



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# The Future of Integrated Care In New York State

Stakeholder Session #4

November 16, 2017

# Agenda

- Welcome and Introductions
- Overview of the Process
- Review of Sessions 1, 2, and 3
- Topics:
  - Payment and Rate Considerations
  - Outreach, Education, and Engagement of Participants and Providers
  - MCO/Plan Requirements and Qualifications
  - Enrollment
- Review Comment Period and Procedures
- Next Steps

# Overview of the Process

- November 16th Meeting Materials:
  - Discussion Draft Language
  - Medicare-Medicaid Plan (MMP) Requirements and Qualifications
- Follow-up Comments requested 10 days following today's meeting
- NYSDOH and CMS will evaluate all input

# Review of Sessions 1, 2, and 3

<b>Session 1:</b> <b>July 20<sup>th</sup></b>	New York City	<ol style="list-style-type: none"> <li>1) The Value of Integrating Medicare and Medicaid Services: DOH and CMS</li> <li>2) Medicare and Medicaid Integration by Other States: Integrated Care Resource Center</li> </ol>
<b>Session 2:</b> <b>September 7<sup>th</sup></b>	Albany	<ol style="list-style-type: none"> <li>1) Target Population</li> <li>2) Covered Services</li> <li>3) Care Coordination/Care Management Elements</li> <li>4) Assessment and Service Planning Requirements</li> </ol>
<b>Session 3:</b> <b>October 16<sup>th</sup></b>	New York City	<ol style="list-style-type: none"> <li>1) Network Adequacy and Access</li> <li>2) Participant Rights and Protections</li> <li>3) Marketing Rules and Flexibilities</li> <li>4) Quality Standards and Measures</li> </ol>

# Payment and Rate Considerations: Medicare

- What rate-setting structure/methodology should be used (Plans bid as in traditional MA versus CMS sets rates as in FIDA)?
- Importance of potential rebate dollars to fund supplemental benefits (vision, dental, OTC drugs)?
- What risk adjustment approach best meets the goals of the program? What is the importance of using frailty adjustment to reflect population's ADL limitations?

# Payment and Rate Considerations: Medicare

- How do we structure rates to ensure adequacy and account for the varying needs of subpopulations?
- What risk adjustment approach best meets the goals of the program?
- If we include well duals, how should the rate structure address well duals?
- If we include the whole state, how should the rate structure address the rest of the state?

# Payment and Rate Considerations: Medicare and Medicaid

- How should the rate approach address Plan quality, savings from integration and value-based purchasing?
- What reserves and financing requirements for the Plans that participate?

# Outreach, Education, and Engagement

- What outreach/advertising should the State/CMS provide for eligible individuals and providers before and after the launch of the program?
- How should the State/CMS capture feedback from participants and providers before and after the launch of the program?
- What outreach, education, and ongoing engagement of participants and providers should be required of the Plans?

# MCO/Plan Requirements and Qualifications

- What factors should the State consider in deciding which Plans to allow to participate in the integrated program?
- Should the State use a competitive bidding process to select only a fixed number of Plans or allow all interested Plans to participate?
- Should the State consider something in between; for example, allowing interested Plans to participate as long as they have some minimum experience serving no fewer than a certain number of lives in both Medicare and Medicaid (or in integrated models) whether in New York or another state?

# Enrollment

- Do you think the FOIC Program should be voluntary or mandatory (on the Medicaid side) for eligible individuals? Should the Medicaid product provide coverage for eligible dual eligibles regardless of what Medicare they have selected?
- Do you think the program should be voluntary on the Medicare side (which federal law requires), but with Passive Enrollment into the same Plan the person uses for his/her Medicaid FOIC Plan?
- Should participants be able to change their Plan at any time on a monthly basis? Should enrollments take effect on the first of the month and disenrollments be allowed to be requested up to the last day of the month?
- What do you think of the inclusion of an enrollment broker to handle the enrollment and disenrollment processing?

# Next Steps

<b>Session 5: December 8th</b>	<b>New York City</b>	<ol style="list-style-type: none"><li><b>1) Geographic Scope</b></li><li><b>2) Consolidation of Existing Programs</b></li><li><b>3) Platform for Integrating with Medicare</b></li><li><b>4) Considerations for Transition</b></li></ol>
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# For More Information

## Future of Integrated Care BML:

[futureofintegratedcare@health.ny.gov](mailto:futureofintegratedcare@health.ny.gov)

## Future of Integrated Care website on MRT:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/future/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/future/index.htm)

## Value-Based Payment BML:

[MLTCVBP@health.ny.gov](mailto:MLTCVBP@health.ny.gov)

## Value-Based Resource Library website on MRT:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_library/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm)

