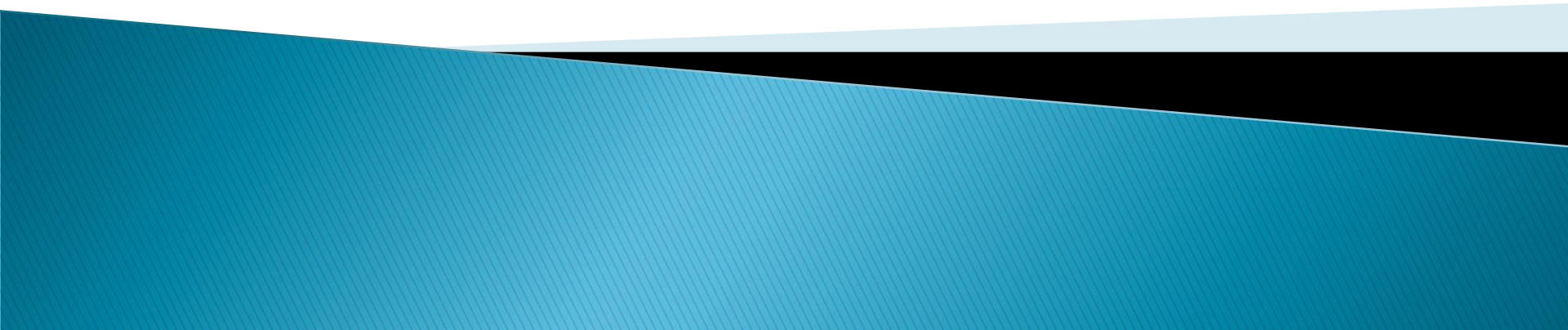


MLTC Rates Update

Bureau of Long Term Care Rate Setting
Division of Finance and Rate Setting
New York State Department of Health

October 16, 2014



Timeline for Upcoming MLTC Rates

Effective Date	Rate Description	Release Date
CY2012	Risk Corridor	October 24, 2014
April 1, 2014	Mandatory – To be implemented by county transition timeline	<i>Drafts Released October 7, 2014</i>
January 1, 2012	MAP Rates	<i>Drafts Released October 9, 2014</i>
January 1, 2012 and January 1, 2013	MA Rates	October 24, 2014
January 1, 2014	MA and MAP Rates	December 19, 2014
SFY2013–14	HR&R Awards – MLTC, PACE, MAP	January 2015
April 1, 2014	QIVAPP Pool Payments	November 2014
April 1, 2014	Quality Incentive, High Cost/High Need Risk Pool Payments	January 2015
January 1, 2015	Nursing Home Duals	April 1, 2015
January 1, 2015	MA and Map Rates	March 31, 2015
April 1, 2015	Risk Adjusted Rates	February 27, 2015

Mandatory Rate Objectives

- ▶ Transition Medicaid FFS enrollees eligible for long term care services and supports to MLTC
- ▶ Develop rates based on SFY11–12 Medicaid FFS paid claim data for target population and 2010 NYC Personal Care Survey data
- ▶ Mandatory rates began July 2012 and will transition to fully blended risk adjusted rates as of April 2015
- ▶ Mandatory rates trend toward risk rates over time as efficiencies increase
 - Continuity of Care Policy Requirements Expiration
 - Personal Care Contracting Requirements Expiration

Overview and Fiscal Impacts

- ▶ Key elements of SFY14–15 Mandatory Rates:
 - April 1, 2014 to September 30, 2014
 - Regional rates
 - October 1, 2014 to March 31, 2015
 - NYC Risk–Adjusted rate
 - Blend NHC and Non–NHC rate to one rate
 - Managed care efficiency adjustment increase
 - 12 month wage parity increase included

Overview and Fiscal Impacts (cont'd)

- ▶ Key elements of SFY14–15 Mandatory Rates:
 - Admin held at \$215
 - Surplus reduced from 2% to 1%
 - Allocated back to plans through Quality Pool
 - 2% High Cost/ High Need Risk Pool Withhold
 - Advance 50%
 - Reconcile with 100% distribution

PACE Rates

▶ MEDS III

- DOH is working with program staff to coordinate plan outreach for reporting standards

▶ High Cost/High Need Risk Pool

- Review claims survey data with Mercer
- MEDS III discussions with program staff
- DOH will consider options

▶ Medicare Savings

- Currently evaluating policy and fiscal impacts and will have results in the next couple of weeks

Balancing Incentive Program

- ▶ Bonus Payment to promote expansion of MLTC in 34 Vulnerable Counties in Upstate New York.
- ▶ \$15 million of funding available for PACE and MLTC Partial Cap Plans with an emphasis on PACE since it's a comprehensive benefit package.
- ▶ Payments to Plans will be linked to expansion or new applications process so that “seed” money can flow initially upon acceptance of the Letter Of Intent (LOI) with subsequent payments for reaching 2 other key milestones– application approval and actual enrollment in counties.
- ▶ The more counties a Plan expands into, the greater the potential payment.
- ▶ The Balancing Incentive Program ends on 9/30/15 and requires program funds to be dispersed by then. So, the timeframe and deadlines are tight and rigid for the Bonus payments.
- ▶ Program design paper and LOI are forthcoming.

NH Transition Billing Work Group

- ▶ Established to prevent/address any claim or billing issues that may arise between Plans and Nursing Homes, and assist Plans and NH's in establishing mechanisms to work together on claim/billing issues.

- ▶ Met Friday October 3 with key next steps:
 - DOH will issue a revised survey for Plans requesting information about:
 - Number of rejected and accepted claims,
 - Of those accepted, number of paid and denied claims,
 - A listing of the most common reject and denial reasons, and
 - Identify which Plans may already have outreach/education activities in place.

 - NH Associations will review most common denial reasons.

 - Group will develop reporting statistics to evaluate billing issues.