

LANDSCAPE UPDATE FROM DOH

New York State Health Facilities Association
New York State Center for Assisted Living
62nd Annual Conference

Mark Kissinger, Deputy Commissioner
Office of Long Term Care
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Long Term Care

- ▣ New Administration
- ▣ Medicaid Redesign Team (MRT)
- ▣ Budget Issues – Short and Long Term
- ▣ Federal Health Reform
- ▣ Aggressive Timelines
- ▣ State Budget – Next Steps
- ▣ Global Cap

MRT #90: Managed Long Term Care

- ▣ DOH implementation efforts are starting:
 - enrollment process changes
 - application revisions underway
 - CMS approval still needed

- ▣ Building off 1997 law

- ▣ Guidelines on Care Coordination

MRT #109: Palliative Care

- ▣ Palliative care recognizes the need for pain management and supports for people with serious illness or injury – not just people in the last stages of life
- ▣ New law includes assisted living, home care, nursing homes, and hospitals

MRT #1462: Long Term Care Insurance

- ▣ Adds a new option for the Partnership for Long Term Care
- ▣ Staff are also investigating additional incentives for purchase of private LTC insurance

Various other MRTs

- ▣ UAS
- ▣ Bed Hold
- ▣ Regulatory Reform

Managed Long Term Care Models

Three MLTC models in operation:

1. Partially Capitated Managed LTC
2. Program of All-Inclusive Care for the Elderly (PACE)
3. Medicaid Advantage Plus (MAP)

1. Partially Capitated Managed Long Term Care Plans

- Capitated for some Medicaid services only
- Benefit package is long term care and ancillary services including home care, unlimited nursing home care
- Primary and acute care covered by FFS Medicare or Medicaid
- 13 plans offer this product
- May, 2011 enrollment = 30,510
- Census ranges from 161 to 8,991

- DOH has had a moratorium on the development or expansion of new partially capitated plans since 2006

2. Program of All-Inclusive Care for the Elderly (PACE)

- Federal program type for Medicare and Medicaid at State option
- Capitated for all Medicare and Medicaid services
- Most integrated of the MLTC models
- Day center / clinic based
- Provider network usually small
- Benefit package includes all medically necessary services – primary, acute and long term care
- 7 plans now offer this product
- May, 2011 enrollment = 3,645
Range = 47-2,610
- 2 new PACEs are being planned or under development

3. Medicaid Advantage Plus (MAP)

- Capitated for Medicare and Medicaid under two separate contracts (Federal and State)
- Many plans use a Medicare Dual Eligible SNP (DE-SNP) subsetted to match MAP eligibility although this model not required
- All plans must cover the State-defined Combined Medicare and Medicaid Benefit Package
- Between Medicare and Medicaid - benefit package includes all medically necessary services (primary, acute and long term care)
- Plans must meet both Medicare and Medicaid requirements
 - Challenge is to have this appear seamless to the member
- 8 plans now offer this product
- May, 2011 census = 1,374
- Range = 12-471

Mandatory Initiative for April 2012

- ❑ 1115 Waiver approval needed from CMS before we can start
- ❑ Require all dual eligibles who need community-based long term care services for more than 120 days to enroll in Managed Long Term Care or other approved care coordination models.
- ❑ Eliminates the need to score as Nursing Home eligible upon enrollment
- ❑ Definition of community-based long term care services is under development but likely candidates are:
 - Personal care services
 - Home health services
 - Adult day health care

MLTC Assessment Tool

- ▣ Semi-Annual Assessment of Members (SAAM) will still be completed by the plans and submitted to DOH every 6 months for:
 - Risk adjustment of plan rates
 - Various data analyses
- ▣ MLTC Plans will change to Uniform Assessment Tool when implemented

Care Coordination Models

- ❑ Other models that meet “guidelines specified by the Commissioner that support coordination and integration of services”.
- ❑ Guidelines must address:
 - Requirements in 4403-f (3)(a-i)
 - Payment methods that ensure provider accountability for cost effective quality outcomes
- ❑ Includes Long Term Home Health Care Programs that meet the guidelines
- ❑ Medicaid Redesign Team Workgroup has been appointed to assist in development (and other roles)
- ❑ Guidelines to be posted on DOH website by November 15, 2011

Initiate Mandatory Enrollment in New York City (April, 2012 Target)

- Working with HRA to determine most effective, efficient way to transition people.
 - Will not take place all at once
 - Perhaps based on reassessment
 - Perhaps by borough
 - Perhaps by Medicaid number
- Consumer Choice preferred but Auto Assignment for those who do not
- Must ensure continuity of care plan and service provider
- Educational component for people new to system and transitioning

Excluded from Initial Mandatory Enrollment

- ▣ Several groups are not eligible to enroll in MLTC or care coordination models until program features and reimbursement rates are developed.
- ▣ These include people in:
 - Traumatic Brain Injury (TBI) Waiver
 - Nursing Home Transition and Diversion (NHTD) Waiver
 - Assisted Living Program (ALP)
 - Office of People with Developmental Disabilities (OPWDD) Wavier

Statewide Mandatory Enrollment

- ▣ There must be a choice of two plans, one in rural counties
- ▣ Upstate expansion will be county by county, as sufficient MLTC plan and care coordination model capacity is developed

MLTC Applications

- New law eliminates previous requirement for designation by Senate, Assembly or Commissioner or Health before applying
- Applications for new entities or new lines of business and expansions have been posted on DOH website:
 - http://nyhealth.gov/facilities/long_term_care/managed_long_term_care.htm
- Require legal structure, contracted network, descriptions of care management model, grievance system, other programmatic areas and financial capability and capitalization
- Statute allows up to 75 MLTC Certificates of Authority
 - Current Status
 - 23 Operational
 - 2 in Application Status
 - 50 new plans could be established
 - 8 slots must be reserved for the Senate Majority Leader and Speaker of the Assembly to recommend to apply between April 1, 2012 and March 31, 2015.
- Encourage MLTC Partial Cap Plan Expansion
- Questions about the applications should be submitted to:
 - mltcapps@health.state.ny.us

Nursing Home Reimbursement - 7/1/11 forward

- ▣ 2006-2011 very turbulent times
 - Rebasing,
 - Medicaid only,
 - Scale back,
 - Trend cuts,
 - Mitigation, etc.
- ▣ State law mandates a pricing system with transition and quality adjustments

Nursing Home Pricing Methodology

- ▣ 2011-12 Budget Authorizes Pricing Methodology
- ▣ Statewide Price with a Wage and Medicaid Only Case Mix adjustment
 - Effective 10/1/11 or no later than 1/1/12
- ▣ Collaborate with the Nursing Home Industry to Refine Methodology
 - Transition Pool (Minimum of 4 years)
 - Establish a Quality Pool

Medicaid Principles

Medicaid rates should:

- ❑ Be transparent and administratively efficient; be predictable and facilitate timely payments
- ❑ Pay reasonably and adequately for quality care for Medicaid patients
- ❑ Encourage cost-effective care and promote efficiencies
- ❑ Include appropriate payment adjustments to reflect cost-influencing factors
- ❑ Encourage and reward quality care and promote care innovations
- ❑ Encourage care in the appropriate setting; assure adequacy of alternate settings
- ❑ Be updated periodically
- ❑ Comply with Federal Medicaid rules
- ❑ Reinforce health systems planning and advance state health care programs
- ❑ Be consistent with available resources

Transition Issues

- ▣ From what rate?
- ▣ How long?
- ▣ Size of transition adjustments

Quality

- ▣ Phased approach
- ▣ Measures
- ▣ Staffing
- ▣ Survey findings
- ▣ Other elements

Role of Managed Care in the Future

- ▣ Duals and Non-Duals

HEAL Program

- ▣ Related to MRT 67
- ▣ Exact approach still under discussion
- ▣ Safety net facilities will be first focus

Assistance and Questions

- ▣ Participate
- ▣ Communicate
- ▣ Embrace Change

Any other questions? mlk15@health.state.ny.us