**New York State's Duals Demonstration Project: Fully Integrated Dual Advantage (FIDA)**

FIDA plans are a new type of managed care plan for certain "Dual Eligibles" - people who have both Medicare and Medicaid in NYS. FIDA is only for those Dual Eligibles who need are over age 21 and need long-term care services – home care or nursing home care.

**HOW DUAL ELIGIBLES RECEIVED CARE UNTIL NOW –**

Until now, dual eligible have had the choice of using Medicare and Medicaid through either of two models -- Fee for Service or through a Managed Care plan.

**For their MEDICARE services,** still have the **OPTION** of receiving their Medicare services either through a:

* "*Medicare Advantage*" plan -- a type of HMO or other managed care plan that controls access to and manages all of their MEDICARE services, usually including Part D prescription drugs, or
* "*Original Medicare*" which is Medicare on a "fee for service basis" (see blue and white Medicare card), and enroll in a separate stand-alone *Medicare Part D* plan for prescription drugs.

**For their MEDICAID services,** if they need Medicaid home care or other community-based long term care services, most adult Dual Eligibles in NYC, Long Island, Westchester or one of the other counties with [MANDATORY Managed Long Term Care](http://www.wnylc.com/health/entry/114/), are **required** to enroll in an **MLTC** plan.  See MLTC news at <http://www.wnylc.com/health/news/41/>.  This includes Dual Eligibles who have a Medicaid Spend-down. MLTC members have the choice of keeping their Original Medicare card or enrolling in a Medicare Advantage plan for their Medicare services. They receive some Medicaid services outside of the MLTC plan – such as covering the Medicare co-insurance for hospital stays and doctor visits.

**Plans covering Medicare and Medicaid are not new --** Even up til now, Dual Eligibles have had an option of enrolling in a single plan that combines all of their Medicare and Medicaid services in one managed care plans.  These are called *MEDICAID ADVANTAGE* Plans (as opposed to MEDICARE Advantage plans) and PACE plans.  The name is misleading because these plans cover MEDICARE as well as MEDICAID services.  TO make it more confusing, only some MEDICAID ADVANTAGE plans include Medicaid personal care and other long term care services.  These are called MEDICAID ADVANTAGE PLUS Plans.   PACE plans also cover Medicaid long term care services as well as all Medicare services

Click here for a chart showing which of these many types of plans are offered by each insurance company in NYS,  posted at  [http://www.wnylc.com/health/download/429](http://www.wnylc.com/health/download/429/).

**HOW IS THIS CHANGING?  THE NEW FIDA PLANS –**

FIDA plans will combine under *one managed care plan – a:*

(1) Medicare Advantage plan,

(2) Part D prescription drug plan, AND a

(3) Medicaid Managed Long Term Care plan, and

(4) all other Medicaid services.   FIDA plans will cover not only Medicaid long-term care services, as MLTC plans do, but also cover ALL other medical care covered by Medicare and Medicaid.

In other words, a FIDA member will essentially trade in ALL of their insurance cards -- Medicare (Original or Medicare Advantage), Medicaid, MLTC, Medigap, and Medicare Part D -- and only have *one health plan* -- their FIDA plan.

**WHERE**

As a demonstration program, NYS is targeting a smaller group of dual eligibles, not the whole state. The demonstration area is **NYC, Long Island, and Westchester.**

**WHO**

Not coincidentally, the target group includes **ADULT** **dual eligibles in NYC, Long Island, and Westchester who EITHER**

* Receive or need **MANAGED LONG TERM CARE**services -  those adults age 21+  who receive or need community-based long term care services,  OR
* Live in **nursing homes**or who come to be permanently placed in nursing homes.

**EXCLUDED** - People in the OPWDD, TBI, and Nursing Home Transition & DIversion Waiver,  who are receiving hospice services or who live in Medicaid Assisted Living Program will be excluded.

**IS FIDA MANDATORY FOR DUAL ELIGIBLE IN MLTC?**

Yes and no. Unlike MLTC, enrollment in a FIDA plan is not "mandatory."   MLTC members may choose to **OPT OUT** and stay in an MLTC plan for their home care, and use their Original Medicare or Medicare Advantage cards for their primary medical care.  However, if they do not opt out, or select their own plan, they will be “passively enrolled” into a FIDA plan selected for them.

* **HOW DO I OPT OUT?**  After the Announcement Notice is sent in your region (see below), you can call New York Medicaid Choice to OPT OUT.

CALL **1-855-600-FIDA (1-800-855-3432**) Monday to Friday 8:30 am to 8:00 pm and Saturday from 10:00 am to 6:00 pm. **TTY: 1-888-329-1541**

**WHEN -- Demonstration area is divided up into TWO REGIONS.**

**REGION I – New York City and Nassau County**

* **December** **2014 – “Announcement Notice”** sent to MLTC members and nursing home residents explaining that they may "voluntarily" enroll in a FIDA plan
* **Jan. 1, 2015** - **Enrollment becomes effective** in FIDA plans for people who voluntarily enrolled in December 2014. People who voluntarily enroll in January, February or March 2015 will become enrolled in the FIDA plan the month after they enroll.
	+ **Jan. 1, 2015 – 90-Day Notice mailed to anyone who did not**  join a plan "voluntarily," telling them that they may enroll in a FIDA plan and that if they and do not OPT OUT prior to April 1, 2015,  they will be "passively enrolled" into a plan effective April 1, 2015.
* **Feb. 1, 2015 – 60-Day NOTICE OF RIGHT TO OPT OUT** or enroll in a FIDA plan**.**
* **Mar**. **1,** **2015 - 30-Day** Notice of right to **OPT OUT** or enroll in a FIDA plan.
* **Apri 1, 2015 – Those who did not OPT OUT are automatically assigned - *passively enrolled* --** into a FIDA plan. The plan is chosen “intelligently” to match their existing providers. MLTC members are likely to be assigned to the plan sponsored by their MLTC plan. Nursing home residents will be assigned to the plan that contracts with their nursing home.

**Region 2 – Suffolk County and Westchester**

* March 2015 – Announcement Notice that may voluntarily enroll in FIDA
* April 2015 – Enrollment becomes effective for those who voluntarily enrolled
	+ 90-Day Notice mailed that must OPT OUT of FIDA by
* May 1, 2015 – 60-Day Notice
* June 1, 2015 – 30 day Notice
* July 1, 2015 - **Those who did not OPT OUT are automatically assigned - *passively enrolled* -- into a FIDA plan**

**Right to disenroll**  -- anyone may disenroll at any time as of the first of the next month, but sometimes not til the 1st of the second month. This delay may prevent you from seeing your doctor or other providers, if they are not in the FIDA plan's network.

**WHICH PLANS?**

Most downstate MLTC plans are seeking to become FIDA plans. This means adding all Medicare services and Medicaid services not covered by MLTC.  See list showing types of plans offered by each company, with column showing which will be FIDA plans, at  [http://www.wnylc.com/health/download/429](http://www.wnylc.com/health/download/429/).  State's list of FIDA plans posted in Question A6 in this DOH  [Frequently Asked Questions (FAQs) - September 2013](http://www.health.ny.gov/health_care/medicaid/redesign/docs/2013_09_fida_faq.pdf).

**CONSUMER RIGHTS – 90-Day TRANSITION PERIOD - CONTINUITY OF PAST SERVICES AND PROVIDERS**

New enrollees in FIDA may lose access to physicians other medical providers if they are not in the new FIDA plan network. If they were in Original Medicare, they had full access to any Medicare provider. Now they must see only in-network doctors.

* 90-DAY TRANSITION PERIOD - FIDA plans must allow you to maintain  ALL current providers and services, at the time of enrollment for at least 90 days after enrollment, or even longer if it takes longer for the FIDA plan to do a care assessment.
	+ FIDA plan has 60 days to do an assessment for people who transitioned from MLTC, and 30 days for new applicants who never had MLTC.
* PRESCRIPTION DRUGS -- The FIDA plan may cover fewer drugs than your old Part D plan. But during the 1st 90 days of enrollment FIDA plan must cover all of your old drugs.
* FIDA plans must allow nursing home residents who were passively enrolled to stay in the same NH for the duration of the demonstration – they cannot make them transfer to a different nursing home. So FIDA plans must contract with ALL nursing homes.

**MORE CONSUMER PROTECTIONS**

* **OMBUDSMAN** - NYS is appointing an Ombudsprogram to assist and advocate for consumers navigating FIDA.
* **COSTS to CONSUMER** – FIDA plan may not charge you any copayments or deductibles, including for Part D drugs.  However, member will be billed for the Medicaid Spend-down (called a “NAMI” in nursing homes).
* **Medical Loss Ratio (MLR)**– 85% of all premiums must be spent on services and care coordination, not administration/profit.  Plan must return difference to CMS.
* **Right to Disenroll** at any time and return to Original Medicare or Medicare Advantage, with Medicaid MLTC for long term care.
* **INTEGRATED APPEAL PROCESS --** A unique component of NYS’s FIDA demonstration is that it will integrate into one system appeals for Medicare and Medicaid services.  Part of the goal of FIDA is to simplify access to care for consumers, so that they don’t have to separately navigate Medicare and Medicaid bureaucracies.
	+ Consumer receives ONE notice – not separate Medicare and Medicaid notices.
	+ **\*\*\*Aid Continuing**will be granted in ALL appeals – even when MEDICARE services are denied, if the appeal is requested within 10 days of the notice.  If timely requested, Aid Continuing will apply throughout all  stages of the appeal process up through Stage 3
	+ **FOUR stages of appeal** for all Medicare and Medicaid appeals.  Aid Continuing applies through the 3rd stage.
1. **Initial appeal is to the Plan**.
2. If plan denies internal appeal, may appeal is to the**State’s integrated hearing officer** – who will hear both Medicare and Medicaid appeals (except for Part D).  This is reportedly going to be a new entity within OTDA (current hearing office)
3. If hearing is lost, may appeal to the**Medicare Appeals Coun**cil – which will hear Medicaid issues as well as Medicare. Aid continuing applies if timely requested.
4. **Federal district court**appeal. (NO automatic aid continuing)

**FOR MORE INFORMATION**

State FIDA website <http://www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm> - includes NYS DOH FAQ (9/2013), link to the [Memorandum of Understanding](Memorandum%20of%20%20Understanding) ,  [CMS Press Release,](http://www.health.ny.gov/health_care/medicaid/redesign/docs/2013-08-26_ny_mou_press_release.pdf)[CMS Fact Sheet](http://www.health.ny.gov/health_care/medicaid/redesign/docs/2013-08-26_ny_mou_fact_sheet_final.pdf), various DOH Presentations such as <http://www.health.ny.gov/health_care/medicaid/redesign/docs/fida_stakeholder_mtg_present.pdf>

<http://dualsdemoadvocacy.org/>.

**NYS Consumer Advocacy information:**

<http://www.wnylc.com/health/entry/166/><http://www.wnylc.com/health/entry/196/>

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