

A Medicaid Advantage Plus (MAP) plan is a type of integrated Dual-eligible Special Needs Plan (D-SNP, a type of Medicare Advantage Plan) combined with a type of Medicaid managed long-term care (MLTC) plan offered through the same insurance company. MAP plans are offered in certain New York State counties and provide managed care to individuals who are eligible for (and enrolled in) Medicare and Medicaid (dually eligible) and in need of a certain amount of long-term care.

In MAP, one private plan administers Medicare, Medicaid, long-term care benefits, and drug coverage. MAP plans cover doctor office visits, hospital stays, Part D benefits, home health aides, adult day health care, certain behavioral health care, dental care, and nursing home care. Some services not covered by MAP, including certain behavioral health services, may be covered under the traditional fee-for-service (FFS) Medicaid benefit.

MAP eligibility

An individual is eligible to enroll in a MAP plan if they:

- Are 18 years or older (specific age requirements vary by plan)
- Are dually eligible for Medicare and Medicaid and enrolled in both programs
- Require long-term care for more than 120 days
- Live in a county in New York State where MAP is available (currently Albany, Montgomery, Nassau, New York City, Rensselaer, Schenectady, Suffolk, and Westchester)

MAP care coordination

MAP plans are designed to provide more patient-centered care coordination and may encourage better communication among providers, caregivers, and patients. Under MAP, enrollees are assigned a care manager who works for their plan and whose purpose is to help make sure they get needed care. MAP plans should also help coordinate access to non-covered services relating to covered services that support an enrollee's care plan. Beneficiaries should receive a copy of their care plan and speak to their care manager for help accessing medical, behavioral, social, educational, financial, and other services that support their plan.

Some MAP plans include the option to receive coordinated care from a team (sometimes called an Interdisciplinary Team or Interdisciplinary Care Team), including the enrollee (and a caregiver or family member, if desired), the care manager, and optional other providers.

MAP costs

All in-network MAP providers must accept Medicare and Medicaid. This means an enrollee should not pay Medicare cost-sharing while seeing providers in the MAP plan's network. However, enrollees may be responsible for the full cost of out-of-network services.

MAP enrollment

To enroll in a MAP plan, a beneficiary must enroll separately into the Medicare and Medicaid portions of the MAP product. It is a good idea to suggest that the beneficiary call the insurer directly to confirm that they have the correct name and number for both portions of the MAP plan before enrolling. The MAP insurer may help the beneficiary enroll. Otherwise, the beneficiary should:

1. Call 1-800-MEDICARE (633-4227) and enroll in the MAP plan's Medicare product. The beneficiary may be instructed to call the MAP insurer directly to proceed with enrollment.
2. Call New York Medicaid Choice (New York State's managed care enrollment program) at 888-401-6582 and enroll in the MAP plan's Medicaid product.

Beneficiaries who are not receiving Medicaid long-term care should first contact New York's Conflict-Free Evaluation and Enrollment Center (CFEEC) at 855-222-8350 to see if they meet the eligibility requirements to receive Medicaid long-term care.

Remember, MAP is not available in all New York counties. To find out which long-term care options are available for dually eligible individuals in a specific county, contact New York Medicaid Choice or visit: <https://www.nymedicaidchoice.com/choose/find-long-term-care-plan>.

If you have a client who is experiencing problems with MAP enrollment or coverage, or who needs help navigating coverage options, please contact the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

Transitions from Medicaid managed care to MAP

Medicaid Managed Care (MMC) plans are private plans that provide Medicaid benefits. Enrollees usually must use in-network providers or receive prior authorization from their plan before getting certain kinds of care. MMC plans may offer care coordination.

In New York, MMC insurers that also offer a MAP plan are required to apply to the Centers for Medicare & Medicaid Services (CMS) and the New York State Department of Health (NYSDOH) for default enrollment, which allows eligible insurers to move newly Medicare-eligible MMC enrollees into a qualifying D-SNP. As a result of this process, New Yorkers in MMCs may be default enrolled in a MAP plan after they become eligible for Medicare. Currently, MAP plans are in the application process for default enrollment.

Insurers that are eligible to use default enrollment are required to send a notice to beneficiaries targeted for default enrollment no fewer than 60 days before the start date for their MAP coverage. Notices should provide clear information comparing the beneficiary's current MMC plan and new MAP plan, including:

- Differences in benefits, premium costs, and cost-sharing
- Instructions for those interested in declining MAP enrollment to instead choose Original Medicare or a different Medicare Advantage Plan

Case example: Ms. L is 64 years old and has an MMC plan from a company insurer/sponsor that has received approval for default enrollment. She turns 65 on May 17 and is eligible for Medicare effective May 1. By around March 1, Ms. L should receive a notice from her insurer explaining that she will automatically receive MAP coverage starting on May 1 unless she declines it. The notice should explain how her MAP coverage will differ from her current MMC plan's coverage and provide instructions for choosing alternative coverage.

Individuals who need help navigating their long-term care coverage options in New York State should contact ICAN at 844-614-8800.