

Medicaid Managed Care Advisory Review Panel (MMCARP)

(APPROVED 9/22/2022)

June 16th, 2022
Videoconference
11:00 AM to 1:00 PM
Meeting Minutes

Panel Members: Frederick Cohen, *Chair*; Kathryn Haslanger; Elisabeth Benjamin (*excused*); Sheila Nelson; Neil Heyman; Joel Landau (*did not connect video, absent*); Jay Silverman (*delayed joining due to access issues*); Amber Decker; Donna Colonna (*joined on and off due to access issues*); Frederick Riccardi; Ricardo Rivera-Cardona.

*****Due to multiple panel members having access issues and some panel members not participating via video, the Department of Health notes it is unclear whether a quorum was met*****

NYS DOH Staff: Jonathan Bick; Susan Montgomery; Patricia Sheppard; Christine DiCaprio-Yandik; Krysten Bissaillon; Gayle Emrich; Isma Pervaiz; Erin Kate Calicchia; April Hamilton; Amir Bassiri; Selena Hajiani.

Presenters/Guests: Jonathan Bick, New York State Department of Health (DOH); Susan Montgomery (DOH); Gayle Emrich (DOH); Erin Kate Calicchia (DOH), April Hamilton (DOH); Amir Bassiri (DOH); Selena Hajiani (DOH).

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|---|---|
| Discussion and review of 2-17-2022 minutes | The 2/17/2022 minutes were unanimously approved. | |
| MMCARP Bylaw Subcommittee Update | <p>Erin Kate Calicchia (NYSDOH), reported the following:</p> <p>The final draft of the proposed adoption, which incorporated edits from subcommittee members who commented, was circulated to the subcommittee last week. Due to the scheduled absence of one subcommittee member, a motion was made to delay adoption of the bylaws.</p> | <p>Motion Passed: Approval of the bylaws will be tabled until the next MMCARP meeting, September 22, 2022.</p> |
| Mainstream Medicaid Managed Care Program Update | <p>Jonathan Bick (NYSDOH), reported the following:</p> <p>Enrollment and MCO Expansion/Applications</p> <p>Enrollment Update 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> | |

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| <p>Mainstream Medicaid Managed Care Program Update Cont.</p> | <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr> <th style="width: 15%;">Months</th> <th style="width: 85%;">Total Medicaid Managed Care</th> </tr> </thead> <tbody> <tr><td>Dec-2021</td><td>5,697,809</td></tr> <tr><td>Jan-2022</td><td>5,736,983</td></tr> <tr><td>Feb-2022</td><td>5,760,225</td></tr> <tr><td>Mar-2022</td><td>5,780,569</td></tr> <tr><td>Apr-2022</td><td>5,775,508</td></tr> <tr><td>May-2022</td><td>5,780,636</td></tr> </tbody> </table> <div style="text-align: center;"> <p>Total Managed Care</p> <table border="1" style="display: none;"> <caption>Total Managed Care Data</caption> <thead> <tr><th>Month</th><th>Total Managed Care</th></tr> </thead> <tbody> <tr><td>Dec-2021</td><td>5,697,809</td></tr> <tr><td>Jan-2022</td><td>5,736,983</td></tr> <tr><td>Feb-2022</td><td>5,760,225</td></tr> <tr><td>Mar-2022</td><td>5,780,569</td></tr> <tr><td>Apr-2022</td><td>5,775,508</td></tr> <tr><td>May-2022</td><td>5,780,636</td></tr> </tbody> </table> </div> | | Months | Total Medicaid Managed Care | Dec-2021 | 5,697,809 | Jan-2022 | 5,736,983 | Feb-2022 | 5,760,225 | Mar-2022 | 5,780,569 | Apr-2022 | 5,775,508 | May-2022 | 5,780,636 | Month | Total Managed Care | Dec-2021 | 5,697,809 | Jan-2022 | 5,736,983 | Feb-2022 | 5,760,225 | Mar-2022 | 5,780,569 | Apr-2022 | 5,775,508 | May-2022 | 5,780,636 | | | | | | | | | | | | | |
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| Feb-2022 | 17,598 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-2022 | 18,715 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <p>*IB Dual numbers are included in the Mainstream totals.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |


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| Jan-2022 | 949 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-2022 | 927 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Apr-2022 | 1028 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Months | HIV-SNP | | | | | | | | | | | | | | | |
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| <p>Mainstream Medicaid Managed Care Program Update Cont.</p> | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; background-color: #f4a460; padding: 5px;"> <p style="text-align: center; margin: 0;">Active Expansion Reviews *</p> <ul style="list-style-type: none"> <u>AmidaCare</u>- Submitted an expansion application to provide HIV SNP services in Nassau and Suffolk counties. Review paused due to Covid pandemic. <u>HIP/Emblem</u>- Submitted an expansion application to provide MMC, HARP, EP services in Albany, Dutchess, Orange, Putnam, Rockland, and Schenectady counties. Review paused per request from HIP due to Covid pandemic. <u>Highmark</u>- Submitted a line of business expansion to provide HARP services in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming counties. <u>Metro Plus Health Plan</u>- Submitted a line of business expansion to provide HIV SNP services in Richmond County. HIV SNP provider network currently under review. <u>MVP</u>- Submitted an application to expand their Medicaid, CHP, and HARP lines of business into the counties of Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Montgomery, and St. Lawrence counties. </div> <div style="width: 45%; background-color: #d3d3d3; padding: 5px;"> <p style="text-align: center; margin: 0;">New Applications</p> <ul style="list-style-type: none"> <u>Partner's Health Plan (PHP)</u> has been conditionally certified as an Article 44 mainstream HMO in NYS. <u>Hamaspik Inc.</u> has applied to be certified as an Article 44 mainstream HMO in NYS. <u>TriADD dba MY COMPASS</u>-Has applied to be certified as an Article 44 mainstream HMO in all 62 counties in NYS. <p style="font-size: small; margin-top: 10px;">* Due to COVID-19 many of the expansions have been delayed as a result of MCOs shifting resources during the statewide emergency.</p>  </div> </div> | |
| | <p>New Benefits/Populations & Benefit Changes</p> <p>Early and Periodic Screening, Diagnostic, and Treatment Program Childhood Vaccine Counseling Coverage Benefit</p> <p>Effective June 1, 2022, Medicaid Managed Care (MMC) Plans, including mainstream MMC Plans, and HIV SNPs will reimburse providers for pediatric vaccine counseling visits as part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program when provided to Medicaid members ages 18 years of age or younger.</p> <p>Please note: Vaccine counseling visits for Coronavirus Disease 2019 (COVID-19) vaccinations are reimbursed separately. Providers can refer to the <i>Updated COVID-19 Vaccine Counseling Coverage guidance</i>, for more information.</p> <p>More information can be found in the March 2022 Medicaid Update.</p> | |

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| <p>Mainstream Medicaid Managed Care Program Update Cont.</p> | <p>Non-Invasive Prenatal Screening for Trisomy 21, 18, and 13 Policy</p> <p>Effective July 1, 2022, Medicaid Managed Care (MMC) Plans, including MMC Plans, HIV SNPs, and HARPs coverage of non-invasive prenatal trisomy screening, a form of non-invasive prenatal screening (NIPS), using cell-free fetal DNA, will be expanded to include members of any age, beyond the former coverage of individuals who meet risk criteria and/or are 30 years of age or older. This coverage included both singleton and twin pregnancies, but not higher multi-gestational pregnancies.</p> <p>More information can be found in the April 2022 Medicaid Update.</p> <p>COVID-19 Update</p> <p>The Department has developed a COVID-19 Fact Sheet. MMC Plans were instructed to post the fact sheet to the plan website and disseminate to member services staff to provide to members inquiring about COVID-19 vaccines, tests, and treatment. In addition, the Department suggested that MMC Plans provide this fact sheets at Plan offices and public facing events, as well as sharing the fact sheet with Plan contracted network providers.</p> <p>The Department is working on translating the COVID-19 Fact Sheet into other languages and will post them once they are complete.</p> <p>The link to the document is below.</p> <ul style="list-style-type: none"> • https://www.health.ny.gov/health_care/medicaid/members/member_factsheets.htm <p>1115 Waiver Application Update Update –1115 Waiver Amendment: Making Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic</p> | |

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| Agenda Items | Discussion | | Action Items | |
|--|---|-----------------------------------|--------------|--|
| Mainstream Medicaid Managed Care Program Update Cont. | Activity | Date | | |
| | Public & Tribal Comment Periods | April 13, 2022 – May 20, 2022 | | |
| | Public Hearings 1 & 2 | May 3, 2022 and May 10, 2022 | | |
| | Target Date to Incorporate Public Comments and Finalize Amendment | July 1, 2022 | | |
| | Target Date for Formal Submission of Amendment Application to CMS | July 25, 2022 | | |
| | Federal Public Comment Period | July 30, 2022 – August 29, 2022 | | |
| | CMS & New York Negotiate Terms of Amendment | Potentially Beginning Summer 2022 | | |
| | Target Implementation Date | January 1, 2023 | | |
| | <p>Total of 430 public comments received:</p> <ul style="list-style-type: none"> • 355 Written Comments • 75 Verbal Comments | | | |
| | <p>No Surprises Act- Alignment in Public Health Law</p> <ul style="list-style-type: none"> • The SFY 2023 enacted budget aligns Public Health Law (and Insurance Law) with the federal No Surprises Act. • Amended state statutes achieve consistency of provider and plan responsibilities and consumer protections. • For Public Health Law Article 44 certified health plans, applies to Medicaid managed care, EP, CHP and QHP. • DOH will update MCO-Provider contract Standard Clauses to include new requirements for providers. • DOH will update Medicaid model contracts and issuer contracts to incorporate new requirements for health plans. • The following slides provide a summary of key changes. | | | |
| <p>Contract Provisions</p> <ul style="list-style-type: none"> • PHL 4406-c adds new subdivision (11) --Contract between a health care plan and health care provider shall include: <ul style="list-style-type: none"> ○ A provision that requires the health care provider to have in place business processes to ensure timely provision of provider directory information to the health care plan. | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|-----------------|---|--------------|
| | <ul style="list-style-type: none"> ○ A health care provider shall submit such provider directory information to a health care plan, at a minimum: <ul style="list-style-type: none"> ▪ when provider begins or terminates its network agreement; ▪ where there are material changes to the content of the provider directory information; and ▪ at any other time as determined appropriate, including at the health care plan's request. ○ Provider directory information shall include: <ul style="list-style-type: none"> ▪ name, address, specialty, telephone number, and digital contact information; ▪ whether the provider is accepting new patients; ▪ for mental health and substance use disorder services providers, any affiliations with participating facilities certified or authorized by the OMH or OASAS, and any restrictions regarding availability of the individual provider's services; and ▪ for physicians, board certifications, languages spoken, and any affiliations with participating hospitals. <p>Continuity of Care</p> <ul style="list-style-type: none"> ● Amends PHL 4403 to include new requirements to: <ul style="list-style-type: none"> ○ Provide notice to enrollee when provider leaves network (except for reasons that do not require provider to be given a hearing); ○ Increases the transitional care period from up to 90 days to 90s days from either the date of notice or the effective date of termination, whichever is later; ○ For pregnant enrollees, extends continuity of care for the duration of pregnancy and post partum care directly related to delivery; ○ Requires health care provider to accept reimbursement from health care plan at the rates applicable prior to the start of the transition period and to continue to accept the in-network cost-sharing from the enrollee as payment in full; and ○ Requires health care provider to adhere to the health care plan's quality assurance requirements and to provide to the organization necessary medical information related to such care; ○ Requires the health care provider to adhere to the health care plan's policies and procedures including but not limited to, procedures of referrals, obtaining prior authorization, and treatment plan approval. | |
| 2022-23 Enacted | <p>Amir Bassiri & Selena Hajiani (NYSDOH), reported the following:</p> <p>FY 2023 Enacted Medicaid Legislation</p> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------|----------|--------|--------|----------------|----------|----------|----------|----------|---------------------|------|------|------|------|---------------|--------|--------|--------|--------|----------------|----------|----------|----------|----------|---------------------|------|------|------|------|---------------|--------|--------|--------|--------|---------------------------|-----|-------|-------|---------|--------------------------------|------|------|------|------|--|
| Medicaid Budget | <p style="text-align: center;"><u>Global Cap Variance</u></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">Current Global Cap Growth (\$ millions)</th> <th>FY2022</th> <th>FY2023</th> <th>FY2024</th> <th>FY2025</th> </tr> </thead> <tbody> <tr> <td>DOH Global Cap</td> <td style="text-align: right;">\$20,572</td> <td style="text-align: right;">\$21,172</td> <td style="text-align: right;">\$21,749</td> <td style="text-align: right;">\$22,333</td> </tr> <tr> <td>Year to Year Change</td> <td style="text-align: right;">2.9%</td> <td style="text-align: right;">2.9%</td> <td style="text-align: right;">2.7%</td> <td style="text-align: right;">2.7%</td> </tr> </tbody> </table> <p style="text-align: center;"><u>CMS Office of the Actuary Medicaid Projections - 5-Year Rolling Average</u></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">(\$ millions)</th> <th>FY2022</th> <th>FY2023</th> <th>FY2024</th> <th>FY2025</th> </tr> </thead> <tbody> <tr> <td>DOH Global Cap</td> <td style="text-align: right;">\$20,572</td> <td style="text-align: right;">\$21,538</td> <td style="text-align: right;">\$22,649</td> <td style="text-align: right;">\$23,875</td> </tr> <tr> <td>Year to Year Change</td> <td style="text-align: right;">2.9%</td> <td style="text-align: right;">4.7%</td> <td style="text-align: right;">5.2%</td> <td style="text-align: right;">5.4%</td> </tr> </tbody> </table> <p style="text-align: center;"><u>Current Global Cap to CMS Variance</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">(\$ millions)</th> <th>FY2022</th> <th>FY2023</th> <th>FY2024</th> <th>FY2025</th> </tr> </thead> <tbody> <tr> <td>DOH Global Cap - Variance</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$366</td> <td style="text-align: right;">\$899</td> <td style="text-align: right;">\$1,542</td> </tr> <tr> <td>Year to Year Change - Variance</td> <td style="text-align: right;">0.0%</td> <td style="text-align: right;">1.8%</td> <td style="text-align: right;">2.4%</td> <td style="text-align: right;">2.7%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> This new inflation metric will more accurately reflect the higher costs of providing Medicaid services because it considers utilization, enrollment growth, and service cost, and would increase the allowable growth of state Medicaid spending significantly (>\$3 billion) over the next three years. <p>Managed Care</p> <p>Adjust HIV-Special Needs Plans (HIV SNP) Plan Rates –Administrative</p> <ul style="list-style-type: none"> Increases all three HIV SNPs to higher points in the actuarial rate range to reflect the high needs of this population. <p>Moving Integrated Plans to Middle of the Rate Range –Administrative</p> <ul style="list-style-type: none"> Invests \$40M gross (\$20M State share) to increase Medicaid Advantage Plus (MAP) plan premiums to the mid-point of the actuarial rate range, providing an accelerated and smoother transition to integrated care. <p>National Cancer Institute (NCI) Designated Cancer Care –Article VII (HMH Part P)</p> <ul style="list-style-type: none"> Requires health plans offering Medicaid, Essential Plan and Qualified Health Plan to contract with willing national cancer institute-designated cancer centers. <p>Long Term Care (LTC)</p> <p>Long-Term Supports and Services (LTSS) Services Authorization Guidelines –Article VII (HMH Part O)</p> | Current Global Cap Growth (\$ millions) | FY2022 | FY2023 | FY2024 | FY2025 | DOH Global Cap | \$20,572 | \$21,172 | \$21,749 | \$22,333 | Year to Year Change | 2.9% | 2.9% | 2.7% | 2.7% | (\$ millions) | FY2022 | FY2023 | FY2024 | FY2025 | DOH Global Cap | \$20,572 | \$21,538 | \$22,649 | \$23,875 | Year to Year Change | 2.9% | 4.7% | 5.2% | 5.4% | (\$ millions) | FY2022 | FY2023 | FY2024 | FY2025 | DOH Global Cap - Variance | \$0 | \$366 | \$899 | \$1,542 | Year to Year Change - Variance | 0.0% | 1.8% | 2.4% | 2.7% | |
| Current Global Cap Growth (\$ millions) | FY2022 | FY2023 | FY2024 | FY2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOH Global Cap | \$20,572 | \$21,172 | \$21,749 | \$22,333 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year to Year Change | 2.9% | 2.9% | 2.7% | 2.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (\$ millions) | FY2022 | FY2023 | FY2024 | FY2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOH Global Cap | \$20,572 | \$21,538 | \$22,649 | \$23,875 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year to Year Change | 2.9% | 4.7% | 5.2% | 5.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (\$ millions) | FY2022 | FY2023 | FY2024 | FY2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOH Global Cap - Variance | \$0 | \$366 | \$899 | \$1,542 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year to Year Change - Variance | 0.0% | 1.8% | 2.4% | 2.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|--|---|--------------|
| <p>2022-23 Enacted Medicaid Budget</p> | <ul style="list-style-type: none"> • This proposal modifies the MRT II proposal from requiring the implementation of a single uniform tasking tool to a requirement that tasking tools used by plans and LDSS meet specific service authorization guidelines and standards. These standards will be developed by the Department, in consultation with subject matter experts. <p>Licensed Home Care Services Agency (LHCSA) Request for Offer (RFO) Refinement – Administrative</p> <ul style="list-style-type: none"> • This proposal incorporates an administrative efficiency component into the selection process for the LHCSA RFO that was authorized as part of the FY 2020 Enacted budget (MRT II Reforms). <p>Maternal Health</p> <p>Improve and Expand Access to Prenatal and Postnatal Care – Administrative</p> <p>In alignment with evidence-based guidelines and best practices, access to comprehensive maternal health services will be expanded through new or expanded Medicaid reimbursement, to include:</p> <ul style="list-style-type: none"> • <u>Reimbursement for Registered Dietitians</u> for Nutrition Services provided to pregnant and postpartum populations • <u>Reimbursement for Community Health Workers (CHWs) and Patient Family Navigators (PFNs)</u> for care coordination and peer support services provided to pregnant and postpartum populations • <u>Coverage of Bluetooth-enabled devices</u> in reimbursement for telehealth/remote patient monitoring services • Alignment of billing and reimbursement policy to support a two-generational integrated approach to the delivery of primary prevention services for young children and their caregivers (<u>dyadic services</u>) • Increase in <u>reimbursement rate for Midwifery services</u> • <u>Expanded coverage of non-invasive prenatal trisomy screening (NIPS) to include pregnant people of any age</u> <p>Advance Comprehensive Maternal Care in Managed Care – Administrative</p> <ul style="list-style-type: none"> • Invest in two quality incentive funding pools, one for community perinatal care providers and one for labor and delivery hospitals, to be distributed through a state-directed Value-Based Payment arranged through Medicaid Managed Care • Payments to providers may be earned based on reporting and performing across state-selected measures of clinical quality and maternal health outcomes. <p>Other Actions</p> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

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|--|---|----------------------|----------------------|----------------------|-----------------|----------------------|------|-----|-------|-------|--------------------|-------|---------------------|-------|-------|--------------------|----------------------|-----|----------------------|-------|------------|--|
| <p>2022-23 Enacted Medicaid Budget</p> | <p>Increase Medicaid Trend Factor by 1% to Recognize Provider Cost Increases –Article VII (HMH Part I)</p> <ul style="list-style-type: none"> The State is making a multi-year investment in Medicaid providers by increasing Medicaid operating rates across the board by an additional 1% to respond to market needs and compete in the labor market to attract qualified workers. <p>Restoration of the 1.5% Across the Board (ATB) –Administrative</p> <ul style="list-style-type: none"> DOH implemented a 1% ATB payment reduction effective January 1, 2020 –April 1, 2020, which increased to a 1.5% ATB reduction effective April 2, 2020, and each Fiscal Year (FY) thereafter which has been restored effective April 1, 2022 in the Enacted Budget. <p>Promote Access to Primary Care –Administrative</p> <ul style="list-style-type: none"> Invests in primary care by benchmarking Medicaid fee-for-service physician reimbursement rates for Evaluation & Management and Medicine codes to 70% of current Medicare reimbursement rates. Effective July 1, 2022. <p>Applied Behavior Analysis (ABA) Rate Increase –Administrative</p> <ul style="list-style-type: none"> This proposal will increase the Medicaid reimbursement rate to \$76.31 per hour to align Medicaid reimbursement with Child Health Plus and other commercial payors. <p>HCBS, CFTSS and 29-I Rate Increases -Administrative</p> <ul style="list-style-type: none"> Increasing reimbursement rates for Children’s Home and Community Based Services (HCBS), Child and Family Treatment and Support Services (CFTSS), and 29-I Health Facility services to assist providers in building service capacity. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 25%;">Program</th> <th style="width: 25%;">Previous Adjustments</th> <th style="width: 15%;">4/1/21-3/31/22</th> <th style="width: 15%;">4/1/22- 9/30/22</th> <th style="width: 20%;">10/1/2022 and beyond</th> </tr> </thead> <tbody> <tr> <td>HCBS</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">+ 25%</td> <td style="text-align: center;">+ 25%</td> <td style="text-align: center;">Updated Base Rates</td> </tr> <tr> <td>CFTSS</td> <td style="text-align: center;">+11% ⁽¹⁾</td> <td style="text-align: center;">+ 14%</td> <td style="text-align: center;">+ 25%</td> <td style="text-align: center;">Updated Base Rates</td> </tr> <tr> <td>29-I Health Facility</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">+ 25% ⁽²⁾</td> <td style="text-align: center;">+ 25%</td> <td style="text-align: center;">Base Rates</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">(1) Effective 4/1/20-3/1/22; (2) Effective 7/1/21</p> <p>Executive and One-House Budget Proposals Enacted with Material Modifications Managed Care Reforms</p> <p>Managed Care Organizations (MCOs) Procurement Study –Article VII (HMH Part P)</p> | Program | Previous Adjustments | 4/1/21-3/31/22 | 4/1/22- 9/30/22 | 10/1/2022 and beyond | HCBS | N/A | + 25% | + 25% | Updated Base Rates | CFTSS | +11% ⁽¹⁾ | + 14% | + 25% | Updated Base Rates | 29-I Health Facility | N/A | + 25% ⁽²⁾ | + 25% | Base Rates | |
| Program | Previous Adjustments | 4/1/21-3/31/22 | 4/1/22- 9/30/22 | 10/1/2022 and beyond | | | | | | | | | | | | | | | | | | |
| HCBS | N/A | + 25% | + 25% | Updated Base Rates | | | | | | | | | | | | | | | | | | |
| CFTSS | +11% ⁽¹⁾ | + 14% | + 25% | Updated Base Rates | | | | | | | | | | | | | | | | | | |
| 29-I Health Facility | N/A | + 25% ⁽²⁾ | + 25% | Base Rates | | | | | | | | | | | | | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|--|--|--------------|
| <p>2022-23 Enacted Medicaid Budget</p> | <ul style="list-style-type: none"> • Requires DOH to review and make recommendations on the status of services offered by MCOs contracting with the state to manage services provided under the Medicaid program; the purpose of such study is to inform the development of a plan to reform the delivery of services offered by MCOs in the Medicaid program (report due to Governor and the Legislature by October 31, 2022). <p>Restore the MMC/MLTC Quality Pools (Modified to one year restoration) –Administrative</p> <ul style="list-style-type: none"> • Restores FY 2023 dollars associated with Quality Incentive (QI) Pool payment funding that was cut as part of the FY 2021 Enacted Budget for both Mainstream Managed Care (MMC) and Managed Long-Term Care (MLTC) --restoring \$60M (State Share) for the MMC Quality Pool and \$17.25M (State Share) for the MLTC Quality Pool. <p>Raising the income level for seniors and individuals with disabilities to 138% FPL Article VII –ELFA Part AAA</p> <ul style="list-style-type: none"> • Consistent with Part N of the Executive Budget, this provision change raises the income level for Aged, Blind, and Disabled (Non-MAGI), Low-Income Families and other Medically Needy adults to 138% of the FPL. (Effective 1/1/23) • While this provision change does not fully eliminate the spend-down program, it raises the income level so that very low-income enrollees between 87% and 138% of the FPL can maintain their eligibility as they transition from the adult eligibility category to over 65 or disabled eligibility category. • The Enacted Budget modifies Part N of the Executive Budget by maintaining the statutory structure for resources resulting in a limited increase in the resource level as the resource cap is tied to 150% of the income limit. Currently the annual resource cap is \$16,800 for a household of 1. Raising the income limit to 138% FPL increases the resource cap to \$28,133. <p>Medicare Savings Programs (MSP) Eligibility Level Increases Article VII –ELFA Part AAA</p> <ul style="list-style-type: none"> • Increased MSP levels will help vulnerable seniors and individuals with disabilities access Medicare. • By increasing QMB to 138% of the FPL to align with the new threshold for non-MAGI eligibility above and QI to 186% of the FPL, this modified enacted budget proposal improves access to Medicare for more than 100,000 New Yorkers. | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | | | | Action Items | | | | | | | | | |
|---|---|----------------------------|------------------------|---|---------------------|--------|---------|---------|--------------|---------|---------|---------------|---------|---------|
| 2022-23 Enacted Medicaid Budget | MSP Benefit Levels | Current Eligibility | New Eligibility | Coverage | Funding | | | | | | | | | |
| | Qualified Medicare Beneficiaries (QMB) | <=100% FPL | <=138% FPL | Medicare Part A premium (hospital) as well as the Part B premium (outpatient services), deductibles and coinsurances. | State/Fed (50%/50%) | | | | | | | | | |
| | Specified Low-Income Beneficiaries (SLMB) | >100-<120% FPL | ELIMINATED | Medicare Part B premium | State/Fed (50%/50%) | | | | | | | | | |
| | Qualified Individuals (QI) | ≥120-≤135% FPL | 138-186% FPL | | Fed (100%) | | | | | | | | | |
| <ul style="list-style-type: none"> Enrollment in any MSP also automatically enrolls a Medicare beneficiary into the Part D Low-Income Subsidy (“LIS”), or Extra Help program, which helps pay prescription drug costs --66,000 seniors in the EPIC program will now qualify for Low-Income Subsidy (LIS) Extra Help because MSP is being expanded to 186% FPL. This would reduce the state support with Part D premiums/claims for these Seniors in the EPIC program as they would automatically qualify for LIS under this expansion. | | | | | | | | | | | | | | |
| <p>New/Added Proposals Included in Enacted Budget</p> <p>Minimum Wage Increase for Home Care Workers</p> <p>Article VII –ELFA Part XX</p> <ul style="list-style-type: none"> Increases the statutory minimum wage by \$3.00 per hour which will be phased in over the next 18 months Beginning October 1, 2022 the minimum wage will be increased by \$2.00 per hour and beginning October 1, 2023 an additional \$1.00 per hour will be added for full phase in. Consistent with the statute, rates will be adjusted to ensure workers in various regions receive the increase(s) in addition to the current statutory base wage amounts effective as of December 31, 2021: <ul style="list-style-type: none"> New York City/Long Island/Westchester -\$15 per hour Rest of State -\$13.20 per hour | | | | | | | | | | | | | | |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Region</th> <th style="text-align: center;">10/1/22</th> <th style="text-align: center;">10/1/23</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">NYC/LI/West.</td> <td style="text-align: center;">\$17.00</td> <td style="text-align: center;">\$18.00</td> </tr> <tr> <td style="text-align: left;">Rest of State</td> <td style="text-align: center;">\$15.20</td> <td style="text-align: center;">\$16.90</td> </tr> </tbody> </table> | | | | | | Region | 10/1/22 | 10/1/23 | NYC/LI/West. | \$17.00 | \$18.00 | Rest of State | \$15.20 | \$16.90 |
| Region | 10/1/22 | 10/1/23 | | | | | | | | | | | | |
| NYC/LI/West. | \$17.00 | \$18.00 | | | | | | | | | | | | |
| Rest of State | \$15.20 | \$16.90 | | | | | | | | | | | | |

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|---|---|-----------------------------|-----------------------------|------------------|------------------|---|--|--|
| <p>2022-23 Enacted Medicaid Budget</p> | <ul style="list-style-type: none"> The Department will begin working with CMS and the state actuary to effectuate rate adjustments to account for this minimum wage increase, which for managed care plans will be calculated in an actuarially sound manner and include guidance on the Department’s expectations regarding how amounts should be paid from plans to providers. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">2022-23 State Impact</td> <td style="padding: 5px;">2023-24 State Impact</td> </tr> <tr> <td style="padding: 5px;">\$362.58M</td> <td style="padding: 5px;">\$964.91M</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><i>HCBS eFMAP is anticipated (pending CMS approval) to fully fund home care wage increases in FY23 and partially in FY24.</i></td> </tr> </table> <p>Medicaid Coverage Expansion Expansion of Post-Partum Coverage Article VII –ELFA Part CCC</p> <ul style="list-style-type: none"> Expands Post-Partum Coverage from 60 days to 12 months for all individuals eligible for Medicaid (regardless of their immigration status) Extends postpartum coverage to approximately 9,000 undocumented individuals who would be otherwise uninsured with state only funding Implementation Date: 3/1/23 <p>Medicaid Coverage for Undocumented Age 65+ Article VII –ELFA Part AAA</p> <ul style="list-style-type: none"> Provides Comprehensive health coverage to undocumented individuals ages 65 plus with State only funding (effective 1/1/23 however enrollment not expected until 3/1/23) The benefits and services will be equivalent to the Mainstream Managed Care benefit (as of 1/1/23) which provides coverage to ~6 million New Yorkers today Estimated to provide comprehensive health coverage to approximately 25,000 New Yorkers ages 65 and older who would be otherwise uninsured <p>Competitive Bidding Requirements Article VII –HMH Part QQ</p> <ul style="list-style-type: none"> Provides an end date of 8/19/26 for the NYSOH Enrollment Center contract and an end date of 9/30/25 for the Enrollment Broker/CFEEC/Independent Assessor contract, which were previously authorized without the need to conduct a competitive bid. | 2022-23 State Impact | 2023-24 State Impact | \$362.58M | \$964.91M | <i>HCBS eFMAP is anticipated (pending CMS approval) to fully fund home care wage increases in FY23 and partially in FY24.</i> | | |
| 2022-23 State Impact | 2023-24 State Impact | | | | | | | |
| \$362.58M | \$964.91M | | | | | | | |
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|---|---|--------------|
| <p>2022-23 Enacted Medicaid Budget</p> | <ul style="list-style-type: none"> DOH will conduct a competitive procurement for continuation of these services following the contract expiration dates. <p>Resources</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/redesign/mrt_budget.htm MRT Budget Information.</p> <p>Email: mrtupdates@health.ny.gov</p> <p>DOH Medicaid Update: https://www.health.ny.gov/health_care/medicaid/program/update/main.htm</p> <p>MRT LISTSERV: https://health.ny.gov/health_care/medicaid/redesign/listserv.htm</p> | |
| <p>Children's Waiver Utilization Data</p> | <p>April Hamilton (NYSDOH), reported the following:</p> <p style="background-color: yellow; display: inline-block; padding: 2px;">Downstate HCBS Monthly Enrollment Trend – Legacy vs. Current Waiver <i># of Members Enrolled & # of Members w/ Paid Claims; 01/2017 – 4/2022</i></p> <div style="border: 1px solid gray; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">HCBS Enrolled Members & HCBS Enrolled Members with Claims: Legacy Waiver vs. Current Waiver</p> <p style="text-align: center;">Key Takeaways</p> <ul style="list-style-type: none"> ~30 to 40% of enrolled HCBS children have a claim in a month COVID-19 impacted utilization in 2020, but utilization appears to be returning to pre-COVID-19 levels. Some of the increase utilization may also be driven by increased enrollment trends. A slight decrease of utilization from the old waiver to the new waiver can be observed. Members may be having their needs meet through CFTSS in lieu of HCBS <p>Note:</p> <p><i>The line chart represents enrollment counts. The area chart represents enrolled members with a claim counts. The data labels represent the percentage of enrolled member with a claim against total enrolled members. The yellow chart visuals represent the legacy waiver, the blue chart visuals represent the current waiver.</i></p> <p style="text-align: center; font-size: small;"> Department of Health Office of Mental Health Office of Addiction Services and Supports Office of Children and Family Services Office for People With Developmental Disabilities </p> <p style="text-align: right; font-size: small;">June 2022</p> </div> <p style="font-size: x-small;">Note: Downstate = NYC & Long Island DSRIP regions</p> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|--|--------------|
| <p>Children's Waiver Utilization Data</p> | <p>Downstate Children's Waiver HCBS Utilization by Service</p> <p>KEY</p> <ul style="list-style-type: none"> Palliative Care - Massage Therapy Palliative Care - Bereavement Service Palliative Care - Pain and Symptom Management Palliative Care - Expressive Therapy Community Self Advocacy Training and Support Crisis Respite Caregiver Family Support and Services Supported Employment Prevocational Services Community Habilitation Day Habilitation Planned Respite <p>Key Takeaways</p> <ul style="list-style-type: none"> HCBS Utilization is highest for Planned Respite, Caregiver Family Supports and Services, and Community Self Advocacy Training and Supports. This is true for both Upstate and Downstate. These counts demonstrate the number of individuals receiving each service, so one child could be receiving multiple services each month and would be counted multiple times in this data. <hr/> <p>Downstate Health Home (HH) Monthly Enrollment Trend – Legacy vs. Current Waiver <i># of Members Enrolled & # of Members w/ Paid Claims; 01/2017 – 4/2022</i></p> <p>Key Takeaways</p> <ul style="list-style-type: none"> Gap between enrolled members and enrolled members with claim has tightened from the legacy care management program to the Health Home program, with a 10% increase in enrolled members with claims. (Trend is similar between both upstate and downstate). Increased enrollment trends can be seen for the first and second quarters of 2021. (Trend is similar between both upstate and downstate). <p>Note:</p> <p>The line chart represents enrollment counts. The area chart represents enrolled members with a claim counts. The data labels represent the percentage of enrolled member with a claim against total enrolled members. The yellow chart visuals represent the legacy waiver, the blue chart visuals represent the current waiver.</p> <p>Note: Downstate = NYC & Long Island DSRIP regions</p> <p style="text-align: right;"> Department of Health Office of Mental Health Office of Addiction Services and Supports Office of Children and Family Services Office for People With Developmental Disabilities June 2022 </p> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|--|--------------|
| <p>Children's Waiver Utilization Data</p> | <p>Downstate CFTSS Monthly Utilization Trend – Legacy vs. Current Program <i># of Members w/ Paid Claims; 01/2017 – 4/2022</i></p> <p>Key Takeaways</p> <ul style="list-style-type: none"> • CFTSS utilization for members in a waiver appears to have increased with the transition to the current waiver, with decreases in current waiver utilization over time. • CFTSS utilization for non-enrolled waiver children increased, driving most of the increased utilization in 2020 and 2021 • Guidance has been that members who have their needs met through CFTSS, should disenroll from the HCBS Waiver <p>Note: <i>The area chart represents members with a claim. The yellow chart visuals represent the legacy waiver, the blue chart visuals represent the current waiver. No enrollment metrics are included since CFTSS does not have a specific waiver or program for members to enroll into.</i></p> <p><small>NEW YORK STATE DEPARTMENT OF HEALTH Department of Health Office of Mental Health Office of Addiction Services and Supports Office of Children and Family Services Office for People With Developmental Disabilities June 2022</small></p> <p>Note: Downstate = NYC & Long Island DSRIP regions</p> <p>Downstate Children's Waiver CFTSS Utilization by Service</p> <p>Monthly Children's Waiver CFTSS Utilization Trends by Service</p> <p>KEY</p> <ul style="list-style-type: none"> ■ Crisis Intervention ■ Youth Peer Support and Training ■ Other Licensed Practitioner ■ Family Peer Support and Services ■ Community Psychiatric Support and Treatment (CPST) ■ Psychosocial Rehabilitation (PSR) <p>Key Takeaways</p> <ul style="list-style-type: none"> • CFTSS Utilization is highest for Psychosocial Rehabilitation, Other Licensed Practitioner, and Family Peer Support and Services. This is true for both Upstate and Downstate. • These counts demonstrate the number of individuals receiving each service, so one child could be receiving multiple services each month and would be counted multiple times in this data. | |

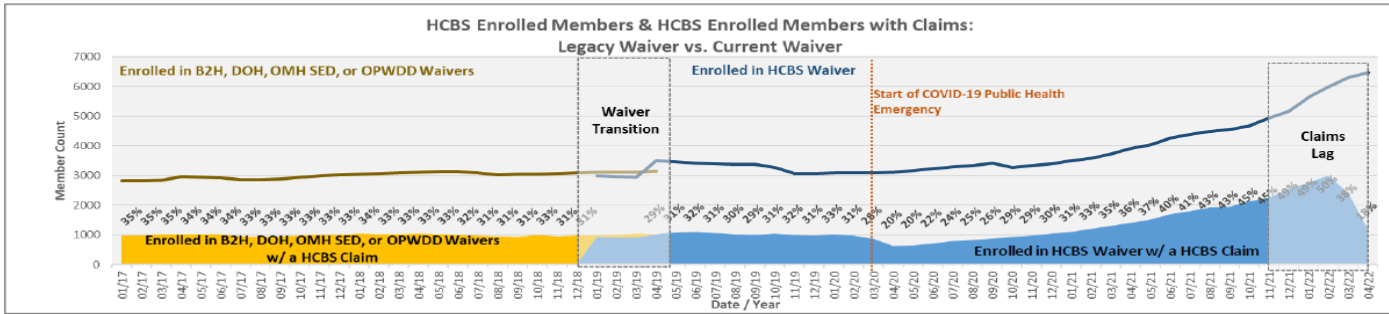
Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
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Children's Waiver Utilization Data

Upstate HCBS Monthly Enrollment Trend – Legacy vs. Current Waiver

of Members Enrolled & # of Members w/ Paid Claims; 01/2017 – 4/2022



Key Takeaways

- ~30 to 40% of enrolled HCBS children have a claim in a month, with enrollment percentages slightly lower in upstate vs. downstate (previous slide)
- COVID-19 impacted utilization in 2020, but utilization appears to be returning to pre-COVID-19 levels. Some of the increase utilization may also be driven by increased enrollment trends.
- The decrease of utilization from the old waiver to the new waiver is not pronounced for the upstate region.

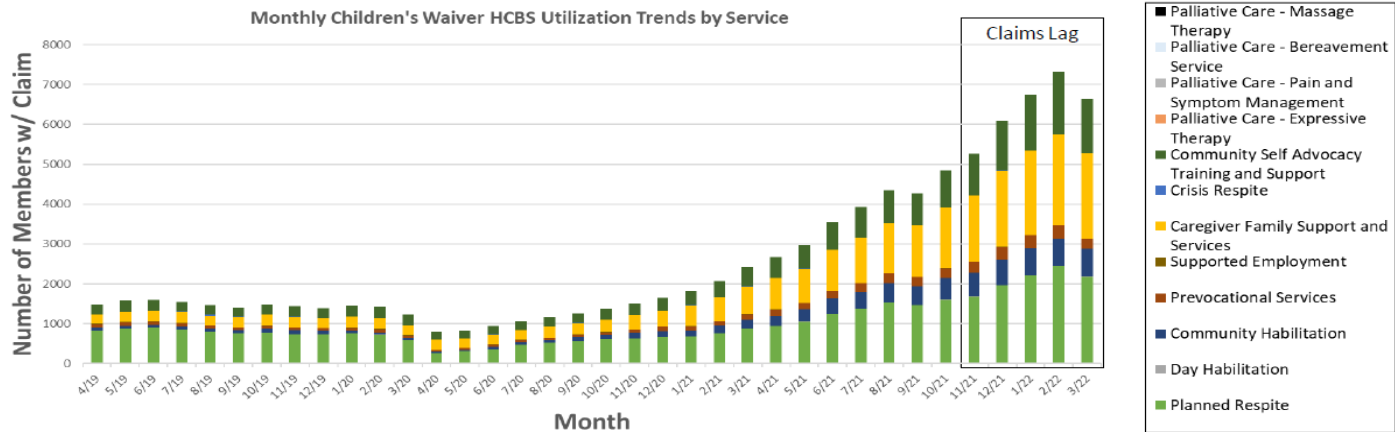
Note:

The line chart represents enrollment counts. The area chart represents enrolled members with a claim counts. The data labels represent the percentage of enrolled member with a claim against total enrolled members. The yellow chart visuals represent the legacy waiver, the blue chart visuals represent the current waiver.



Note: Upstate = All DSRIP Regions excepting NYC & Long Island.

Upstate Children's Waiver HCBS Utilization by Service



Key Takeaways

- HCBS Utilization is highest for Planned Respite, Caregiver Family Supports and Services, and Community Self Advocacy Training and Supports. This is true for both Upstate and Downstate.
- These counts demonstrate the number of individuals receiving each service, so one child could be receiving multiple services each month and would be counted multiple times in this data.

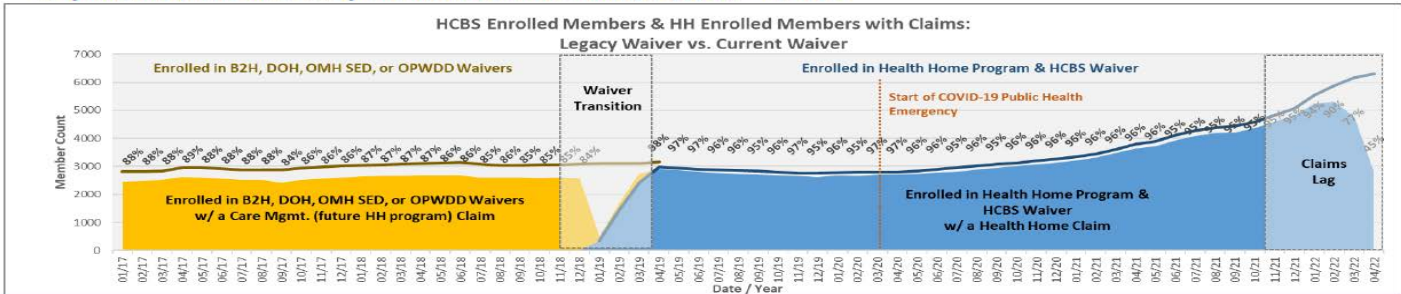
Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
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Children's Waiver Utilization Data

Upstate Health Home (HH) Monthly Enrollment Trend – Legacy vs. Current Waiver

of Members Enrolled & # of Members w/ Paid Claims; 01/2017 – 4/2022



Key Takeaways

- Gap between enrolled members and enrolled members with claim has tightened from the legacy care management program to the Health Home program, with a 10% increase in enrolled members with claims. (Trend is similar between both upstate and downstate).
- Increased enrollment trends can be seen for the first and second quarters of 2021. (Trend is similar between both upstate and downstate).

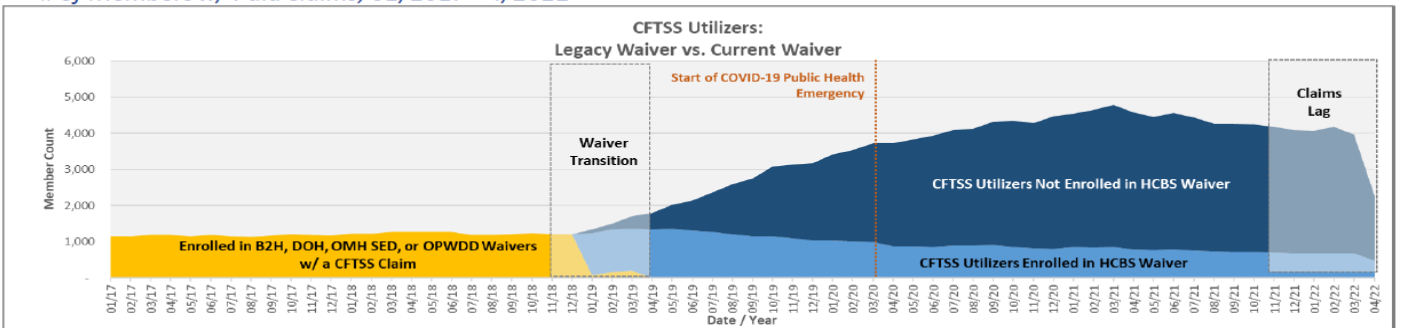
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Note: Upstate = All DSRIP Regions excepting NYC & Long Island.



Upstate CFTSS Monthly Utilization Trend – Legacy vs. Current Program

of Members w/ Paid Claims; 01/2017 – 4/2022



Key Takeaways

- CFTSS utilization for members in a waiver (legacy and current) appear to have the same initial utilization, with decreases in current waiver utilization over time
- CFTSS utilization for non-enrolled waiver children increased, driving most of the increased utilization in 2020 and 2021
- Guidance has been that members who have their needs met through CFTSS, should disenroll from the HCBS Waiver

Note:
The area chart represents members with a claim. The yellow chart visuals represent the legacy waiver, the blue chart visuals represent the current waiver. No enrollment metrics are included since CFTSS does not have a specific waiver or program for members to enroll into.

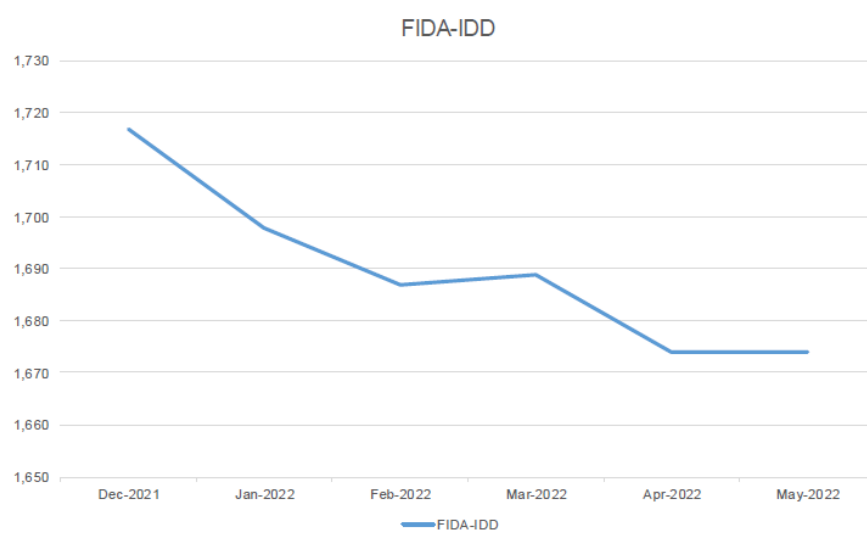
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Medicaid Managed Care Advisory Review Panel (MMCARP)

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| <p>Children's Waiver Utilization Data</p> | <div style="text-align: center;"> <p>Upstate Children's Waiver CFTSS Utilization by Service</p> <p>Monthly Children's Waiver CFTSS Utilization Trends by Service</p> <p>KEY</p> <ul style="list-style-type: none"> ■ Crisis Intervention ■ Youth Peer Support and Training ■ Other Licensed Practitioner ■ Family Peer Support and Services ■ Community Psychiatric Support and Treatment (CPST) ■ Psychosocial Rehabilitation (PSR) </div> <div style="background-color: #003366; color: white; padding: 5px; text-align: center; margin-top: 10px;"> <p>Key Takeaways</p> </div> <div style="background-color: #e0e0e0; padding: 5px; margin-top: 5px;"> <ul style="list-style-type: none"> CFTSS Utilization is highest for Psychosocial Rehabilitation, Other Licensed Practitioner, and Family Peer Support and Services. This is true for both Upstate and Downstate. These counts demonstrate the number of individuals receiving each service, so one child could be receiving multiple services each month and would be counted multiple times in this data. </div> <p>Additional Information Children's Waiver 1915(c) Renewal: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/1915c_waiver_renewal_02.10.22.pdf Children's Waiver 1115 Independent Evaluation: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/ny_childrens_design_interim_evaluation.pdf</p> | |
| <p>Auto-Assignment Report</p> | <p>Gayle Emrich (NYSDOH) and panel members discussed the May 2022 Medicaid Managed Care Auto Assignment Report.</p> | |
| <p>Status Report of Managed</p> | <p>Jonathan Bick & Susan Montgomery (NYSDOH), reported the following: MLTC Enrollment</p> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | |
|--|---|--------------|----------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|--|
| <p>Long Term Care (MLTC)</p> <p>Status Report of Managed Long Term Care (MLTC)</p> | <p>FIDA-IDD Enrollment</p> <table border="1" style="margin-bottom: 20px;"> <thead> <tr style="background-color: #e0e0e0;"> <th>Months</th> <th>FIDA-IDD</th> </tr> </thead> <tbody> <tr><td>Dec-2021</td><td>1,717</td></tr> <tr><td>Jan-2022</td><td>1,698</td></tr> <tr><td>Feb-2022</td><td>1,687</td></tr> <tr><td>Mar-2022</td><td>1,689</td></tr> <tr><td>Apr-2022</td><td>1,674</td></tr> <tr><td>May-2022</td><td>1,674</td></tr> </tbody> </table>  <p style="text-align: center;">FIDA-IDD</p> <p>MAP Enrollment</p> | Months | FIDA-IDD | Dec-2021 | 1,717 | Jan-2022 | 1,698 | Feb-2022 | 1,687 | Mar-2022 | 1,689 | Apr-2022 | 1,674 | May-2022 | 1,674 | |
| Months | FIDA-IDD | | | | | | | | | | | | | | | |
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Medicaid Managed Care Advisory Review Panel (MMCARP)

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| <p>Status Report of Managed Long Term Care (MLTC)</p> | <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="text-align: left;">Months</th> <th style="text-align: left;">MAP</th> </tr> </thead> <tbody> <tr><td>Dec-2021</td><td>30,256</td></tr> <tr><td>Jan-2022</td><td>31,516</td></tr> <tr><td>Feb-2022</td><td>31,793</td></tr> <tr><td>Mar-2022</td><td>32,183</td></tr> <tr><td>Apr-2022</td><td>32,649</td></tr> <tr><td>May-2022</td><td>33,296</td></tr> </tbody> </table> <div style="text-align: center;"> </div> <p>MLTC Partial Enrollment</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="text-align: left;">Months</th> <th style="text-align: left;">MLTC Partial</th> </tr> </thead> <tbody> <tr><td>Dec-2021</td><td>245,571</td></tr> <tr><td>Jan-2022</td><td>245,015</td></tr> <tr><td>Feb-2022</td><td>243,131</td></tr> <tr><td>Mar-2022</td><td>243,193</td></tr> <tr><td>Apr-2022</td><td>244,485</td></tr> <tr><td>May-2022</td><td>246,135</td></tr> </tbody> </table> <div style="text-align: center;"> </div> <p>PACE Enrollment</p> | Months | MAP | Dec-2021 | 30,256 | Jan-2022 | 31,516 | Feb-2022 | 31,793 | Mar-2022 | 32,183 | Apr-2022 | 32,649 | May-2022 | 33,296 | Months | MLTC Partial | Dec-2021 | 245,571 | Jan-2022 | 245,015 | Feb-2022 | 243,131 | Mar-2022 | 243,193 | Apr-2022 | 244,485 | May-2022 | 246,135 | |
| Months | MAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-2021 | 30,256 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-2022 | 31,516 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Medicaid Managed Care Advisory Review Panel (MMCARP)

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| Months | PACE | | | | | | | | | | | | | | | |
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Medicaid Managed Care Advisory Review Panel (MMCARP)

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| <p>Status Report of Managed Long Term Care (MLTC)</p> | <p>MAP A&G Demo Beneficiary Survey</p> <ul style="list-style-type: none"> • CMS conducting survey regarding beneficiary experience under MAP integrated A&G Demo. • Sample of MAP participating health plans selected. • Surveys to be completed by end of May. <p>PHE Unwind Activity</p> <ul style="list-style-type: none"> • Developing guidance for unwind and impact on default enrollment process. • Medicaid FFS Pathway: Allow FFS duals to enroll into Mainstream managed care with an aligned D SNP. <p>Medicaid Advantage Plus (MAP)</p> <ul style="list-style-type: none"> • Behavioral Health carve-in on track for 1/1/2023. • Readiness reviews currently underway <p>Duals Roadmap- Public Comments</p> <ul style="list-style-type: none"> • Posted for public comment in March 2022. • Outlines DOH strategy for expanding integrated care options for dual eligibles <p>Public comments focused on the following:</p> <ul style="list-style-type: none"> • Quality metrics to assist consumers in plan reviews. • Engage in Medicare savings demo opportunities for integrated care. • Evaluating impact of daily care management activities in integrated plans. • Encouraging focus on MAP education for consumers and providers. • Develop data sharing initiatives with providers to identify and promote integrated plans to their patients. <p>New York Independent Assessor Overview</p> <p>MLTC Enrollment and CFEEC</p> <p>In 2014, DOH began the Conflict-Free Evaluation and Enrollment Center (CFEEC) to provide conflict-free assessments for Managed Long Term Care (MLTC) eligibility.</p> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

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| <p>Status Report of Managed Long Term Care (MLTC)</p> | <ul style="list-style-type: none"> • CFEEC provided initial evaluations using the Community Health Assessment on the Uniform Assessment System for New York (UAS-NY) system. • CFEEC determined if a consumer is eligible MLTC plan enrollment, if there was a need for Community Based Long Term Care for more than 120 days. <p>2020 Medicaid Redesign Team II</p> <ul style="list-style-type: none"> • MRT II recommended, and the SFY 20-21 Budget authorized, the Department of Health to contract with an entity to conduct an independent assessment process for individuals seeking Community Based Long Term Services and Supports, including Personal Care Services (PCS) and Consumer Directed Personal Care Services (CDPAS). <p>New York Independent Assessor (NYIA)</p> <ul style="list-style-type: none"> • NYS regulations at 18 NYCRR 505.14(b)(2)(i) and 505.28(d)(1) were amended to require that an independent assessor be established to conduct a single Community Health Assessment (CHA) to determine the need for PCS/CDPAS and determine MLTC plan eligibility. <ul style="list-style-type: none"> ○ The current Conflict Free Evaluation and Enrollment Center (CFEEC) is now part of the New York Independent Assessor (NYIA) under the contract with MAXIMUS. <p>NYIA- Nurse Assessment</p> <p>Effective May 16, 2022:</p> <ul style="list-style-type: none"> • The NYIA began conducting all initial assessments using the UAS-NY Community Health Assessment for adults (18 years of age and over) prior to the required medical exam. • This NYIA assessment will serve as the only assessment for an individual to obtain PCS/CDPAS and MLTC eligibility. <p>NYIA Practitioner Order</p> <ul style="list-style-type: none"> • Adults (18 years of age and over) seeking PCS and/or CDPAS for the first time will no longer be required to ask their physician to complete a physician order form (DOH-4359 and HCSP-M11Q) to begin the process of requesting PCS/CDPAS • The medical exam will now be conducted by the NYIA Independent Practitioner Panel (IPP), which will then complete a Practitioner Order (PO) form for review by the LDSS or Medicaid MCO. • Practitioners able to sign the NYIA PO forms include the following provider types: MDs, DOs, NPs, PAs, and specialist assistants. | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
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| <p>Status Report of Managed Long Term Care (MLTC)</p> | <ul style="list-style-type: none"> • Unless the individual's condition changes, the NYIA CHA and PO will be in place for 12 months and will be used to develop a plan of care. <p>NYIA Independent Review Panel (IRP)</p> <ul style="list-style-type: none"> • For high needs cases, additional medical review is required to be conducted the first time an authorization for PCS/CDPAS exceeds twelve (12) hours a day, on average. • This review conducted by an Independent Review Panel (IRP) under the NYIA. • The IRP will review the individual's CHA, PO and Plan of Care (POC), and may request additional documents and consult with individual's practitioners. • The IRP will then develop a recommendation as to whether the proposed POC is reasonable and appropriate to maintain the individual's health and safety at home. • The IRP recommendation may include suggested changes in scope, type, amount, or duration of services but cannot specify a recommended number of hours. <p>Transition Timelines</p> <ul style="list-style-type: none"> • Implementation of the assessment process, independent practitioner panel and independent review panel for adults began on May 16, 2022. • Implementation of NYIA includes: <ul style="list-style-type: none"> ○ all initial assessment activity for: <ul style="list-style-type: none"> ▪ Mainstream Medicaid managed care enrollees seeking CBLTSS, ▪ individuals seeking MLTC eligibility and enrollment, and ▪ FFS/unenrolled individuals. • At a date yet to be determined, the NYIA will: <ul style="list-style-type: none"> ○ Conduct all reassessments, including both routine annual and non-routine due to sudden change in condition or return to community assessments. ○ Provide notice as to whether assessed individuals meet the new minimum needs requirement standard for both services and determining eligibility to enroll in an MLTC plan, as applicable, and ○ Assess and reassess children ages 4-17 <p>Transition Timelines - what will NOT begin</p> | |

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| Agenda Items | Discussion | Action Items |
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| <p>Status Report of Managed Long Term Care (MLTC)</p> | <ul style="list-style-type: none"> • The following regulatory change will NOT be implemented on May16 and will be delayed until further notice. • DOH is NOT beginning Minimum Needs Criteria with the NYIA transition on May 16. This MRT II provision states: <ul style="list-style-type: none"> ○ Individuals with dementia or Alzheimer’s must need at least supervision with more than one ADL, and ○ All others must need at least limited assistance with physical maneuvering with more than two ADLs • Further notice on an implementation will occur when this change is confirmed. Implementation is contingent upon: <ul style="list-style-type: none"> ○ Independent Assessor’s ability to launch these provisions ○ Continued MOE restrictions under FFCRA/ARPA such that continuation of any FPE and spending plans will inform, and could further delay, implementation • Current eligibility criteria will continue to apply. <p>NYIA Processes</p> <p>NYIA Operations</p> <ul style="list-style-type: none"> • The NYIA hours of operation for the Call Center are M-F 8:30 am –8:00 pm and Saturdays from 10am – 6pm. • The nurse assessment (CHA) and the clinical appointment will be scheduled Mon-Fri from 8:30 am – 5:00pm and Sat-Sun from 10am –6pm. • Consumers will schedule both appointments when they call the NYIA. • <i>MLTC Enrollment and education protocols are not changing from CFEEC protocols.</i> <p>NYIA Process for Initial Assessments</p> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
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| <p>Status Report of Managed Long Term Care (MLTC)</p> | <div style="background-color: #4a7ebb; color: white; padding: 10px; border-radius: 5px; margin-bottom: 10px;"> <p>A consumer/caregiver, local district or plan can call the NYIA tollfree helpline to request an initial assessment. The number is 855-222-8350.</p> </div> <div style="background-color: #00b09d; color: white; padding: 10px; border-radius: 5px; margin-bottom: 10px;"> <p>NYIA will verify that consumers have active Medicaid eligibility. Consumers without Medicaid will be referred to their LDSS.</p> </div> <div style="background-color: #008040; color: white; padding: 10px; border-radius: 5px; margin-bottom: 10px;"> <p>Once the individual has Medicaid, the NYIA will schedule an initial CHA and a Clinical Appointment during the same phone call. Reminder calls to consumers/caregivers will be initiated 24-48 hours before the appointment.</p> </div> <div style="background-color: #70ad47; color: white; padding: 10px; border-radius: 5px; margin-bottom: 10px;"> <p>When scheduling the CHA and CA, the NYIA will offer consumers the option of completing each via two modalities: live video or face-to-face.</p> </div> <ul style="list-style-type: none"> Upon completion of the CHA and the CA, consumers will receive a Notice from the NYIA on the outcome of the assessment process. Notice will indicate eligibility for CBLTSS, and, if applicable, enrollment in an MLTC product. Individuals will be instructed to contact the plan in which they are enrolled (MMC), or the NYIA for education and enrollment options. Denial notices sent by the IA for PCS/CDPAS or MLTC plan eligibility will include Conference and Fair Hearing language. <p>Summary</p> <ul style="list-style-type: none"> The New York Independent Assessor process WILL: <ul style="list-style-type: none"> Be administered through an executed contract between the Department of Health and MAXIMUS Health Services, Inc. Replace the current CFEEC process; assessments conducted by the NYIA will assess for both service and MLTC plan eligibility Change what entity conducts initial assessments for State Plan personal care and consumer directed personal assistance services (PCS/CDPAS) | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|----------------|---|--|
| | <ul style="list-style-type: none"> ○ Change who conducts the medical exam and signs the practitioner’s order for services ○ Switch the order in which the assessment and practitioner order occur ○ Require an independent review of high needs cases the first time the plan of care has more than 12 hours per day, on average ● The New York Independent Assessor process WILL NOT change: <ul style="list-style-type: none"> ○ The assessment tool –this remains the Community Health Assessment tool in the UAS-NY system ○ What entity develops the Plan of Care for personal care and consumer directed personal assistance services (PCS/CDPAS) and other CBLTSS ○ Who conducts reassessments for ALP, ADHC or PACE programs ○ The minimum eligibility criteria for receiving PCS and CDPAS –this change will be a separate process to take place at a date still to be determined ○ The entity responsible for ongoing care planning/management of the individual | |
| Public Comment | <p>Public Comment 1: Rebecca Novick, Legal Aid Society, requested that the panel receive a presentation on the Managed Care compliant line for mainstream and long term care. A number of advocates have questions as to what extent these lines are doing investigations. What happens to complaints and investigations that come out of complaints? Would like more information on who handles complaints, reporting, and statistics of resolutions.</p> | <p>Motion Passed: The panel requested a presentation on the mainstream and long term care complaint process, reporting, and statistics of resolution.</p> <p>The Department will provide a presentation at the September 22nd meeting.</p> |
| Public Comment | <p>Public Comment 2: David Silva suggested that the panel receive more detailed statistics regarding NYIA.</p> | <p>No Motion: The panel requested a presentation on how the NYIA is performing in 6 months.</p> <p>The Department will provide a presentation</p> |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|--------------|------------------------------------|--------------------------------|
| | | at an upcoming MMCARP meeting. |
| | Meeting adjourned at 1:01pm | |

ACRONYMS & INITIALISMS

| | |
|--------|--|
| 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 |

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| 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 |
| 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 |

Medicaid Managed Care Advisory Review Panel (MMCARP)

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|-------|---|
| 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 |
| SDHN | Social Determinants of Health Network |
| SSI | Supplemental Security Income |
| TBI | Traumatic Brain Injury |
| TCM | Targeted Case Management |
| VBP | Value Based Payment |
| WIO | Workforce Investment Organizations |
| | |