



Department  
of Health

# SFY 20-21 Budget Initiative

MLTC Partial Enrollment Cap

June 2020

## Enrollment Cap Proposal Overview

Annual cap on enrollment, based upon new member enrollment for MLTC Partial Capitation (MLTCP) plans

Per Statute, the specific enrollment cap percentage is determined by:

- a. Members ability to access health and LTSS services
- b. Plan quality of care scores
- c. Historical plan disenrollment
- d. Projected growth of individual's eligible for such plans in a given region
- e. Commissioner's discretion

Premium withholding equal to **3% of the Base Rate** to begin with the July 2020 Rate Update and apply retroactively to April 2020

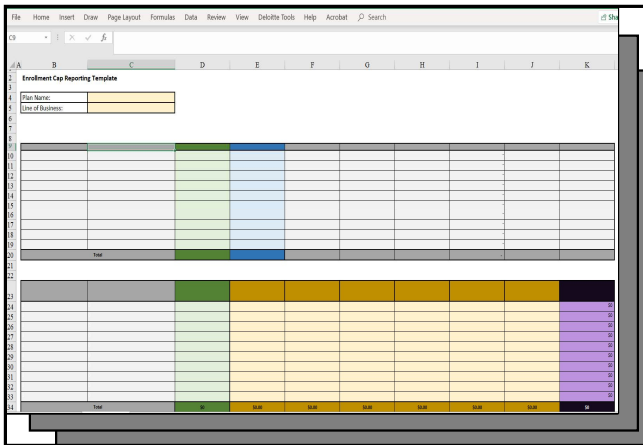
# Enrollment Cap – Year 1

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## Enrollment Cap – Year 1 MLTCP Reporting Requirements

Withholds in the first year of the enrollment cap will be based on the successful completion of reporting templates and withholds will be returned to plans based on the completeness and timeliness of reporting

The goal of reporting is to provide monthly data on new enrollment that will help us inform the cap in subsequent years. NYSDOH welcomes feedback on the data elements to be included in this reporting

The image shows a screenshot of a Microsoft Excel spreadsheet titled "Enrollment Cap Reporting Template". The spreadsheet has a header row with columns labeled A through K. Below the header, there are several rows of data. The first row is highlighted in yellow. The second row is highlighted in green. The third row is highlighted in blue. The fourth row is highlighted in orange. The fifth row is highlighted in purple. The sixth row is highlighted in grey. The seventh row is highlighted in green. The eighth row is highlighted in orange. The ninth row is highlighted in purple. The tenth row is highlighted in grey. The eleventh row is highlighted in green. The twelfth row is highlighted in orange. The thirteenth row is highlighted in purple. The fourteenth row is highlighted in grey. The fifteenth row is highlighted in green. The sixteenth row is highlighted in orange. The seventeenth row is highlighted in purple. The eighteenth row is highlighted in grey. The nineteenth row is highlighted in green. The twentieth row is highlighted in orange. The twenty-first row is highlighted in purple. The twenty-second row is highlighted in grey. The twenty-third row is highlighted in green. The twenty-fourth row is highlighted in orange. The twenty-fifth row is highlighted in purple. The twenty-sixth row is highlighted in grey. The twenty-seventh row is highlighted in green. The twenty-eighth row is highlighted in orange. The twenty-ninth row is highlighted in purple. The thirtieth row is highlighted in grey. The thirty-first row is highlighted in green. The thirty-second row is highlighted in orange. The thirty-third row is highlighted in purple. The thirty-fourth row is highlighted in grey. The thirty-fifth row is highlighted in green. The thirty-sixth row is highlighted in orange. The thirty-seventh row is highlighted in purple. The thirty-eighth row is highlighted in grey. The thirty-ninth row is highlighted in green. The fortieth row is highlighted in orange. The forty-first row is highlighted in purple. The forty-second row is highlighted in grey. The forty-third row is highlighted in green. The forty-fourth row is highlighted in orange. The forty-fifth row is highlighted in purple. The forty-sixth row is highlighted in grey. The forty-seventh row is highlighted in green. The forty-eighth row is highlighted in orange. The forty-ninth row is highlighted in purple. The fiftieth row is highlighted in grey.

- Information on new members enrolled in the plan; potential categories include:
  - Members new to LTSS
  - Members transitioning from a mainstream plan (ideally including the reason, Medicare eligibility, service access, etc.)
  - Members transferring from a MAP, PACE or other MLTCP plan
  - Members enrolled through auto-assignment
  - Members that are new to Medicaid
  - Members referred by provider within the plan network, or contacting the plan directly
- Information on disenrollment of previous members, including reason for disenrollment



Further guidance from NYSDOH on the Enrollment Cap Reporting Requirements will be forthcoming

## Enrollment Cap – Year 1 MLTCP Reporting Requirements

**Withhold Requirement:** Plans earn back the reasonably attainable withheld capitated premium payments via successful submission of New MLTCP Member Enrollment Reports as outlined below

### Implementation:

- Begin implementation with July 2020 release of reporting template; premium withhold will be retroactive to April 2020
- Plans must complete New MLTCP Member Enrollment Report on a quarterly basis with the first report due on 10/31/2020 covering enrollment from 4/1/2020 – 9/30/2020
- Two subsequent quarterly reports will be required covering the remainder of the fiscal year
- Evaluation of the withholds for Year 1 will occur beginning April 2021, with the anticipation that withheld funds to be returned to plans who successfully met requirements during Q1 SFY 21-22
- Enrollment Cap targets for SFY 21-22 to be released before April 2021

Assessment Criteria	Assessment Description	Managed Care Line of Business	Withhold as % of Capitated Premium
 <b>Quality of Submission</b> (75% weight)	Plan submits a populated MLTCP Enrollment Report that is complete and represents the types and origination point for new members enrolled <ol style="list-style-type: none"> <li>1. Attestation of accuracy of new enrollment information</li> <li>2. Qualitative description of enrollment origin where appropriate and as indicated within reporting template</li> </ol>	MLTCP	2.25%
 <b>Timeliness of Submission</b> (25% weight)	Department receives <b>populated</b> MLTC Enrollment Report by stated quarterly deadline	MLTCP	0.75%
<b>Total Withhold as % of Base Capitated Premium</b>		<b>MLTCP</b>	<b>3.0%</b>

## Enrollment Cap – Year 2 MLTCP Enrollment Cap Features

The MLTCP enrollment cap will only focus on new members joining MLTCP plans. The enrollment cap will be established by historical analysis of regional enrollment of new members, adjusted for changes to the program

Example criteria for setting of the plan-specific enrollment cap may be pulled from a combination of domains in order to incentivize member access, quality, and efficiency within the program. We welcome your feedback

