



# MRT “Boo-Yah!” Report

March 2018

*This report is a compilation intended to highlight projects as they are completed and share the many accomplishments of the NYS Medicaid Redesign Team.*

For more information about the Medicaid Redesign Team (MRT) visit the webpage at: [https://www.health.ny.gov/health\\_care/medicaid/redesign/](https://www.health.ny.gov/health_care/medicaid/redesign/).

You can also view a full list of all MRT work plans by clicking on the link below: [https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_progress\\_updates.htm](https://www.health.ny.gov/health_care/medicaid/redesign/mrt_progress_updates.htm).

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## **#8009 ICAN Expansion of Long Term Care Ombudsman to all Managed Care Recipients Receiving Long-Term Support Services (DLTC)**

In December 2014, the Ombudsman program was initiated as a result of a 1115 Waiver requirement. The purpose of the Ombudsman program is to provide Long Term Support Services (LTSS) recipients with resources and advocacy to navigate managed care programs. The Ombudsman program is available to all participants through telephonic and, where appropriate, in-person access. This program is not affiliated with health insurance companies and is funded by New York State.

The Independent Consumer Advocacy Network (ICAN), a program of the Community Service Society of New York (CSS), is the non-profit organization in New York City that facilitates the State’s Ombudsman program. ICAN is an independent, conflict-free entity that provides participants with no-cost assistance in accessing their care, understanding and exercising their rights and responsibilities, and appealing adverse decisions made by their plans.

ICAN provides assistance for:

- New York’s Managed Long Term Care (MLTC), Fully Integrated Duals Advantage (FIDA), and Medicaid Advantage Plan (MAP) recipients;
- Mainstream Medicaid recipients that utilize LTSS services;
- FIDA for individuals with intellectual and/or developmental disability (FIDA IDD); and
- Health and Recovery Plan (HARP) beneficiaries.

The need for the services provided by Ombudsman to the beneficiary population is evident in the case volume that ICAN is handling. On average, they handle 4-500 cases per month and at times throughout the year, such as when a challenging issue may arise with beneficiaries, that number will increase. In the three years since its inception, ICAN has handled over 15,000 cases. As ICAN continues outreach and education initiatives on Ombudsman services it is anticipated that utilization of this program will continue to grow.

For more information please visit: <http://icannys.org/>.

## **#8010 BIP NY Connects Expansion (DLTC)**

Establishing a “No Wrong Door” where individuals can receive information about long term care and access a core standardized assessment of their long-term care needs was one of the key deliverables of the Balancing Incentive Payment (BIP) program. NY Connects staff are now prepared to refer individuals to aging services as well as programs and services offered through the Department of Health (DOH), Office of Mental Health (OMH), Office of Alcohol and Substance Abuse Services (OASAS), and the Office for People with Developmental Disabilities (OPWDD). Staff can assist individuals with determining their Medicaid eligibility or eligibility for other public assistance programs, and connect the individual directly to appropriate services. Through BIP, the changes in NY Connects make it easier to access long-term care in the community.

BIP invested significant resources into NY Connects to transform it into a statewide resource for those in need of long-term care regardless of age or disability. Over a four-year period, the New York State Office for the Aging (NYSOFA) spent \$38.4 million to expand and enhance NY Connects through BIP. This included over \$11 million in infrastructure improvements as well as development and implementation of a single, statewide client data system. This system was designed to improve the availability and quality of data while making access to information more uniform across the State. Changes were also made to improve the website so that individuals and their loved ones can search the resource directory through a self-guided online questionnaire, by looking for specific services and supports, or by contacting NY Connects staff for additional assistance.

An additional \$26.7 million in BIP funds were provided through grants to the Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) to operationalize the “No Wrong Door” through NY Connects. These changes along with a statewide advertising campaign have resulted in increased usage of:

- the 800 number (calls initially tripled and at the time of this publication volume remains twice as high as the baseline.);
- the website (new users more than quadrupled); and
- the agency resources.

Please visit the BIP website for more information on “No Wrong Door” and other deliverables at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/balancing\\_incentive\\_program.htm](http://www.health.ny.gov/health_care/medicaid/redesign/balancing_incentive_program.htm).

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## #9004 MCO Penalties

Per the enactment of the 2016-17 NYS Executive Budget and Social Service Law 364-j subdivision 32, enforcement of Phase 1 Encounter Data Quality (EDQ) measure related to timeliness began April 1, 2016; enforcement of Phase 1 EDQ measures regarding accuracy and completeness began July 1, 2016.

Penalties are currently assessed based on three categories measures in the performance report: timeliness, accuracy, and completeness.

- Timeliness - Timeliness measures examine the extent to which Issuers are meeting the Medicaid Model Contract requirements for submitting encounter data within specified timeframes.
- Accuracy - The data accuracy measures examine the extent to which encounter data files and encounters were submitted and accepted.
- Completeness - This measure evaluates data completeness in terms of volume. Volume is defined by the number of encounters per member per month (PMPM).

Monetary penalties may be imposed for each quarter an Issuer is found to be non-compliant. Compliance status is determined and published quarterly on the EDQ Performance Measures Report. Penalties will be calculated and assessed based upon a percentage of the administrative portion of Medicaid premium. If an Issuer has multiple lines of business (LOB) with different administrative premiums, a weighted average will be calculated. The Office of Health Insurance Programs (OHIP) will not be adjusting the administrative component of capitation rates.

Information regarding the New York State All Payer Database and the encounter submission process can be found here: [https://www.health.ny.gov/technology/all\\_payer\\_database/](https://www.health.ny.gov/technology/all_payer_database/).

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## #9114 ACA Insurance Tax (MCO Tax) (DFRS)

The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspended collection of the health insurance provider fee for the 2017 calendar year only. Thus, health insurance issuers were not required to pay the fee for 2017. As a result of this moratorium, a reduction was effectuated in the January 2017 Mainstream Managed Care (MMC) capitation rates to reflect this adjustment. These rates were effective on the Electronic Medicaid of New York (eMedNY) as of October 18, 2017 in cycle 2097, with a check release date of November 15, 2017. As a result, the savings was retroactive to January 2017 and required budget savings was achieved.

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## #10007 HARP Rates (DFRS)

The transition of Medicaid Behavioral Health services from a primarily fee-for-service environment to a managed care environment was an initiative of the State's Medicaid Redesign Team through partnerships with the State Department of Health (DOH), Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse Services (OASAS), the New York City Department of Health and Mental Hygiene, and stakeholders statewide. The initiative was intended to improve clinical and recovery outcomes for individuals with Serious Mental Illness (SMI) and Substance Use Disorder (SUD) by reducing the growth in costs through a reduction in unnecessary emergency and inpatient care while increasing network capacity to deliver community-based recovery-oriented services and supports. As part of this transition, Managed Care Health and Recovery Plans (HARPs) were created to manage care for adults with significant behavioral health needs. These plans facilitate the integration of physical health, mental health, and substance use services for individuals requiring specialized approaches, expertise and protocols which are not consistently found within most managed care organizations (MCO). In addition to the State Plan Medicaid services offered by Mainstream MCOs, qualified HARPs offer access to an enhanced benefit package comprised of Home and Community Based Services (HCBS) designed to provide the individual with a specialized scope of support services not currently covered under the State Plan. Consistent with the workplan, HARP rates were developed and went live in NYC on October 1, 2015 and in the rest of New York State on July 1, 2016.

For more information regarding HARPs and HCBS services please refer to the following link: [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/harp\\_bh/](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/harp_bh/).

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## #10011 Managed Care Transition (DHPCO)

The Special Terms and Conditions of the New York Medicaid Redesign Team Section 1115 Waiver (MRT 1115 Waiver) required the State to evaluate which portions of the MRT 1115 Waiver could be transitioned to authorities other than authority provided under Section 1115 of the Social Security Act. The resulting analysis was required to be submitted to CMS by December 31, 2017, inclusive of a plan for transitioning MRT programs from the MRT 1115 Waiver to the appropriate Social Security Act Title XIX authority, such as Sections 1915(b), 1915(c), or 1932. The State completed the analysis and submitted a report on December 20, 2017, finding that none of New York's MRT 1115 Waiver populations or coverages could be supported outside of the Section 1115 waiver due to regulatory limitations of the alternate waiver authorities.

For more information related to the 1115 Waiver please contact: [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov).



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P **#10203 Quarterly Meeting with Legislature on Medicaid Managed Care Rates (DFRS)**

H NYS Department of Health (DOH) committed to providing quarterly updates to the New York State Legislature  
A regarding Medicaid Managed Care rates. In the spirit of transparency, the DOH, in conjunction with the  
S Division of the Budget (DOB), are required to hold briefings with the chairpersons of the Senate and Assembly  
E Health Committees, the Senate Finance Committee, and the Assembly Ways and Means Committee as  
7 Managed Care premiums were updated throughout the State Fiscal Year. Additionally, the DOH provided  
documentation to the Legislature containing information regarding components of the Managed Care  
premiums (e.g. base amounts, trend percentages, category of service splits, etc.), add-on adjustments, quality  
pool amounts, and various other Medicaid Managed Care rate development information. Finally, the DOH  
continues to provide the Legislature with all presentation materials disseminated at monthly managed care  
plan meetings.

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**#10205 Wage Parity for CDPAP Assistants (DFRS)**

Wage parity was implemented to provide home care workers with fair rates for overtime and travel. This MRT project incorporates the Consumer Directed Personal Assistance Services (CDPAS) into the program. Rates were evaluated to assess what amount should be added to fund this addition. It was determined that the current rates were sufficient and increases in provider costs have been accounted for to address CDPAS wage parity needs. A monthly survey was released to ensure that providers were in compliance with this change.

For more information, please visit: [https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_61.htm](https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm).

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**#10307 Uniformed Assessment System (UAS) (DLTC)**

As a result of the 2017-18 Executive Budget negotiations, the Department of Health agreed to hold informational sessions on the Uniformed Assessment System – New York (UAS-NY) with the NY Legislature and other stakeholders. Earlier this year, the Department presented a comprehensive presentation on the UAS-NY system, with the understanding that future meetings will be held if necessary. However, at this time, no further meetings have been scheduled.

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