

DOH Managed Care Policy and Planning Meeting

DOH hosts April 10, 2014 managed care plan meeting focused on finance and rate development.

Agenda

The April 10, 2014 Department of Health (DOH) Managed Care Policy and Planning Meeting covered the following topics:

- Final State Budget Summary
- Finance and Rate Development
- New Hepatitis C Drug Coverage
- MLTC/FIDA Update
- NYC Senior Centers
- Training Family Caretakers

Reference Materials

Handouts (please click on links) from the meeting include:

1. [Enacted Budget Highlights](#)
2. [CY 2015 HARP Rate Development](#)
3. [FY 2014 – 15 MMC, FHP, HIV SNP Base Rate Development](#)
4. [FY 2014 – 15 MMCOR Base Rate Summaries](#)
5. [FIDA and MLTC Update](#)
6. [FIDA IDT Policy](#)
7. [FIDA IDT Q and A](#)
8. [NYC Dept. for the Aging Presentation](#)
9. [NYC Dept. for the Aging Services Snapshot](#)
10. [HealthPeople: Results that Count](#)

Introductory Remarks

DOH announced that Commissioner Nirav R. Shah, MD, MPH is resigning in order to assume a post with Kaiser Permanente in California.

Once again DOH noted that we are close to a final agreement on the waiver approval with the federal Centers for Medicare and Medicaid Services (CMS). Once the waiver is approved, DOH will be hosting a webinar and dedicated meetings for the plans to review the final terms and conditions. The waiver will include provision for a multi-year plan to “evolve” the managed care program; this strategy will be developed in calendar year 2014 for implementation in calendar year 2015.

The New York Health Exchange continues to do well, having enrolled over 900,000 individuals to date. Although the official enrollment deadline was March 31, individuals who started an application prior to that date have until April 15 to fully complete the process, so the number of official enrollees is expected to increase even further. Plans should start seeing auto-enrolled referrals shortly.

In response to an attendee question, DOH noted that plans would not generally be considered lead agencies in a DSRIP application. However, if an application had a plan as lead agency and it makes good sense to do so this would be taken into consideration by both DOH and CMS. Regardless, plan involvement in any proposed collaboration is a key element. The State is working with CMS to find a way to balance the immediate need for funding of certain distressed providers against the need to provide time to plan DSRIP projects. DSRIP applications will not be truly “competitive.” DOH staff from the OPCHSM will work with applicants to ensure a regional distribution of projects and to ensure that DSRIP goals are met.

DOH confirmed that the UAS-NY is not the assessment tool to be used by AIDS-ADHC providers. AIDS-ADHC providers should continue to use the RAI until a new tool is implemented. In some cases, some AIDS-ADHC providers have been continuing to bill FFS for individuals enrolled in managed care. These providers should void the inappropriate claims and submit to the plan for payment. DOH intends to host a conference call with impacted plans. DOH also reminds plans that they are obligated to honor the current scope of service for new AIDS-ADHC registrants for 90 days.

Post-partum IUD insertion has just been approved as a new benefit starting May 1st under FFS and will be included under covered services for managed care.

Enacted Budget Highlights

Please refer to the linked DOH document for the summary of enacted budget highlights. Two areas DOH stressed include: 1.) Close to \$100 million in supportive housing funding, and 2.) The VAP funding for LHCSAs to flow through the plans to draw down the federal match. DOH clarified that the VAP program language in the budget is meant to put into statute the current VAP program and does not constitute a new program.

The procurement of participants in the Basic Health Plans is in process for a start date of 4/1/15. Aliessa immigrants will shift from Medicaid to BHP. There will be a Medicaid wrap for cost-sharing. (LeadingAge NY will work to ensure that long-term care services continue to be covered for immigrants in this class.)

Fair Hearings: Under the budget, DOH stressed that services and aide assignments must remain in place until such time as the fair hearing determination is settled, even if the current authorization period for that service expires. DOH will be issuing a directive to this effect shortly.

Preclaim Review: DOH does not envision that the expanded preclaim review process approved in the budget will have a major impact since it essentially mirrors the current FFS system, although it remains unclear as to how the claims flow will actually occur.

CDPAP: The conversion of CDPAP participants to Community First Choice is in process, with details on the personal assistant scope of practice to be further developed during the remaining legislative session.

Rates and Financing

Most of the morning session was spent with a review of the latest rate developments by Mercer staff. Details of the presentation can be found in these rate documents:

[CY 2015 HARP Rate Development](#)

[FY 2014 – 15 MMC, FHP, HIV SNP Base Rate Development](#)

[FY 2014 – 15 MMCOR Base Rate Summaries](#)

DOH stated that April 2012, April 2013 and July 2013 rate updates have all been approved and loaded with payments to go out by 4/23. The Jan. 2014 ACA rate update is still pending.

Mercer went through a lengthy explanation of the most recent 2012 base year rate update. As a result of added services, primarily those related to MRT implementation now being included in the base year, there are fewer services accounted for outside of the base year in the rate calculation. The base year update for calendar year 2012 includes both new benefit changes and added populations. These changes are detailed in [FY 2014 – 15 MMC, FHP, HIV SNP Base Rate Development](#).

ICD-10

DOH also noted that ICD-10 implementation has been delayed to no sooner than Oct. 1, 2015.

Hepatitis C Drugs

New Hepatitis C drugs (Olysio and Sovaldi) show great promise in being able to effect an actual cure or complete remission of the disease in a relatively short time frame. However, the cost of the drug regimen is extremely expensive at approximately \$1,000 per day for a 90-day course of treatment. At this time no new drugs have been approved for this treatment as DOH is waiting for clinical guidelines to be finalized. The potential benefit of the new drugs is such, however, that DOH does not want to wait too long to make a final decision. DOH intends to include plan representatives in discussions of how to procure, administer, and pay for the drugs. Currently, there is a cushion of \$50 million included in the budget to cover the cost of new drug therapies, but this may not be sufficient. The state is currently looking at various pricing options and strategies for obtaining the drugs at reduced prices.

[FIDA and MLTC Update](#)

DOH noted that phase one deficiencies arising out of the initial systems testing and the Jan. 2014 readiness reviews for FIDA plan applicants have been issued. They anticipate a second round of deficiencies to be released soon.

In addition to the slide presentation, DOH referenced the following documents which were not included with the meeting packet of materials:

[FIDA IDT Policy](#)

[FIDA IDT Q and A](#)

Behavioral Health RFQ: The HARP RFQ deadline is June 6, 2014.

The New York City Behavioral Health RFQ application conference is scheduled for May 2, 2014 from 2-4:00 at the OASAS offices (501 7th Avenue – 8th Floor, NYC). While the operation of a HARP is optional, all plans will be required to manage the Medicaid mainstream behavioral health benefit. Interested parties may register by contacting Liz Vose, elizabeth.vose@omh.ny.gov by April 23, 2014. All questions related to the RFQ must be submitted in advance to bho@omh.ny.gov by April 30.

DOH is set to release three way contracts on 4/25.

[NYC Dept. for the Aging Presentation](#)

[NYC Dept. for the Aging Services Snapshot](#)

Representatives from the New York City Department for the Aging (DFTA) presented on the potential role of their agency in partnering with plans and providers under managed care. The slide presentations provide a detailed listing of DFTA services and a statistical profile of the aging population in NYC.

[HealthPeople: Results that Count](#)

HealthPeople presented on the important role of family caregivers and community supports. These resources become especially important in managing chronic conditions and possibly avoiding unnecessary acute care episodes. The handout materials from HealthPeople provide a statistical analysis of the positive impact of their community outreach in improving outcomes for some major chronic illness conditions. The presentation also included information on various resources available for training family/community caregivers.

The next scheduled meeting of this group is May 15, 2014 at the Hampton Inn, Albany, NY 10:30 to 4:00.

Contact: Patrick Cucinelli, pcucinelli@leadingageny.org, 518-867-8827