New York State Department of Health

MRT II Briefing

Care Management and Mainstream Managed Care

June 3, 2020

Care Management Initiatives

For Discussion Today

- Reform Patient Center Medical Homes (PCMH)
- Comprehensive Prevention and Management of Chronic Diseases
- Refining the Health Home Program
- Managed Care Process Optimization for Higher Risk Behavioral Health Members (HARP/BH HCBS)

Lower MCO Impact Initiatives

- Children's Behavioral Health Services
- Medically Fragile Children
- Preventive Dentistry

For Future Discussion

- Emergency Room Avoidance and Cost Reductions
- Address Barriers to Opioid Care
- Promote Maternal Health to Reduce Maternal Mortality
- Children's Preventive Care and Care Transitions
- Data Access Modification

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Reform Patient Center Medical Homes (PCMH)

- The Medicaid PCMH incentive (per-member-per-month (PMPM)) will remain at current levels to support the quality and cost savings benefits of PCMH recognition.
    - Average savings for PCMH over non-PCMH is $294 per member per year.
- The Department will work with Plans on the future incorporation of a tiered quality component into the incentive payment.

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Comprehensive Prevention & Management of Chronic Disease

This proposal recommends a number of evidenced-based initiatives that promote self-care education and optimize services that are already covered by Medicaid, including expanding which practitioners can provide services and focusing on chronic care management.

- Diabetes
- Hypertension
- Asthma
- Smoking

- Osteoarthritis
- Chronic Kidney Disease
- HIV/AIDS
- Sickle Cell Disease

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Refining Health Homes

- Consolidation and Specialization
  - Reduce the number of Health Homes/Care management agencies based on quality and efficiency factors
  - Promote the option of further developing specialty tracks for care management either at the Health Home or care management agency level
- Revise the criteria for admission into a Health Home and re-evaluate the benchmarks for stepping patients down to lower levels of care management and/or graduation from a Health Home
- Reduce administrative burden on Care Management Agencies (CMAs) through standardizing process, thereby allowing them to focus on performance
- Eliminate Outreach Payments
- Improve Plan of Care Quality

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Process Optimization for Higher Risk Behavioral Health Patients (HARP/BH HCBS)

- The complexities of the current BH HCBS workflow have resulted in very low uptake in service utilization.

- NYS is pursuing an 1115 Amendment to move behavioral health HCBS under Rehabilitation services to eliminate technical barriers to accessing Adult BH HCBS, to improve care options available to individuals with serious mental illness

- Utilization would likely increase but would not exceed the projections used to develop HARP capitation payments.

- Savings from this approach will accrue from reduction in administrative costs and reimbursement for the NYS Eligibility Assessment conducted annually.

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Children's Behavioral Health Services

- The Enacted Budget makes investments in Behavioral Health Services for Children:
    - Rates for Health Homes Serving Children will not be subject to across the board cuts; and
    - Transition rates for Child and Family Treatment and Support Services will remain in place through SFY 20-21.

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Stakeholder Engagement Process

- The Department will seek input from Plans on developing the quality component that will be incorporated into the PCMH incentive.

- The Department plans to engage the Plan Medical Directors and provide an update of the status of the discussions at the quarterly Plan Medical Directors' meeting.

- The Department will also provide updates at the Managed Care Policy and Planning meeting.

- Health Home initiatives are being discussed during monthly HH/MCO Workgroup meetings. The Quality Subcommittee is taking up eligibility, appropriateness, and step-down criteria. Recommendations from providers and plans are already being reviewed.

- Plans can monitor HH Plans of Care in MAPP.

- OMH provides updates on the HARP/HCBS proposal during the monthly plan meetings.

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Stakeholder Engagement Process

Chronic Disease Prevention Proposal:

The Department will work with Plans, PCMH practices, and HH programs to maximize the current infrastructure to implement the interventions, including:

- promoting the use of evidence-based, self-care education, and prevention strategies; and
- educating providers and Medicaid members on the various resources and programs that are available.

Questions for Plans

Chronic Disease Prevention Proposal:

- What efforts do you currently have in place to promote member education, and optimize services to prevent and treat chronic conditions?

- What are some evidence-based best practices that can be shared among Plans?

- What barriers might your Plan face in implementing such a program?

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Questions for Plans

PCMH and Health Home:

- What are your thoughts on how you would incorporate a quality or performance standard into the PCMH/APC incentive?

- What are considerations to implement such a program?

- What barriers might your Plan face in implementing such a program?

- Lead Health homes are currently working on process standardization to reduce burden on downstream practices. Are there ways plans can work toward standardization of processes across the program for HH care managers?

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MRTII: Electronic Noticing

Two Parts:

➢ PHL and INSL* permits electronic grievance, service authorization and appeal determination notices to enrollees and providers

- Plan's procedures for obtaining an enrollee's, or enrollee's designee's noticing preference must be in accordance with federal law and with guidance developed by the commissioner.
- Written and telephone notification may be provided by electronic means where the enrollee or the enrollee's designee has informed the organization in advance of a preference
- enrollee and the enrollee's designee may change the preference at any time.
- To the extent practicable, written and telephone notification to the enrollee's healthcare provider shall be transmitted electronically, in a manner and in a form agreed upon by the parties
- Health plans/utilization review agents shall retain documentation of preferred methods and present such records to the commissioner upon request.

➢ Medicaid managed care plans may notice enrollees of benefit package changes via electronic means

*PHL 4408-a(15); INSL 4802(o); PHL 4903(9); 4904(3)(b); INSL 4903(i); 4904(c)(2)

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Electronic Noticing – Implementation Path

Targeted for 8/1/20

Develop guidance for commercial and Medicaid MCOs, members and providers	6/15/2020
Share Guidance with DFS, plan associations, other stakeholders	6/15/2020
Develop guidance for MMCO 30 day enrollee notice of Benefit Package Changes	7/1/2020
Develop template communication for MMCOs regarding member choice	7/1/2020
Determine approval process for MMCO communication processes	7/1/2020
Finalize and publish guidance for e-noticing in conjunction with DFS	8/1/2020

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Standardized Medicaid Managed Care Prior Authorization Data Set

- Administrative action to reduce the number of unnecessary service request denials and subsequent appeals filed due to Provider submission of inadequate/incomplete data to MCO's for Prior Authorizations.

- Create a standard data set for implementation 1/1/21 with the minimum information required for MMCO's to accept/make determinations on prior authorization requests

- Data set will allow MCOs to approve more service requests in the first instance and reduce MCO and provider administrative burden and improve service delivery

- DOH will convene Workgroup of subject matter experts/stakeholders to develop/implement the standard data set, which may include:

    - diagnosis,
    - provider identifiers,
    - procedure codes,
    - enrollee clinical information, etc.

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Prior Authorization Data Set – Implementation Path

Medicaid MCOs submit Workgroup nominees	6/9/2020
NYSDOH provides list of Medicaid FFS common Prior Authorization data elements	6/9/2020
Kickoff meeting	~6/15/2020
Monthly meetings	July-October 2020
Dataset finalized	November 2020
Implement dataset	1/1/2021

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Questions?

Additional information available at:

https://www.health.ny.gov/health_care/medicaid/redesign/mrt_budget.htm

Email:
MRTUpdates@health.ny.gov

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