Managed Long-Term Services and Supports and Medicare Integration

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HCBS Conference
Thursday August 29, 2019

Agenda

I. Overview of Featured States' and Plans' Approaches to MLTSS and Medicare Integration

- Pennsylvania and AmeriHealth Caritas
- Wisconsin and Inclusa

II. Moderated Panelist Discussion

III. Audience Question and Answer Discussion with Panelists

How Medicaid MLTSS Programs Coordinate Medicare Services for Dually Eligible Beneficiaries in Non-Integrated Models

Who are the Dual Eligibles?

- Dual Eligibles = Members who are covered through both Medicare and Medicaid
- As of 2017:
  - 11.7 million dual eligible beneficiaries[1]
  - 1.3 million dual eligibles receive their Medicaid benefits through MLTSS plans[2]
  - As MLTSS programs grow, stakeholders are increasingly interested in how these plans can better coordinate Medicare benefits for dual eligibles.

[1, 2] Medicare-Medicaid Coordination Office. "Fiscal Year 2017 Report to Congress." Washington, DC: DHHS, CMS, June 2018. Available here: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/RTC_MMCO_FY2017_06072018.pdf. Accessed April 23, 2019.

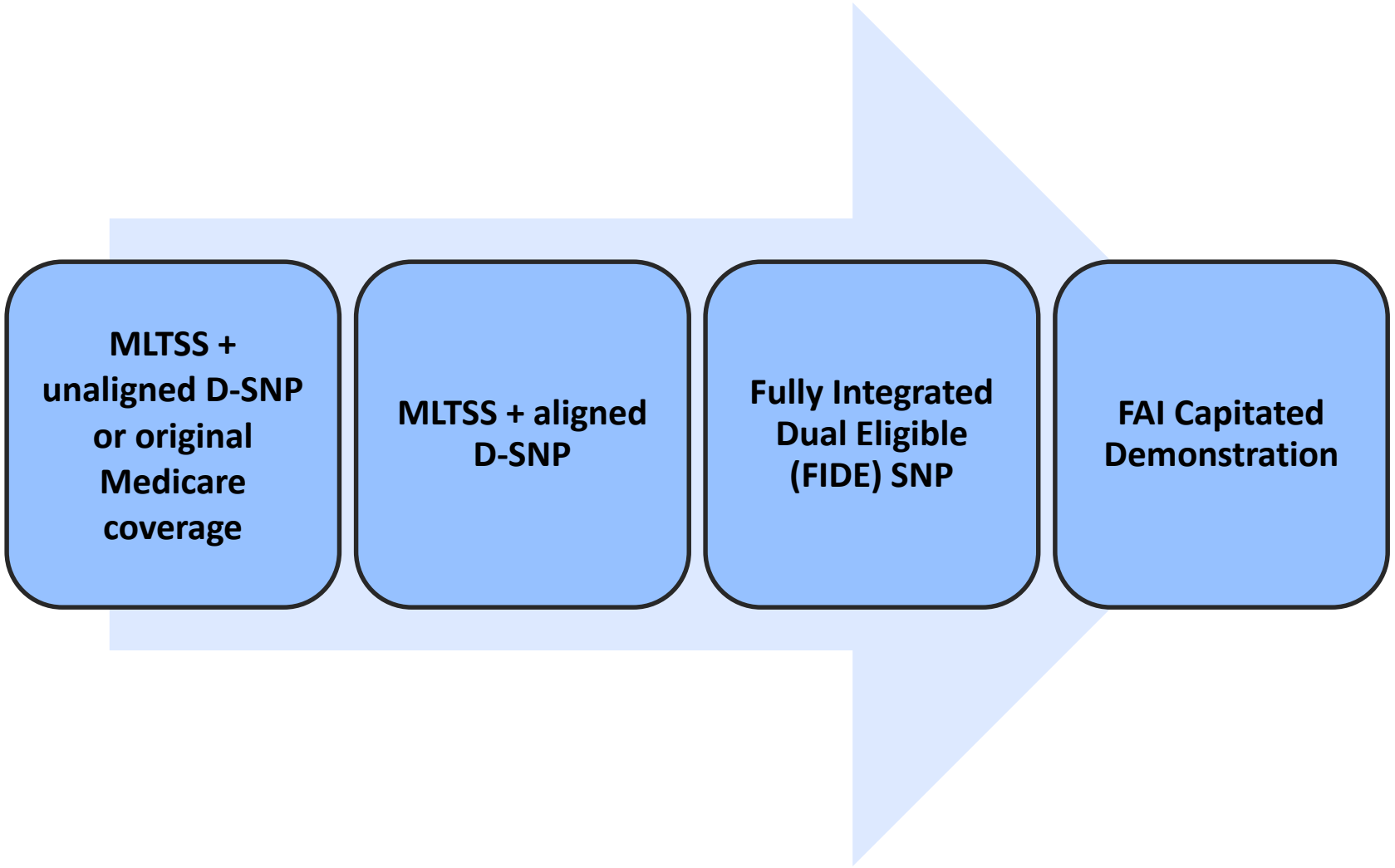
Aligned Versus Unaligned Models

- In 2019, only 22% of dual eligibles are enrolled in integrated care models (MMCO, 2019).[3]
- Integrated, or aligned, models of care include:
  - Financial Alignment Initiative Demonstrations
  - Medicare Advantage Dual-Eligible Special Needs Plans (D-SNPs)
- The vast majority of dual eligibles are enrolled in unaligned models, which can lead to challenges in coordinating their care.
  - Inefficient coordination of care may lead to poorer health outcomes (HMA, 2019).[4]

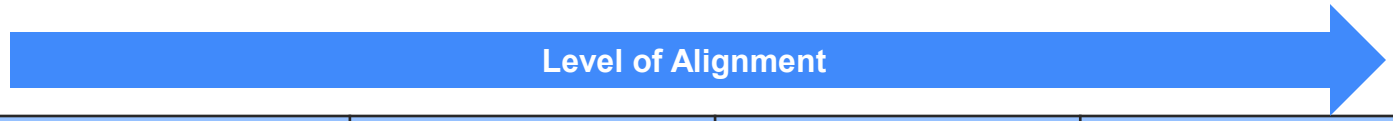
[3] Medicare-Medicaid Coordination Office. "Fiscal Year 2018 Report to Congress." Washington, DC: DHHS, CMS, March 2019. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/FY-2018-Report-to-Congress.pdf. Accessed April 23, 2019.

[4] HMA. "Care Coordination in Integrated Care Programs Serving Dually Eligible Beneficiaries – Health Plan Standards, Challenges and Evolving Approaches." Lansing, MI: HMA, March 2019. Available at: https://www.macpac.gov/publication/care-coordination-in-integrated-care-programs-serving-dually-eligible-beneficiaries-health-plan-standards-challenges-and-evolving-approaches/. Accessed April 23, 2019.

The Continuum of Unaligned to Aligned Models



Key Features of Aligned and Unaligned Models



Feature	MLTSS + unaligned D-SNP/original Medicare	MLTSS + aligned D-SNP	FIDE SNP	FAI capitated demonstration
Medicare and Medicaid benefits through a single contract	NO	MAYBE	MAYBE	YES
One parent organization covers Medicare and Medicaid benefits	NO	YES	YES	YES
Medicaid and Medicare enrollment is aligned	NO	MAYBE	MAYBE	MAYBE
Integrated Medicare and Medicaid assessment required	NO	MAYBE	MAYBE	YES
Integrated Medicare and Medicaid care coordination team required	NO	MAYBE	MAYBE	YES

National Evaluation of Medicaid 1115 Demonstrations

The Center for Medicaid and CHIP Services within the Centers for Medicare & Medicaid Services (CMS) contracted with Mathematica Policy Research to conduct an independent evaluation of the implementation and outcomes of section 1115 Medicaid demonstrations*

- One of the four categories of demonstrations featured in the evaluation is managed long-term services and supports (MLTSS)

- IBM Watson Health produced one of the research products: a series of rapid-cycle reports, or RCRs, that feature key aspects of MLTSS

**contract number HHSM-500-2010-0026I*

MLTSS Rapid Cycle Reports

A qualitative approach to evaluating MLTSS programs through both 1115 and 1915 Medicaid authorities

5 RCRs completed to date:

- Who Enrolls in Medicaid Managed Care Programs that Cover Long-Term Services and Supports (LTSS)?
- Do Managed Care Programs Covering LTSS Reduce Waiting Lists for Home and Community-Based Services (HCBS)?
- How MLTSS Programs Interact With Federal LTSS-Related Initiatives
- The Impact of MLTSS on Access to LTSS
- **When Medicare is Unaligned: How Medicaid MLTSS Programs in Non-Integrated Models Coordinate Medicare Services for Dually Eligible Beneficiaries ***

*Featured in today's presentation

Rapid Cycle Report on Medicare Integration

- Semi-Structured Interviews with 3 States and MLTSS health plans within the State: Florida, Kansas, and Wisconsin

- Interviews focused on the following areas:
  - Coordination with Medicare during eligibility/enrollment, assessment, care planning, and service provision; and
  - Coordination with Medicare during transitions of care.

- Interviewers were interested in hearing about challenges and practices that were developed to meet those challenges.

MLTSS plans coordinate with Medicare for dually-eligible beneficiaries, even when the plans are not aligned.

- Plans coordinated in the following ways:
  - Investing in training on Medicare for their care coordinators;
  - Communicating with the Medicare PCP about MLTSS benefits provided;
  - Supporting transitions of care for members.

In our 3 study states, coordination between MLTSS plans and Medicare varied.

- Plans varied in the following ways:
  - The extent to which health information exchange is used;
  - MLTSS care plans and how/whether they were shared with the Medicare PCP;
  - Specific methods for supporting transitions of care.

Other Notable Findings

- Collaboration is key – with Medicare and Medicaid providers, and the Medicare plan

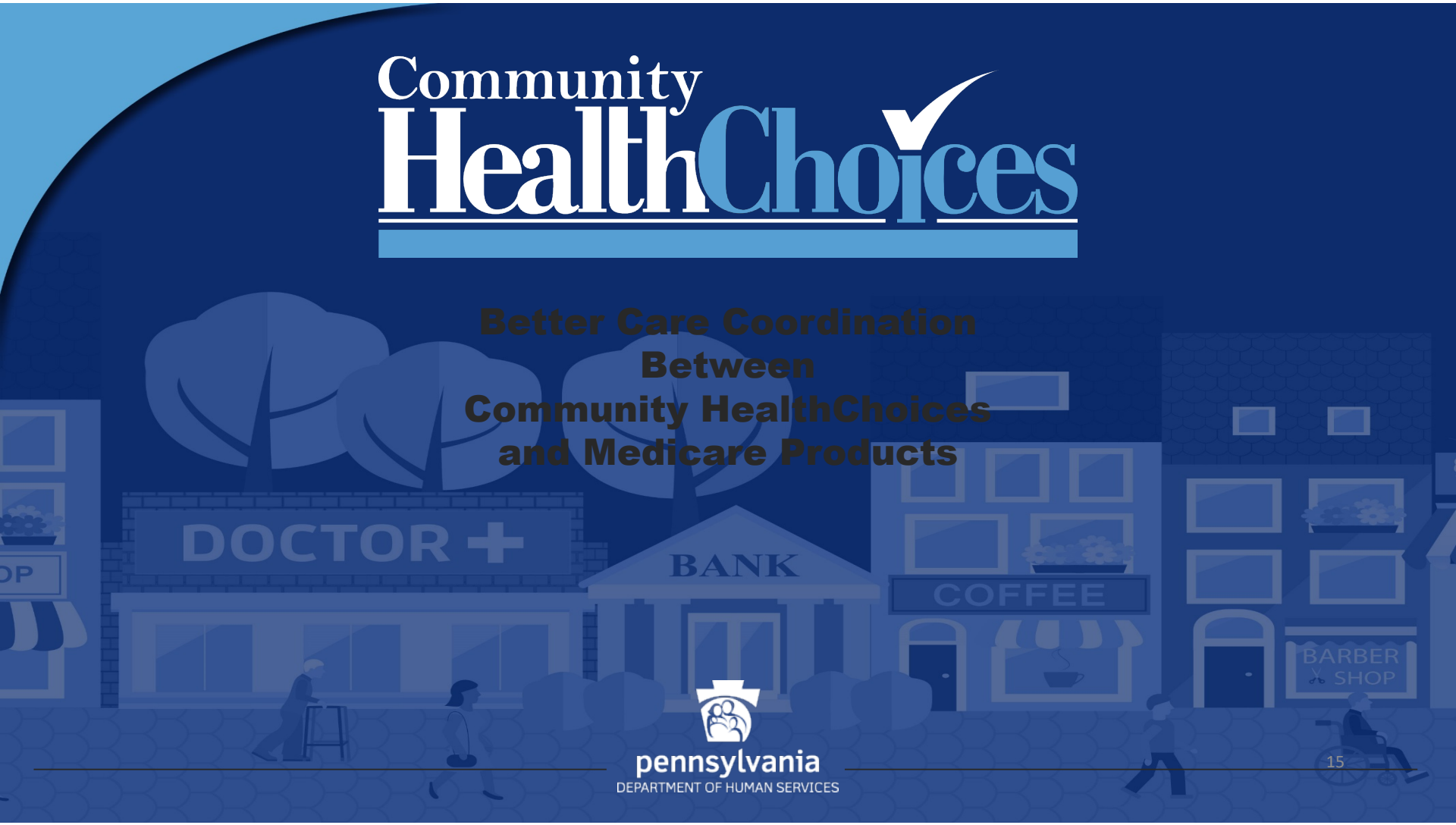
- In the end, how the care coordination is operationalized should not be evaluated based on aligned or unaligned plan arrangements, as understanding particular aspects of care coordination may be more important.

Introductions

State	Panelist
Wisconsin	Curtis Cunningham, Wisconsin Department of Human Services
Wisconsin	Stacey Wargowsky, Inclusa
Pennsylvania	Kevin Hancock, Pennsylvania Department of Human Services
Pennsylvania	Sharon Alexander, AmeriHealth Caritas

Community HealthChoices

Better Care Coordination Between Community HealthChoices and Medicare Products



pennsylvania
DEPARTMENT OF HUMAN SERVICES

WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referenced nationally as a managed long-term services and supports program (MLTSS).

WHO IS PART OF CHC?

Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.

Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility.

- ✓ This care may be provided in the home, community, or nursing facility.
- ✓ Individuals currently enrolled in the LIFE Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).

Community HealthChoices

Strengthening Coordination (Goal 2) will have positive impact on the remaining CHC goals.

GOAL 1
Enhance opportunities for community-based living.

GOAL 2
Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

GOAL 3
Enhance quality and accountability.

GOAL 4
Advance program innovation.

GOAL 5
Increase efficiency and effectiveness.

Community HealthChoices

COORDINATION WITH MEDICARE

Promoting improved coordination between Medicare and Medicaid is a key goal of CHC. Better coordination between these two payers can improve participant experience and outcomes.

+ Dually eligible participants will continue to have all of the Medicare options they have today, including Original Medicare and Medicare Advantage managed care plans. The implementation of CHC will not change the services that are covered by Medicare.

+ All CHC-MCOs are required to offer a companion Dual Eligible Special Needs Plans, also known as D-SNPs to its dually eligible participants. D-SNPs are a type of Medicare Advantage plan that coordinates Medicare and Medicaid services.

Community HealthChoices

COORDINATION WITH MEDICARE

Medicare will continue to be the primary payor for any service covered by Medicare. Providers will continue to bill Medicare for eligible services prior to billing Medicaid. All Medicaid bills for participants will be submitted to the participant's CHC-MCO, including bills that are submitted after Medicare has denied or paid part of a claim.

Participants must have access to Medicare services from the Medicare provider of his or her choice. Participants will be able to keep their Medicare PCP even if they are not enrolled with the CHC-MCO. The CHC-MCO is responsible to pay any Medicare co-insurance and deductible amount, whether or not the Medicare provider is included in the CHC-MCO's provider network.

Providers cannot bill dually eligible participants for Medicare cost- sharing when Medicare or Medicaid do not cover the entire amount billed for a service delivered.

Providers should still check EVS to confirm participant eligibility, their CHC MCO, and any other coverage a participant might have

Community HealthChoices

PA Approach

Largest and most visible **duals** initiative in the country.

Work closely with **CMS** to reinforce federal and state requirements for D-SNPs; aggressively use MIPPA authority to mandate improved coordination; and, align quality measures across Medicaid and Medicare.

Require CHC companion D-SNPs to participate in **default enrollment** only, hence provide support to plans on id prospective duals.

Use CHC and MIPPA **contracts** to mandate data sharing and interactive service coordination.

Develop shared **operational** and **quality reporting** requirements.

Require **quarterly meetings** between all three (3) CHC-MCOs, their aligned D-SNPs, and the seven (7) unaligned D-SNPs to share best practices, data sharing, and discuss progress and challenges.

MLTSS Coordination With Medicare: Lessons from Pennsylvania's Community HealthChoices Program

Sharon Alexander

President, LTSS Solutions,

AmeriHealth Caritas Family of Companies

August 29, 2019

AmeriHealth Caritas

CARE IS THE HEART OF OUR WORK℠

Delivering the Next Generation of Health Care

Leading Managed Care Organization

AmeriHealth Caritas is part of the Independence Health Group in partnership with Blue Cross Blue Shield of Michigan.

Our mission:

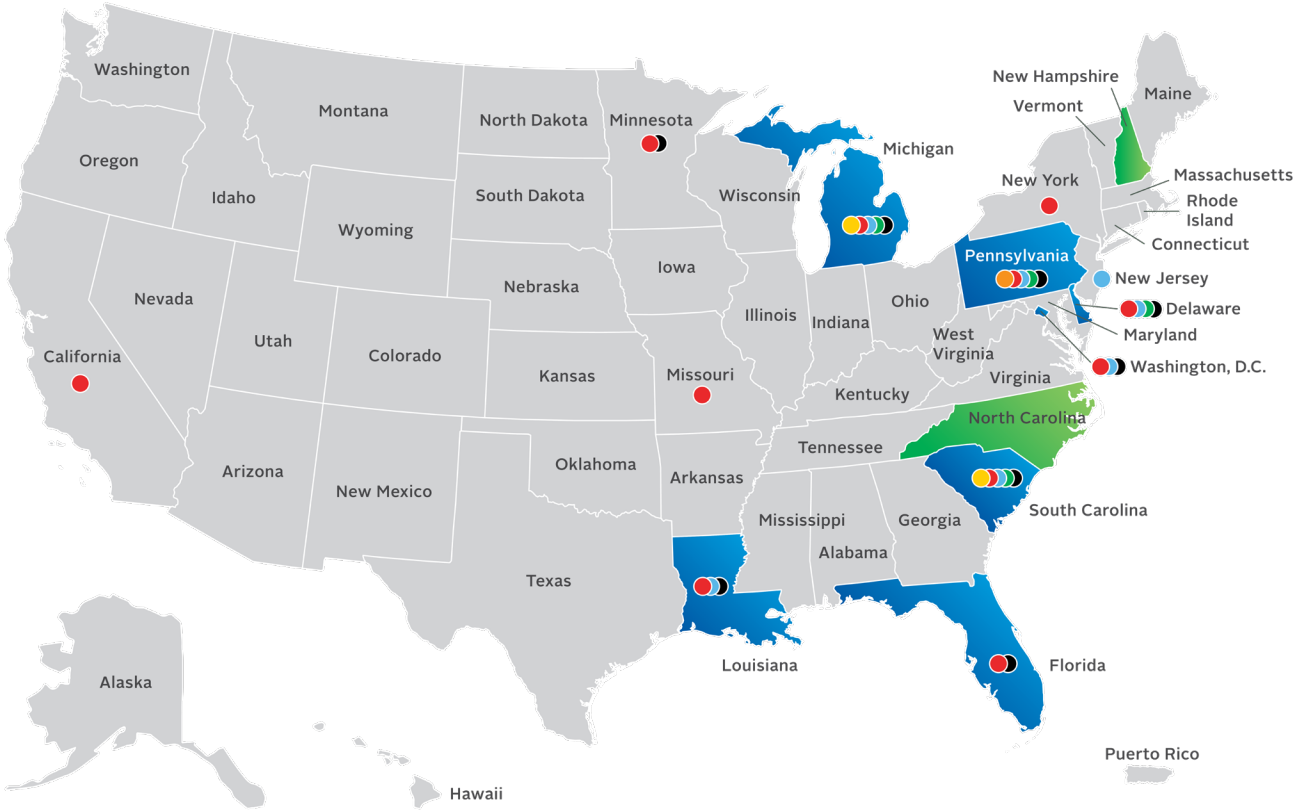
We help people get care, stay well, and build healthy communities.

Our vision:

Our goal is to develop strategic partnerships and build accessible, flexible health systems across the nation. Moving forward as health care evolves, we will continue to ensure the greatest level of care at maximum value for members, providers, and governments.

States	Members and Participants	Associates
11	5.1M	6.2K
+ the District of Columbia		

Our National Footprint



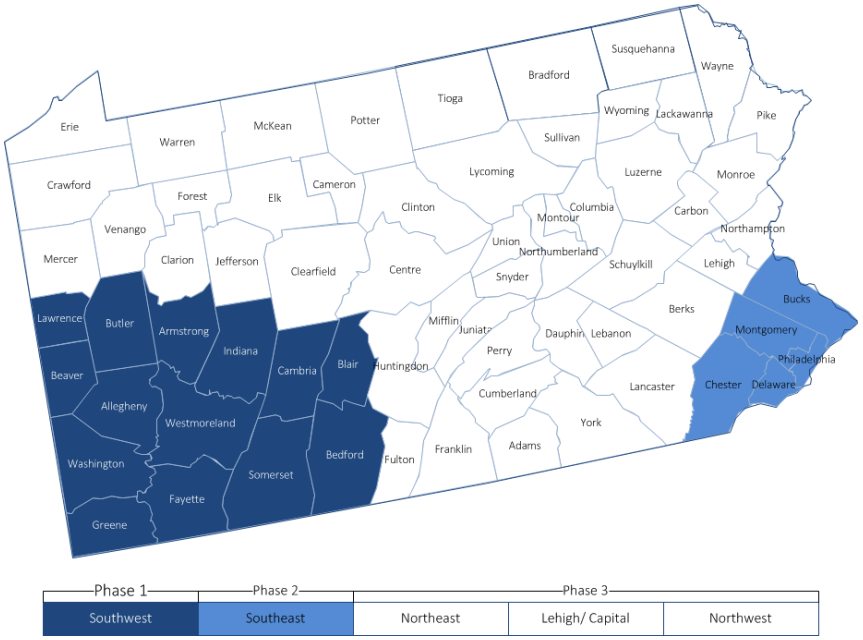
Blue states Existing AmeriHealth Caritas Medicaid health plan markets **Green states** New AmeriHealth Caritas Medicaid health plan markets in 2019*

- Dual eligible special needs plan (D-SNP)
- Medicare-Medicaid plan (MMP)
- Behavioral health managed care
- Specialty pharmacy
- Long-term services and supports (LTSS) experience
- Pharmacy benefit management

*New Hampshire Department of Health and Human Services (NHDHHS) announced contract award for go-live on September 1, 2019.

*North Carolina Department of Health and Human Services (NCDHHS) announced contract award for go-live on November 1, 2019.

Pennsylvania's Community HealthChoices (CHC) Program Overview



The CHC program is Pennsylvania's new managed long-term services and supports (MLTSS) program.

It targets dual eligible individuals age 21 and older, and those who meet nursing facility level of care criteria.

- The intellectually and developmentally disabled (I/DD) population is excluded, and behavioral health care services are carved out.

Three managed care organizations (MCOs) have been awarded contracts under the CHC program:

- AmeriHealth Caritas (AmeriHealth Caritas Pennsylvania CHC and Keystone First CHC),
- UPMC Health Plan (UPMC for You)
- Centene (Pennsylvania Health and Wellness).

The program is implemented in three phases:

- Southwest zone: January 1, 2018.
- Southeast zone: January 1, 2019.
- Remaining zones: January 1, 2020.

Awarded MCOs are required to operate a dual eligible special needs plan (D-SNP) statewide.

Serving Dual Eligible Participants in Pennsylvania's CHC Program

- Dual eligible Participants previously received care through the state's fee-for-service (FFS) system and did not have a Medicaid plan coordinating their care and services.
- Dual eligible Participants are now enrolled in a CHC managed care plan for their Medical Assistance coverage.
- Some dual eligible Participants receive their Medicare services through a D-SNP (aligned or not aligned with their CHC plan), and some participate in FFS Medicare.

Eligibility categories (age 21 and older)	Medicaid physical health	Medicare physical health	LTSS (nursing facility and home- and community-based services; Participant directed)	Other supplemental services (dental, transportation, pharmacy)
Nursing facility level of care (LTSS eligible) Medicaid recipients	✕		✕	✕
Dual eligibles who meet nursing facility level of care (LTSS eligible)	✕	✕	✕	✕
Dual eligibles who are not eligible for LTSS	✕	✕		✕

By the Numbers: Coordinating Medicare for Dual Eligible Participants

- Participants must enroll in an MLTSS plan in Pennsylvania.
- Approximately 85 percent of Participants in our CHC plan are dual eligible.
- Approximately 61 percent are with Medicare FFS, while nearly 39 percent are in D-SNPs.
  - 31 percent are in unaligned D-SNPs.
  - 8 percent are in our aligned D-SNP (that is, they are part of a companion D-SNP run by the same parent company).
- Misaligned enrollment can make it challenging to achieve meaningful integration given the inherent difficulties of coordinating efforts between two separate MCOs.

Opportunities to Grow Aligned Enrollment

Enrollment practices:

- People aging in from the Medicaid plan are assigned to the aligned CHC plan:
  - If members currently enrolled in our Medicaid plan do not select a CHC plan themselves, the state automatically assigns them to our CHC plan.
  - They are also enrolled by default into our D-SNP when they become eligible for Medicare.
- Outreach and education efforts targeting Medicare FFS and unaligned CHC members to introduce them to our D-SNP:
  - Familiarizing CHC members with our D-SNP plan benefit package.
  - Conveying benefits of aligned enrollment.

Focus of Medicare Coordination Efforts

	Aligned D-SNP	Unaligned D-SNP	FFS Medicare
Marketing and enrollment	Single ID card and coordinated outreach and communication to CHC Participant	Two ID cards and sets of materials	Two ID cards and sets of materials
Transitions of care	Unified care coordination process	Data exchange	Coordination with primary care provider (PCP)
Care coordination	Single care team (lead Care Manager aligned with Service Coordinator) on integrated system platform	Coordination between two separate Care Managers; exchanging plans of care	Coordination with PCP
Grievances and appeals	Coordinated process for handling grievances and appeals; working on integrated denial notice	Separate processes	Separate processes

Coordinating Care With Unaligned D-SNP

Case in point: transitions of care

Focus on strengthening transitions of care after an acute or behavioral health inpatient stay

Data sharing agreements

Working to close the gaps with unaligned D-SNPs to better coordinate care:

- Mutual cooperation and coordination agreements between 11 unaligned D-SNPs and three CHC plans.
- Focus on coordination of care, exchange of information related to the administration of covered services to Participants, transition of services, and dispute resolution.
- Lengthy process to get finished agreements from unaligned D-SNPs.

Information exchange

- Agreement on basic file format for D-SNP to exchange inpatient authorizations and discharge information with CHC MCO.
- Health information exchange (HIE) not statewide; FTP site utilized.
- Months-long development of consensus around 25 fields based on Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) agreement; still discussing frequency of file exchange (daily is preferred).

Coordinating Care With Unaligned D-SNP

Case in point: transitions of care

Discharge notification

- If a Participant receives LTSS services and is admitted, we will send LTSS notification (authorizations) in a response file to the D-SNP plan.
- We will flag the admission trigger event in our electronic LTSS system.
- We will run a report to determine the transition of care list and make a face-to-face visit within 14 days of discharge, per contract requirements.
- Timeliness of notification of discharge dates from hospitals is a concern:
  - Recommending the trigger event be the date of notification from D-SNP instead of the discharge date.
  - Clarifying types of discharges that qualify for face-to-face visits.

Coordinating Care With Unaligned D-SNP

Case in point: transitions of care

Care coordination workflow integration

Outreach overload:

- The D-SNP has a Care Manager who will be reaching out (call or visit), and the CHC MCO will have a Service Coordinator who will also be reaching out; concerned about too many people interacting with Participants.
- Working through protocols whereby the D-SNP does initial outreach and then contacts the plan to begin care coordination.
- This has significant staffing implications for plans, which need staff to coordinate care with D-SNP teams.

Care coordination protocols

- Single Care Manager with multiple D-SNPs with which they are coordinating care in their caseload.
  - Designate teams by D-SNP?
  - Weekly case rounds with D-SNPs?
- Central intake mailbox for requests for D-SNP care coordination.
- Care plan exchanges; each plan has different format.

Key Lessons Learned

Successful coordination requires:

- Nimbleness and the capacity to ensure the Model of Care supports a person-centered approach and targets resources accordingly.
- Unified information exchanges to support integrated and coordinated care.
- Availability of real-time data to determine changes needed in the care plan.
- Well-trained, well-coordinated, and well-informed care teams.
- Strong communication channels among CHC plans and aligned/unaligned D-SNPs
- More time than you think!

More than

35 YEARS

of making

care the **heart**

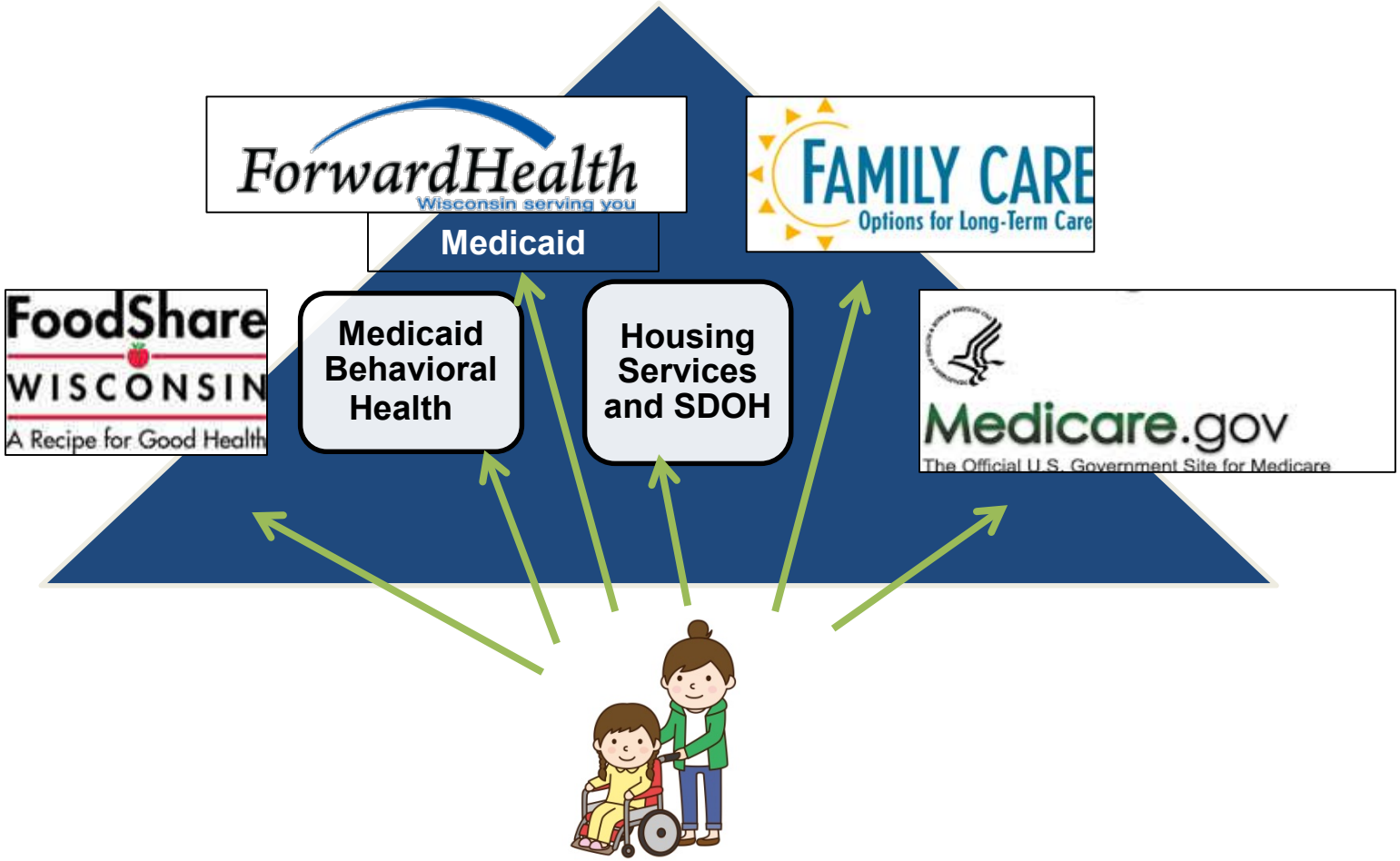
of our **work.**

Medicaid Medicare Coordination for Dual Eligibles

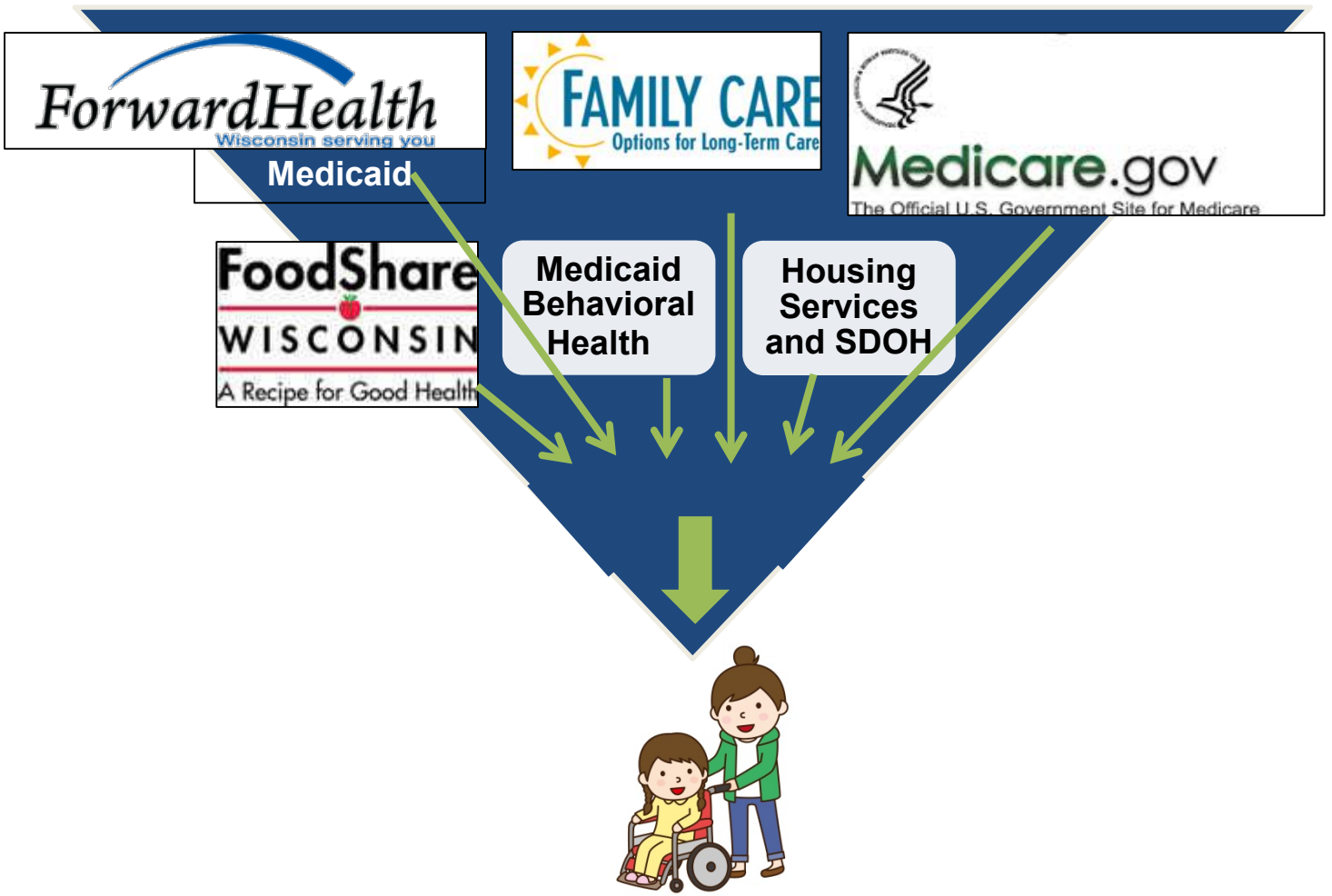
2019 Fall Home and Community-Based Services Conference

Curtis J. Cunningham
Assistant Administrator
Long-Term Care Benefits and Programs
August 29, 2019

Program Centered Uncoordinated Care



Person Centered Coordinated Care



WI Adult Dual Eligibles

Program	Description	Dual Eligible Engagement
Badger Care	Covers low income kids and families	Able to enroll but no integration
SSI Managed Care	Covers SSI eligible kids and adults	Able to enroll but no integration or alignment required by state
Family Care	Managed long-term care for adults who are functionally eligible	Able to enroll but no integration or alignment
IRIS (Include, Respect, I Self-Direct)	Fee-for-service, self-directed program for adults who are functionally eligible	Able to enroll but no integration
Partnership	Managed long-term care for adults who are functionally eligible	Able to enroll with varying levels of service integration, as they offer primary and acute medical care, long-term care, and prescription coverage
PACE (Program of All-Inclusive Care for the Elderly)	Managed long-term care for adults who are functionally eligible.	Able to enroll with varying levels of service integration, as they offer primary and acute medical care, long-term care, and prescription coverage

Medicaid and Medicare Combinations for Dual Eligible Individuals

See handout

Challenges States Have Coordinating Dual Eligible Medicaid Enrollees

- Duals are in multiple Medicaid service delivery systems.
- Duals not receiving home and community-based services (HCBS) utilize few Medicaid services.
- Medicaid agencies often find savings initiatives implemented for the HCBS population do not accrue to the State.

Challenges States Have Coordinating Dual Eligible Medicaid Enrollees

- States have numerous priorities and therefore duals are often overlooked.
- Special policy knowledge is necessary to understand Medicare policies and programs.
- States must administer HCBS program infrastructure for non-dual eligibles.
- There is a lack of empirical data about integration. However, the evidence is growing.

State Benefits for Coordinating Dual Eligible Medicaid Enrollees

- Managing dual eligible enrollees can lead to better care outcomes and higher quality of life.
- Lack of adequate Medicare services can increase cost for HCBS programs.
- The Medicaid agency can achieve the goal of person-centered coordinated care.

State Benefits for Coordinating Dual Eligible Medicaid Enrollees

- The State can leverage D-SNP contract to get Medicare data.
- If Medicaid agencies don't coordinate care for dual eligibles, no one will.

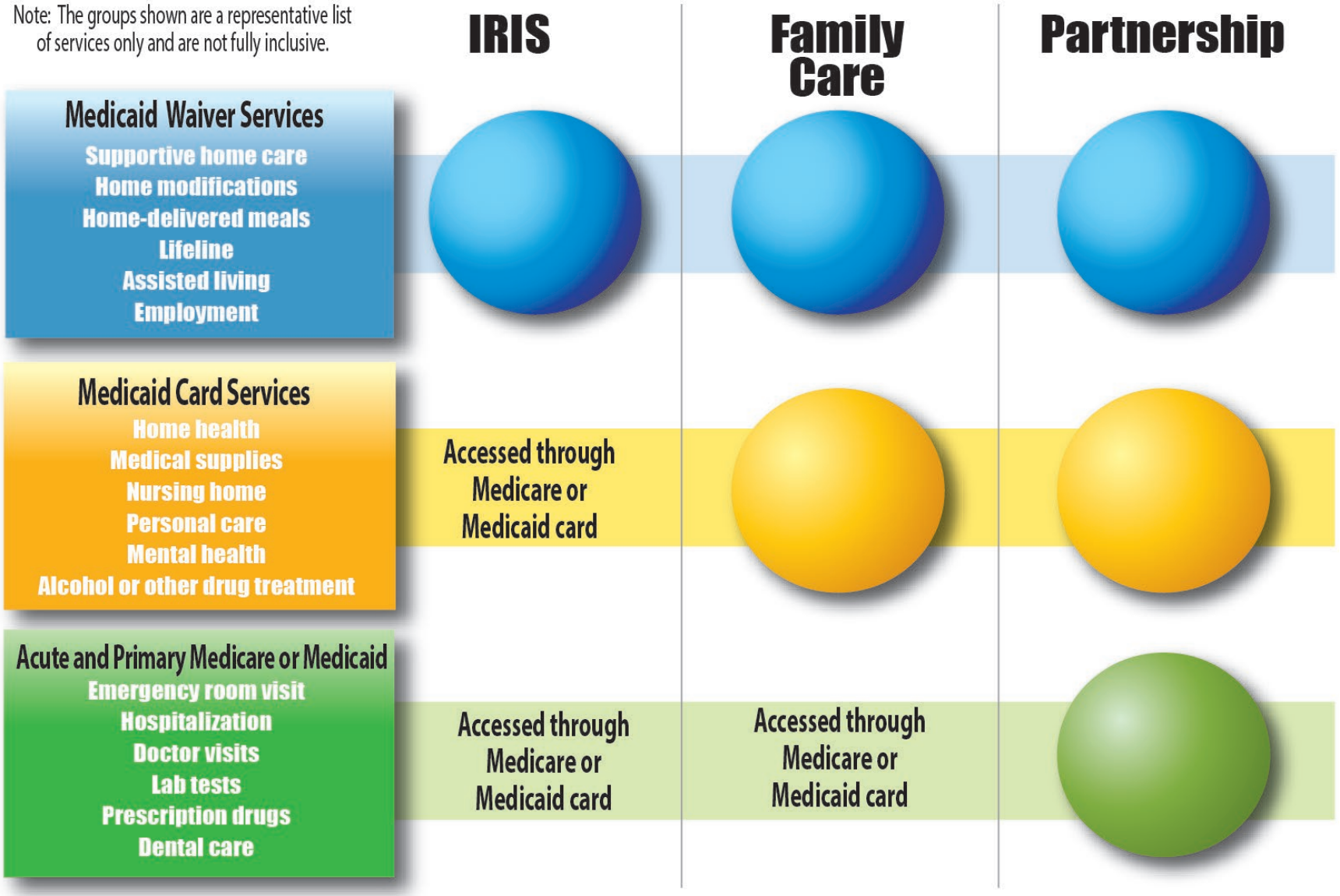
<u>It is the right thing to do for the members we serve!</u>

The Continuum from Integration to Alignment

- Partnership (FIDE-SNP)
- Require Medicaid plans to offer a corresponding D-SNP Product
- Medicare Advantage plan sub-contracts case management to the long-term care managed care organization
- Default enrollment into Medicare Advantage plans
- Informed choice- providing consumer information regarding Medicaid plans that have a corresponding D-SNP
- Strong coordination of benefits

Examples of Services in Wisconsin's Long-term Care Programs

Note: The groups shown are a representative list of services only and are not fully inclusive.



Questions and Contact Information

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We proactively partner with others to build a shared vision of long-term care that offers the people we serve choice, connections, and dignity fostering full participation in communities.

INCLUSA

Family Care

Serving 15,500

Located in 52/72

Non-Integrated

- Inclusa is a Wisconsin Medicaid Managed Long Term Services and Supports (MLTSS) program, otherwise known as Family Care
- Inclusa provides person-centered and community- focused approach to long-term care services.
- Inclusa currently supports over 15,500 Family Care members across 52 Wisconsin counties and will soon be expanding to more counties within Wisconsin.
- Inclusa is a non-integrated program

We proactively partner with others to build a shared vision of long-term care that offers the people we serve choice, connections, and dignity fostering full participation in communities.

INCLUSA

Notable challenges in a Non-Integrated Program and Best Practices

Three notable challenges:

1) Eligibility determination for dual eligibles, specifically Medicare

2) Determining support needs tied to acute care and access

3) Coordination of supports within both benefits

We proactively partner with others to build a shared vision of long-term care that offers the people we serve choice, connections, and dignity fostering full participation in communities.

Notable challenges in a Non-Integrated Program and Best Practices

Eligibility determination for dual eligibles, specifically Medicare eligibility

- Prior to enrollment the Aging and Disability Resource Center (ADRC's) and/or Benefits Specialist assist members with eligibility assistance.
- Upon enrollment Inclusa's role is to assist members in maintaining Medicaid benefits and to monitor Medicare eligibility.
- Inclusa has invested in hiring and training Eligibility Specialist who assist members to remain Medicaid eligible annually as well as support and assist teams and members in managing their Medicare benefits.

We proactively partner with others to build a shared vision of long-term care that offers the people we serve choice, connections, and dignity fostering full participation in communities.

Notable challenges in a Non-Integrated Program and Best Practices

Determining support needs tied to acute care and access

Hospitals and Medicare PCP's often lack knowledge of Family Care

- Inclusa has built a strong relationship with hospital systems in and around Wisconsin
  1. Education to hospitals on Family Care
  2. Role of Interdisciplinary team (IDT) – RN and Social Services dyad
  3. Why having access to health information assists with coordination of care as well as follow-up with PCP's
  4. Interoperability benefits
- Wisconsin Statewide Health Information Network (WISHIN) and PatientPing

We proactively partner with others to build a shared vision of long-term care that offers the people we serve choice, connections, and dignity fostering full participation in communities.

Notable challenges in a Non-Integrated Program and Best Practices

Coordination of supports within both benefits

- Coordinating Medicare benefits timely can be a challenge, especially DMEPOS as there are numerous Medicare guidelines and lack of understanding by PCP's
- Inclusa has invested in hiring and training DME Coordinators and DME Assistants
  - DME Coordinators have significant training on DME and Medicare guidelines.
  - DME Coordinators attend care planning/assessment visits along with IDT, OT/PT and DME vendors to ensure proper equipment is identified and within Medicare criteria
  - DME Assistants support the DME Coordinators in ensuring Medicare guidelines and requirements are met
    - Outreach to PCP's - Face to Face visit, Detailed Written Order (DWO)

We proactively partner with others to build a shared vision of long-term care that offers the people we serve choice, connections, and dignity fostering full participation in communities.

Notable challenges in a Non-Integrated Program and Best Practices

Coordination of supports within both benefits

- Wisconsin has many rural regions and DME repairs were often not completed timely to meet member's needs.
  - DME providers were spending most of their day traveling, a non-Medicare coverable service.
- Inclusa began hosting repair clinics for timely repairs
  - Repair Clinics reduce DME vendor travel and allow vendors to complete numerous assessments and/or repairs in one visit
  - DME vendors often have a billing specialist on site to begin processing Medicare and other secondary insurances
  - Often repairs can occur the same day or with a 2nd visit if parts are needing to be ordered
- Inclusa has began partnering with DME vendors to utilize remote technology as an additional option to assess repair needs

Facilitated Panelist Discussion

Question #1:

For States:

What mechanisms is your state using to improve integration for dual eligibles?

Question #2:

For States and Plans:

How does your State and your plan work together to support care for dual eligibles?

Question #3:

For Plans:

What do plans need to better coordinate care for dual eligible members receiving services through your plan?

Question #4:

For States and Plans:

What best practices would you recommend in care coordination for dual eligibles?

Questions from the Audience

Thank you for your time today!

- A very big thank you to our panelists from Wisconsin and Pennsylvania!
- For more information on the 1115 Demonstrations Evaluation and to find the MLTSS related reports, please visit: https://www.medicaid.gov/medicaid/section-1115-demo/evaluation-reports/index.html
- Feel free to reach out to Beth Lewis for more information on our MLTSS work: Elizabeth.lewis1@ibm.com.

Medicare & Medicaid Combinations for Dual Eligible Individuals

Medicare → / Medicaid ↓		FFS Medicare Parts A & B ("Original" Medicare) *Most dual eligible individuals have both A & B, but it is possible for people to only have one.*	Part D Prescription Drug Plan (PDP) *Most dual eligible individuals in FFS Medicare will have a PDP, but not all – for example, individuals with retiree drug coverage.*	Part C- Medicare Advantage Plan *Most are Medicare Advantage – Prescription Drug (MA-PD) plans, so they cover Part D benefit in addition to Parts A & B and the individual does not have a separate PDP.*			PACE *Different authority than Medicare Advantage Plans, but in practice have some similarities to FIDE-SNPs.*
				Medicare Advantage (not SNP)	Special Needs Plan: C-SNP or I- SNP	Dual Eligible Special Needs Plans (D-SNP) D – SNP (not FIDE-SNP)	Fully Integrated Dual Eligible SNP (FIDE – SNP)	
Most versions of Medicaid can be combined with most versions of Medicare.	**FFS Medicaid**	X						
		X	X					
				X				
					X			
						X		
	Medicaid SSI HMO	X						
		X	X					
				X				
					X			
						X		
		X						
	FFS Medicaid + IRIS	X	X					
				X				
					X			
						X		
	FFS Medicaid (acute & primary) + **Family Care** (long term care)	X						
		X	X					
				X				
					X			
						X		
Require enrollment in same plan for Medicare and Medicaid.	**Family Care - Partnership (FC – P)**						X	
	PACE							X

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