



New Populations and Benefits Transitioning to Mainstream Medicaid Managed Care

Office of Health Insurance Programs
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What Will Be Covered Today?

- New Mandatory Populations in SFY 2012-13 with focus on April 2012 Populations
- New Benefits Transitioning into Managed Care
- Preparation Strategies to Minimize Disruption
- Role of Enrollment Broker
- Questions



MRT # 1458 - Expand Enrollment & Modify Benefit Package

- The Medicaid Redesign Team proposal # 1458 focus was to streamline and expand enrollment into Medicaid managed care, including many previously exempt & excluded populations, and to integrate benefits.
 - MRT implementation began in August, 2011
 - Initiatives will continue over the next three years
 - Expansions will occur as program features are developed



New Populations in SFY 12-13

Effective 4/1/12 (contingent on CMS approval)

- Individuals with end stage renal disease
- Individuals receiving services through the Chronic Illness Demonstration Program
- Homeless persons
- Infants born weighing under 1200 grams or disabled under 6 months of age
- Individuals with characteristics and needs similar to those receiving services through an HCBS/TBI, HCBS/CAH, LTHHCP, or ICF/DD

Effective 10/1/12

- Residents of residential health care facilities – Nursing Homes

Effective 1/1/13

- Long Term Home Health Care Program



Enrollment of New Populations

Previously Excluded or Exempt Non Dual Population

4/1/12 (approx. 21,200)

Homeless	15,325
CIDP	554
ESRD	1486
Infants	50-60 monthly estimate
Look-a-likes	3,864

10/1/12 Nursing Home Residents – approx. 9,444

1/1/13 Long Term Home Health Care Population- approx. 2,690



Population Expansion

- For all the new populations
 - SDOH reviewed the care patterns of the populations and compiled provider lists
 - Renal disease, specialty neo-natal hospitals, homeless providers, etc.
 - Lists of providers sent to MCOs for contracting purposes to avoid care disruption
 - Providers should work with patients and encourage them to enroll in plans under contract.
 - Transitional Care Requirements will apply



New Population

- Chronic Illness Demonstration
 - Program being phased out end of March, 2012
 - CIDP providers will assist clients in choosing a plan – many are affiliated with MCOs and Health Homes
- Low Birth Weight Infants
 - Previously, these newborns would not be enrolled in a plan for the first 6 months of life
 - For infants born on or after 4/1/12, all babies will be enrolled into mother's plan effective the DOB
 - This policy extends to previously excluded babies under 6 months of age with a disabling condition



New Population

- Homeless
 - Have had several Meetings with Plans, Providers and Local Districts
 - Established 4 Workgroups
 - Case Management
 - Initial Assessment
 - Enrollment Phase In
 - Mailings and Residence
- End Stage Renal Disease
 - Plans are currently managing the care for this population.
 - Networks are reviewed to ensure the major providers are participating
 - Transitional Care Policy



New Population

- Individuals with characteristics and needs similar to those receiving services through an HCBS/TBI, HCBS/CAH, LTHHCP, or ICF/DD
 - This does NOT include those persons that the state has pre-coded as OPWDD
 - Clients have option of applying to be in a waiver, OR applying through OPWDD for designation to remain exempt.
- Long Term Home Health Care Program
 - Non duals enrolled in the LTHHCP will have the option of enrolling into a MLTCPs or a mainstream Managed Care plans.



Changes to MMC Benefit Package

SFY 12-13

- Effective 1/1/12
 - Personal emergency response system (PERS)
- Effective 7/1/12
 - Dental for MCOs currently not providing
- Effective 9/1/12
 - Consumer Directed Personal Assistance Program (CDPAP)
- Effective 10/1/12
 - Orthodontia
 - Residential health care facilities (Nursing Homes)



Enrollment of Homeless Population



Phase in of Homeless Population

- **NYC**
 - **Phase 1**
 - **FAMILIES**
 - April Bronx, Manhattan
 - May Brooklyn, Queens, SI
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 - **Phase 2**
 - **SINGLE ADULTS/ADULT FAMILIES**
 - June Bronx, Manhattan
 - July Brooklyn, Queens, SI
 - .
 - **Phase 3**
 - **STREET HOMELESS (UNDOMICILE)**
 - August/September All boroughs
- **Upstate**
 - Prior to 4/1/12, LDSS had option to exempt, exclude, or mandatorily enroll homeless
 - Upon survey of upstate LDSS, many homeless currently enrolled
 - Beginning 4/1, all upstate districts will begin enrolling all homeless at next contact, recertification or other case change
- **Statewide** – If no address or way to reach consumer, enrollment will be delayed until valid address received



Education and Outreach

- **Local Districts**
 - Posters in community, working with community organizations, etc
- **Providers**
 - NYC staff training of providers, Medicaid Update article, webinar
- **Shelters**
 - Training from NYC/HRA staff, upstate outreach by LDSS
- **Health Homes**
 - State work with Health Homes to assist in selecting the right plan



Identifying the Homeless

- **NYC**
- Department of Homeless Services social service directors/shelter directors will receive list of shelter residents targeted for a mandatory mailing for “heads up”
- NY Medicaid Choice enrollment packets will be mailed directly to families
- For singles and couples, enrollment packets will be batched by social services director/shelter director for distribution to the residents
- Every shelter as well as health plan will have designated staff to assist with enrollment referrals, education, and outreach, as well as post enrollment plan information
- List is being compiled to disseminate to the shelters and health plans
- **Upstate**
- Beginning 4/1, all upstate districts will reach out to homeless through
 - providers
 - Motels, shelters
 - CBO’s, soup kitchens, etc
 - LDSS staff in contact with recipients e.g. Food Stamps, Temporary Assistance, Services, etc



Homeless Provider Network

Requirements

MCOs are required to contract with a minimum of two federally designated homeless providers (330 H FQHC) per county where available.

- The providers are the Federally Qualified Health Centers (FQHC). There is a subset of FQHCs that are federally designated as Homeless providers.
- There are 14 FQHCs (330H) .
 - 12 in NYC
 - 1 in Westchester and
 - 1 in Putnam County

Evaluation

- The majority of NYC MCOs have contracts with at least 2 FQHC (330H) in each borough and many already include more than 2.
- Upstate MCOs have contracts with FQHCs in all counties where available.
- MCOs are being notified of the need to add additional providers if necessary.
- NYC MCOs have also reported that they have additional contracts pending with the federally designated homeless providers.



PCP Assignment

- MCO will facilitate changing member's PCP assignment to participating shelter provider upon member request
- or
- MCO will facilitate changing member's PCP assignment to a PCP closer to shelter location upon member request
- or
- MCO will work with FE, local district, or Maximus to disenroll and enroll member into another plan in order to continue relationship with provider.



Provision of Initial Assessment

- Local Districts and shelters have arrangements with providers to provide the initial assessment for adult clients.
- Many providers will now be affiliated with plans and will be able to continue to provide the initial assessment to members enrolled in plans which provider participates.
- Non participating providers will request authorization from plans to conduct assessments and/or treat the population to avoid additional obstacles for consumers.
- Providers will use participating labs and pharmacies.
- Additional follow-up care will be referred to a plan provider or will be authorized by the plan.
- If provider wants to continue to treat the patient and the patient wants to receive care from the provider, member will be encouraged to dis-enroll and enroll in plan that contracts with the provider.



Case Management

- Focus on getting the homeless into case management programs, as needed.
- Identify the homeless population for plans to allow them to determine the level of engagement needed.
- Allow referrals from local districts, providers and shelters for internal and external (Health Home) case management as needed.
- Plans will request approval from the State for specific clients to receive Health Home Services as needed.
- Internal Case management programs and external case management programs will compliment not duplicate efforts
- Contact information from plans, providers and shelters will be shared to foster better communication



MCO General Responsibilities

- Determine medical necessity and authorize follow-up care.
- MCO will either authorize care or arrange transportation and referral to the network provider.
- Educate member service staff on issues pertaining to the Homeless population so that they can be responsive to providers and consumers.
- MCO will not unreasonably withhold authorization for initial assessments and follow-up care
- MCO will give authorization on a timely basis to allow for the provision of services to this population.
- Reimburse providers for services rendered to the homeless population.
- Operate timely/accessible complaint/appeal procedures, including enrollee notices;



Overview of Enrollment Process



Enrollment

- Beginning 4/1/12, populations that self identified and were approved as exempt with NYMedicaid CHOICE will receive a notice informing them that their exemption/exclusion is going away and they have 30 days to apply for another exemption if appropriate.
- All new mandatory populations will receive a mandatory notice advising them that it is time to choose a health plan
 - NYMedicaid CHOICE for many counties
 - NYMedicaid CHOICE (NYMC) is the enrollment broker for the City of New York and most upstate counties
 - County DSS for non-NYMedicaid CHOICE counties
- A consumer can contact NYMC with any questions or concerns or to enroll by calling **1-800-505-5678**
- **Consumers can enroll over the phone by contacting the LDSS or NYMedicaid CHOICE** (NYMC will accept phone enrollments in any county)



Mandatory Enrollment

- Consumers who are targeted for enrollment or are eligible for enrollment upon recertification will have 30 days to choose a health plan
- 90 day grace period
- Lock in for 9 months unless have a good cause reason
- Persons applying for Medicaid are required to chose a Health plan when filling out their Medicaid Application



Mandatory Packet

- Cover letter
- Brochure
- Health Plan list
- Enrollment form
- Business reply envelope
- Regional Consumer Guide



HOW TO MAKE THE RIGHT CHOICE?

- The provider-client relationship is very important and consumers are encouraged to speak to their current provider and find out what plans they currently participate with.
- If the client wishes, he/she can also call New York Medicaid CHOICE at 1-800-505-5678 who can verify what plans their provider participates with.



Assistance With Plan Choice

NYMC representatives are capable of locating a provider by entering one or more of the following characteristics to perform a search on HCS:

- provider name or license number,
- site name, zip code, primary designation,
- primary specialty, or
- language

LDSS managed care staff have plan provider information available to assist with finding a provider and plan choice



Consumer Representation

When a person other than the consumer contacts a local district or New York Medicaid CHOICE - verbal or written authorization from the consumer is required

- Verbal: consumer identifies representative to the counselor
- Written: consumer submits a letter or consent form designating a person as their representative:
 - Date, duration of request
 - Consumer CIN/SSN
 - Representative's name, clinic or hospital association
 - Consumer's signature
- NOTE: Translators are not considered representatives and employees of health plans contracted by the SDOH cannot serve as representatives of consumers unless they are members of the Medicaid case



QUESTIONS???