



**Department  
of Health**

# **Medicaid Managed Care Program Update**

**Monthly Managed Care Policy and Planning Meeting**

November 9, 2023

# Topics

- Member Enrollment Statistics
- Provider Enrollment Statistics
- Bureau of Managed Care Fiscal Oversight Updates
- New 5 Year MMC Model Contract
- MLTC Program Updates



November 9, 2023



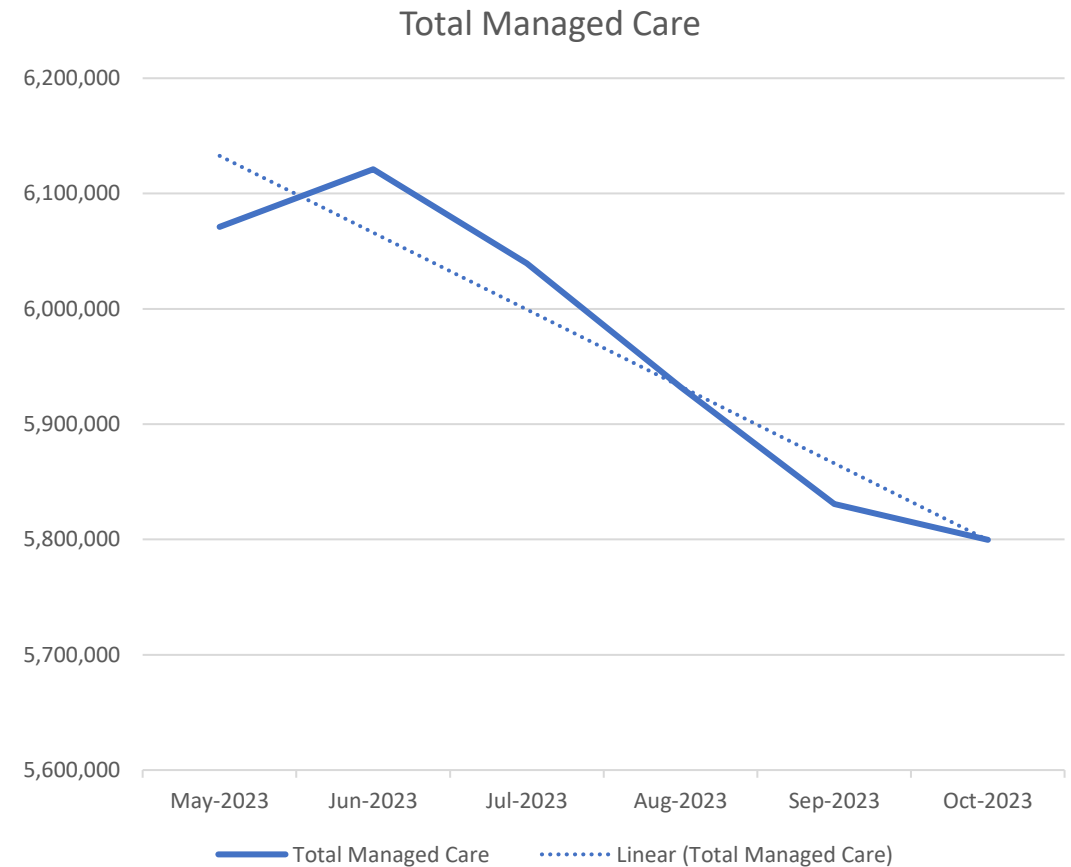
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of Health

# Member Enrollment Statistics

November 9, 2023

# Total Medicaid Managed Care Enrollment

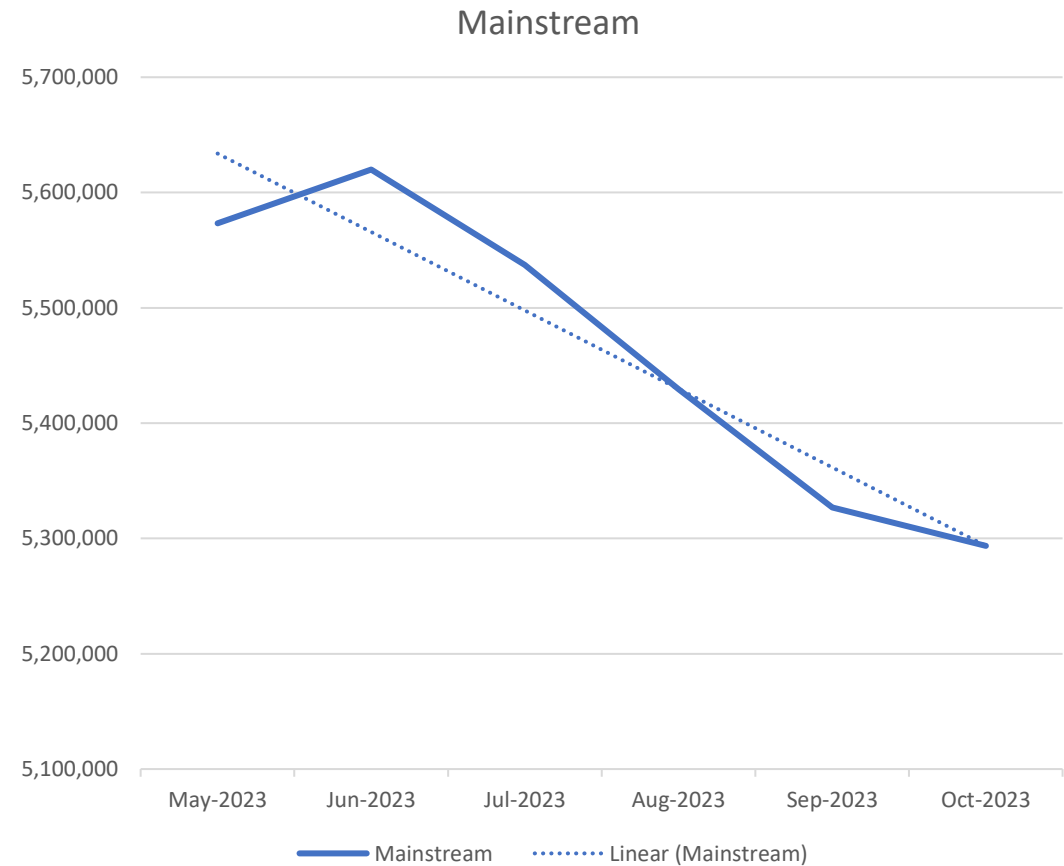
Months	Total Medicaid Managed Care
May-2023	6,071,028
Jun-2023	6,120,954
Jul-2023	6,039,482
Aug-2023	5,932,385
Sep-2023	5,830,899
Oct-2023	5,799,708



November 9, 2023

# Mainstream Enrollment

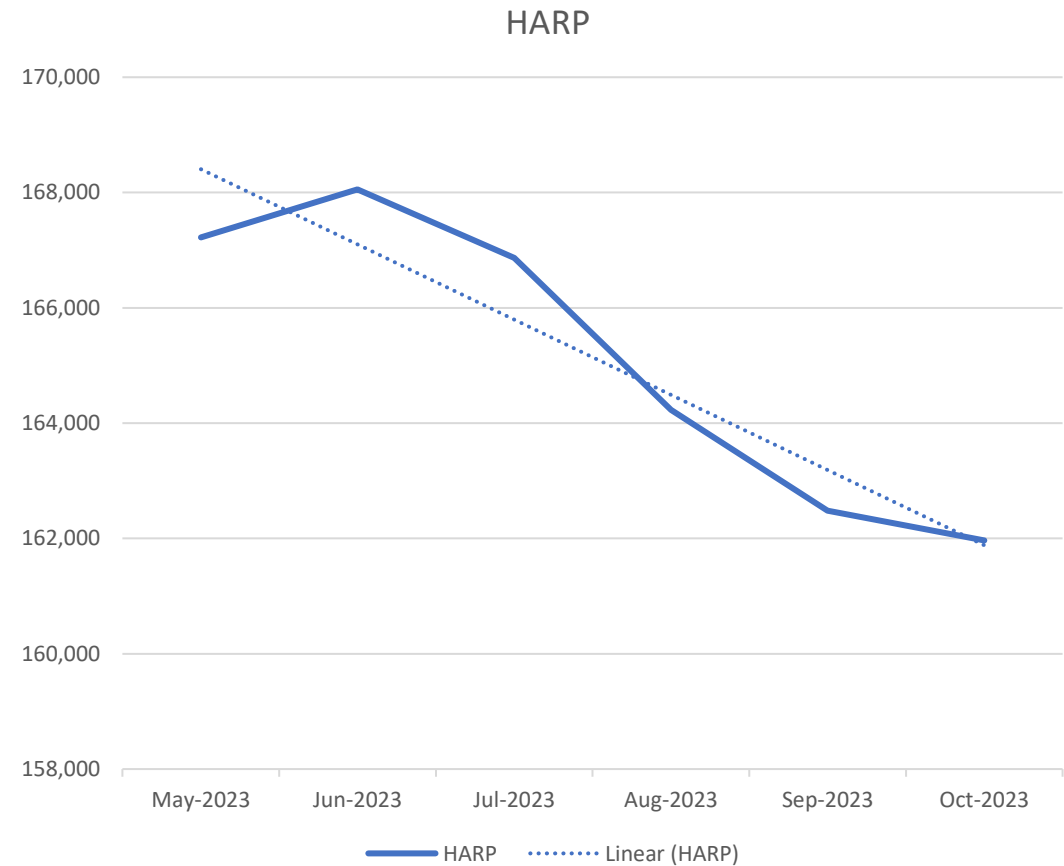
Months	Mainstream
May-2023	5,573,316
Jun-2023	5,619,869
Jul-2023	5,537,110
Aug-2023	5,429,472
Sep-2023	5,327,018
Oct-2023	5,293,723



November 9, 2023

# HARP Enrollment

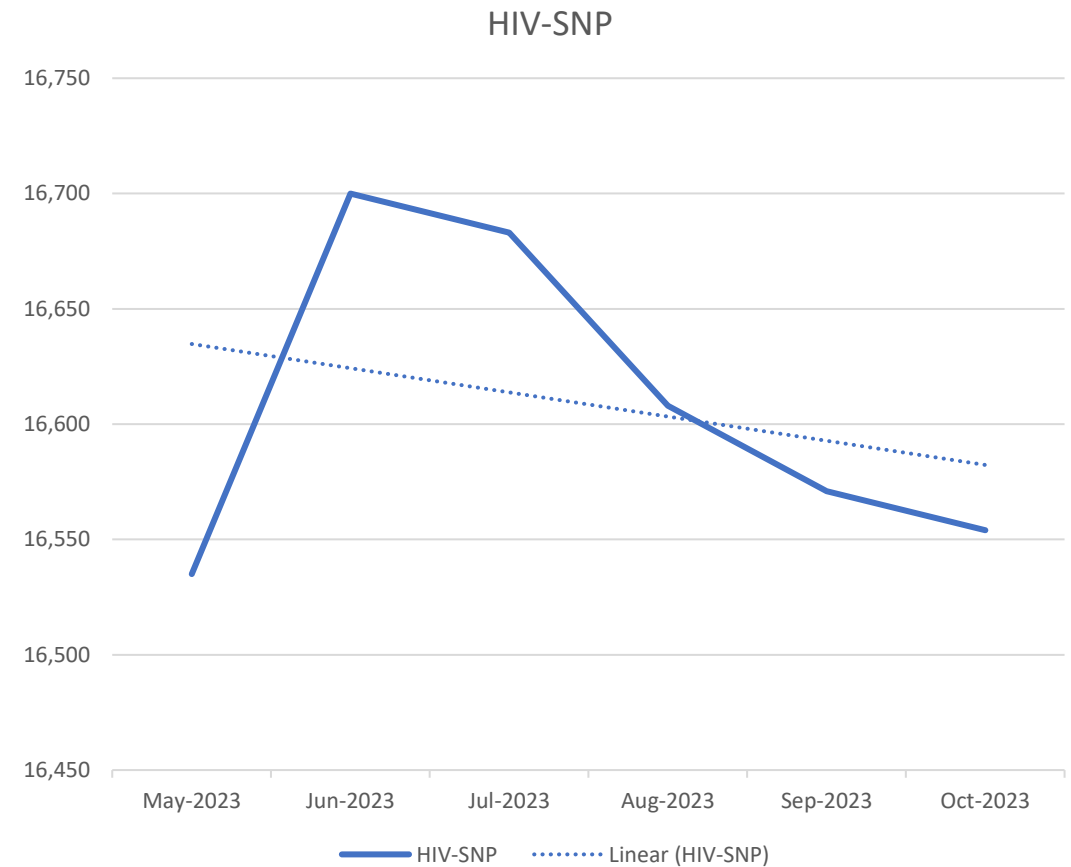
Months	HARP
May-2023	167,225
Jun-2023	168,053
Jul-2023	166,868
Aug-2023	164,231
Sep-2023	162,484
Oct-2023	161,964



November 9, 2023

# HIV-SNP Enrollment

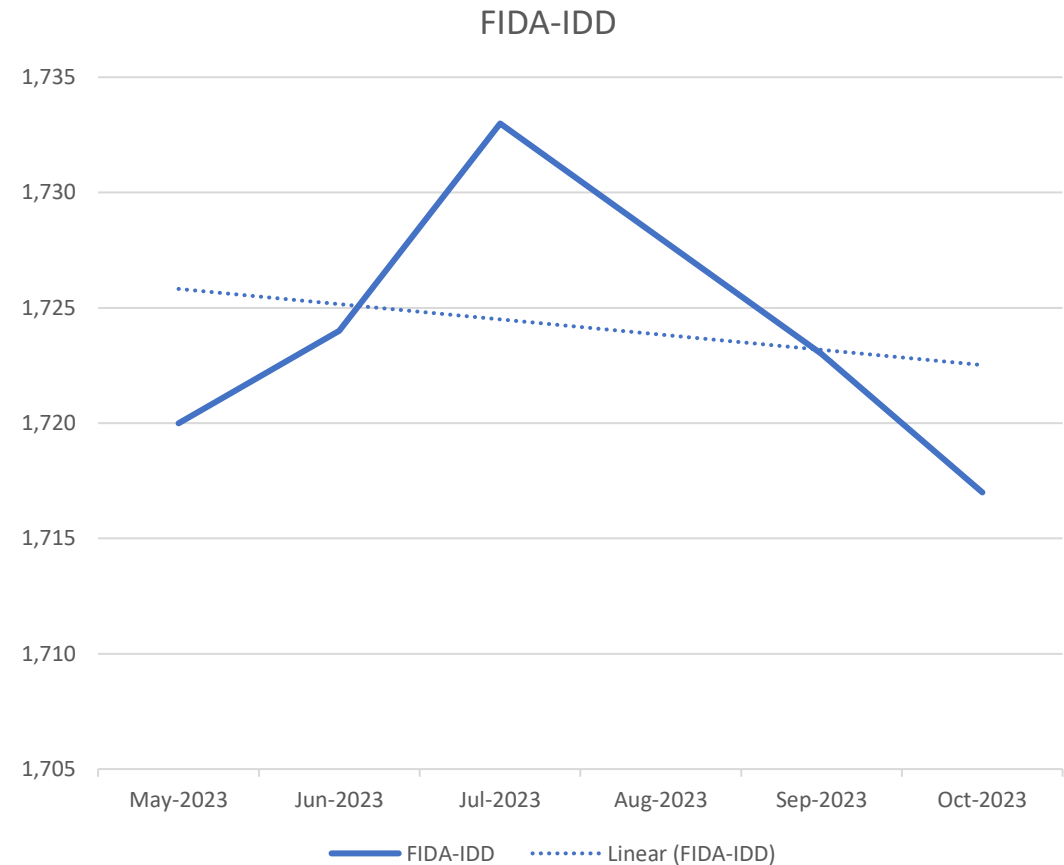
Months	HIV-SNP
May-2023	16,535
Jun-2023	16,700
Jul-2023	16,683
Aug-2023	16,608
Sep-2023	16,571
Oct-2023	16,554



November 9, 2023

# FIDA-IDD Enrollment

Months	FIDA-IDD
May-2023	1,720
Jun-2023	1,724
Jul-2023	1,733
Aug-2023	1,728
Sep-2023	1,723
Oct-2023	1,717

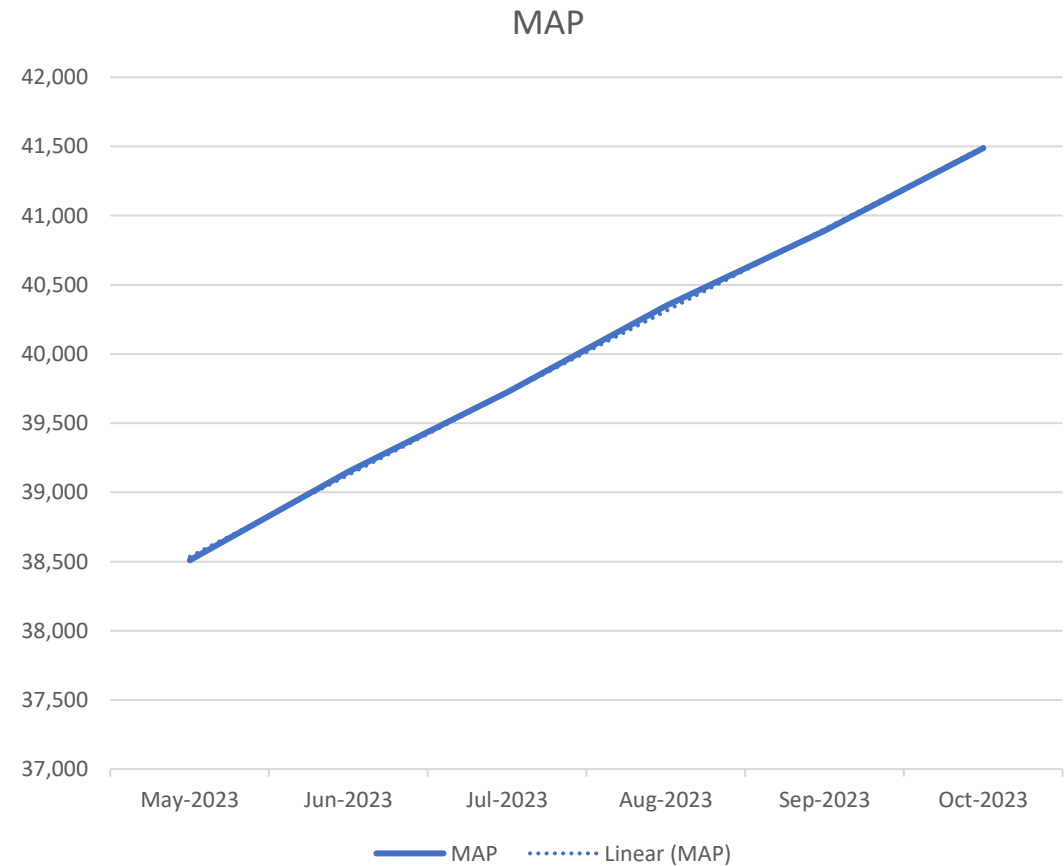


November 9, 2023



# MAP Enrollment

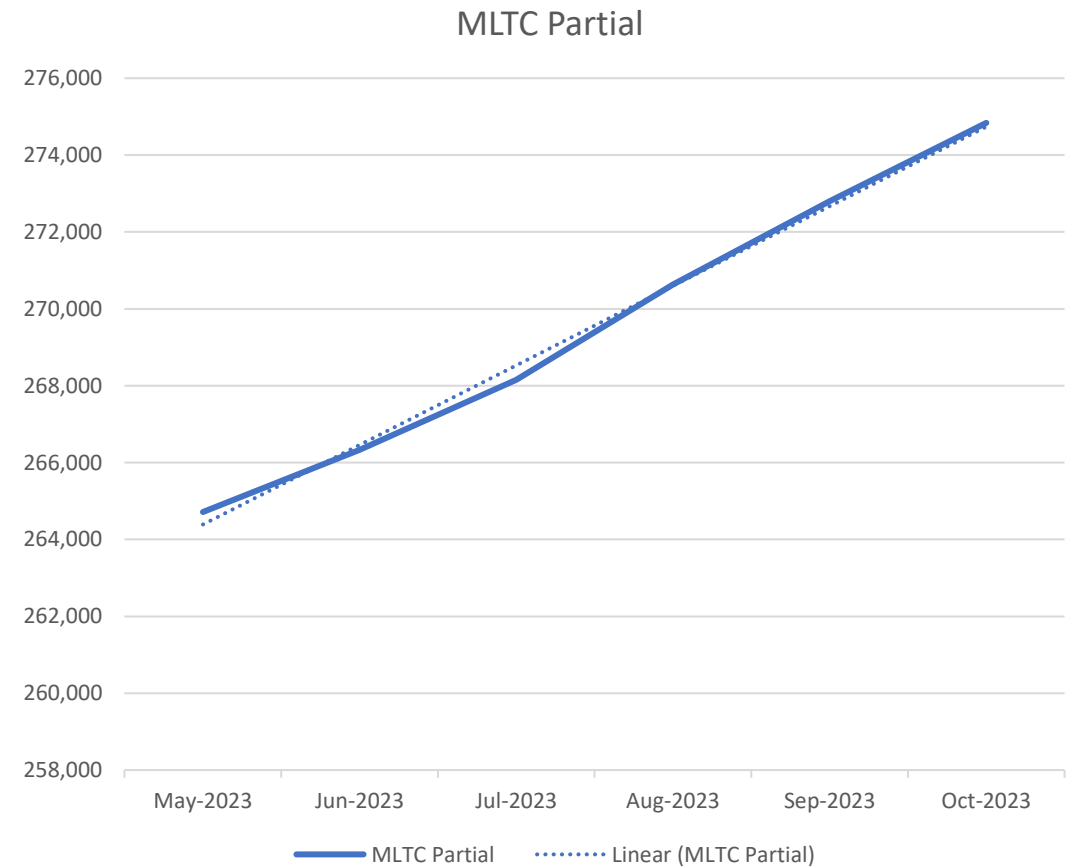
Months	MAP
May-2023	38,510
Jun-2023	39,150
Jul-2023	39,724
Aug-2023	40,348
Sep-2023	40,891
Oct-2023	41,488



November 9, 2023

# MLTC Partial Enrollment

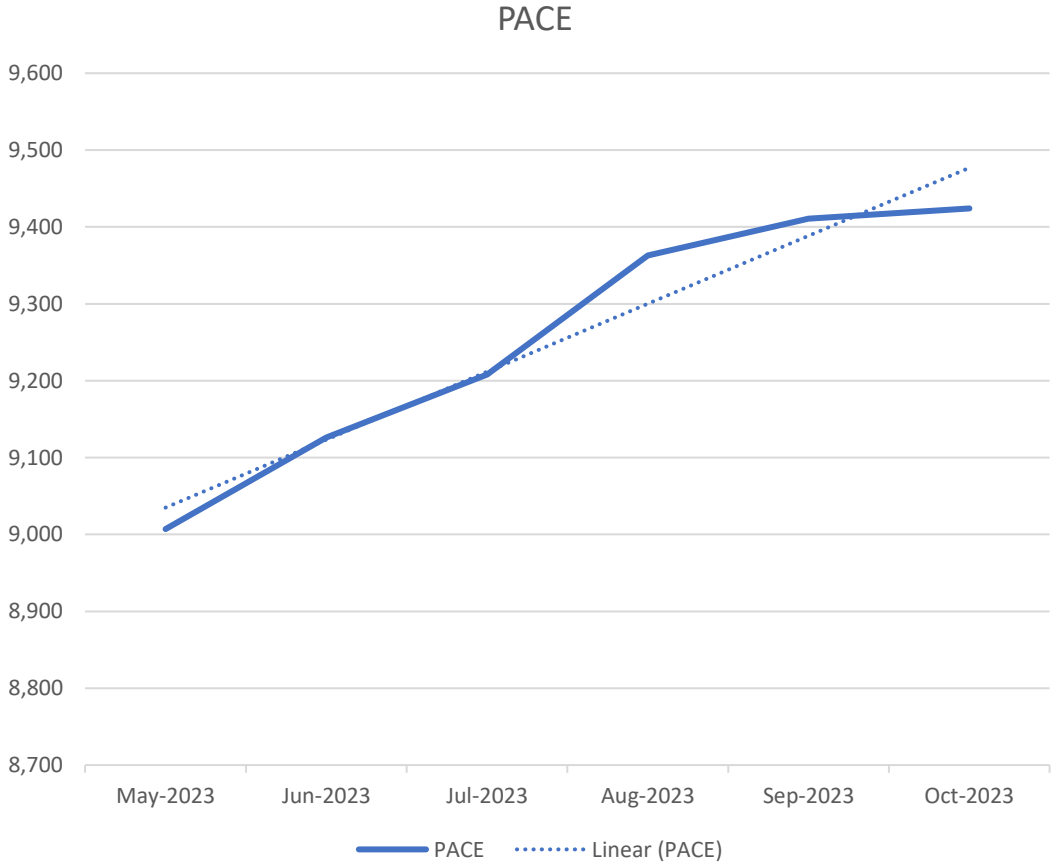
Months	MLTC Partial
May-2023	264,715
Jun-2023	266,332
Jul-2023	268,156
Aug-2023	270,635
Sep-2023	272,801
Oct-2023	274,838



November 9, 2023

# PACE Enrollment

Months	PACE
May-2023	9,007
Jun-2023	9,126
Jul-2023	9,208
Aug-2023	9,363
Sep-2023	9,411
Oct-2023	9,424



November 9, 2023





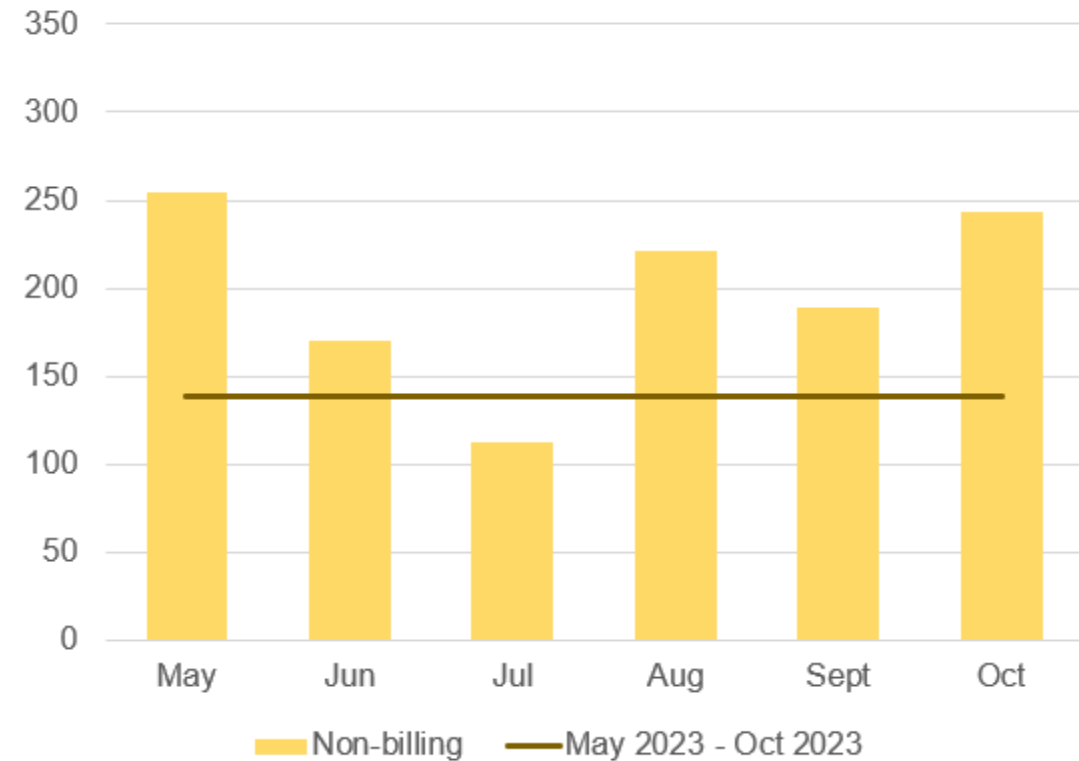
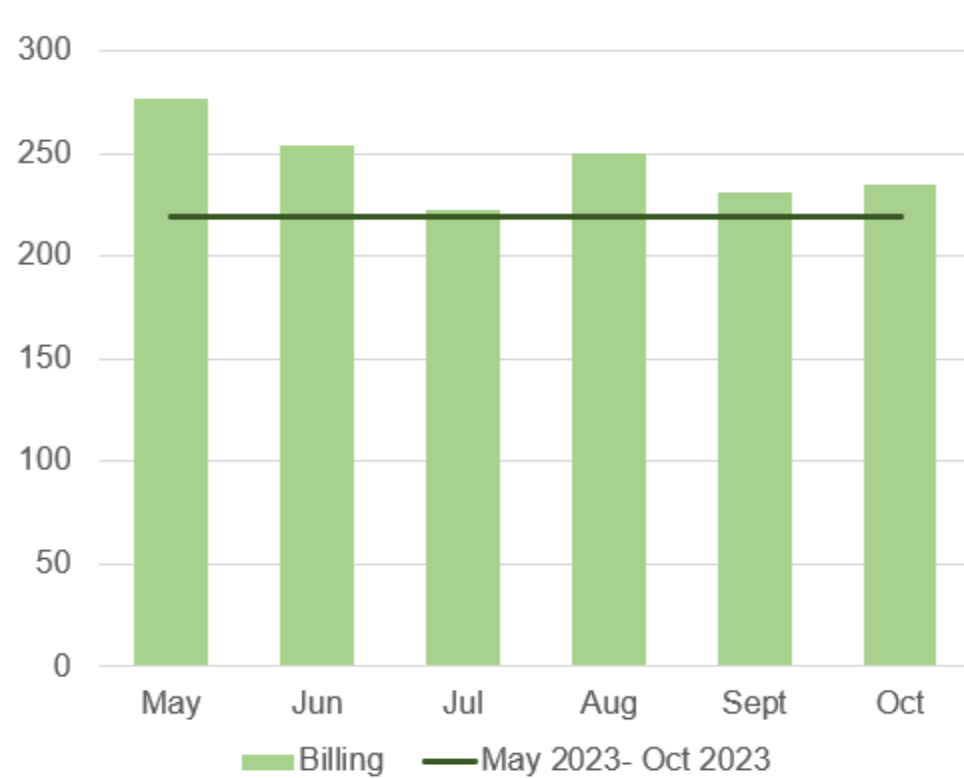
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# Provider Enrollment Statistics

November 9, 2023

# Provider Enrollment Update

Average Number of New Applications Received Weekly



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

November 9, 2023



Department  
of Health

# Bureau of Managed Care Fiscal Oversight Updates

November 9, 2023

# Bureau of Managed Care Fiscal Oversight Updates

## Upcoming Reporting Due Dates

- 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
- Medicaid MLR Report for SFY 2022-2023 (4/1/2022-3/31/2023) will be posted in January 2024 and plans will have 60 days to complete report.

November 9, 2023

# 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.
- 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.

November 9, 2023



# Bureau of Managed Care Fiscal Oversight Updates (cont.)

## Reports in Review

- A resubmission of the SFY 2020-2021 MC MLR Report (4/1/2020 – 3/31/2021) was due Tuesday October 31, 2023 and reports are being reviewed.
  - Note: Plans were sent final 2020 and 2021 Medicaid rate schedules and 2020-2021 Medicaid BHET remittance. Plans resubmitted the 2020-2021 MC MLR for the Medicaid, HARP, HIV SNP, MLTC Partial, PACE, and MAP lines of business.
- Value Based Payment Tracking Report (VBPTR) for the 2nd Quarter of SFY 2023-2024 (4/1/2023-9/30/2023) were due November 1, 2023 and are being reviewed.

November 9, 2023



Department  
of Health

# **New 5 Year Medicaid Managed Care/HIV SNP/HARP Model Contract.**

November 9, 2023

# Upcoming *New 5 Year Medicaid Managed Care/HIV SNP/HARP Model Contract*

- The new five-year MMC/HIV SNP/HARP Model Contract will start on 3/1/2024 and end on 2/28/2029.
- Given the extensive amount of edits needed and the tight timeframe for development, negotiation, and execution, the Department has revised its execution strategy.
- The new '24-'29 MMC/HIV SNP/HARP Model Contract will now be identical to the 2<sup>nd</sup> Amendment to the '19-'24 MMC/HIV SNP/HARP Model Contract, under which plans are currently operating.
- All edits planned for a 3<sup>rd</sup> Amendment to the '19-'24 MMC/HIV SNP/HARP Model Contract will be moved to the 1<sup>st</sup> Amendment to the '24-'29 MMC/HIV SNP/HARP Model Contract.
- Plans can expect to receive communication regarding the new five-year model contract from the DHPCO Contracts Unit soon.

November 9, 2023



Department  
of Health

# MLTC Program Updates

November 9, 2023

# MLTC Policy 23.03

## Resumption of MLTC Involuntary Disenrollment

- Background: In March 2020, the federal Families First Coronavirus Response Act instituted flexibilities for states to suspend some Medicaid disenrollment reasons for Medicaid managed care enrollees during the Public Health Emergency (PHE).
- In November 2020, the Centers for Medicare and Medicaid Services (CMS) rulemaking allowed states to resume some involuntary disenrollments if comparable coverage was maintained.
- On October 1, 2021, January 1, 2022, and July 1, 2022, the DOH resumed select involuntary disenrollment reasons in the MLTC program.
- On October 18, 2023, DOH issued MLTC Policy 23.03 Resumption of MLTC Involuntary Disenrollment for disenrollments beginning December 1, 2023, and thereafter. [Any previous involuntary disenrollment guidance](#) is now superseded by the new MLTC [Involuntary Disenrollment Policy 23.03](#).
- This new policy includes instructions on the specific steps plans are to take to effectuate an involuntary disenrollment.

November 9, 2023

# Types of Involuntary Disenrollments

There are two types of MLTC involuntary disenrollments: mandatory or optional.

A **mandatory** involuntary disenrollment is a required action that the plan **MUST** take following a specific triggering event. Based on the circumstances of the triggering event, if an MLTC plan Enrollee does not request or agree to disenroll from the plan, the MLTC plan **MUST** initiate an involuntary disenrollment within five (5) business days of the date the plan is notified of the triggering event.

An **optional** involuntary disenrollment is an action where under limited circumstances the MLTC plan **MAY** initiate an involuntary disenrollment.

## Mandatory MLTC Involuntary Disenrollment Reasons

Enrollee no longer resides in the Plan's service area. (All MLTC products)
Enrollee has been absent from the Plan's service area for more than 30 consecutive days. (All MLTC products)
Enrollee enters an OMH, OPWDD, OASAS residential program or OMH state operated psychiatric center that is not a MLTC Plan covered benefit for 45 consecutive days or longer. (All MLTC products)
For Partial Capitation plan only, Enrollee is hospitalized for 45 days or longer.
For MAP only, Enrollee is not enrolled in the aligned Medicare Advantage Dual Eligible Special Needs Plan.
For PACE only, Enrollee is not enrolled in the aligned PACE Medicare Health Plan, if applicable.
For PACE or MAP, an Enrollee is no longer eligible for enrollment because they no longer meet the nursing home level of care based on the assessment tool prescribed by the Department and cannot be deemed eligible.
For Partial Capitation plan only, a non-dual eligible Enrollee or a dual eligible Enrollee aged 18 to 20 who is no longer eligible for enrollment because the Enrollee no longer meets the nursing home level of care based on the assessment tool prescribed by the Department.
Enrollee is no longer eligible for enrollment because the enrollee was assessed as no longer in need of a Community Based Long Term Services and Supports (CBLTSS) for more than 120 days. (All MLTC products)
Enrollee does not receive at least one Community Based Long Term Services and Supports (CBLTSS) within previous month. (All MLTC products)

### Optional MLTC Involuntary Disenrollment Reasons

Enrollee or an Enrollee's family member or other person in the home engages in behavior that seriously impairs the Plan's ability to furnish services for reasons other than those resulting from the Enrollee's special needs.

Send questions to [mltinfo@health.ny.gov](mailto:mltinfo@health.ny.gov) with the subject line: Resumption of MLTC Involuntary Disenrollments.

November 9, 2023



# Fair Hearing Backlog Status

On April 14 and September 1, 2023, Mainstream, HARP, HIV SNP and MLTC plans were sent a spreadsheet of Series 1 and Series 2 cases, respectively, identified by the Office of Temporary and Disability Assistance (OTDA) Office of Administrative Hearings (OAH) of their members that had Aid to Continue services in place pending the backlogged scheduling of the member's Fair Hearing (FH).

- Fair Hearing Backlog Series 1: Selected Homebound Fair Hearings cases with Aid Continuing where Services were Discontinued or Reduced
- Fair Hearing Backlog Series 2: Selected Non-Homebound Fair Hearing cases with Aid Continuing where Services were Discontinued or Reduced

# Fair Hearing Backlog Status

Plans were instructed to review the identified cases and attest, per each member's case information:

- that the plan agreed to continue the services and that the FH was not needed,
- the member could, therefore, receive an administrative Pre-Hearing Determination (PHD) letter sent by OAH June 6, 2023, for Series 1 and Series 2 sent between October 31-November 6, 2023, with a FH PHD decision in the member's favor, and
- that the plan would follow up and release an updated service authorization.

Reminder: As with Series 1, plans are **required** to send an updated service authorization for these services to these members. DOH will be following up to ensure these Series 2 updated service authorizations letters have been sent and if a plan is found to be non-compliant a statement of deficiency may be issued.

# Fair Hearing Backlog Series 3

- When ready, Series 3 cases and instructional packets will be sent to each related plan. Series 3 will include members who filed a FH request due to **inadequate service levels and have had Aid Continuing provided**. Series 3 will have the normal filter criteria applied to the backlog list such as: there must be only one issue on the fair hearing, and it must be older than 90 days.
- Reminder: Similar to Series 1 and Series 2, once the plans reviews and agrees to the specific Pre-Hearing Determination (PHD) process for each plans' Series 3 members, OTDA will send the PHD letters to members, and plans will be required to send updated service authorizations to those Series 3 members.
- DOH will again verify those updated service authorizations are sent for the PHD members from Series 3.

# SADC Certification Through OMIG

DOH appreciates the MLTC Plans' confirmation that all network and active SADCs are certified through OMIG, and their certifications are current and updated.

This activity is required by MLTC Policy 15.01(a). OMIG certification and MLTC SADC verification is required annually.



November 9, 2023

# PCSP Webinar Recap for MLTC Plans

On November 6, 2023, DOH hosted a webinar that provided an overview of the person-centered planning process for MLTC Plans. This webinar was pre-recorded and is also available at the link below.

## Key Takeaways:

- A member's PCSP is a living document.
- An update is needed whenever there is a change and at the request of the member.
- PCSPs MUST be updated at least annually.
- The PCSPs should be member driven and based on their goals and preferences – Focus on what is important to the member over what is good for the member.
- FAQs will be developed and released soon.

## Resources:

- [Person-Centered Planning Guidance & Link to PCSP Recording](#)
- [Person-Centered Service Plan Template](#)
- [Home and Community Based Services \(HCBS\) Final Rule](#)
- [Person-Centered Planning and Practice Resource Library](#)

November 9, 2023

# MLTC Plans SADC Direct Payments

On November 16, 2023, DOH will conduct a webinar for MLTCP and MAP plans and SADCs to provide information on State Directed Payments available to qualifying SADC sites.

MLTC plans received a notification of the webinar below. Questions should be sent to [SADC.FMAP@health.ny.gov](mailto:SADC.FMAP@health.ny.gov).

## Webinar Details

- Date & Time: November 16, 2023 @10:00 AM

## Topics Covered in Presentation

- Overview of the Process
- Roles and Responsibilities for DOH, SADCs, and MLTC Plans
- Qualifications and Requirements for Payments

November 9, 2023

# Hold the Date: December 7, 2023 Webinar for All MLTC Plans Kick-Off of CY2024 SADC HCBS Reviews

DOH will be hosting a webinar which will be an overview of the calendar year (CY) 2024 Social Adult Day Care (SADC) Home and Community Based Services (HCBS) Final Rule Quality Assurance Reviews.

## Webinar Details

- Date & Time: **tentatively** December 7, 2023

## Topics Covered in Presentation

- Overview of the Process
- Roles and Responsibilities for DOH and MLTC Plans
- Examples of Common Trends from CY 2022-2023 Reviews

**Please sign up once you  
receive the invite**

November 9, 2023