

Options Counseling for Dual-Eligible Beneficiaries

2021-TRAINING FOR RI SHIP COUNSELORS & VOLUNTEERS

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Financial Alignment Initiative (FAI)

Purpose – Assist Medicare/Medicaid dual-eligible beneficiaries with their healthcare options in a manner that is unbiased, accurate, timely, complete and impartial. Ensuring information will be available for both existing beneficiaries and those who become newly eligible.

- ❖ Is a Federal grant through the Centers for Medicare and Medicaid Services (CMS)
- ❖ Also known as the Integrated Care Initiative (ICI) in Rhode Island.
- ❖ Services will be provided statewide in accordance with Center of Medicare & Medicaid Services (CMS) and Rhode Island Office of Healthy Aging (OHA) requirements.
- ❖ As of February 2021, there are 35,421 dual beneficiaries in Rhode Island.

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COVID-19 & Impact on Dual Beneficiaries

- ❖ According to statistics from CMS, dual beneficiaries have the second highest rate to be affected by COVID-19 with 473 hospitalizations per 100,000 beneficiaries.*
- ❖ Dual eligible beneficiaries have a greater level of complex health and social needs, all of which make them more vulnerable to contracting COVID-19 and subjected to suffering worse outcomes than other populations.
 - ❖ According to CMS, 41% of dually eligible individuals have at least one mental health diagnosis, 49% receive long-term care services and supports (LTSS), and 60% have multiple chronic conditions.*
 - ❖ Additionally, 17% of dually eligible individuals report that they have “poor” health status, compared to 6% of other Medicare beneficiaries.*

*Verma, Seema. “Medicare COVID-19 Data Release Blog”. June 22, 2020. <https://www.cms.gov/blog/medicare-covid-19-data-release-blog>

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Overview of Rhode Island’s FAI

- ❖ OHA refers to this program as the “MME” (Medicare-Medicaid Enrollment) program.
- ❖ Specialized Counselors are referred to as “MME” Counselors.
- ❖ OHA partners with United Way of RI (UWRI) to reach and assist RI’s dual beneficiaries.
- ❖ This program is intended to provide person-centered options counseling to Medicare-Medicaid individuals to ensure that they receive clear, unbiased, and consumer friendly information and one-on-one counseling to help them make informed decisions about options they have for receiving their Medicare and Medicaid benefits.
- ❖ The program is not intended to promote an MMP (Medicaid-Medicare Plan) or any one health care insurance choice for dual-eligible beneficiaries.
- ❖ Like SHIP Counselors, MME Counselors provide the available healthcare options to dual beneficiaries to empower them in making their own choices and decisions regarding their healthcare.



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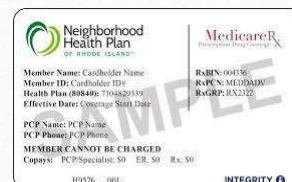
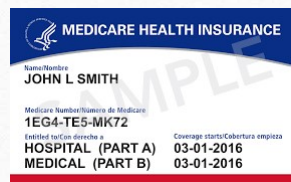
MME Counselor's Training & Referral Network

- ❖ MME Counselors will continue to provide on-going training to SHIP Counselors in efforts to expand the program throughout the state and to enhance the knowledge of RI Integrated Partners/ SHIP Counselors with respect to counseling dual-eligible beneficiaries.
 - ❖ SHIP Counselors will be provided a yearly updated Medicare-Medicaid Comparison Chart to serve as a guidance tool to ensure that beneficiaries, families, caregivers, etc., understand their options for receiving benefits and services.
- ❖ MME Counselors will coordinate and facilitate a referral network with Integrated Partners:
 - ❖ SHIP Counselors will utilize a referral sheet with guidelines to determine the eligible population.
 - ❖ MME Counselors will receive referrals from the RI Integrated Partners (including The POINT) when assistance is needed for a RI dual-eligible beneficiary.
 - ❖ When appropriate, beneficiaries will be referred to other organizations including Demonstration Ombudsman Programs at RI Executive Office of Health & Human Services (OHHS) and other service organizations for additional assistance.

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Overview of Rhode Island's Medicare-Medicaid Plan (MMP)



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Medicare-Medicaid Plan (MMP)

❖ Goals:

- ❖ Provide person-centered care.
- ❖ Improve or maintain individuals' health and quality of life.
- ❖ Integrate primary care, acute care, behavioral health care, and long-term services and supports (LTSS).
- ❖ Increase the proportion of individuals successfully living in a community setting.
- ❖ Decrease avoidable hospitalizations and emergency room use.
- ❖ Reduce nursing facility admissions and length of stay.
- ❖ Improve transitions of care from the hospital or nursing home back to a member's home.
- ❖ Align financial and quality incentives to improve care.

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Neighborhood
Health Plan
OF RHODE ISLAND™

Neighborhood Integrity MMP

- ❖ **Neighborhood INTEGRITY** – The Medicare-Medicaid Plan (MMP) managed by Neighborhood Health Plan (NHPRI), serves the entire state of RI.
- ❖ The only MMP currently available in RI.
- ❖ **Covered Services:**
 - ❖ Neighborhood INTEGRITY, covers all services including Medicare Part A, Part B, and Part D and **all** Medicaid services.
 - ❖ If an individual receives LTSS, those services will continue and will be coordinated through the MMP.
 - ❖ Individuals who are currently paying a contribution to the cost of their care for LTSS services (often called 'patient share') will continue to pay this amount even if they enroll in Neighborhood INTEGRITY.


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Neighborhood MMP Eligible Populations

- ❖ Must meet **ALL** of the following criteria:
 - ❖ Live in Rhode Island
 - ❖ Be age 21 or older
 - ❖ Have Medicare Part A and Part B and be eligible for Medicare Part D
 - ❖ Have full Medicaid benefits



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Neighborhood MMP Excluded Populations

- ❖ Have **only** Medicare Part **A** **or** Part **B**
- ❖ Do **not have** “**full**” Medicaid benefits (i.e., have spend down or ‘flex’ Medicaid benefits)
- ❖ Participate in the **Medicare Premium Payment Program** (i.e., QMB, SLMB or QI)
- ❖ Are receiving hospice care at the time of enrollment
- ❖ Incarcerated individuals
- ❖ Live in an institution (Tavares or Eleanor Slater Hospital) or in an out-of-state hospital
- ❖ Enrolled in the Sherlock Plan (health coverage for adults with disabilities who are working)

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Neighborhood Integrity MMP

❖ Benefits of MMP:

- ❖ NO copays for prescription drugs or medical
- ❖ One Customer Service number for questions and resolving issues – 1-844-812-6896
- ❖ Nurse Advice Line, 24 hours per day/7 days per week – 1-844-617- 0563
- ❖ Personal care assistance, including bathing, dressing, housekeeping, and more
- ❖ Coordination of transportation to and from medical appointments
- ❖ Care coordinator (manager) dedicated to the member
- ❖ Easier experience for members as all programs are combined
- ❖ One ID card replaces the Medicare card, the Medicaid card, and the Part D Prescription Drug Plan card.



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Neighborhood Integrity MMP (Cont.)

❖ Care Management

- ❖ Care management services assist beneficiaries and their families to navigate the health care system and coordinate the full range of services an individual may receive including medical, behavioral, LTSS, and social supports. The role of the care manager is to advocate for the member, help answer questions and concerns, and ensure that all the member's health care needs are being met.

❖ Provider Network

- ❖ NHPRI Member Services can assist a member find a new doctor, specialist or other provider if they need one. Additionally, if a person needs a second opinion on a surgery or other treatment, Member Services can assist. Individuals should be encouraged to check to see if their providers are in NHPRI's network.
- ❖ The NHPRI Provider Directory can be found here: https://www.nhpri.org/wp-content/uploads/2021/03/ProviderDirectory_Medicare_English_Tagged_20210319_003000_12.pdf

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Neighborhood Integrity MMP (Cont.)

❖ Continuity of Care

- ❖ NHPRI is required to honor all existing authorizations for services and prescription drugs for the duration of the “continuity of care” period.
- ❖ A member who is seeing an out-of-network primary care doctor or specialist can continue to see that provider for the first six (6) months he/she is enrolled in INTEGRITY.
- ❖ After the first six (6) months, a member will be required to use providers in the NHPRI network.
- ❖ If a member would like to keep seeing the out-of-plan provider, he/she would have to request approval from NHPRI before seeing that provider.
- ❖ A member who is currently receiving LTSS, will continue to receive the same number of (authorized) hours for the first six (6) months of enrollment in INTEGRITY or until NHPRI does an initial health assessment, whichever occurs first.
- ❖ Members who are permanent residents of nursing facilities or assisted living residences may remain in their nursing facility or assisted living residence, regardless of whether that nursing facility or assisted living residence is in NHPRI’s network.

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Prescription Medications

- ❖ Most prescription medications are covered by NHPRI under Medicare Part D. Some medications may be covered under Medicaid. If an individual is on a prescription medication that is not covered by INTEGRITY, the following rules will apply:
 - ❖ For Part D medications, enrollees will get a one-time fill of a 30-day supply (unless a lesser amount is prescribed) of medication within the first 180 days of their enrollment.
 - ❖ To check if prescriptions are listed on the Integrity formulary, go to:

<https://www.nhpri.org/medicare-medicaid/pharmacy-benefits/2021-pharmacy-benefits/>
 - ❖ Or Utilize the Medicare Plan Finder at:

<https://www.medicare.gov/plan-compare/#/?lang=en&year=2021>



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MMP Opt-In Enrollment


- ❖ Individuals who are eligible may opt-in at anytime
- ❖ Individuals can either call the MMP Enrollment Line to apply over the phone at – **1-844-812-6896**
- ❖ Individuals can also complete a paper application
- ❖ Once an application has been submitted, the State will verify their eligibility with CMS and will mail a notice either verifying or denying their enrollment.





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MMP Opt-In Enrollment (Cont.)

- ❖ **Who's Eligible for Opt-In Enrollment?**
 - ❖ Medicare-Medicaid beneficiaries who are also enrolled in a *Medicare Advantage* plan.
 - ❖ Identified by CMS as having employer or union-sponsored insurance (in addition to Medicare and Medicaid).
 - ❖ Identified by CMS as having been auto-enrolled in a Part D Prescription Drug Plan within the last calendar year. CMS guidelines state that Medicare members can only be auto-enrolled one (1) time per calendar year.
 - ❖ Identified by the State's MMIS system as having comprehensive health insurance coverage (in addition to Medicare and Medicaid), like employer or union sponsored plans or any health coverage that includes any disability income for the insured.

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2021 MMP Enrollment Waves

❖ “Passive” or “Opt-Out” Monthly Enrollment Waves:

- ❖ Notice #31 – Yellow Letter mailed 60 days in advance of enrollment effective date with the MMP
- ❖ Notice #5 – Mailed 30 days in advance of the effective day as a reminder
- ❖ Both notices inform the individual that they are eligible for the MMP. If the dual beneficiary does nothing, they will automatically be passively enrolled into the MMP effective the date provided on the notices, unless they contact the ICI Enrollment Help Line and request to “opt-out” of the upcoming passive enrollment.
- ❖ In 2021, monthly passive waves will be occurring through 1/1/2021 - 12/1/2021.

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2021 MMP Enrollment Waves (Cont.)

❖ “Voluntary” or “Opt-In” Monthly Enrollment Waves:

- ❖ Notice #32 – Blue Letter mailed 30 days in advance of potential enrollment effective date with the MMP
- ❖ The notice informs the individual that they are eligible for the MMP and can contact the ICI Enrollment Help Line to complete the application process.
 - ❖ Paper and telephonic applications received between the 1st-10th of the current month will be enrolled the 1st of the following month
 - ❖ Paper and telephonic applications received between the 11th – last day of the current month will be enrolled the 1st of the 2nd month following submission

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Enrolled Populations

- ❖ Individuals who are eligible to enroll in NHPRI INTEGRITY will be in one of the following groups:
 - ❖ **Individuals living at home or in the community** – These individuals are currently not receiving LTSS, but they may be at risk for these services in the future.
 - ❖ **Individuals living at home or in the community with LTSS** – These individuals are currently receiving LTSS. LTSS services could include homemaker services, home care, respite, minor assistive devices, personal response system, etc.
 - ❖ **Individuals living in a Nursing Home** – These individuals currently reside in a nursing home. Individuals may be in a nursing home for a short or a long stay. They can choose to go in the plan even if the facility is not in network.

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Special Populations

- ❖ Some individuals who are eligible to enroll in INTEGRITY may include the following groups:
 - ❖ **Individuals who have an Intellectual or Developmental Disability (I/DD)** – Individuals in this group may be receiving long-term care services through the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH). They are eligible to enroll in INTEGRITY but any long-term care services they receive through BHDDH will be provided out-of-plan.
 - ❖ **Individuals who have a Seriously and Persistent Mental Illness (SPMI)** – Individuals in this group receive intensive behavioral health services through an Integrated Health Home program that is associated with a Community Mental Health Center. They will continue to receive these services even if they enroll in the MMP.

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Disenrollment

- ❖ Disenrollment is distinct from opting-out or cancelling enrollment. In order for an action to be considered a disenrollment, a member must be actively enrolled in the MMP. **To disenroll call the MMP Enrollment Line: 1-844-602-3469**
- ❖ If an individual who is enrolled in INTEGRITY does not wish to be enrolled, they can dis-enroll at any time. In most cases, their disenrollment will be effective the first day of the following month. Individuals who successfully dis-enroll from INTEGRITY will receive *Notice 16: Notice to Confirm Voluntary Disenrollment*. This notice will only be sent once CMS has confirmed the disenrollment and the State has ended that individual's enrollment segment in MMIS.



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COVID-19 Updates

- ❖ **Telehealth:** Neighborhood has temporarily expanded telemedicine coverage for all members to include clinically appropriate and medically necessary services to support the member for not having to go into their doctor's office, urgent care or emergency room during this time. This includes both medical care and behavioral health services. If the plan usually has copays, deductibles or other cost-sharing, the member will not need to pay for telemedicine visits.
- ❖ **Testing & Treatment:** Will cover the cost for member if their doctor believes they need to be tested and meets the COVID-19 testing guidelines set by the Centers for Disease Control and Prevention (CDC), there is no prior authorization required. Neighborhood will cover the cost of the test and treatment. The member will not need to pay any copays, deductibles, or other cost-sharing.
- ❖ **Medications:** Neighborhood wants members to have medicine when they need it. Temporarily can receive early refills for medications, up to a 90-day supply, or multiple fills of a 30-day supply. The member should check with their pharmacy to see if they offer free prescription home delivery.

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COVID-19 Updates (Cont.)

- ❖ **Provider Access:** Neighborhood wants members to get the care they need to protect themselves and others during this time, they should contact their primary care provider's office before going to a medical facility. If they do not have a primary care provider, visit www.nhpri.org/find-a-doctor or call Member Services at 1-855-321-9244 Monday through Friday, 8 a.m. to 6 p.m.
- ❖ **Prior Authorizations:** Neighborhood wants members to get care quickly so Prior Authorization for provider-ordered COVID-19 diagnostic testing and treatment is being waived. Additionally, Neighborhood is temporarily waiving prior authorizations for all behavioral health and all inpatient medical services regardless of whether they are COVID-19 related or not.
- ❖ Neighborhood is committed to the health and safety of individuals. Please visit www.nhpri.org/coronavirusupdate for the latest information on COVID-19 prevention, coverage information and community resources. www.nhpri.org | 1-855-321-9244 (TTY 711)

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Other Options For Dual-Eligible Beneficiaries



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D-SNPs

- **D-SNP** - dual eligible special needs plan. Types of Medicare Advantage Plans for dually eligible individuals.
 - Typically require use of in-network provider for Medicare services
 - Providers should accept Medicaid
 - Cost-sharing varies; some plans may offer zero cost-sharing for enrollees
 - Some D-SNPs may serve individuals with partial Medicaid benefits (such as individuals enrolled in certain Medicare Savings Programs)

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Other Types of Special Needs Plans

***Please note that none of these types of plans are currently offered in RI.**

- **HIDE SNP** - highly-integrated dual eligible special needs plan. Type of D-SNP paid to furnish both Medicare and Medicaid benefits. HIDE SNPs must provide following services:
 - Medicare
 - Medicaid
 - Either long-term care or behavioral health care
- **FIDE SNP** - fully-integrated dual eligible special needs plan. Type of D-SNP paid to furnish both Medicare and Medicaid benefits. FIDE SNPs must provide following services:
 - Medicare
 - Medicaid
 - Long-term care
 - May be required to provide behavioral health services in certain states
 - Typically cover more comprehensive set of services than HIDE SNPs
 - Specific requirements vary from state to state

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Coverage Options for People with Medicare and Medicaid

Options for people with Medicare and Medicaid defined		Enrollment criteria	MLTSS	BH
Medicare & FFS Medicaid				
+stand-alone MLTSS program	Medicaid plan that covers variety of long-term care services and supports	Full duals	Y	N/A
PACE	Program that provides Medicare, Medicaid, and long-term care services under one plan	Full duals	Y	Y
Medicare Advantage Special Needs Plans				
D-SNP	Type of Medicare Advantage Plan for dually eligible individuals	Varies by plan	N	N
D-SNP + MLTSS program	D-SNP and a separate plan to covered long-term care services and supports	Full duals	Y	N
HIDE SNP	D-SNP that provides Medicare, Medicaid, and either long-term care or behavioral health services under one plan	Full duals	Varies	Varies
FIDE SNP	D-SNP that provides Medicare, Medicaid, and long-term care services under one plan (may provide behavioral health services)	Full duals	Y	Varies
Financial Alignment Initiatives				
MMPs	Plans that contract with state and CMS to provide Medicare and Medicaid services	Full duals	Y	Y

Note: Beneficiaries should contact 1-800-MEDICARE to find out what plans are available in their area. Not all of the coverage options are available in all states or counties.

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UnitedHealthcare Dual Complete (HMO D-SNP)

- ❖ Is a D-SNP plan - Medicare Advantage Plans for dually eligible individuals
- ❖ This plan coordinates **Medicare** Benefits **only**
- ❖ **Medicaid** Benefits are coordinated by RI Medicaid FFS
- ❖ **Eligibility**
 - ❖ Have Full Medicare Part A and Part B **AND**
 - ❖ Part D
 - ❖ Full Medicaid **OR**
 - ❖ Enrolled in Medicare Premium Payment Program (MPP) for one of the following: QMB, SLMB, QI or QDWI (may have to assume co-pays, deductibles and co-insurance)

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2021 Plan Benefits

- ❖ **Dental Coverage** - \$3,000 toward dental services (covers certain types of crowns, bridges, periodontal services, extractions, root canals, dentures, sedation and occlusal guards)
- ❖ **Hearing Aids** – Receive Up to \$2,500 credit for hearing aids every 2 years
- ❖ **Health Product Benefit** –\$205 in quarterly credits to place catalog orders for health products ordered online or purchased at a retail store.
- ❖ **Routine Vision Coverage** – Annual routine exam and \$150 credit every year for routine eyewear. Up to \$ 150 for lenses/frames and contacts every year
- ❖ **Acupuncture and Chiropractic Coverage** - \$0 copay for up to 20 visits per year for pain relief due to things that affect muscles, nerves and bones
- ❖ **Personal Emergency Response System** - \$0 copay – get connected to a trained operator 24/7
- ❖ **HouseCalls** – A health care practitioner visits members in their home. Discuss health needs, questions, concerns, medications and care plan
- ❖ **Rewards Program** – \$25 monthly healthy food benefit applicable to milk, eggs, bread, spices, fruits, vegetables.

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UHC COVID-19 Updates

- ❖ **COVID-19 Diagnostic Testing** – UHC will cover medical necessary COVID-19 diagnostic testing (virus/antigen) at no cost share when ordered by a physician or appropriately license health care professional for purposes of diagnosis or treatment of an individual member.
- ❖ **COVID-19 Antibody Testing** – Must be an FDA-authorized COVID-19 antibody test ordered by a physician or appropriately license health care professional.
- ❖ **COVID-19 Testing-Related Visit** – Visit can be in a health care provider’s office, urgent care center, emergency department or through telehealth.
- ❖ **COVID-19 Treatment** – Treatment must be done under COVID-19 with an appropriate admission or diagnosis code. Applies to office, urgent care and emergency department visits, observation stays, inpatient hospital episodes, acute inpatient rehab, long term acute care and skilled nursing facilities.

<https://www.uhcprovider.com/content/provider/en/resource-library/news/Novel-Coronavirus-COVID-19.html?cid=none>

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WellCare Imperial (PPO D-SNP)

- ❖ Is a D-SNP plan - Medicare Advantage Plans for dually eligible individuals
- ❖ **Eligibility**
 - ❖ Have Medicare Part A, B & D
 - ❖ Full Medicaid Benefits
 - ❖ Enrolled in MPP for one of the following: QMB, SLMB, QI or QDWI (may have to assume co-pays, deductibles and co-insurance)
- ❖ **Other Benefits**
 - ❖ Dental, Hearing, Vision, Fitness, Meals
 - ❖ Members will get extra benefits like money for over-the-counter healthcare items (vitamins, toothpaste and more), meal delivery, rides to your doctor appointments and pharmacy, etc.
 - ❖ Members may also get access to a care manager who can coach them on ways to reach their health goals.
- ❖ **COVID-19 Updates** – No updates available at this time.

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Programs of All-Inclusive Care for the Elderly (PACE)

- ❖ PACE-RI is a non-profit provider of health care and insurance for adults 55 and older with complex medical conditions who want to live at home.
- ❖ Program that provides Medicare, Medicaid, and long-term care services under one plan
- ❖ Not available everywhere; may be limited to specific areas within states
- ❖ **Eligibility:**
 - ❖ Be at least 55 years old
 - ❖ Live in Rhode Island (Excluding Block Island and Prudence Island)
 - ❖ Meet clinical level of care requirements
 - ❖ Be able to live safely in the community at the time of enrollment

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PACE Services

❖ PACE is not only a health plan, but they provide services. These services are not unbundled and, as such, there is no individual cost associated with each service. A care plan is created based upon medical necessity and assessments for most of their services.

	Primary & Acute Care Services	
	Social Services & Behavioral Health	
	Home Care	
	Nutrition	
	Rehabilitation Services	
	Health Center & Adult Day Services	
	Pharmacy	
	Transportation	





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COVID-19 Updates

❖ PACE-RI has taken clear and decisive steps to limit the spread of the coronavirus, by keeping facilities clean and safe during this health crisis. Below is a list of steps that they have taken to ensure safety of their members:

	Cleaning the day center 3 times/day		Cleaning bathrooms after every use
	Periodic hospital grade disinfecting practices		Testing participants for COVID-19 every 2 weeks, and monitoring for symptoms daily

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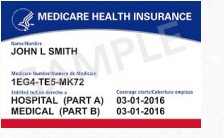
MEDICARE HEALTH INSURANCE
 JOHN L SMITH
 1EG4-TE5-MK72
 HOSPITAL (PART A) 03-01-2016
 MEDICAL (PART B) 03-01-2016

Original Medicare (Fee for Service)

- ❖ Health insurance for individuals age 65 or older *or* people under age 65 with certain disabilities *or* people of any age with End-Stage Renal Disease (ESRD).
- ❖ Covers Part A (Hospital Insurance) and Part B (Medical Insurance)
- ❖ Beneficiaries of original Medicare are subject to deductibles, co-insurance, co-pays and premiums.
- ❖ Subject to unlimited out-of-pocket costs per year unless beneficiary has supplemental coverage through a Supplemental (Medigap) plan.

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MEDICARE HEALTH INSURANCE
 JOHN L SMITH
 1EG4-TE5-MK72
 HOSPITAL (PART A) 03-01-2016
 MEDICAL (PART B) 03-01-2016

2021 Original Medicare (FFS)

Part A	
Hospital deductible	\$ 1,484 each benefit period
Hospital coinsurance	\$ 371/day for days 61-90 each benefit period \$ 742/day for days 91/150 (non-renewable lifetime reserve days)
Skill nursing facility (SNF)	\$ 185/day for days 21-100 each benefit
Part B	
Annual Deductible	\$ 203.00
Standard monthly premium	\$ 148.50

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Other Options for Full Duals

- ❖ Medicare Fee for Service FFS (Original Medicare A & B)
- ❖ Medicaid Fee for Services FFS (*Anchor* card) coordinating Medicaid services
- ❖ Stand-alone prescription drug plan (PDP)
 - ❖ Any Medicare Advantage Plan **with PDP** included
 - ❖ Medicaid FFS coordinating the Medicaid services
- ❖ Any Medicare Advantage **without PDP** included.
 - ❖ Stand alone PDP
 - ❖ Medicaid FFS coordinating the Medicaid services



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Helping Dual Beneficiaries Understand Plan Options



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Standard D-SNP

- May be good option for individuals who want to consolidate their coverage
 - Offers networks of providers and facilities that take Medicare and Medicaid
 - D-SNPs do not offer long-term care coverage
- Enrollees may not have out-of-pocket costs (Medicaid typically covers Medicare cost-sharing)
- Some individuals may prefer Original Medicare because it does not have networks and provides greater flexibility in choosing providers

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MMPs, PACE, HIDE SNPs, or FIDE SNPs

- May be good options for individuals who want to receive all services through a single plan
 - Care management and coordination may improve experience accessing services
 - Beneficiaries accustomed to managed care and provider networks may find these plans preferable
- However, less flexibility in choosing providers and how plans operate may vary

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MME STARS Reporting Requirements



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MME STARS Reporting

- ❖ MME Client Contacts and Public/Media Events are recorded in STARS
- ❖ The following slides are samples of recorded Client Contact and Public/Media Events in STARS

Remember! If it's not recorded, then it didn't happen



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Beneficiary Contact Form

The screenshot shows a form with several sections: 'Other Prescription Assistance', 'Medicaid', and 'Other Insurance'. To the right is a scrollable list of topics. The 'Additional Topic Details' field is circled in red. A red arrow points from this field to the 'Duals Demonstration' checkbox in the list.

STARS

With the implementation of *STARS*, special use fields will no longer be used for MME reporting. MME Counselors (and others) who are reporting on MME clients, will check off “Duals Demonstration” as a topic under the heading of “Additional Topic Details”. More than one topic can be checked off here however when Duals Demonstration is checked off, this will be captured by ACL and all other information on the form will be counted towards RI’s Dual Demonstration / Options Counseling Grant.

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Group Outreach and Education / Media Outreach & Education Forms

The screenshot shows a form with sections for 'Intended Audience', 'Target Beneficiary Group', and 'Topics Discussed'. The 'Topics Discussed' field is circled in red. A red arrow points from this field to the 'Duals Demonstration' checkbox in the list.



STARS

Due to the removal of the special fields for MME reporting in *STARS*, if Duals Demonstration is checked off (additional topics can be checked off as well), then the information will be captured and counted towards RI’s Duals Demonstration / Options Counseling Grant. This box can be found in the “Topics Discussed” section of the form.

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FAI STARS Reports Now Available

- FAI STARS Reports are now available for users that are able to pull reports
 - Go to Configuration  Pages  Dashboard Options
 - Select FAI Summary Report and choose from the following options:

Beneficiary Contact FAI Duals Summary Report - Session Conducted By
 Beneficiary Contact FAI Duals Summary Report - Partner Organization Affiliation
 Group Outreach and Education FAI Duals Summary Report - Session Conducted By
 Group Outreach and Education FAI Duals Summary Report - Partner Organization Affiliation
 Media Outreach and Education FAI Duals Summary Report - Session Conducted By
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Available Resources



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Finding Available Plans

- Beneficiaries and advocates may find it difficult to learn which types of plans are available in each state
 - Often necessary to use multiple resources to narrow down available plan options
 - Verify with plans and confirm any information found online
 - Contact a MME Counselor for assistance
- Available websites:
 - Medicare Plan Finder: <https://www.medicare.gov/plan-compare/>
 - May be used as starting point when searching for D-SNPs, but there are limitations
 - Limited ability to filter for D-SNPs or D-SNPs that include long-term care coverage from other types of SNPs
 - Difficult to tell available plans apart or understand differences in what each plan covers
 - Plan eligibility requirements are not included

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Finding Available Plans (Cont.)

- Medicare PACE-Specific Plan Finder: <https://www.medicare.gov/pace/>
 - Specific portal to search for PACE plans
 - Individuals should contact plan directly to learn whether they are eligible to enroll and for more information about coverage
- Centers for Medicare & Medicaid Services (CMS) FAI webpage:

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination>
 - Information from CMS about state demonstrations
 - Most pages include links to MMP-specific ombudsman programs or fact sheets for beneficiary audiences

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Resources for Information & Help

- **State Health Insurance Assistance Program (SHIP)**
 - www.shiptacenter.org
 - www.eldercare.gov
- **Social Security Administration**
 - 1-800-772-1213
 - www.ssa.gov
- **Medicare**
 - 1-800-MEDICARE (633-4227)
 - www.medicare.gov
- **RI Department of Human Services (DHS)**
 - DHS Call Center: 1-855-697-4347
 - <http://www.dhs.ri.gov>
- **Medicare Rights Center**
 - 1-800-333-4114
 - www.medicareinteractive.org
- **National Council on Aging**
 - www.ncoa.org
 - www.centerforbenefits.org
 - www.mymedicarematters.org
 - www.benefitscheckup.org
- **RI Executive Office of Health & Human Services (ICI Ombudsman)**
 - <https://eohhs.ri.gov/initiatives/integrated-care-initiative>

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Helpful Phone Numbers

- ❖ **NHPRI MMP Enrollment/Disenrollment Line**: 1-844-602-3469
- ❖ **NHPRI Member Services**: 1-844-812-6896
- ❖ **NHPRI Nurse Advice Line**: 1-844-617-0563
- ❖ **UHC Dual Complete**: 1-855-277-4716
- ❖ **PACE**: 401-654-4176
- ❖ **WellCare Imperial (PPO D-SNP)** 1-877-823-8267
- ❖ **RIPIN (Ombudsman Line)**: 1-855-747-3224
- ❖ **Sylvia Bernal (Senior Program Officer MME)**: 401-519-0363
- ❖ **Elizabeth Woolley (MME Counselor)**: 401-519-0386
- ❖ **THE POINT**: 401-462-4444; FAX#: 401-272-1707



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THANK YOU FOR YOUR PARTICIPATION!



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