



## FIDA Demonstration Phase-out Plan

September 23, 2019

### Overview

Consistent with Section III.L.4 of the New York Fully Integrated Dual Advantage (FIDA) Memorandum of Understanding (MOU), prior to terminating the demonstration, the New York State Department of Health (NYSDOH) must submit a draft phase-out plan to the Center for Medicare & Medicaid Services (CMS) for approval.<sup>1</sup> While CMS and NYSDOH are already engaged in regular discussions regarding the termination of the FIDA demonstration and transition to Medicaid Advantage Plus (MAP) plans fully aligned with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs), a formal written phase-out plan will document various operational and policy aspects of the transition. It will also provide a mechanism for informing and engaging stakeholders regarding the transition in an effort to increase awareness and reduce confusion. All FIDA plans currently offer, or are in the process of soon offering, a D-SNP aligned with a MAP plan owned by the same Medicare Advantage (MA) parent organization (hereafter referred to as a “MAP-participating D-SNP”), which offers an opportunity for participants to continue receiving integrated care and care coordination for their Medicare and Medicaid benefits. As of the date of this phase-out document there are 2,706 FIDA participants.

This document provides additional detail on the content of and timeline for NYSDOH developing and submitting the written phase-out plan. CMS will continue to work with NYSDOH on the policy and operational details necessary for completing and submitting the phase-out plan, as many of the operations are dependent, in part, on CMS processes and policies.

Note that CMS is developing, in consultation with NYSDOH, specific non-renewal guidance (i.e., the close-out instructions) for the FIDA plans. This non-renewal guidance is separate from the phase-out plan. The phase-out plan is not intended to include detailed instructions to the FIDA plans regarding closing out their operations (for example, reporting requirements, responsibility for pending appeals, etc.).

### Timeline

Based on FIDA’s December 31, 2019 end date, the following timeline is currently underway:

- NYSDOH posts phase-out plan for public comment: June 24, 2019
- Public comment period: June 24 – July 22, 2019
- NYSDOH reviews comments July 22 – August 5, 2019

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<sup>1</sup> See pages 20-21 of the MOU available at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/NYMOU.pdf>

- NYSDOH submits phase-out plan to CMS no later than August 5, 2019
- NYSDOH and CMS approve phase-out plan: August 19, 2019
- NYSDOH and CMS begin implementing phase-out plan: August 26, 2019

## Phase-out Plan

This phase-out plan addresses the following areas:

- A. Beneficiary Transitions
  1. Beneficiary Assignment and Coverage Options
  2. Continuity of Care
- B. Enrollment Functions
  1. Responsibilities
  2. Enrollment Timeline
- C. Beneficiary Communications
  1. Sequence of Notices
  2. Content of Notices
  3. Identification of Sources of Help and Referrals
  4. Training Schedule for Beneficiary Supports
  5. Customer Service Scripts
  6. Public Information Strategy
- D. Stakeholder Engagement
  1. Strategy for Ongoing Stakeholder Engagement
  2. Formal Posting

## Beneficiary Transitions

### Beneficiary Assignment and Coverage Options:

NYSDOH and CMS have been working to ensure a seamless transition of FIDA participants to MAP plans and MAP-participating D-SNPs. Transitioning FIDA participants from their current FIDA plan to that organization's MAP-participating D-SNP represents an opportunity to maintain integrated care. To that end, NYSDOH has requested that CMS allow for individuals to be passively enrolled from their current FIDA plan to that plan's MAP-participating D-SNP for their Medicare benefits. Enrollees would still have the option to elect different Medicare coverage options up until 12/31/2019 (e.g., Original Medicare or a different Medicare Advantage plan) under this scenario. In order to provide sufficient time for individuals to evaluate their Medicare options, an additional Special Election Period (SEP) is provided for those in non-renewing FIDA plans. This SEP begins December 8, 2019 and ends on the last day in February, 2020. If the enrollee cancels their MAP enrollment on 12/31/19, they will be transferred to affiliated Partial MLTC plan on the Medicaid side. These passive enrollments would take effect January 1, 2020.

CMS is currently considering whether to allow this passive enrollment based on the following requirements:

- Existing Medicare providers for the FIDA plan and MAP-participating D-SNPs must be comparable;
- Medicare benefits between the FIDA plan and MAP-participating D-SNP must be similar;
- Premium and cost-sharing between the FIDA plan and MAP-participating D-SNP must be similar; and
- Medicare payment for the MAP-participating D-SNPs must be less than or equal to the Medicare fee-for-service rate.

CMS reviewed the above criteria for each FIDA plan that applies for passive enrollment on a county-by-county basis. FIDA plans that met the above requirements in a particular county will be eligible for passive enrollment of their FIDA participants in that county into that organization's MAP-participating D-SNP for the same county. The "Medicaid Plan Assigned (via passive enrollment)" columns for "Group 1 FIDA Plan Participants" in Tables 1 and 2 list in which counties each FIDA plan met the passive enrollment requirements.

Because members of different FIDA plans may have different transition paths, the following charts are available as a tool.

**Table 1: Beneficiary Assignment and Coverage Options for Medicaid**

<b>Group 1</b> <b>FIDA Plan Participants</b> <i>if FIDA participant is eligible for passive enrollment (living in counties that meet CMS-specified criteria) and does not make another choice</i>	<b>Medicaid Plan Assigned (via passive enrollment)</b>	<b>Medicaid Alternate Plan Option (when the member elects a plan different than the one identified under passive enrollment)</b>	<b>Members' Ability to Exercise Choice</b>
FIDA Care Complete (Centers Plan for Healthy Living, LLC)	Centers Plan for Medicare Advantage Plus (MAP plan) for participants in the following counties: Bronx, Kings, New York, Queens, and Richmond		
Elderplan FIDA Total Care (Elderplan, Inc.)	Elderplan Plus Long-Term Care (HMO SNP), (MAP plan) for participants in the following counties: Bronx, Kings, Nassau, New York, Queens, and Richmond		
Healthfirst AbsoluteCare FIDA Plan (Healthfirst Health Plan, Inc.)	Healthfirst CompleteCare (HMO SNP), (MAP plan) for participants in the following counties: Bronx, Kings, Nassau, New York, Queens, Richmond, and Westchester	Another Medicaid Advantage Plus plan, a PACE (Program of the All-Inclusive Care for the Elderly), or Partial capitated plan	Information to be provided by CMS through nonrenewal letters distributed to FIDA Plans in September 2019 and received by FIDA participants by October 2, 2019
SWH Senior Whole Health FIDA (Magellan Health, Inc.)	Medicare Advantage (HMO SNP) Medicaid Advantage Plus, (MAP plan) for participants in the following county: Bronx		
VNSNY CHOICE FIDA (VNS CHOICE)	VNSNY CHOICE Total Plan, (MAP plan) for participants in the following counties: Bronx, Kings, Nassau, New York, Queens, and Richmond		

<b>Group 2 FIDA Plan Participants</b> <i>who do not meet MAP/D-SNP eligibility criteria and are not eligible for passive enrollment and do not make another choice*</i>	<b>Medicaid Plan Assignment</b>	<b>Medicaid Alternate Plan Option</b>	<b>Members' Ability to Exercise Choice</b>
FIDA Care Complete (Centers Plan for Healthy Living, LLC)	Centers Plan for Health Living, (MLTC Partial)		
Elderplan FIDA Total Care (Elderplan, Inc.)	HomeFirst Managed Long-Term Care (MLTC) Plan, a product of Elderplan, Inc., (MLTC Partial)		
Healthfirst AbsoluteCare FIDA Plan (Healthfirst Health Plan, Inc.)	Senior Health Partners, A Healthfirst Company, (MLTC Partial)		
RiverSpring FIDA Plan (ElderServe, Inc.)	RiverSpring at Home, (MLTC Partial) for participants in the following counties: Bronx, Kings, Nassau, New York, Queens, Richmond, and Westchester		
SWH Senior Whole Health FIDA (Magellan Health, Inc.)	Senior Whole Health of New York MLTC, (MLTC Partial) for participants in the following counties: Kings, New York, and Queens		
VNSNY Choice (VNS CHOICE) FIDA Complete	VNSNY CHOICE Managed Long Term Care, (MLTC Partial)		

\*Note: Group 2 includes FIDA participants, among any of the 6 FIDA Plans, which are not eligible for passive enrollment because they do not meet the MAP/D-SNP eligibility criteria. Group 2 specifically denotes the counties for RiverSpring FIDA Plan and SWH Senior Whole Health FIDA participants since these plans did not pass the passive enrollment test for all of the counties in their FIDA geographic service area.

<b>Group 3</b> <b>FIDA Plan Participants</b> <i>if FIDA participant does not make another choice:</i> <b>Partially capitated Medicaid Managed Long-Term Care Plan affiliated with FIDA Plan</b>	<b>Medicaid Plan Assignment</b>	<b>Medicaid Alternate Plan Option</b>	<b>Members' Ability to Exercise Choice</b>
FIDA Plan participants (from any FIDA Plan) with Medicaid recertification under review for October 10 – December 10, 2019 effective date	<i>Affiliated Partial MLTC plan</i>	Another Medicaid Advantage Plus plan, a PACE (Program of the All-Inclusive Care for the Elderly), or Partial capitated plan	Member can receive education on and assistance with selecting another plan using the State enrollment broker

<b>Group 4</b> <b>FIDA Plan Participants</b> <i>if FIDA participant does not make another choice</i>	<b>Medicaid Plan Assignment</b>	<b>Medicaid Alternate Plan Option</b>	<b>Members' Ability to Exercise Choice</b>
FIDA Plan participants (from any FIDA Plan) with Medicaid recertification for January 1, 2020 effective date still under review as of December 15, 2019 under review	<i>Affiliated Partial MLTC Plan</i>	Another Medicaid Advantage Plus plan, a PACE (Program of the All-Inclusive Care for the Elderly), or Partial capitated plan	

**Table 2: Beneficiary Assignment and Coverage Options for Medicare**

<b>Group 1 FIDA Plan Participants if FIDA participant is eligible for passive enrollment and does not make another choice and participant lives in counties meeting CMS-specified criteria</b>	<b>Medicare Assignment</b>	<b>Medicaid Alternate Plan Option</b>	<b>Members' Ability to Exercise Choice</b>
FIDA Care Complete (Centers Plan for Healthy Living, LLC)	Centers Plan for Medicaid Advantage Plus (Health Maintenance Organization Special Needs Plan (HMO, H6988-004) for participants in the following counties: Bronx, Kings, New York, Queens, and Richmond	Original Medicare with Part D plan or other Medicare Advantage plan (including D-SNPs)	Information to be provided by CMS through nonrenewal letters distributed to FIDA Plans in September 2019 and received by FIDA participants by October 2, 2019
Elderplan FIDA Total Care (Elderplan, Inc.)	Elderplan for Medicaid Beneficiaries (HMO SNP, H3347-007) for participants in the following counties: Bronx, Kings, Nassau, New York, Queens, and Richmond		
Healthfirst AbsoluteCare FIDA Plan (Healthfirst Health Plan, Inc.)	Healthfirst CompleteCare (HMO SNP, H3359-034) for participants in the following counties: Bronx, Kings, Nassau, New York, Queens, Richmond, and Westchester		
Senior Whole Health FIDA Plan (Magellan Health, Inc.)	Senior Whole Healthy of New York NHC (HMO SNP, H5992-007) for participants in the following county: Bronx		
VNSNY Choice FIDA (VNS CHOICE) Complete	VNS CHOICE Total (HMO SNP, H5549-003) for participants in the following counties: Bronx, Kings, Nassau, New York, Queens, and Richmond		

<b>Group 2 FIDA Plan Participants</b> <i>who do not meet MAP/D-SNP eligibility criteria and are not eligible for passive enrollment and do not make another choice*</i>	<b>Medicare Assignment</b>	<b>Medicaid Alternate Plan Option</b>	<b>Members' Ability to Exercise Choice</b>
FIDA Care Complete (aka Centers Plan for Healthy Living, LLC)	Original Medicare with zero-premium Part D plan	Original Medicare with Part D plan or other Medicare Advantage plan (including D-SNPs)	Information to be provided by CMS through nonrenewal letters distributed to FIDA Plans in September 2019 and received by FIDA participants by October 2, 2019
Elderplan FIDA Total Care (Elderplan, Inc.)	Original Medicare with zero-premium Part D plan		
Healthfirst AbsoluteCare FIDA Plan (Healthfirst Health Plan, Inc.)	Original Medicare with zero-premium Part D plan		
RiverSpring FIDA Plan (ElderServe, Inc.)	Original Medicare with zero-premium Part D plan for participants in the following counties: Bronx, Kings, Nassau, New York, Queens, Richmond, and Westchester		
SWH Senior Whole Health FIDA (Magellan Health, Inc.)	Original Medicare with zero-premium Part D plan for participants in the following counties: Kings, New York, and Queens		
VNSNY Choice FIDA (VNS CHOICE) Complete	Original Medicare with zero-premium Part D plan		

\*Note: Group 2 includes FIDA participants, among any of the 6 FIDA Plans, which are not eligible for passive enrollment because they do not meet the MAP/D-SNP eligibility criteria. Group 2 specifically denotes the counties for RiverSpring FIDA Plan and SWH Senior Whole Health FIDA participants since these plans did not pass the passive enrollment test for all of the counties in their FIDA geographic service area.

<b>Group 3 FIDA Plan Participants <i>if FIDA participant does not make another choice</i></b>	<b>Medicare Assignment</b>	<b>Medicaid Alternate Plan Option</b>	<b>Members' Ability to Exercise Choice</b>
FIDA Plan participants (from any FIDA Plan) with Medicaid recertification under review for October 10 – December 10, 2019 effective date	Original Medicare with zero-premium Part D plan	Medicare Advantage plan (including D-SNPs)	Information to be provided by CMS through nonrenewal letters distributed to FIDA Plans in September 2019 and received by FIDA participants by October 2, 2019

<b>Group 4 FIDA Plan Participants <i>if FIDA participant does not make another choice</i></b>	<b>Medicare Assignment</b>	<b>Medicaid Alternate Plan Option</b>	<b>Members' Ability to Exercise Choice</b>
FIDA Plan participants (from any FIDA Plan) with Medicaid recertification for January 1, 2019 effective date still under review as of December 15, 2019 under review	Original Medicare with zero-premium Part D plan	Medicare Advantage plan (including D-SNPs)	Information to be provided by CMS through nonrenewal letters distributed to FIDA Plans in September 2019 and received by FIDA participants by October 2, 2019

Please note that the MAP-participating D-SNP plan numbers referenced (e.g., H6988-004 are for Contract Year (CY) 2019 and may not be available in CY 2020 or not approved as a MAP-participating D-SNP in CY 2020. MAP-participating D-SNPs submit their bids for CY 2020 in June 2019 and CMS will determine which plans are approved in summer 2019.

Note about FIDA participants with End-Stage Renal Disease (ESRD): FIDA participants documented as having been diagnosed with ESRD prior to joining the FIDA plan cannot enroll into a D-SNP, even if they are transitioning to a D-SNP under the same parent organization as the FIDA plan. However, any FIDA participant diagnosed with ESRD while enrolled in a FIDA plan can enroll in MAP and the MAP-participating D-SNP, per 42 CFR 422.50(a)(2)(i).

### **Continuity of Care Provision Applies to FIDA Participants that are Passively Enrolled**

During the FIDA transition, effective October 2019, Medicaid plans must accept the transfer enrollment of all enrollees that select or are auto assigned to the plan. The transferring enrollee's new plan must continue to provide services under the enrollee's existing plan of care, and utilize existing providers, for the earlier of the following: (i) one hundred twenty (120) days after enrollment; or (ii) until the new plan has conducted an assessment and the enrollee has agreed to the new plan of care. The transferring enrollee's new plan is required to conduct an assessment within 90 days of the effective date of

enrollment, unless a longer time frame has been expressly authorized by NYSDOH in its sole discretion. Long-stay nursing facility residents shall be allowed to remain in their nursing facilities and be accommodated through an out-of-network arrangement if the nursing facility is not part of the receiving plan's network.

Continuity of Care does not include Over the Counter (OTC) and vitamins via supplemental benefits.

For Medicare, all beneficiaries will have Medicare's standard Part D continuity of care protections for prescription drugs (i.e., temporary fills of non-formulary drugs during a transition period). Other continuity of care requirements for MAP-participating D-SNPs, including those outlined in 42 CFR 422.112(b), will apply to Medicare coverage.

## **Enrollment Functions**

### *Responsibilities*

For Medicaid coverage, FIDA participants are required to enroll in a Medicaid Managed Long-Term Care plan (i.e., MAP, partially capitated MLTC, or PACE) to access their Medicaid benefits.

Enrollment into Medicaid coverage will be completed by NYSDOH's independent enrollment broker New York Medicaid Choice (Maximus). FIDA plans that received approval to use the approved outreach script (Attachment B) are currently able and encouraged to speak with their current FIDA participants about transferring to their 2019 Medicaid Advantage Plus (MAP) plan. The MAP plan is responsible for sending in the MAP-participating D-SNP enrollment request to CMS.

New York Medicaid Choice will continue to be a resource for the member to obtain unbiased counseling for each of the Medicaid Managed Long Term plans (i.e., MAP, partially capitated MLTC, and PACE) available. New York Medicaid Choice is available at 1-855-600-FIDA from Monday through Friday from 8:30 AM to 8:00 PM, and Saturday from 10:00 AM to 6:00 PM. New York Medicaid Choice is also available via TTY at 1-888-329-1541. The calls are all free.

Members will be able to select their Medicare coverage through the normal Medicare enrollment routes, including calling 1-800-MEDICARE, contacting HIICAP (1-800-701-0501), going to Medicare.gov, or directly contacting plans.

For FIDA plans with any counties eligible for passive enrollment of their FIDA participants into the MAP-participating D-SNPs, the FIDA participant does not need to complete an MAP or D-SNP application. The entities will have the following roles:

- A. NYSDOH: For Medicaid coverage, NYSDOH will coordinate with New York Medicaid Choice as to which FIDA participants will be passively enrolled. New York Medicaid Choice will complete the passive enrollment transaction which will enroll the member into the MAP plan.
- B. D-SNPs: For Medicare coverage, the MAP-participating D-SNPs will submit the enrollment transactions to CMS. It is the FIDA plan's responsibility to determine which beneficiaries are eligible for the MAP-participating D-SNPs in advance of submitting these enrollment transactions to CMS.

- C. Maximus: Participant notices will be mailed by Maximus.
- D. CMS: For Medicare coverage, CMS will review the enrollment transactions submitted by the MAP-participating D-SNPs for MAP-participating D-SNP eligibility.

### *Enrollment Timeline*

FIDA enrollee transfer to the MAP plan and MAP-participating D-SNP will occur throughout the remainder of 2019 as FIDA participants make alternative coverage decisions.

Some FIDA participants are deciding to transfer to MAP based on FIDA plan outreach about CY2019 MAP options. In February, CMS and NYSDOH distributed an approved script to FIDA plans to use in outreaching to their FIDA participants about CY 2019 MAP plans and MAP-contracting D-SNPs offered by the same parent organizations. (Please see the Appendix for the approved script template.) Most of the FIDA plans submitted scripts for CMS and NYSDOH review and approval and are using these scripts to outreach to participants. This early outreach educates FIDA participants about MAP before FIDA plans distribute the official notices in the fall at which point FIDA participants need to make a decision about alternative coverage.

Individuals who remain in FIDA and are eligible for passive enrollment will be passively enrolled into a MAP plan and MAP-participating D-SNP in fall 2019. CMS anticipates the final determination for passive enrollment to be completed in August 2019. Per 42 CFR 422.506(a)(2)(ii), Medicare policy requires that FIDA plans send disenrollment/transition letters to members no later than 90 days prior to the plan's termination date (i.e. October 2, 2019 for a December 31, 2019 termination). CMS and NYSDOH will continue to work together to refine the enrollment timeline

Individuals who are not eligible for passive enrollment into a MAP-participating D-SNP that do not elect to change their coverage during 2019 will be enrolled into a Managed Long-Term Plan effective January 1, 2020.

## **Beneficiary Communications**

### *Sequence of Notices*

In late September, CMS will release to FIDA plans an HPMS memo detailing the non-renewal and service area reduction guidance and enrollee notification models.

By October 2, 2019, FIDA participants will receive the DOH/CMS approved nonrenewal notice informing them that their FIDA plan is ending December 31, 2019. This letter will be mailed by the FIDA plan.

By November 1, 2019, FIDA participants eligible for passive enrollment will receive a letter from New York Medicaid Choice about the MAP plan enrollment effective January 1, 2020. This letter will be mailed by New York Medicaid Choice 60 days prior to the effective date of enrollment.

By December 1, 2019, a letter will be mailed to FIDA participants who were passively enrolled in a D-SNP. This letter will be provided 30-days prior to the effective date of enrollment. This letter will list the name of the plan that the FIDA participant will be enrolled into if they do not take action and select another Medicare Advantage or Prescription Drug plan. Effective date of enrollment will be January 1, 2020.

### *Content of Notices*

NYSDOH and CMS will draft the FIDA participant notices that will be mailed by the applicable FIDA plan and Maximus. The letters will include notification that the participant's FIDA plan is ending December 31, 2019 and provide both Medicaid and Medicare plan options.

In accordance with Section III.L.4.c of the MOU, notices should include all applicable beneficiary appeal rights under Medicaid rules, including rights pertaining to changes in covered services that result from the transition to the MAP plan and MAP-participating D-SNP. Beneficiary notices shall be made available in Prevalent Languages and Alternative Formats.

### *Identification of Sources of Help and Referrals*

NYSDOH has been working with its partners to be a resource for assistance during the transition period.

NYSDOH's enrollment broker, Maximus, will serve as the FIDA participant's support system for all Medicaid enrollment and disenrollment (including from one health plan to another) needs. Maximus will also provide unbiased choice counseling as described in 42 CFR 438.2 and 438.71. Maximus contact information will be included in all notices to members.

NYSDOH has partnered with the state ombudsman, Independent Consumer Advocacy Network (ICAN), to provide unbiased assistance to members who get long-term care services. ICAN will help answer FIDA participant questions related to Medicare and Medicaid, options. NYSDOH will continue to engage ICAN to ensure it is aware of the transition plan and fully equipped to answer FIDA participant questions.

NYSDOH will continue to work with New York State Office for Aging (NYSOFA), Health Insurance Information, Counseling and Assistance (HIICAP) that has been providing Medicare-Medicaid eligible individuals who qualify for FIDA complete, accurate and impartial information about FIDA. NYSDOH will ensure that NYSOFA/HIICAP is informed about the transition plan and able to assist FIDA participants in discussing Medicare and Medicaid options.

The FIDA plans have been kept aware of the transition plan and will answer questions they receive from the FIDA participants.

### *Training Schedule for Beneficiary Supports*

NYSDOH will be providing ICAN, New York State Office for Aging (NYSOFA), Health Insurance Information, Counseling and Assistance (HIICAP) and Maximus with copies of each of the member communications that will be used during this transition period.

### *Customer Service Scripts*

DOH has developed a customer service script for Maximus call center representatives to use when assisting those participants already enrolled in a FIDA plan (Attachment A). In addition, DOH has developed a script that the FIDA plans will use when speaking with FIDA participants about the option of enrolling in the plan's MAP plan (Attachment B).

### *Public Information Strategy*

The FIDA plans will conduct verbal outreach to long-stay, nursing facility residents about their plan ending at the end of 2019.

## **Stakeholder Engagement**

Robust stakeholder engagement is essential to a successful transition. In addition to the formal 30-day comment period, NYSDOH, with CMS' collaboration as appropriate, will continue to engage with stakeholders both before release of the draft phase-out plan and afterwards.

### *Strategy for Ongoing Stakeholder Engagement*

CMS will continue to partner with NYSDOH throughout 2019 (including prior to posting the phase-out plan for formal comment) in presenting information about the FIDA transition to stakeholders as appropriate, including: FIDA Plans, MAP plans and MAP-participating D-SNPs, consumer groups, providers (medical and LTSS), ICAN and HIICAP. Throughout the transition phase DOH will continue to meet with stakeholders during the regularly scheduled bi-weekly and monthly meetings.

## **Formal Posting**

The formal posting for comment will be well-publicized and easily accessible, including compliant with Section 508 of the Rehabilitation Act.