrollee's specific clinical data and medical condition; the basis on which request was not medically necessary or does not meet specific benefit coverage criteria; and be sufficient to enable judgment for possible appeal;
 - Clearly state what has *changed* to warrant the denial or reduction of previously approved services.

Notice Requirements

- Appropriate Reasons for Reducing, Discontinuing, or Denying Personal Care Services or CDPAS:
 - Client's medical, mental, economic, or social circumstances have changed AND the prior level of care is no longer necessary or can be provided in fewer hours;
 - Mistake in previous authorization;

Notice Requirements

- Reasons for reduction/denial (cont'd):
 - Client refused to cooperate with assessment;
 - Technological development renders services unnecessary;
 - Other Medicaid programs more appropriate;
 - Health and safety cannot be maintained;
 - Medical condition is not stable;
 - Not self-directing;
 - Needs exceed personal care/CDPAP scope of practice; and
 - Client resides in a facility or participates in another program responsible for the needed services.

Coming in 2014: Nursing Home Carve-In

- All Medicaid recipients over age 21 in NHs or permanently entering nursing homes will be required to enroll in MLTC (dual eligible) or in main-stream MMC (for those without Medicare)
- *Only if CMS approval received (pending for June 2014), this transition begins March 1, 2014:*
 - NYC, Nassau, Suffolk and Westchester counties – 6/1/14 – begins with 6-month voluntary enrollment period, followed by auto-assignment to plans;
 - December 1, 2014 – 6-month voluntary enrollment begins in rest of state

Nursing Home Carve-In (cont'd.)

- CONTINUITY GUARANTEED – NO ONE WILL BE FORCED TO MOVE - People already in nursing homes as permanent residents on 3/1/2014 are grandfathered in – don't have to enroll in MLTC or mainstream MMC plan - can stay in their nursing home with Medicaid paying as before.
- Transfer Penalties and 5-year lookback still apply
- New NH residents downstate permanently placed after 6/1/14 will have 60 days to select an MMC or MLTC plan or be auto-assigned to the plan that contracts with their NH.
- Rest of state: beginning 12/1 2014.

Useful Resources

- MRT website:
 - http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm
- New York Medicaid Choice (Enrollment Broker) 1-888-401-6582
 - Website <http://nymedicaidchoice.com/>
- NYS Dept. of Health MLTC Complaint Hotline 1-866-712-7197 and cc mltcworkgroup@health.state.ny.us
 - Use same e-mail for questions about MLTC policy, rules
- Related online articles on <http://nyhealthaccess.org>:
 - All About MLTC - <http://www.wnylc.com/health/entry/114/>
 - Tools for Choosing a Medicaid Managed Long Term Care Plan <http://wnylc.com/health/entry/169/>
 - Appeals & Grievances - <http://www.wnylc.com/health/entry/184/> with advocacy contacts
 - MLTC News updates: <http://www.wnylc.com/health/news/41/>

Questions?

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