



Department
of Health

Medicaid Managed Care Program Update

Monthly Managed Care Policy and Planning Meeting

October 12, 2023

Topics

- Member Enrollment Statistics
- Provider Enrollment Statistics
- Bureau of Managed Care Fiscal Oversight Updates
- Social Adult Day Care Updates
- Independent Assessor Program Updates
- Duals Updates



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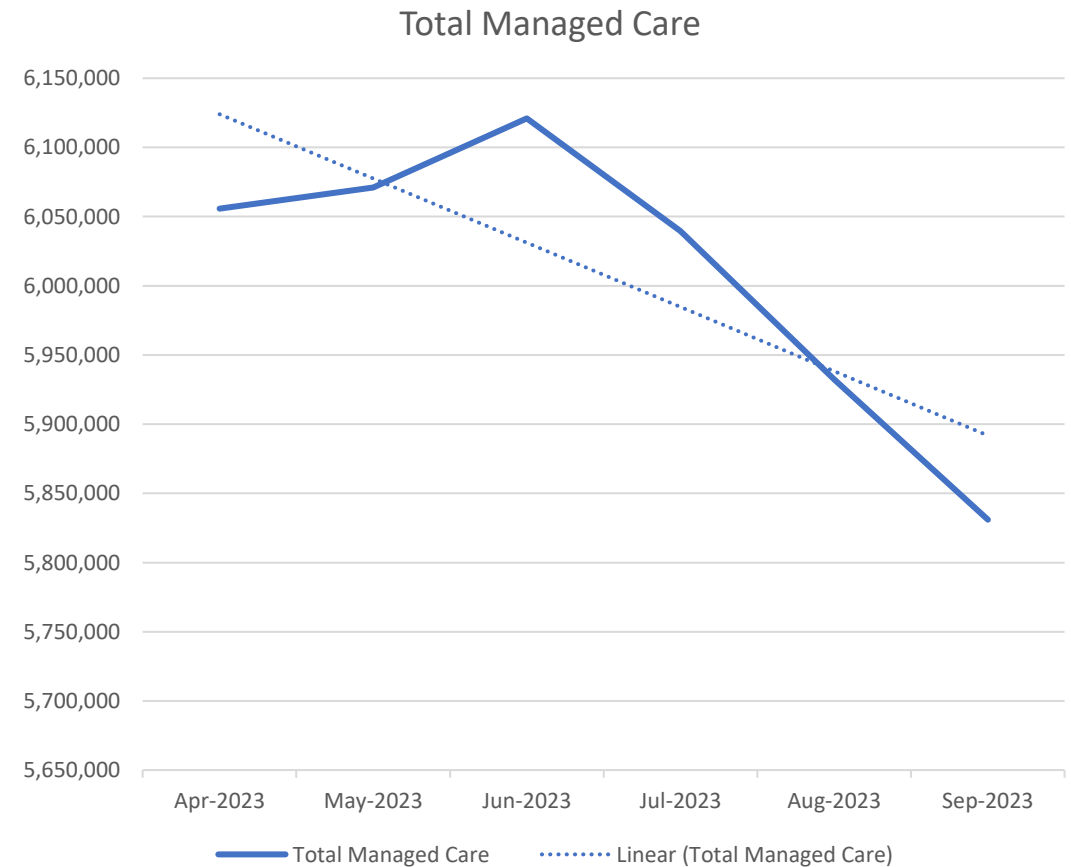
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Member Enrollment Statistics

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Total Medicaid Managed Care Enrollment

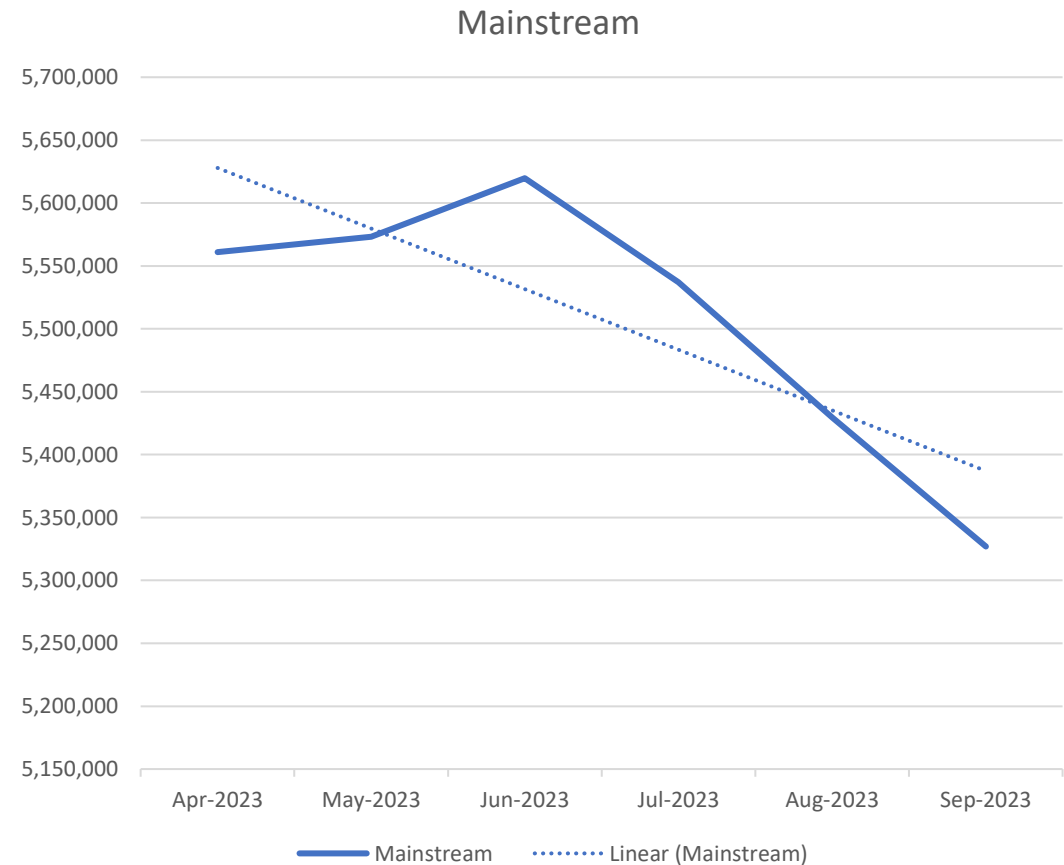
Months	Total Medicaid Managed Care
Apr-2023	6,055,675
May-2023	6,071,028
Jun-2023	6,120,954
Jul-2023	6,039,482
Aug-2023	5,932,385
Sep-2023	5,830,899



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Mainstream Enrollment

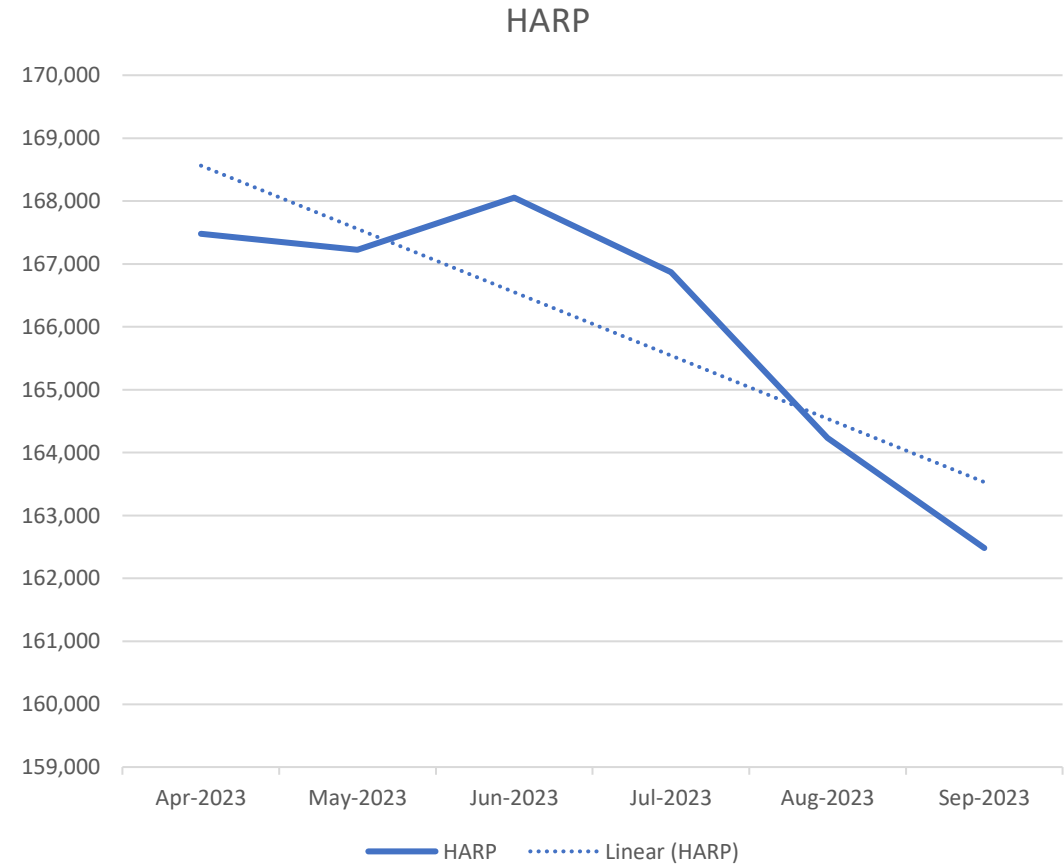
Months	Mainstream
Apr-2023	5,560,871
May-2023	5,573,316
Jun-2023	5,619,869
Jul-2023	5,537,110
Aug-2023	5,429,472
Sep-2023	5,327,018



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HARP Enrollment

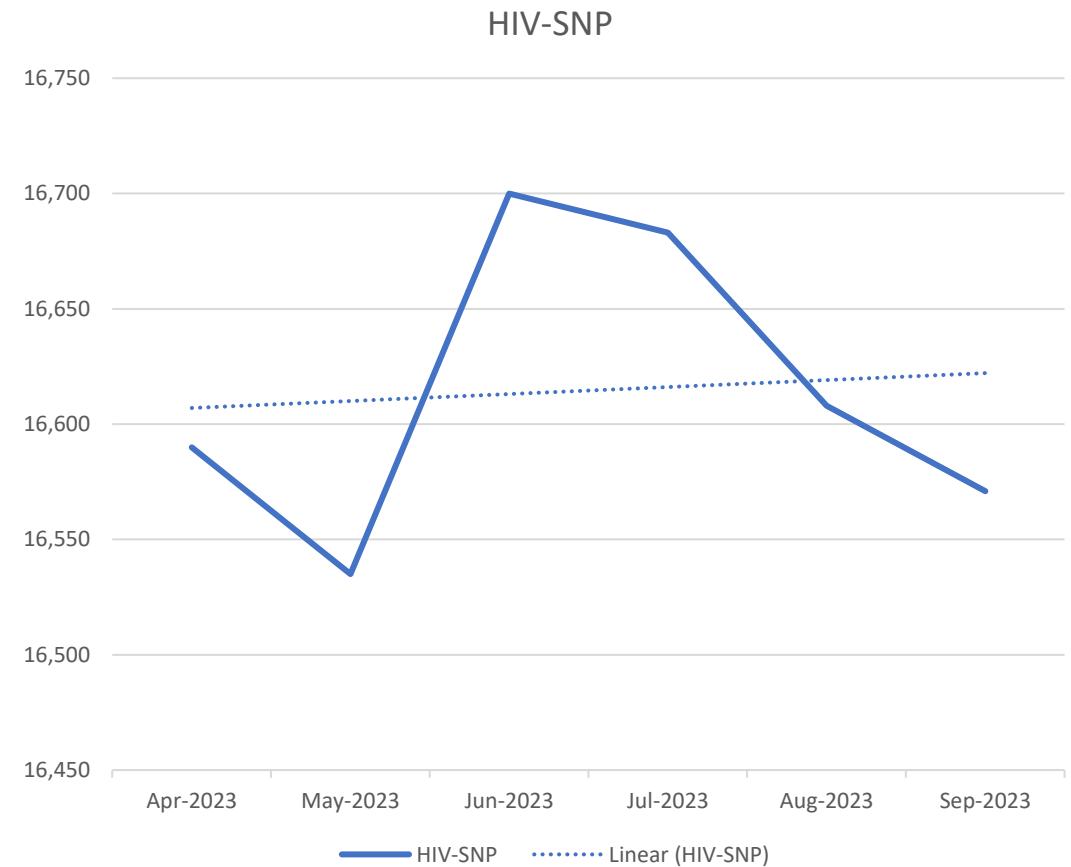
Months	HARP
Apr-2023	167,481
May-2023	167,225
Jun-2023	168,053
Jul-2023	166,868
Aug-2023	164,231
Sep-2023	162,484



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HIV-SNP Enrollment

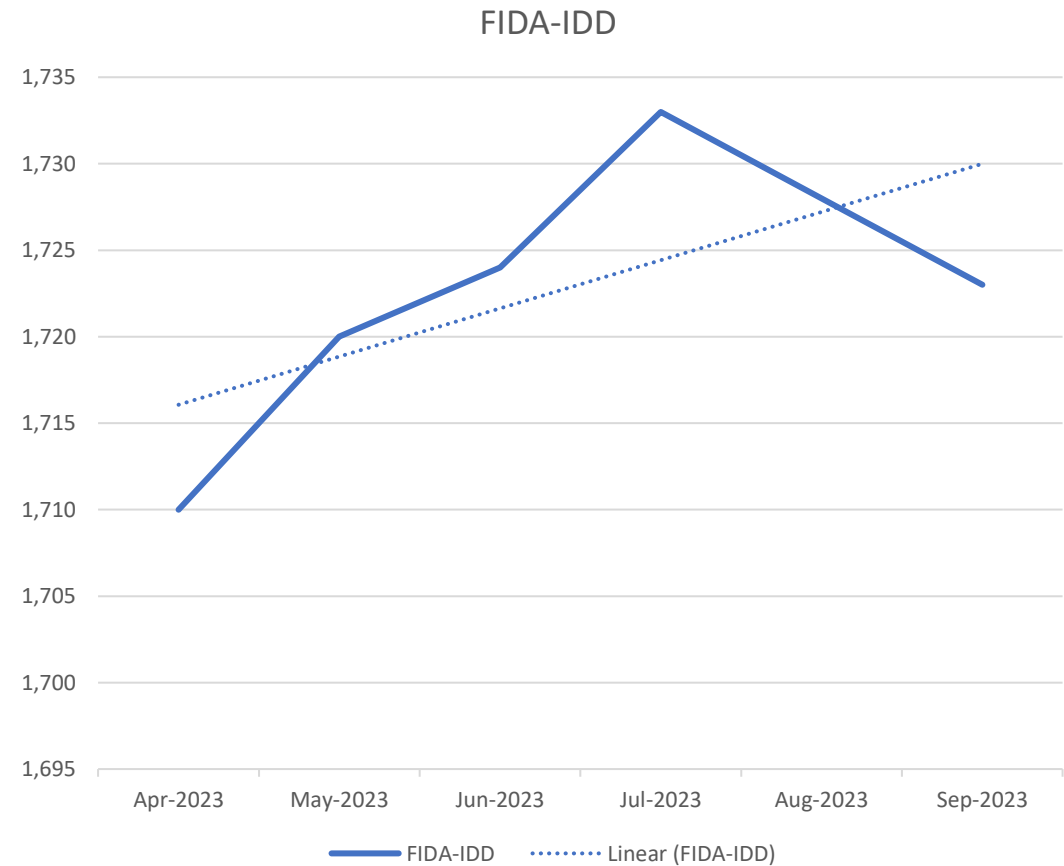
Months	HIV-SNP
Apr-2023	16,590
May-2023	16,535
Jun-2023	16,700
Jul-2023	16,683
Aug-2023	16,608
Sep-2023	16,571



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FIDA-IDD Enrollment

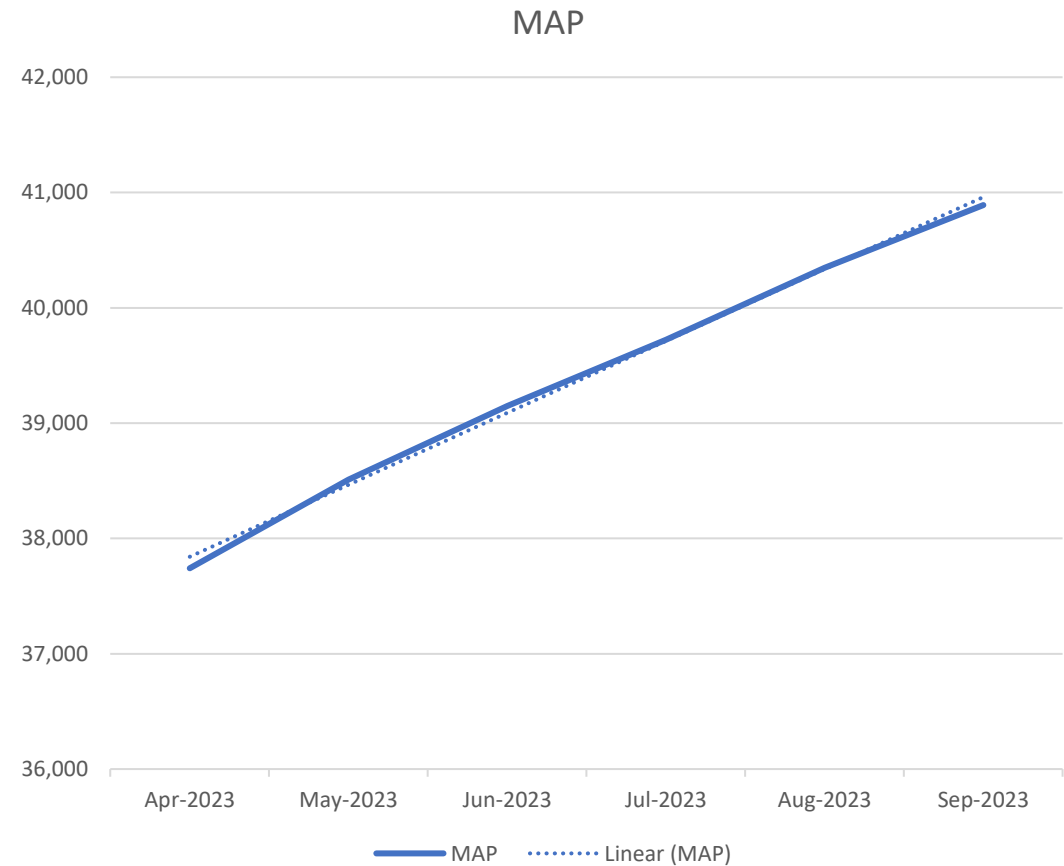
Months	FIDA-IDD
Apr-2023	1,710
May-2023	1,720
Jun-2023	1,724
Jul-2023	1,733
Aug-2023	1,728
Sep-2023	1,723



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MAP Enrollment

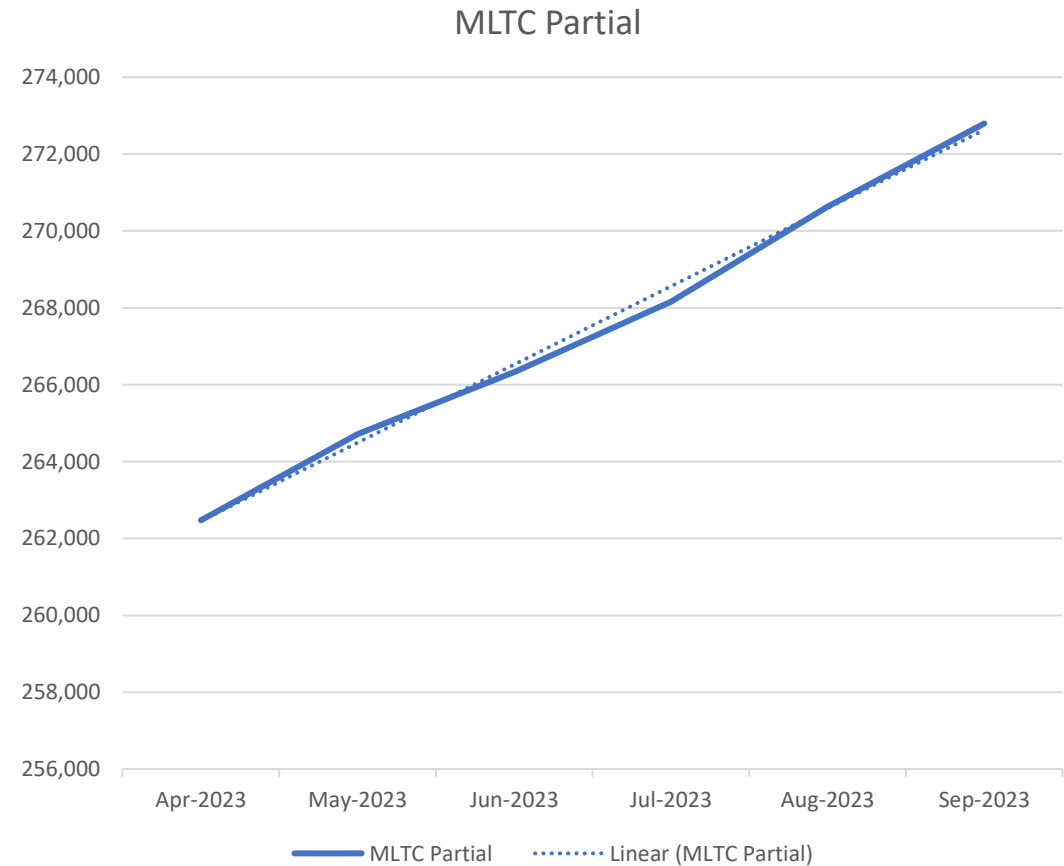
Months	MAP
Apr-2023	37,743
May-2023	38,510
Jun-2023	39,150
Jul-2023	39,724
Aug-2023	40,348
Sep-2023	40,891



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MLTC Partial Enrollment

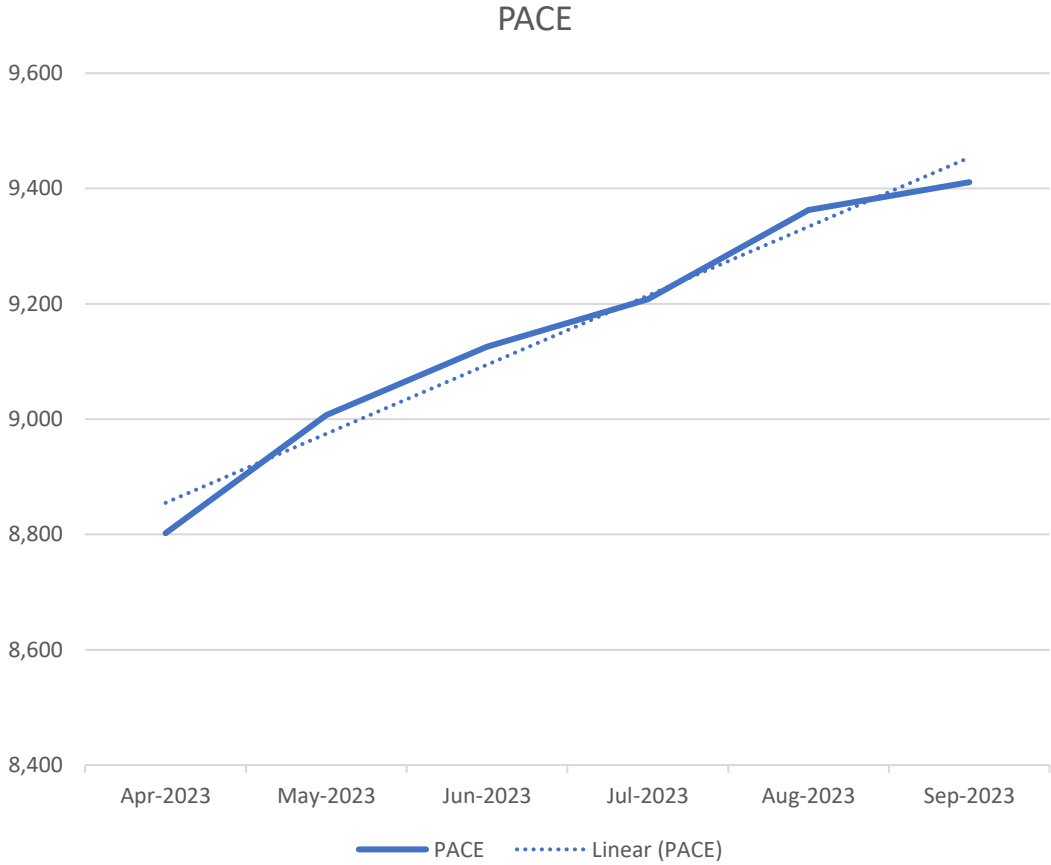
Months	MLTC Partial
Apr-2023	262,478
May-2023	264,715
Jun-2023	266,332
Jul-2023	268,156
Aug-2023	270,635
Sep-2023	272,801



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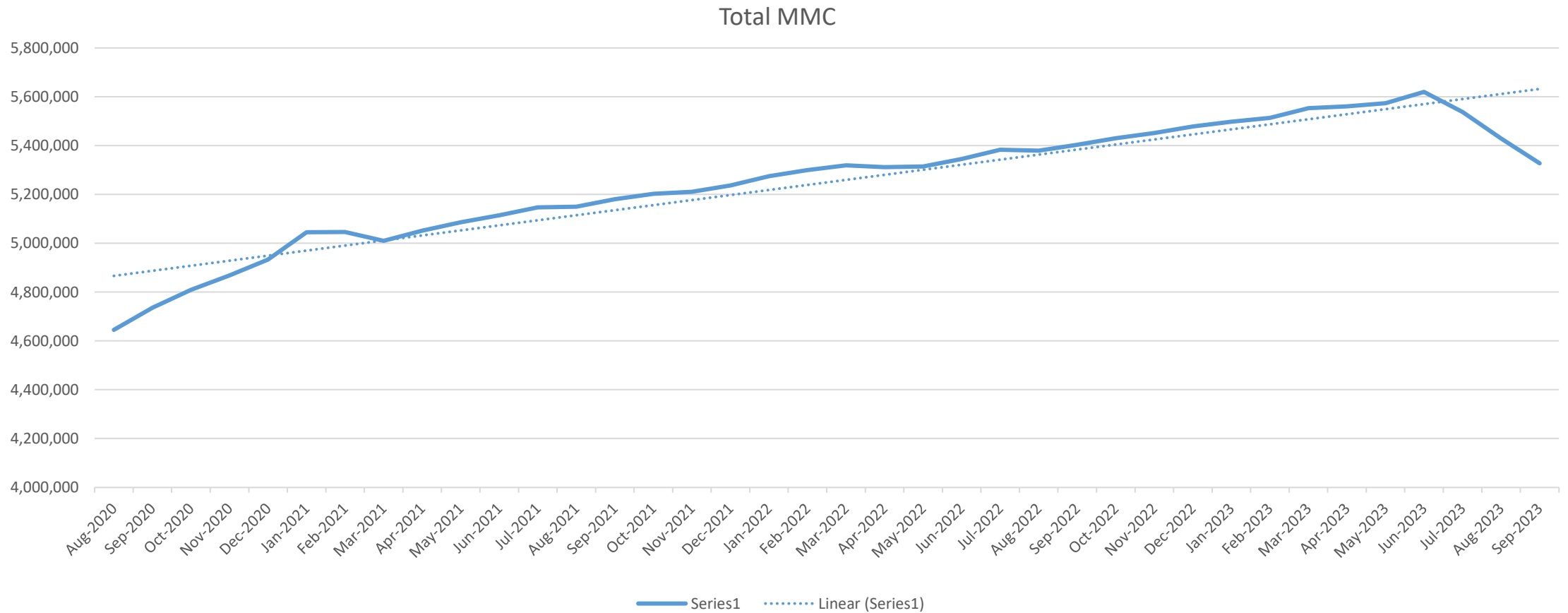
PACE Enrollment

Months	PACE
Apr-2023	8,802
May-2023	9,007
Jun-2023	9,126
Jul-2023	9,208
Aug-2023	9,363
Sep-2023	9,411



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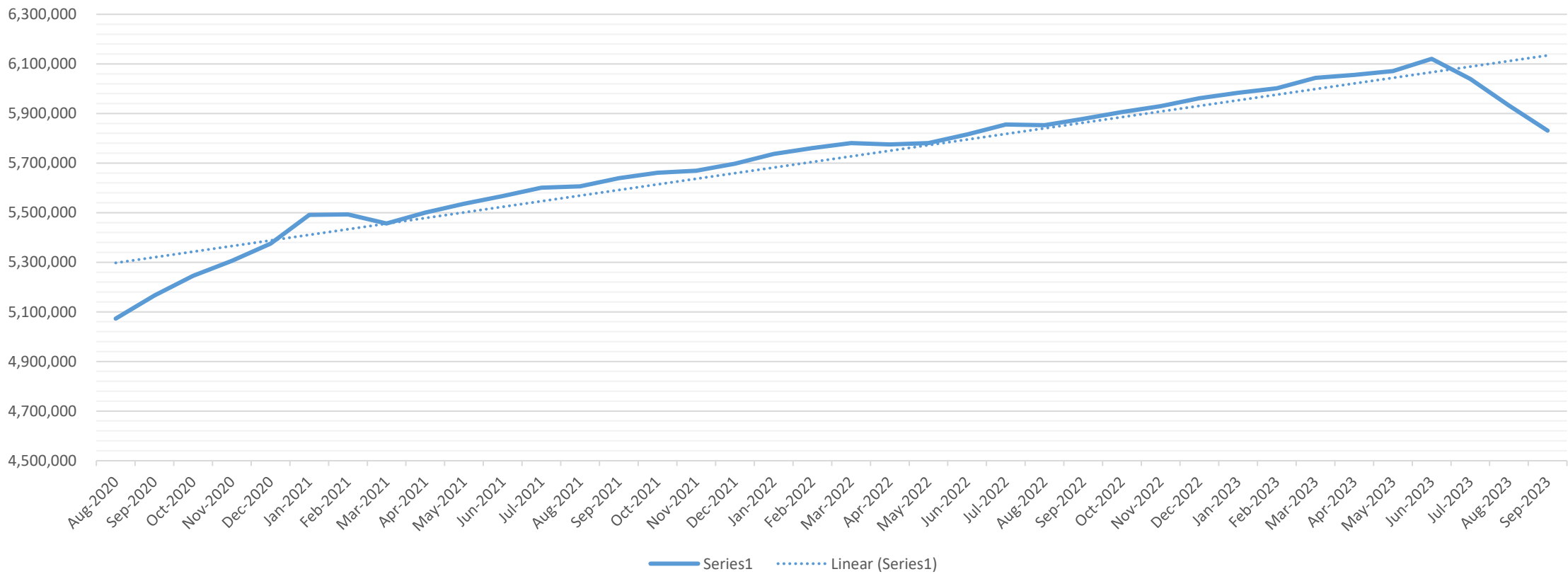
Total 3-Year Mainstream Enrollment



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Total 3-Year Medicaid Managed Care

Total Managed Care



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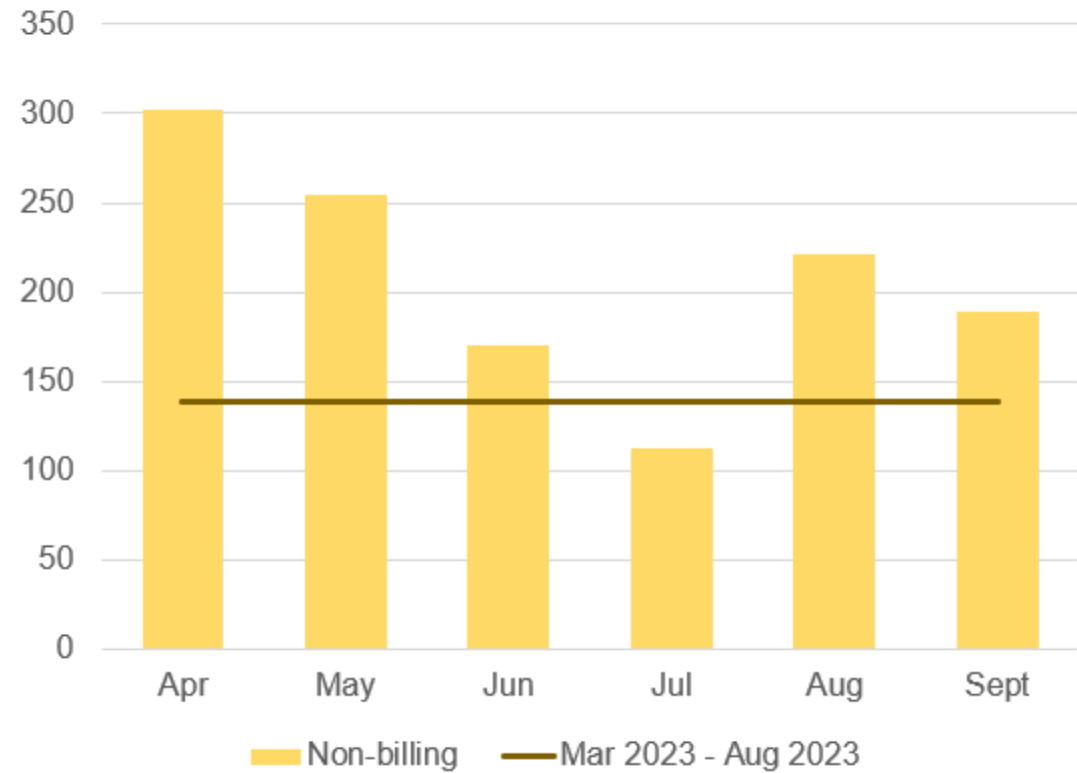
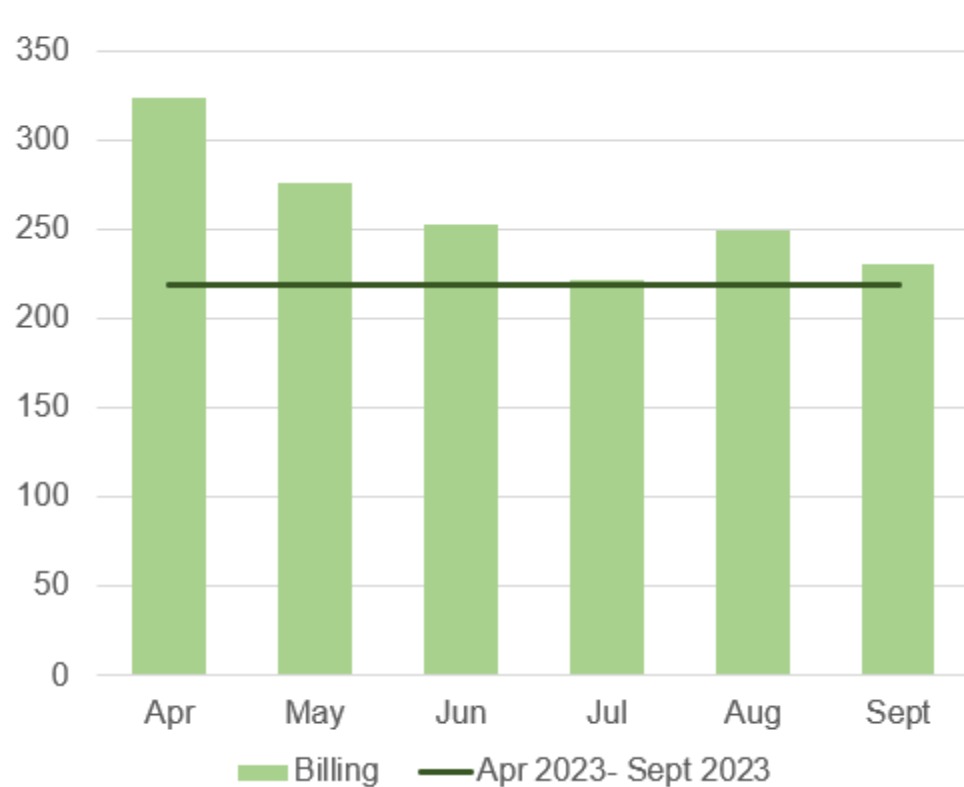
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Provider Enrollment Statistics

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Provider Enrollment Update

Average Number of New Applications Received Weekly



(1) Four month average prior to commencement of Section 5005(b)(2)

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Update to Practitioner Group Enrollment

COS 0090 -Practitioner Group enrollment information on the eMedNY website has been updated to include the following practitioners that may now be affiliated to the group practice (if in a billing status).

- Licensed Marriage and Family Therapists
- Licensed Mental Health Counselors
- Licensed Behavioral Analysts (LBA)
- Certified Behavioral Analyst Assistants (CBAA)

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Provider Revalidation

The Affordable Care Act mandates that all Medicaid providers revalidate their enrollment every five (5) years to avoid termination from the Medicaid program.

Revalidation includes providing information on the provider's ownership, managing employees, agents, persons with a control interest, group affiliations, supervising/collaborating arrangements, as well as providing current addresses, specialties, etc.

Providers will receive a letter informing them when revalidation is due. Providers can obtain the "Next Anticipated Revalidation Date" from the "Medicaid Enrolled Provider Listing" at the link below:

<https://health.data.ny.gov/Health/Medicaid-Enrolled-Provider-Listing/keti-qx5t>

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Bureau of Managed Care Fiscal Oversight Updates

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Bureau of Managed Care Fiscal Oversight Updates

Upcoming Reporting Due Dates

- A resubmission of the SFY 2020-2021 MC MLR Report (4/1/2020 – 3/31/2021) is required. Plans have been sent final 2020 and 2021 Medicaid rate schedules and 2020-2021 Medicaid BHET remittance. This requires plans to resubmit the 2020-2021 MC MLR for the Medicaid, HARP, HIV SNP, MLTC Partial, PACE, and MAP lines of business. The due date is Tuesday October 31, 2023
- Value Based Payment Tracking Report (VBPTR) for the 2nd Quarter of SFY 2023-2024 (4/1/2023-9/30/2023) are posted and due November 1, 2023.
- Cost Reports (MMCOR, SNPOR, EPPOR, MLTCCR, MAPOR, PACEOR, FIDAOR) for 3Q 2023 (1/1/2023-9/30/2023) are posted and due November 15, 2023

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Bureau of Managed Care Fiscal Oversight Updates (cont.)

Reports in Review

- Medicaid MLR Report for SFY 2021-2022 (4/1/2021-3/31/2022) was due March 24, 2023 and is being reviewed.
- Value Based Payment Tracking Report (VBPTR) for the 1st Quarter of SFY 2023-2024 (4/1/2023-6/30/2023) were due August 1, 2023 and are being reviewed.
- Cost Reports (MMCOR, SNPOR, EPPOR, MLTCCR, MAPOR, PACEOR, FIDAOR) for 2Q 2023 (1/1/2023-6/30/2023) were due August 15, 2023 and are being reviewed.
- Essential Plan Medical Loss Ratio (MLR) Report for 2022 (1/1/22-12/31/22) was due August 31, 2023 and is being reviewed.
- CHP Medical Loss Ratio (MLR) Report for 2022 (1/1/22-12/31/22) was due September 29, 2023 and is being reviewed.

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Bureau of Managed Care Fiscal Oversight Updates (cont.)

Update - Managed Care Medical Loss Ratio (MLR)

This is to update the effective date for the Managed Care (MC) Medical Loss Ratio (MLR) percentage increase to 89% from 86% pursuant to an Administrative Budget Action in the 2023-2024 State Budget. The increase applies to the Medicaid and Managed Long Term Care (MLTC) Partial lines of business (LOB). The MLR percentage for HIV SNP, MAP, FIDA IDD, PACE LOB will remain at 86% and HARP will remain at 89%.

The NYS Department of Health (DOH) ensures that each MCO calculates and reports a MLR in accordance with 42 CFR Part 438. Effective for the SFY 2024-2025 (4/1/2024-3/31/2025) the DOH has elected to set the minimum MLR percentage at 89% for the Medicaid and MLTC Partial lines of business.

The MLR Reporting Period will align with the rating period for each line of business (42 CFR §438.8(b)). The rating period for the Medicaid and MLTC Partial lines of business are on a SFY basis (4/1-3/31).

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Bureau of Managed Care Fiscal Oversight Updates (cont.)

Update – EP Medical Loss Ratio (MLR)

- Effective for the CY 2023 (1/1/2023-12/31/2023) the DOH has elected to set the minimum MLR percentage at 86% for the Essential Plan (EP) line of business. The MLR percentage increase is to 86% from 85%.

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Social Adult Day Care Updates

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HCBS MLTC SADC Remediation Plans

General Information

The MLTC plan's agreement to the SADC site's Remediation Plan is the final stage of the virtual on-site review process, if a SADC site had at least one non-compliant finding, and includes the following steps:

- DOH shares findings from the HCBS Compliance SADC Virtual On-Site Review, including areas of non-compliance, with the MLTC plan the review was conducted with. *(Note: Another plan may be utilized if the original plan is no longer contracted with the SADC site).*
- The MLTC plan completes the Remediation Plan in coordination with the SADC site representative, specifying how the SADC site will address non-compliant issues and provide a timeframe for these remediation activities.
- The MLTC plan carefully reviews the Remediation Plan before submitting to DOH.
- DOH reviews the returned Remediation Plan to ensure the activities the SADC site agreed to take, which were reviewed and certified by the MLTC plan, are sufficient to resolve the noted non-compliant issues.
- The MLTC plan monitors the SADC site to ensure remediation is completed and obtains proof for their records and audit purposes.
- DOH will later request this proof of remediation, certifying the MLTC plan received it and it is sufficient.

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MLTC Plans' Responsibilities for SADC site-specific Remediation submissions

What should a MLTC plan do when they receive a Remediation Plan Request?

- Take note of the due date (it will be in the body of the email).
- Review the rows requiring remediation (read the entire row for clarity).
- Schedule time to review and complete the Remediation Plan with the specific SADC site representative.
- If you need assistance, reach out to the DOH analyst that sent the request for clarity.
- Review the SADC site's Remediation Plan for accuracy and grammar before submission to DOH.
- Follow-up with the SADC site to ensure remediation efforts were undertaken, obtain proof of the efforts, and review the proof to ensure the SADC site is now fully compliant with the HCBS Final Rule.

Example non-compliant row from a Remediation Plan:

Setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.	Does the site allow members to choose which of the site's employees provide their services? Example: A member requests that all personal care services for her be conducted by female employees. Is that member's request met?	Not Compliant	While the SADC director informed that members can select their preferred staff, there was no documentation to indicate how members are made aware of this.
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Remediation Plan Quality

The Best Remediation Plans:

- Use future tense and action words.
 - Refer to suggested language on the “Reference” tab for ideas.
- Do not refer to attached documents.
 - Referring to attachments is not acceptable and attached documentation should NOT be submitted with a remediation plan, which is why it is returned via email and not HCS SFT, since there should be no PHI/PII.
- Have a fully completed cover page and include target start/end dates and responsible party.
- Include evidence of collaboration between the MLTC plan and the specific SADC site.

Reminder:

MLTC plans are responsible for completing, reviewing, and confirming the quality of the Remediation Plan prior to submission to DOH. In the future, DOH may require MLTC plans to provide written feedback on the Remediation Plan along with the submission, summarizing the SADC site’s remediation efforts.

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Please direct all questions to:
HCBSADCSSiteAssessments@health.ny.gov

SADC Heightened Scrutiny Public Comment Period Closed on 9/30/2023

As part of the Home and Community Based Services (HCBS) Final Rule Compliance verification of Social Adult Day Care (SADC) sites, the 52 SADC sites identified as requiring a Heightened Scrutiny (HS) review were subject to a **30-day public comment period from August 30, 2023 to September 30, 2023.**

Summary of Public Comments

- Public comments were received and are under review by DOH.

What are the next steps?

- Required submission of the evidence packets to the Centers for Medicare and Medicaid Services (CMS) is planned for October 2023.
- Based on evidence submitted by the State, CMS will investigate to confirm DOH's findings that the SADC site is not institutional and does have the qualities of a home and community-based setting.

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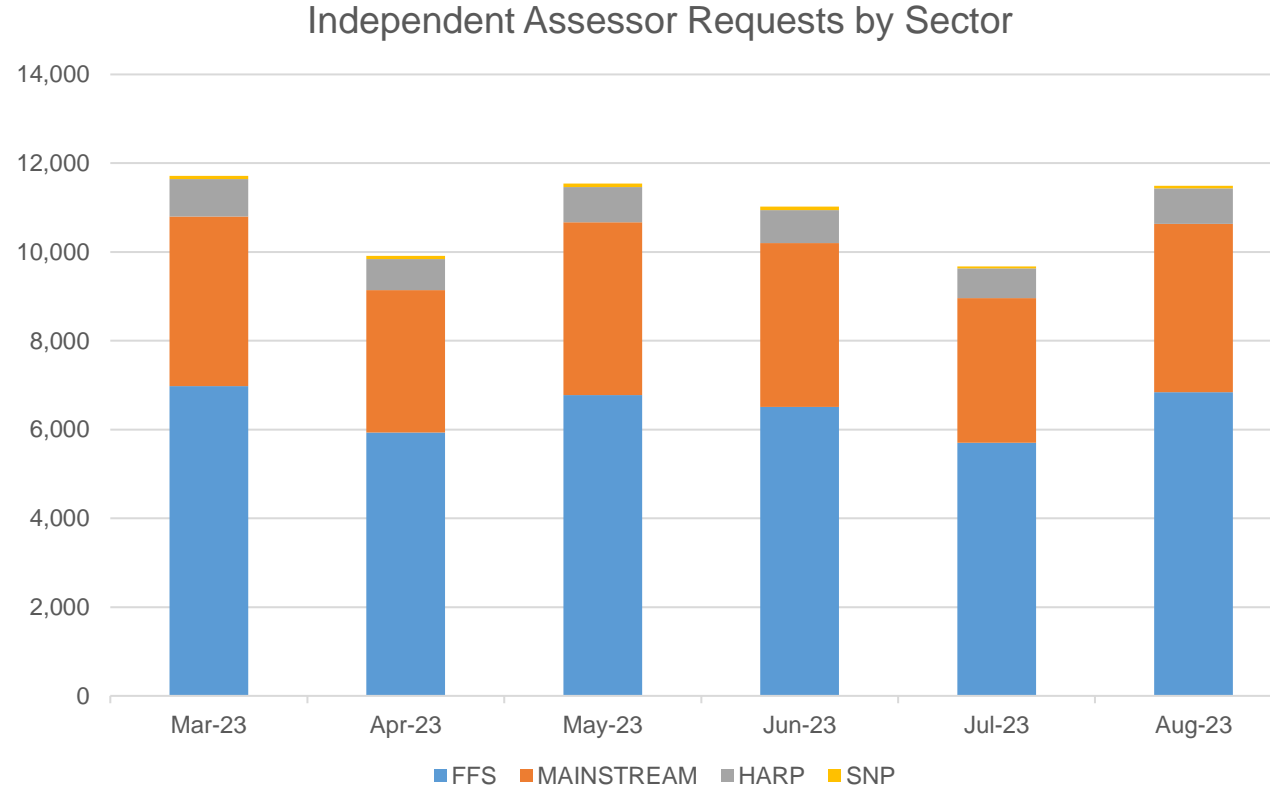
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Independent Assessor Program Updates

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New York Independent Assessor Program

- In July, there were 9,676 requests for Initial Assessments.
- In August, there were 11,488 requests for Initial Assessments.



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New York Independent Assessor Program

July Call Volume: 54006 incoming calls

- Abandonment rate <2%, ASA < 1min

July Outcome notices mailed: 10,301

- Medical Condition not stable: 2

July Clinical variance requests: 65

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New York Independent Assessor Program

August Call Volume: 60768 incoming calls

- Abandonment rate <3%, ASA < 2 min

August Outcome notices mailed: 13,454

- Medical Condition not stable: 3

August Clinical variance requests: 87

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New York Independent Assessor Program (NYIAP) Reassessment Rollout

- Begins January 1, 2024
 - Rollout will be phased in by county throughout 2024
 - All counties will be transitioned by December 2024
- Only for adults 18 and over – under 18 will continue to be reassessed by plan or LDSS
- Does not apply to PACE reassessments if remaining in a PACE program
- File testing required for plans in late September
- Further guidance and information to be disseminated in October/November
- Webinars to be held in November/December

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Routine Reassessment Rollout Timeline

Region	Month NYIAP Begins Mailing for Routine Reassessment Due		RESPONSIBLE PARTY FOR SCHEDULING AND CONDUCTING ROUTINE REASSESSMENTS DUE IN:											
	Mailing Date	Month RA Due	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Rest of State (ROS)	Jan 2024	Mar 2024	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Long Island	Feb 2024	Apr 2024	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Queens	Apr 2024	Jun 2024	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Manhattan & Staten Island	Jun 2024	Aug 2024	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Brooklyn	Aug 2024	Oct 2024	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP
Bronx	Oct 2024	Dec 2024	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP

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Non-Routine Reassessment Rollout Timeline

Region	RESPONSIBLE PARTY FOR SCHEDULING AND CONDUCTING NON-ROUTINE REASSESSMENT											
	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Rest of State (ROS)	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Long Island	LDSS MCO	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Queens	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Manhattan & Staten Island	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Brooklyn	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP	NYIAP	NYIAP
Bronx	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	LDSS MCO	NYIAP	NYIAP	NYIAP

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Wage Parity Updates

- 2023 Annual Certification due December 1, 2023
 - Due through eMedNY Provider Portal
 - Portal to be updated by early November with 2023 certification
- Annual Compliance Statement of Wage Parity, Hours and Expenses – Form LS300
 - Due date December 31, 2023
- Independent Auditor’s Statement Verifying Employer’s Wage Parity Hours and Expenses – Form LS301, and instructions related to independently audited financial statements
 - Due dates for 2021 and 2022 calendar years forthcoming
 - Revisions to forms and instructions forthcoming



**Department
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Duals Update

MMC/HARP Dual Eligibles During the Unwind

Reminder

During the Unwind, most dual eligible members:

Will remain in their MMC/HARP until their Medicaid eligibility is redetermined in NYSOH

- A system change in being implemented so consumers who are 65 and older and/or dually eligible will be able to maintain their Medicaid case in NYSOH
- Consumers in these groups with coverage end dates of 6/30 and 7/31 will be extended four (4) months, until this system change to redetermine their eligibility is in place.
- Once the changes are implemented, these groups will go through the regular renewal process when their current coverage period ends, and be able to renew and maintain their Medicaid case in NYSOH
- At renewal, many of these members will be disenrolled from their MMC/HARP to FFS while the aligned members will stay in IBD.

During the Unwind, other dual eligible members:

- Who are mandatory for MLTC will be enrolled in an MLTC plan and have their Medicaid cases referred to LDSS/HRA.
- Who are over income for Medicaid when they recertify will be referred to LDSS/HRA.
 - May voluntarily enroll in MLTC if eligible and have their Medicaid cases transitioned from NYSOH to LDSS/HRA
 - May voluntarily disenroll from their MMC/HARP to FFS and have their Medicaid cases transitioned from NYSOH to LDSS/HRA

MMC/HARP Dual Eligibles During the Unwind

Phase I of MMC/HARP Dual (active with both Medicare & Medicaid) Eligibles Unwind

Phase I Duals Unwind

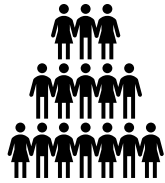
(WMS SSI Duals)
Must meet all criteria →

- Enrolled in a MMC Plan with active status.
- Receiving Supplemental Security Income (SSI).
- Case is active with the Welfare Management System (WMS).
- Not in the Integrated Benefit for Dually Eligible Enrollees program (IB-Dual).
- Not enrolled in HARP or HIV-SNP.
- Not in receipt of ANY CBLTSS.
- Must have active Medicaid and Medicare.

This process will not require action by the LDSS. As these members are not in receipt of CBLTSS, they will be moved to Medicaid fee-for-service (FFS). This action is also not expected to impact the on-going renewal process during the unwind as these members have SSI eligibility and are not sent a Medicaid renewal package.

MMC/HARP Dual Eligibles During the Unwind

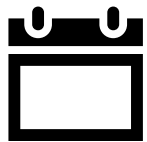
Phase I of MMC/HARP Dual Eligibles Unwind



There are approximately 15,000 dual-eligibles in Phase I, which will be reduced by those members receiving CBLTSS.



NYMC reached out to plans to confirm CBLTSS status on September 29th, 2023.



Disenrollments to Medicaid FFS will be performed by New York Medicaid Choice (NYMC) for an effective date of December 1st, 2023. A disenrollment notice will be sent to consumers (both enrollment broker (EB) and non-EB counties) by NYMC.



While there will be no action for the LDSS for this population; LDSS should be aware of this initiative in the event they receive any questions.