MEDICARE RIGHTS CENTER
Getting Medicare right

Medicaid Advantage Plus (MAP) consumer factsheet

A Medicaid Advantage Plus (MAP) plan is a type of integrated Dual-eligible Special Needs Plan (D-SNP) 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 if you 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 your 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 your traditional fee-for-service (FFS) Medicaid benefit.

MAP eligibility

You are eligible for a MAP plan if you:

- 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, you will be assigned a care manager who works for your plan and whose purpose is to help make sure you get the care you need. MAP plans should also help coordinate access to non-covered services relating to covered services that support your care plan. **Advocate for yourself and speak to your care manager** for help accessing medical, behavioral, social, educational, financial, and other services that support your care plan.

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

MAP costs

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

MAP enrollment

To enroll in a MAP plan, you have to enroll separately into the Medicare and Medicaid portions of the MAP product. It is a good idea to call the insurer directly to make sure you have the correct name and number for both portions of the MAP plan before enrolling.

If you are not receiving Medicaid long-term care but think you meet the eligibility requirements, you first must contact New York's Conflict-Free Evaluation and Enrollment Center (CFEEC) at 855-222-8350. CFEEC will send a nurse to your home to perform a conflict-free evaluation of your need for long-term care. The nurse will tell you by the end of the evaluation if you are eligible to receive Medicaid managed long-term care and can join a MAP plan.

If you have been approved for or are already receiving Medicaid-covered long-term care and are interested in joining a MAP plan, follow the steps below:

1. Call 1-800-MEDICARE (633-4227) and enroll in the MAP plan's Medicare product. You 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 complete the Medicaid portion of enrollment into the MAP plan.

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 your county, contact New York Medicaid Choice or visit: https://www.nymedicaidchoice.com/choose/find-long-term-care-plan.

If you are experiencing problems with MAP enrollment or coverage, or need help navigating your options, please contact the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

Questions to ask before joining MAP

If you are interested in enrolling in a Medicaid Advantage Plus plan, be aware that not all MAP plans are the same. For example, plans may cover different prescription drugs or have different networks of doctors and facilities. **Before you join a MAP plan, make sure you understand the plan's network and coverage rules.** Plans are responsible for paying for most of your Medicare and Medicaid health services if you follow the plan's coverage rules.

Below are questions you should ask when considering MAP. If you are experiencing problems or need help navigating your options, contact the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

Providers, hospitals, and other facilities

- Will I be able to use my doctors? Are they in the plan's network?
- Do doctors and providers I want to see in the future take new patients who have this plan?
- If my providers are not in network, will the plan still cover my visits?
- Which dentists, hospitals, nursing homes, home health agencies, and skilled nursing facilities (SNFs) are in the plan's network?
- Which services are not covered by the plan (this is sometimes referred to as being "carved out" of plan coverage), but are available through traditional fee-for-service Medicaid? How will I access these services if I need them? Examples of services that are carved out of MAP coverage include home maintenance services, social day care transportation, and certain behavioral health services, which are paid for by FFS Medicaid.

Prescription drugs

- Are my prescriptions on the plan's formulary (list of covered drugs)?
- Does the plan impose any coverage restrictions?
- Will I be able to use my pharmacy? Can I get my drugs through mail order?

Access to health care

- What is the service area for the plan?

Terms to know

Care plan: A written description of an individual's health and long-term care needs/goals and the amount, duration, and scope of care/services to address those needs and achieve those goals.

Dually eligible individual: Person eligible for both Medicare and Medicaid.

In-network: Term that applies to doctors and other providers, such as hospitals and home health agencies, that contract with the beneficiary's plan.

Long-term care (LTC): A range of services and supports to help individuals perform everyday activities.

Medicaid managed long-term care (MLTC): A program offered by private plans that provides services for some chronically ill New Yorkers and/or those with disabilities. MLTC plans provide long-term care services to help enrollees with activities of daily living.

Nursing home: Facility that primarily provides medical care, therapy, 24-hour care, and other skilled care, in addition to room and board and personal care

Out-of-network: Term that applies to doctors and other providers who do not contract with the beneficiary's plan.

Service area: Area within which a plan provides health care services to its members.

Skilled nursing facility (SNF): See nursing home.