

FIDA Dec 7

Hi good afternoon everyone. This is Melissa Seely from CMS. So thanks again. The webinar today is focused on the fully integrated duals advantage program and we are delighted to be joined by Doctor Jamel Hawkins who is the Fidelis Care Medical director, along with two physicians that are practicing out in the community: Doctor Mohammad Sheikhai and Doctor Shen–Han Lin. So the program for the next hour is that we will start with a brief overview of FIDA and I'll be leading that presentation and we do have some slides for that portion of the presentation. I'll be sharing my computer screen shortly. We'll also be posting those slides afterward on the Department of Health (DOH) website. And we also are going to be recording today's webinar so we are hoping to post a recording of this webinar on the web for future viewing. But we'll start with an overview of FIDA and then I will turn it over to Doctor Jamel Hawkins from Fidelis Care, the Medical Director there and he will have a conversation with Doctor Mohammad Sheikhai and Doctor Shen–Han Lin regarding their experience in observing individuals who are participating in the FIDA program. So with that, I really appreciate everyone joining. Again, I'm going to go ahead and share my screen. And I should also say that after the conversation led by Doctor Hawkins and the two community based physicians, we'll also be having a question and answer opportunity and at that point I will be muting the line and hope that goes okay.

So FIDA is the first fully integrated program in New York and by fully integrated we mean that it includes all the major benefits under Medicare and Medicaid. FIDA began back in January 2015 and it is one of such few programs across the country. CMS is working in partnership with the DOH on FIDA as well as with ten other states in similar demonstrations. And FIDA began back in January 2015 and it is expected to run through the end of December 2019. Focusing on the next slide, you can see the geographic surface area that FIDA is available in. It's available in the downstate region, mainly New York City and the Nassau County. Okay so we're just focusing on the geographic surface area where FIDA is currently available in the downstate region. We are undertaking some planning to implement FIDA in Westchester and Suffolk as well. Individuals who are eligible are adults. They must have both Medicare and Medicaid and these are full access to Medicare and Medicaid benefits, reside here in the geographic area shown here on the slide and also need long-term care and generally that long-term care requirement is 120 days or more of long-term care in a particular year.

This slide shows that there are currently 14 FIDA plans available in the service area so there is a wide amount of choice for the individuals who are participating in FIDA. Dual eligibles have many benefits under FIDA and we're looking to use the phones further. This slide identifies that individuals receive full Medicare and Medicaid benefits and by that we mean all of the available Medicare and Medicaid benefits as well as long-term support services, Medicare D and Medicaid drugs, as well additional benefits from a single managed care plan. In addition to those benefits, individuals enrolled also receive access to a wide variety of benefits that are traditionally just available to waiver programs, mainly the Traumatic Brain Injury and the Nursing Home Transition and Diversion waiver. So getting back to the benefits of FIDA, we've already talked about its full comprehensive Medicare and Medicaid benefits as well as waiver services or also many of the plans offer over-the-counter drug allowances. There's a 90 day continuity of care period for individuals to adjust to the program. But there's a longer continuity of care period for behavioral health services and for any individuals who are residing in a nursing facility. They can remain in that facility for the duration of the program. So essentially FIDA = Medicaid + MLTC + Original Medicare and Medicaid advantage type benefits, Medicare Part D, as well as additional benefits. Beyond the basic benefits, individuals who enroll in FIDA have access to care managers through

the plan. They also participate in what we refer to as an interdisciplinary team meeting or care team meeting to help make decisions regarding their care and understand the goals of their care. There are no deductibles premium or copays, no referrals to see specialists and there is one phone number and one ID card for the related benefits. We'll also talk about, briefly, that there is the extra protection of independence ombudsmen through ICAN. Importantly, individuals who participate in FIDA have the ability to cancel their enrollment or disenroll at any time and for any reason.

Providers also receive benefits from participating in FIDA, namely there's the opportunity to work more closely with providers that your patients are seeing as well through your participation in those care team meetings or through engagement with the care manager and the sharing of information about hospitalizations etc. The expectation is that by coordinating Medicare and Medicaid benefits under one particular plan that would help individuals to access all the care that they need and have that coordinated such that there is a reduction in avoidable hospitalizations and urgent care visits. We do have an independent evaluator RTI who is engaged to, on a formal evaluation, determine if FIDA does indeed achieve those expectations. We would also expect the providers to see a higher rate of compliance with their patients in terms of their care plans since there is the role of the care manager helping them to access support and services. And from a provider's standpoint, there is on single billing process. There's no need to determine whether a bill would need to be submitted to Medicaid or Medicare. It would just need to go to the FIDA plan.

Last year, we implemented a number of reforms to address some concerns that we were hearing from providers namely there were additional flexibilities introduced for the IDT meetings that providers are no longer required to participate in those meetings, but if they are able to, their participation is adjustable based on their ability. Providers may also review and sign off on the care plans without attending the IDT meetings. And FIDA plans are routinely sharing those care plans with providers in case they want to review and have comments. In addition, we want to underscore that there are no mandatory training requirements. We did have some requirements in place up to a year ago but those are no longer required so that is an important flexibility and if there are other flexibilities of interest for providers, we are certainly interested in hearing that feedback.

We already mentioned the 90 day continuity of care which generally is the transition period for individuals but plans and IDTs do have the ability to approve the out of network provider for a longer period of time and all the FIDA plans will reach out to out-of-network providers to ensure they have information about contracting with that plan and can have their questions about joining a plan addressed. I also already mentioned, we're emphasizing again that individuals who are accessing behavioral health services or residing in a nursing facility, do have an opportunity to have a longer continuity of care than the 90 days. As far as payments, FIDA can receive capitated payments for Medicare's part A and B and D from CMS. And they receive a capitated payment from Medicaid and these payments are based on estimates of what Medicaid and Medicare would have sent these individuals in the absence of FIDA. Providers submit all of their claims to the FIDA plan rather than differentiating between particular payers and that's an important benefit of participating in FIDA. We want to highlight real quickly that we're testing something really special in New York which is an integrated appeals process as many folks know, individuals who access Medicare and Medicaid have to navigate two separate appeals processes and sometimes that can be especially confusing if services such as durable medical equipment are covered by both Medicare and Medicaid. But there is an integrated process that takes consumer favorable elements of Medicare and Medicaid and consolidates them into

an integrated system and namely beyond the appeal to the plan which is the first level appeal. If that continues to be upheld, providers and plans would automatically have that upheld appeal forwarded to the state for review whether it's a Medicaid or Medicare service. The real exception is part B which continues to fall below the existing Medicare process. There's also an ombudsman known as ICAN or the Independent Consumer Advocacy Network which also provides ombudsman services to managed long-term care enrollees and this is an important beneficiary protection under FIDA so that individuals who participate do have access to a third party independent entity that can help them access care file grievances, navigate the appeals process, etc. In the interest of time, I am going to skip ahead. This slide summarizes the main points of FIDA. We also have an advertising campaign that's underway. It's running through January 2017 and we've included a few images of some of the print campaign that you may have seen around the city. The purpose of this campaign is to increase provider and public awareness of FIDA and the information included on these various marketing materials direct individuals to the enrollment broker which is New York Medicaid choice as well as the DOH. It's a multi-media campaign, we want to just spend a moment highlighting it since individuals who are participating in today's webinar may have seen these particular ads or may see them in the future. It includes audio, digital, out at home and ads such as bus shelters as well as print media and we've highlighted just a few of the journals that some of these ads are being presented in and you'll see that they're also published in various languages. If you'd like more information about FIDA, you can certainly find that on both the CMS as well as the New York State Department of Health website and any questions can be directed to the state as well as myself or Joseph Shunk at the state. And with that I'm going to turn it over to Doctor Hawkins. Let me just mute the lines for that.

So I was saying for the next part of the presentation that it's going to be rather interactive between myself and Doctor Mohammad Sheikhai and Doctor Shen-Han Lin and basically we want to go into some details about how FIDA planned participation has specifically impacted their patient population that they treat. So I'm suggesting that it would be a great idea if we could unmute Doctor Lin and Doctor Sheikhai and so they can actually respond and be an integrative part of the discussion.

Okay so just to start off the discussion, I'd like to know from the audience here about how many of your patient population are in a FIDA plan whether it be with Fidelis or another FIDA plan. Doctor Lin?

So for me I would ..... Usually on my service patients maybe around 15 to 20. And I always have a couple at least 2 or 3 patients each time under FIDA or Fidelis.

Ok great and do you know the average age of your patients in the FIDA plan?

Average age... mostly seniors. I would say around 70 years old.

Excellent and can you describe some of the common diagnoses that they have?

For elderly patients, most commonly, a lot of them are here for .... UTI....That's the most common diagnosis.

Great. Are most of your patients ambulatory or are they home bound?

Most of them are ambulatory but need assistance so they usually require a walker or some kind of walking device to help them to ambulate.

Great and do you find that your FIDA patient population has higher hospitalization rates than your general patient population or is it about the same?

If anything I think the hospitalization rates for FIDA patients is lower, usually they get a lot of post-hospitalization care and transport admission. Their hospitalization rate seems to be lower than the average patient within the population.

Great and how long have you been seeing patients that were enrolled in the FIDA plan?

I would say just for the past year.

Can you identify any specific ways that the FIDA plan helps your patient population?

Yeah for me, it's much more convenient for the provider to coordinate for patient care regarding the hospital discharge. The FIDA care team is very accessible and seems to always solve the problem whatever the obstacles whatever the charge was and it was always taken care of.

Great. Do you feel like being a FIDA member actually helps improve the patient compliance with medications and with your order?

Yes, absolutely.

And are patients more likely to keep their appointments with you and their prescription filled if they are in the FIDA plan?

Yes.

And tell us a little bit about your interactions with the FIDA plan, the nurse care managers for the FIDA plan and how that either helped or detracted from your practice.

Because of FIDA care it is now...they are mostly called and also IDT meetings and post hospital coordination, has a higher rate of compliance and also there's a higher rate of medical appointments compliance. And usually for example, .....not follow with FIDA and higher compliance rate with primary care.

Ok great thank you for that response. So you're saying that you do notice a higher follow up after hospitalizations for these members in the FIDA plan.

Yes.

Great. And have you yourself participated in any IDT meetings?

Yes I participated in one.

Ok and how did you find that meeting? Did you think that it was beneficial?

Yes for me I had one case where the patient was elderly, physically ill, the family was .....to go to ....and the family was holding on to the hope that the patient might recover. So by attending the IDT meetings and with the help from the staff from FIDA, we were able to convince the family that the hospice care was the best solution and also help to avoid a lot of unnecessary hospital stay.

So you're saying basically the team approach was a collaborative effort of the IDT in conjunction with yourself really was the thing that kind of helped to really give the family a realistic expectation of the outcome of that patient..... clinical course. Works great thank you.

And do you have any other patients who are in any other care plans such as Medicare advantage or Medicaid long-term care? And if so, how would you compare the experience with the health care of those members to the ones in the FIDA plan?

So I have some patients with other insurance and I do feel like FIDA is more comprehensive and the staff were more acceptable, more knowledgeable and was very consistent with their patient care. Social workers got phone calls from them and now they're working very closely with staff in the hospital. I think it's a very good plan.

Excellent. And then finally to wrap things up, are there any changes that you would recommend to the Department of Health or CMS to allow FIDA to improve itself or anything you can think that would make the FIDA experience a better experience for your members, your patients?

So I think a very good point and I hope this point will continue in the near future and if anything I think that maybe provide them given the opportunity for the IDT meetings and also there could be a better platform for other phone calls for the providers to communicate and share documents with the FIDA team so it doesn't affect the doctor's schedule too much. So just a little better coordination care.

Great. Thank you for all your insight Doctor Lin; we really appreciate the time.

Alright thank you so much Doctor Hawkins and Doctor Lin. We really appreciate the input. At this point, again I apologize for the technical issues but we would like to open it up to the group to see if there are any questions either for the state CMS team or for Doctor Hawkins or Doctor Lin. So I'm going to unmute the lines again so those who have a question can try to speak above any background.

Not hearing any questions. Again we appreciate everybody's participation today and we'll be posting the slides on the FIDA website which is the MRT 101 website at the state as well as feel free to contact us either at [FIDA@health.ny.gov](mailto:FIDA@health.ny.gov) or at my email address or Joseph Shunk's email address at the state. So thanks again for participating and have a great rest of the day. Thanks!