

NYS Department of Health

# MANAGED LONG TERM CARE MANDATORY ENROLLMENT (MRT #90)

REPORT TO THE GOVERNOR AND LEGISLATURE  
FEBRUARY 2013

**Redesigning**  
**THE MEDICAID PROGRAM**



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COMMISSIONER

NEW YORK STATE DEPARTMENT OF HEALTH

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## ***Executive Summary***

The New State Department of Health is pleased to submit the second biannual report on the progress of implementing Medicaid Redesign Team initiative # 90 (MRT 90). The report is required to include information on: enrollee satisfaction with care coordination/case management services and timeliness of care; service utilization including changes in the level, type, hours, frequency and providers of services; enrollment, including auto-assignments by plan; quality; and, continuity of care for recipients as they move into MLTC Plans.

Notification to the targeted population began in July 2012 with the initial auto-assignment commencing in November 2012. This report will focus on the continuing evolution of the mandatory enrollment process and provide some preliminary data on member satisfaction; program enrollment growth; the number of new enrollments and auto assignments by plan; and evaluate plans' adherence to the NYSDOHs continuity of care policy. Other topics including quality and changes in service utilization patterns; will be addressed in future reports when a more robust data set is collected for affected consumers.

### **1115 Waiver Amendment**

In August 2012, the New York State Department of Health (NYSDOH) received written approval from the Centers for Medicare and Medicaid Services (CMS). This amendment to the Partnership Plan Medicaid Section 1115 Demonstration waiver requires all dual-eligible individuals (persons in receipt of both Medicare and Medicaid) aged 21 or older and are in need of community-based long term care services for more than 120 days to be mandatorily enrolled into Managed Long Term Care Plans (MLTCPs) or Care Coordination Models (CCMs).

### **Expansion of MLTC Plans**

To meet the goals of MRT #90, the moratorium on certifying new MLTC Plans was lifted as additional capacity is needed to accommodate the anticipated increased enrollment into Managed Long Term Care Plans (MLTCPs) over the next 3 years. Through December 2012, the NYSDOH has received thirty nine Certificate of Authority applications to operate a MLTCP. Existing plans were encouraged to consider expanding their geographic service areas to include additional counties and the NYSDOH has received approximately seventeen service area expansion applications. Additionally, in an effort to diversify their product offerings, a number of existing plans have also submitted applications to add other models of long-term care i.e. Medicaid Advantage Plus (MAP) and Medicaid Advantage (MA). As of December 2012, the Department has approved applications and issued Certificates of Authority to 10 additional

Managed Long Term Care plans. If all of the applications are approved and plans become operational, there will be more than sufficient statewide capacity to service the population migrating into managed long term care.

### *Recipient Satisfaction - Care Coordination/Case Management*

Consumer satisfaction is a key indicator of the quality of care provided by the managed long term care plans. New York's Enrollment Broker, New York Medicaid Choice (NYMC), conducts an MLTC Post Enrollment Outreach Survey every two months. The survey instrument consists of eight questions designed to allow the consumer to provide feedback on their enrollment experience. A random sample of consumers (sample size of 10%) enrolled in MLTCs through the mandatory process are contacted via telephone by NYMC customer service representatives approximately 30 days after the consumer's first month of enrollment. Through the period ending December 2012, 957 surveys were completed and found 90% of contacted new consumers receiving mandatory notices and enrolled into a MLTC plan were satisfied with the plan of care that was developed for them. Ninety six percent (96%) of contacted new consumers indicated they were satisfied with the overall enrollment process.

### *Enrollment*

As of December 2012, approximately 75,000 Medicaid recipients statewide were enrolled in one of three models of MLTCPs: the Program of All-Inclusive Care for the Elderly (PACE); Medicaid Advantage Plus Plans (MAP); and, partially capitated Managed Long Term Care Plans (PCMLTCP). Enrollment in the Partial Cap program alone increased over 148% from January 2010 (28,951) to December 2012 (71,770). After the full phase-in of mandatory enrollment statewide, it is estimated by December 31, 2014 that approximately 80,000 Medicaid recipients will be enrolled in a Managed Long Term Care Plan.

According to statistics provided by NYMC, approximately 9,657 consumers that received a mandatory notice were enrolled in an MLTC between June and December 2012. Nine hundred fifty three (953) consumers that received a mandatory notice but did not select a MLTC plan within the 90 day selection period were auto- assigned.

### *Continuity of Care*

MLTCPs must ensure that individuals transitioning from Medicaid fee-for-service have continuity of the long term care services they are currently receiving. For the purpose of this policy, long term care services include Personal Care, Long Term Home Health Care Program, Home Health Care over 120 days, Adult Day Health Care and Private Duty Nursing. The first group that transitioned into MLTC in New York City is the population in receipt Personal Care.

The MLTC Post Enrollment Outreach Survey conducted by NYMC contains specific questions specifically designed to measure the rate at which consumers are able to maintain their relationship with their personal care aide or home attendant. For the period ending December 2012, 957 surveys were completed and found that 86% of the respondents are receiving services from the same home attendant (personal care) agency.

### *Other Program Assessments*

The Department is currently collecting data from several sources to assess the programmatic impact of the following additional areas: changes in levels of service utilization as consumer's transition from receiving community based long term care services on a fee-for-service basis to enrolling and receiving services through a MLTC; establish and evaluate quality measures related to the range of services provided by the plans. Consumers enrolled during the beginning of Phase I of the program will have more than 6 months of enrollment in their plan by the next reporting period which will give the Department sufficient data to assess service utilization patterns as well as quality measures.

## ***Introduction***

The New York State Department of Health (NYSDOH) respectfully submits this biannual report to the Governor of the State of New York, Temporary President of the Senate, The Speaker of the Assembly, Chair of the Senate Standing Committee on Health and the Medicaid Managed Care Advisory Review Panel. This report complies with Chapter 59 of the Laws of 2011 in detailing the initial programmatic impact of implementing mandatory enrollment in Managed Long Term Care Plans for a targeted population and selected service areas. The report is required to include information on: enrollee satisfaction with care coordination/case management services and timeliness of care; service utilization including changes in the level, type, hours, frequency and providers of services; enrollment, including auto-assignments by plan; quality; and, continuity of care for recipients as they move into MLTC Plans.

Notification to the targeted population began in July 2012 with auto-assignment commencing in November 2012. This report will focus on the continuing evolution of the mandatory enrollment process and will provide some preliminary data findings on member satisfaction; enrollment growth; the number of new enrollments and auto assignments by plan; and evaluate plans' adherence to the NYSDOHs continuity of care policy.

With issuance of Executive Order #5, Governor Andrew M. Cuomo established the Medicaid Redesign Team (MRT) in January 2011, bringing together a dynamic group of knowledgeable health care stakeholders, experts and advocates from throughout New York State. The goals of the Medicaid Redesign Team were to improve overall health system quality and efficiency, streamline and focus the health care administrative and financial structures, and reduce Medicaid costs while emphasizing the delivery of well-managed, cost effective quality health services.

In February 2011, the MRT completed a Phase I initiative which included seventy-nine (79) recommendations to redesign and restructure the Medicaid program to be more efficient and to support high quality health care outcomes for individuals requiring care. Seventy-eight (78) recommendations were approved by the Legislature as part of the year's enacted budget and are currently in various stages of implementation. These recommendations included traditional cost containment efforts, such as across the board rate reductions, systemic reforms and traditional public health interventions. The Phase I initiatives met the Governor's Medicaid budget target, introduced significant structural reforms, and achieved savings without limiting recipient eligibility.

Efficient, high-quality, sustainable health care requires effective care management and a delivery system which integrates and coordinates patient care. While New York State has developed and maintained a variety of care management strategies, additional action is needed to establish a viable state-wide plan which can effectively serve New York's multi-cultural rural and urban areas. The MRT initiatives emphasize the development of a multi-year road map

that will lead toward a more efficient program and a system that is affordable and able to achieve better health outcomes for New Yorkers.

As a component of a fully integrated care management system, Medicaid Redesign Team Proposal #90 and 2011 budget legislation requires the mandatory transition and enrollment of certain community based long term care services recipients into Managed Long Term Care Plans (MLTCPs) or Care Coordination Models (CCMs). To meet the goals of MRT #90, the moratorium on certifying new MLTCPs was lifted as additional capacity is needed to accommodate the influx of MLTCP enrollment migrating from fee-for-service long term care service programs i.e; the Personal Care Program, the Long Term Home Health Care Program (LTHHCP) and Certified Home Health Agencies. New York State currently operates three models of MLTCPs: the Program of All-Inclusive Care for the Elderly (PACE); Medicaid Advantage Plus Plans; and, partially capitated Managed Long Term Care Plans (PCMLTCP).

Partially capitated Managed Long Term Care Plans provide long-term (personal care, home health) and ancillary (transportation, dental, rehabilitative therapies) health care services with an integrated care management component; PACE (Program of All-Inclusive Care for the Elderly) provides comprehensive primary, acute and long-term care in a day center setting and in the home; Medicaid Advantage Plus Plans, with enrollment in a companion Medicare Advantage Plan, include comprehensive acute, primary and long-term care services.

All models of MLTCPs provide community based long term care services, nursing home care and many ancillary services, including person-centered, individualized care management.

The mandatory enrollment initiative impacts Dual Eligible recipients (individuals who are eligible for both Medicaid and Medicare), aged 21 and over, who are in need of community based long term care services for over 120 days, excluding at this time the following groups:

- Nursing Home Transition and Diversion Waiver participants;
- Traumatic Brain Injury Waiver participants;
- Nursing Home residents;
- Assistant Living Program participants;
- Dual eligible individuals who do not require community based long term care services.

Community based long term care services include home health care, personal care, adult day health care and private duty nursing.

In addition to those individuals who must enroll in a MLTCP, the following populations may voluntarily enroll:

- Dual eligible individuals, either nursing home eligible or non-nursing home eligible, aged 18 to 21, in need of community based long term care services for over 120 days.

- Non-dual eligible individuals, aged 18 and older, assessed as eligible for nursing home care. These individuals may opt out of Medicaid Managed Care (their mainstream Managed Care Plan) and enroll in a MLTCP but would be required to re-enroll in Medicaid Managed Care if disenrolled from the MLTCP.

In August 2012, the NYSDOH received approval from the Centers for Medicare and Medicaid Services (CMS) for moving forward on mandatory enrollment.

The Enrollment Broker in New York City is New York Medicaid Choice (Maximus). New York Medicaid Choice, in consultation with the SDOH, has developed notification letters, brochures and informational material which will assist individuals targeted for mandatory enrollment in making an informed choice of MLTCP. The initial mailings provided recipients with a notification letter regarding the upcoming change in long term care service delivery, a description of the three types of MLTCPs available (PACE, Partial Cap and Medicaid Advantage Plus) along with a listing of plan names, service area and contact numbers, and, an informational brochure.

Mandatory enrollment has begun in New York City and will roll-out to other counties according to the following schedule.

### **Phase I: New York City – New Service Clients**

Beginning July 2, 2012 Dual Eligible recipients, new to service, fitting the mandatory population definition, and residing in New York City (New York, Bronx, Kings, Queens and Richmond counties) will be identified for enrollment into a MLTCP and referred to the Enrollment Broker for information, assistance and enrollment activities. New to service means a first-time Medicaid recipient or a current Medicaid recipient applying to receive or deemed to require community based long-term care services at the time of the mandatory enrollment phase in.

The Enrollment Broker can answer questions about the enrollment process and, if requested by the recipient, will provide assistance in contacting a plan (if the recipient expresses interest in a particular plan the New York Medicaid Choice Consumer Service Representative will “warm transfer” the recipient to a Member Services representative at that Plan). The intent is to encourage recipients to voluntarily choose a MLTCP which meets their needs rather than delay and be auto-assigned to a Plan.

Recipients in the mandatory population can choose to enroll in a Partially Capitated MLTCP, a PACE, or a Medicaid Advantage Plus. If the recipient does not choose a Plan, the recipient will be auto assigned to a Partial Cap MLTCP.

The MLTCP will conduct an assessment to determine if the recipient is eligible for community based long term care. The MLTCP transmits the enrollment information to the New York Medicaid Choice, the Enrollment Broker.



## **Phase I: New York City – Clients Already Receiving Service**

For recipients already receiving community based long term care services, enrollment into a MLTCP will be phased-in by service type by borough and by zip code. Recipients receive notification of the change in service delivery and informational materials at least 60 days prior to auto-assignment.

Recipients will have 60 days to choose a MLTCP or be auto-assigned to a MLTCP based on the following notification and enrollment schedule:

- **July 2, 2012:** Enrollment of Personal Care cases in New York County begins with notifications of change in service.
- **August 1, 2012:** Enrollment of Personal Care cases in New York County continues.
- **September 2012:** Enrollment of Personal Care cases in New York County continues; enrollment of Personal Care cases in Bronx County begins; enrollment of Consumer Directed Personal Assistance Program cases in New York and Bronx Counties begins.
- **October 2012:** Enrollment of Personal Care and Consumer Directed Personal Assistance Program cases in New York and Bronx Counties continues; enrollment of Personal Care and Consumer Directed Personal Assistance Program cases in Kings County begins.
- **November 2012:** Continue enrollment of Personal Care and Consumer Directed Personal Assistance Program cases in New York, Bronx and Kings Counties.
- **December 2012:** Continue enrollment of Personal Care and Consumer Directed Personal Assistance Program cases in New York, Bronx and Kings Counties; enrollment of Personal Care and Consumer Directed Personal Assistance Program cases in Queens and Richmond Counties begins.
- **January 2013:** Initiate enrollments city-wide of Long Term Home Health Care Program (when CMS approval is given), private duty nursing cases and home health over 120 days not already enrolled under Personal Care case activity. Home health over 120 days includes individuals receiving services from a CHHA who will continue to need community based long term care. This is progressing but may be delayed for private duty nursing and CHHA cases.
- **February 2013 and continuing until all clients in service are enrolled in MLTCP:** Enrollment of Personal Care, Consumer Directed Personal Assistance Program, Adult Day Health Care Program, home health over 120 days and private duty nursing cases in New York, Bronx, Kings, Queens and Richmond Counties.

As MLTCP capacity is established state-wide, enrollment of Dually Eligible community based long term care service recipients is anticipated as follows:

- **Phase II:** Nassau, Suffolk and Westchester Counties anticipated January 2013.
- **Phase III:** Rockland and Orange Counties anticipated June 2013.
- **Phase IV:** Albany, Erie, Onondaga and Monroe Counties anticipated December 2013.
- **Phase V:** Other counties meeting capacity anticipated to start April 2014.

The final phase of MRT #90 will include enrollment of previously excluded Dual Eligible groups contingent on development of appropriate programs and resources. These previously excluded groups are listed below.

- Nursing Home Transition and Diversion Waiver participants;
- Traumatic Brain Injury Waiver participants;
- Nursing Home residents;
- Assisted Living Program participants;
- Dual Eligibles who do not require community based long term care services.

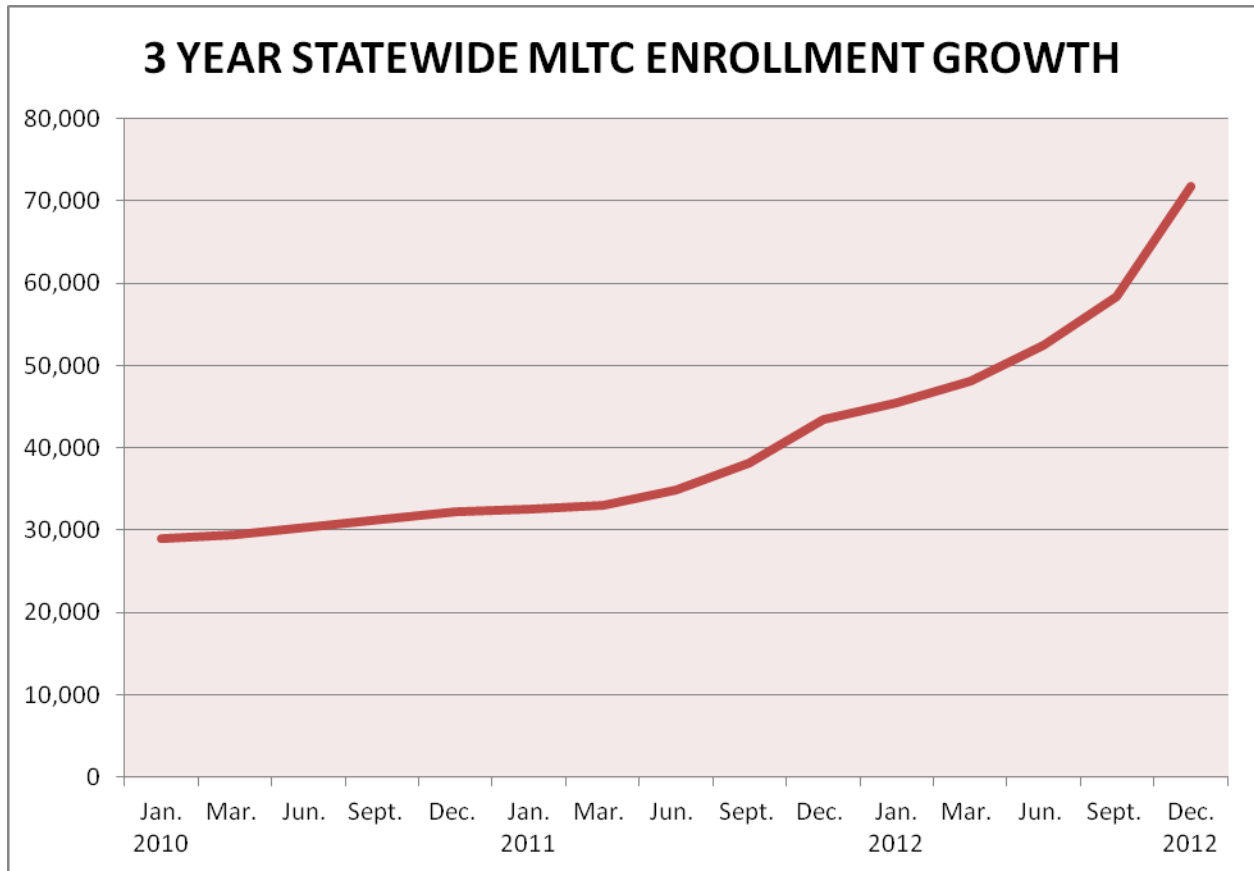
### *Recipient Satisfaction - Care Coordination/Case Management*

Consumer satisfaction is a key indicator of the quality of care provided by the managed long term care plans. New York's Enrollment Broker, New York Medicaid Choice (NYMC), conducts an MLTC Post Enrollment Outreach Survey every two months. The survey instrument consists of eight questions designed to allow the consumer to provide feedback on their enrollment experience, case management satisfaction and continuity of care. A random sample of consumers (sample size of 10%) whose enrollment was completed by a MLTC plan representative or by a Maximus representative, were contacted via telephone by NYMC customer service representatives approximately 30 days after the consumer's first month of enrollment. Through the period ending December 2012, 957 surveys were completed and found 90% of those surveyed, were satisfied with the plan of care that was developed for them by their MLTC plan. Ninety six percent of those surveyed indicated they were satisfied with the overall enrollment process.

### *Enrollment*

As of December 2012, approximately 75,000 Medicaid recipients statewide were enrolled in one of three models of MLTCs: the Program of All-Inclusive Care for the Elderly (PACE); Medicaid Advantage Plus Plans (MAP); and, partially capitated Managed Long Term Care Plans (PCMLTCP).

Enrollment in the Partial Cap program alone has increased over 148% from January 2010 (28,951) to December 2012 (71,770). After the full phase-in of mandatory enrollment statewide, it is estimated by the end of year 2014 that approximately 80,000 Medicaid recipients will be enrolled in a Managed Long Term Care Plan.



New York’s Enrollment Broker – MAXIMUS tracks the auto assignment rates of plans in each phase of the mandatory rollout to determine “new enrollments” by plan. According to statistics provided by NYMC, approximately 9,656 consumers that received a mandatory notice were enrolled in an MLTC between June and December 2012. Nine hundred fifty three (953) consumers that received a mandatory notice but did not select a MLTC plan within the 90 day selection period were auto- assigned. The overall auto-assignment rate for the first four months of the program is 10%. Plan specific auto-assignment rates are listed in the chart below.

**NYS DEPARTMENT OF HEALTH  
OFFICE OF HEALTH INSURANCE PROGRAMS  
DIVISION OF LONG TERM CARE  
ENROLLMENT AND AUTO-ASSIGNMENT RATE BY PLAN  
JUNE 1, 2012 - DECEMBER 31, 2012**

<b>Plan Name</b>	<b>#LA Mailed and New Enrollment</b>	<b># Auto Assignments</b>	<b>Plan Auto Assignment Rate</b>
ArchCare Senior Life	2	0	0
AgeWell New York	1	0	0%
Aetna Better Health	3	0	0%
HHH Choices Health Plan, LLC	27	76	281%
ArchCare Community Life	0	0	0%
Centerlight Healthcare PACE	15	0	0%
Eldereplan dba/HomeFirst,	147	77	52%
ElderServe Health, Inc.	549	74	13%
Fidelis Care at Home	1456	75	5%
GuildNet, Inc.	1157	76	7%
Senior Health Partners	1338	71	5%
HIP MLTC	198	80	40%
Independence Care System	755	77	10%
Amerigroup Company MLTC	712	70	10%
Healthfirst Completecare	396	0	0%
MetroPlus - MLTC	4	0	0%
Senior Whole Health of New York - MLTC	4	0	0%
Centerlight Healthcare Select MLTC	1130	67	6%
UnitedHealthcare Personal Assist	26	0	0%
VNSNY CHOICE MLTC	1290	75	6%
Village CareMAX	227	65	29%
WellCare Advocate MLTC	167	70	42%
Wellcare Advocate Complete	2	0	0%
Fidelis Medicaid Advantage Plus	16	0	0%
GuildNet Gold, Inc.	3	0	0%
Senior Whole Health of New York - MAP	0	0	0%
Elderplan, Inc.	13	0	0%
VNS CHOICE Total	2	0	0%
HIP MAP-MLTC, an EmblemHealth Company	17	0	0%
<b>TOTAL</b>	<b>9657</b>	<b>953</b>	<b>10%</b>

## *Continuity of Care*

MLTCPs must ensure that individuals transitioning from Medicaid fee-for-service have continuity of the long term care services they are currently receiving. For the purpose of this policy, long term care services include Personal Care, Long Term Home Health Care Program, Home Health Care over 120 days, Adult Day Health Care and Private Duty Nursing. The first group that transitioned into MLTC in New York City is the population in receipt Personal Care. New York City MLTC plans are required to contract with Home Attendant Vendors contracted to the Human Resources Administration (HRA). This will enable Personal Care recipients to retain their current aide while transitioning from the Personal Care fee-for-service program.

The MLTC Post Enrollment Outreach Survey conducted by NYMC contains questions specifically designed to measure the rate at which consumers are able to maintain their relationship with their personal care aide or home attendant. For the period ending December 2012, 957 surveys were completed and found that 86% of the respondents are receiving services from the same home attendant (personal care) agency.

## *Other Program Assessments*

The Department is currently collecting data from several sources to assess the programmatic impact of the following additional areas: changes in levels of service utilization as consumer's transition from receiving community based long term care services on a fee-for-service basis to enrolling and receiving services through a MLTC; establish and evaluate quality measures related to the range of services provided by the plans. Consumers enrolled during the beginning of Phase I of the program will have more than 6 months of enrollment in their plan by the next reporting period which will give the Department sufficient data to assess service utilization patterns as well as quality measures.