NY’s 3 Managed Long Term Care Models

- Medicaid Managed Long Term Care Plans (MLTCPs)
  - Partially capitated for only Medicaid LTC services plus ancillary and ambulatory services (details on next slide)
  - No network requirements for physician or acute care
  - Are required to coordinate LTC and physician/hospital care

- Medicaid Advantage Plus (MAP)
  - Marries Medicare Advantage Duals Special Needs Plan & MLTCP
  - Medicare capitation covers Medicare covered services
  - Medicaid capitation covers Medicaid covered services

- Program of All-inclusive Care for the Elderly (PACE)
  - Fully at risk for both Medicare and Medicaid services
  - Members receive primary care via a PACE center
MLTCP Eligible Population

- Must be able to stay safely at home at the time of enrollment.
- Must be receiving or expected to need long-term care services for more than 120 days.
- Must meet the age requirement of the plan (18, 55 or 65, depending on the plan; almost all plans are now 18 and up)

Exempt Populations – For Now

- Residents of Assisted Living Programs, nursing homes, psychiatric facilities, long-term residential alcohol/substance abuse facilities, and OPWDD facilities
- Individuals in the Traumatic Brain Injury and Nursing Home Transition and Diversion waiver programs.
MLTCP Covered Services

- Nursing care
- Personal care
- Rehab (PT/OT/ST)
- Audiology & hearing aids
- Respiratory therapy
- Medical social services
- Nutritional counseling
- Chore services / housekeeping
- Home-delivered/congregate meals
- Dental care
- Optometry/eyeglasses
- Podiatry
- Transportation to health-related appointments
- Durable medical equipment
- Nursing home care (restrictions apply)
- Medical and social day care
- Personal Emergency Response System (PERS)
- Assistance with mandated Medicaid paperwork
- Patient teaching and health promotion
- Social and environmental support
- Care management of covered and non-covered services

Physician, hospital, ER, ambulance, diagnostic testing, lab, mental health, substance abuse, family planning services and hospice are not covered in the MLTCP benefit, although MLTCPs may coordinate for hospice care.

MLTCP Care Management

- The plan provides a care manager or care management team who works with the member and the member’s own physician to decide what medical and support services are needed and to develop a care plan.
- The care plan is a written document.
- Members have extensive appeal rights.
MLTCP Enrollment

• Plan staff visits the prospective member in his/her home to explain MLTC and the plan and to determine eligibility for services based on the State-specified Semi-Annual Assessment of Members (SAAM) tool. *
• Staff also helps the member choose providers from the plan’s network; the member can keep his/her primary care physician.
• The member may request, at any time, to disenroll.

*The SAAM is to be replaced by the Uniform Assessment System-NY for Oct. 1, 2013 enrollments.

MLTCP Statutory/Regulatory Construct

• Created in 1997
• Governed primarily by New York Public Health Law § 4403-f and New York State Codes, Rules & Regulations Health Section 98
  – Must obtain Certificate of Authority from the State
  – Must undergo “character and competency” review
  – Must meet financial solvency standards, including 5% reserve requirement
  – Must file uniform cost report (Medicaid Managed Care Operating Report or MMCOR)
  – Must have a quality improvement plan
  – Must regularly survey for customer satisfaction (scores statewide are always high)
MLTCP Statutory/Regulatory Construct

• Capitation rates are set by New York State Department of Health
  – Every plan in a region receives the same regional average premium blended with a percentage of the plan’s risk rate plus a capped PMPM for administration
  – 2011-2012 State Budget also mandated an across-the-board 1.6% reduction in premiums

MAP Rules and Regulations

• All of the above plus Medicare Advantage rules and regs
Mandatory MLTC Enrollment

- Approved in writing by CMS August 31, 2012

- Eligible individuals given information and helped to choose a plan
  - First auto-enrollments occurred Nov. 1.

Phase I of Mandatory MLTC Enrollment

Outreach and enrollments via NY’s enrollment broker, Maximus, acting as New York Medicaid Choice.

- **July 2012**: Letters announcing change is coming began being sent to NYC duals receiving 120+ days of HCBS sent letter announcing change is coming.

- **Fall 2012**: Consumer Directed Personal Assistance Services (CDPAS) added to MLTCP benefit package and mandatory enrollment of CDPAS recipients began in NYC.
Phase I, continued

• **Jan. 2013:** Mandatory enrollment began for duals in Certified Home Health Agency care for >120 days* and Private Duty Nursing.

* LT CHHA enrollments were effectively suspended in mid-April because of difficulty determining eligibility. 2,329 LT CHHA patients received mandatory letters; only 276 were enrolled through March.

Phase I, continued

• **April 2013:** Mandatory enrollment began for enrolling duals in Long Term Home Health Care Program and Adult Day Health Care
Next Phases: Outside of NYC

• **Phase II:** Nassau, Suffolk and Westchester Counties
  – Began January 2013.
• **Phase III:** Rockland and Orange Counties
  – On target for June 2013.
• **Phase IV:** Albany, Erie, Onondaga and Monroe Counties
  – Anticipated December 2013.
• **Phase V:** All other counties with capacity
  – Anticipated June 2014 but…
  – Plans will be approved before that time for the purpose of encouraging voluntary enrollment in MLTC.

Final Phases

• **Phase VI:** Previously excluded dual eligible groups contingent upon development of appropriate programs:
  – Nursing Home Transition and Diversion waiver participants
  – Traumatic Brain Injury waiver participants
  – Nursing home residents (possibly concurrent with FIDA demo downstate)
  – Assisted Living Program participants
Rapid Voluntary MLTC Growth, Growth Started Prior to Mandatory

- From Jan 2012 to May 2013, partial cap MLTC plans in NYS added some 53,176 members, a 235.7% increase to 47,207 enrollees.
- From Jan 2011 to Sept 2012, partial cap MLTCP enrollment alone in NYC increased 89% to 51,152 – largely before mandatory and absolutely before auto-assignment.

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The Bigger Picture: Care Management for All

- Managed Long Term Care expansion
  - Mandatory enrollment downstate
  - Voluntary enrollment upstate until sufficient capacity to move to mandatory

- Mainstream Medicaid Managed Care expansion
  - Make it statewide
  - Expand the benefit package (pharmacy, personal care, SNF)
  - Expand the populations served (AIDS, homeless, SNF residents)

- Medical Homes, Health Homes

- CMS Dual Integration Demo
  - Capitated model 2014 (Fully Integrated Dual Advantage)
## Why? Data Driven

### Per Recipient Spending Trends by LTC Service

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<tr>
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<th>2003</th>
<th>2010</th>
<th>% change in recipients</th>
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## Data Driven: Chronic Is Costly

- 1,029,621 or 20% of NYS Medicaid enrollees with mental disability, mental health, chemical dependence, HIV and/or chronic conditions account for 75% of Medicaid spending.
  - Average per capita annual cost = $30,195.
  - These enrollees are the most likely to be in fee-for-service programs.
Data Driven: Chronic Is Costly

- 865,000 beneficiaries with multiple chronic illnesses:
  - 50,000 with developmental disabilities cost $6.4B ($10,500 PMPM)
  - 200,000 with LTC needs cost $10.5B ($4,500 PMPM)
  - 300,000 with behavioral health problems cost $5B ($1,400 PMPM)
  - 300,000 with chronic medical problems cost $2.4B ($695 PMPM)

Dual Integration Demonstration: Capitated Model

- Create a Fully Integrated Dual Advantage (FIDA) program that builds out from MLTC.
- FIDA plans will receive both Medicare and Medicaid capitation to cover all physical health care, behavioral health care and all long term care services.
- The demonstration will involve duals in an 8-county service area: The 5 NYC counties/boroughs plus Nassau, Suffolk and Westchester counties.
- Originally expected to serve 123,880 duals; DOH proposed in May to include 50,000 duals in SNFs.
Dual Integration Demonstration: Capitated Model

• FIDA plans will be required to use a Care Coordination Model that includes an interdisciplinary care coordination team including the enrollee, primary care physician, care coordinator.

Dual Integration Demonstration: Capitated Model

• Enrollment will be phased in as follows:
  – **April 2014**, begin accepting voluntary enrollments for individuals in need of community-based long-term care services greater than 120 days.
  – **July 2014**, begin process of passive enrollment notification for individuals in need of community-based long-term care services greater than 120 days. Facility-based LTSS participants may request enrollment from July 2014 on but will not be effective until October 2014.
  – **October 2014**, begin accepting voluntary enrollment for dual eligible individuals that have exhausted Medicare benefit in nursing homes. Begin enrolling facility-based LTSS participants.
  – In **January 2015**, begin process of passive enrollment notification for dual eligible individuals that have exhausted Medicare benefit in nursing homes and who are SNF residents.