

Managed Long Term Care Partial Capitation (MLTCP) Plan Enrollment Cap Target Setting Frequently Asked Questions (FAQs)

July 8, 2021

- 1.) **Question:** What factors will be used to establish the plan specific MLTCP Enrollment Caps for State Fiscal Year (SFY) 2021-22?

Answer: Enrollment caps will be based on regional enrollment growth percentages for new members entering MLTCPs. These growth percentages are applied to plan specific enrollment counts from the beginning of the measurement period. Plan specific targets are then adjusted based upon the plan's quality of care, as further described in Question #5 below. Additionally, plans will be allowed more enrollment cap space for transitioning members from MLTCP to their integrated duals products with a long term support services benefit, including Medicaid Advantage Plus and PACE plans.

- 2.) **Question:** How is enrollment by a plan measured against the enrollment cap? Is it total members or new members enrolled by the plan?

Answer: The enrollment cap applies to newly enrolled members (it does not cap total enrollment). The cap also does not count newly enrolled members that were enrolled through auto-assignment or due to plan closure (MLTC Policy 17.02). The remaining newly enrolled members will count towards a plan's enrollment cap.

- 3.) **Question:** Will a plan with enrollment in multiple regions be scored against a regional cap or the statewide cap?

Answer: Plans will be scored against the statewide cap, and DOH will be monitoring regional enrollment for informational purposes only.

- 4.) **Question:** How do members transferred to MAP or PACE plans impact the enrollment cap?

Answer: Plans can receive a 1:1 increase in their cap for each member that is successfully transferred from MLTCP to an integrated care plan for duals (MAP or PACE) during SFY 2021-22. For example, if *Plan 1* transfers three members to a MAP plan and two members to a PACE during SFY 2021-22, then that plan's cap will be increased by five members for the purposes of withhold evaluation after the close of SFY 2021-22. An illustrative example of trend and quality adjustments is attached to this FAQs document.

- 5.) **Question:** How does the Plan's quality score impact their cap?

Answer: For SFY 2021-22, plans that have quality scores in Tier 0 will lose 1 percentage point off of their enrollment target and that cap space will be reallocated to plans that have quality scores in Tiers 2 and 3. Quality scores are based on MLTCQI

performance from 2019. An illustrative example of trend and quality adjustments is attached to this FAQs document.

- 6.) **Question:** How do enrollment cap targets adjust when a plan acquires or merges with another plan?

Answer: The enrollment cap growth of the acquired plan is transitioned to the surviving plan, or the cap space of both plans is combined and allotted to the new entity in the case of a merger.

- 7.) **Question:** How were the new member enrollment measurements from the previous year trended forward to generate the SFY 2021-22 Enrollment Caps?

Answer: Base period enrollment data was trended forward using enrollment trends developed to be consistent with those used in MLTC Rate Setting. Additional consideration was included for the impact from the Long Term Nursing Home population transition to Fee for Service and from the impact of COVID-19. The Department of Health (DOH) will monitor enrollment patterns quarterly at regional and statewide levels to determine if retrospective adjustments to trends will be necessary.

- 8.) **Question:** What process has been established if a plan is at risk of exceeding its cap during the measurement period?

Answer: DOH suggests that plans review their marketing plan and enrollment goals in relation to their enrollment cap and adjust as appropriate. As plans monitor enrollment over the coming year, if a plan's new enrollment is approaching these targets, please contact DOH at the e-mail address below to schedule a review. DOH will review plan requests on a case by case basis. Plans will be asked to submit a template that details the steps the plan has taken to stay within their cap and the data they are relying on to support them being at risk of exceeding the cap.

Please email MLTC.Compliance.Reporting@health.ny.gov with these requests or related questions.

Enrollment Cap Targets – Trend & Quality Adjustments

(Illustrative)

Plans by Region	April Beginning Period Enrollment	Adjusted % New Membership	Trend Adj.	Quality Score 2019	Quality Score Impact*	Raw Cap %	Raw Cap #	Include in Allowance	Additional Plan Allowance	Cap After Quality Adjustment	SFY22 MLTCP→ MAP/PACE Transfers	Final SFY22 Enrollment Cap #
Region A	5,750	28.7%	5.9%			34.1%	1,962		30	1,992	17	2,009
Plan 1	100	28.7%	5.9%	1	0%	34.6%	35	No	0	35	5	40
Plan 2	150	28.7%	5.9%	2	0%	34.6%	52	Yes	2	54	0	54
Plan 3	1,000	28.7%	5.9%	0	-1%	33.6%	336	No	0	336	0	336
Plan 4	2,000	28.7%	5.9%	0	-1%	33.6%	673	No	0	673	12	685
Plan 5	2,500	28.7%	5.9%	3	0%	34.6%	866	Yes	28	894	0	894

A

B

C

D

E

F

G

H

I

J

K

L

(B+C-E)

F * A

see bullet below

(G + I)

Notes:

- Enrollment target reductions for plans that have quality scores in Tier 0 will be reallocated to plans that have quality scores in Tiers 2 and 3 in order to maintain the overall enrollment growth within the region
- In instances of plan acquisition, the enrollment cap growth of the acquired plan is transitioned to the surviving plan
- Trend adjustments reflect the impact from the regional MLTCP enrollment growth trends developed through rate setting
- The impact from the MOE period on enrollment will be monitored and adjusted throughout the year. For example, any large one-time enrollment transitions of duals from MMC to MLTC would not count toward the enrollment cap