NEW YORK STATE | Department of Health

Rate Setting Methodology Task Force Update

Steve Held, Council and Task Force Chair

Task Force Members

- Task Force Chair: Steve Held
- Parents: Amy De Vito and Leah Esther Lax
- Provider: Brigitte Desport
- Discretionary: Lidiya Lednyak
- Municipal Rep: Marina Yoegel, Heidi Bond
- State Agency: Bonnie Caitlin (Office of Mental Health)
- Local Early Intervention Official Designee: Jordan Kase
- Bureau of Early Intervention Staff: Raymond Pierce, Peter Baran, Mike Iorio, Diane Ginsburg, Doug Arthur, and Jennifer Sandshaw

Rate Setting Taskforce Update

FY25 Budget: 5% rate increase for in person services effective April 1, 2024.

There are several factors which need to be figured out:

- How will this be implemented? – With the launch of the EI HUB
- How will we differentiate between in-person and telehealth?
- Will there be guidance for a code for telehealth as opposed to in-person? Yes – EI HUB
- Will the 5% rate increase be retroactive? Yes, to April 1, 2024
- Will the Bureau publish new rates and guidance through their statewide communication system? Yes

Task Force Proposed Rate Set Process

- **Rates**
  - Each home and community-based service type will need a different rate code for in-person vs telehealth services to reflect the payment amount.
  - It is actually the rate code in Medicaid that states how much will be paid for the service authorized on the IFSP and not by adding a modifier on a claim.
  - If the family consents to telehealth, the service authorization will reflect the service and rate code which determines the amount the provider will be paid for each service delivered.

Preliminary Topics for Consideration

- Several providers have asked, based on audits in the field of records, whether the Department is expecting structural changes for writing Medicaid notes for telehealth as opposed to in-person.

  - You will need to have a session note, similar to the current process.
  - The parent will sign an attendance log after, acknowledging that a telehealth session occurred.
  - Right now, the templates vary widely amongst municipalities as there are various local requirements.
  - We will discuss the creation of standard format in future meetings.

Rate Setting Taskforce Update

Medicaid

- Was the 5% increase calculated on more telehealth deliverables in Early Intervention?

- How do we envision the process of establishing what the modifier will be and what the role of the taskforce will be? We have some time on how this will be implemented and how it will be brought to the field. We are still waiting for information from the budget.

Rate Setting Taskforce Update

- With Dr. Tai's help, we were clear about the poverty level and the consensus was to move forward.

- Based upon how much money is available for the 4% modifier, the Bureau should prioritize where the money will go. Some factors being used to apply the modifier include in-person services, underserved areas by zip code in which children are waiting the longest for services and evaluations.

- When applied, we are going to apply it just to the core services such as Occupational Therapy, Physical Therapy, and Speech and Evaluation.

Rate Setting Taskforce Update

- If the provider is going to get $75 for the service, then 4% modifier adds about $3 to the service.
- The 4% modifier would be in addition to the 5% rate increase.
- We need to continue having conversations around rural. Does it track with poverty, or does it need to be separate?

Rate Setting Taskforce Update

- We need to start identifying parameters for distance traveled for in-person. We need to see where and what we are defining as rural.
- Some counties have a mixture of rural and urban.
- Rural hard to reach and underserved. Do we put them all into one pot and hope the modifier will achieve capacity for in-person services based on the financial incentive that is expected to cover these three priorities?
- The goal of the modifier is to bridge the gap and get services and evaluations offered in an equitable manner.

Rate Setting Taskforce Update

- We are rate based, so we are calling this add-on a modifier. Essentially the decision of a modifier will need to be made at the time of authorization.
- It may make sense for the county official to make modifier determinations during the Individualized Family Service Plan.
- We need structure, a different code that is put on, but only allowed if specific requirements are made.
- There are two ways to consider; the provider gets a separate rate that includes the modifier, or you get separate modifier rate that is attached to the service.
- The service would be billed as a whole to Medicaid either way.

Steps to Take for Bringing Rates to 2023 Levels

- We can go back to the data Dr. Tai supplied us with, to trial the potential coverage of our three priority areas.

- We can fine tune that category and make it more useful. We have the population in each zip code and this data can help us identify that area.

- We have mixed urban and mixed rural even at the zip code level and we have the rural area that we can identify in the report. We need to fine tune our criteria for the modifier.

Discussion and Questions?