NEW YORK STATE | Department of Health | Office of Health Insurance Programs

MRT "Boo-Yah!" Report

June 2017

This report is a compilation intended to highlight projects as they are completed and share the many accomplishments of the NYS Medicaid Redesign Team.

For more information about the Medicaid Redesign Team (MRT) visit the webpage at: https://www.health.ny.gov/health_care/medicaid/redesign/.

You can also view a full list of all MRT work plans by clicking on the link below: https://www.health.ny.gov/health_care/medicaid/redesign/mrt_progress_updates.htm.

PHASE 2

#5302 *Improve Language Access to Improve Disparities (DFRS)*

This project was implemented based on a recommendation by the MRT Health Disparities workgroup. The recommendation was to provide reimbursement to hospital inpatient and outpatient departments, emergency rooms, diagnostic and treatment centers, and Federally Qualified Health Centers (FQHCs) for providing medical language interpretation services to Medicaid members with limited English proficiency (LEP) and communication services for people who are deaf or hard of hearing.

The additional reimbursement will allow providers to increase their ability to effectively communicate with individuals seeking medical care, thus supporting the maintenance of access to care, promoting better health, and lowering overall healthcare costs.

More information on reimbursement for language assistance services can be found in the October 2012 & February 2017 *Medicaid Update*.

http://www.health.ny.gov/health_care/medicaid/program/update/main.htm

PHASE 4

#7104 *Special Needs Assisted Living Program (SN-ALPS) (DLTC)*

Assisted Living Programs (ALPs) serve persons who are medically eligible for nursing home placement but serve them in a less medically intensive, lower cost setting. The Medicaid Redesign Team's Supportive Housing Workgroup recommended enabling ALPs to serve additional, special-needs populations through training and capital improvements, resulting in the Special Needs Assisted Living Program. As of April 2017, all contracts are executed.

Component A—Training

Funding is supporting training to allow ALPs to house and care for vulnerable populations that normally would have to live in a nursing home setting. Specialized training is needed in order for staff to be able to care for these high-need populations. Populations include: traumatic brain injury, Alzheimer's, dementia, untreated/insulin dependent seniors, and persons with cognitive issues.

Grantee	County
Westchester ALP Management, LLC (d/b/a Westchester Center for Independent & Assisted Living)	Westchester County
P & A Reckess (d/b/a Dutchess Care)	Dutchess County
Clover Lake Management, LLC (d/b/a The Plaza at Clover Leaf)	Putnam County
Briarwood Manor, Inc.	Niagara County
Central Assisted Living, LLC (d/b/a Central Townhouse)	Queens County

Component B—Capital Improvements

Funding is providing a capital grant for ALPs to house and care for high-need Medicaid populations that currently lack congregate care settings tailored to their needs. Projects include: new units to serve high-need populations, monitoring technology, secured spaces for dementia and Alzheimer patients, and wandering monitor systems.

Grantee	County
St. Francis Commons, Inc.	Oswego County
Westchester ALP Management, LLC (d/b/a Westchester Center for Independent & Assisted Living)	Dutchess County
ICC Management and Consulting, Inc.	Washington County
Central Assisted Licing, LLC (d/b/a Central Townhouse)	Queens County
Central Assisted Living, LLC (d/b/a Central Townhouse)	Queens County
P & A Reckess (d/b/a Dutchess Care	Dutchess County
Briarwood Manor	Niagara County

Additional MRT Supportive Housing initiatives are described here:

https://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm.

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PHASE 5

#8008 *Health Home Criminal Justice Initiative (DPDM)*

The goal of the Health Home Criminal Justice Initiative is to link Health Home care management to the criminal justice system. This is done through the distribution of $2.5 million in infrastructure funds to seven Health Homes that have been participating in Health Home criminal justice pilots. These Health Homes are using the funding to develop Health Home-Criminal Justice Liaisons. These liaisons connect Health Homes with the criminal justice system, including state prisons and county jails, to facilitate a smooth transition into the community for individuals released from the criminal justice system who are eligible for Medicaid reimbursable health and supportive services. Working with individuals upon release from incarceration will reduce the risk for hospitalizations, repeated criminal activities, and re-incarceration, and result in improved health and social outcomes.

As a result of this initiative, Health Homes are also working to enhance integration of community-based Alternatives to Incarceration (ATI) and re-entry programs into the Health Home network. ATIs provide Medicaid-eligible services when applicable, including care management and other programs consistent with Home and Community Based Services under the HARP program, and include mental illness programs, pretrial services, defender-based advocacy services, community services, specialized and drug/alcohol services and treatment alternatives for safer communities. County Re-entry Task Forces service high-risk offenders returning from prison utilizing evidence-based practices and include representation from county elected officials, Department of Corrections and Community Supervision (DOCCS), representatives from the Local Department of Social Services (LDSS), county mental health, community organizations, Office of Alcoholism and Substance Abuse (OASAS) field office, service providers, police, and others as appropriate.

Additional information can be found on the Health Homes website: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_cjs_summary.pdf

#8020 *Neurodegenerative Initiative (DFRS)*

The Neurodegenerative Disease (ND) workgroup was established to assist New York State with designing and implementing long term programmatic changes to help care for patients diagnosed with Huntington's Disease, Amyotrophic Lateral Sclerosis (ALS), and Parkinson's Disease throughout the state. The workgroup consisted of representatives from provider groups, providers, New York State Department of Health employees, and consumer advocates.

The initiative was proposed to create a comprehensive care plan for patients/residents of the five centers for excellence who were identified as having a qualifying Neuro-Degenerative disease.

Ferncliff, Terence Cardinal Cooke, and Charles T. Sitrin are the only facilities that have received a new ND rate. In the future, Victoria Home and other centers of excellence could be added. Aside from providing a needed service to a very special population, the new specialty should assist in the repatriation of NYS residents currently placed out-of-state.

This care will provide assistance to family caregivers. As it stands right now, this program is meant to deal with residents for whom home care is no longer a possibility and where an institutional setting is most appropriate. Residents will not be discharged from the ND program back to the community, the diagnoses are terminal.

http://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2016-04-14/docs/specialty_units.pdf

#8103 *Expand Clinical Drug Editing in FFS (DPDM)*

This MRT initiative was to continue to expand clinical pharmacy editing. By utilizing data elements such as medical diagnoses and/or relevant services (utilizing historical drug therapy, etc.), the Department is able to streamline the prior authorization (PA) process. The Department can systematically validate appropriate use (FDA/Compendia supported use) through specific diagnoses, procedure codes, etc. and then only subject those claims, which do not meet criteria, to PA.

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

#8203 *Eliminate PPNO Rate Reduction (DFRS)*

The New York State Department of Health, Office of Health Insurance Programs, Division of Finance and Rate Setting eliminated the hospital-specific rate reductions for Potentially Preventable Negative Outcomes (PPNOs), that were based on historical data, retroactive to April 1, 2015. PPNOs are harmful events, such as an infection or surgical complication, that occur after a hospital admission and may have resulted from care, lack of care, or treatment during the admission or stay. As a result of these reductions being eliminated from acute care inpatient Medicaid reimbursement, $51 million was restored to hospitals to reinvest in patient care.

Regulations regarding PPNOs can be found at the following:
https://regs.health.ny.gov/content/section-86-142-potentially-preventable-negative-outcomes

PHASE 6

#9002 *End of AIDS Epidemic Investments (AIDS Institute)*

This project supports the Governor's Ending the Epidemic (ETE) Initiative, an ambitious three part plan to reduce the number of new Human Immunodeficiency Virus (HIV) infections to just 750 (from an estimated 3,000) by 2020 and achieve the first ever decrease in HIV prevalence in New York State. This plan will:

1. Identify persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain persons diagnosed with HIV in health care to maximize virus suppression.
3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

Progress to date includes:

- A new Rapid Access to Treatment pilot program has been created, which ensures immediate access to treatment for uninsured and underinsured persons newly diagnosed and returning to care. Many program participants have reached viral suppression in 38 days.

- Medicaid and HIV surveillance data have identified 6,400 people in Medicaid managed care plans who are not virally suppressed. Medicaid managed care plans have launched multiple initiatives to link these individuals to care. In the first year of this initiative, more than 40 percent of these Medicaid recipients have achieved viral suppression.

- A Data-to-Care pilot – a public health strategy using HIV surveillance data – has successfully linked and retained more than 70 percent of persons living with HIV to care.

- Facilitating access to PrEP services has yielded impressive results. Prescriptions for PrEP among people enrolled in Medicaid have increased 11 fold since 2014 to almost 4,000 in June 2016. Specific PrEP awareness projects underway include outreach and training for providers, a directory of providers, a PrEP medical detailing project to increase the number of prescribers, and dedicated funding for PrEP services in health care facilities and STD clinics.

Calendar year 2015 saw a 10 percent decrease in newly diagnosed HIV cases among men who have sex with men (MSM). This is the first decrease in newly diagnosed cases among MSM in over a decade and a significant indication that Ending the Epidemic efforts are yielding results. Ending the Epidemic will move New York from a history of having the worst HIV epidemic in the country, to a future where new infections are rare and those living with the disease have normal lifespans with few complications.

Link to the NYS ETE Blueprint: https://health.ny.gov/diseases/aids/ending_the_epidemic/

#9104 *Uncompensated Care (DFRS)*

The Department of Health (Department) had been working with the Centers for Medicare and Medicaid Services (CMS) to obtain approval of the waiver for the clinic Uncompensated Care Pool (UCP) distribution that had been paid to clinics in prior years. However, CMS denied the continuance of the waiver for the UCP distribution and required the Department to prepare State Plan Amendments (SPAs) to provide these payments to clinics. Due to Federally Qualified Health Centers (FQHCs) being part of this UCP distribution, two separate pools were developed, and SPAs 16-0046 and 16-0047 were submitted to CMS for these payments to be effective July 28, 2016.

After the Department submitted the SPAs as required by CMS, CMS advised the Department that for the Upper Payment Limitation (UPL) calculation, after the inclusion of all Ambulatory Patient Group (APG) SPAs, there would be no UPL room for the years 2012 through 2017. In accordance with the settlement agreement between the Department and CMS, SPA #16-0047 for the Medicaid Safety Net Add-on Payment (non-FQHC) was not approved by CMS. Since CMS did not approve the non-FQHC SPA, there was no Federal Financial Participation (FFP) funding provided to non-FQHC clinics for this distribution, however, the Department did provide the State-only funding.

Individual facility specific distribution sheets were provided to clinics and, on December 1, 2016, the Department provided a webinar detailing the calculation and background of the new Safety Net Payment distribution. This webinar, including a recording and Q&As, has been posted to the Department's public website at the following link: http://www.health.ny.gov/health_care/medicaid/rates/updates/2016/2016-12-01_safety_net_payments.htm.

#9304 *Ambulance Transportation Rate Adequacy (DPDM)*

The 2016-17 Enacted State Budget (Chapter 59 of the Laws of 2016) requires the Commissioner of Health to "review the rates of reimbursement made through the Medicaid program for ambulance transportation for rate adequacy" and to report the findings of the review to the President of the Senate and the Speaker of the Assembly by December 31, 2016. The Department completed the required report and submitted it to the Legislature last March.

PHASE 6

#9304 *continued*

The Department conducted an ambulance transport cost analysis with the information available and recommends adjusting the current Basic Life Support (BLS) and Advanced Life Support (ALS) rates to 75 percent of the average per ambulance trip cost. The resulting increase in the current Medicaid ambulance reimbursement rates would have an annual cost estimated at $31.4 million (non-federal share $15.7 million). The Department recommended that increases in the Medicaid ambulance rates be phased in over a multi-year period depending on available resources within the Medicaid Global Spending Cap. In addition to increasing the ambulance rates in 47 counties and New York City, the Department's recommendation would achieve greater statewide rate standardization, thereby moving toward overcoming the rate disparities among counties resulting from the legacy of local departments of social services administration of Medicaid transportation. Counties with rates higher than those proposed will be held harmless from any reductions resulting from aligning the new rate increases. The Department included a $6 million investment in State Fiscal Year 2017-18 Executive Budget, but this recommendation was rejected by the Legislature.

PHASE 7

#10305 *Reduction of BIP Funds (DLTC)*

The Balancing Incentive Program (BIP) is a federal grant to incentivize States to spend more of their Medicaid long term care dollars on home and community based services and supports. It provides an additional 2 percent Federal Medical Assistance Percentage (FMAP) on Long Term Support Services (LTSS) provided in the community as opposed to institutions through September 30, 2017. New York's grant was over $600 million. In order to get the funds, states had to accomplish three key structural changes: a no wrong door or single entry point system for information and assistance about potential functional and financial eligibility for LTSS; Core Standardized Assessments to determine functional eligibility for LTSS; and conflict free case management practices. Like other federal initiatives, BIP requires states to spend their grant on LTSS across the disability spectrum, regardless of age or type of disability. One of the ways BIP funds were used was to support the expansion and enhancement of the No Wrong Door through NY Connects, an information and assistance service operated by local agencies on aging and Independent Living Centers. Due to a federal extension of the BIP grant funding period, we were able to use 100 percent of federal funds to support two additional quarters of the NY Connects Expansion and Enhancement, **freeing up about $5 million under the Global Cap** when comparing the 2017-2018 Executive Budget Financial Plan to the actual enacted budget.

#10405 *Transportation Manager Savings (DPDM)*

The Department of Health has successfully awarded a contract for the Transportation Management of New York City to provide management and coordination of non-emergency medical transportation for Medicaid fee-for-service and mainstream managed care enrollees. New York City (NYC) was one of five management regions as part of a major state-wide Medicaid Redesign Team and Medicaid Administration Reform initiative. NYC was initially procured under a five-year contract ending January 22, 2017. The new contract will be half the cost of the current $32 million management contract, resulting in annual savings of $16 million, while maintaining a high standard of professional transportation management.

The re-procurement of the contract was achieved according to the requirements of the State Finance Law prescribed Request for Proposal (RFP) process to ensure the most competitive cost while meeting the RFP's performance standards.