



CHCANYS Conference

NYS Department of Health
October 21, 2014



Agenda

- ✓ **Rate Setting Process**
- ✓ **FY 2015 Global Cap**
- ✓ **Update on Major Initiatives**
- ✓ **Waiver Overview**
- ✓ **Questions**



Rate Setting Process

Statewide Rate Processing

❑ **Statewide Rate Processing Steps:**

❑ **Analyst develops rate package**

- Extraction of data
 - ✓ Is the data available?
- Impact development
- Rate sheet development
- Division of the Budget letter
- Dear Administrator letter

❑ **Statewide rate package is completed and submitted for internal department review**

- Supervisor
- Chief Health Care Fiscal Analyst
- Bureau Director
- Assistant Division Director
- Division Director
- Medicaid Director

❑ **Rates provided to Managed Care Unit for wrap rate development**

❑ **Appeal packet submitted to the Division of the Budget for review and approval**

- Similar chain as the Department of Health

Statewide Rate Processing

❑ Statewide Rate Processing Steps Continued:

❑ When Division of the Budget approval received

- Rates prepared for loading to eMedNY system
 - ✓ Transmittal document with electronic transmission of rate
 - ✓ All rate codes, All locations
- Approval requested from Division office for loading of rate due to Global Cap affect
- Rate transmitted and documentation forwarded
 - ✓ Overnight load process
 - ✓ Electronic file run thru edits
 - ✓ Edit review
 - ✓ Thursday cycle processing

❑ Health Commerce System

- Programming developed for posting
 - ✓ Dear Administrator letter
 - ✓ Rate Sheet

Appeal Rate Processing

❑ Appeal Rate Processing Steps:

- ❑ **Providers submit an appeal request to BAMCR**
 - ❖ Mr. Michael Ogborn
Director
Bureau of Acute and Managed Care Rate-Setting
One Commerce Plaza – Room 1405
99 Washington Avenue
Albany, New York 12210
 - **Change to be implemented**
 - ✓ Moving to email submission for appeals and acknowledgements
 - ✓ Using dtcffsunit@health.ny.gov
- ❑ **Appeal request is reviewed for appropriateness by rate analyst**
- ❑ **Appeal number assigned and acknowledgement letter sent to provider**
- ❑ **Appeal is developed for Fee-for-Service rate:**
 - Fee-for Service Rate Calculations
 - Bureau Recommendation
- ❑ **Appeal Medicaid Managed Care Wrap Rate developed**
 - Analyst calculate
 - Supervisor reviewed

Appeal Rate Processing

❑ Appeal Rate Processing Steps:

- ❑ **Appeal packet is completed and submitted for internal department review**
 - Fee-for-Service Supervisor
 - Chief Health Care Fiscal Analyst
 - Bureau Director
 - Assistant Division Director
 - Division Director
 - Medicaid Director
- ❑ **Appeal packet submitted to the Division of the Budget for review and approval**
 - Similar chain as the Department of Health

Appeal Rate Processing

□ Appeal Rate Processing Steps Continued:

□ When Division of the Budget approval received

- Rate prepared for loading to eMedNY system
 - ✓ Transmittal document with electronic transmission of rate
- Division office approval for loading of rate due to Global Cap affect
- Rate transmitted and documentation forwarded
 - ✓ Overnight load process
 - ✓ Electronic file run thru edits
 - ✓ Edit review
 - ✓ Thursday cycle processing

□ Bureau recommendation mailed to Provider

- Recommendation letter, appeal packet and attachments, if applicable
- Hardcopy mailed - certified

Adding a Rate to eMedNY for a New Provider or New Location

❑ Processing Steps:

❑ Location rate establishment

- New Provider
 - ✓ Provider submits enrollment application (refer to Contacts)
 - ✓ Provider Enrollment forwards a “Rate Setter Notification” to the BAMCR contacts with eMedNY details
 - ✓ Rate loaded when provider’s appeal has received Division of the Budget approval
- New location based on Certificate of Need Application
 - ✓ Provider Enrollment forwards a “Rate Setter Notification” to the BAMCR contacts with eMedNY details
- Provider Enrollment contact: providerenrollment@health.ny.gov

❑ If a provider with FQHC locations

- Provider contacted for HRSA approval
- Copy of “Rate Setter Notification” provided to Medicaid managed care for wrap rate

❑ Rate Loading

- Rate prepared for loading to eMedNY system
 - ✓ Transmittal document with electronic transmission of rate
- Approval requested from Division office for loading of rate due to Global Cap affect
- Rate transmitted and documentation forwarded
 - ✓ Overnight load process
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 - ✓ Edit review
 - ✓ Thursday cycle processing

Processing Order

❑ Processing Order:

❑ Prioritize

- Payment Issues
- Appeals
 - ✓ Provider does not have a Medicaid rate
 - ✓ Provider is converting to an FQHC rate
 - ✓ Added Capital or Scope of Services

❑ Appeals:

By Appeal Type

Appeal Type	FQHC	Non-FQHC	Total
New Provider / Convert to FQHC	2	12	14
Added Capital / Capital Revisions	4	12	16
Scope of Services	2	N/A	2
Total	8	24	32

By Status

Status	FQHC	Non-FQHC	Total
Waiting Processing / Initial Review	5	17	22
At the Division of the Budget	1	1	2
Final Processing	2	6	8
Total	8	24	32

Additional Processing Information

☐ Information to facilitate processing:

☐ Use email account

- dtcffsunit@health.ny.gov or bmcrr@health.ny.gov

☐ Health Commerce System (HCS)

- Facilities need to have access

☐ Subscribe to the Department's website (APG)

- Information for FQHCs posted
- http://www.health.ny.gov/health_care/medicaid/rates/apg/

☐ Medicaid Provider Enrollment applications submitted

☐ Future consideration for appeals processing

Health Commerce System (HCS)

❑ Health Commerce System:

https://commerce.health.state.ny.us/hcsportal/hcs_home.portal

❑ Communication Tool

- Secure network for posting provider information
 - ✓ FQHC & APG Capital Rate Sheets, AHCF Cost Report, Indigent Care
- Keep email address current
 - ✓ Facility's responsibility
 - ✓ Email blast separate from public website Electronic Mailing List
- Removal of employee when they leave your employment

❑ HCS Contacts

- Commerce Accounts Management Unit (CAMU): 1-866-529-1890
 - ✓ HCS accounts
 - ✓ Password resets
 - ✓ removal of employee
 - ✓ New DTC to get established on the HCS
 - ✓ DTC does not have a Director or Coordinator
- General HCS inquiries: 518-473-1809
 - ✓ Ask for Commerce Trainers
- BAMCR at dtcffsunit@health.ny.gov
 - ✓ Receiving access to the D&TC applications

Contacts

❑ Bureau of Acute & Managed Care Rate Setting (BAMCR)

- Fee-for-Service Unit: dtcffsunit@health.ny.gov
- Managed Care Unit: bmcr@health.ny.gov

❑ Contacts outside of BAMCR:

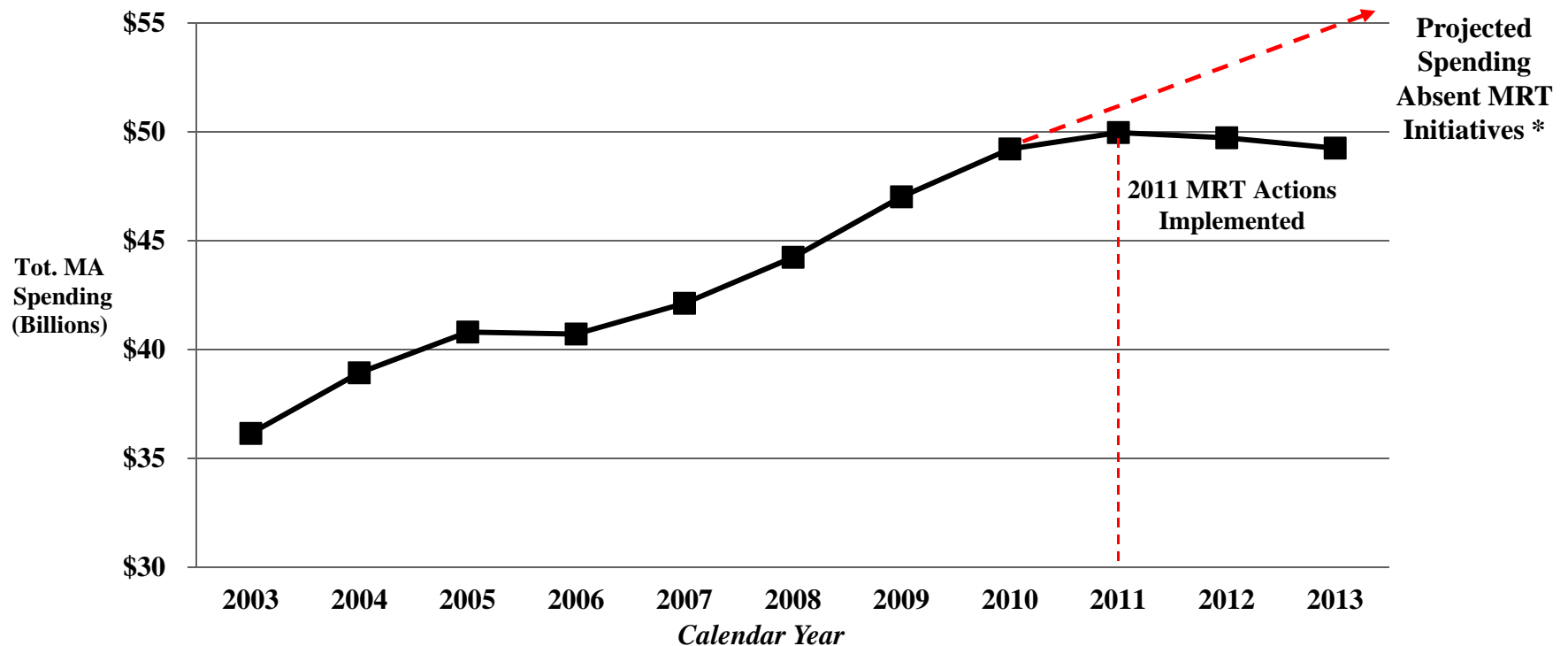
- **Contact Computer Sciences Corporation (CSC) at 800-343-9000**
 - ✓ Has my Provider Enrollment application been received?
 - ✓ What is the status of my Provider Enrollment application?
 - ✓ How do I submit a claim or why did my claim deny?
- **Medicaid Financial Management at mfm@health.ny.gov**
 - ✓ Liability balance
 - ✓ Payment on a liability
- **Contact Provider Enrollment at providerenrollment@health.ny.gov**
 - ✓ Is my location established on eMedNY?
- **Bureau of Vital Access Provider Reimbursement at bvapr@health.ny.gov**
 - ✓ Questions regarding AHCF Cost Report
- **Bureau of Federal Relations and Provider Assessments at william.hogan@health.ny.gov**
 - ✓ Questions regarding Indigent Care



Total Medicaid Spending Over Time

State Fiscal Years 2003-13

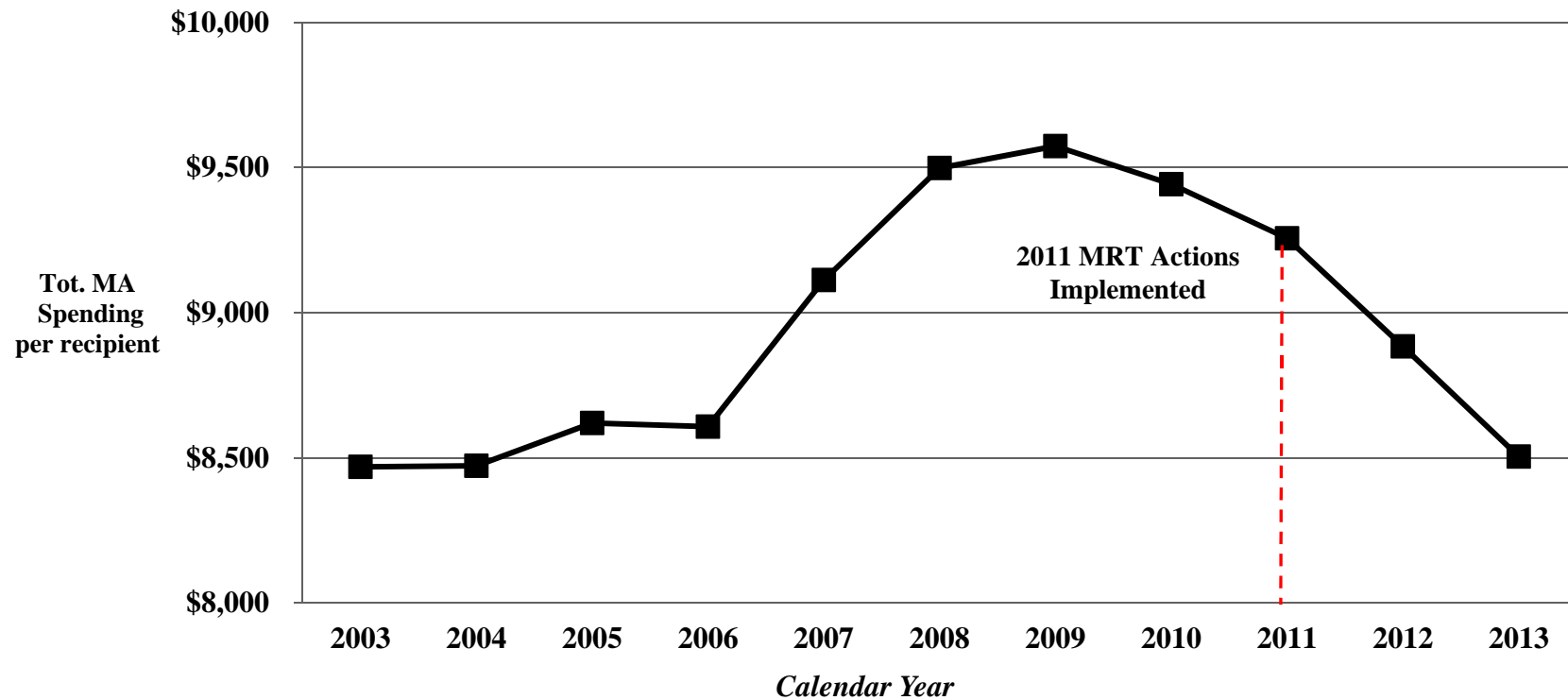
NYS Statewide Total Medicaid Spending (CY2003-2013)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
# of Recipients	4,267,573	4,594,667	4,733,617	4,730,167	4,622,782	4,657,242	4,911,408	5,212,444	5,398,722	5,598,237	5,792,568
Cost per Recipient	\$8,469	\$8,472	\$8,620	\$8,607	\$9,113	\$9,499	\$9,574	\$9,443	\$9,257	\$8,884	\$8,504

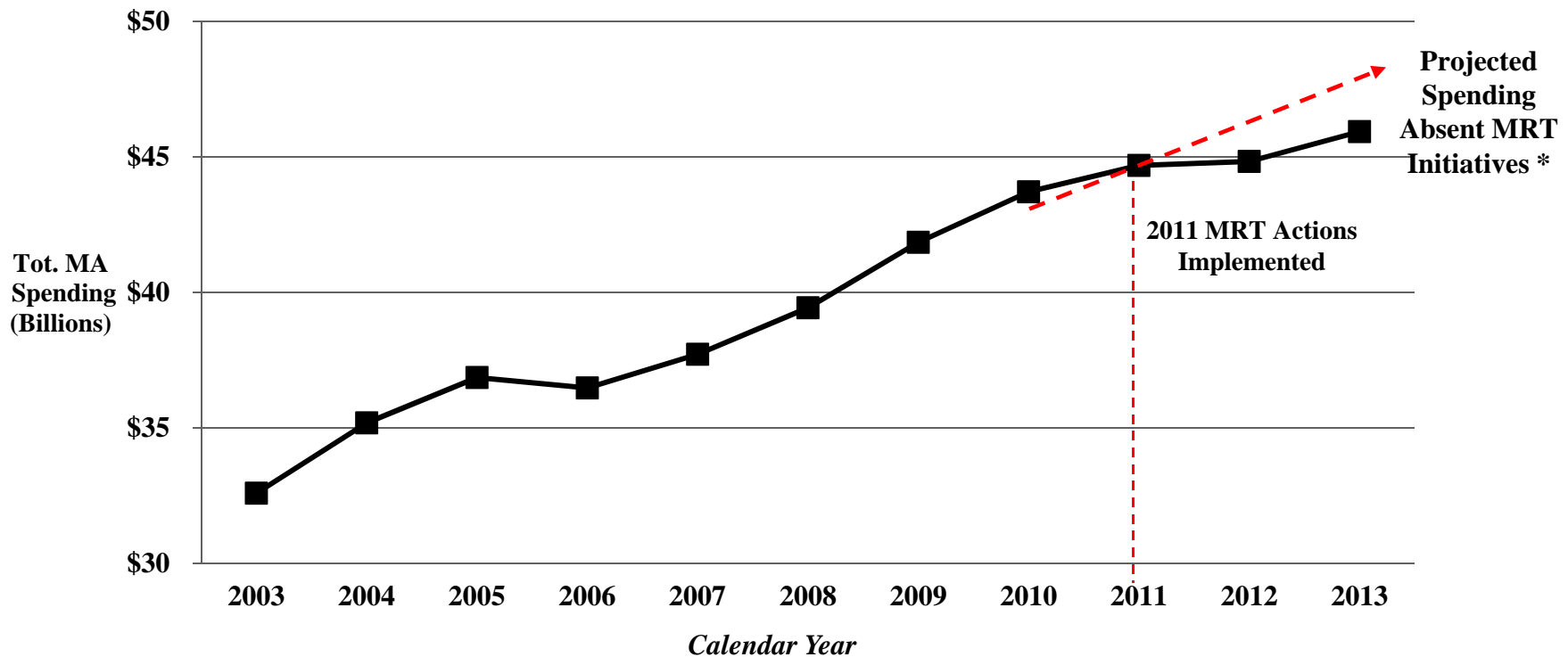
*Projected Spending Absent MRT Initiatives was derived by using the average annual growth rate between 2003 and 2010 of 4.28%. Excluded from the 2013 total Medicaid spending estimate is approximately \$5 billion in "off-line spending (DSH, etc.)"

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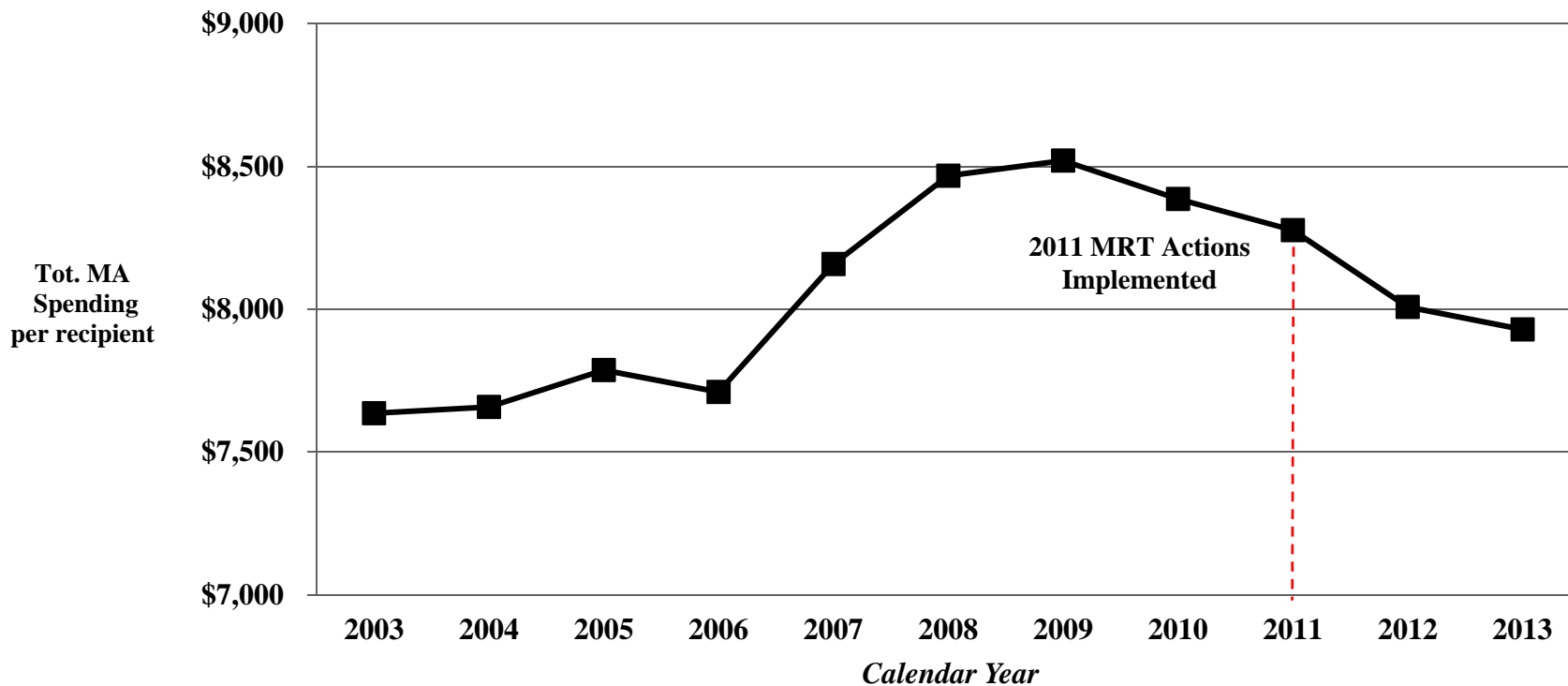
NYS Statewide Total Medicaid Spending for All Categories of Service Under the Global Spending Cap (CY 2003-2013)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
# of Recipients	4,266,538	4,593,566	4,732,564	4,729,167	4,621,911	4,656,361	4,910,528	5,211,559	5,397,870	5,597,551	5,791,893
Cost per Recipient	\$7,635	\$7,657	\$7,787	\$7,710	\$8,158	\$8,467	\$8,520	\$8,386	\$8,277	\$8,008	\$7,929

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Where We Are

Current State of Medicaid

—

Current Status of Medicaid Global Cap

Medicaid Spending – FY 2015 (dollars in millions)			
Category of Service	Estimated	Actual	Variance Over / (Under)
Medicaid Managed Care	\$1,016	\$999	(\$17)
Mainstream Managed Care	\$750	\$732	(\$18)
Long Term Managed Care	\$266	\$267	\$1
Family Health Plus	\$59	\$62	\$3
Total Fee For Service	\$686	\$677	(\$9)
Inpatient	\$278	\$276	(\$2)
Outpatient/Emergency Room	\$36	\$43	\$7
Clinic	\$56	\$60	\$4
Nursing Homes	\$320	\$307	(\$13)
Other Long Term Care	\$73	\$71	(\$2)
Non-Institutional	(\$77)	(\$80)	(\$3)
Medicaid Administration Costs	\$38	\$33	(\$5)
OHIP Budget / State Operations	\$18	\$7	(\$11)
Medicaid Audits	(\$35)	(\$32)	\$4
All Other	\$315	\$344	\$29
Local Funding Offset	(\$709)	(\$709)	\$0
TOTAL	\$1,388	\$1,381	(\$7)

- Total State Medicaid expenditures under the Medicaid Global Spending Cap for FY 2015 through April are \$7 million or 0.5 percent under projections. Spending for FY 2015 resulted in total expenditures of \$1.38 billion compared to the projection of \$1.39 billion.

Global Cap Risk Factors

- ❑ ACA enrollment – We are now serving more people than ever before: **6,269,841** (*for Calendar Year 2013*).
- ❑ \$300 million contribution to the financial plan (tax cut) and \$445 million transfer to the Mental Hygiene Stabilization Fund.
- ❑ Full implementation of Wage Parity in NYC for SFY14-15 is \$420 million. The distribution is as follows:
 - ✓ MLTC Risk Rates - \$225M; MLTC Mandatory Rates - \$75M; Fee-For-Service - \$50M; Quality Incentive Vital Access Provider Pool (QIVAPP) - \$70M
- ❑ Complex year with lots of “puts and takes.” Need to monitor very closely.

VAP/Safety Net Program

- ❑ 2014-15 Enacted Budget includes \$194 million in VAP funding of which \$30 million continues to be set aside for Financially Disadvantage Nursing Homes.
- ❑ Over 180 applications, with a total estimated request of \$1.2 billion (excluding capital), have been received to date.

<i>(dollars in millions)</i>	2013-14	2014-15
Total Funding Available	\$182	\$194
VAP Awards (committed in 2013-14)	\$156	\$62
VAP Awards (to be committed in 2014-15)	N/A	\$83
Remaining Funding Available	\$26	\$49
Move 13/14 into 14/15	(\$26)	\$26
Available Funds	\$0	\$75

- ❑ Available Funds are to be used to support providers as they transition to DSRIP or those providers that do not qualify for DSRIP.

Big Reforms Ahead: Agenda for the Next Six Months

- **Nursing Home benefit being carved into managed care: January 2015**
- **FIDA – Fully Integrated Duals Advantage Program:**
 - ✓ ***NYC/Nassau County:*** Voluntary enrollment begins on January 1, 2015 with passive in April 2015.
 - ✓ ***Westchester/Suffolk Counties:*** Voluntary enrollment begins April 1, 2015 with passive in July 2015.
- **HARP/Behavioral Health Carve-In**
 - ✓ April 1, 2015 — BH Adults transition in NYC
 - ✓ October 1, 2015 — BH Adults transition Rest of State
 - ✓ April 1, 2016 — BH Children transition Statewide

MRT Waiver Amendment

On April 14, 2014 Governor Andrew M. Cuomo announced that New York finalized agreement with the Federal government for a groundbreaking waiver that will allow the State to reinvest \$8 billion in Federal savings generated by Medicaid Redesign Team (MRT) reforms.

- ❑ Allows the state to reinvest \$8 billion of the \$17.1 billion in federal savings generated by MRT reforms.
- ❑ Funds will address critical issues throughout the State and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The program will:
 - Focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years.
 - Payments are based on performance and outcome milestones.
 - Require providers to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement.

MRT Waiver Allocation Plan

The \$8 billion reinvestment will be allocated in the following ways:

- ❑ **\$500 Million for the Interim Access Assurance Fund (IAAF)** – Time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without unproductive disruption.
- ❑ **\$6.42 Billion for Delivery System Reform Incentive Payments (DSRIP)** – Including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs and DSRIP related Workforce Transformation.
- ❑ **\$1.08 Billion for other Medicaid Redesign Purposes** – This funding will support Health Home development, and investments in long term care workforce and enhanced behavioral health services, (1915i services).

Value Based Payments

Per Special Terms & Conditions §39, all contracted MCOs must employ non-fee-for-service payment systems that reward value over volume for at least 90% of all their provider payments by Waiver Year 5

- ❑ The goals of Value Based Payment Reform is to:
 - Create integrated delivery systems that are more accountable for quality of care provided and make providers assume greater financial risk;
 - Increase the linkage between quality and cost; and
 - Ensure service delivery focuses on high-quality care at a lower cost in a coordinated full continuum of care within emerging Performing Provider Systems (PPS)



Questions