



# NSCLC

**National Senior Citizens Law Center**

Protecting the Rights of Low-Income Older Adults

October 25, 2013

# State Dual Integration Projects: What's Going on?

---

Fay Gordon, Staff Attorney

*The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all. For more information, visit our Web site at [www.NSCLC.org](http://www.NSCLC.org).*

# Today: overview on the dual eligible demonstration projects

Update on the status of the dual eligible demo states

Overview of the Mass. three way contract and MOUs

CMS guidance

Opportunities for advocacy

# Update on the status of the dual eligible demonstrations

# Question: Dual eligible demonstration states

State received approval (an MOU) for a demonstration.

State is currently pursuing a demonstration.

State applied for a demonstration, but withdrew.

Curious about the demonstration, but it's not happening in my state.

# Dual eligible demonstration: brief background

Medicare and  
Medicaid

10.2 Million  
(7.4M Full)

60% Seniors  
40% People  
with Disabilities

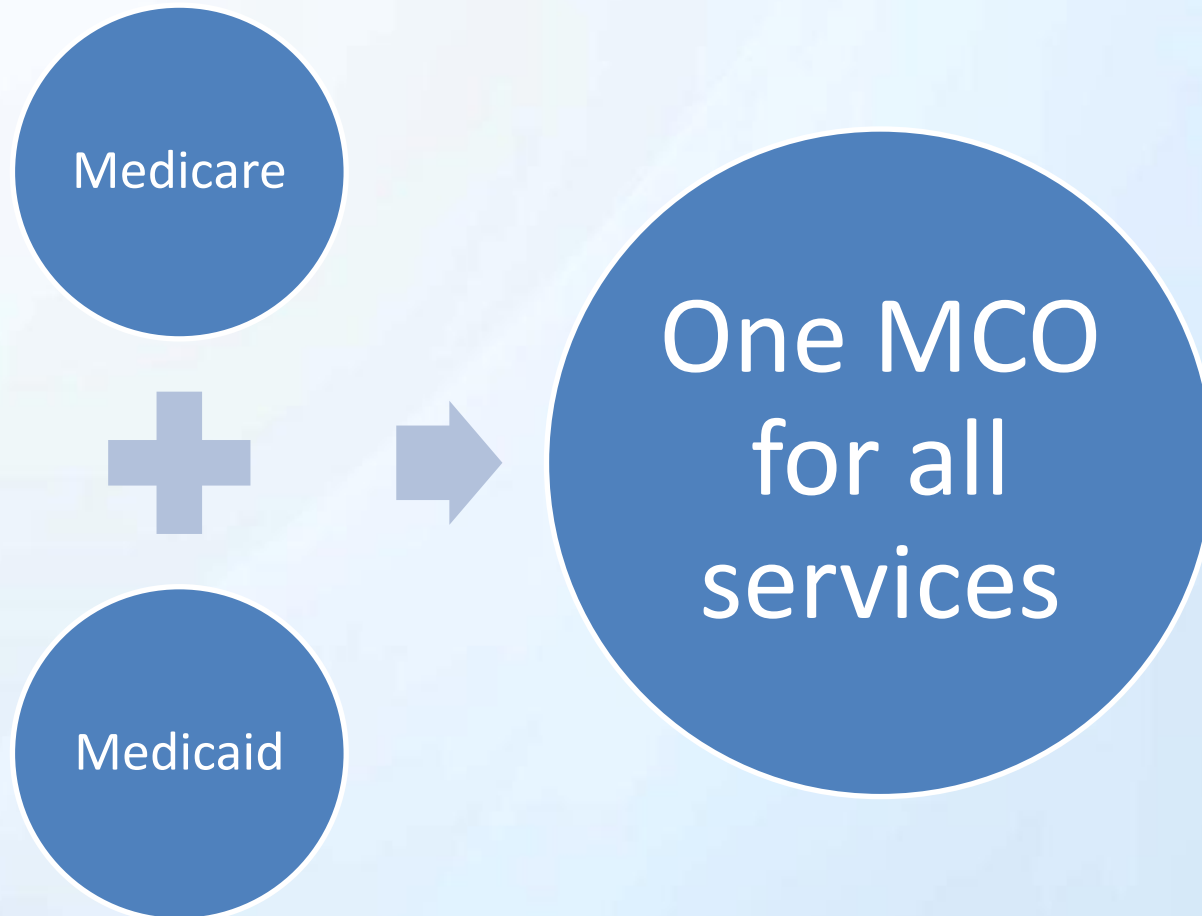
High needs

Low-income

High Cost

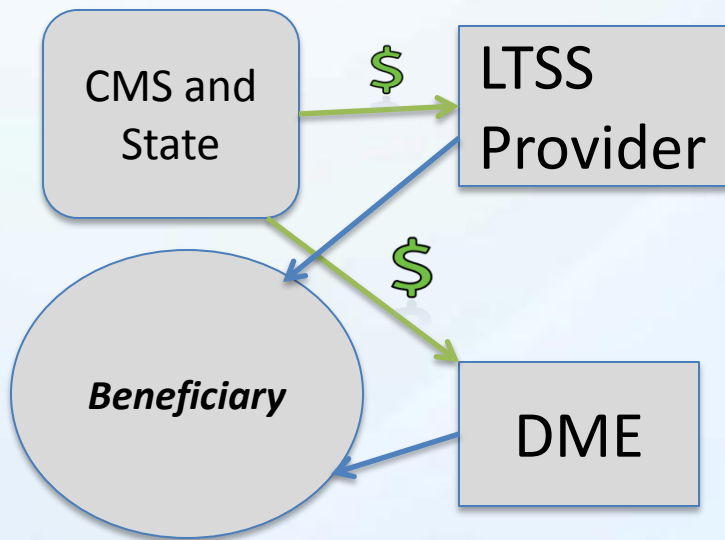
Creation of Medicare Medicaid Coordination Office

# Duals demos: Combine all services into one managed care plan

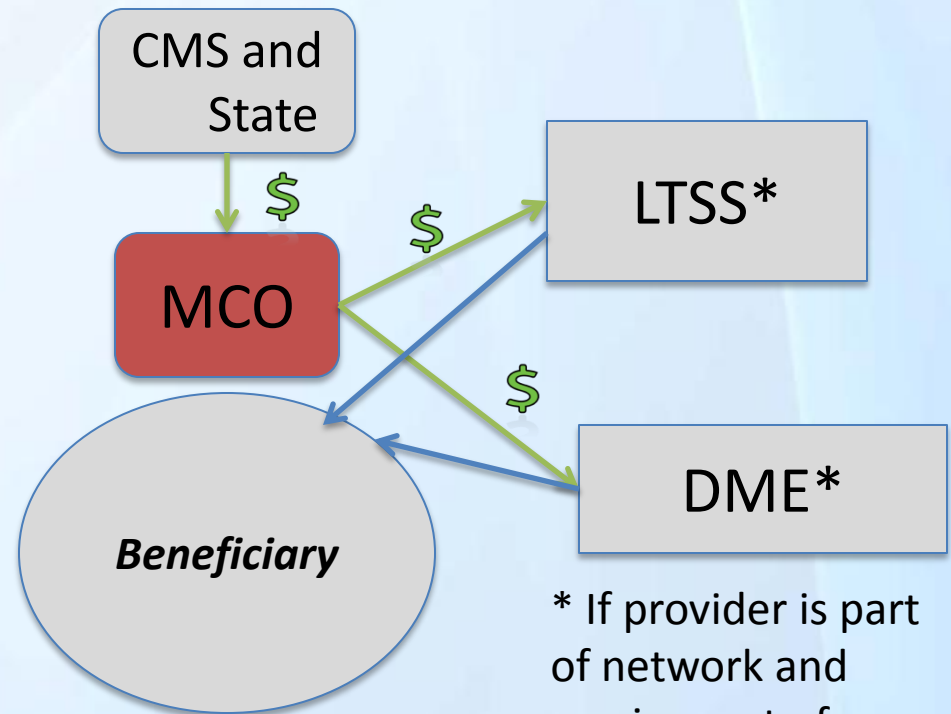


# Medicaid managed LTSS: LTSS through capitated care

## Fee for service LTSS



## Managed LTSS



\* If provider is part of network and service part of care plan

# States in different demonstration phases



More information: [www.dualsdemoadvocacy.org](http://www.dualsdemoadvocacy.org)

# 8 States approved

- Capitated (managed care) states:
  - Massachusetts, Illinois, Ohio, Virginia, California, New York
- Managed fee-for-service:
  - Washington
- Administrative changes:
  - Minnesota

# Dual eligibles may have questions about changes on the horizon

Choice

- *Am I going to be forced into managed care?*

Time

- *When do I need to think about this?*

Notice

- *How will I know if I have to make a change?*

Access

- *Will I lose access to my doctors?*

## Message

In most states, changes are not happening yet.

State	Notice Sent
California (with major exceptions)	<b>First notice:</b> Jan. 2014 <b>Second notice:</b> Feb. 2014 <b>Third notice:</b> March 2014
Illinois	Feb. 2014
Ohio	Feb. 2014
New York	May 2014 for community LTSS; Nov. 2014 for NH residents
Virginia	March 2014

## Message

Notices will explain choices and deadlines.

1. At least 2 notices— 60 day and 30 day.
2. Passive enrollment: state picks a plan for you. If you do nothing, you will be enrolled in the plan the state picked.
3. When you get a notice, find out more. Read information, talk to your doctors, get enrollment counseling.

## Message

# Learn the facts: Is your doctor part of a plan's network?

1. You can continue to see your doctor if your doctor is in the plan's network. If you need a new doctor, you will have to use one who is part of the plan.
2. Even if your doctor isn't in the plan, you will be able to continue to see the doctor for a transition period until the plan sets up new providers for you.

# Overview of the Three-Way Contract and MOUs

# MOU: Agreement between CMS and state to begin a demo

- Memorandum of Understanding = MOU
- Explains at a high level the parameters of the demonstration:
  - Enrollment process
  - Covered benefits
  - Care continuity
  - Grievance and appeals
  - Network adequacy

# Care continuity policies vary across states

	CA	IL	MA	NY	OH	VA
<b>Transition Period</b>	180/360 days Medicare/Medicaid	180 days	90 days	90 days	Depends on service	180 days

- Continuity of providers v. continuity of services

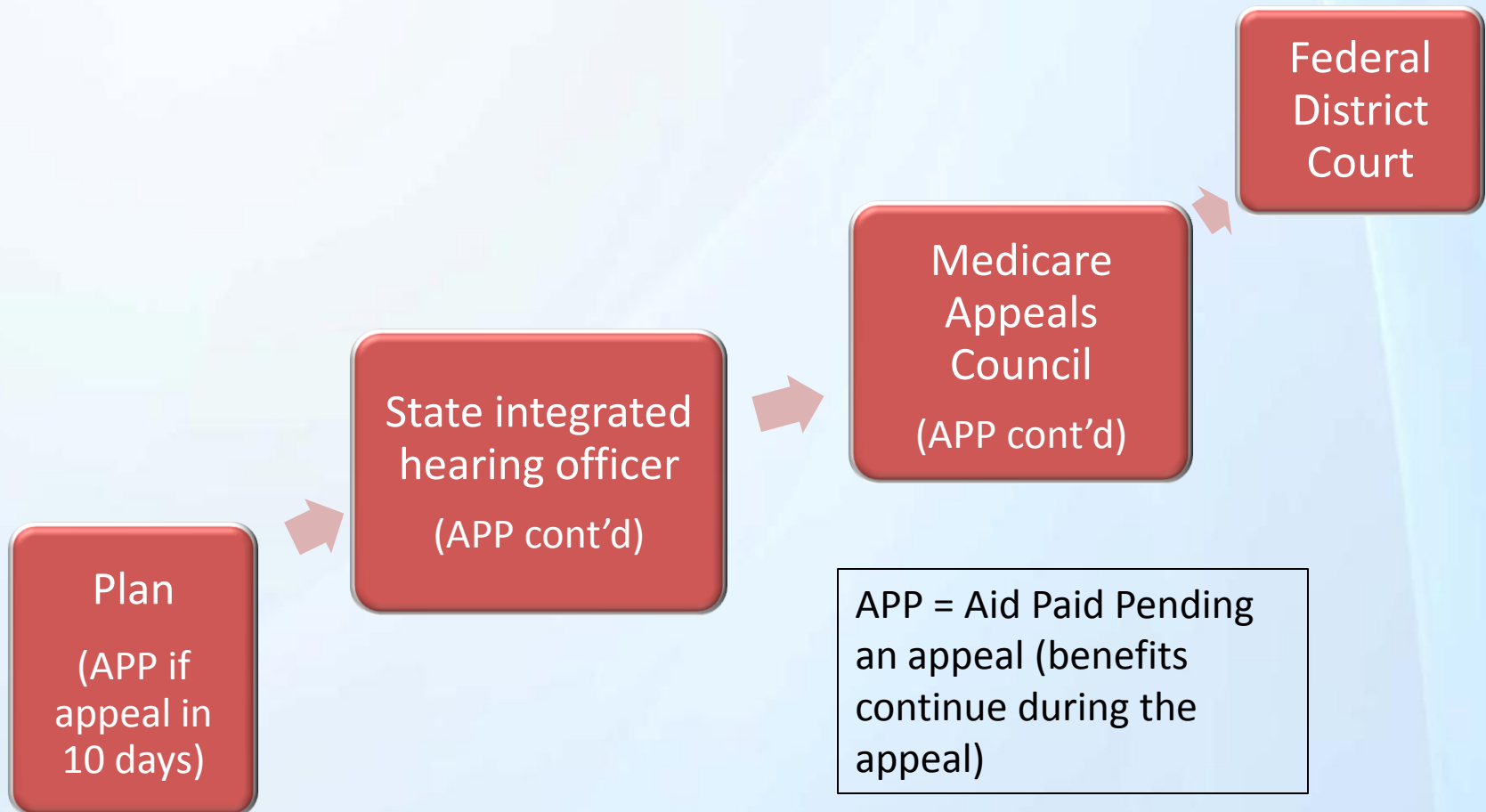
See NSCLC Advocacy Tool on Care Continuity for more details.

[www.nsclc.org/wp-content/uploads/2013/05/Care-Continuity-Final-052913.pdf](http://www.nsclc.org/wp-content/uploads/2013/05/Care-Continuity-Final-052913.pdf)

# Appeals

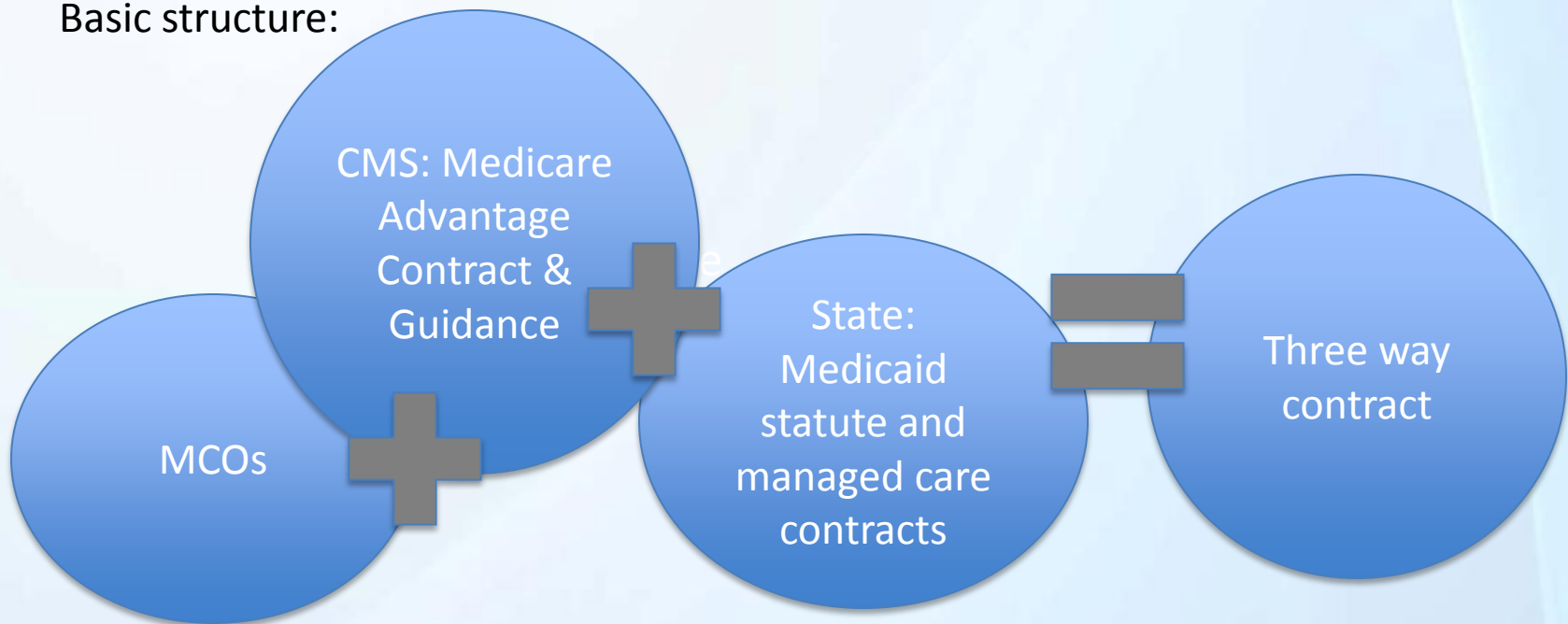
- All MOU states:
  - Integration at plan level
  - Aid paid pending at plan level
- Most states:
  - If overlapping Medicare/Medicaid services, can pursue parallel tracks
  - Best resolution trumps
- Massachusetts contract says IRE will apply Medicare/Medicaid standard

# New York: First state with an integrated appeals approach



# Three-way contract

Basic structure:



- Starting point to understand other state contracts

See: [www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MassachusettsContract.pdf](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MassachusettsContract.pdf) for more information.

# Many consumer protections detailed in the three-way contract

Key consumer sections in the three-way contract:

- Section 2 (p. 17-151):
  - Enrollment
  - Care Coordination
  - Assessments
  - Access to Services
  - Interdisciplinary Care Team
  - Long-term services and supports
  - Appeals
  - Enrollee Rights
- *Ombudsman details in FOA, not three-way contract*

See NSCLC's summary <http://dualsdemoadvocacy.org/wp-content/uploads/2013/08/Massachusetts-Three-Way-Contract-Summary-of-Beneficiary-Protections-8.23.13.pdf>.

# Demonstrations may include additional benefits

## Massachusetts Plans Benefits Package

### Expanded services

Personal Care Attendant (PCA) and Durable Medical Equipment (DME)

### Supplemental Services

Day services, home care services, respite care, peer support, care transitions assistance, home modification, community health workers, medication management, and non-medical transportation.

Beneficiaries may appeal denial of these benefits in the same manner as any Medicare or Medicaid benefit.

See: MMCO Letter (August 2013): <http://dualsdemoadvocacy.org/wp-content/uploads/2013/08/MMCO-response-to-advocate-letter.pdf>.

# Mass contract identifies enrollee rights and protections

Be treated with dignity

Privacy and confidentiality in all aspects of care

Receive a copy of medical records upon request

No discrimination on the basis of race, ethnicity, national origin, religion, sex, age, sexual orientation, medical or claims history, mental or physical disability, genetic information or source of payment

All plan options, rules and benefits fully explained, including through the use of a qualified interpreter

# More enrollee rights in the three-way contract

Be provided covered services

Full involvement in maintaining health and health care decision-making

Freedom from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

Receive current information required pursuant to the contract

# CMS Guidance

# CMS has shared several guidance documents

- MMCO information on:
  - Marketing
  - Enrollment
  - Ombudsman
  - Joint Rate Setting

# Ombudsman FOA describes basic requirements

- State requirements to receive funding for ombudsman:
  - States must have a signed MOU to receive funding
  - Funding will be provided over a three-year period to *plan, develop and provide* demonstration ombudsman services
  - Person-centered assistance to resolve demonstration problems

# Ombudsman FOA sets out three goals

- The demonstration ombudsman program will:
  - work to empower beneficiaries and support their engagement in resolving problems they have with their health care, behavioral health care, and LTSS;
  - investigate and work to resolve beneficiary problems with Plans; and
  - provide system-level analysis and recommendations.

# CMS support to Demonstration Ombudsman

Planning

Technical Assistance

Reporting

Training needs

# CMS Financial Support to Demonstration Ombudsman

- \$12 million available for the demonstration
- Up to \$3 million per state over three years
- California received funding approval:
  - \$708,366 for first year

# Ombudsman information in the FOA

- Additional guidance in the FOA:
  - Conflict free, culturally competent
  - Confidential, free to beneficiary
  - Role:
    - Education, outreach
    - Consumer assistance program
    - Conflict resolution
    - Identify systemic issues
  - Access to records of plan and service providers to resolve complaint

# Opportunities for current ombudsman

- States are not restricted from using existing ombudsman services
- The state shall consider:
  - Existing entities
  - The capacity of existing entities to expand the scope of their work
  - How to avoid compromising the capacity of the State or designated entity providing services to the population

# Opportunities for advocacy

# Opportunities for advocacy: Preparing for implementation

- Know what is going on in your state
- Educate consumers and providers
- Plan your resources for the implementation phase

# Duals Demo:

[www.dualsdemoadvocacy.org](http://www.dualsdemoadvocacy.org)

- Enrollment timelines
- MOU Summaries
- Informational webinars

Contact:

Fay Gordon

[fgordon@nsclc.org](mailto:fgordon@nsclc.org)

# Questions?

---