

**Request for Letters of Intent for  
MLTC Expansion to non-urban Counties under the BIP Expansion Bonus Program**

**DEADLINE: Friday, November 7, 2014 5 p.m. EDT**

Funding is available for PACE and Partial Plans to encourage expansion into non-urban (vulnerable) counties in Upstate NY in support of Care Management for All, with an emphasis on the PACE program as described in the accompanying program description.

In order to be eligible for funding, a qualified Plan must meet the requirements in the program description including complying with the following deadlines:

- Submit Letter of Intent for the BIP Expansion/Bonus plan by 11/7/14;
- Submit an Application for a PACE or Partial Plan by the deadlines established in the Timeline;
  - PACE applications due 12/1/2014
  - New MLTC Partial Plans due 2/2/2015
  - MLTC Service Area Expansions due 3/2/2015
- Have an enrollment level of 25 members by 9/1/2015.

In addition to the upcoming open period for plans to submit new/expansion applications for PACE plans for CMS approval, DLTC will consider requests to include plans that submitted an application during the recent PACE CMS Application Open Period, October 6-10, 2014. Health plans which submitted a PACE application to CMS during this period may apply to participate in the BIP Bonus Program by completing the Letter of Intent and complying with all other program requirements and deadlines.

NYSDOH reserves the right to “claw back” any bonus payments made to Plans upon determination that the applicant did not actively pursue completion of the milestones in a good faith effort.

Qualified health plans that are interested in participating in this program must submit a Letter of Intent to apply on health plan letterhead indicating intent to submit an application to provide managed long term care services for Medicaid beneficiaries in the Expansion Region under either a PACE or Partial Plan.

**The Letter of Intent to Apply must contain the following.**

- a) The health plan’s statement that it is interested in participating in this program;
- b) The legal health plan name, complete address, and Provider ID number;
- c) The name and title of the person who can legally bind the plan;

10.24.2014

- d) The name, title, address, telephone number, e-mail address, and facsimile number of the person to whom all communication regarding this program should be addressed; and
- e) A listing of the county or counties in the target Expansion Region, along with the type of Plan to be offered (PACE or Partial);
- f) Does the plan's current service area include counties that border, and/or are in close geographic proximity to the county(ies) identified in item "e"?
- g) Target enrollment for each county or group of counties by Plan type
- h) Describe any work that has been undertaken which supports the plan's readiness for the proposed expansion or new offering.
- i) Identify likely risks to meeting the requirements for a complete application and successful enrollment process and indicate how the plan will work to mitigate these risks.

For Questions regarding the Letter of Intent and the MLTC Expansion program contact:

Karen M. Ambros  
Director, Balancing Incentive Program  
[BIP@health.ny.gov](mailto:BIP@health.ny.gov)  
(518) 473-6596

Please submit Letters of Intent to:  
Karen M. Ambros  
Empire State Plaza  
Corning Tower, Room 1913  
Albany New York 12237