

Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 12/21/2023)

June 15th, 2023
Videoconference
11:00 AM to 1:00 PM
Meeting Minutes

Panel Members: Frederick Cohen, *Chair*; Kathryn Haslanger; Elisabeth Benjamin; Sheila Nelson; Neil Heyman; Joel Landau (*absent*); Jay Silverman; Amber Decker; Frederick Riccardi (*excused absent*); Ricardo Rivera-Cardona; Delores Fraser McFadden.

NYS DOH Staff: Jonathan Bick; Susan Montgomery; Krysten Bissaillon; Gayle Emrich; Joanne Criscione.

Presenters/Guests: Jonathan Bick, New York State Department of Health (DOH); Susan Montgomery (DOH); Gayle Emrich (DOH); Kate Bliss (DOH); Jassen Eide (DOH); Stacey Blaire-Greenfield (DOH); Andrew Dujack (DOH); Lynne Schafer, New York State Office of Mental Health (OMH).

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Agenda Items	Discussion	Action Items														
<p>Discussion and review of 3-16-2023 minutes</p>	<p>The 3/16/2023 minutes were unanimously approved.</p>	<p>Motion Passed: 3/16/2023 minutes were unanimously approved.</p>														
<p>Mainstream Medicaid Managed Care Program Update</p>	<p>Jonathan Bick (NYSDOH), reported the following:</p> <p>Member Enrollment Statistics</p> <p>Enrollment Update</p> <p>Enrollment figures for all programs are included in the meeting information we sent to you</p> <ul style="list-style-type: none"> • Enrollment Statistics • Enrollment Broker Counties- Overall Activity Report <p>Auto-assignment figures have also been provided</p> <ul style="list-style-type: none"> • Auto Assignment Rates • Auto Assignment Rates for the SSI Population Graph <p>Total Medicaid Managed Care Enrollment</p> <div style="display: flex; align-items: flex-start; margin-top: 20px;"> <table border="1" style="margin-right: 20px;"> <thead> <tr> <th>Months</th> <th>Total Medicaid Managed Care</th> </tr> </thead> <tbody> <tr> <td>Dec-2022</td> <td>5,961,782</td> </tr> <tr> <td>Jan-2023</td> <td>5,983,864</td> </tr> <tr> <td>Feb-2023</td> <td>6,001,801</td> </tr> <tr> <td>Mar-2023</td> <td>6,044,117</td> </tr> <tr> <td>Apr-2023</td> <td>6,055,675</td> </tr> <tr> <td>May-2023</td> <td>6,071,028</td> </tr> </tbody> </table> <div style="flex-grow: 1;"> </div> </div>	Months	Total Medicaid Managed Care	Dec-2022	5,961,782	Jan-2023	5,983,864	Feb-2023	6,001,801	Mar-2023	6,044,117	Apr-2023	6,055,675	May-2023	6,071,028	
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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>Provider Enrollment Update</p> <p style="text-align: center;">Average Number of New Applications Received Weekly</p> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse; font-size: small;"> <caption>Estimated Data from Provider Enrollment Update Charts</caption> <thead> <tr> <th>Month</th> <th>Billing (Average)</th> <th>Non-billing (Average)</th> </tr> </thead> <tbody> <tr> <td>Dec</td> <td>~230</td> <td>~200</td> </tr> <tr> <td>Jan</td> <td>~240</td> <td>~140</td> </tr> <tr> <td>Feb</td> <td>~190</td> <td>~240</td> </tr> <tr> <td>Mar</td> <td>~350</td> <td>~310</td> </tr> <tr> <td>Apr</td> <td>~320</td> <td>~300</td> </tr> <tr> <td>May</td> <td>~280</td> <td>~260</td> </tr> <tr> <td>Dec 2022 - May 2023 Average</td> <td>~220</td> <td>~140</td> </tr> </tbody> </table> <p style="font-size: x-small; color: blue; margin-top: 10px;">(1) <u>Four month</u> average prior to commencement of Section 5005(b)(2)</p> <p>New Benefits/Populations & Benefit Changes</p> <p>Postpartum Period for Pregnant Individuals Increased from 60 Days to 12 Months</p> <ul style="list-style-type: none"> ○ State and federal rules defining the postpartum period for consumers enrolled in Medicaid have recently changed. Previously in New York State (NYS), the postpartum period started on the last day of pregnancy and ended on the last day of the month in which the 60th postpartum day occurred. Under the new law, the length of the postpartum period is now 12 months. ○ The 12-month postpartum period begins on the last day of the pregnancy and ends on the last day of the 12th month. The change in length of the postpartum period in state statute ensures all pregnant consumers, who are state residents, will receive the same length of coverage at the conclusion of a pregnancy, regardless of their immigration status. ○ The 12-month postpartum period is available to all pregnant consumers, regardless of how their pregnancy ends. ➤ More information can be found in the March 2023 Medicaid Update: New York State Medicaid Update - March 2023 Volume 39 - Number 6 (ny.gov) <p>Applied Behavior Analysis Services Update</p>	Month	Billing (Average)	Non-billing (Average)	Dec	~230	~200	Jan	~240	~140	Feb	~190	~240	Mar	~350	~310	Apr	~320	~300	May	~280	~260	Dec 2022 - May 2023 Average	~220	~140	
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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>Effective April 1, 2023, the New York State (NYS) Medicaid fee-for-service (FFS) program has added the following Current Procedural Terminology (CPT) codes to the <i>Applied Behavior Analysis (ABA) Fee Schedule</i>:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #4b4b9b; color: white;"> <th style="width: 25%;">CPT Code</th> <th style="width: 75%;">CPT Code Description</th> </tr> </thead> <tbody> <tr style="background-color: #e6e6e6;"> <td style="text-align: center;">97154</td> <td>Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes.</td> </tr> <tr style="background-color: #ffffcc;"> <td style="text-align: center;">97157</td> <td>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.</td> </tr> </tbody> </table> <p>➤ More information can be found in the March 2023 Medicaid Update: New York State Medicaid Update - March 2023 Volume 39 - Number 6 (ny.gov)</p> <p>COVID-19 Update</p> <p>The federal Public Health Emergency for COVID-19 expired on May 11, 2023.</p> <p>➤ NYSDOH has issued a Medicaid Update Special Edition featuring “Updates to New York State Medicaid Coverage of Coronavirus Disease 2019- Related Services Following the Expiration of the Federally Declared Public Health Emergency: https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no7_may23_speced.pdf.”</p> <p>➤ Additional guidance can be found on the COVID-19 Guidance for Medicaid Providers (ny.gov) webpage, which is updated regularly.</p> <p>Public Health Emergency Unwind: Medicaid MCO Contract Provisions</p> <p>PHE Unwind-Contract Provisions and Guidance</p> <ul style="list-style-type: none"> • The federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service Act, ended on May 11, 2023. • The Unwind of the Medicaid Continuous Eligibility Medicaid requirement began and will continue on a monthly schedule through May 31, 2024. • COVID-19 contract provisions were added to the following Managed Care contracts: <ul style="list-style-type: none"> ○ Medicaid Managed Care/FHP/HIV SNP/HARP (1st Amendment to the ‘19-’24 contract) ○ Partial Capitation (1st Amendment to the ‘17-’21 contract) ○ Medicaid Advantage Plus (2nd Amendment to the ‘17-’21 contract) • Sections of the contracts that are impacted by the unwinding of the PHE: <ul style="list-style-type: none"> ○ Enrollment and Disenrollment Requirements ○ Recovery Scenarios 	CPT Code	CPT Code Description	97154	Group adaptive behavior treatment by protocol , administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes.	97157	Multiple-family group adaptive behavior treatment guidance , administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.	
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Mainstream Medicaid Managed Care Program Update	<ul style="list-style-type: none"> ○ Covered Services <p>Credentialing of Providers-Provisional Temporary Provider Enrollment For MMC, MLTC Partial Capitation, and MAP Plans</p> <ul style="list-style-type: none"> • After November 11, 2023, New York State Medicaid and Medicaid MCOs will cease payments to providers who are temporarily enrolled unless a provider has submitted an application that meets all requirements for New York State Medicaid participation, and the application was reviewed and approved by the Department. Providers must be fully enrolled by November 11, 2023. • Full enrollment applications and instructions can be found at the link below: https://www.emedny.org/info/ProviderEnrollment/index.aspx <p>Resuming Capitation Recovery Scenarios <u>For MMC Plans only</u></p> <ul style="list-style-type: none"> • Beginning July 1, 2023 the Department will resume the recovery of capitation payments made to the MMC Plan for an enrollee who for the entire applicable payment month(s), is or was simultaneously enrolled or in receipt of comprehensive health care coverage through any government health insurance program. Recoveries will be made for payment months beginning after the enrollee’s Medicaid renewal date during the PHE Unwind period. This is applicable to retroactive disenrollments. • This is not applicable to enrollees in the IB-Dual program. <p><u>For Partial Capitation and MAP Plans</u></p> <p>The Department is preparing to resume additional involuntary disenrollment reasons for MLTC for which capitation recovery will be reinstated. The Department will notify plans of the effective date of such disenrollments which coincides with the effective date of capitation recovery. The effective date of previous involuntary disenrollments and capitation recoveries are available at: COVID-19 Guidance for Medicaid Providers (ny.gov) under the subtitle, Other Guidance/ Resumption.</p> <p>Covered Benefits-COVID-19 Vaccine <u>For MMC, Partial Capitation, and MAP Plans</u></p> <ul style="list-style-type: none"> • COVID-19 vaccine administration coverage and payment at \$40 will continue at least through September 30, 2024. • MMC Plans are responsible for covering the COVID-19 vaccine per Appendix K.2(6)(b)(xiv) in the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery Plan Model Contract. The COVID-19 vaccination is recommended by the Advisory Committee on Immunization Practices. <ul style="list-style-type: none"> • xiv) All approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and the administration of such vaccines. • Continue to follow coverage policy and billing guidance found in the “New York State Medicaid Coverage Policy and Billing Guidance for the Administration of COVID-19 Vaccines” available at: https://www.health.ny.gov/health_care/medicaid/covid19/guidance/billing_guidance.htm. 	

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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>Covered Benefits-COVID-19 Vaccine Counseling <u>For MMC, Partial Capitation, and MAP Plans</u></p> <ul style="list-style-type: none"> • Coverage for COVID-19 vaccine counseling for Medicaid members will continue. • There are modifications to payment for this service for Medicaid members age 21 and older. Effective May 12, 2023, separate payment for COVID-19 vaccine counseling for Medicaid members age 21 and older will end. COVID-19 vaccine counseling for adults (age 21 and older) will be included in the Evaluation & Management service billed for the patient visit. <ul style="list-style-type: none"> • Note: For Medicaid members under age 21, separate payment for COVID-19 counseling will continue unchanged. • Updated COVID-19 Vaccine Counseling Coverage Guidance is available at: Updated COVID-19 Vaccine Counseling Coverage (ny.gov). <p>Covered Benefits-COVID-19 Testing <u>For MMC, Partial Capitation and MAP Plans</u></p> <ul style="list-style-type: none"> • Coverage will continue for COVID-19 related testing for dates of service on or after May 12, 2023, through September 30, 2024. Continue to follow the coverage and billing guidance found in the updated “<i>New York State Medicaid Billing Guidance for COVID-19 Testing, Specimen Collection and Therapeutics</i>” available at: https://www.health.ny.gov/health_care/medicaid/covid19/guidance_for_specimen_collection.htm • Beginning May 12, 2023, MMC Plans are not required to reimburse Out of Network (OON) providers unless the MMC Plan does not have a qualified provider in their network that can provide these services. <p>Covered Benefits-Telehealth <u>For MMC, Partial Capitation, and MAP Plans</u></p> <ul style="list-style-type: none"> • For telehealth guidance, please refer to the February 2023 “<i>Comprehensive Guidance Regarding Use of Telehealth including Telephone Services After the Coronavirus Disease 2019 Public Health Emergency Special Edition Volume 39-Number 3</i>”, updated May 8, 2023, available at: https://www.health.ny.gov/health_care/medicaid/program/update/2023/no03_2023-02_speced.htm • All NYS Medicaid providers and providers employed by NYS Medicaid facilities, or provider agencies who are authorized to provide in-person services, are authorized to provide such services via telehealth if such telehealth services are appropriate to meet the needs of the patient and are within the scope of practice of the provider. <p>Additional Resources</p> <ul style="list-style-type: none"> • Additional COVID-19 related guidance is available at: https://health.ny.gov/health_care/medicaid/covid19/ 	<p><u>Action:</u> Amber Decker asked if members were notified of telehealth?</p> <p><u>Response:</u> As telehealth is a treatment modality and not a benefit, this would not be in the member handbook, so a member mailing would not be directed by the Department. However, plans can outreach to members through various means to notify them of the availability of telehealth, such as member portals, newsletter, etc.</p>


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<p>Applied Behavior Analysis (ABA) Services Update</p>	<p>Jassen Eide (DOH), reported the following:</p> <p>ABA Enrollment and Utilization</p> <ul style="list-style-type: none"> Fee-for-service (FFS) enrollment allows a provider to service FFS members and be eligible for credentialing/participation in Medicaid Managed Care (MMC) Plan network. Ordering, Prescribing, Referring, Attending (OPRA) enrollment allows a provider to be eligible for credentialing/participation in MMC Plan network. FFS utilization data reflects FFS claims from August 2021 to May 2023. MMC utilization data reflects encounter claims from January 2023 to May 2023 and may not represent actual utilization due to claim lag. “Total Population” reflects unique members with a diagnosis of Autism Spectrum Disorder (ASD) or Rett Syndrome on a FFS or MMC claim from August 2021 to May 2023 “Unique Member Utilization” reflects claims for unique members with at least one ABA covered service (Current Procedural Terminology [CPT] code 97151, 97152, 97153, 97154, 91755, 91756, 91757 or 91758). “LBA Enrollment” reflects FFS & OPRA enrollment data for Licensed Behavior Analysts (LBA) as of May 2023. <p>ABA Utilization and LBA Enrollment By Region</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th rowspan="2">Region</th> <th colspan="2">Total Population</th> <th colspan="2">Unique Member Utilization</th> <th colspan="2">LBA Enrollment</th> </tr> <tr style="background-color: #4f81bd; color: white;"> <th>FFS</th> <th>MMC</th> <th>FFS</th> <th>MMC</th> <th>FFS</th> <th>OPRA</th> </tr> </thead> <tbody> <tr> <td>New York City</td> <td>50,758</td> <td>41,596</td> <td>4,334</td> <td>181</td> <td>304</td> <td>227</td> </tr> <tr> <td>Northern Metro</td> <td>2,141</td> <td>1,147</td> <td><30</td> <td>48</td> <td>61</td> <td>28</td> </tr> <tr> <td>Long Island</td> <td>10,882</td> <td>6,703</td> <td>176</td> <td><30</td> <td>52</td> <td>35</td> </tr> <tr> <td>Mid-Hudson</td> <td>8,384</td> <td>6,584</td> <td>113</td> <td><30</td> <td>64</td> <td>51</td> </tr> <tr> <td>Northeast</td> <td>5,473</td> <td>5,366</td> <td><30</td> <td><30</td> <td>13</td> <td>20</td> </tr> <tr> <td>Western</td> <td>8,593</td> <td>6,556</td> <td><30</td> <td><30</td> <td>23</td> <td>16</td> </tr> <tr> <td>Central</td> <td>4,750</td> <td>3,955</td> <td><30</td> <td><30</td> <td>6</td> <td>1</td> </tr> <tr> <td>Utica-Adirondack</td> <td>3,973</td> <td>3,638</td> <td><30</td> <td><30</td> <td>4</td> <td>3</td> </tr> <tr> <td>Finger Lakes</td> <td>4,364</td> <td>3,627</td> <td><30</td> <td><30</td> <td>0</td> <td>0</td> </tr> <tr style="font-weight: bold;"> <td>TOTALS</td> <td>99,318</td> <td>79,172</td> <td>>4,623</td> <td>>229</td> <td>527</td> <td>381</td> </tr> </tbody> </table> <p>Chart reflects FFS claims from 8/2021 to 5/2023, MMC encounter data from 1/2023 to 5/2023 and FFS/OPRA enrollment data as of 5/2023.</p>	Region	Total Population		Unique Member Utilization		LBA Enrollment		FFS	MMC	FFS	MMC	FFS	OPRA	New York City	50,758	41,596	4,334	181	304	227	Northern Metro	2,141	1,147	<30	48	61	28	Long Island	10,882	6,703	176	<30	52	35	Mid-Hudson	8,384	6,584	113	<30	64	51	Northeast	5,473	5,366	<30	<30	13	20	Western	8,593	6,556	<30	<30	23	16	Central	4,750	3,955	<30	<30	6	1	Utica-Adirondack	3,973	3,638	<30	<30	4	3	Finger Lakes	4,364	3,627	<30	<30	0	0	TOTALS	99,318	79,172	>4,623	>229	527	381	
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Applied Behavior Analysis (ABA) Services Update	ABA Utilization and LBA Enrollment Western Region <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th style="width: 15%;">Western</th> <th colspan="2" style="width: 30%;">Total Population</th> <th colspan="2" style="width: 30%;">Unique Member Utilization</th> <th colspan="2" style="width: 33%;">LBA Enrollment</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="width: 15%;">County</th> <th style="width: 15%;">FFS</th> <th style="width: 15%;">MMC</th> <th style="width: 15%;">FFS</th> <th style="width: 15%;">MMC</th> <th style="width: 16%;">FFS</th> <th style="width: 17%;">OPRA</th> </tr> </thead> <tbody> <tr> <td>Erie</td> <td style="text-align: right;">3,613</td> <td style="text-align: right;">2,987</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><30</td> <td style="text-align: center;">9</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Genesee (R)</td> <td style="text-align: right;">201</td> <td style="text-align: right;">171</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Monroe</td> <td style="text-align: right;">3,540</td> <td style="text-align: right;">2,309</td> <td style="text-align: center;"><30</td> <td style="text-align: center;"><30</td> <td style="text-align: center;">14</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Niagara</td> <td style="text-align: right;">875</td> <td style="text-align: right;">845</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><30</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Orleans (R)</td> <td style="text-align: right;">225</td> <td style="text-align: right;">166</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Wyoming (R)</td> <td style="text-align: right;">139</td> <td style="text-align: right;">78</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr style="background-color: #d9e1f2;"> <td>Region Total</td> <td style="text-align: right;">8,593</td> <td style="text-align: right;">6,556</td> <td style="text-align: center;"><30</td> <td style="text-align: center;"><30</td> <td style="text-align: center;">23</td> <td style="text-align: center;">16</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">Chart reflects FFS claims from 8/2021 to 5/2023, MMC encounter data from 1/2023 to 5/2023 and FFS/OPRA enrollment data as of 5/2023.</p>	Western	Total Population		Unique Member Utilization		LBA Enrollment		County	FFS	MMC	FFS	MMC	FFS	OPRA	Erie	3,613	2,987	0	<30	9	8	Genesee (R)	201	171	0	0	0	0	Monroe	3,540	2,309	<30	<30	14	8	Niagara	875	845	0	<30	0	0	Orleans (R)	225	166	0	0	0	0	Wyoming (R)	139	78	0	0	0	0	Region Total	8,593	6,556	<30	<30	23	16																																				
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center;">0</td></tr> <tr><td>Broome (R)</td><td style="text-align: right;">930</td><td style="text-align: right;">728</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td>Cattaraugus (R)</td><td style="text-align: right;">296</td><td style="text-align: right;">307</td><td style="text-align: center;"><30</td><td style="text-align: center;"><30</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td>Chautauqua (R)</td><td style="text-align: right;">671</td><td style="text-align: right;">786</td><td style="text-align: center;"><30</td><td style="text-align: center;"><30</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td>Chemung (R)</td><td style="text-align: right;">389</td><td style="text-align: right;">324</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td 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(R)	105	98	0	0	0	0	Steuben (R)	322	287	0	0	0	0	Tioga (R)	198	122	0	0	0	0	Wayne (R)	376	262	0	0	0	0	Yates (R)	92	62	0	0	0	0	Region Total	4,364	3,627	<30	<30	0	0
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Livingston (R)	230	174	<30	<30	0	0																																																																																																												
Ontario (R)	507	290	<30	<30	0	0																																																																																																												
Schuyler (R)	69	57	0	0	0	0																																																																																																												
Seneca (R)	105	98	0	0	0	0																																																																																																												
Steuben (R)	322	287	0	0	0	0																																																																																																												
Tioga (R)	198	122	0	0	0	0																																																																																																												
Wayne (R)	376	262	0	0	0	0																																																																																																												
Yates (R)	92	62	0	0	0	0																																																																																																												
Region Total	4,364	3,627	<30	<30	0	0																																																																																																												
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Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items												
<p>Applied Behavior Analysis (ABA) Services Update</p>	<ul style="list-style-type: none"> • Commercial Plan Survey Results <ul style="list-style-type: none"> ➤ The results of a survey sent to all MMC plans requesting information related to ABA experience for the Commercial line of business for CY 2020: <table border="1" style="margin: 10px auto; width: 80%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Total Hours</th> <th style="background-color: #4F81BD; color: white;">Total Paid /Allowed Amount</th> <th style="background-color: #4F81BD; color: white;">Average per Hour Fee</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1,052,222</td> <td style="text-align: center;">\$94,192,700</td> <td style="text-align: center;">\$89.52</td> </tr> </tbody> </table> • Child Health Plus (CHP) Survey Results <ul style="list-style-type: none"> ➤ The results of a survey sent to all MMC plans requesting information related to ABA experience for the CHP line of business for CY 2020: <table border="1" style="margin: 10px auto; width: 80%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Total Hours</th> <th style="background-color: #4F81BD; color: white;">Total Paid /Allowed Amount</th> <th style="background-color: #4F81BD; color: white;">Average per Hour Fee</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">473,688</td> <td style="text-align: center;">\$36,145,335</td> <td style="text-align: center;">\$76.31</td> </tr> </tbody> </table> • ABA FFS fee increased from \$29/hour to \$76.31/hour effective 4/1/2022. <p>ABA Links</p> <ul style="list-style-type: none"> • ABA Provider Manual: https://www.emedny.org/ProviderManuals/ABA/PDFS/ABA_Policy.pdf • ABA Fee Schedule: https://www.emedny.org/ProviderManuals/ABA/index.aspx • Published ABA Medicaid Update Articles: <ul style="list-style-type: none"> ➤ January 2023: https://www.health.ny.gov/health_care/medicaid/program/update/2023/no02_2023-01.htm#aba ➤ October 2022: https://www.health.ny.gov/health_care/medicaid/program/update/2022/no12_2022-10.htm#ABA ➤ September 2021: https://www.health.ny.gov/health_care/medicaid/program/update/2021/no11_2021-09.htm#aba ➤ July 2021: https://www.health.ny.gov/health_care/medicaid/program/update/2021/no09_2021-07.htm#behavior 	Total Hours	Total Paid /Allowed Amount	Average per Hour Fee	1,052,222	\$94,192,700	\$89.52	Total Hours	Total Paid /Allowed Amount	Average per Hour Fee	473,688	\$36,145,335	\$76.31	
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<p>Auto-Assignment Report</p>	<p>Gayle Emrich (NYSDOH) and panel members discussed the April 2023 Medicaid Managed Care Auto Assignment Report.</p>													
<p>Behavioral Health/HARP/ Health Home Update</p>	<p>Lynne Schafer (OMH), reported the following:</p> <p>Overview of Crisis Intervention SPA</p> <ul style="list-style-type: none"> • NYS is anticipating CMS approval of the Crisis Intervention State Plan Amendment (SPA) soon. 													

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Behavioral Health/HARP/ Health Home Update</p>	<ul style="list-style-type: none"> • The Crisis Intervention SPA will authorize new services and align adult and children crisis services and reimbursement by: <ol style="list-style-type: none"> 1. Allowing Medicaid coverage of Crisis Stabilization Centers; and 2. Consolidating and aligning Medicaid coverage and reimbursement for children and adult Mobile Crisis and Crisis Residence services. <p>Services Available After SPA Approval</p> <ul style="list-style-type: none"> • Crisis Stabilization Centers (all ages) <ul style="list-style-type: none"> • Supportive Crisis Stabilization • Intensive Crisis Stabilization • Mobile Crisis Services (all ages) <ul style="list-style-type: none"> • Telephonic Crisis Triage and Response • Telephonic Crisis Follow-Up Services • Mobile Crisis Response • Mobile Crisis Follow-Up Services • Crisis Residence Services <ul style="list-style-type: none"> • Residential Crisis Support (ages 18 and older) • Intensive Crisis Residence (ages 18 and older) • Children’s Crisis Residence (up to age 21) <p>Crisis Stabilization Center Implementation There will be two types of Crisis Stabilization Centers:</p> <ol style="list-style-type: none"> 1. Supportive Crisis Stabilization Center <ul style="list-style-type: none"> • Provide support and assistance to individuals with mental health and/or substance use crisis symptoms and who are experiencing challenges in daily life with an emphasis on peer and recovery services. Provide behavioral health observation/stabilization services. 2. Intensive Crisis Stabilization Center <ul style="list-style-type: none"> • Provide urgent treatment to individuals experiencing an acute mental health and/or substance use crisis, including rapid treatment interventions and stabilization of acute symptoms, including medication for addiction treatment, and mild or moderate detox, while offering peer and recovery services. <p>Crisis Stabilization Center Implementation</p> <ul style="list-style-type: none"> • Pending CMS approval of the Crisis Intervention SPA • NYS issued RFPs for statewide coverage • Providers are in process of meeting licensure requirements <ul style="list-style-type: none"> • Implementation will begin as a Medicaid Fee-For-Service benefit for all Medicaid-enrolled children and adults • Will be implemented in Medicaid Managed Care once a statewide network is available 	<p><u>Action:</u> Fred Cohen asked if emergency or urgent care services will be impacted by the proposed Crisis Intervention SPA?</p> <p><u>Response:</u> The proposed Crisis Intervention SPA will not impact emergency and urgent care services.</p>

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Managed Long Term Care (MLTC) Program Update</p>	<p>Jonathan Bick & Susan Montgomery (DOH), reported the following:</p> <p>MLTCP Nursing Home Benefit Limitation Update</p> <ul style="list-style-type: none"> • On June 1, the State moved 813 partial capitation plan members who were converted to Medicaid fee-for-service (FFS) for on-going coverage of their long term nursing home care effective June 1, 2023. • If individuals did not meet the below criteria or were not able to be systematically converted to Medicaid FFS billing for ongoing coverage of their long term nursing home care, they were not disenrolled through the “Batch Process” • Members who were transferred met the following criteria: <ul style="list-style-type: none"> • Member is designated as Long Term Nursing Home Stay (LTNHS); • Member has been in a LTNHS for more than three months (LTNHS 3+); and • Member has been determined by the local department of social services (LDSS) to be financially eligible for nursing home Medicaid coverage. • MLTCP plans were required to send the Intent to Disenroll letter by May 3 to all enrollees included in the batch process and their authorized representative, if applicable. • New York Medicaid Choice mailed the Involuntary Disenrollment notices on May 12-15. The Involuntary Disenrollment notice informs the member to contact NYMC before the effective date of their disenrollment and they will remain enrolled in their plan if: <ul style="list-style-type: none"> • They want to request an assessment to determine if they can safely return to the community, or • They have a pending request or appeal to reinstate or increase home care services. <p>MLTC Reforms</p> <p>This year’s NYS Budget provides authority for DOH to continue the MLTC Partial Capitation (MLTCP) moratorium until 2027 and reform MLTCP through Performance Standards. To participate in MLTCP, plans will be required to meet the following criteria by January 1, 2024:</p> <ul style="list-style-type: none"> • Plans must have a DSNP 3 STARs or higher • Not categorized as a ‘poor performer’ by CMS or have an excessive volume of NYS penalties or Statements of Deficiency • Plans must commit to enhanced network adequacy criteria • Quality improvement • Accessibility and geographic distribution of providers, considering the needs of persons with disabilities and the rural, suburban, urban settings • Demonstrate cultural and language competency • Ability to enroll across the continuum of care • VBP readiness • Others 	

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Managed Long Term Care (MLTC) Program Update</p>	<p>MLTC Reforms Guidance</p> <ul style="list-style-type: none"> For those MLTC partial capitation plans who have not submitted a CY2024 Medicare DSNP bid to CMS, transition planning will occur as those plans will not meet legislative standards on January 1, 2024 The Department encourages and will support merger and acquisition activity among these plans For plans who intend to cease operations of their MLTCP product, DOH will provide instructions on the submission of a transition plan, as per MLTC Policy 17.02 <p>Active MLTC MAP Expansion Reviews, New PACE and MAP Applications and MLTC plan Mergers</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; background-color: #f4a460; padding: 5px;"> <p style="text-align: center;"><u>Active MAP Service Area Expansions Under Review</u></p> <ul style="list-style-type: none"> <u>Centers Plan for Healthy Living</u> - MAP expansion for 3 additional counties <u>Fidelis</u> -MAP expansion for 3 additional counties approved for enrollment 4/1/23 <u>Village Care MAX</u> - MAP expansion for 3 additional counties <u>VNS Choice</u> - MAP expansion for 3 additional counties approved for 7/1/23 <u>New MAP Applications Under Review</u> <ul style="list-style-type: none"> (Including Behavioral Carve in readiness reviews in process) <u>Aetna</u> - MAP application for 1 county. <u>Excellus</u> -MAP application for 13 counties <u>iCircle</u>- MAP application for 14 counties <u>MVP</u> -MAP application for 12 counties <u>VNA/Nascentia</u> -MAP application for 15 counties <u>UHC</u>- signed MAP contract pends for 6 counties. </div> <div style="width: 45%; background-color: #d3d3d3; padding: 5px;"> <p style="text-align: center;"><u>PACE Applications and Expansions</u></p> <ul style="list-style-type: none"> <u>ArchCare</u> – PACE two zip code county expansion approved for 5/1/23 <u>CitiPace/CenterLight/Kinship</u> – acquisition and new PACE applications under review <u>Hudson Headwaters</u>- PACE application under review <u>Lucida</u> – Notice to file PACE application <u>RiverSpring/Riseboro</u> – PACE application under review <u>Urban Health Plan</u> – Notice to File PACE application <u>WeiBHEalth</u> – PACE application under review <u>MERGERS</u> <u>Hamaspik</u> acquiring <u>Extended MLTC Partial Capitation</u> line of business pending for 8/1/23 <u>RiverSpring</u> notice to acquire <u>Montefiore Partial Capitation</u> line of business </div> </div> <p>New York Independent Assessor Updates</p> <p>New York Independent Assessor Volume</p>	

Medicaid Managed Care Advisory Review Panel (MMCARP)

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<p>Managed Long Term Care (MLTC) Program Update</p>	<p>On average, consumers requesting an assessment completed the process in 9.6 days in April 2023.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th>Month</th> <th>Initial Assessment Requests</th> <th>Community Health Assessment Completed</th> <th>Practitioner Order Completed</th> </tr> </thead> <tbody> <tr><td>September 2022</td><td style="text-align: center;">10,239</td><td style="text-align: center;">9,790</td><td style="text-align: center;">12,997</td></tr> <tr><td>October 2022</td><td style="text-align: center;">9,732</td><td style="text-align: center;">9,249</td><td style="text-align: center;">10,889</td></tr> <tr><td>November 2022</td><td style="text-align: center;">9,283</td><td style="text-align: center;">9,033</td><td style="text-align: center;">9,054</td></tr> <tr><td>December 2022</td><td style="text-align: center;">8,850</td><td style="text-align: center;">8,610</td><td style="text-align: center;">8,655</td></tr> <tr><td>January 2023</td><td style="text-align: center;">10,182</td><td style="text-align: center;">9,216</td><td style="text-align: center;">9,158</td></tr> <tr><td>February 2023</td><td style="text-align: center;">9,228</td><td style="text-align: center;">8,860</td><td style="text-align: center;">8,688</td></tr> <tr><td>March 2023</td><td style="text-align: center;">11,709</td><td style="text-align: center;">10,876</td><td style="text-align: center;">10,571</td></tr> <tr><td>April 2023</td><td style="text-align: center;">9,910</td><td style="text-align: center;">9,391</td><td style="text-align: center;">9,778</td></tr> </tbody> </table> <p>Independent Assessor requests by Sector</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th colspan="6">Unique Count of Consumers Requesting Assessment</th> </tr> <tr style="background-color: #d9e1f2;"> <th>Request Date</th> <th>FFS</th> <th>MAINSTREAM</th> <th>HARP</th> <th>SNP</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr><td>September</td><td style="text-align: center;">5,966</td><td style="text-align: center;">3,475</td><td style="text-align: center;">717</td><td style="text-align: center;">81</td><td style="text-align: center;">10,239</td></tr> <tr><td>October</td><td style="text-align: center;">5,586</td><td style="text-align: center;">3,412</td><td style="text-align: center;">665</td><td style="text-align: center;">69</td><td style="text-align: center;">9,732</td></tr> <tr><td>November</td><td style="text-align: center;">5,319</td><td style="text-align: center;">3,219</td><td style="text-align: center;">673</td><td style="text-align: center;">72</td><td style="text-align: center;">9,283</td></tr> <tr><td>December</td><td style="text-align: center;">4,957</td><td style="text-align: center;">3,178</td><td style="text-align: center;">668</td><td style="text-align: center;">47</td><td style="text-align: center;">8,850</td></tr> <tr><td>January</td><td style="text-align: center;">5,966</td><td style="text-align: center;">3,429</td><td style="text-align: center;">718</td><td style="text-align: center;">69</td><td style="text-align: center;">10,182</td></tr> <tr><td>February</td><td style="text-align: center;">5,370</td><td style="text-align: center;">3,130</td><td style="text-align: center;">678</td><td style="text-align: center;">50</td><td style="text-align: center;">9,228</td></tr> <tr><td>March</td><td style="text-align: center;">6,980</td><td style="text-align: center;">3,814</td><td style="text-align: center;">844</td><td style="text-align: center;">71</td><td style="text-align: center;">11,709</td></tr> <tr><td>April</td><td style="text-align: center;">5,935</td><td style="text-align: center;">3,207</td><td style="text-align: center;">699</td><td style="text-align: center;">69</td><td style="text-align: center;">9,910</td></tr> </tbody> </table>	Month	Initial Assessment Requests	Community Health Assessment Completed	Practitioner Order Completed	September 2022	10,239	9,790	12,997	October 2022	9,732	9,249	10,889	November 2022	9,283	9,033	9,054	December 2022	8,850	8,610	8,655	January 2023	10,182	9,216	9,158	February 2023	9,228	8,860	8,688	March 2023	11,709	10,876	10,571	April 2023	9,910	9,391	9,778	Unique Count of Consumers Requesting Assessment						Request Date	FFS	MAINSTREAM	HARP	SNP	TOTAL	September	5,966	3,475	717	81	10,239	October	5,586	3,412	665	69	9,732	November	5,319	3,219	673	72	9,283	December	4,957	3,178	668	47	8,850	January	5,966	3,429	718	69	10,182	February	5,370	3,130	678	50	9,228	March	6,980	3,814	844	71	11,709	April	5,935	3,207	699	69	9,910	
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Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Integrated Duals (IB-Dual) Update</p>	<p>Stacey Blaire-Greenfield & Andrew Dujack (DOH), reported the following:</p> <p>What is IB-Dual?</p> <ul style="list-style-type: none"> ▪ As outlined in NYS' Duals Roadmap, NYS is committed to increasing integrated care offerings for dual eligibles. The Integrated Benefits for Dually Eligible Enrollees program or "<i>IB-Dual</i>", is an integrated care option created in April 2021 for dual eligibles in MMCP or HARP and enrolled in an aligned Medicare Advantage Duals Special Needs Plan. ▪ IB-Dual is a Medicaid managed care option for duals who do not meet the needs of NYS' Managed Long Term Care programs. ▪ Before IB-Dual, dual eligible members were excluded from Mainstream Managed Care and HARP. Now, dual eligible members can choose to remain in their MMC/HARP plan, if they also elect an aligned Medicare D-SNP <u>offered by the same healthcare organization that offers the HARP or Mainstream plan.</u> ▪ Dual eligibles may be enrolled into IB-Dual through default enrollment upon becoming newly Medicare eligible. Additionally, there are enrollment opportunities available for dual eligibles to voluntarily join the IB-Dual program. <p>IB-Dual Membership</p> <p>There are currently five (5) active IB-Dual plans, with a few additional plans coming online for 2024.</p> <ul style="list-style-type: none"> ▪ Fidelis Care ▪ MetroPlus ▪ Empire/HealthPlus ▪ UnitedHealthcare ▪ EmblemHealth <div style="text-align: center;"> <p style="margin-left: 100px;"> HARP IB-Dual MMC IB-Dual ~31,000* </p> </div> <p style="margin-top: 20px;">*Enrollment as of May 2023</p>	<p><u>Action:</u> Amber Decker asked for examples of enrollee notices.</p> <p><u>Response:</u> Notices are posted on the Department's website: LTSS Default Enrollment Notice & Non-LTSS Default Enrollment Notice:</p>

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Integrated Duals (IB-Dual) Update</p>	<p>How can members join IB-Dual</p> <p>There are currently 3 ways a member may get enrolled into IB-Dual</p> <p>1) Default Enrollment (~14k)</p> <ul style="list-style-type: none"> • Aligning MMC/HARP members as they become dual eligible • Default Enrollment is a CMS procedure whereby MMC/HARP members are prospectively identified as becoming Medicare eligible and are “default enrolled” into the aligned Medicare product to their MMC/HARP plan <p>2) Aligned Members (~17k)</p> <ul style="list-style-type: none"> • Aligning MMC/HARP members who have made an aligned selection • Many members missed default enrollment; however, they selected the aligned Medicare plan of their MMC/HARP plan. Due to the PHE, they remained enrolled in MMC/HARP past their Medicare start date. These members were transitioned into IB-Dual. <p>3) FFS Transitions (Piloting)</p> <ul style="list-style-type: none"> • Opening a pathway for FFS to MMC transitions (for members in WMS) • DOH is just beginning this process, which will allow members who are in Medicaid FFS, but also made the aligned Medicare selection, to be offered entry back into MMC/HARP via the IB-Dual rate cell. <p>Next Steps for IB-Dual</p> <ul style="list-style-type: none"> • PHE Unwind <ul style="list-style-type: none"> • Default enrollment to continue post-PHE. • <u>Upon Renewal</u>: IB-Dual enrollees will be able to remain in their MMC/HARP plan if they remain Medicaid eligible and enrolled in aligned D-SNP. • Duals Webpage <ul style="list-style-type: none"> • Ongoing education initiatives for consumers and stakeholders. • New IB-Dual plans are posted on webpage when approved. • Appeals & Grievances Process <ul style="list-style-type: none"> • Current IB-Dual plans do not fall into HIDE D-SNP category for unified A&G. • Transitioning to use the CMS Integrated Denial Notice (IDN). 	

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
Public Comment	<p>Public Comment 1: Rebecca Novick, The Legal Aid Society: Stated that they are happy to see the updated appeals and grievance system for DSNP enrollees, as some members have been unable to resolve appeals and grievance issues. Ms. Novick offered to provide more information on some of the issues they have been seeing.</p> <p>Public Comment 2: Emily Frankel, Autism Speaks Spoke to the need for a robust Medicaid network of ABA providers, so that children with autism spectrum disorder (ASD) have equitable access to ABA therapy. Mrs. Frankel spoke to the statistic and demographic of children diagnosed with ASD as well as the unique needs of each child that accesses/needs ABA services. Ms. Frankel discusses two main issues. The first being inadequate reimbursement rates, which the Department amended. The second being the scope of practice of unlicensed personnel, and their inability to delivery ABA services, as directed by the State Education Department (SED). Ms. Frankel expressed their concern that not allowing unlicensed personnel to assist in implementation of ABA is a detriment to access. In closing, Ms. Frankel asked that MMCARP urge SED to release the unlicensed personnel guidance to improve access to ABA services.</p> <p>Public Comment 3: Maureen O’Grady, BCBA, LBA, The Peter Haje Center for Autism Discussed ABA delivery and the need for unlicensed professionals. Without the use of unlicensed professionals, only a minimal number of children will be able to be served as the LBA does the assessment, but the actual delivery of the service is specific to technicians. In addition, Ms. O’Grady stated that about 90% of the clients they work with have Medicaid, of those clients over 200 children have an autism diagnosis, and over 75% are on a waitlist for ABA. The providers are there, but they are awaiting guidance from SED for use of unlicensed providers.</p>	<p><u>Action:</u> Prior to the public comment period, Fred Cohen, again, asked panel members to submit nominations for MMCARP Vice Chair to mcmeet@health.ny.gov.</p> <p><u>Action:</u> Fred Cohen asked that MMCARP return to the ABA issue at the next meeting.</p> <p><u>Response:</u> The Department will notify MMCARP of any updates.</p>
	Motion Passed: Meeting adjourned at 1:21pm	

Medicaid Managed Care Advisory Review Panel (MMCARP)

ACRONYMS & INITIALISMS

ABA	Applied Behavior Analysis
ADL	Activity of Daily Living
ADM	Administrative Directive Memorandum
ARPA	American Rescue Plan Act
BH	Behavioral Health
CBAA	Certified Behavior Analyst Assistant
CBLTC	Community Based Long Term Care
CBLTSS	Community Based Long Term Services and Supports
CBO	Community Based Organization
CDC	Centers for Disease Control
CDPAP	Consumer Directed Personal Assistance Program
CDPAS	Consumer Directed Personal Assistance Services
CFCO	Community First Choice Option
CFEEC	Conflict-Free Evaluation and Enrollment Center
CFTSS	Children and Family Treatment and Support Services
CHA	Community Health Assessment
CHP	Child Health Plus
CMA	Care Management Agency
CMHA	Community Mental Health Assessment
DME	Durable Medical Equipment
DOH	Department of Health
DOL	Department of Labor
D-SNP	Dual Eligible Special Needs Plans
EP	Essential Plan
FAQ	Frequently Asked Questions
FFS	Fee for Service
FI	Fiscal Intermediary
FIDA	Fully Integrated Duals Advantage
FIDA-IDD	Fully Integrated Duals Advantage-Individuals with Intellectual and Developmental Disabilities
FLSA	Fair Labor Standards Act
FY	Fiscal Year
HARP	Health and Recovery Plan
HCBS	Home and Community Based Services
HERO	Health Equity Regional Organization
HIV SNP	HIV Special Needs Plan
IADL	Instrumental Activity of Daily Living

IB-Dual	Integrated Benefits for Dually Eligible Enrollees
IPP	Independent Practitioner Panel
IRP	Independent Review Panel
JAC	Joint Advisory Council
LBA	Licensed Behavior Analyst
LDSS	Local Department of Social Services
LGU	Local Government Unit
LHCSA	Licensed Home Care Services Agencies
LTNHS	Long Term Nursing Home Stay
MARO	Metropolitan Area Regional Office
MCO	Managed Care Organization
MLTC	Managed Long Term Care
MMC	Medicaid Managed Care
MMCARP	Medicaid Managed Care Advisory Review Panel
MOU	Memorandum of Understanding
MRT	Medicaid Redesign Team
NHTD	Nursing Home Transition and Diversion Waiver
NYC	New York City
NYIA	New York Independent Assessor
NYSDOH	New York State Department of Health
OASAS	Office of Alcoholism and Substance Abuse Services
OHIP	Office of Health Insurance Programs
OMH	Office of Mental Health
OMIG	Office of Medicaid Inspector General
OTC	Over the Counter (Drug)
PACE	Program of All-Inclusive Care for the Elderly
PCS	Personal Care Services (Medicaid State Plan)
PHIP	Population Health Improvement Program
PNDS	Provider Network Data System
POC	Plan of Care
PPS	Performing Provider System
RFP	Request for Proposals
ROS	Rest of State
RPC	Regional Planning Consortium
SBHC	School Based Health Center
SCN	Social Care Needs
SDHN	Social Determinants of Health Network

Medicaid Managed Care Advisory Review Panel (MMCARP)

SSI	Supplemental Security Income
TBI	Traumatic Brain Injury
TCM	Targeted Case Management

VBP	Value Based Payment
WIO	Workforce Investment Organizations