



**Department
of Health**

**Office of
Health Insurance
Programs**

MLTC Status Update

Medicaid Managed Care Advisory Review Panel (MMCARP)

September 27, 2018

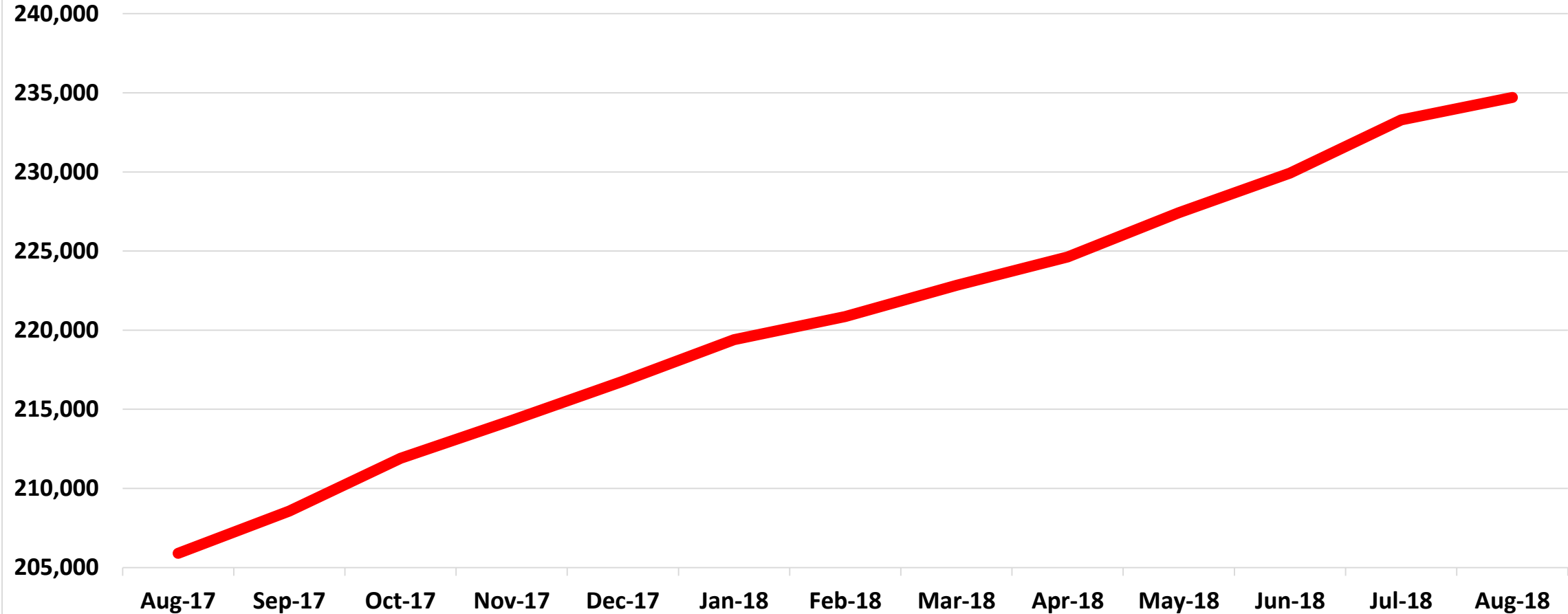
MLTC Statewide Enrollment

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD Percent enrollment increase from end of 2017
MLTC Product	Enrollment													
Partial Cap	186,626	189,071	192,273	194,455	196,859	199,442	200,799	202,513	204,025	206,438	208,628	211,526	212,736	8.07%
PACE	5,705	5,701	5,737	5,746	5,726	5,733	5,685	5,670	5,654	5,678	5,657	5,689	5,663	-1.10%
MAP	8,356	8,598	8,725	8,928	9,057	9,243	9,495	9,812	10,164	10,489	10,803	11,206	11,459	26.52%
FIDA	4,610	4,566	4,507	4,468	4,405	4,237	4,117	4,037	3,969	3,927	3,895	3,858	3,797	-13.80%
FIDA IDD	598	625	662	701	719	737	764	796	818	888	941	1,013	1,048	45.76%
TOTAL	205,895	208,561	211,904	214,298	216,766	219,392	220,860	222,828	224,630	227,420	229,925	233,292	234,703	8.27%
Growth from previous month		2,666	3,343	2,394	2,468	2,626	1,468	1,968	1,802	2,790	2,505	3,367	1,411	
Percent Change from previous month		1.29%	1.60%	1.13%	1.15%	1.21%	0.67%	0.89%	0.81%	1.24%	1.10%	1.46%	0.60%	

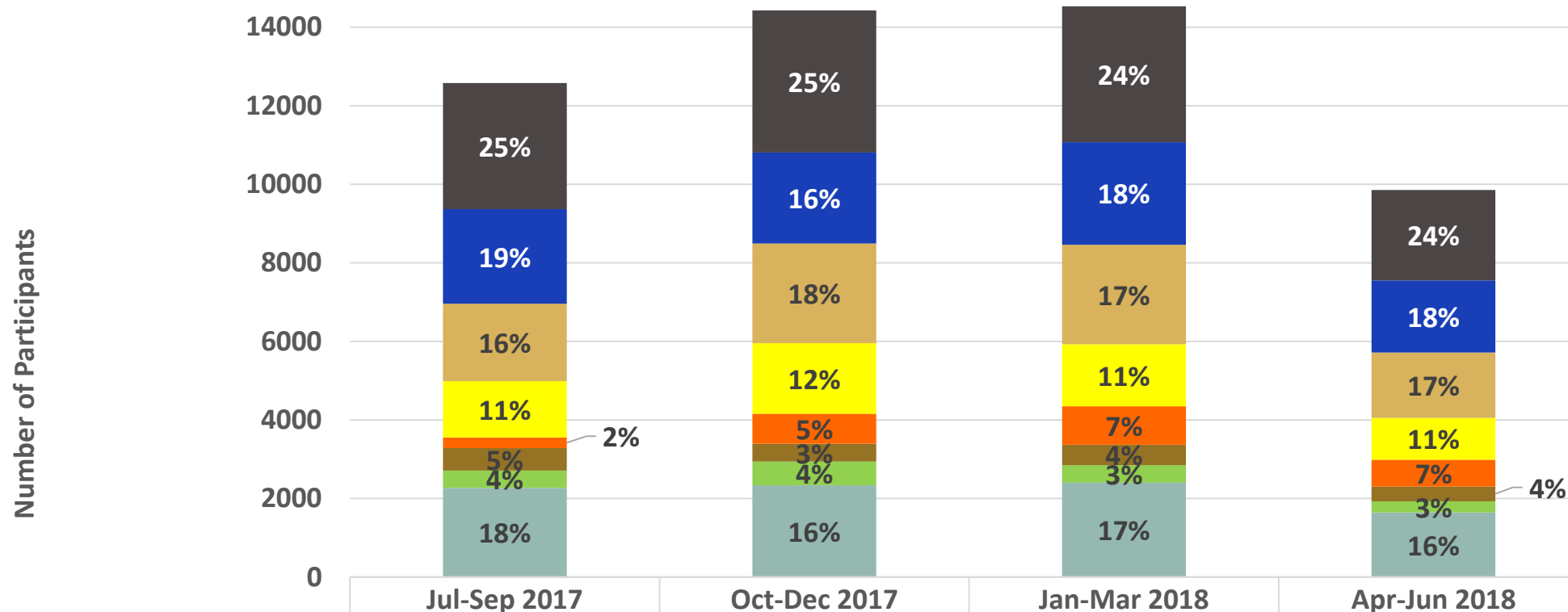


MLTC Statewide Enrollment

August 2017- August 2018
(includes Partial Capitation, PACE, MAP, FIDA & FIDA-IDD)



CFEEC Evaluation Marketing/Referral Sources



Home Care Agencies and Health Plans Combined
42%

While referral sources have remained relatively constant, the number of evaluations has **decreased** recently.

	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
Home Care Agency	3209	3616	3464	2302
Health Plan	2408	2315	2605	1841
Family/Friend/Neighbor	1968	2537	2536	1660
Doctor/Hospital	1435	1800	1576	1064
Social Worker	269	760	982	683
LDSS	572	456	518	380
Community Center	443	602	449	283
Others	2271	2339	2403	1645
Totals	12,575	14,425	14,533	9,858

2018-19 Enacted Budget Update:

- **LHCSA Contract Limitations**

- LHCSA guidance was released on August 20th regarding the statutory limitation on the number of licensed home care service agencies (LHSCAs) a Partial Capitation plan may have in its network
- The Department intends to release an FAQ as a companion document to this guidance shortly
- To read the full guidance on this limitation of contracted LHCSAs please go to: https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policy/lhsca_contract_guidance.htm
- This proposal applies to both direct and indirect plan and LHCSA contracts
 - For example, if you contract with a LHCSA that represents 12 other LHCSAs in an IPA arrangement, that counts as 13 LHCSAs

2018-19 Enacted Budget Update:

• LHCSA Contract Limitations, continued

- By October 1, 2018, each partial capitation plan will be expected to contract with a maximum number of LHCSAs in accordance with the following ratios:
 - For Downstate, the ratio is 1 LHCSA per each 75 enrollees (1:75)
 - For ROS, the ratio is 1 LHCSA per each 45 enrollees (1:45)
- By October 1, 2019, each partial capitation plan will be expected to contract with a maximum number of LHCSAs in accordance with the following ratios:
 - For Downstate, the ratio is 1 LHCSA per each 100 enrollees (1:100)
 - For ROS, the ratio is 1 LHCSA per each 60 enrollees (1:60)
- Exceptions:
 - Continuity of service with an aide
 - Geographic hardship
 - Linguistic or cultural competency

2018-19 Enacted Budget Update:

- **LHCSA Contract Limitations, continued**

- On August 23rd, a *Dear Administrator* letter was released as a reminder to LHCSAs of their obligations under State and federal laws and regulations, including:
 - State and Federal Anti-Kickback Provisions
 - LHCSA Regulation and Policy Provisions
- The letter reminded LHCSA operators who are planning to close an agency or discontinue services or programs that provide medical care and services to individuals in the community that they must adhere to the requirements included in the Department's *Closure Plan Guidelines for Providers*
- LHCSAs were also advised to review the *LHCSA Moratorium Guidance* on the Department's website at <https://www.health.ny.gov/facilities/cons>

2018-19 Enacted Budget Update

- **Social Adult Day Care:**

- The Department intends to issue guidance shortly that will highlight various recommendations to efficiently utilize the Social Adult Day benefit

- **Authorization vs. Utilization:**

- The Department is working with Maximus on implementing this proposal
- The Department will be issuing guidance to plans shortly

2018-19 Enacted Budget Update

- **Cost Reports for Providers**

- The Department intends to issue a Medicaid policy to LHCSAs and FIs that instruct them to send certified cost reports within 90 days to the Department

- **MLTC Nursing Home Lock-In**

- The Department issued formal Public and Tribal Notices for comments on the intention to amend the 1115 waiver to create a lock-in mechanism for MLTC Partial Capitation plans and to limit the partial capitation nursing home benefit
- The notice period ended on August 20th; implementation dates are pending CMS approval

2018-19 Enacted Budget Update

- **MLTC Congestion Pricing**

- Effective January 1, 2019, there will be a surcharge on for-hire vehicles traveling south of 96th Street in Manhattan
 - Rides that go into or through the congested area will be surcharged
 - Failure to pay the surcharge when due will result in a penalty of 200 percent of the surcharge amount
 - A survey was sent to all MLTC plans to determine their use of transportation vendors and whether or not they transport members into the area of congestion
 - Surveys were returned June 13th and revealed that all plans in the congestion pricing service area have the capability to track transports into or through the area of congestion

Community First Choice Option (CFCO)

- The Department held two stakeholder meetings in August to provide an update on the operationalization of CFCO in FFS and Managed Care:
 - August 23rd meeting with the LDSS
 - August 29th meeting with MMC and MLTC plans
- At both of these meetings, the Department shared the following draft guidance materials:
 - Service Authorization Guidelines on Assistive Technology (AT), Environmental Modifications (E-Mods), and Vehicle Modifications (V-Mods)
 - Person-Centered Service Planning Guidance
 - Aide Training Program

Community First Choice Option (CFCO)

- The Department gave a **two-week deadline** to each stakeholder group for returning feedback on the Service Authorization Guidelines and the Person-Centered Service Planning Guidance
 - For the LDSS, this date was September 6th
 - For MMC and MLTC plans, this date was September 12th
- The Department gave a **four-week deadline** to each stakeholder group for returning feedback on the Aide Training Program
 - For the LDSS, this date was September 20th
 - For MMC and MLTC Plans, this date was September 26th
- Please direct any comments or questions to CFCO@health.ny.gov

MLTC Value-Based Payment (VBP)

- An MLTC VBP Learning Series was held on June 12th
 - Presenters from VillageCare Max and Premier presented their innovative best practices in VBP and discussed improving enrollee quality care and Electronic Visit Verification (EVV)
 - Another MLTC VBP Learning Series is tentatively scheduled for October
- A Clinical Advisory Group (CAG) Meeting was held September 20th
 - A modified model for Skilled Nursing Facilities (SNFs) was provided
 - The Office of Quality and Patient Safety (OQPS) finalized the MY 2019 VBP MAP and FIDA, VBP PACE, and MLTC Partial VBP Measure Sets, which will be released in October

MLTC Value-Based Payment (VBP): Now Available in the VBP Resource Library

- The following are now available in the VBP Resource Library:
 - Guidance for establishing the standard for Level 2 VBP arrangements for MLTC Partial Capitated plans:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2018/2018-jul_mltc_lev2_contracting.htm
 - An updated Frequently Asked Questions for MLTC VBP Partial and Fully Capitated plans:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2018/faq_map_fida_pace.htm
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2018-06_vbp_for_pcp_faqs.htm
 - An updated VBP roadmap that was recently approved by CMS:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm
 - VBP University, the Department's online learning program, has recently released Sophomore Year, Semester Two: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/index.htm

Minimum Wage Implementation Guidance

- The Department has added an online resource to the DOH MRT website that provides information and clarification regarding minimum wage compliance and rate reimbursements
- The following link leads to a series of guidance documents that have been distributed to Managed Care Organizations (MCOs):
https://www.health.ny.gov/health_care/medicaid/redesign/min_wage_guidance.htm
- For January 1, 2019 contracts between MCOs and providers, the Department recommends that contract amendments be executed no later than November 1, 2018

Upgrade of the UAS-NY to v.1.4 (Phase 1)

- UAS-NY upgrade to version 1.4 (Phase 1) began May 11th, and includes:
 - Updated requirements around UAS-NY access
 - Software changes
 - Instructions associated with the required UAS-NY Offline Client upgrade
- Community Mental Health Assessment (CMHA) were deployed in early June
 - All CMHA assessments (for adult behavioral health evaluation) will now be conducted via UAS-NY
 - Previously conducted assessments are available for read-only review
- Planning and technical design for the children's transition deployment for the April 1, 2019 deadline is in progress

MLTC Workforce Investment Program

- The Quarter 1 Reporting Period ended on June 30, 2018
- On September 4th , the Department sent out a reminder email to have their Quarter 1 reports submitted
- The Quarter 2 reporting period closes on September 30, 2018
- The Quarter 2 reports are due by October 31, 2018
- The first MLTC Workforce Investment Program Learning Series is scheduled for September 28, 2018 from 10-2pm
 - The focus will be on best practices and will provide the WIOs and MLTCPs an opportunity to learn what others in the program are doing

“Able New York” Multi-Agency Initiative

- At the Governor's direction, the Department will lead the first phase of "Able New York," a multi-agency initiative that will emphasize enhanced accessibility to State services that support community living for New Yorkers with physical disabilities
- The Department is issuing guidance on existing requirements and programs that emphasize choice and integration, including:
 - A Dear Administrator reminder recently went to all nursing facilities reminding them to provide assistance to any resident that wishes to return to the community
 - Updated Guidance on the Immediate Need Program to LDSS regarding the Immediate Need Program for authorizing personal care services
 - Education about MLTC Housing Disregard to nursing homes, adult homes, local governments, and MLTC plans

QUESTIONS?



Contact Information



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https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/index.htm