


Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 12/15/2022)

September 22nd, 2022
Videoconference
10:30 AM to 12:30 PM
Meeting Minutes

- Panel Members:** Frederick Cohen, *Chair*; Kathryn Haslanger; Elisabeth Benjamin; Sheila Nelson; Neil Heyman; Joel Landau; Jay Silverman; Amber Decker; Donna Colonna; Frederick Riccardi; Ricardo Rivera-Cardona; Delores Fraser McFadden (*absent*).
- NYS DOH Staff:** Jonathan Bick; Susan Montgomery; Patricia Sheppard; Christine DiCaprio-Yandik; Krysten Bissaillon; Gayle Emrich; Desirae Munn; Erin Kate Calicchia; Selena Hajiani.
- Presenters/Guests:** Jonathan Bick, New York State Department of Health (DOH); Susan Montgomery (DOH); Gayle Emrich (DOH); Erin Kate Calicchia (DOH), Selena Hajiani (DOH); Joe Katagiri, New York State Office of Mental Health (OMH); Ashley Filler (OMH).

Medicaid Managed Care Advisory Review Panel (MMCARP)

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Discussion and review of 6-16-2022 minutes	The 6/16/2022 minutes were unanimously approved.	Motion Passed: 6/16/22 minutes approved.														
MMCARP Bylaw Subcommittee Update	Erin Kate Calicchia (NYSDOH), reported the following: The proposed MMCARP Bylaws were distributed to all panel members on September 19, 2022 and incorporates all comments from all of the appointed Bylaw Subcommittee members.	Motion Passed: MMCARP Bylaws approved-effective immediately.														
Mainstream Medicaid Managed Care Program Update	<p>Jonathan Bick (NYSDOH), reported the following:</p> <p>Enrollment Update</p> <p>Enrollment figures for all programs are included in the meeting information we sent to you</p> <ul style="list-style-type: none"> Enrollment Statistics Enrollment Broker Counties-Overall Activity Report <p>Auto-assignment figures have also been provided</p> <ul style="list-style-type: none"> Auto Assignment Rates Auto Assignment Rates for the SSI Population Graph <p>Total Medicaid Managed Care Enrollment</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Months</th> <th>Total Medicaid Managed Care</th> </tr> </thead> <tbody> <tr> <td>Mar-2022</td> <td>5,780,569</td> </tr> <tr> <td>Apr-2022</td> <td>5,775,508</td> </tr> <tr> <td>May-2022</td> <td>5,780,636</td> </tr> <tr> <td>Jun-2022</td> <td>5,815,645</td> </tr> <tr> <td>Jul-2022</td> <td>5,855,615</td> </tr> <tr> <td>Aug-2022</td> <td>5,853,108</td> </tr> </tbody> </table> 	Months	Total Medicaid Managed Care	Mar-2022	5,780,569	Apr-2022	5,775,508	May-2022	5,780,636	Jun-2022	5,815,645	Jul-2022	5,855,615	Aug-2022	5,853,108	
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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>October 1, 2022, for Medicaid Managed Care (MMC) Plans postpartum maternal depression screening using a validated screening tool may be reimbursed up to four times within the first 12 months after the end of the pregnancy. Screening can be provided by the maternal health care provider and/or by the infant's health care provider This is an increase from the previous limit of three times within the first 12 months postpartum.</p> <p>More information can be found in the July 2022 Medicaid Update: https://health.ny.gov/health_care/medicaid/program/update/2022/no08_2022-07.htm#monkeypox</p> <p>COVID-19 Vaccine Administration Code Update</p> <p>NYS Medicaid coverage and billing guidance for COVID-19 Vaccine administration is located at: https://www.health.ny.gov/health_care/medicaid/covid19/guidance/billing_guidance.htm</p> <ul style="list-style-type: none"> • COVID-19 Vaccine administration fee is \$40 for Medicaid managed care and fee for service • The administration billing codes have been updated to support FDA Emergency Use Authorization, including: <ul style="list-style-type: none"> • New codes for additional manufacturers • New codes for age ranges 6 months to 5 years, 5 years to 11 years • New codes for bivalent booster • Deactivation of monovalent booster <p>Orthopoxvirus/Monkeypox</p> <p>The Centers for Disease Control and Prevention (CDC) is tracking multiple cases of orthopoxvirus/monkeypox that have been reported in several countries that do not normally report orthopoxvirus/monkeypox, including the United States (U.S.). Updated total cases of confirmed orthopoxvirus/monkeypox in New York State (NYS) can be found on the NYS Department of Health (DOH) "Monkeypox" web page.</p> <p>The CDC is providing two, free immunizations, licensed by the U.S. Food and Drug Administration (FDA), JYNNEOS(also known as Imvamuneor Imvanex) and ACAM2000.</p> <p>Effective August 28, 2022, and in accordance with New York State (NYS) Governor Kathy Hochul's Executive Order No. 20.1 titled <i>Continuing the Declaration of a Statewide Disaster Emergency due to the Ongoing Spread of the Monkeypox Virus in the State of New York</i>, NYS Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) Plans will cover monkeypox vaccine administration, lab testing, and initial diagnostic evaluations without any cost sharing, coinsurance, or copayment liability to Medicaid FFS members or MMC enrollees for the duration of the NYS Monkeypox Disaster Emergency.</p> <p>More information can be found in the June 2022 & August 2022 Medicaid Update:</p>	<p>Elisabeth B. asked how the \$40 Covid-19 vaccine administration fee compares to commercial reimbursement?</p> <p><u>DOH Response:</u> Since the Covid-19 vaccine administration fee is benchmarked by the Medicare fee, the Department did not do a comparison to commercial insurance.</p>

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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>https://www.health.ny.gov/health_care/medicaid/program/update/2022/no07_2022-06.htm#monkeypox https://www.health.ny.gov/health_care/medicaid/program/update/2022/no09_202208.htm</p> <p>Selena Hajjani (NYSDOH), reported the following:</p> <p>1115 Waiver Amendments Update New York Health Equity Reform (NYHER): Making Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic.</p> <p>Timeline</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Activity</th> <th style="text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td>✓ Public Notice posted to State Register/Public Comment Period Begins</td> <td style="text-align: center;">April 13, 2022</td> </tr> <tr> <td>✓ Tribal Comment Period Begins</td> <td style="text-align: center;">April 13, 2022</td> </tr> <tr> <td>✓ Public Hearings 1 & 2</td> <td style="text-align: center;">May 3, 2022 and May 10, 2022</td> </tr> <tr> <td>✓ Public Comment Period Ends</td> <td style="text-align: center;">May 20, 2022</td> </tr> <tr> <td>✓ Tribal Comment Period Ends</td> <td style="text-align: center;">May 20, 2022</td> </tr> <tr> <td>✓ Target Date to Incorporate Public Comments and Finalize Amendment Application</td> <td style="text-align: center;">July 1, 2022</td> </tr> <tr> <td>✓ Formal Submission of Amendment Application to CMS</td> <td style="text-align: center;">September 2, 2022</td> </tr> <tr> <td>Federal Public Comment Period</td> <td style="text-align: center;">September 19– October 19, 2022</td> </tr> <tr> <td>CMS & New York Negotiate Terms of Amendment</td> <td style="text-align: center;">October – December 2022</td> </tr> <tr> <td>Target Implementation Date</td> <td style="text-align: center;">January 1, 2023</td> </tr> </tbody> </table> <p>Overview of New 1115 Waiver Amendment New York State is seeking \$13.52 billion over five years to fund a new 1115 Waiver amendment that addresses health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic. The central goal of the waiver is to reduce health disparities, advance health equity, and support the delivery of social care.</p> <p><i>NYS will work to achieve this goal through the following strategies:</i></p>	Activity	Date	✓ Public Notice posted to State Register/Public Comment Period Begins	April 13, 2022	✓ Tribal Comment Period Begins	April 13, 2022	✓ Public Hearings 1 & 2	May 3, 2022 and May 10, 2022	✓ Public Comment Period Ends	May 20, 2022	✓ Tribal Comment Period Ends	May 20, 2022	✓ Target Date to Incorporate Public Comments and Finalize Amendment Application	July 1, 2022	✓ Formal Submission of Amendment Application to CMS	September 2, 2022	Federal Public Comment Period	September 19– October 19, 2022	CMS & New York Negotiate Terms of Amendment	October – December 2022	Target Implementation Date	January 1, 2023	
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Mainstream Medicaid Managed Care Program Update	<p>1. Building a more resilient, flexible, and integrated delivery system that reduces health disparities, advances health equity, and supports the delivery of social care;</p> <p>2. Developing and strengthening transitional housing services and alternatives for the homeless and long-term institutional populations;</p> <p>3. Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages; and</p> <p>4. Creating statewide digital health and telehealth infrastructure.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="width: 10%;">Strategy #</th> <th style="width: 20%;">Strategy Section</th> <th style="width: 70%;">Change</th> </tr> </thead> <tbody> <tr style="background-color: #d9e1f2;"> <td></td> <td style="text-align: center;">General</td> <td> <ul style="list-style-type: none"> Identified one overarching goal (to reduce health disparities, advance health equity, and support the delivery of social care) and modified the amendment's former four goals to strategies under this goal. Explicitly identified focus on child and family behavioral health and I/DD. </td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">HEROs</td> <td> <ul style="list-style-type: none"> Expanded the illustrative list of stakeholder that the HERO composition could include and clarified that the list is not exclusive. The State, rather than HEROs, would develop a strategy and process for implementation of the social needs assessment tool. HEROs would use the SCN data captured through the assessment tool to inform their regional planning activities. </td> </tr> <tr style="background-color: #d9e1f2;"> <td style="text-align: center;">1</td> <td style="text-align: center;">SDHNs</td> <td> <ul style="list-style-type: none"> NYS will set interoperability standards and leverage existing IT systems instead of procuring a statewide IT social needs referral and data platform. Increased investments for CBO capacity building by \$69M annually. </td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Ensuring Access to Criminal Justice-Involved Populations</td> <td> <ul style="list-style-type: none"> Expanded conditions for criminal-justice involved populations to qualify for criminal justice pre-release services to include Hepatitis-C, I/DD, SUD, and Sickle Cell Disease as new single qualifying condition. </td> </tr> </tbody> </table>	Strategy #	Strategy Section	Change		General	<ul style="list-style-type: none"> Identified one overarching goal (to reduce health disparities, advance health equity, and support the delivery of social care) and modified the amendment's former four goals to strategies under this goal. Explicitly identified focus on child and family behavioral health and I/DD. 	1	HEROs	<ul style="list-style-type: none"> Expanded the illustrative list of stakeholder that the HERO composition could include and clarified that the list is not exclusive. The State, rather than HEROs, would develop a strategy and process for implementation of the social needs assessment tool. HEROs would use the SCN data captured through the assessment tool to inform their regional planning activities. 	1	SDHNs	<ul style="list-style-type: none"> NYS will set interoperability standards and leverage existing IT systems instead of procuring a statewide IT social needs referral and data platform. Increased investments for CBO capacity building by \$69M annually. 	1	Ensuring Access to Criminal Justice-Involved Populations	<ul style="list-style-type: none"> Expanded conditions for criminal-justice involved populations to qualify for criminal justice pre-release services to include Hepatitis-C, I/DD, SUD, and Sickle Cell Disease as new single qualifying condition. 	
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	2	Transitional Housing Services	<ul style="list-style-type: none"> Explicitly included individuals with I/DD. Changed “supportive housing” terminology to “transitional housing”. 	
	3	Hospital/Nursing Home COVID-19 Unwind Quality Pool	<ul style="list-style-type: none"> Clarified that hospital and nursing home health equity interventions will complement and align with each region’s local needs, target populations and targeted interventions. 	
	3	Workforce Investments	<ul style="list-style-type: none"> Explicitly included behavioral health providers and providers serving high-needs children. Clarified that WIOs will work with the regional HEROs and SDHNs on a gap assessment of local workforce needs and regional workforce investments. Clarified that training initiatives include training a diverse cohort of workers in high-need occupations that will lead to certification, licensure, and upgrading in title. 	
	4	Digital and Telehealth	<ul style="list-style-type: none"> Included examples of virtual care support around children’s behavioral health and children/families with complex needs in multiple systems. Added electronic platforms or applications as possible digital health investments. 	
Behavioral Health/HARP/ Health Home Update	<p>Ashley Filler & Joe Katagiri (OMH), reported the following:</p> <p>Behavioral Health Carve-In to Medicaid Advantage Plus (MAP)</p> <ul style="list-style-type: none"> Additional services are being added into the MAP benefit package January 1, 2023 Services include: <ul style="list-style-type: none"> OMH Services: <ul style="list-style-type: none"> Assertive Community Treatment (ACT) Continuing Day Treatment (CDT) Comprehensive Psychiatric Emergency Program (CPEP) Partial Hospitalization (PH) Personalization Recovery Oriented Services (PROS) Crisis Residence OASAS Services: <ul style="list-style-type: none"> Medically Supervised Detox –Inpatient Inpatient Rehabilitation Addiction Treatment Center -State Operated Inpatient Rehabilitation Residential Services Opioid Treatment Program 			

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<p>Behavioral Health/HARP/ Health Home Update</p>	<p>OMH/OASAS Services:</p> <ul style="list-style-type: none"> • Community Oriented Recovery and Empowerment (CORE) Services <p>Status of the Behavioral Health Carve-In to MAP</p> <ul style="list-style-type: none"> • In May 2022 the <i>Behavioral Health Guidance for Managed Care Organizations Carving Behavioral Health into Medicaid Advantage Plus</i> was distributed to MAP plans, MAP applicants, and providers describing the overall MAP behavioral health requirements, including, but not limited to: <ul style="list-style-type: none"> • Contracting • Credentialing • Continuity of Care • Utilization Management/Authorization • Readiness reviews began in August 2022 and are ongoing. • In July 2022 the <i>NYS BH MAP Billing Guidance</i>, billing resources and two billing webinars were conducted. <p>MAP Resources</p> <p>Medicaid:</p> <ul style="list-style-type: none"> • Mainstream/HARP Behavioral Health Billing and Coding Manual • Community Oriented Recovery and Empowerment (CORE) Benefit and Billing Guidance • OMH Medicaid Reimbursement Page • OASAS Billing Guidance <p>Medicare:</p> <ul style="list-style-type: none"> • Medicare Claims Processing Manual • Medicare Mental Health • Medicare Fee Schedule <p>MAP:</p> <ul style="list-style-type: none"> • MAP Model Contract • MLTC Policy 22.03 BH Benefits Carve into MAP MRT 90 (ny.gov) 	

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Agenda Items	Discussion	Action Items
Behavioral Health/HARP/ Health Home Update	For billing related questions please reach out to the OMH Managed Care mailbox (OMH-Managed-Care@omh.ny.gov) or the OASAS mailbox (PICM@oasas.ny.gov).	
Auto-Assignment Report	Gayle Emrich (NYSDOH) and panel members discussed the August 2022 Medicaid Managed Care Auto Assignment Report.	
Bureau of Consumer Services (BCS) Managed Care Complaint Process	<p>Neil McDonough (NYSDOH), reported the following:</p> <p>Complete Process Overview</p> <p>Within OHIP’s Division of Health Plan Contracting and Oversight, the Bureau of Consumer Services (BCS):</p> <ul style="list-style-type: none"> • Reviews allegations of Medicaid managed care organization (MCO) and Medicaid managed long term care (MLTC) organization non-compliance with regulatory, statutory, and Department of Health program requirements for all of New York State; • Investigates complaints from plan members, advocates, and providers involving the administration and payment of benefit package services, where the complainant is not able to resolve with the plan; • Refers inquiries which are not related to Medicaid MCOs and MLTCs to appropriate office; • Produces reports to meet internal requirements and external stakeholder requests <p>Inquiries, Intakes, and Investigations</p> <p>Medicaid MCO Intake Unit</p> <ul style="list-style-type: none"> • Receives inquiries and complaints regarding Medicaid MCOs via phone, email, fax, or mail, and documents details in a case database • Escalates allegations of non-compliance to the Investigation Unit when all necessary information is received <p>Medicaid MCO Investigation Unit</p> <ul style="list-style-type: none"> • Reviews escalated complaints and corresponds with the MCO to address the allegations, resolves those in which a policy and/or contract is violated, and sets forth a plan of action to reduce similar issues in the future, if applicable <p>MLTC Technical Assistance Center (TAC) Unit</p>	<p>Motion Passed: Kathryn H. requested that going forward the complaint report to CMS be distributed to MMCARP.</p> <p>DOH Response: NYS does not submit a separate complaint report to CMS. Complaints are reported as part of the quarterly 1115 Waiver Report to CMS.</p> <p>The quarterly reports are available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ny-medicaid-rdsgn-team-qtrly-rpt-jan-mar-2022.pdf.</p> <p>The MMC and MLTC complaint sections can be found on pages 26 to 50, and</p>

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Bureau of Consumer Services (BCS) Managed Care Complaint Process</p>	<ul style="list-style-type: none"> Receives inquiries and complaints regarding MLTC plans via phone, email, fax, or mail, and documents details in a case database For complaints involving allegations of non-compliance, TAC reviews escalated complaints and corresponds with the MLTC organization to address the allegations, resolves those in which apolicy and/or contract is violated, and sets forth a plan of action to reduce similar issues in the future, if applicable <p>Reporting</p> <p>Reporting Unit</p> <ul style="list-style-type: none"> Produces reports including CMS quarterly reports, aging reports, ad hoc reports (e.g., foster care complaint reports), reports for site surveys, and complaint line call reports Reporting utilizes data entered in the case database to produce reports, as well as data requested from the MCOs and collected through the Health Commerce System Reports submitted by the MCOs are analyzed and included in the CMS quarterly reports <p>Complaint Process</p> <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>Complainant Reaches Out to BCS</p> <ul style="list-style-type: none"> Via email, fax, letter, phone </div> <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>Case is Created</p> <ul style="list-style-type: none"> Information is collected and entered in case database All required documents are uploaded into the case </div> <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>Case is Worked</p> <ul style="list-style-type: none"> Policies and contracts are researched for applicable guidelines An appropriate resolution is coordinated with the plan </div> <div style="border: 1px solid black; padding: 10px;"> <p>Complaint is Resolved</p> <ul style="list-style-type: none"> Resolution is carried out and the complainant is notified Action may be taken to prevent future issues </div> <p>BSC Call Summary</p>	<p>pages 21 to 22 respectively. (Federal Fiscal Quarter 2 – 01/01/2022 to 03/31/2022).</p>

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items																																																				
Bureau of Consumer Services (BCS) Managed Care Complaint Process	<div style="text-align: center;"> NUMBER OF COMPLAINT LINE CALLS LAST 12 MONTHS </div> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse; text-align: center;"> <caption>Complaint Line Calls Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Intake</th> <th>TAC</th> <th>MARO</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>422</td><td>860</td><td>776</td></tr> <tr><td>Aug-21</td><td>394</td><td>810</td><td>803</td></tr> <tr><td>Sep-21</td><td>453</td><td>749</td><td>721</td></tr> <tr><td>Oct-21</td><td>438</td><td>739</td><td>770</td></tr> <tr><td>Nov-21</td><td>366</td><td>665</td><td>785</td></tr> <tr><td>Dec-21</td><td>384</td><td>704</td><td>822</td></tr> <tr><td>Jan-22</td><td>406</td><td>669</td><td>930</td></tr> <tr><td>Feb-22</td><td>404</td><td>646</td><td>905</td></tr> <tr><td>Mar-22</td><td>1,105</td><td>824</td><td>288</td></tr> <tr><td>Apr-22</td><td>1,202</td><td>664</td><td>0</td></tr> <tr><td>May-22</td><td>1,236</td><td>751</td><td>0</td></tr> <tr><td>Jun-22</td><td>1,246</td><td>723</td><td>0</td></tr> </tbody> </table> <p>BSC Case Summary MMC Case Count</p> <ul style="list-style-type: none"> • 3,062 cases received from 07/01/2021 –06/30/2022 <ul style="list-style-type: none"> ○ 1,755 emails (1,609 shared mailbox, 123 BH shared mailbox, 23 other source) ○ 966 phone calls ○ 260 faxes ○ 81 letters • 3,010 cases have been closed <ul style="list-style-type: none"> ○ 1,371 cases were resolved without investigation (of which 762 were court ordered FQHC claim submissions) ○ 257 cases that were investigated had substantiated allegations ○ 134 cases that were investigated had unsubstantiated allegations ○ 1,230 cases were closed as inquiries ○ 18 cases were closed as duplicates 	Month	Intake	TAC	MARO	Jul-21	422	860	776	Aug-21	394	810	803	Sep-21	453	749	721	Oct-21	438	739	770	Nov-21	366	665	785	Dec-21	384	704	822	Jan-22	406	669	930	Feb-22	404	646	905	Mar-22	1,105	824	288	Apr-22	1,202	664	0	May-22	1,236	751	0	Jun-22	1,246	723	0	
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Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Bureau of Consumer Services (BCS) Managed Care Complaint Process</p>	<ul style="list-style-type: none"> • 52 cases are in process <p>MLTC Case Count</p> <ul style="list-style-type: none"> • 2,011 cases have been received from 07/01/2021 –06/30/2022 <ul style="list-style-type: none"> ○ 1,073 cases received by phone ○ 929 cases received by email (shared mailbox, enrollment broker, other source) ○ 6 cases received by mail ○ 3 cases received by fax • 1,999 cases have been closed <ul style="list-style-type: none"> ○ 901 cases that were investigated had unsubstantiated allegations ○ 153 cases that were investigated had substantiated allegations ○ 898 cases were closed as inquiries ○ 47 cases were resolved without investigation • 12 cases in process <p>BCS Contact Information</p> <p>BCS Complaint Contact Information:</p> <ul style="list-style-type: none"> • Emails: <ul style="list-style-type: none"> ○ Intake: ManagedCareComplaint@health.ny.gov ○ Behavioral Health Intake: NYSDOH.BCS.Behavioral.Health.Complaints@health.ny.gov ○ TAC: MLTCTAC@health.ny.gov • Phone: <ul style="list-style-type: none"> ○ Bureau: 518-486-1429 ○ Medicaid MCO Intake: 800-206-8125 (complaint line) ○ MLTC TAC: 866-712-7197 (complaint line) • Fax: <ul style="list-style-type: none"> ○ Medicaid MCO Intake: 518-473-3583 ○ MLTC TAC: 518-474-6961 	

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items																												
<p>Status Report of Managed Long Term Care (MLTC)</p>	<p>Jonathan Bick & Susan Montgomery (NYSDOH), reported the following:</p> <p>MLTC Enrollment</p> <p>FIDA-IDD Enrollment</p> <table border="1" style="margin-bottom: 20px;"> <thead> <tr> <th>Months</th> <th>FIDA-IDD</th> </tr> </thead> <tbody> <tr><td>Mar-2022</td><td>1,689</td></tr> <tr><td>Apr-2022</td><td>1,674</td></tr> <tr><td>May-2022</td><td>1,674</td></tr> <tr><td>Jun-2022</td><td>1,667</td></tr> <tr><td>Jul-2022</td><td>1,656</td></tr> <tr><td>Aug-2022</td><td>1,659</td></tr> </tbody> </table> <p>MAP Enrollment</p> <table border="1"> <thead> <tr> <th>Months</th> <th>MAP</th> </tr> </thead> <tbody> <tr><td>Mar-2022</td><td>32,183</td></tr> <tr><td>Apr-2022</td><td>32,649</td></tr> <tr><td>May-2022</td><td>33,296</td></tr> <tr><td>Jun-2022</td><td>34,024</td></tr> <tr><td>Jul-2022</td><td>34,357</td></tr> <tr><td>Aug-2022</td><td>34,355</td></tr> </tbody> </table>	Months	FIDA-IDD	Mar-2022	1,689	Apr-2022	1,674	May-2022	1,674	Jun-2022	1,667	Jul-2022	1,656	Aug-2022	1,659	Months	MAP	Mar-2022	32,183	Apr-2022	32,649	May-2022	33,296	Jun-2022	34,024	Jul-2022	34,357	Aug-2022	34,355	
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Medicaid Managed Care Advisory Review Panel (MMCARP)

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Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Status Report of Managed Long Term Care (MLTC)</p>	<p>Social Adult Day Care (SADC) HCBS Compliance Activities</p> <ul style="list-style-type: none"> • DOH is working with MLTC plans to validate SADC site's Self-Assessment of HCBS compliance including reviewing supporting evidence and conducting virtual on-site visits. • MLTC plans' Person-Centered Service planning compliance, SADC plan of care and member satisfaction surveys are also being conducted. • DOH and MLTC plans will continue to annually monitor and track HCBS SADC compliance and remediation activities. • Progress reporting for NYS HCBS SADC compliance will be prepared and submitted to CMS prior to the March 17, 2023, due date. <p>Active MLTC MAP Expansion Reviews, New PACE and MAP Applications and MLTC Plan Mergers</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; background-color: #fce4d6; padding: 5px;"> <p style="text-align: center; margin: 0;">Active MAP Expansion Reviews</p> <ul style="list-style-type: none"> • <u>CPHL</u>- MAP expansion application for 3 additional counties is under review. • <u>Fideliis</u> – MAP expansion for 40 counties approved for 7/1/2022 and MAP expansion application for 3 additional counties is under review. • <u>Senior Whole Health</u> – MAP expansion application for 3 additional counties is under review. • <u>Village Care MAX</u> – MAP expansion application for 3 additional counties is under review. • <u>VNS Choice</u> – MAP expansion application for 3 additional counties is under review. <p style="text-align: center; margin: 5px 0;">• PACE Applications and Expansions</p> <ul style="list-style-type: none"> • <u>Hudson Headwaters</u>- NEW PACE application submitted under review • <u>ArchCare</u> – PACE expansion under review • <u>Eddy/Senior Care Connection</u> – PACE expansion under review • <u>Fallon Health Weinberg</u>- PACE expansion under review • <u>RiverSpring</u> – PACE application under review • <u>WelBHealth</u> – PACE application under review </div> <div style="width: 45%; background-color: #e0e0e0; padding: 5px;"> <p style="text-align: center; margin: 0;">New MAP Applications</p> <ul style="list-style-type: none"> • <u>Aetna</u> – MAP application for 1 county is under review. • <u>Excellus</u> – MAP application for 13 counties is under review. • <u>iCircle</u>- MAP application for 14 counties is under review. • <u>MVP</u> –MAP application for 12 counties is under review. • <u>VNA/Nascentia</u> – MAP application for 15 counties is under review. • <u>UHC</u>- signed MAP contract pends for 6 counties. <p style="text-align: center; margin: 5px 0;">• MERGERS</p> <ul style="list-style-type: none"> • Senior Whole Health acquiring AgeWell's Partial Capitation line of business 10/1/2022 • EBCBS/HealthPlus acquiring Integra's Partial Capitation and MAP lines of business 12/1/2022 • Hamaspik acquiring Extended MLTC Partial Capitation line of business Spring 2023 </div> </div> <p>New York Independent Assessor</p> <ul style="list-style-type: none"> • The New York Independent Assessor began on May 16th for initial assessments for personal care and consumer directed personal assistance services and Managed Long Term Care plan eligibility, except for Immediate Need and expedited initial assessments. 	<p>Amber D. inquired about HCBS SADC compliance and remediation activities.</p> <p><u>SDOH Response</u>: The HCBS SADC MLTC Policy 21.05 is posted and includes policy, guidance for MLTC plans, webinars, tools, and FAQs that have been distributed to MLTC plans since December 2021 to current: https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policies.htm</p>

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Agenda Items	Discussion	Action Items
Status Report of Managed Long Term Care (MLTC)	<ul style="list-style-type: none"> On August 30, 2022, DOH posted and sent an update to the implementation date of the NYIA conducting immediate need and expedited initial assessments. The implementation date is now planned for December 1, 2022. Until then, LDSS and plans will continue to conduct all immediate need and expedited initial assessments. In August, NYIA completed 11,531 assessments. As discussed, DOH will provide additional data on NYIA operations at the December MMCARP meeting. 	<p>Elisabeth B. requested utilization data regarding assessments via in-person vs virtually.</p> <p>There was also an ask to include denial rates and wait times.</p> <p><u>SDOH Response:</u> This data will be included in the December NYIA presentation.</p>
Public Comment	<p>Public Comment 1: Ralph Warren</p> <p>Expressed concern that there has been a very large increase in members in OPWDD in mainstream MMC plans. Mr. Warren requested that the panel be made aware of this population.</p> <p>There was further discussion around OPWDD having the ability to voluntarily join a mainstream plan and the concern that mainstream plans do not have expertise in intellectual disabilities.</p> <p>Public Comment 2: Rebecca Novick</p> <p>Thanked the Department for the complaint line presentation and offered concern that issues are not being investigated systemically. Ms. Novick stated that the complaint line often agrees with whatever the plan is saying and that there are barriers to consumers, which she wishes to see resolved.</p>	<p>Fred C. asked that the Department look into Ralph Warren's concern and provide more info at the next MMCARP meeting.</p> <p><u>SDOH Response:</u> The Department will provide information at the next MMCARP meeting.</p>
	Motion Passed: Meeting adjourned at 12:39pm	

ACRONYMS & INITIALISMS

ADL	Activity of Daily Living
ADM	Administrative Directive Memorandum
ARPA	American Rescue Plan Act

BH	Behavioral Health
CBAA	Certified Behavior Analyst Assistant
CBLTC	Community Based Long Term Care

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CBLTSS	Community Based Long Term Services and Supports
CBO	Community Based Organization
CDC	Centers for Disease Control
CDPAP	Consumer Directed Personal Assistance Program
CDPAS	Consumer Directed Personal Assistance Services
CFCO	Community First Choice Option
CFEEC	Conflict-Free Evaluation and Enrollment Center
CFTSS	Children and Family Treatment and Support Services
CHA	Community Health Assessment
CHP	Child Health Plus
CMA	Care Management Agency
CMHA	Community Mental Health Assessment
DME	Durable Medical Equipment
DOH	Department of Health
DOL	Department of Labor
D-SNP	Dual Eligible Special Needs Plans
EP	Essential Plan
FAQ	Frequently Asked Questions
FFS	Fee for Service
FI	Fiscal Intermediary
FIDA	Fully Integrated Duals Advantage
FIDA-IDD	Fully Integrated Duals Advantage-Individuals with Intellectual and Developmental Disabilities
FLSA	Fair Labor Standards Act
FY	Fiscal Year
HARP	Health and Recovery Plan
HCBS	Home and Community Based Services
HERO	Health Equity Regional Organization
HIV SNP	HIV Special Needs Plan
IADL	Instrumental Activity of Daily Living
IB-Dual	Integrated Benefits for Dually Eligible Enrollees
IPP	Independent Practitioner Panel
IRP	Independent Review Panel
JAC	Joint Advisory Council
LBA	Licensed Behavior Analyst
LDSS	Local Department of Social Services
LGU	Local Government Unit

LHCSA	Licensed Home Care Services Agencies
LTNHS	Long Term Nursing Home Stay
MARO	Metropolitan Area Regional Office
MCO	Managed Care Organization
MLTC	Managed Long Term Care
MMC	Medicaid Managed Care
MMCARP	Medicaid Managed Care Advisory Review Panel
MOU	Memorandum of Understanding
MRT	Medicaid Redesign Team
NHTD	Nursing Home Transition and Diversion Waiver
NYC	New York City
NYIA	New York Independent Assessor
NYSDOH	New York State Department of Health
OASAS	Office of Alcoholism and Substance Abuse Services
OHIP	Office of Health Insurance Programs
OMH	Office of Mental Health
OMIG	Office of Medicaid Inspector General
OTC	Over the Counter (Drug)
PACE	Program of All-Inclusive Care for the Elderly
PCS	Personal Care Services (Medicaid State Plan)
PHIP	Population Health Improvement Program
PNDS	Provider Network Data System
POC	Plan of Care
PPS	Performing Provider System
RFP	Request for Proposals
ROS	Rest of State
RPC	Regional Planning Consortium
SBHC	School Based Health Center
SCN	Social Care Needs
SDHN	Social Determinants of Health Network
SSI	Supplemental Security Income
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
VBP	Value Based Payment
WIO	Workforce Investment Organizations