

Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 3/16/2023)

December 15th, 2022
Videoconference
11:00 AM to 1:00 PM
Meeting Minutes

Panel Members: Frederick Cohen, *Chair*; Kathryn Haslanger (*left early- excused*); Elisabeth Benjamin; Sheila Nelson; Neil Heyman (*left early- excused*); Joel Landau (*excused absence*); Jay Silverman; Amber Decker (*joined at 11:30am*); Donna Colonna; Frederick Riccardi; Ricardo Rivera-Cardona (*excused absence*); Delores Fraser McFadden.

NYS DOH Staff: Jonathan Bick; Susan Montgomery; Patricia Sheppard; Christine DiCaprio-Yandik; Krysten Bissailon; Gayle Emrich; Desirae Munn; Erin Kate Calicchia.

Presenters/Guests: Jonathan Bick, New York State Department of Health (DOH); Susan Montgomery (DOH); Dianne Kiernan (DOH); Gayle Emrich (DOH); Michael Spitz (DOH); Lisa Sbrana (DOH); Alyssa Altschul, New York State Office of Mental Health (OMH); Julie Lloyd (OMH).

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Agenda Items	Discussion	Action Items																												
Discussion and review of 9-22-2022 minutes	The 9/22/2022 minutes were unanimously approved.	Motion Passed: 9/22/2022 minutes approved.																												
Mainstream Medicaid Managed Care Program Update	<p>Jonathan Bick (NYSDOH), reported the following:</p> <p>Enrollment Update</p> <p>Enrollment figures for all programs are included in the meeting information we sent to you</p> <ul style="list-style-type: none"> • Enrollment Statistics • Enrollment Broker Counties-Overall Activity Report <p>Auto-assignment figures have also been provided</p> <ul style="list-style-type: none"> • Auto Assignment Rates • Auto Assignment Rates for the SSI Population Graph <p>Total Medicaid Managed Care Enrollment</p> <table border="1" style="display: inline-table; border-collapse: collapse; margin-right: 20px;"> <thead> <tr style="background-color: #d9e1f2;"> <th>Months</th> <th>Total Medicaid Managed Care</th> </tr> </thead> <tbody> <tr><td>Jun-2022</td><td>5,815,645</td></tr> <tr><td>Jul-2022</td><td>5,855,615</td></tr> <tr><td>Aug-2022</td><td>5,853,108</td></tr> <tr><td>Sep-2022</td><td>5,878,519</td></tr> <tr><td>Oct-2022</td><td>5,906,264</td></tr> <tr><td>Nov-2022</td><td>5,929,288</td></tr> </tbody> </table> <div style="display: inline-block;"> <p style="text-align: center;">Total Managed Care</p> <table border="1" style="display: none;"> <caption>Total Managed Care Enrollment Data</caption> <thead> <tr> <th>Month</th> <th>Total Managed Care</th> </tr> </thead> <tbody> <tr><td>Jun-2022</td><td>5,815,645</td></tr> <tr><td>Jul-2022</td><td>5,855,615</td></tr> <tr><td>Aug-2022</td><td>5,853,108</td></tr> <tr><td>Sep-2022</td><td>5,878,519</td></tr> <tr><td>Oct-2022</td><td>5,906,264</td></tr> <tr><td>Nov-2022</td><td>5,929,288</td></tr> </tbody> </table> </div>	Months	Total Medicaid Managed Care	Jun-2022	5,815,645	Jul-2022	5,855,615	Aug-2022	5,853,108	Sep-2022	5,878,519	Oct-2022	5,906,264	Nov-2022	5,929,288	Month	Total Managed Care	Jun-2022	5,815,645	Jul-2022	5,855,615	Aug-2022	5,853,108	Sep-2022	5,878,519	Oct-2022	5,906,264	Nov-2022	5,929,288	
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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>Provider Enrollment Update Average Number of New Applications Received Weekly</p> <p style="text-align: center;">(1) Four month average prior to commencement of Section 5005(b)(2)</p> <p>New Benefits/Populations & Benefit Changes</p> <p>Expansion of Remote Patient Monitoring for Maternal Care</p> <p>Effective October 1, 2022, for fee-for-service (FFS), and December 1, 2022, for Medicaid Managed Care (MMC) Plans, New York State (NYS) Medicaid is expanding coverage for remote patient monitoring (RPM) during pregnancy and up to 84 days postpartum to further improve and expand access to prenatal and postpartum care. This expansion of coverage includes an additional monthly fee to cover the cost of RPM devices/equipment.</p> <ul style="list-style-type: none"> More information can be found in the September 2022 Medicaid Update: New York State Medicaid Update - September 2022 Volume 38 - Number 10 (ny.gov). <p>Gambling Disorder Treatment Provided by Office of Addiction Services and Supports (OASAS) Certified Programs</p> <p>Effective January 1, 2023, New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) Plans will begin covering Gambling Disorder treatment provided to individuals receiving services from the Office of Addiction Services and Supports (OASAS) certified programs.</p>	

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<p>Mainstream Medicaid Managed Care Program Update</p>	<ul style="list-style-type: none"> More information can be found in the September 2022 Medicaid Update: New York State Medicaid Update - September 2022 Volume 38 - Number 10 (ny.gov). <p>Applied Behavior Analysis (ABA)</p> <p>Effective January 1, 2023, Applied Behavior Analysis (ABA) services provided by Licensed Behavior Analyst (LBA), Certified Behavior Analyst Assistant (CBAA) working under the supervision of LBAs, or other individuals specified under Article 167 of NYS education law, will be included in the Mainstream MMC and HIV SNP benefit package.</p> <p>ABA is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior. This includes the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.</p> <ul style="list-style-type: none"> More information can be found in the October 2022 Medicaid Update: New York State Medicaid Update October 2022 Volume 38 Number 12 (ny.gov) <p>Pharmacy Benefit Transition</p> <p>Effective April 1, 2023, the MMC benefit package is being modified by transitioning the pharmacy benefit from MMC to NYRx, the Medicaid Pharmacy Program.</p> <p>More information can be found on the NYRx benefit transition page including monthly “All Stakeholders Meeting” information and other resources, here: Medicaid Pharmacy Program (NYRx)</p> <p>A special edition Medicaid Update was also posted on November 4, 2022: Medicaid Update Special Edition Part One: Medicaid Pharmacy Prescription Drug Benefit Transition Medicaid Update Volume 38 Number 11 (ny.gov)</p> <p>Electronic Notification Electronic Notification of Managed Care Organization Determinations</p> <p>Effective October 1, 2022, Managed Care Organizations (MCO) must implement the electronic transmittal of MCO notices inclusive of any and all notifications required for MCO coverage determination, complaint, grievance, service authorization, adverse determination, or appeal processes under PHL 4408 a, PHL Article 49 and 10 NYCRR Part 98 when the enrollee/designee has indicated</p>	<p>Motion Passed: Elisabeth Benjamin requested a presentation on ABA services, as well as network surveillance activities for plans and FFS.</p> <p>The Department will provide a presentation at an upcoming MMCARP meeting.</p>

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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>their preference to receive these notices by electronic means MCOs are required to offer at least one electronic method of notification.</p> <p>More information can be found here:</p> <ul style="list-style-type: none"> • Electronic Noticing Guidelines for MMCPs - (Web) - (PDF) • Electronic Noticing QA - (Web) - (PDF) Updated 10.3.22 • Sample Electronic Notice Option Template Letter - (PDF) <p>COVID-19 Update</p> <p>The New York State Department of Health has updated the following COVID-19 documents:</p> <ul style="list-style-type: none"> • Coverage Policy and Billing Guidance for the Administration of COVID 19 Vaccines: NYS Medicaid Coverage and Billing Guidance for the Administration of COVID-19 Vaccines • NYS Medicaid Billing Guidance for COVID-19 Testing and Specimen Collection and Therapeutics: New York State Medicaid Billing Guidance for COVID-19 Testing, Specimen Collection, and Therapeutics (ny.gov) <p>This guidance can be found on the COVID-19 Guidance for Medicaid Providers (ny.gov) webpage, which is updated regularly.</p>	<p>Fred Cohen requested a list of pharmacy vendors.</p> <p>Information regarding vendors/contractors can be found in the following presentations:</p> <p>Roles and responsibilities-slide 9: Transition (Carve-Out) of Pharmacy Benefit from Managed Care to Fee-For-Service (FFS) (ny.gov)</p> <p>Process flow-slides 13-16: Pharmacy Scope of Benefits (ny.gov)</p>
<p>FY 2023 Medicaid Global Cap</p>	<p>Michael Spitz (DOH), reported the following:</p> <p>FY 2022 to FY 2023 FY 2023 Enacted Global Cap Model</p> <ul style="list-style-type: none"> • The Medicaid Global Spending Cap increased from \$22.3 billion in FY 2022 to \$25.9 billion in FY 2023, a net increase of \$3.6 billion. • This net increase primarily includes the updated Global Cap index growth of \$966 million (currently 4.7 percent trend), increased costs for minimum wage rate adjustments (\$262M), and the annual change in COVID-19 enhanced Federal Medical Assistance Percentage (eFMAP) (\$2.5 billion). 	

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FY 2023 Medicaid Global Cap	<p style="text-align: center;">Global Cap Growth of \$3.6B (\$ in millions)</p>  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Global Cap Growth Components</caption> <thead> <tr> <th>Category</th> <th>Amount (\$ in millions)</th> </tr> </thead> <tbody> <tr> <td>Price</td> <td>\$1,900</td> </tr> <tr> <td>Utilization</td> <td>\$883</td> </tr> <tr> <td>MRT/One-Timers/Other</td> <td>\$860</td> </tr> </tbody> </table> <p>FY 2022 to FY 2023 Price Growth (\$1.9B)</p> <ul style="list-style-type: none"> • Mainstream Managed Care (\$716M) <ul style="list-style-type: none"> ○ 1.9 percent base trend rate increases; ○ HIV Special Needs Plans (SNPs) base percent trend rate increase of 3.0 percent; and ○ Health and Recovery Plans (HARPs) base trend rate decreases of 3.8 percent. • Long Term Managed Care 3.0 percent base trend rate decreases in Partial Cap (-\$163M) • Directed Payment Template (DPT) payments to provide funding increases to financially distressed providers (\$581M); • Home Care Minimum Wage (\$363M); and • Various increases for fee-for-service rates (\$403M). <p>FY 2022 to FY 2023 Utilization Growth (\$883M)</p> <ul style="list-style-type: none"> • Total Medicaid enrollment (Managed Care & fee-for-service) is projected to decrease by 551,000 (7.3%), decreasing from 7.6 million enrollees as of March 2022 to 7.0 million enrollees by March 2023. This decline is in large part due to the Enacted Budget assumption that the COVID-19 pandemic public health emergency (PHE) would have expired on July 15th, 2022. * <ul style="list-style-type: none"> ○ Mainstream Managed Care enrollment (including HIV SNPs, HARPs, and COVID-19 enrollment) are projected to increase by approximately 192,000 individuals from March 2022 through the end of September 2022. Starting in October 2022, enrollment is projected to begin decreasing toward pre- 	Category	Amount (\$ in millions)	Price	\$1,900	Utilization	\$883	MRT/One-Timers/Other	\$860	
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<p>FY 2023 Medicaid Global Cap</p>	<p>pandemic levels by approximately 597,000 individuals through the end of March 2023, for a net decrease of 405,000.</p> <ul style="list-style-type: none"> ○ MLTC enrollment (across all product-lines) is projected to increase 30,000 enrollees (11%). ● Utilization is expected to partially, but slowly return to pre-COVID-19 levels in acute care, nursing homes and transportation fee-for-service categories of spending. However due to the assumption that the PHE was ending on July 15th, the total number of FFS recipients are expected to decrease by 176,000. * <p><i>*This presentation is based on the FY 2023 Enacted Budget and 1st Quarterly Medicaid Global Cap Report which carried the assumption that the PHE was set to expire on July 15th, 2022; however, the PHE has since been extended. Updates to these projections will be reflected in subsequent NYS Financial Plan's and Medicaid Global Cap Reports.</i></p> <p>FY 2022 to FY 2023 COVID-19 Enrollment & MRT/Other (\$860M) MRT budget actions, one-time costs/savings, or other payments include:</p> <ul style="list-style-type: none"> ● Additional investments allocated to several groups of hospitals, to support operating needs while providers implement pandemic transformation plans (\$800M). ● Health Care and Direct Care Workers Bonuses (\$923M), which is offset with Financial Plan General Fund resources. ● Increases to Medicaid operating rates across-the-board (ATB) by an additional 1 percent to respond to market needs and compete in the labor market to attract qualified workers (\$318M). ● Restorations of the 1.5 percent ATB payment reduction that was effectuated on April 2, 2020 (\$141M). ● Allocated pools for distressed hospitals and nursing homes (\$200M). ● Home Care Minimum Wage HCBS eFMAP Offset (-\$363M). 	<p>Fred Cohen asked how the 1% across the board raise will get to providers?</p> <p>The Department built the 1% increase into the Plan premiums for all lines of business and the Department also included an additional 1% in premiums for the plans themselves in order to appropriately fund this proposal. Our expectation is that plans negotiate in good faith with the providers to pass the 1% along.</p>

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FY 2023 Medicaid Global Cap	<p>FY 2023 Results through the First Quarter FY 2023 Spending Through June 2022 -\$189M Under</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #e0e0e0;"> <thead> <tr style="background-color: #4b0082; color: white;"> <th colspan="5" style="text-align: center;">April to June 2022 Medicaid Global Cap Target vs. Actual Spending (\$ in millions)</th> </tr> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">Category of Spending</th> <th style="text-align: right;">Global Cap Target</th> <th style="text-align: right;">Actual</th> <th style="text-align: right;">\$ Variance Over / (Under)</th> <th style="text-align: right;">% Variance Over / (Under)</th> </tr> </thead> <tbody> <tr> <td>Medicaid Managed Care</td> <td style="text-align: right;">\$6,882</td> <td style="text-align: right;">\$6,849</td> <td style="text-align: right;">(\$33)</td> <td style="text-align: right;">-0.5%</td> </tr> <tr> <td> Mainstream 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right;">-2.8%</td> </tr> </tbody> </table> <p><i>Note: Due to the complex projected fluctuations in monthly spending, simply trending the variance in a linear fashion would not be an accurate method for gauging year-end results.</i></p> <p>Significant Spending Variances Through June</p> <ul style="list-style-type: none"> • Medicaid Managed Care –\$33M under projections <ul style="list-style-type: none"> ○ Mainstream Managed Care was \$24 million, or 0.5 percent, above anticipated spending -Price and utilization assumptions were essentially on target through June. ○ Managed Long Term Care was \$56 million, or 2.3 percent, under anticipated spending -Largely attributed to a billing delay for some partial capitation claims that caused some June capitation payments to be processed in July. • Fee for Service –\$14M under projections 	April to June 2022 Medicaid Global Cap Target vs. Actual Spending (\$ in millions)					Category of Spending	Global Cap Target	Actual	\$ Variance Over / (Under)	% Variance Over / (Under)	Medicaid Managed Care	\$6,882	\$6,849	(\$33)	-0.5%	Mainstream Managed Care	\$4,482	\$4,505	\$24	0.5%	Managed Long Term Care	\$2,400	\$2,344	(\$56)	-2.3%	Total Fee For Service	\$2,017	\$2,003	(\$14)	-0.7%	Inpatient	\$823	\$808	(\$16)	-1.9%	Outpatient/Emergency Room	\$81	\$85	\$4	5.5%	Clinic	\$112	\$111	(\$0)	-0.3%	Nursing Homes	\$734	\$717	(\$17)	-2.4%	Personal Care	\$171	\$173	\$3	1.5%	Home Health	\$33	\$45	\$12	35.8%	Other Long Term Care	\$42	\$43	\$2	3.6%	Pharmacy	(\$206)	(\$220)	(\$13)	-6.4%	Transportation	\$95	\$95	\$0	0.2%	Non-Institutional	\$133	\$145	\$12	8.9%	Other State Agencies	\$328	\$328	\$0	0.0%	Mental Hygiene Stabilization Fund	(\$265)	(\$265)	\$0	0.0%	Medicare Part A/B & D	\$743	\$747	\$4	0.6%	VAPAP/Distressed Provider Funding	\$509	\$509	\$0	0.0%	All Other	(\$410)	(\$546)	(\$136)	-33.2%	Medicaid Administration	\$102	\$104	\$2	2.1%	State Operations	\$93	\$72	(\$21)	-22.3%	Local Cap Contribution	(\$1,630)	(\$1,630)	\$0	0.0%	COVID-19 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Agenda Items	Discussion	Action Items
FY 2023 Medicaid Global Cap	<ul style="list-style-type: none"> ○ Inpatient was \$16 million, or 1.9 percent, under anticipated spending -Largely attributed to processing recoupments for end of year reconciliations of the 2021 Inpatient and Outpatient voluntary Upper Payment Limit (UPL) program. ○ Nursing Homes was \$17 million, or 2.4 percent, under anticipated spending -The budget projected higher spending for rate appeals than what was processed in the first quarter. ○ Pharmacy was \$13 million, or 6.4 percent, under anticipated spending -Largely attributed to higher-than-expected rebate collections. ● All Other –\$136M under projections <ul style="list-style-type: none"> ○ All Other spending underspent by \$136 million, or 33.2 percent, which is largely due to the timing of accounts receivable payments and collections. Variances from the projected budget throughout the year are commonly due to the timing of approvals/disbursements, but with an expectation that the annual targets will be achieved by fiscal year's end. 	
Public Health Emergency Unwind	<p>Lisa Sbrana (DOH), reported the following:</p> <p>Background</p> <p>The Public Health Service Act was used to declare a public health emergency (PHE) for the entire United States on January 31, 2020, giving States the flexibility to support beneficiaries, effective January 27, 2020.</p> <p>The Families First Coronavirus Response Act adopted continuous coverage and Maintenance of Effort (MOE) provisions that correspond with the PHE. During the PHE, with limited exceptions, States receiving additional Medicaid funding from CMS, may not terminate an individual's coverage and must keep the same level of coverage in effect.</p> <p>This means that most members have had their Medicaid eligibility automatically extended since March 2020, creating challenges for unwinding</p> <ul style="list-style-type: none"> ● The PHE is extended for 90-day period ● HHS has renewed the PHE 11 times! ● HHS has committed to giving States 60 days' notice before the end of the PHE ● The expected end date for the PHE is currently April 11, 2023 ● CMS guidance provides States 12-14 months to fully unwind from the PHE 	

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<p>Public Health Emergency Unwind</p>	<div style="text-align: center;"> <p>HHS provides 60-days notice</p> <p>Est. PHE End Apr 11th (but the emergency runs through the end of the month in which it expires)</p> <p>Est. Unwind Ends</p> </div> <p style="text-align: center;">← COVID Unwind: 12 Months →</p>																					
	<p>Impact of PHE Provisions on Public Health Insurance</p> <p>As of October 2022, more than 9 million New Yorkers –approaching 50% of the State’s population -are enrolled in Medicaid, Child Health Plus, and the Essential Plan</p> <table border="1" style="margin-top: 10px;"> <caption>Enrollment Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Medicaid*</th> <th>Essential Plan</th> <th>Child Health Plus</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>March 2020</td> <td>6,100,000</td> <td>795,000</td> <td>454,000</td> <td>7,300,000</td> </tr> <tr> <td>January 2021</td> <td>6,900,000</td> <td>883,000</td> <td>395,000</td> <td>8,200,000</td> </tr> <tr> <td>Oct 2022</td> <td>7,650,000</td> <td>1,040,000</td> <td>380,000</td> <td>9,070,000</td> </tr> </tbody> </table>	Month	Medicaid*	Essential Plan	Child Health Plus	Total	March 2020	6,100,000	795,000	454,000	7,300,000	January 2021	6,900,000	883,000	395,000	8,200,000	Oct 2022	7,650,000	1,040,000	380,000	9,070,000	
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	<p>Inputs for the unwind</p> <p>CMS’ SHOs</p> <ul style="list-style-type: none"> • SHO #20 004 • SHO #21 002 • SHO #22 001 <p>• https://www.medicaid.gov/federal-policy-guidance/downloads/sho20004.pdf</p>																					

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Public Health Emergency Unwind	<ul style="list-style-type: none"> • https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf • https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf <p>CMS' PHE Tools</p> <ul style="list-style-type: none"> • Summary of best & promising state practices from CMS/State discussions • Consumer Research on Unwinding <ul style="list-style-type: none"> • https://www.medicaid.gov/resources-for-states/downloads/top-10-fundamental-actions-to-prepare-for-unwinding-and-resources-to-support-state-efforts.pdf • https://www.medicaid.gov/sites/default/files/202203/Consumer%20Research%20on%20Unwinding%20Phase%20I_508.pdf <p>Partner Input</p> <ul style="list-style-type: none"> • DOH coordinates with stakeholder partners across the state to ensure coverage for over 7 million Medicaid members. • Ongoing Discussions with plans, providers, advocates and other stakeholders <p>PHE Unwind Upcoming Activities</p> <p>DEMI/NYSOH Policy</p> <ul style="list-style-type: none"> • Trainings & Customer Service • Unwinding GIS • Informing Stakeholders • PHE Unwind Plan and progress reports <p>NYSOH IT</p> <ul style="list-style-type: none"> • Reverting back to pre-Covid rules • Implementing new rules based on CMS guidance <p>WMS IT</p> <ul style="list-style-type: none"> • Reverting back to pre-COVID rules • Implementing new rules based on CMS guidance <p>Communications</p> <ul style="list-style-type: none"> • Outreach and educational materials • Community presentations 	

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<p>Public Health Emergency Unwind</p>	<ul style="list-style-type: none"> Advertising plan Communications strategy <p>Plan Management and Appeals</p> <ul style="list-style-type: none"> Regular plan meetings Plan progress monitoring Appeals <p>Multiple Communication Pathways</p> <p>Upon the announcement of the end of the PHE, NYS will use:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px; width: 18%; background-color: #800080; color: white; text-align: center; font-weight: bold;">Webinars</div> <div style="border: 1px solid black; padding: 5px; width: 18%; background-color: #800080; color: white; text-align: center; font-weight: bold;">Policy Guidance & Medicaid Update</div> <div style="border: 1px solid black; padding: 5px; width: 18%; background-color: #800080; color: white; text-align: center; font-weight: bold;">Social Media</div> <div style="border: 1px solid black; padding: 5px; width: 18%; background-color: #800080; color: white; text-align: center; font-weight: bold;">Website Updates</div> <div style="border: 1px solid black; padding: 5px; width: 18%; background-color: #800080; color: white; text-align: center; font-weight: bold;">Consumer Notices</div> </div> <div style="margin-top: 10px; text-align: center;"> <pre> graph TD W[Webinars] --> MCOs[MCOs] W --> CBOs[CBOs & Advocacy Groups] W --> Providers[Providers] W --> Members[Members] PG[Policy Guidance & Medicaid Update] --> MCOs PG --> CBOs PG --> Providers PG --> Members SM[Social Media] --> MCOs SM --> CBOs SM --> Providers SM --> Members WU[Website Updates] --> MCOs WU --> CBOs WU --> Providers WU --> Members CN[Consumer Notices] --> MCOs CN --> CBOs CN --> Providers CN --> Members MCOs --> Providers CBOs --> Providers Providers --> Members </pre> </div> <p>Ongoing Steps to Prepare for Winddown</p> <ul style="list-style-type: none"> Public Education Campaign. NY State of Health launched robust public education campaign, including paid advertising, specific to the Public Health Emergency wind-down to remind enrollees about what is needed to renew their coverage and maximize the potential for auto-renewal <ul style="list-style-type: none"> https://info.nystateofhealth.ny.gov/COVID-19-Changes-steps consumers can take now to prepare https://info.nystateofhealth.ny.gov/PHE-tool-kit “digital toolkit” –education materials and FAQs 	

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<p>Public Health Emergency Unwind</p>	<ul style="list-style-type: none"> ○ Content on both webpages is available in English, Spanish, Simplified Chinese, Traditional Chinese, Arabic, Bengali, French, Haitian Creole, Italian, Korean, Polish, Russian, Urdu, and Yiddish ● Outreach to Stakeholders. NY State of Health and OHIP staff regularly meet with federal partners to advocate for guidance that accommodates New York’s concerns, and with health plans, consumer advocates, enrollment assistors, among other stakeholders about the winddown ● Working with LDSSs. <ul style="list-style-type: none"> ○ DOH is producing ads branded with NYS Medicaid that LDSS offices can play in their waiting rooms, add to their websites, or post on their social media channels ○ DOH has created FAQs regarding post-COVID Medicaid eligibility topics, as part of the Toolkit ○ DOH sent an Address update campaign letter in September 2022, encouraging enrollees to update their address ○ Continuing to perform regional calls and MTAG meetings <p>Public Education Campaign: Urges Consumers to Sign Up for Text Alerts and “STAY CONNECTED”</p>	

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Public Health Emergency Unwind	<p>Public Education Campaign: Reminds Consumers to STAY CONNECTED to Their Health Insurance</p>  <p>Public Education Campaign: Ground Game</p> <ul style="list-style-type: none"> ● Partnerships. <ul style="list-style-type: none"> ○ Leverage existing and new partnerships to enhance NY State of Health’s capacity and reach. ○ Empower trusted community partners to tailor their outreach approaches to disseminate information about the actions consumers need to take to maintain continuous coverage. ● Spread the Message. <ul style="list-style-type: none"> ○ Identify community events (e.g., festivals, health fair, popup markets) and venues (e.g., bodegas, food pantries, libraries) for NY State of Health and our partners to attend and share materials with public program enrollees. ● Learn. <ul style="list-style-type: none"> ○ Utilize materials and the toolkit available on DOH’s website <p>Public Education Campaign: Partner Engagement Encourage partner organizations to:</p> <ul style="list-style-type: none"> ● Share NY State of Health education materials with your community: <ul style="list-style-type: none"> ○ Share NY State of Health educational materials ○ Consider “co-branding” materials with NY State of Health and your organization ○ Share NY State of Health Social Media posts ○ Include this information in emails to consumers you work with ○ Highlight this issue in media interviews ● Stay in touch with us: <ul style="list-style-type: none"> ○ Check the NY State of Health website for regular updates on PHE-related information 	

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Public Health Emergency Unwind	<ul style="list-style-type: none"> ○ We welcome your feedback and would be happy to meet with your groups <p>Next Steps</p> <ul style="list-style-type: none"> ● Share NY State of Health education materials with your community: <ul style="list-style-type: none"> ○ Share NY State of Health educational materials ○ Consider “co-branding” materials with NY State of Health and your organization ○ Share NY State of Health Social Media posts ○ Include this information in emails to consumers you work with ○ Highlight this issue in media interviews ● Stay in touch with us: <ul style="list-style-type: none"> ○ Check the NY State of Health website for regular updates on PHE-related information ○ We welcome your feedback and would be happy to meet with your groups 	
Auto-Assignment Report	Gayle Emrich (NYSDOH) and panel members discussed the November 2022 Medicaid Managed Care Auto Assignment Report.	
Behavioral Health/HARP/ Health Home Update	<p>Alyssa Altschul & Julie Lloyd (OMH), reported the following:</p> <p>Adult BH HCBS Infrastructure Program Extension</p> <ul style="list-style-type: none"> ● In 2021 NYS extended the Adult Behavioral Health Home and Community Based Services (BH HCBS) Infrastructure Program to support provision of Community Oriented Recovery and Empowerment (CORE) Services and Adult BH HCBS. ● 11 Health and Recovery Plans (HARPs) have \$31.9M to disburse to CORE/BH HCBS providers and Behavioral Health Independent Practice Associations (BH IPAs) ● HARPs executed 80 contracts to distribute funding with: <ul style="list-style-type: none"> ○ 43 individual provider agencies ○ 4 IPAs representing 27 partner agencies ● A total of \$15.3M has been distributed to providers starting May 2022 ● CORE/BH HCBS providers will receive funding through mid-2024 <p>NYS Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Background and Overview</p> <p>CMS approved New York Medicaid State Plan Amendment (SPA) 21-0007. This means...</p>	<p>Amber Decker asked if CORE utilization data is available?</p> <p>That information can be found in the HCBS and CORE Services Dashboard: NYS BH HCBS and CORE Services Dashboard Data</p>

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Behavioral Health/HARP/ Health Home Update	<ul style="list-style-type: none"> NYS OMH Article 31 services, or “Clinic Treatment Program”, are now rehabilitative and called Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) MHOTRS can be provided offsite (provider location, community setting, at home) MHOTRS includes optional Children, Youth, Adult, and Older Adult Peer Support Services <p>Questions and Resources</p> <ul style="list-style-type: none"> Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Clinic Rate Codes (ny.gov) Part 599 -Clinic Treatment Program (ny.gov) <p>For general questions:</p> <ul style="list-style-type: none"> Adults: omh.sm.Adult-Clinic@omh.ny.gov Children: omhchildclinics@omh.ny.gov 															
Status Report of Managed Long Term Care (MLTC)	<p>***As quorum was lost prior to the MLTC presentation at 12:15pm, the remainder of the MMCARP meeting was informational only. ***</p> <p>Dianne Kiernan & Susan Montgomery (DOH), reported the following:</p> <p>MLTC Enrollment</p> <p>MLTC Partial Enrollment</p> <table border="1" style="margin-bottom: 10px;"> <thead> <tr> <th>Months</th> <th>MLTC Partial</th> </tr> </thead> <tbody> <tr> <td>Jun-2022</td> <td>247,942</td> </tr> <tr> <td>Jul-2022</td> <td>248,915</td> </tr> <tr> <td>Aug-2022</td> <td>249,240</td> </tr> <tr> <td>Sep-2022</td> <td>250,702</td> </tr> <tr> <td>Oct-2022</td> <td>249,553</td> </tr> <tr> <td>Nov-2022</td> <td>251,901</td> </tr> </tbody> </table> <div style="text-align: center;"> <p>MLTC Partial</p> </div>	Months	MLTC Partial	Jun-2022	247,942	Jul-2022	248,915	Aug-2022	249,240	Sep-2022	250,702	Oct-2022	249,553	Nov-2022	251,901	
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<p>Status Report of Managed Long Term Care (MLTC)</p>	<p style="text-align: center;">Active MLTC MAP Expansion Reviews, New PACE and MAP Applications and MLTC plan Mergers</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; background-color: #fce4d6; padding: 5px;"> <p style="text-align: center;"><u>Active MAP Expansion Reviews</u></p> <ul style="list-style-type: none"> • <u>CPHL</u>- MAP expansion application for 3 additional counties is under review. • <u>Fidelis</u> -MAP expansion application for 3 additional counties is under review. • <u>Senior Whole Health</u> – MAP expansion application for 3 additional counties approved for 1/1/2023 • <u>Village Care MAX</u> – MAP expansion application for 3 additional counties is under review. • <u>VNS Choice</u>– MAP expansion application for 3 additional counties is under review. <p style="text-align: center;">• <u>PACE Applications and Expansions</u></p> <ul style="list-style-type: none"> • <u>Hudson Headwaters</u>- New PACE application submitted under review • <u>ArchCare</u> – PACE expansion under review • <u>Eddy/Senior Care Connection</u> – PACE expansion under review • <u>Fallon Health Weinberg</u>- PACE expansion under review • <u>RiverSpring</u> – PACE application under review • <u>WeIBHEalth</u> – PACE application under review </div> <div style="width: 45%; background-color: #e0e0e0; padding: 5px;"> <p style="text-align: center;"><u>New MAP Applications</u></p> <ul style="list-style-type: none"> • <u>Aetna</u> – MAP application for 1 county is under review. • <u>Excellus</u> – MAP application for 13 counties is under review. • <u>iCircle</u>- MAP application for 14 counties is under review. • <u>MVP</u> –MAP application for 12 counties is under review. • <u>VNA/Nascentia</u> – MAP application for 15 counties is under review. • <u>UHC</u>- signed MAP contract pends for 6 counties. <p style="text-align: center;">• <u>MERGERS</u></p> <ul style="list-style-type: none"> • Completed - Senior Whole Health acquired AgeWell's Partial Capitation line of business 10/1/2022 • Completed - EBCBS/HealthPlus merged with Integra's Partial Capitation and MAP lines of business 12/1/2022 • Hamaspik acquiring Extended MLTC Partial Capitation line of business Spring 2023 </div> </div>	
<p>New York Independent Assessor (NYIA)</p>	<p>Susan Montgomery (DOH), reported the following:</p> <p style="text-align: center;">Medicaid Community Based Long Term Care Update</p> <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) establish an independent assessor to conduct a single Community Health Assessment (CHA) to assess the need for personal care (PCS) and consumer directed personal assistance services (CDPAS) and determine MLTC plan eligibility. • The former Conflict Free Evaluation and Enrollment Center (CFEEC) became the New York Independent Assessor (NYIA) under the contract with MAXIMUS. • Regulations at 18 NYCRR 505.14(b)(2)(ii) and 505.28(d)(2) replace the requirement for a physician's order to authorize PCS/CDPAS with a requirement that these services are ordered by a qualified, independent practitioner that has no pre-existing patient-provider relationship. <p>NYIA Rollout</p>	

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<p>New York Independent Assessor (NYIA)</p>	<ul style="list-style-type: none"> The New York Independent Assessor began on May 16th for initial assessments for personal care and consumer directed personal assistance services and Managed Long Term Care plan eligibility, except for Immediate Need and expedited initial assessments. On December 1, 2022, NYIA began conducting Immediate Need and expedited initial assessments. Note that requests for services under an Immediate Need still begin at the local departments of social services (LDSS), and the LDSS acts to coordinate the appointment scheduling through NYIA. Assessments for children have not transitioned to NYIA. Reassessments (routine and non-routine) have not transitioned to NYIA. <p>NYIA began operations on May 16, 2022</p> <p>For comparison, CFEEC monthly volume averaged 6,500 a month in the prior 12 months and varied from a low of 4,270 to high of 9,000.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th style="width: 20%;">Month</th> <th style="width: 20%;">Initial Assessment Requests</th> <th style="width: 20%;">Community Health Assessment Completed</th> <th style="width: 20%;">Practitioner Order Completed</th> </tr> </thead> <tbody> <tr> <td>May (partial month)</td> <td style="text-align: center;">6,745</td> <td style="text-align: center;">1,438</td> <td style="text-align: center;">650</td> </tr> <tr> <td>June</td> <td style="text-align: center;">11,748</td> <td style="text-align: center;">11,114</td> <td style="text-align: center;">5,394</td> </tr> <tr> <td>July</td> <td style="text-align: center;">11,341</td> <td style="text-align: center;">11,109</td> <td style="text-align: center;">7,591</td> </tr> <tr> <td>August</td> <td style="text-align: center;">11,834</td> <td style="text-align: center;">11,566</td> <td style="text-align: center;">11,531</td> </tr> <tr> <td>September</td> <td style="text-align: center;">10,239</td> <td style="text-align: center;">9,790</td> <td style="text-align: center;">12,997</td> </tr> <tr> <td>October</td> <td style="text-align: center;">9,732</td> <td style="text-align: center;">9,249</td> <td style="text-align: center;">10,889</td> </tr> <tr> <td>November</td> <td style="text-align: center;">9,283</td> <td style="text-align: center;">9,033</td> <td style="text-align: center;">9,054</td> </tr> <tr style="font-weight: bold;"> <td>Total</td> <td style="text-align: center;">70,922</td> <td style="text-align: center;">63,299</td> <td style="text-align: center;">58,106</td> </tr> </tbody> </table>	Month	Initial Assessment Requests	Community Health Assessment Completed	Practitioner Order Completed	May (partial month)	6,745	1,438	650	June	11,748	11,114	5,394	July	11,341	11,109	7,591	August	11,834	11,566	11,531	September	10,239	9,790	12,997	October	9,732	9,249	10,889	November	9,283	9,033	9,054	Total	70,922	63,299	58,106	
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New York Independent Assessor (NYIA)	<p>NYIA Offers Two Appointment Modalities</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e6f2ff;"> <th colspan="2"></th> <th colspan="2">October</th> <th colspan="2">Cumulative</th> </tr> <tr style="background-color: #e6f2ff;"> <th colspan="2"></th> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">CHA</td> <td>Telehealth</td> <td style="text-align: center;">6,792</td> <td style="text-align: center;">73</td> <td style="text-align: center;">40,444</td> <td style="text-align: center;">74</td> </tr> <tr> <td>Face-to-face</td> <td style="text-align: center;">2,457</td> <td style="text-align: center;">27</td> <td style="text-align: center;">13,893</td> <td style="text-align: center;">26</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Clinical Appointment</td> <td>Telehealth</td> <td style="text-align: center;">8,495</td> <td style="text-align: center;">78</td> <td style="text-align: center;">42,701</td> <td style="text-align: center;">87</td> </tr> <tr> <td>Face-to-face</td> <td style="text-align: center;">2,394</td> <td style="text-align: center;">22</td> <td style="text-align: center;">6,358</td> <td style="text-align: center;">13</td> </tr> </tbody> </table> <p>NYIA Wait times for Appointments</p> <div style="display: flex; justify-content: space-around;"> <table border="1" style="width: 45%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e6f2ff;"> <th colspan="4">Average Days from Initial Call to the First Appointment</th> </tr> <tr style="background-color: #e6f2ff;"> <th>Initial Call Date</th> <th>Overall</th> <th>Telehealth</th> <th>Face to Face</th> </tr> </thead> <tbody> <tr><td>05/2022</td><td style="text-align: center;">9.9</td><td style="text-align: center;">8.98</td><td style="text-align: center;">14.1</td></tr> <tr><td>06/2022</td><td style="text-align: center;">7.05</td><td style="text-align: center;">6.08</td><td style="text-align: center;">10.57</td></tr> <tr><td>07/2022</td><td style="text-align: center;">5.35</td><td style="text-align: center;">4.26</td><td style="text-align: center;">8.67</td></tr> <tr><td>08/2022</td><td style="text-align: center;">3.99</td><td style="text-align: center;">2.91</td><td style="text-align: center;">7.01</td></tr> <tr><td>09/2022</td><td style="text-align: center;">3.24</td><td style="text-align: center;">2.66</td><td style="text-align: center;">4.88</td></tr> <tr><td>10/2022</td><td style="text-align: center;">3.09</td><td style="text-align: center;">2.5</td><td style="text-align: center;">4.95</td></tr> <tr><td>11/2022</td><td style="text-align: center;">3.08</td><td style="text-align: center;">2.51</td><td style="text-align: center;">4.93</td></tr> </tbody> </table> <table border="1" style="width: 45%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e6f2ff;"> <th colspan="4">Average Days from Initial Call to the Clinical Appointment</th> </tr> <tr style="background-color: #e6f2ff;"> <th>Initial Call Date</th> <th>Overall</th> <th>Telehealth</th> <th>Face to Face</th> </tr> </thead> <tbody> <tr><td>05/2022</td><td style="text-align: center;">15.14</td><td style="text-align: center;">14.39</td><td style="text-align: center;">56.03</td></tr> <tr><td>06/2022</td><td style="text-align: center;">23.56</td><td style="text-align: center;">22.75</td><td style="text-align: center;">39.31</td></tr> <tr><td>07/2022</td><td style="text-align: center;">22.36</td><td style="text-align: center;">22.36</td><td style="text-align: center;">22.34</td></tr> <tr><td>08/2022</td><td style="text-align: center;">15.98</td><td style="text-align: center;">16.67</td><td style="text-align: center;">12.38</td></tr> <tr><td>09/2022</td><td style="text-align: center;">12.66</td><td style="text-align: center;">12.17</td><td style="text-align: center;">14.55</td></tr> <tr><td>10/2022</td><td style="text-align: center;">9</td><td style="text-align: center;">8.28</td><td style="text-align: center;">11.73</td></tr> <tr><td>11/2022</td><td style="text-align: center;">7.32</td><td style="text-align: center;">6.89</td><td style="text-align: center;">9.04</td></tr> </tbody> </table> </div> <p>Immediate Need –First 11 days</p> <ul style="list-style-type: none"> In the first 11 days of December, NYIA coordinated appointments for 16 consumers with Immediate Need requests after December 1. In the first 11 days of December, thirteen consumers have completed the NYIA process. For these, the Clinical Appointment were completed within 4 days. 			October		Cumulative				Total	%	Total	%	CHA	Telehealth	6,792	73	40,444	74	Face-to-face	2,457	27	13,893	26	Clinical Appointment	Telehealth	8,495	78	42,701	87	Face-to-face	2,394	22	6,358	13	Average Days from Initial Call to the First Appointment				Initial Call Date	Overall	Telehealth	Face to Face	05/2022	9.9	8.98	14.1	06/2022	7.05	6.08	10.57	07/2022	5.35	4.26	8.67	08/2022	3.99	2.91	7.01	09/2022	3.24	2.66	4.88	10/2022	3.09	2.5	4.95	11/2022	3.08	2.51	4.93	Average Days from Initial Call to the Clinical Appointment				Initial Call Date	Overall	Telehealth	Face to Face	05/2022	15.14	14.39	56.03	06/2022	23.56	22.75	39.31	07/2022	22.36	22.36	22.34	08/2022	15.98	16.67	12.38	09/2022	12.66	12.17	14.55	10/2022	9	8.28	11.73	11/2022	7.32	6.89	9.04	
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New York Independent Assessor (NYIA)	<ul style="list-style-type: none"> 50% of these consumers are from HRA, 50% from other LDSS. 	
Public Comment	Ralph Warren- Thanked the Department for the detailed OPWDD report included in the meeting materials and asked whether the report could be shared?	Meeting material distributed to members of the public may be shared.
	Motion Passed: 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
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

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LGU	Local Government Unit
LHCSA	Licensed Home Care Services Agencies
LTNHS	Long Term Nursing Home Stay
MARO	Metropolitan Area Regional Office
MCO	Managed Care Organization
MLTC	Managed Long Term Care
MMC	Medicaid Managed Care
MMCARP	Medicaid Managed Care Advisory Review Panel
MOU	Memorandum of Understanding
MRT	Medicaid Redesign Team
NHTD	Nursing Home Transition and Diversion Waiver
NYC	New York City
NYIA	New York Independent Assessor
NYSDOH	New York State Department of Health
OASAS	Office of Alcoholism and Substance Abuse Services
OHIP	Office of Health Insurance Programs
OMH	Office of Mental Health
OMIG	Office of Medicaid Inspector General
OTC	Over the Counter (Drug)

PACE	Program of All-Inclusive Care for the Elderly
PCS	Personal Care Services (Medicaid State Plan)
PHIP	Population Health Improvement Program
PNDIS	Provider Network Data System
POC	Plan of Care
PPS	Performing Provider System
RFP	Request for Proposals
ROS	Rest of State
RPC	Regional Planning Consortium
SBHC	School Based Health Center
SCN	Social Care Needs
SDHN	Social Determinants of Health Network
SSI	Supplemental Security Income
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
VBP	Value Based Payment
WIO	Workforce Investment Organizations