Integrating Medicare and Medicaid

New York's Experience

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Managed Care Landscape in NY

- > 1115 waiver
- Mandatory in 23 counties and NYC
- > 2.5 million enrolled
- Largely TANF/SN
- Mandatory SSI as of 11/05
- Prior to 1/05, dual eligibles excluded

Medicaid MCOs

- 28 full risk plans,
- 3 HIV SNPs
- 12 MLTC Partial caps
- 4 PACE
- Medicare MCOs
 - 19 Medicare Advantage Plans
 - 4 PACE

New York's Dual Eligible Initiative -Medicaid Advantage

- > Began development in 2003
- Initial focus was on enrollees aging into Medicare but scope quickly broadened:
 - Spending on duals accounts for significant portion of Medicaid spending in NY
 - Duals tend to have more serious/complex medical and LTC needs
 - Having coverage divided between two payers can be confusing to beneficiaries and result in fragmentation and misaligned incentives.

Medicaid Advantage

- Decided quickly to design program working off M+C platform
- Considerable overlap in NY between plans participating in M+C and Medicaid managed care

Basic principle was to have duals enroll in one plan but two products - a M+C product and a Medicaid wrap designed to pick up cost sharing and Medicaid only benefits.

Medicaid Advantage

- Meetings with CMS briefings and guidance, amendment to waiver
- Plan workgroup
- Decision to establish standard Medicare benefit package
- Analysis of M+C plans & products, actuarial analysis, detailed analysis of differences in Medicare benefits and NY Medicaid
- Development of materials model contract, handbook,brochure, enrollment form

Operational Issues

Enrollment

- ability to limit
- enrollment form
- coordination of effective dates of coverage
- failed enrollments
- disenrollments

Operational Issues

Marketing

- Medicare rules apply
- Medicaid rules supplement as long as they are not inconsistent with Medicare. Examples: reading level, translation, font size
- Coordinated review of marketing materials between CMS and NYSDOH using CMS timeframes
- Importance of integrated materials

Operational Issues

> Grievances and Appeals

- NY proposal was to have Medicare rules apply except for those benefits solely covered by Medicaid (ie dental)
- CMS determination:
 - Medicare rules apply to Medicare only benefits
 - Medicaid rules apply to Medicaid only benefits
 - For services which are covered benefits under both programs, enrollees can choose which process to follow

Medicaid Advantage

CMS approval of changes to T&C December '04

First plan contracts May '05

> Eight plans operational in 2006

➢ Enrollment as of 5/06 − 4,000

Future

- Promote increased flexibility under SNP model to develop truly seamless integrated program
- Expand model to incorporate Medicaid long term care services

Snapshot of NY's Managed Care Programs

Programs Enrollment	Medicaid Managed Care 2,556,350	Medicare/Medicaid Advantage 4,000	PACE 2,419	Managed Long Term Care
Eligible Groups	Medicaid No Duals (not otherwise excluded from Medicaid managed care) Includes SSI and SSI related	Duals only (must have full Medicaid eligibility and be 21+)	Duals and Medicaid only (must be 55+ and eligible for nursing home admission)	Duals and Medicaid only (must be eligible for nursing home admission)
Services Included	Physician Services Hospital Services Limited SNF care Certified Home Health Care Behavioral health services Dental Transportation DME	Physician Services Hospital Services Limited SNF care Certified Home health Care Behavioral Health Services Dental Transportation DME Pharmacy (1/1/06)	Physician Services Hospital Services Unlimited SNF care Certified Home Health Care Personal Care Services Behavioral health Services Dental Transportation DME Pharmacy	Unlimited SNF care Certified Home Health Care Personal Care Services Dental Transportation DME
Funding Sources Blended	Medicaid only	Medicaid Medicare	Medicaid Medicare	Medicaid only
Carved-Out Services	Pharmacy Permanent Nursing home Personal Care Behavioral for SSI	Nursing Home (> 100 days) Personal Care	No carved- out services	Physician Services Hospital Services Behavioral Health Services Pharmacy (1/01/06);