New Populations and Benefits
Transitioning to Mainstream
Medicaid Managed Care

Office of Health Insurance Programs
March 7, 2012
What Will Be Covered Today?

• New Mandatory Populations in SFY 2012-13 with focus on April 2012 Populations
• New Benefits Transitioning into Managed Care
• Preparation Strategies to Minimize Disruption
• Role of Enrollment Broker
• Questions
MRT # 1458 - Expand Enrollment & Modify Benefit Package

• The Medicaid Redesign Team proposal # 1458 focus was to streamline and expand enrollment into Medicaid managed care, including many previously exempt & excluded populations, and to integrate benefits.
  • MRT implementation began in August, 2011
  • Initiatives will continue over the next three years
  • Expansions will occur as program features are developed
New Populations in SFY 12-13

Effective 4/1/12 (contingent on CMS approval)
• Individuals with end stage renal disease
• Individuals receiving services through the Chronic Illness Demonstration Program
• Homeless persons
• Infants born weighing under 1200 grams or disabled under 6 months of age
• Individuals with characteristics and needs similar to those receiving services through an HCBS/TBI, HCBS/CAH, LTHHCP, or ICF/DD

Effective 10/1/12
• Residents of residential health care facilities – Nursing Homes

Effective 1/1/13
• Long Term Home Health Care Program
Enrollment of New Populations

Previously Excluded or Exempt Non Dual Population

4/1/12 (approx. 21,200)
- Homeless: 15,325
- CIDP: 554
- ESRD: 1486
- Infants: 50-60 monthly estimate
- Look-a-likes: 3,864

10/1/12 Nursing Home Residents – approx. 9,444

1/1/13 Long Term Home Health Care Population- approx. 2,690
Population Expansion

• For all the new populations
  – SDOH reviewed the care patterns of the populations and compiled provider lists
    • Renal disease, specialty neo-natal hospitals, homeless providers, etc.
  – Lists of providers sent to MCOs for contracting purposes to avoid care disruption
  – Providers should work with patients and encourage them to enroll in plans under contract.
  – Transitional Care Requirements will apply
New Population

• Chronic Illness Demonstration
  – Program being phased out end of March, 2012
  – CIDP providers will assist clients in choosing a plan – many are affiliated with MCOs and Health Homes

• Low Birth Weight Infants
  – Previously, these newborns would not be enrolled in a plan for the first 6 months of life
  – For infants born on or after 4/1/12, all babies will be enrolled into mother’s plan effective the DOB
  – This policy extends to previously excluded babies under 6 months of age with a disabling condition
New Population

• **Homeless**
  – Have had several Meetings with Plans, Providers and Local Districts
  – Established 4 Workgroups
    • Case Management
    • Initial Assessment
    • Enrollment Phase In
    • Mailings and Residence

• **End Stage Renal Disease**
  – Plans are currently managing the care for this population.
  – Networks are reviewed to ensure the major providers are participating
  – Transitional Care Policy
New Population

- Individuals with characteristics and needs similar to those receiving services through an HCBS/TBI, HCBS/CAH, LTHHCP, or ICF/DD
  - This does NOT include those persons that the state has pre-coded as OPWDD
  - Clients have option of applying to be in a waiver, OR applying through OPWDD for designation to remain exempt.

- Long Term Home Health Care Program
  - Non duals enrolled in the LTHHCP will have the option of enrolling into a MLTCPs or a mainstream Managed Care plans.
Changes to MMC Benefit Package
SFY 12-13

• Effective 1/1/12
  – Personal emergency response system (PERS)

• Effective 7/1/12
  – Dental for MCOs currently not providing

• Effective 9/1/12
  – Consumer Directed Personal Assistance Program (CDPAP)

• Effective 10/1/12
  – Orthodontia
  – Residential health care facilities (Nursing Homes)
Enrollment of Homeless Population
Phase in of Homeless Population

- **NYC**
  - **Phase 1**
    - **FAMILIES**
      - April: Bronx, Manhattan
      - May: Brooklyn, Queens, SI
  - **Phase 2**
    - **SINGLE ADULTS/ADULT FAMILIES**
      - June: Bronx, Manhattan
      - July: Brooklyn, Queens, SI
  - **Phase 3**
    - **STREET HOMELESS (UNDOMICILE)**
      - August/September: All boroughs

- **Upstate**
  - Prior to 4/1/12, LDSS had option to exempt, exclude, or mandatorily enroll homeless
  - Upon survey of upstate LDSS, many homeless currently enrolled
  - Beginning 4/1, all upstate districts will begin enrolling all homeless at next contact, recertification or other case change

- **Statewide** – If no address or way to reach consumer, enrollment will be delayed until valid address received
Education and Outreach

• Local Districts
  – Posters in community, working with community organizations, etc

• Providers
  – NYC staff training of providers, Medicaid Update article, webinar

• Shelters
  – Training from NYC/HRA staff, upstate outreach by LDSS

• Health Homes
  – State work with Health Homes to assist in selecting the right plan
Identifying the Homeless

**NYC**
- Department of Homeless Services social service directors/shelter directors will receive list of shelter residents targeted for a mandatory mailing for “heads up”
- NY Medicaid Choice enrollment packets will be mailed directly to families
- For singles and couples, enrollment packets will be batched by social services director/shelter director for distribution to the residents
- Every shelter as well as health plan will have designated staff to assist with enrollment referrals, education, and outreach, as well as post enrollment plan information
- List is being compiled to disseminate to the shelters and health plans

**Upstate**
- Beginning 4/1, all upstate districts will reach out to homeless through
  - providers
  - Motels, shelters
  - CBO’s, soup kitchens, etc
  - LDSS staff in contact with recipients e.g. Food Stamps, Temporary Assistance, Services, etc
Homeless Provider Network

Requirements
MCOs are required to contract with a minimum of two federally designated homeless providers (330 H FQHC) per county where available.

• The providers are the Federally Qualified Health Centers (FQHC). There is a subset of FQHCs that are federally designated as Homeless providers.
• There are 14 FQHCs (330H).
  12 in NYC
  1 in Westchester and
  1 in Putnam County

Evaluation
• The majority of NYC MCOs have contracts with at least 2 FQHC (330H) in each borough and many already include more than 2.
• Upstate MCOs have contracts with FQHCs in all counties where available.
• MCOs are being notified of the need to add additional providers if necessary.
• NYC MCOs have also reported that they have additional contracts pending with the federally designated homeless providers.
PCP Assignment

- MCO will facilitate changing member’s PCP assignment to participating shelter provider upon member request

or

- MCO will facilitate changing member’s PCP assignment to a PCP closer to shelter location upon member request

or

- MCO will work with FE, local district, or Maximus to disenroll and enroll member into another plan in order to continue relationship with provider.
Provision of Initial Assessment

- Local Districts and shelters have arrangements with providers to provide the initial assessment for adult clients.

- Many providers will now be affiliated with plans and will be able to continue to provide the initial assessment to members enrolled in plans which provider participates.

- Non participating providers will request authorization from plans to conduct assessments and/or treat the population to avoid additional obstacles for consumers.

- Providers will use participating labs and pharmacies.

- Additional follow-up care will be referred to a plan provider or will be authorized by the plan.

- If provider wants to continue to treat the patient and the patient wants to receive care from the provider, member will be encouraged to dis-enroll and enroll in plan that contracts with the provider.
Case Management

• Focus on getting the homeless into case management programs, as needed.

• Identify the homeless population for plans to allow them to determine the level of engagement needed.

• Allow referrals from local districts, providers and shelters for internal and external (Health Home) case management as needed.

• Plans will request approval from the State for specific clients to receive Health Home Services as needed.

• Internal Case management programs and external case management programs will compliment not duplicate efforts

• Contact information from plans, providers and shelters will be shared to foster better communication
MCO General Responsibilities

- Determine medical necessity and authorize follow-up care.
- MCO will either authorize care or arrange transportation and referral to the network provider.
- Educate member service staff on issues pertaining to the Homeless population so that they can be responsive to providers and consumers.
- MCO will not unreasonably withhold authorization for initial assessments and follow-up care.
- MCO will give authorization on a timely basis to allow for the provision of services to this population.
- Reimburse providers for services rendered to the homeless population.
- Operate timely/accessible complaint/appeal procedures, including enrollee notices;
Overview of Enrollment Process
Enrollment

• Beginning 4/1/12, populations that self identified and were approved as exempt with NYMedicaid CHOICE will receive a notice informing them that their exemption/exclusion is going away and they have 30 days to apply for another exemption if appropriate.

• All new mandatory populations will receive a mandatory notice advising them that it is time to choose a health plan
  • NYMedicaid CHOICE for many counties
    ➢ NYMedicaid CHOICE (NYMC) is the enrollment broker for the City of New York and most upstate counties
  • County DSS for non-NYMedicaid CHOICE counties

• A consumer can contact NYMC with any questions or concerns or to enroll by calling 1-800-505-5678

• Consumers can enroll over the phone by contacting the LDSS or NYMedicaid CHOICE (NYMC will accept phone enrollments in any county)
Mandatory Enrollment

• Consumers who are targeted for enrollment or are eligible for enrollment upon recertification will have 30 days to choose a health plan

• 90 day grace period

• Lock in for 9 months unless have a good cause reason

• Persons applying for Medicaid are required to chose a Health plan when filling out their Medicaid Application
Mandatory Packet

- Cover letter
- Brochure
- Health Plan list
- Enrollment form
- Business reply envelope
- Regional Consumer Guide
NYS Medicaid Managed Care
01/01/12

Mandatory w/o Maximus 21
Voluntary 9
Mandatory w/ Maximus 27
HOW TO MAKE THE RIGHT CHOICE?

• The provider-client relationship is very important and consumers are encouraged to speak to their current provider and find out what plans they currently participate with.

• If the client wishes, he/she can also call New York Medicaid CHOICE at 1-800-505-5678 who can verify what plans their provider participates with.
Assistance With Plan Choice

NYMC representatives are capable of locating a provider by entering one or more of the following characteristics to perform a search on HCS:

- provider name or license number,
- site name, zip code, primary designation,
- primary specialty, or
- language

LDSS managed care staff have plan provider information available to assist with finding a provider and plan choice.
Consumer Representation

When a person other than the consumer contacts a local district or New York Medicaid CHOICE - verbal or written authorization from the consumer is required

- **Verbal:** consumer identifies representative to the counselor
- **Written:** consumer submits a letter or consent form designating a person as their representative:
  - Date, duration of request
  - Consumer CIN/SSN
  - Representative’s name, clinic or hospital association
  - Consumer’s signature

  NOTE: Translators are not considered representatives and employees of health plans contracted by the SDOH cannot serve as representatives of consumers unless they are members of the Medicaid case
QUESTIONS???