# Coverage options for dually eligible New Yorkers FAQ

Dually eligible New Yorkers have several options for how they receive their Medicare and Medicaid coverage.

For those without long-term care needs:

- Dual-eligible Special Needs Plans (D-SNPs)
- Medicaid Advantage plans
- Original Medicare + a Medicare Part D plan + fee-for-service Medicaid

For those with long-term care needs:

- Medicaid Advantage Plus (MAP) plans
- Program of All-Inclusive Care for the Elderly (PACE)
- Original Medicare + a Medicare Part D plan + fee-for-service (FFS) Medicaid + a Medicaid managed long-term care (MLTC) plan
- Medicare Advantage Plan + FFS Medicaid + an MLTC plan

## Frequently Asked Questions

**1. What is a Dual-eligible Special Needs Plan (D-SNP)?**

D-SNPs are types of Medicare Advantage Plans for individuals enrolled in Medicare and Medicaid (dually eligible individuals). Like other Medicare Advantage Plans, D-SNPs typically require use of an in-network provider for Medicare services. These providers should also accept Medicaid. Cost-sharing varies from plan to plan, and some plans offer zero cost-sharing for enrollees.

D-SNP enrollment is voluntary. Some D-SNPs only serve beneficiaries with Medicare and full Medicaid benefits, while others serve those with partial Medicaid benefits, such as individuals enrolled in certain Medicare Savings Programs (MSPs).

**2. What is a Medicaid Advantage plan?**

Medicaid Advantage is a type of D-SNP offered in certain New York State counties to individuals eligible for Medicare and full Medicaid benefits. Medicaid Advantage is a full capitation model, meaning that one private plan administers the individual's Medicare and Medicaid benefits, including drug coverage.


 

Medicaid Advantage enrollment is voluntary. An individual is eligible to enroll in Medicaid Advantage if they:

- Are 18 years or older
- Are dually eligible for Medicare and Medicaid and enrolled in both programs

Medicaid Advantage plans do not offer coverage to individuals enrolled in an MSP who do not have full Medicaid benefits.

**3. What should an individual consider when deciding between a D-SNP and Medicaid Advantage?**

Either a D-SNP or Medicaid Advantage plan could be a good option for individuals interested in consolidating their Medicare and Medicaid coverage. Both products offer networks of providers and facilities that take both Medicare and Medicaid coverage. Most individuals who enroll in a D-SNP or Medicaid Advantage should see that Medicaid covers their Medicare cost-sharing, such as deductibles and copayments.

Individuals with full Medicaid benefits may prefer Medicaid Advantage because they can receive their benefits through a single plan.

Keep in mind that neither D-SNPs nor Medicaid Advantage plans offer long-term care coverage (see question #4).

Note: Some dually eligible individuals may prefer Original Medicare coverage because it provides greater flexibility in choosing providers.

**4. What is long-term care?**

Long-term care encompasses a range of services and supports to help individuals perform everyday activities. Services can include but are not limited to help with activities of daily living (routine activities that individuals tend to do each day, such as eating, bathing, and dressing), adult day care, and care in an assisted living facility or nursing home.

In New York, dually eligible individuals with long-term care needs have the following coverage options:

- Medicaid Advantage Plus (MAP) plans
- Program of All-Inclusive Care for the Elderly (PACE)
- Original Medicare + a Medicare Part D plan + fee-for-service (FFS) Medicaid + a Medicaid managed long-term care (MLTC) plan
- Medicare Advantage Plan + FFS Medicaid + an MLTC plan

Note: Some beneficiaries may also be eligible for New York's Fully Integrated Duals Advantage for people with Intellectual or Developmental Disabilities (FIDA-IDD) program.

**5. How does an individual find out if they are eligible and enroll in a MAP plan, PACE, or an MLTC plan?**

Individuals not yet receiving Medicaid managed long-term care who are interested in joining a plan must first must contact the Conflict-Free Evaluation and Enrollment Center (CFEEC) at 855-222-8350. CFEEC will send a nurse to the individual's home to perform a conflict-free evaluation. The nurse will assess the individual's long-term care needs and tell them by the end of the evaluation if they are eligible to join a plan.

After completing this conflict-free evaluation, the individual has 75 days to join the plan of their choice. After 75 days, their evaluation expires and they must schedule a new in-home assessment with the CFEEC.

The CFEEC does not determine the services or level of care an individual will receive after enrolling in a plan. Rather, the plan they choose will make its own care determinations based on the individual's specific needs.

MLTC plans are available throughout New York State, but MAP plans and PACE are only available in certain New York counties. To find out which long-term care options are available in a specific area, contact New York Medicaid Choice or visit https://www.nymedicaidchoice.com/choose/find-long-term-care-plan.

Individuals interested in choosing a MAP plan 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 at 888-401-6582 and enroll in the MAP plan's Medicaid product.

Individuals who experience problems with the CFEEC assessment or need help navigating their options can contact the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

**6. What is an MLTC plan?**

A managed long-term care plan is a Medicaid plan that covers a variety of services for qualifying dually eligible individuals who require long-term care services and supports. **Having an MLTC plan does not affect an individual's Medicare coverage.** MLTC plans cover a number of services, including:

- Home care (including personal care and skilled nursing care)


 

- Adult day health care (medical only, or medical and social together)
- Home-delivered meals and congregate meals
- Medical equipment, durable medical equipment (DME), eyeglasses, hearing aids, home modifications
- Non-emergency medical transportation
- Podiatry, audiology, dentistry, and optometry
- Physical, speech, and occupational therapy
- Nursing home care

MLTC plans operate using a partial capitation model, meaning that the plan is responsible for administering certain benefits (e.g., Medicaid long-term care) but not all benefits (e.g., Medicare- covered services). Remember, having an MLTC plan does not affect an individual's Medicare coverage. This means that Original Medicare or a Medicare Advantage Plan remains the individual's primary payer, paying first for the care they get from hospitals, primary care doctors, and specialists. The individual's Medicare prescription drug coverage also remains unchanged.

Enrollment in an MLTC plan is mandatory for New York State residents who fulfill the following criteria:

- Are 21 years or older
- Are dually eligible for (and enrolled in) both Medicare and Medicaid
- Require long-term care for more than 120 days

Enrollment in an MLTC plan is voluntary for dually eligible New York State residents age 18 to 20 who meet the other two above criteria.

Once enrolled (see question #5), an individual with an MLTC plan should be assigned a care manager who works for their plan and whose purpose is to help make sure they get needed care.

**7. What is a MAP plan?**

A Medicaid Advantage Plus plan is a type of D-SNP (see question #1) combined with a type of MLTC plan (see question #6) offered through the same insurance company.

MAP is a full capitation model, meaning that one private plan administers an individual's 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 FFS Medicaid benefit.

MAP enrollment is voluntary, and an individual is eligible to enroll in MAP if they meet the following criteria:

- Are 18 years or older (specific age requirements vary by plan)
- Are dually eligible for (and enrolled in) both Medicare and Medicaid
- 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)

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

MAP plans are meant to provide more patient-centered care coordination and may encourage better communication among providers, caregivers, and patients. Once enrolled (see question #5), an individual with a MAP plan should be assigned a care manager who works for their plan and whose purpose is to help make sure they get needed care.

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.

**8. What is PACE?**

The Program of All-inclusive Care for the Elderly is a program that provides Medicare, Medicaid, and long-term care services under one plan (fully capitated model). PACE is available in select New York counties. Enrollees receive their care at PACE centers, which are responsible for arranging all primary care, inpatient hospital care, and long-term care.

PACE enrollment is voluntary, and an individual is eligible to enroll in PACE if they meet the following criteria:

- Are 55 years or older
- Require long-term care for more than 120 days
- Live in the service area of a PACE center
- Are able to live safely in their community

PACE plans are meant to provide more patient-centered care coordination and may encourage better communication among providers, caregivers, and patients. Once enrolled (see question #5), an individual in PACE should be assigned an interdisciplinary team whose purpose is to help make sure they get needed care. The interdisciplinary team may include the enrollee's primary care physician, social worker, aids, and other providers.

**9. How many beneficiaries are currently enrolled in MLTC, MAP, and PACE?**

Enrollment figures in each program vary from month to month. However, as of October 2019:

- 246,100 beneficiaries are currently enrolled in MLTC
- 17,778 beneficiaries are currently enrolled in MAP
- 5,743 beneficiaries are currently enrolled in PACE

To find the most recent enrollment figures in long-term care plans and other forms of coverage for dually eligible New York residents, visit https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/

### 10. What should an individual consider when deciding among MAP, PACE, and MLTC?

Generally, MAP and PACE may be good options for individuals who want to receive all their care through a single plan. Both options offer the possibility of greater care coordination, and an individual may find these models preferable if they are accustomed to managed care and provider networks.

MLTC may be a good option for individuals who like their Original Medicare or Medicare Advantage coverage and are looking for greater flexibility in choosing providers. Keep in mind that those enrolled in MLTC will need to navigate multiple insurances: Original Medicare or Medicare Advantage, Part D, and an MLTC plan.

### 11. How does care coordination differ in MLTC, MAP, and PACE?

While MLTC, MAP, and PACE all include care management and coordination services, individuals may experience differences in how each product coordinates care. (Note that there may also be differences among different insurers' plans, even if they are the same kind of product.)

- MLTC plans only cover Medicaid long-term care benefits. An MLTC plan care manager is responsible for helping enrollees navigate their Medicaid-covered long-term care coverage and access necessary services included in the beneficiary's written care plan. However, an MLTC care manager may not be well versed in Medicare, including requirements for Medicare-covered services, Medicare provider networks and rules, Medicare appeals, and more.
- MAP plans cover Medicare, Medicaid, and long-term care benefits. A MAP plan care manager is responsible for coordinating access to needed care, including non-covered services that support an enrollee's care plan (including medical, behavioral, social, educational, and financial services). However, a MAP plan care manager may not be well versed in coverage for services that are carved out of MAP (and covered by fee-for-service Medicaid), such as certain behavioral health care.
- PACE plans cover Medicare, Medicaid, and long-term care benefits. A PACE plan interdisciplinary team is responsible for coordinating and authorizing access to all needed care.

**12. What should an individual consider when switching from one kind of coverage to another?**

An important factor for many beneficiaries when switching among managed care options is whether the new plan covers their current providers, facilities, and pharmacies. It can be a good idea before making any changes for the individual to create a list of their preferred providers, facilities, and pharmacies and find out if those providers contract with the plan.

Switching plans could also mean switching Part D drug coverage. There is no guarantee that previously covered drugs will be covered by the new plan. It can be a good idea for the individual to create a list of their medications—including names, dosages, and frequency taken—and to use this list to search for plans with minimal or no differences in drug coverage.

Those considering switching from managed care to Original Medicare and fee-for-service Medicaid will likely have more provider choice but may face challenges coordinating several different types of coverage.

**13.** Who can beneficiaries contact if they have additional questions?

Individuals experiencing problems with their coverage or need help navigating their options can contact the Independent Consumer Advocacy Network (ICAN) at 844-614-8800. Depending on the type of assistance needed, individuals may also want to contact:

- The Conflict-Free Evaluation and Enrollment Center (855-222-8350) to receive a conflict-free evaluation.
- New York Medicaid Choice (888-401-6582) to find out which plans are available in a specific county and/or to enroll in coverage.


 