

Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 2/17/2022)

December 16th, 2021
Videoconference
11:00 AM to 1:00 PM
Meeting Minutes

Panel Members: Frederick Cohen, *Chair*; Kathryn Haslanger; Elisabeth Benjamin (left meeting at 12pm); Sheila Nelson; Neil Heyman (joined at 11:28am); Joel Landau (joined at 11:56am); Jay Silverman; Amber Decker; Donna Colonna; Frederick Riccardi.

NYS DOH Staff: Jonathan Bick; Susan Montgomery; Patricia Sheppard; Christine DiCaprio-Yandik; Krysten Bissailon; Gayle Emrich; Isma Pervaiz; Erin Kate Calicchia; April Hamilton.

Presenters/Guests: Jonathan Bick, New York State Department of Health (DOH); Susan Montgomery (DOH); Gayle Emrich (DOH); Erin Kate Calicchia (DOH), April Hamilton (DOH).

Medicaid Managed Care Advisory Review Panel (MMCARP)

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<p>Mainstream Medicaid Managed Care Program Update.</p>	<p>Jonathan Bick (NYSDOH), reported the following:</p> <p>***As a quorum was not obtained until 11:28am the Mainstream Medicaid Managed Care Program Update was informational only for a portion of time ***</p> <p>Enrollment Update Enrollment figures for all programs are included in the meeting information we sent to you</p> <ul style="list-style-type: none"> • Enrollment Statistics • Enrollment Broker Counties-Overall Activity Report <p>Auto-assignment figures have also been provided</p> <ul style="list-style-type: none"> • Auto Assignment Rates • Auto Assignment Rates for the SSI Population Graph <p>Total Medicaid Managed Care Enrollment</p> <table border="1" style="display: inline-table; margin-right: 20px;"> <thead> <tr style="background-color: #e6f2ff;"> <th>Months</th> <th>Total Medicaid Managed Care</th> </tr> </thead> <tbody> <tr><td>Jun-2021</td><td>5,570,256</td></tr> <tr><td>Jul-2021</td><td>5,604,168</td></tr> <tr><td>Aug-2021</td><td>5,609,479</td></tr> <tr><td>Sep-2021</td><td>5,641,747</td></tr> <tr><td>Oct-2021</td><td>5,663,563</td></tr> <tr><td>Nov-2021</td><td>5,671,780</td></tr> </tbody> </table>	Months	Total Medicaid Managed Care	Jun-2021	5,570,256	Jul-2021	5,604,168	Aug-2021	5,609,479	Sep-2021	5,641,747	Oct-2021	5,663,563	Nov-2021	5,671,780	
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<p>Mainstream Medicaid Managed Care Program Update.</p>	<p>New Benefits/Populations & Benefit Changes</p> <p>Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care</p> <ul style="list-style-type: none"> • <i>Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care Version 2.0</i> policy paper and the Guide to Edits have been posted to the 29-I Health Facility (VFCA transition) webpage. • The 29-I Health Facility Billing Guidance and Guide to Edits documents have been updated and are also posted on the 29-I Health Facility (VFCA transition) webpage. • A provider education document was provided to plans on December 9th. Mainstream MMC plans and HIV SNPs were instructed to distribute this document to all contracted network providers. <p>***Quorum was obtained at 11:28am***</p> <p>eFMAP Children’s Activities ARPA Spending Plan for Children’s Services</p> <ul style="list-style-type: none"> • The American Rescue Plan Act (ARPA) provides options for NYS to receive additional federal funding called “enhanced FMAP (eFMAP)”. NYS submitted a Spending Plan for Implementation of American Rescue Plan Act of 2021, Section 9817 (ny.gov) to CMS. • The Spending Plan includes providing additional support for Medicaid Home and Community-Based Services (HCBS) to enhance services and service delivery to children and families • Components of the Spending Plan were partially approved by CMS, including a 25% rate increase Children’s HCBS Waiver services to be disbursed by MMC plans in 1st quarter calendar year 2022. • Discussions are ongoing to finalize the entire Spending Plan and the Department is engaging MMC plans to prepare for CMS approval for additional funding for Children and Family Treatment and Support Services (CFTSS), Foster Care Article 29-I Health Facility Core Limited Health Related Services, the Health Home Serving Children HCBS Level of Care Assessment Fee, Workforce Investment and IT Infrastructure Funding <p>COVID-19 Update <u>Policy and Billing Guidance</u></p>	<p>Motion Passed- Amber Decker requested detailed utilization numbers for HCBS and CFTSS.</p> <p>This information will be provided at the February MMCARP meeting.</p>

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Mainstream Medicaid Managed Care Program Update.	<p>The New York State Department of Health has updated the following policy and billing guidance document regarding Medicaid’s reimbursement policy for the administration of COVID-19 vaccines authorized for emergency use and instructions for providers to bill the cost of administration of authorized COVID-19 vaccines, including booster doses and vaccines for children ages 5 to 11 years old: Coverage Policy and Billing Guidance for the Administration of COVID-19 Vaccines Authorized for Emergency Use This document is available on the COVID-19 Guidance for Medicaid Providers webpage, which is updated regularly with guidance and information.</p> <p><u>Covid-19 Vaccine Incentive</u></p> <p>The New York State Department of Health (NYSDOH) issued a notification to encourage Medicaid Managed Care (MMC) plans to develop incentive programs for members to receive COVID-19 vaccines approved by the FDA or authorized for emergency use.</p> <p>This incentive program should be consistent with the requirements of Section 16.3 of the Medicaid Managed Care/HIV Special Needs Plan/Health and Recovery Plan Model Contract and the recently issued Office of the Inspector General’s “FAQs–Application of OIG's Administrative Enforcement Authorities to Arrangements Directly Connected to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency” available at: https://oig.hhs.gov/coronavirus/authorities-faq.asp.</p> <p>NYSDOH has approved several health plan COVID-19 vaccine incentive programs to date, whereby unvaccinated members receive a gift card upon completion of the vaccine series. Members may be informed of the incentive through general or targeted in-person, mailing, telephonic or electronic outreach.</p>	
Discussion and review of 06-17-2021 minutes	<p>Quorum was obtained at 11:28am. Official call to meeting was at 11:40am.</p> <p>Motion passed to approve the October 7th, 2021 minutes.</p>	
MMCARP Bylaw Subcommittee Update	<p>Erin Kate Calicchia, reported the following:</p> <p>The bylaw subcommittee met last week, and progress is ongoing. Arrangements are being made for a DOH Ethics Officer to meet with the panel members regarding their conflict of interest questions.</p> <p>Erin Kate reminded the panel members of quorum requirements.</p>	

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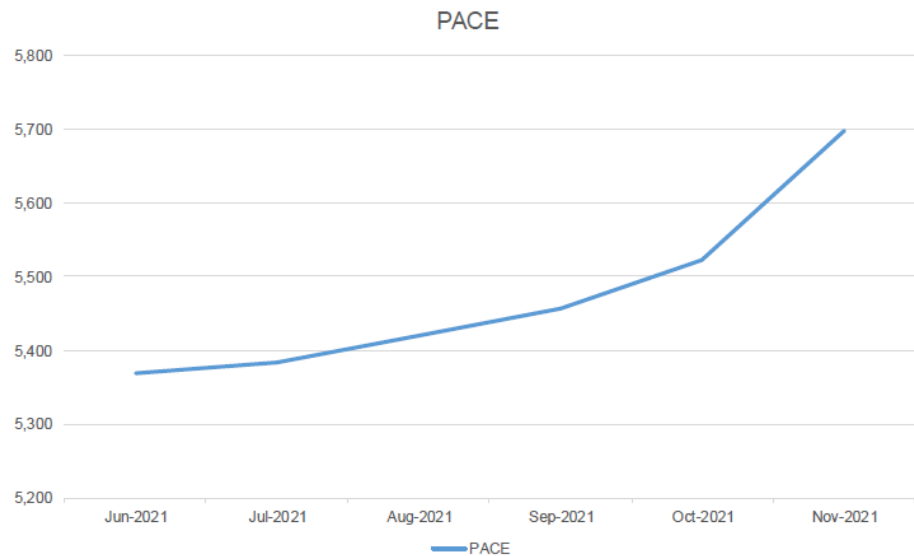
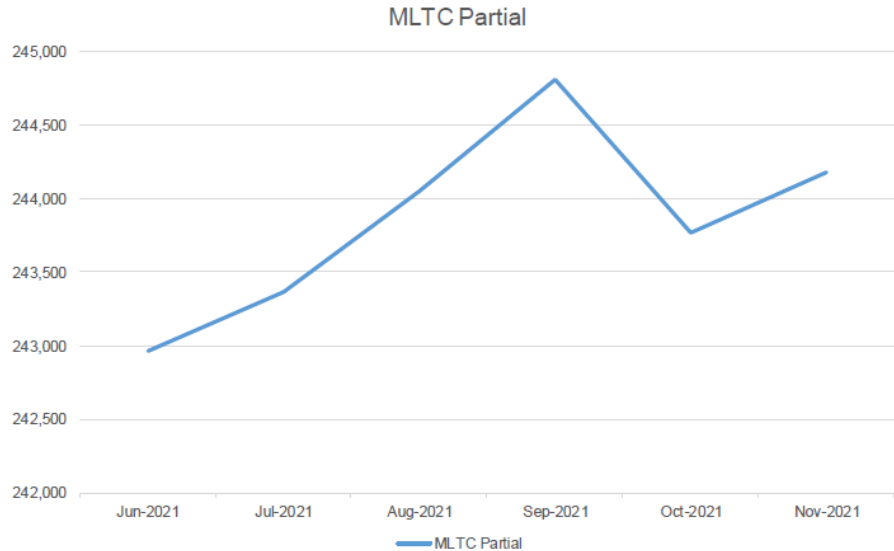
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Auto-Assignment Report	<p>Gayle Emrich (NYSDOH) discussed the November Medicaid Managed Care Auto Assignment Report. 5 counties were over benchmark, including Essex, Jefferson, Otsego, Putnam, and Seneca. These are all rural counties and have a chooser sampler of less than 50 people in each of the counties.</p>															
Status Report of Managed Long Term Care (MLTC)	<p>Jonathan Bick & Susan Montgomery (NYSDOH), reported the following:</p> <p>MLTC Enrollment Update</p> <p>FIDA-IDD Enrollment</p> <table border="1" style="display: inline-table; margin-right: 20px;"> <thead> <tr> <th>Months</th> <th>FIDA-IDD</th> </tr> </thead> <tbody> <tr> <td>Jun-2021</td> <td>1,744</td> </tr> <tr> <td>Jul-2021</td> <td>1,734</td> </tr> <tr> <td>Aug-2021</td> <td>1,724</td> </tr> <tr> <td>Sep-2021</td> <td>1,720</td> </tr> <tr> <td>Oct-2021</td> <td>1,720</td> </tr> <tr> <td>Nov-2021</td> <td>1,717</td> </tr> </tbody> </table>	Months	FIDA-IDD	Jun-2021	1,744	Jul-2021	1,734	Aug-2021	1,724	Sep-2021	1,720	Oct-2021	1,720	Nov-2021	1,717	
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<p>Status Report of Managed Long Term Care (MLTC)</p>	<p>HCBS and Social Adult Day Care Overview The CMS HCBS Final Rule effective, March 17, 2014, is intended to maximize opportunities for participants in HCBS programs to have access to the benefits in the most community integrated settings and requires verification that sites are compliant by March 2023. As a key foundation of the HCBS Final Rule, all SADC service settings are required to establish and maintain a person-centered planning process, including the development and ongoing monitoring of a person-centered plan for each participant receiving services. The project to assess and achieve compliance is underway with the following components:</p> <ul style="list-style-type: none"> • Self-assessment: MLTC Policy 21.05 HCBS SADC Site Compliance, Fact Sheet, and SADC Site Self-Assessment tool were released to MLTC plans on December 3, 2021 and a webinar was held on December 9, 2021. The documents can be accessed here: MRT 90 (ny.gov). MLTC plans and SADCs are completing now. • Remediation Plans: MLTC plans will be required to ensure that SADC sites in their networks meet all applicable HCBS Final Rule requirements and implement remediation plans to assist non-complaint SADC sites. • Heightened Scrutiny: If an SADC site does NOT meet the requirements set forth in the HCBS Final Rule, CMS may still allow the program to provide Medicaid HCBS services. This is determined through a heightened scrutiny process, based on information presented by the State and input from the public demonstrating that the site does, or through remediation will, meet the qualities for being home and community-based and does not have the qualities of an institution. <p>Dual Eligible Initiatives Medicaid Advantage Closure –December 31, 2021</p> <ul style="list-style-type: none"> • The three (3) remaining Medicaid Adv. plans have sent out member notices announcing closure of the product. Members to be transferred to Integrated Benefits for Dual Eligible Enrollees (IB-Dual) or disenrolled to Medicaid FFS. • New York Medicaid Choice (Enrollment Broker) will assist with the transfers and disenrollment activities, consumer questions and review available plan options. • Dual Eligible Education Mailing –October/November 2021 • DOH conducted an education mailing for dual eligible receiving long term care services and supports (LTSS) to advise of integrated care plan options including MAP and PACE. • DOH launched new landing page for duals describing integrated options, default enrollment and resources available to assist consumers, caregivers, etc. Dual Eligible New Yorkers (ny.gov) <p>MLTC Partial Plan NH Benefit Limitation</p> <ul style="list-style-type: none"> • An additional “batch process” disenrollment will be executed by the Department effective February 1, 2022. Members disenrolled on February 1, 2022 will be converted to Medicaid FFS for on-going 	

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Agenda Items	Discussion	Action Items
<p>Status Report of Managed Long Term Care (MLTC)</p>	<p>coverage of their long term nursing home care. The batch includes members who meet the following criteria:</p> <ul style="list-style-type: none"> ○ Designated as Long Term Nursing Home Stay (LTNHS). ○ Member has been in a LTNHS for more than three months (LTNHS 3+); and ○ Member has been determined by the local department of social services (LDSS) to be financially eligible for nursing home Medicaid coverage. <ul style="list-style-type: none"> ● Plans to identify all potential members to be submitted for batch disenrollment and nursing homes identify individuals with an active transition plan. These members will be removed from the batch disenrollment list. <p>PCS/CDPAS Regulatory Changes</p> <p>On November 8, 2021 the Department implemented several regulatory changes to PCS/CDPAS including:</p> <ul style="list-style-type: none"> ● Requiring CDPAP consumers to work with only one FI at a time ● Codifying supervision and cueing ● Eliminating requirements to annually notify members of the availability of CDPAS ● Changing routine assessment timeframe from 6 months to at least every 12 months ● Expanding the practitioners who are able to sign practitioner order for PCS –adds NP, PA ● Updates to requirements for continuation, denial, reduction, or discontinuation of services <p>21 OHIP/ADM-04 and MLTC Policy 21.06-posted December 13, 2021 providing guidelines for the November 8, 2021 changes</p> <p>On March 1, 2022, the Department will implement the New York Independent Assessor (NYIA) through a contract with New York Medicaid Choice (MAXIMUS) to provide:</p> <ul style="list-style-type: none"> ● Independent Assessment –NYIA will conduct all initial assessments, routine, and non-routine reassessments for PCS/CDPAS ● Independent Practitioner Panel –NYIA will conduct medical exams and sign practitioner order ● Independent Review Panel –NYIA will review all plans of care that, for the first time, identify a need for more than 12 hours per day, on average, of PCS/CDPAS <p>ARPA Spending Plan and MLTC</p> <ul style="list-style-type: none"> ● The American Rescue Plan Act (ARPA) provides options for NYS to receive additional federal funding called “enhanced FMAP (eFMAP)”. NYS submitted a Spending Plan for Implementation of American Rescue Plan Act of 2021, Section 9817 (ny.gov) to CMS. ● The Spending Plan includes providing additional support for Medicaid Home and Community-Based Services (HCBS). Components of the Plan were partially approved by CMS including community long-term care funding. Discussions are ongoing to finalize the entire spending plan. 	<p>Amber Decker asked if there is a website that advocates and individuals can review?</p> <p>PCS/CDPAS Regulatory Change Overview webinar information can be found under “Long-Term Care”, here.</p> <p>The new Independent Assessor page is not yet live but will be shared with the Panel when it becomes available.</p>

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<p>Status Report of Managed Long Term Care (MLTC)</p>	<ul style="list-style-type: none"> • The State is moving forward with planning for implementation of the Spending Plan investment in the Long-Term Care Workforce and Value-Based Payment Readiness initiative across two fiscal years to allow flexibility in appropriately directing funding based on lessons learned and need. • The goal is to move forward with an initial directed payment through MLTC plans to LHCSAs in 1st quarter calendar year 2022, with a second directed payment between April 1, 2022 and March 31, 2023. 	
<p>Public Comment</p>	<p>Public Comment 1: Ralph Warren- Asked how FMAP funds will be spent? Mr. Warren stated that he will send advocate concerns in an email to Jonathan Bick and asked if these concerns could be addressed during the next MMCARP meeting.</p> <p>Fred Cohen commented that he will work with Jonathan Bick on presenting Mr. Warren's concerns as a future agenda topic.</p> <p>Public Comment 2: Lara Kassel of Medicaid Matters NY. Stated that panel members should continue to be made aware of the state's intentions with the new Medicaid 1115 waiver and suggested regular updates.</p>	<p>Frederick Riccardi requested to have enrollment data for IB Dual plans broken out from the Mainstream numbers in future MMCARP meetings.</p> <p>The Department is working on making this information available for the February MMCARP meeting.</p> <p>Motion Passed- Elisabeth Benjamin suggested that a status update of the 1115 waiver be presented during the Mainstream Medicaid Managed Care Program Update going forward.</p> <p>The Department will provide an 1115 waiver update at future meetings.</p>

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Agenda Items	Discussion	Action Items
	Meeting adjourned at 12:50pm	

ACRONYMS & INITIALISMS

ADL	Activity of Daily Living
ADM	Administrative Directive Memorandum
BH	Behavioral Health
CBAA	Certified Behavior Analyst Assistant
CBLTC	Community Based Long Term Care
CBLTSS	Community Based Long Term Services and Supports
CBO	Community Based Organization
CDC	Centers for Disease Control
CDPAP	Consumer Directed Personal Assistance Program
CDPAS	Consumer Directed Personal Assistance Services
CFCO	Community First Choice Option
CFEEC	Conflict-Free Evaluation and Enrollment Center
CFTSS	Children and Family Treatment and Support Services
CHA	Community Health Assessment
CHP	Child Health Plus
CMA	Care Management Agency
CMHA	Community Mental Health Assessment
DME	Durable Medical Equipment
DOH	Department of Health
DOL	Department of Labor
D-SNP	Dual Eligible Special Needs Plans
EP	Essential Plan
FAQ	Frequently Asked Questions
FFS	Fee for Service
FI	Fiscal Intermediary
FIDA	Fully Integrated Duals Advantage
FIDA-IDD	Fully Integrated Duals Advantage-Individuals with Intellectual and Developmental Disabilities
FLSA	Fair Labor Standards Act
FY	Fiscal Year
HARP	Health and Recovery Plan
HCBS	Home and Community Based Services

HERO	Health Equity Regional Organization
HIV SNP	HIV Special Needs Plan
IADL	Instrumental Activity of Daily Living
IB-Dual	Integrated Benefits for Dually Eligible Enrollees
IPP	Independent Practitioner Panel
IRP	Independent Review Panel
JAC	Joint Advisory Council
LBA	Licensed Behavior Analyst
LDSS	Local Department of Social Services
LGU	Local Government Unit
LHCSA	Licensed Home Care Services Agencies
LTNHS	Long Term Nursing Home Stay
MCO	Managed Care Organization
MLTC	Managed Long Term Care
MMC	Medicaid Managed Care
MMCARP	Medicaid Managed Care Advisory Review Panel
MOU	Memorandum of Understanding
MRT	Medicaid Redesign Team
NHTD	Nursing Home Transition and Diversion Waiver
NYC	New York City
NYIA	New York Independent Assessor
NYSDOH	New York State Department of Health
OASAS	Office of Alcoholism and Substance Abuse Services
OHIP	Office of Health Insurance Programs
OMH	Office of Mental Health
OMIG	Office of Medicaid Inspector General
OTC	Over the Counter (Drug)
PACE	Program of All-Inclusive Care for the Elderly
PCS	Personal Care Services (Medicaid State Plan)
PHIP	Population Health Improvement Program
PNDS	Provider Network Data System
POC	Plan of Care

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PPS	Performing Provider System
RFP	Request for Proposals
ROS	Rest of State
RPC	Regional Planning Consortium
SBHC	School Based Health Center
SDHN	Social Determinants of Health Network

SSI	Supplemental Security Income
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
VBP	Value Based Payment
WIO	Workforce Investment Organizations