

**Appendix 4.12 New York City Addendum**

**PLAN QUALIFICATION DOCUMENT**

**NEW YORK CITY ADDENDUM**

November 16, 2000

## **CHAPTER 1: NYC PARTICIPATION STANDARDS**

### **1.1 Contact Person**

Questions regarding Part A of the NYC Addendum may be addressed to Vivian Toan at New York City Department of Health, Division of Health Care Access (“CDOH”) telephone 212-385-8112 extension 133 or fax number 212-619-5091.

### **1.2 Contract Administration**

Contracts in New York City will be administered by CDOH. A copy of the current New York City model contract for the Medicaid managed care program (“model contract”) is available upon request from CDOH.

### **1.3 Public Health Issues**

The current NYC Guidelines for Coordination with Public Health Agencies and the current fee schedule for certain NYC Department of Health services are contained in the model contract, Appendix N.

### **1.4 Travel Times and Distances**

In New York City, the standards and guidelines for travel times and geographic access must take into account existing public transportation systems and routes. While managed care enrollees may elect to travel farther to enroll with a specific primary care provider of their choosing, the City will seek to ensure that all individuals required to enroll in managed care have available to them a choice of three PCPs located within thirty (30) minutes travel time by public transportation. Network submissions by applicants will be reviewed and assessed against these standards.

### **1.5 Provider Agreements**

In addition to a requirement that provider agreements be reviewed and approved by SDOH, agreements between MCO’s in New York City and their participating providers must be consistent with the requirements of the model contract and the Summary of HCA Provider Agreement Requirements which is enclosed in the packet of materials for this Addendum. Applicants are asked in part B of this Addendum to submit their model primary care, specialist, hospital, transportation, mental health, and marketing subcontract agreements; these model agreements must be approved by HCA prior to a contract in addition to SDOH approval.

### **1.6 Marketing Guidelines**

The current NYC Marketing Guidelines are contained in the model contract, Appendix D.

## **1.7 Reporting Requirements**

The following reports are required to CDOH (many are simultaneously submitted to SDOH).

- complaint/grievance reports
- appointment availability studies
- twenty-four hour access reviews
- member satisfaction surveys
- clinical studies
- independent audits
- PCP auto assignments
- no-contact reports
- voluntary disenrollment report
- reports related to fraud and abuse complaints

The Model Contract provides for audit rights by New York City, the right to request additional reports, an annual on-site review, and data rights by the NYC Department of Mental Health, Mental Retardation and Alcoholism Services.

## **1.8 Continuous Performance Evaluation**

CDOH and SDOH, will conduct a least one annual on-site review of each participating MCO to evaluate contractual and regulatory performance, in addition to other monitoring processes. The qualification of the MCO for renewed or extended contracts will depend on satisfactory performance. CDOH may consider quality performance in reviewing an MCO's overall contract performance. CDOH may also consider the extent of the population served by the MCO and achievement of satisfactory enrollment goals.

## **1.9 City Contracting Requirements**

The proposed submission instructions list several documents which are required of all New York City Contractors. Qualification for a contract is conditioned upon the approval by New York City of these submissions.

## **1.10 Service Area**

Service areas will be designated on a whole-borough basis rather than at a zip code level, and must be approved by both SDOH and CDOH following a verification of provider agreements, and network review.

## **1.11 Population Served**

CDOH will require that MCO's qualify for an initial enrollment cap of 10,000 members and, submit a business proposal substantiating its expectation of attaining this enrollment level.

## **1.12 Readiness to Begin Health Plan Operations**

Notwithstanding successful satisfaction of any other criteria, including this NYC Addendum, CDOH will not contract with a new health plan until it successfully demonstrates an accessible provider network within its service area, and an ability to operate a health plan program which will meet the requirements of the NYC model contract, including but not limited to satisfactory training of member services staff, capability of the MIS system, an ability to communicate electronically with appropriate NYC agencies and/or their agents, an ability to report data on the state's health information network, and an ability to meet SDOH encounter and quality assurance reporting requirements.

## CHAPTER 2: PROPOSAL SUBMISSION INSTRUCTIONS

### 2.1 General

Applicants must submit on four copies of part A of the New York City Proposal Addendum, containing all of the components listed below. Applicants must submit one copy of part B of the New York City Addendum.

The New York City Addendum should be submitted to:

CDOH Division of Health Care Access  
225 Broadway, 17<sup>th</sup> Floor, CN #29C  
New York, NY 10007

The components of the New York City Proposal Addendum are as follows:

#### Part A

- Response to New York City-specific questions.

#### Part B

- Completed Vendex questionnaires.
- Division of Labor Services Report.
- Completed MacBride Principles Rider.
- Model participating provider agreements for primary care providers, specialist, hospital, and mental health providers, and transportation and marketing subcontracts.

### 2.2 Response to New York City-Specific Questions

In this section, applicants must document their compliance with New York City program participation standards by responding to all of the questions listed below.

In general, it is anticipated that an applicant's answer to a question with respect to its operations will apply to all boroughs that the applicant is proposing to serve. Where this is not the case, the applicant should clearly state how its status or operations vary between boroughs or portions thereof.

#### Service Area

1. Describe the service area (by borough) which the applicant proposes to serve.

### **Population to be Served**

2. Describe the anticipated size of population to be served, including:
  - proposed contractual enrollment cap
  - enrollment goal by last date of first and second contract years
  - elements of the applicant's marketing plan which will enable the applicant to reach its marketing goals, including but not limited to number of marketing representatives.

### **Mental Health and Alcohol and Substance Abuse Services/Treatment**

3. Describe how the applicant will encourage drug free substance abuse treatment for members who are chemically dependant.
4. Provide an estimate of the portion (in units of service) of the applicant's mental health and substance abuse treatment services that it anticipates furnishing in New York City through OMH and OASAS-licensed providers, respectively.
5. Describe how the applicant intends to coordinate services for members enrolled in the Methadone Maintenance Treatment Program. Describe how the applicant will ensure access to primary health care services for this population.
6. Describe the applicant's process for ensuring continuity of care for persons exhausting their in-plan capitated benefits and receiving services under the stoploss program.
7. Describe the applicant's referral process for individuals seeking mental health and alcohol and substance abuse services on a routine, urgent, and emergent basis. Describe the applicant's triaging mechanism for determining the level of urgency associated with any individual request.
8. Describe credentialing standards for mental health and alcohol and substance abuse treatment providers.
9. Describe any specific quality assurance, management, and monitoring programs aimed at evaluating the outcomes associated with selected therapy regimens and the efficacy of various approaches to treatment.
10. Describe how members will be informed of the availability of OHM designated specialty clinics for seriously emotionally disturbed (SED) children, and how applicant will coordinate care for members receiving services in these clinics.

### **Public Health Issues and Priorities**

11. Describe the applicant's capacity to serve persons with TB, including those with drug resistant cases and those with dual diagnoses (e.g., mental illness, HIV, etc.). Provide documentation on the specific experience and expertise of network providers in this area. Describe the applicant's approach to case managing persons with TB, including a description of how the applicant will coordinate services and referrals with the NYC Department of Health.
12. Identify the person(s) in your organization who will be responsible for complying with mandated disease reporting requirements to the NYC Department of Health in accordance with public health law and regulations.
13. Describe the applicant's approach to identifying priority health problems that affect the health status of Medicaid clients other than HIV/Aids such as asthma, infant mortality, teen pregnancies, violence related injuries, and/or smoking etc., and developing community or population-based prevention programs to address these problems.
14. Describe the contribution your organization can make toward improving the health of the City's Medicaid population beyond the minimum standards required under this program.

### **Provider Capacity**

15. To what extent will the applicant bring unduplicated primary care provider capacity to the high priority areas identified in Attachment A. In the evaluation of this question, the reviewers will utilize the applicant's network composition data, submitted via the Health Provider Network (HPN) and compare it to the program-wide data base, to ascertain the number of unduplicated FTE primary care providers who participate in the applicant's provider networks in high priority areas.
16. To what extent will the applicant bring unduplicated primary care provider capacity in areas of the city other than the high priority areas identified in Attachment A. This question will be reviewed using the procedures described in question 15.

## **2.3 Instructions for Part B Documents**

A packet of the following forms necessary to the New York City Addendum will be mailed to you upon request by the Division of Health Care Access, 212-385-8112, extension 106. Please indicate whether you are a for-profit or not-for-profit entity.

- A Vendor's Guide to VENDEX
- VENDEX Not-for-Profit Organization Question (Non-profits only)
- VENDEX Individual Questionnaire (Non-profits only)
- VENDEX Business Entity Questionnaire (For-profit only)

- VENDEX Principal Questionnaire (For-profit only)
- VENDEX Subcontractor Questionnaire
- Instructions for the Supply and Service Contractor's Employment Report
- Supply and Service Employment Report
- Macbride Principles Provisions
- ADA Post Award Language
- Summary of HCA Provider Agreement Requirements.

Specific Instructions:

1. New VENDEX submissions must be made by each applicant and are due on the proposal due date. An affidavit of "No Change" is not sufficient
2. VENDEX subcontractor questionnaires are due for subcontractors whose aggregate business in the City in the preceding 12 months totals \$100,000 or more, or for whom their contract with applicant is valued in excess of \$100,000. Subcontractors who are providers of medical services are exempt from this requirement.
3. The instructions for Supply and Service Contractor's Employment Report state that reports are due upon acceptance of a proposal. Notwithstanding this instruction, all Employment Reports are due on the proposal due date.

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