

Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 9/19/2024)

March 21st, 2024
Videoconference
11:00 AM to 1:00 PM
Meeting Minutes

Panel Members: Frederick Cohen, *Chair*; Elisabeth Benjamin, *Vice Chair*; Kathryn Haslanger; Sheila Nelson; Joel Landau; Jay Silverman; Amber Decker; Frederick Riccardi; Ricardo Rivera-Cardona; Jane Velazquez.

NYS DOH Staff: Susan Montgomery; Patricia Sheppard; Gayle Emrich; Krysten Bissaillon; Jennifer Sim; Desirae Munn.

Presenters/Guests: Susan Montgomery, New York State Department of Health (DOH); Gayle Emrich (DOH); Jennifer Mane (DOH); Jennifer Sim (DOH).

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|----------------------------------|--|---|
| Discussion and review of minutes | | Motion: Panel approved the December 21, 2023, minutes. |
| MMCARP Duties & Obligations | <p>Jennifer Sim, Associate Attorney, Division of Legal Affairs (NYSDOH), reported the following:</p> <p>Establishment of MMCARP</p> <ul style="list-style-type: none"> • Chapter 649 of the Laws of 1996 established a special advisory review panel on Medicaid managed care. • The panel has 16 members: <ul style="list-style-type: none"> ➤ 6 appointed by Governor (one of which is the chair) ➤ 4 by the temporary president of the senate ➤ 4 by the speaker of the assembly ➤ 1 by the minority leader of the senate ➤ 1 by the minority leader of the assembly • MMCARP panel must meet certain criteria through its membership: <ul style="list-style-type: none"> ➤ 3 must be members of the joint advisory panel established by N.Y. Mental Hygiene Law § 13.40 (“Joint Advisory Panel”) ➤ One consumer representative for individuals with behavioral health needs ➤ One consumer representative for dual eligible individuals ➤ One representative of entities that provide or arrange for the provision of services to individuals with behavioral health needs ➤ One representative of entities that provide or arrange for the provision of services to dual eligible individuals. • Members are not compensated. • Members are reimbursed for appropriate expenses. • What is the role of the New York State Department of Health as it pertains to MMCARP? <ul style="list-style-type: none"> ➤ As is required for MMCARP to fulfill its mission and purposes, provide. <ul style="list-style-type: none"> • Technical assistance • Access to data <p>Duties of MMCARP</p> <ol style="list-style-type: none"> 1. Determine whether there is sufficient managed care provider participation in the Medicaid managed care program. 2. Determine whether managed care providers meet proper enrollment targets that permit as many Medicaid recipients as possible to make their own health plan decisions, thus minimizing the number of automatic assignments. 3. Review the phase-in schedule for enrollment, of managed care providers under both the voluntary and mandatory programs. | <p>Motion: Kathryn H. asked that the MMCARP bylaws and presentation be re-distributed to the panel members. Elisabeth B. added a request that seat categories be added to the “MMCARP Current Membership & Vacancies” document.</p> <p>DOH Response: The Department sent all requested information to the panel on April 10th.</p> |

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| <p>MMCARP Duties & Obligations</p> | <p>4. Assess the impact of managed care provider marketing and enrollment strategies, and the public education campaign conducted in New York City, on enrollees' participation in Medicaid managed care plans.</p> <p>5. Evaluate the adequacy of managed care provider capacity by reviewing established capacity measurements and monitoring actual access to plan practitioners.</p> <p>6. Examine the cost implications of populations excluded and exempted from Medicaid managed care.</p> <p>7. Evaluate the adequacy and appropriateness of program materials.</p> <p>8. Examine trends in service denials.</p> <p>9. Assess the access to care for people with disabilities.</p> <p>10. In accordance with the recommendations of the Joint Advisory Panel, advise the commissioners of DOH and OPWDD with respect to the oversight of DISCOs, HMOs and MLTC plans providing services authorized, funded, approved, or certified by OPWDD, and review all managed care options provided to persons with developmental disabilities, including:</p> <ol style="list-style-type: none"> a. The adequacy of support for habilitation services b. The record of compliance with person-centered planning requirements, services and community integration c. The adequacy of rates paid to providers (for continuity of care periods) d. The quality of life, health, safety and community integration of persons with developmental disabilities enrolled in managed care. <p>11. Examine other issues as it deems appropriate</p> <p>MMCARP Reporting Obligations</p> <ul style="list-style-type: none"> • Beginning January 1, 1997, and quarterly thereafter, the panel <u>shall</u> submit a report: <ul style="list-style-type: none"> ➤ The status of Medicaid managed care in the State of New York ➤ Provide recommendations if it deems appropriate to do so • The report goes to: <ul style="list-style-type: none"> ➤ Governor ➤ Temporary President of the Senate ➤ Minority Leader of the Senate ➤ Speaker of the Assembly ➤ Minority Leader of the Assembly <p>The reporting obligations are found in SSL section 364-jj(c) a report for submission should be presented to the Panel for approval and submitted by the Panel:</p> <p>The report would include:</p> <ul style="list-style-type: none"> ➤ The most recently approved Meeting Minutes ➤ A list of the prior meetings attendance and a list of any approved or unexcused absence of a Panel Member | |

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| MMCARP Duties & Obligations | <p>➤ Panel recommendations. If no recommendations are provided by the Panel a statement indicating that the Panel has no proposed recommendations</p> <p>MMCARP Meeting Requirements</p> <ul style="list-style-type: none"> • Meetings must have a quorum. • General Construction Law § 41: a quorum means “a majority of the whole number ... gathered together in the presence of each other or through the use of videoconferencing.” <ul style="list-style-type: none"> ➤ MMCARP must have 9 panel members that are either gathered together in the presence of each other or gathered together through the use of <u>videoconferencing</u> to count towards a quorum. ➤ “Whole number” means “the total number which the [MMCARP] would have were there no vacancies and were none of the persons or officers disqualified from acting.” • What happens if MMCARP does not have a quorum? <ul style="list-style-type: none"> ➤ Today, MMCARP has 10 seats filled. There are 6 vacancies. ➤ If less than 9 panelists gather in the presence of one another or through videoconferencing, MMCARP can take no official valid action. ➤ MMCARP can still meet without a quorum, but cannot issue or approve reports, make official requests, or meet other statutory obligations. • MMCARP Bylaws were adopted to define expectations of the Panel and conduct of meetings. <p>MMCARP Bylaws</p> <ul style="list-style-type: none"> • The Panel adopted Bylaws September 2022– to provide clarity and structure around: <ul style="list-style-type: none"> ➤ Purpose ➤ Responsibilities ➤ Reports ➤ Membership ➤ Meeting Scheduling and Minutes ➤ Quorum and Attendance ➤ Conduct of Meetings ➤ Public Comment ➤ Resignations/Removals/Vacancies | |
| Mainstream Medicaid Managed Care Program Update | <p>Susan Montgomery, Director, Division of Health Plan Contracting and Oversight (NYSDOH), reported the following:</p> <p>Member Enrollment Statistics Enrollment Update</p> <p>Enrollment figures for all programs are included in the meeting information we sent to you.</p> <ul style="list-style-type: none"> • Enrollment Statistics • Enrollment Broker Counties- Overall Activity Report | |

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| <p>Mainstream Medicaid Managed Care Program Update</p> | <p>Auto-assignment figures have also been provided.</p> <ul style="list-style-type: none"> Auto Assignment Rates Auto Assignment Rates for the SSI Population Graph <p>Total Medicaid Managed Care Enrollment</p> <table border="1" style="margin-bottom: 20px;"> <thead> <tr> <th>Months</th> <th>Total Medicaid Managed Care</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>5,830,899</td></tr> <tr><td>Oct-2023</td><td>5,799,708</td></tr> <tr><td>Nov-2023</td><td>5,706,798</td></tr> <tr><td>Dec-2023</td><td>5,575,661</td></tr> <tr><td>Jan-2024</td><td>5,476,952</td></tr> <tr><td>Feb-2024</td><td>5,407,927</td></tr> </tbody> </table> <p>Mainstream Enrollment</p> <table border="1" style="margin-bottom: 20px;"> <thead> <tr> <th>Months</th> <th>Mainstream</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>5,327,018</td></tr> <tr><td>Oct-2023</td><td>5,293,723</td></tr> <tr><td>Nov-2023</td><td>5,196,907</td></tr> <tr><td>Dec-2023</td><td>5,064,104</td></tr> <tr><td>Jan-2024</td><td>4,964,528</td></tr> <tr><td>Feb-2024</td><td>4,894,019</td></tr> </tbody> </table> <table border="1" style="margin-bottom: 20px;"> <thead> <tr> <th>Month</th> <th>IB Duals*</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>31,665</td></tr> <tr><td>Oct-2023</td><td>31,722</td></tr> <tr><td>Nov-2023</td><td>30,801</td></tr> <tr><td>Dec-2023</td><td>30,026</td></tr> <tr><td>Jan-2024</td><td>27,354</td></tr> <tr><td>Feb-2024</td><td>27,072</td></tr> </tbody> </table> <p>*IB Dual numbers are included in the Mainstream totals.</p> | Months | Total Medicaid Managed Care | Sep-2023 | 5,830,899 | Oct-2023 | 5,799,708 | Nov-2023 | 5,706,798 | Dec-2023 | 5,575,661 | Jan-2024 | 5,476,952 | Feb-2024 | 5,407,927 | Months | Mainstream | Sep-2023 | 5,327,018 | Oct-2023 | 5,293,723 | Nov-2023 | 5,196,907 | Dec-2023 | 5,064,104 | Jan-2024 | 4,964,528 | Feb-2024 | 4,894,019 | Month | IB Duals* | Sep-2023 | 31,665 | Oct-2023 | 31,722 | Nov-2023 | 30,801 | Dec-2023 | 30,026 | Jan-2024 | 27,354 | Feb-2024 | 27,072 | |
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| Feb-2024 | 5,407,927 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Months | Mainstream | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Oct-2023 | 31,722 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-2023 | 30,801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-2023 | 30,026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-2024 | 27,354 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-2024 | 27,072 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>Mainstream Medicaid Managed Care Program Update</p> | <p>HARP Enrollment</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e6f2ff;"> <th>Months</th> <th>HARP</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>162,484</td></tr> <tr><td>Oct-2023</td><td>161,964</td></tr> <tr><td>Nov-2023</td><td>161,746</td></tr> <tr><td>Dec-2023</td><td>160,353</td></tr> <tr><td>Jan-2024</td><td>158,754</td></tr> <tr><td>Feb-2024</td><td>158,028</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e6f2ff;"> <th>Months</th> <th>IB Dual*</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>1,623</td></tr> <tr><td>Oct-2023</td><td>1,607</td></tr> <tr><td>Nov-2023</td><td>1,594</td></tr> <tr><td>Dec-2023</td><td>1,644</td></tr> <tr><td>Jan-2024</td><td>1,540</td></tr> <tr><td>Feb-2024</td><td>1,541</td></tr> </tbody> </table> <p>*IB Dual numbers are included in the HARP totals.</p> <p>HIV SNP Enrollment</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e6f2ff;"> <th>Months</th> <th>HIV-SNP</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>16,571</td></tr> <tr><td>Oct-2023</td><td>16,554</td></tr> <tr><td>Nov-2023</td><td>16,502</td></tr> <tr><td>Dec-2023</td><td>16,441</td></tr> <tr><td>Jan-2024</td><td>16,422</td></tr> <tr><td>Feb-2024</td><td>16,425</td></tr> </tbody> </table> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> </div> <div style="width: 45%;"> </div> </div> | Months | HARP | Sep-2023 | 162,484 | Oct-2023 | 161,964 | Nov-2023 | 161,746 | Dec-2023 | 160,353 | Jan-2024 | 158,754 | Feb-2024 | 158,028 | Months | IB Dual* | Sep-2023 | 1,623 | Oct-2023 | 1,607 | Nov-2023 | 1,594 | Dec-2023 | 1,644 | Jan-2024 | 1,540 | Feb-2024 | 1,541 | Months | HIV-SNP | Sep-2023 | 16,571 | Oct-2023 | 16,554 | Nov-2023 | 16,502 | Dec-2023 | 16,441 | Jan-2024 | 16,422 | Feb-2024 | 16,425 | |
| Months | HARP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-2023 | 162,484 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-2023 | 161,964 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-2023 | 161,746 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-2023 | 160,353 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-2024 | 158,754 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-2024 | 158,028 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Months | IB Dual* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-2023 | 1,623 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-2023 | 1,607 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-2023 | 1,594 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-2023 | 1,644 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-2024 | 1,540 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-2024 | 1,541 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Months | HIV-SNP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-2023 | 16,571 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-2023 | 16,554 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-2023 | 16,502 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-2023 | 16,441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-2024 | 16,422 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-2024 | 16,425 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>Mainstream Medicaid Managed Care Program Update</p> | <p>Active Expansion Review and New Applications These following (7) Plan expansions and (2) MCO transactions have been received, or remain under review since the March update:</p> <p>Active Expansion Review:</p> <ul style="list-style-type: none"> • HIP/Emblem: submitted a service area expansion application for Essential Plan (EP) for Dutchess, Orange, Putnam, and Rockland counties. The application is currently under review with BMCFO and DFS. • Excellus Health Plan: submitted an application to expand their Medicaid and HARP lines of business into the counties of Cattaraugus, Cayuga, Chenango, Cortland, Delaware, Fulton, Genesee, Madison, Montgomery, Oswego, Schuyler, Tompkins, and Wyoming. Plan resubmitted their proposed provider network 4/17/23 and validation activities are underway in addition to reviews being performed by state partners. • MVP: submitted a service area expansion application for Medicaid, CHP, HARP, and EP lines of business into the counties of Broome, Chenango, Delaware, Erie, Onondaga, Oswego, Niagara, Wayne. This application is currently under review. • CDPHP: Submitted a service area expansion for Essential Plan into the counties of Chenango, Delaware, Dutchess, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Orange, Otsego, St. Lawrence, and Ulster. • Fidelis: Submitted a service area expansion for IB-Dual eligible members into the counties of Genesee, Jefferson, Livingston, Madison, Monroe, Ontario, and Wayne • Anthem HP: Submitted a service area expansion for IB-Dual eligible members into the counties of Dutchess, Putnam, Ulster. • IHA: Submitted a service area expansion application for Medicaid and HARP into Niagara County. <p>New Applications:</p> <ul style="list-style-type: none"> • Partner’s Health Plan (PHP): has been conditionally certified as an Article 44 mainstream HMO in NYS. • Hamaspik Inc.: has applied to be certified as an Article 44 mainstream HMO in NYS. <p>New Benefits/Population & Benefit Changes</p> <p>Expansion of Prognostic Tests for Breast Cancer Treatment Effective December 1, 2023, NYS Medicaid will expand its coverage of prognostic breast cancer assays eligible for reimbursement for NYS FFS and MMC to include Breast Cancer Index® (BCI) and MammaPrint®, in addition to Oncotype DX®, EndoPredict® and Prosigna®. Breast Cancer Index®, MammaPrint®, Oncotype DX®, EndoPredict®, and Prosigna® prognostic gene expression tests assist practitioners in making determinations regarding the effective and appropriate use of chemotherapy in female or male patients with malignant neoplasms of the breast.</p> | |

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| <p>Mainstream Medicaid Managed Care Program Update</p> | <ul style="list-style-type: none"> ➤ More information can be found in the December 2023 Medicaid Update: New York State Medicaid Update - December 2023 Volume 39 - Number 17 (ny.gov), and in the New York State Medicaid Expansion of Prognostic Tests for Breast Cancer Treatment article published in the July 2019 issue of the <i>Medicaid Update</i>. <p>New York State Medicaid Coverage for Testing for Lynch Syndrome Effective December 1, 2023, NYS Medicaid will expand its coverage of genetic testing for Lynch syndrome DNA mismatch repair (MMR) gene mutations (MLH1, MSH2, MSH6, and PMS2) to include Current Procedural Terminology (CPT) code "81288."</p> <ul style="list-style-type: none"> ➤ More information can be found in the December 2023 Medicaid Update: New York State Medicaid Update - December 2023 Volume 39 - Number 17 (ny.gov). <p>Reimbursement for Adverse Childhood Experiences Screening Effective January 1, 2024, for NYS Medicaid FFS, and effective April 1, 2024, for MMC and HIV-SNP, NYS Medicaid provides reimbursement for Adverse Childhood Experiences (ACEs) screening conducted in primary care settings for children and adolescents up to 21 years of age. An annual ACEs screening will be covered, as determined appropriate and medically necessary.</p> <ul style="list-style-type: none"> ➤ More information can be found in the December 2023 Medicaid Update: New York State Medicaid Update - December 2023 Volume 39 - Number 17 (ny.gov). <p>Medical Nutrition Therapy Services Provided by Qualified Dietitians/Nutritionists Effective January 1, 2024, for New York State (NYS) Medicaid fee-for-service (FFS) members and Medicaid Managed Care (MMC) enrollees, NYS Medicaid will allow qualified dietitians/nutritionists to enroll and bill directly for medically necessary Medical Nutritional Therapy (MNT) provided to NYS Medicaid-eligible individuals. Dietitians/nutritionists must be certified in accordance with NYS Education Law Article 157. MNT services are preventative health services, and as such, must be recommended by a licensed practitioner of the healing arts acting within their scope of practice under State law, to be eligible for NYS Medicaid reimbursement. Certified dietitians/nutritionists assess nutrition needs and food patterns, plan for and direct the provision of food appropriate for physical and dietary needs, provide nutrition counseling, such as advice on dietary changes, and plan menus and direct the preparation of food to meet dietary needs.</p> <ul style="list-style-type: none"> ➤ More information can be found in the December 2023 Medicaid Update: New York State Medicaid Update - December 2023 Volume 39 - Number 17 (ny.gov). <p>Undocumented Non-Citizens 65 Years of Age and Over Effective January 1, 2024, undocumented non-citizens who are 65 years of age and older are eligible for comprehensive health insurance coverage through a mainstream Medicaid Managed Care Plan. Previously, this population qualified for New York State (NYS) Medicaid coverage for the treatment of an emergency medical condition, only. NYS Social Services Law §366.1(g)(4)(a), was amended to authorize this new coverage to undocumented non-citizens 65 years of age and older, who are otherwise eligible (e.g., income</p> | <p>Action Item: Amber D. asked how many Adverse Childhood Experience Screenings have been completed and who can do them?</p> <p>DOH Response: Information on the number of screenings completed is not yet available; however, the Department will revisit this in the future. Information regarding approved providers can be found in the December 2023 Medicaid Update article: New York State Medicaid Update - December 2023 Volume 39 - Number 17 (ny.gov).</p> |

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| <p>Mainstream Medicaid Managed Care Program Update</p> | <p>eligible, NYS resident) except for their immigration status. Consumers eligible for this expanded coverage will also access pharmacy benefits through NYRx, the Medicaid Pharmacy program.</p> <ul style="list-style-type: none"> ➤ More information can be found in the December 2023 Medicaid Update: New York State Medicaid Update - December 2023 Volume 39 - Number 17 (ny.gov). <p>Expanded Eligibility for Community Health Worker Services Effective January 1, 2024, for NYS Medicaid fee-for-service (FFS) and for MMC, HIV-SNP, and HARP, NYS Medicaid will expand the populations eligible for Community Health Worker (CHW) services beyond pregnant and postpartum populations, to include all children under 21 years of age, adults with chronic conditions, justice-involved individuals, those with unmet health-related social care needs, and individuals experiencing community violence. NYS Medicaid members are eligible for CHW services during pregnancy and up to 12 months after the end of pregnancy, regardless of the pregnancy outcome.</p> <ul style="list-style-type: none"> ➤ More information can be found in the December 2023 Medicaid Update: New York State Medicaid Update - December 2023 Volume 39 - Number 17 (ny.gov). <p>Mobile Crisis Telephonic Triage and Response Starting March 1, 2024, MMC and HIV SNP will cover the Mobile Crisis Telephonic Triage and Response service for members under the age of 21. This service is already available to members 21 years of age and older. Mobile Crisis teams can help with mental health and addiction crisis symptoms.</p> <ul style="list-style-type: none"> ➤ More information on Medicaid Managed care Crisis Intervention can be found at the following page: Medicaid Managed Care (ny.gov). <p>Updated Fees for Family Planning Services Supported by the 2023-2024 State Budget investment to stabilize and strengthen the New York State (NYS) reproductive healthcare system, NYS Medicaid has increased fees for certain family planning services. Effective January 1, 2024, NYS Medicaid fee-for-service (FFS) increased the reimbursement for family planning services paid in the Contraceptive Management Ambulatory Patient Group (APG) 875. Providers should refer to the NYS Department of Health (DOH) "APG and Px-Based Weights History and APG Fee Schedules" web page, for additional information.</p> <ul style="list-style-type: none"> ➤ More information can be found in the January 2024 Medicaid Update: New York State Medicaid Update - January 2024 Volume 40 - Number 1 (ny.gov) <p>Zynteglo® (betibeglogene autotemcel): Medicaid Practitioner Administered Drugs Update Zynteglo® will be reimbursed by the NYS Medicaid FFS program for MMC enrollees and FFS members. The following coverage criteria for Zynteglo® applies to FFS members and MMC enrollees, with consideration of approval for treatment-related medical care for MMC enrollees:</p> <ul style="list-style-type: none"> • the patient has a diagnosis of transfusion-dependent beta-thalassemia; • the patient is a candidate for allogenic hematopoietic cell transplantation, but ineligible due to the absence of a donor; and | <p>Action Item: Fred C. asked if there is an estimated cost to cover Undocumented Non-Citizens 65+?</p> <p>DOH Response: 2023-2024 Budget Scorecards can be found at the following link: MRT Budget Information (ny.gov). Note, this population was originally in the SFY 23 budget but was pushed out to 1/1/24 in the SFY 24 budget.</p> |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|--|---|--|
| <p>Mainstream Medicaid Managed Care Program Update</p> | <ul style="list-style-type: none"> • the patient is less than or equal to (\leq) fifty years of age. If the patient is less than ($<$) five years of age, the patient weight must be greater than or equal to (\geq) six kilograms. <p>➤ More information can be found in the January 2024 Medicaid Update: New York State Medicaid Update - January 2024 Volume 40 - Number 1 (ny.gov)</p> <p>eConsults Effective April 1, 2024, the NYS Medicaid FFS program will reimburse for eConsults. MMC Plans must comply with this coverage, effective June 1, 2024. eConsults, also known as electronic consultations or interprofessional consultations between a treating/requesting provider and a consultative provider, are intended to improve access to specialty expertise by assisting the treating/requesting provider with the care of the patient without patient contact with the consultative provider. The purpose of an eConsult is to answer patient-specific treatment questions in which a consultative provider can reasonably answer from information in the request for consultation and the electronic health record, without an in-person visit.</p> <p>➤ More information can be found in the January 2024 Medicaid Update: New York State Medicaid Update - January 2024 Volume 40 - Number 1 (ny.gov)</p> <p>COVID-19 Update</p> <p>Public Health Emergency (PHE) Unwind Dashboard The New York State Department of Health released the seventh issue of New York’s Public Health Emergency Unwind Dashboard, a monthly enrollment report reflecting data on renewal status, demographics, and program transitions for enrollees with Medicaid, Child Health Plus (CHPlus) and the Essential Plan (EP). This issue of the <i>Unwind Dashboard</i> provides a point-in-time snapshot for individuals who had a December 31, 2023, coverage end date, following the sixth wave of eligibility redeterminations for these safety net programs.</p> <p>➤ The past issues of the <i>Unwind Dashboard</i> can be found on the same webpage.</p> <p>NY State of Health Public Health Emergency Unwind Fact Sheet for Providers Now Available NY State of Health, the NYS official health plan marketplace (Marketplace), released a provider fact sheet titled Unwinding the Public Health Emergency, with guidance on assisting patients who may be affected by the PHE unwind. The fact sheet informs providers on how they can help minimize the number of New Yorkers at risk of losing their public health insurance, including steps their patients should take to renew their coverage or explore other health insurance options, if they are no longer eligible for NYS Medicaid, Child Health Plus (CHPlus) or the Essential Plan (EP).</p> <p>The fact sheet links to the NY State of Health Unwinding from the COVID-19 Public Health Emergency: A Communications Tool Kit to Keep New Yorkers Covered, which includes communications tools and templates,</p> | <p>Action Item: Sheila N. requested information on the overall success rate of keeping kids enrolled.</p> <p>DOH Response: The Division of Eligibility and Marketplace Integration will provide a PHE Unwind status update presentation at the September MMCARP meeting.</p> |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|--|--------------|
| Mainstream Medicaid Managed Care Program Update | as well as the latest news and updates regarding how NYS is supporting New Yorkers for the duration of the PHE Unwind process. Additionally, providers can find the NY State of Health "Take Action to Keep Your Health Insurance" web page , also linked, which is maintained with important information relevant for consumers. | |
| Auto-Assignment Report | Gayle Emrich, Medical Assistance Specialist, Division of Health Plan Contracting & Oversight (NYSDOH) and panel members discussed the February 2024 Medicaid Managed Care Auto Assignment Report. | |
| Community Health Worker and Doula Services | <p>Jennifer Mane, Bureau Director, Division of Program Development & Management (NYS DOH), reported the following:</p> <p>Expanded Community Health Worker Service Coverage</p> <p>Effective January 1, 2024, the populations eligible for Community Health Worker (CHW) services expanded beyond pregnant and postpartum populations, to include:</p> <ul style="list-style-type: none"> • all children under 21 years of age • adults with chronic conditions • justice-involved individuals • those with unmet health-related social care needs, and • individuals experiencing community violence. <p>Eligible Providers</p> <p>CHWs will still not enroll in or bill NYS Medicaid directly. CHW services are billed by the supervising NYS Medicaid-enrolled clinician, entity, or facility identified below:</p> <ul style="list-style-type: none"> • Clinic • Hospital Outpatient Department (HOPD) • Physician • Midwife (MW) • Nurse Practitioner (NP) • Psychologist • Licensed Clinical Social Worker (LCSW) • Licensed Mental Health Counselor (LMHC) • Licensed Marriage Family Therapist (LMFT) | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--------------------|--|--------------------|-------|--------|---|---|---------|-------|--------|--|------------------------|---------|-------|--------|--|--|---------|--|
| Community Health Worker and Doula Services | <p>Reimbursement Structure</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr style="background-color: #4b0082; color: white;"> <th style="width: 15%;">Code</th> <th style="width: 15%;">Modifier</th> <th style="width: 25%;">Description</th> <th style="width: 25%;">Annual Allowance Per NYS Medicaid Member</th> <th style="width: 20%;">Reimbursement Rate</th> </tr> </thead> <tbody> <tr style="background-color: #ffff00;"> <td>98960</td> <td>U1, U3</td> <td>Self-management education and training face-to-face using a standardized curriculum for an individual NYS Medicaid member, each 30 minutes.</td> <td>12 units total for adult populations 24 units total for pediatric population (under 21 years of age)</td> <td>\$35.00</td> </tr> <tr style="background-color: #d3d3d3;"> <td>98961</td> <td>U1, U3</td> <td>Self-management education and training face-to-face using a standardized curriculum for two to four NYS Medicaid members, each 30 minutes.</td> <td>(30 minutes = 1 unit*)</td> <td>\$16.45</td> </tr> <tr style="background-color: #ffff00;"> <td>98962</td> <td>U1, U3</td> <td>Self-management education and training face-to-face using a standardized curriculum for five to eight NYS Medicaid members, each 30 minutes.</td> <td></td> <td>\$12.25</td> </tr> </tbody> </table> <p>Medicaid Doula Services Benefit</p> <ul style="list-style-type: none"> Eligible Population: NYS Medicaid-enrolled pregnant, birthing, and postpartum individuals, through 12 months after the end of the pregnancy regardless of how the pregnancy ends. FFS Provider Enrollment opened March 1, 2024 Pending SPA approval, doula services will be covered through FFS effective March 1, 2024, and will be carved into MMC effective October 1, 2024. This delay will allow time for MMC plans to set up their systems and establish a doula provider network. Doulas enrolled through Erie County pilot remain enrolled in FFS. All doula services must meet Medicaid criteria and be billed according to guidelines issued for the statewide benefit (Erie County pilot ended February 29, 2024) | Code | Modifier | Description | Annual Allowance Per NYS Medicaid Member | Reimbursement Rate | 98960 | U1, U3 | Self-management education and training face-to-face using a standardized curriculum for an individual NYS Medicaid member, each 30 minutes. | 12 units total for adult populations 24 units total for pediatric population (under 21 years of age) | \$35.00 | 98961 | U1, U3 | Self-management education and training face-to-face using a standardized curriculum for two to four NYS Medicaid members, each 30 minutes. | (30 minutes = 1 unit*) | \$16.45 | 98962 | U1, U3 | Self-management education and training face-to-face using a standardized curriculum for five to eight NYS Medicaid members, each 30 minutes. | | \$12.25 | |
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| 98961 | U1, U3 | Self-management education and training face-to-face using a standardized curriculum for two to four NYS Medicaid members, each 30 minutes. | (30 minutes = 1 unit*) | \$16.45 | | | | | | | | | | | | | | | | | | |
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Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|---|--------------|
| <p>Community Health Worker and Doula Services</p> | <p>Medicaid Doula Provider Enrollment Criteria</p> <pre> graph LR A[Follow One of the Two Pathways to Enroll] --> B[Training Pathway] A --> C[Work Experience Pathway] B --> D[Both Pathways] C --> D D --> E[Both Pathways: Revalidation] </pre> <p>Training Pathway</p> <ul style="list-style-type: none"> • 24-hour minimum training in all required competencies • Doula support provided at a minimum of three births <p style="text-align: center;">OR</p> <p>Work Experience Pathway</p> <ul style="list-style-type: none"> • 30 births or 1000 hours of doula experience within the last 10 years • Testimonials of doula skills in prenatal, labor and postpartum care <p>Both Pathways</p> <ul style="list-style-type: none"> • NPI Number • Age 18 or older • Current adult and infant CPR certification • Current liability insurance • NYS Medicaid Fee-for-Service Doula Directory • Review and comply with HIPAA <p>Both Pathways: Revalidation</p> <p>Attestation to completion of continuing education requirements, current CPR certification and liability coverage</p> <p>Covered Doula Services</p> <p>Services covered in hospital, clinic, and community settings.</p> <p>Perinatal Visits -</p> <ul style="list-style-type: none"> • Maximum of 8 prenatal doula visits and/or postpartum doula visits • Can be offered via telehealth in accordance with policy. <p>Labor and Delivery</p> <ul style="list-style-type: none"> • Maximum of one labor and delivery support visit (vaginal, vaginal birth after cesarean, cesarean birth, stillbirth all covered) • Covered one-time per pregnancy at visit rate, regardless of duration. • No additional reimbursement for a birth with multiple gestations • A licensed provider must be in attendance for doula to receive reimbursement. • Can be offered via telehealth in extenuating circumstances only. | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | | | | | Action Items |
|---|--|------------------------|--------------------------------|---------------------------------------|--------------------------------------|--------------|
| Community Health Worker and Doula Services | Service | Visit Allowance | Per Visit Reimbursement | Percent of Total Reimbursement | Amount of Total Reimbursement | |
| | Perinatal Service: Prenatal or postpartum doula support | Up to 8 visits | NYC: \$93.75 ROS: \$84.37 | 50% | NYC: Up to \$750 ROS: Up to \$675 | |
| | Labor and Delivery: In-person doula support during labor and birth | 1 encounter | NYC: \$750 ROS: \$675 | 50% | NYC: \$750 ROS: \$675 | |
| <p>MMC Plans are encouraged to match or exceed FFS rate.</p> <p>How to Learn More</p> <p>For more information on the NYS Medicaid Doula Services benefit, visit https://www.health.ny.gov/health_care/medicaid/program/doula/index.htm</p> <p>For enrollment as a NYS Medicaid Doula Services Provider, visit https://www.emedny.org/info/ProviderEnrollment/doula/</p> <p>To be added to the listserv, email doulapilot@health.ny.gov.</p> | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Managed Long Term Care (MLTC) Program Update</p> | <p>Susan Montgomery (DOH), reported the following:</p> <p>Managed Long Term Care Member Enrollment Statistics</p> <p>FIDA-IDD Enrollment</p> <table border="1" style="margin-bottom: 20px;"> <thead> <tr> <th>Months</th> <th>FIDA-IDD</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>1,723</td></tr> <tr><td>Oct-2023</td><td>1,717</td></tr> <tr><td>Nov-2023</td><td>1,711</td></tr> <tr><td>Dec-2023</td><td>1,703</td></tr> <tr><td>Jan-2024</td><td>1,690</td></tr> <tr><td>Feb-2024</td><td>1,683</td></tr> </tbody> </table> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MAP Enrollment</p> <table border="1"> <thead> <tr> <th>Months</th> <th>MAP</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>40,891</td></tr> <tr><td>Oct-2023</td><td>41,488</td></tr> <tr><td>Nov-2023</td><td>41,869</td></tr> <tr><td>Dec-2023</td><td>42,252</td></tr> <tr><td>Jan-2024</td><td>43,617</td></tr> <tr><td>Feb-2024</td><td>44,640</td></tr> </tbody> </table> </div> <div style="width: 50%;"> <p style="text-align: center;">FIDA-IDD</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">MAP</p> </div> <div style="width: 50%;"> <p style="text-align: center;">MAP</p> </div> </div> | Months | FIDA-IDD | Sep-2023 | 1,723 | Oct-2023 | 1,717 | Nov-2023 | 1,711 | Dec-2023 | 1,703 | Jan-2024 | 1,690 | Feb-2024 | 1,683 | Months | MAP | Sep-2023 | 40,891 | Oct-2023 | 41,488 | Nov-2023 | 41,869 | Dec-2023 | 42,252 | Jan-2024 | 43,617 | Feb-2024 | 44,640 | |
| Months | FIDA-IDD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-2023 | 1,723 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-2023 | 1,717 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Managed Long Term Care (MLTC) Program Update</p> | <p>MLTC Partial Enrollment</p> <table border="1" style="margin-bottom: 20px;"> <thead> <tr> <th>Months</th> <th>MLTC Partial</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>272,801</td></tr> <tr><td>Oct-2023</td><td>274,838</td></tr> <tr><td>Nov-2023</td><td>278,576</td></tr> <tr><td>Dec-2023</td><td>281,303</td></tr> <tr><td>Jan-2024</td><td>282,480</td></tr> <tr><td>Feb-2024</td><td>283,691</td></tr> </tbody> </table> <div style="text-align: center;"> </div> <p>PACE Enrollment</p> <table border="1"> <thead> <tr> <th>Months</th> <th>PACE</th> </tr> </thead> <tbody> <tr><td>Sep-2023</td><td>9,411</td></tr> <tr><td>Oct-2023</td><td>9,424</td></tr> <tr><td>Nov-2023</td><td>9,487</td></tr> <tr><td>Dec-2023</td><td>9,505</td></tr> <tr><td>Jan-2024</td><td>9,461</td></tr> <tr><td>Feb-2024</td><td>9,441</td></tr> </tbody> </table> <div style="text-align: center;"> </div> | Months | MLTC Partial | Sep-2023 | 272,801 | Oct-2023 | 274,838 | Nov-2023 | 278,576 | Dec-2023 | 281,303 | Jan-2024 | 282,480 | Feb-2024 | 283,691 | Months | PACE | Sep-2023 | 9,411 | Oct-2023 | 9,424 | Nov-2023 | 9,487 | Dec-2023 | 9,505 | Jan-2024 | 9,461 | Feb-2024 | 9,441 | |
| Months | MLTC Partial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-2023 | 272,801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-2023 | 274,838 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-2023 | 278,576 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-2023 | 281,303 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-2024 | 282,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-2024 | 283,691 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Months | PACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-2023 | 9,411 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jan-2024 | 9,461 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-2024 | 9,441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|--|--------------|
| <p>Managed Long Term Care (MLTC) Program Update</p> | <p>Social Adult Day Care HCBS Updates</p> <p>SADC State Directed Payment opportunity. On November 18, 2023, DOH announced to the MLTC plans that their contracted and HCBS-compliant Social Adult Day Care (SADC) sites could be eligible for additional funds under the American Rescue Program Act (ARPA). MLTC plans were informed of:</p> <ul style="list-style-type: none"> • Overview of the SADC Direct Payment Process • Roles and Responsibilities for DOH, SADCs, and MLTC Plans • HCBS Qualifications and Requirements for Payments <p>On March 15, 2024, 19 MLTC plans were notified of \$14m total directed payments to 245 eligible SADC sites. DOH also identified 73 ineligible SADC sites. In accordance with updated February 2024 Spending Guidance, funds must be expended by SADC sites by March 31, 2025, in at least one of the following categories:</p> <ul style="list-style-type: none"> • Improvements in the workforce, • Training resources, • Person-centered planning (PCP), and/or • Policy effectiveness. <p>Non-Emergency Medical Transportation Carve Out effective March 1, 2024</p> <p>Background</p> <ul style="list-style-type: none"> • Consistent with the Medicaid Redesign Team 2 (MRT2) initiative to transition to a Non-Emergency Transportation (NEMT) broker, effective August 1, 2023, the NYS Department of Health (DOH) contracted with Medical Answering Services, LLC (MAS) as the statewide transportation broker. • Effective March 1, 2024, NEMT services were carved out of the Managed Long Term Care (MLTC) plan benefit package. • DOH and MAS led daily plan meetings 3/1-3/8. Check-ins will continue twice a week. <p>MLTC Carve-Out Updates</p> <ul style="list-style-type: none"> • Incoming calls to MAS increased three-fold on March 1. Call volume is gradually stabilizing. • Call hold times are down from a peak of 1 hour for English calls and expected to continue to improve. <ul style="list-style-type: none"> • MAS added additional phone line capacity with another 200 call center representatives completing training this week; MAS has also updated their Interactive Virtual Agent (IVA) call system. • Foreign language needs contributed to call queues. <ul style="list-style-type: none"> • MAS hiring additional Russian, Cantonese, and Mandarin speaking call takers. • To help members acclimate to the new process, MAS has launched a member education campaign around how to confirm return trips, including an improved IVA process. | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|---|--|
| <p>Managed Long Term Care (MLTC) Program Update</p> | <ul style="list-style-type: none"> • MLTC plans did not provide complete data sets prior to the transition resulting in additional challenges for MAS to appropriately staff. <ul style="list-style-type: none"> • MAS and DOH have now tracked down complete data. <p style="text-align: center;">*****Additional Space for Panel Questions & DOH Response*****</p> <p>MAS Question 1: How does MAS handle blind, deaf, and physically disabled consumers?</p> <p>DOH Response: Per the Department’s contract with MAS, MAS must maintain a call center with toll free numbers, including devices appropriate for the hard-of-hearing, as well as oral interpretation services for people with Limited English Proficiency. Members can schedule transportation either through MAS’ website or through their toll-free numbers. Per MAS’ analyses, most hearing-impaired stakeholders have adopted the use of the MAS System online, via the MAS website, as their primary resource for managing Medicaid transportation.</p> <p>For trip scheduling, each member is matched to the transportation mode that best meets their needs. The member’s healthcare provider completes a form describing ambulatory status and any special needs. Members, including those who are blind, deaf, or physically disabled, are approved to arrange transportation at the medically appropriate mode, as indicated by their healthcare provider. MAS makes accommodations for members needing door-to-door assistance, or who need to travel with an escort.</p> <p>MAS Question 2: How does the Department oversee the business continuity plan for MAS in the event that they have a security incident that causes system outage?</p> <p>DOH Response: MAS operates a decentralized call center with call center agents spread geographically across New York State. This minimizes the impact of a call center system outage. MAS also maintains back-up reservation capabilities in a Buffalo, NY call center which can be utilized when the primary call center (in Syracuse, NY) is not fully functional. Additionally, a disaster recovery plan outlines the Transportation Broker’s ability and procedures to manage transportation services for Medicaid enrollees during a natural disaster or any other acute emergency event that may disrupt telephone, information technology systems, and/or transportation services that includes every area within the Transportation Broker’s designated region. The plan outlines the frequency of system testing and back-ups, and triage protocol to prioritize life sustaining trips during system outages.</p> <p style="text-align: center;">*****END*****</p> | <p>Action Item: Amber D. asked how MAS is handling blind, deaf, and physically disabled consumers?</p> <p>DOH Response: See response under discussion.</p> <p style="text-align: center;">←</p> <p>Action Item: Sheila N. asked how the Department oversees the business continuity plan for MAS in the event that they have a security incident that causes system outage?</p> <p>DOH Response: See response under discussion.</p> <p style="text-align: center;">←</p> |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|--|--------------|
| <p>Managed Long Term Care (MLTC) Program Update</p> | <p>NEMT in Westchester County</p> <ul style="list-style-type: none"> • Seven ambulette providers in Westchester County ceased business with Medicaid on 3/8/24, citing reimbursement challenges and increased insurance costs. • Leading up to March 8th, MAS worked with other ambulette providers in Westchester and nearby counties to reassign all scheduled trips. Ambulettes in neighboring counties were given emergency authority from the NYS Department of Transportation to operate in Westchester and are seeking permanent authority. • The change in transportation providers has created some confusion for members, and in some cases resulted in members unintentionally canceling reassigned trips. • Members who regularly use Medicaid transportation often communicate directly with their transportation provider regarding preferred pick up times; these changes must be reflected in the MAS system in order to ensure on time pick up on reassigned trips. • MAS' network has sufficient capacity to handle all ambulette level trips in Westchester. Members and medical providers looking to schedule transportation should call MAS directly or use MAS' site: https://www.medanswering.com/ <p>Contact info for Carveout</p> <p><u>DOH</u></p> <ul style="list-style-type: none"> • Email: medtrans@health.ny.gov • Phone: 518-473-2160 <p><u>Medical Answering Services, LLC (MAS)</u></p> <ul style="list-style-type: none"> • 2 regions handled under contracts with MAS: <ul style="list-style-type: none"> • Downstate: NYC, LI, Westchester, and Putnam (844-666-6270) • Upstate: Rest of State (866-932-7740) • Website (Statewide): https://www.medanswering.com/ <p>Active MLTC Expansion Review and New Applications Active MAP Plans' Service Area Expansions, New MAP Applications and Partial Capitation Mergers Under Review for 2024</p> <p><u>Existing MAP Plans Service Area Expansions</u></p> <ul style="list-style-type: none"> • <u>Centers Plan for Healthy Living</u> - MAP expansion for 1+3 additional counties: Westchester +Erie, Niagara and Suffolk and Article 44 application • <u>Village Senior Services</u> - MAP expansion for 3 additional counties: Putnam, Richmond, Westchester and Article 44 application <p><u>New MAP Applications</u> (Including Behavioral Carve in readiness reviews in process)</p> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|--|--------------|
| <p>Managed Long Term Care (MLTC) Program Update</p> | <ul style="list-style-type: none"> • <u>UHC</u>- MAP approved for 5/1 new enrollment in 6 counties: Erie, Genesee, Monroe, Niagara, Orleans, Wyoming. • <u>Aetna</u> - MAP application for 1 county: Kings. • <u>Excellus</u> -MAP application for 13 counties: Broome, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Otsego, Seneca, Wayne, Yates and Erie, Orleans • <u>VNA/Nascentia</u> -MAP & Article 44 applications for 15 counties: Broome, Madison, Oneida, Onondaga, Albany, Columbia, Delaware, Greene, Otsego, Rensselaer, Saratoga, Schenectady, Erie, Monroe, Niagara. • <u>iCircle</u>- MAP & Article 44 applications for 14 counties: Broome, Cayuga, Chenango, Cortland, Livingston, Monroe, Onondaga, Ontario, Orleans, Seneca, Steuban, Tioga, Wyoming, Yates • <u>MVP</u> -MAP application for 13 counties: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester <p><u>Mergers - MLTC Partial Capitation Plans</u></p> <ul style="list-style-type: none"> • VNS Health acquiring both Prime Health Choice & Elderwood/Niagara Advantage HP 5/1/24 (includes a four county SAE in Genesee, Niagara, Orleans, and Wyoming) • Elderplan/Homefirst acquiring Evercare Choice 5/1/24 • Members' 60-day notifications were sent by 3/1/24 • VNS Health acquiring Senior Network Health 6/1/24 • Village Senior Services acquiring Archcare 6/1/24 (includes 3 county SAE in Putnam, Richmond and Westchester) • Members' 60-day notices to be sent by 4/1/24 <p><u>Active PACE Applications Under DOH and CMS Review for 2024</u></p> <ul style="list-style-type: none"> • <u>CitiPace/CenterLight/Kinship</u> – acquisition, new PACE application and Article 44 application • <u>Hudson Headwaters</u>- new PACE application • <u>Lucida</u> – new PACE application • <u>RiverSpring/Riseboro</u> – new PACE application Article 44 application; center's address change under review • <u>Community PACE/Urban Health Plan</u> – new PACE application • <u>WellbeHealth</u> – new PACE application and resubmission • <u>Westchester PACE/Andrus on Hudson</u>– new PACE application received 3/1/24. • <u>Lutheran LMSI</u> – new PACE application received 3/1/24. | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------------|------------------------------|---------------------------------------|------------------------------|--------|--------|--------|--------|-----------|-------|--------|--------|---------|--------|--------|--------|----------|-------|--------|--------|----------|-------|-------|--------|---------|--------|--------|--------|----------|--------|--------|--------|--------------|---------------|---------------|---------------|--|
| <p>Managed Long Term Care (MLTC) Program Update</p> | <p>New York Independent Assessor Program (NYIAP) NYIAP Overview</p> <ul style="list-style-type: none"> The New York Independent Assessor Program (NYIAP) began May 16, 2022, for initial assessments for personal care and consumer directed personal assistance services and Managed Long Term Care plan eligibility. On December 1, 2022, NYIAP began conducting Immediate Need and expedited initial assessments. Note that requests for services under an Immediate Need still begin at the local departments of social services (LDSS), and the LDSS acts to coordinate the appointment scheduling through NYIAP. Reassessments (routine and non-routine) have not transitioned to NYIAP. Reassessments were scheduled to begin rollout in January 2024 but have been delayed due to stakeholder and other concerns. Assessments for children have not transitioned to NYIAP. <p>Initial Assessments Requested and Conducted August 2023 – February 2024</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th>Month</th> <th>Initial Assessment Requests</th> <th>Community Health Assessment Completed</th> <th>Practitioner Order Completed</th> </tr> </thead> <tbody> <tr><td>August</td><td>11,488</td><td>12,436</td><td>12,269</td></tr> <tr><td>September</td><td>9,952</td><td>10,736</td><td>10,673</td></tr> <tr><td>October</td><td>11,108</td><td>11,449</td><td>11,084</td></tr> <tr><td>November</td><td>9,752</td><td>11,356</td><td>11,211</td></tr> <tr><td>December</td><td>9,068</td><td>9,781</td><td>10,095</td></tr> <tr><td>January</td><td>11,104</td><td>12,007</td><td>11,171</td></tr> <tr><td>February</td><td>10,780</td><td>12,027</td><td>11,680</td></tr> <tr style="font-weight: bold;"> <td>Total</td> <td>64,784</td> <td>65,967</td> <td>64,741</td> </tr> </tbody> </table> | Month | Initial Assessment Requests | Community Health Assessment Completed | Practitioner Order Completed | August | 11,488 | 12,436 | 12,269 | September | 9,952 | 10,736 | 10,673 | October | 11,108 | 11,449 | 11,084 | November | 9,752 | 11,356 | 11,211 | December | 9,068 | 9,781 | 10,095 | January | 11,104 | 12,007 | 11,171 | February | 10,780 | 12,027 | 11,680 | Total | 64,784 | 65,967 | 64,741 | |
| Month | Initial Assessment Requests | Community Health Assessment Completed | Practitioner Order Completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August | 11,488 | 12,436 | 12,269 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | 9,952 | 10,736 | 10,673 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 11,108 | 11,449 | 11,084 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | 9,752 | 11,356 | 11,211 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 9,068 | 9,781 | 10,095 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | 11,104 | 12,007 | 11,171 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 10,780 | 12,027 | 11,680 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 64,784 | 65,967 | 64,741 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items |
|---|---|--------------|
| <p>Managed Long Term Care (MLTC) Program Update</p> | <p>Initial Assessment Process Flow</p> <pre> graph LR A[Consumer/Plan Calls for Assessment] --> B[NYIA Schedules Appointments] B --> C[Clinical Appointment] C --> D[Initial Assessment] D --> E[Outcome Notice] E --> F[Program Education] F --> G[Plan Completes POC] </pre> <p>Immediate Needs Process Flow</p> <pre> graph LR A[LDSS Submits E/IN Form] --> B[LDSS places 3-Way Call] B --> C[NYIA Schedules Appointments] C --> D[Clinical Appointment] D --> E[Initial Assessment] E --> F[Outcome Notice] F --> G[Program Education] G --> H[LDSS Completes POC] </pre> | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----------------------------|-------------------------------|------------|---------------|-------|---------------|------------------|----------------------------|-------------------------------|--------|--------|--------|-------|-------|-----------|--------|--------|-----------|-------|---------|--------|------|-------|---------|----------|--------|------|----|--------|----------|--------|-------|-----|-------|---------|----------|-------|-------|-------|----------|--------|---------|-------|-------|-----|----|--------|----------|-------|-------|-----|----|--------|--------------|---------------|---------------|--------------|------------|---------------|--|
| Managed Long Term Care (MLTC) Program Update | NYIAP Requests by Sector May 2023-Feb 2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse; background-color: #4f81bd; color: white;"> <tr> <th colspan="6">Unique Count of Consumers Requesting To Begin NYIAP Process</th> </tr> <tr> <th style="width: 15%;">Request Date</th> <th style="width: 15%;">FFS</th> <th style="width: 15%;">MAINSTREAM</th> <th style="width: 15%;">HARP</th> <th style="width: 15%;">SNP</th> <th style="width: 15%;">TOTAL</th> </tr> <tr> <td>August</td> <td>6,844</td> <td>3,790</td> <td>796</td> <td>58</td> <td>11,488</td> </tr> <tr> <td>September</td> <td>5,866</td> <td>3,410</td> <td>627</td> <td>49</td> <td>9,952</td> </tr> <tr> <td>October</td> <td>6,778</td> <td>3,589</td> <td>667</td> <td>74</td> <td>11,108</td> </tr> <tr> <td>November</td> <td>6,032</td> <td>3,047</td> <td>619</td> <td>54</td> <td>9,752</td> </tr> <tr> <td>December</td> <td>5,610</td> <td>2,771</td> <td>637</td> <td>50</td> <td>9,068</td> </tr> <tr> <td>January</td> <td>6,935</td> <td>3,414</td> <td>687</td> <td>68</td> <td>11,104</td> </tr> <tr> <td>February</td> <td>6,775</td> <td>3,264</td> <td>672</td> <td>69</td> <td>10,780</td> </tr> <tr> <td>Total</td> <td>44,840</td> <td>23,285</td> <td>4,705</td> <td>422</td> <td>73,252</td> </tr> </table> | Unique Count of Consumers Requesting To Begin NYIAP Process | | | | | | Request Date | FFS | MAINSTREAM | HARP | SNP | TOTAL | August | 6,844 | 3,790 | 796 | 58 | 11,488 | September | 5,866 | 3,410 | 627 | 49 | 9,952 | October | 6,778 | 3,589 | 667 | 74 | 11,108 | November | 6,032 | 3,047 | 619 | 54 | 9,752 | December | 5,610 | 2,771 | 637 | 50 | 9,068 | January | 6,935 | 3,414 | 687 | 68 | 11,104 | February | 6,775 | 3,264 | 672 | 69 | 10,780 | Total | 44,840 | 23,285 | 4,705 | 422 | 73,252 | |
| | Unique Count of Consumers Requesting To Begin NYIAP Process | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Request Date | FFS | MAINSTREAM | HARP | SNP | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | August | 6,844 | 3,790 | 796 | 58 | 11,488 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | September | 5,866 | 3,410 | 627 | 49 | 9,952 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | October | 6,778 | 3,589 | 667 | 74 | 11,108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | November | 6,032 | 3,047 | 619 | 54 | 9,752 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | December | 5,610 | 2,771 | 637 | 50 | 9,068 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | January | 6,935 | 3,414 | 687 | 68 | 11,104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | February | 6,775 | 3,264 | 672 | 69 | 10,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 44,840 | 23,285 | 4,705 | 422 | 73,252 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NYIAP Call Volume- May 2023 to Feb 2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">NYIAP Call Handling</th> </tr> <tr> <th style="width: 20%;">Month</th> <th style="width: 15%;">Inbound Calls</th> <th style="width: 15%;">Abandonment Rate</th> <th style="width: 15%;">Average Answer Delay (sec)</th> <th style="width: 15%;">Average Length of call (Mins)</th> </tr> <tr> <td>August</td> <td>62,546</td> <td>2.9%</td> <td>65</td> <td>11:58</td> </tr> <tr> <td>September</td> <td>55,089</td> <td>3.3%</td> <td>80</td> <td>12:06</td> </tr> <tr> <td>October</td> <td>58,683</td> <td>3.4%</td> <td>86</td> <td>12:38</td> </tr> <tr> <td>November</td> <td>57,455</td> <td>1.3%</td> <td>37</td> <td>11:37</td> </tr> <tr> <td>December</td> <td>50,712</td> <td>0.4%</td> <td>14</td> <td>11:32</td> </tr> <tr> <td>January</td> <td>57,510</td> <td>0.8%</td> <td>23</td> <td>11:53</td> </tr> <tr> <td>February</td> <td>55,060</td> <td>1.7%</td> <td>46</td> <td>11:35</td> </tr> </table> | NYIAP Call Handling | | | | | Month | Inbound Calls | Abandonment Rate | Average Answer Delay (sec) | Average Length of call (Mins) | August | 62,546 | 2.9% | 65 | 11:58 | September | 55,089 | 3.3% | 80 | 12:06 | October | 58,683 | 3.4% | 86 | 12:38 | November | 57,455 | 1.3% | 37 | 11:37 | December | 50,712 | 0.4% | 14 | 11:32 | January | 57,510 | 0.8% | 23 | 11:53 | February | 55,060 | 1.7% | 46 | 11:35 | | | | | | | | | | | | | | | | |
| | NYIAP Call Handling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Inbound Calls | Abandonment Rate | Average Answer Delay (sec) | Average Length of call (Mins) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August | 62,546 | 2.9% | 65 | 11:58 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | 55,089 | 3.3% | 80 | 12:06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 58,683 | 3.4% | 86 | 12:38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | 57,455 | 1.3% | 37 | 11:37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 50,712 | 0.4% | 14 | 11:32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | 57,510 | 0.8% | 23 | 11:53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 55,060 | 1.7% | 46 | 11:35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|------------------------------|-------------------------------------|----|------------|--|--|--|-------|---|-------|---|-----|------------|-------|----|---------|----|--------------|-------|----|--------|----|----------------------|------------|-------|----|---------|----|--------------|-------|----|--------|----|-------|------------------------------|------------------------------|------------------------------|-------------------------------------|--------|-----|----|---|---|--------|-----|----|---|---|--------|-----|----|---|---|--------|----|----|---|---|--------|----|----|---|---|--------|----|----|---|---|--------|----|----|---|---|--------|----|----|---|---|--------|----|----|---|---|--------|----|----|---|---|--------|----|----|---|---|--------|----|----|---|---|---|
| <p>Managed Long Term Care (MLTC) Program Update</p> | <p>NYIAP Offers Two Appointment Modalities</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #e6f2ff;"> <th colspan="2"></th> <th colspan="2">February 2024</th> <th colspan="2">Cumulative</th> </tr> <tr style="background-color: #e6f2ff;"> <th colspan="2"></th> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">CHA</td> <td>Telehealth</td> <td style="text-align: center;">7,823</td> <td style="text-align: center;">65</td> <td style="text-align: center;">151,015</td> <td style="text-align: center;">68</td> </tr> <tr> <td>Face-to-face</td> <td style="text-align: center;">4,204</td> <td style="text-align: center;">35</td> <td style="text-align: center;">69,639</td> <td style="text-align: center;">32</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Clinical Appointment</td> <td>Telehealth</td> <td style="text-align: center;">7,501</td> <td style="text-align: center;">64</td> <td style="text-align: center;">154,133</td> <td style="text-align: center;">72</td> </tr> <tr> <td>Face-to-face</td> <td style="text-align: center;">4,179</td> <td style="text-align: center;">36</td> <td style="text-align: center;">59,885</td> <td style="text-align: center;">28</td> </tr> </tbody> </table> <p>NYIAP Variance Data- May 2023 to Feb 2024 Variances are requested when the plan or LDSS does not agree with the CHA for factual or clinical reasons. NYIAP reviews the request and conducts another CHA if deemed appropriate based on documentation provided.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #e6f2ff;"> <th>Month</th> <th>Total Plan Variance Requests</th> <th>Reviews Resulting in New CHA</th> <th>Total LDSS Variance Requests</th> <th>Reviews Resulting in New CHA - LDSS</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td style="text-align: center;">114</td><td style="text-align: center;">76</td><td style="text-align: center;">7</td><td style="text-align: center;">2</td></tr> <tr><td>Apr-23</td><td style="text-align: center;">100</td><td style="text-align: center;">54</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td>May-23</td><td style="text-align: center;">101</td><td style="text-align: center;">61</td><td style="text-align: center;">5</td><td style="text-align: center;">2</td></tr> <tr><td>Jun-23</td><td style="text-align: center;">63</td><td style="text-align: center;">33</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td>Jul-23</td><td style="text-align: center;">62</td><td style="text-align: center;">36</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td></tr> <tr><td>Aug-23</td><td style="text-align: center;">84</td><td style="text-align: center;">30</td><td style="text-align: center;">3</td><td style="text-align: center;">0</td></tr> <tr><td>Sep-23</td><td style="text-align: center;">53</td><td style="text-align: center;">27</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td></tr> <tr><td>Oct-23</td><td style="text-align: center;">41</td><td style="text-align: center;">29</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Nov-23</td><td style="text-align: center;">46</td><td style="text-align: center;">23</td><td style="text-align: center;">6</td><td style="text-align: center;">1</td></tr> <tr><td>Dec-23</td><td style="text-align: center;">53</td><td style="text-align: center;">34</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td>Jan-24</td><td style="text-align: center;">55</td><td style="text-align: center;">36</td><td style="text-align: center;">3</td><td style="text-align: center;">2</td></tr> <tr><td>Feb-24</td><td style="text-align: center;">46</td><td style="text-align: center;">29</td><td style="text-align: center;">5</td><td style="text-align: center;">2</td></tr> </tbody> </table> | | | February 2024 | | Cumulative | | | | Total | % | Total | % | CHA | Telehealth | 7,823 | 65 | 151,015 | 68 | Face-to-face | 4,204 | 35 | 69,639 | 32 | Clinical Appointment | Telehealth | 7,501 | 64 | 154,133 | 72 | Face-to-face | 4,179 | 36 | 59,885 | 28 | Month | Total Plan Variance Requests | Reviews Resulting in New CHA | Total LDSS Variance Requests | Reviews Resulting in New CHA - LDSS | Mar-23 | 114 | 76 | 7 | 2 | Apr-23 | 100 | 54 | 1 | 1 | May-23 | 101 | 61 | 5 | 2 | Jun-23 | 63 | 33 | 0 | 0 | Jul-23 | 62 | 36 | 3 | 1 | Aug-23 | 84 | 30 | 3 | 0 | Sep-23 | 53 | 27 | 4 | 2 | Oct-23 | 41 | 29 | 1 | 0 | Nov-23 | 46 | 23 | 6 | 1 | Dec-23 | 53 | 34 | 0 | 0 | Jan-24 | 55 | 36 | 3 | 2 | Feb-24 | 46 | 29 | 5 | 2 | <p>Action Item: Fred R. asked if the Department has a sense of NYIAP assessment outcome for telehealth versus in-person? Were there more denials in one form of assessment versus the other?</p> <p>DOH Response: The Department will work to bring available data on NYIAP.</p> <p>Action Item: Kathryn H. asked that the Department look into people that don't qualify/haven't made it through the first NYIAP screening as to why they don't qualify- particularly related to cognitive function.</p> <p>DOH Response: The Department will work to bring available data on NYIAP.</p> |
| | | February 2024 | | Cumulative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Total | % | Total | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHA | Telehealth | 7,823 | 65 | 151,015 | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Face-to-face | 4,204 | 35 | 69,639 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Appointment | Telehealth | 7,501 | 64 | 154,133 | 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Face-to-face | 4,179 | 36 | 59,885 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Total Plan Variance Requests | Reviews Resulting in New CHA | Total LDSS Variance Requests | Reviews Resulting in New CHA - LDSS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 114 | 76 | 7 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 100 | 54 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 101 | 61 | 5 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 63 | 33 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 62 | 36 | 3 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 84 | 30 | 3 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 53 | 27 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 41 | 29 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 46 | 23 | 6 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 53 | 34 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 55 | 36 | 3 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 46 | 29 | 5 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------|------------------------|----------------------------|--|--|--------|----|----|--|--|--------|---|----|--|--|--------|---|----|--|--|--------|---|----|--|--|--------|---|----|--|--|--------|----|----|--|--|--------|---|----|--|--|--------|----|----|--|--|--------|---|----|------------------------|----------------------------|--------|----|----|----|----|--------|---|----|----|----|--------|---|----|----|---|--|
| <p>Managed Long Term Care (MLTC) Program Update</p> | <p>NYIAP Independent Review Panel (IRP) Reviews IRP Review is required when a plan of care developed based on a NYIAP CHA/PO will exceed 12 hours of care, on average, per day. IRP reviews determine if the plan of care is appropriate to maintain the individual safely at home.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 15%;">Month</th> <th style="width: 15%;">Plan IRP Requests</th> <th style="width: 15%;">LDSS IRP Requests</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td style="text-align: center;">17</td><td style="text-align: center;">28</td><td></td><td></td></tr> <tr><td>Apr-23</td><td style="text-align: center;">7</td><td style="text-align: center;">27</td><td></td><td></td></tr> <tr><td>May-23</td><td style="text-align: center;">6</td><td style="text-align: center;">33</td><td></td><td></td></tr> <tr><td>Jun-23</td><td style="text-align: center;">8</td><td style="text-align: center;">34</td><td></td><td></td></tr> <tr><td>Jul-23</td><td style="text-align: center;">5</td><td style="text-align: center;">34</td><td></td><td></td></tr> <tr><td>Aug-23</td><td style="text-align: center;">10</td><td style="text-align: center;">35</td><td></td><td></td></tr> <tr><td>Sep-23</td><td style="text-align: center;">7</td><td style="text-align: center;">33</td><td></td><td></td></tr> <tr><td>Oct-23</td><td style="text-align: center;">12</td><td style="text-align: center;">67</td><td></td><td></td></tr> <tr><td>Nov-23</td><td style="text-align: center;">6</td><td style="text-align: center;">76</td><td style="text-align: center;">Ttl POC Appropriate</td><td style="text-align: center;">Ttl POC Not Appropriate</td></tr> <tr><td>Dec-23</td><td style="text-align: center;">11</td><td style="text-align: center;">76</td><td style="text-align: center;">70</td><td style="text-align: center;">17</td></tr> <tr><td>Jan-24</td><td style="text-align: center;">7</td><td style="text-align: center;">62</td><td style="text-align: center;">52</td><td style="text-align: center;">17</td></tr> <tr><td>Feb-24</td><td style="text-align: center;">2</td><td style="text-align: center;">55</td><td style="text-align: center;">51</td><td style="text-align: center;">4</td></tr> </tbody> </table> <div style="border: 2px solid #4F81BD; border-radius: 15px; padding: 10px; width: fit-content; margin: 10px auto; background-color: #4F81BD; color: white; text-align: center;"> <p>NYIAP Reporting on POC Outcomes Began December 2023</p> </div> <p>NYIAP Outcomes From May 2022 through February 2024, a total of 35,654 CHAs found the individuals did not meet the need for 120 days of service and therefore not eligible for MLTC enrollment. This represents 16% of the total number of CHAs completed by NYIAP. From May 2022 through February 2024, a total of 221 Practitioner Orders (PO) found the individual’s medical condition was NOT stable to receive PCS/CDPAS in the home. This represents 0.10% of the total number of PO’s completed.</p> | Month | Plan IRP Requests | LDSS IRP Requests | | | Mar-23 | 17 | 28 | | | Apr-23 | 7 | 27 | | | May-23 | 6 | 33 | | | Jun-23 | 8 | 34 | | | Jul-23 | 5 | 34 | | | Aug-23 | 10 | 35 | | | Sep-23 | 7 | 33 | | | Oct-23 | 12 | 67 | | | Nov-23 | 6 | 76 | Ttl POC Appropriate | Ttl POC Not Appropriate | Dec-23 | 11 | 76 | 70 | 17 | Jan-24 | 7 | 62 | 52 | 17 | Feb-24 | 2 | 55 | 51 | 4 | |
| Month | Plan IRP Requests | LDSS IRP Requests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 17 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 7 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 6 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 8 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 5 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 10 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 7 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 12 | 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 6 | 76 | Ttl POC Appropriate | Ttl POC Not Appropriate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 11 | 76 | 70 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 7 | 62 | 52 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 2 | 55 | 51 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| Agenda Items | Discussion | Action Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------|--|---------|--|--------------|--|--|-------------------|---------|------------|--------------|-------------------|---------|------------|--------------|---------|------|------|-----|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|-----|------|------|---------|------|------|------|---------|------|------|------|---------|------|-----|------|--|
| Managed Long Term Care (MLTC) Program Update | <p>NYIAP Wait Times for Appointments</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Average Days from Initial Call to the First Appointment</th> <th colspan="4" style="text-align: center;">Average Days from Initial Call to the Clinical Appointment</th> </tr> <tr> <th style="text-align: center;">Initial Call Date</th> <th style="text-align: center;">Overall</th> <th style="text-align: center;">Telehealth</th> <th style="text-align: center;">Face to Face</th> <th style="text-align: center;">Initial Call Date</th> <th style="text-align: center;">Overall</th> <th style="text-align: center;">Telehealth</th> <th style="text-align: center;">Face to Face</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">08/2023</td> <td style="text-align: center;">6.33</td> <td style="text-align: center;">5.82</td> <td style="text-align: center;">7.2</td> <td style="text-align: center;">08/2023</td> <td style="text-align: center;">8.32</td> <td style="text-align: center;">7.93</td> <td style="text-align: center;">8.99</td> </tr> <tr> <td style="text-align: center;">09/2023</td> <td style="text-align: center;">5.76</td> <td style="text-align: center;">4.79</td> <td style="text-align: center;">7.68</td> <td style="text-align: center;">09/2023</td> <td style="text-align: center;">8.08</td> <td style="text-align: center;">7.24</td> <td style="text-align: center;">9.27</td> </tr> <tr> <td style="text-align: center;">10/2023</td> <td style="text-align: center;">5.91</td> <td style="text-align: center;">5.08</td> <td style="text-align: center;">7.71</td> <td style="text-align: center;">10/2023</td> <td style="text-align: center;">8.33</td> <td style="text-align: center;">7.82</td> <td style="text-align: center;">9.36</td> </tr> <tr> <td style="text-align: center;">11/2023</td> <td style="text-align: center;">5.04</td> <td style="text-align: center;">3.99</td> <td style="text-align: center;">8.06</td> <td style="text-align: center;">11/2023</td> <td style="text-align: center;">7.63</td> <td style="text-align: center;">6.83</td> <td style="text-align: center;">9.61</td> </tr> <tr> <td style="text-align: center;">12/2023</td> <td style="text-align: center;">5.14</td> <td style="text-align: center;">4.15</td> <td style="text-align: center;">7.96</td> <td style="text-align: center;">12/2023</td> <td style="text-align: center;">7.48</td> <td style="text-align: center;">6.74</td> <td style="text-align: center;">9.27</td> </tr> <tr> <td style="text-align: center;">01/2024</td> <td style="text-align: center;">4.6</td> <td style="text-align: center;">3.51</td> <td style="text-align: center;">7.55</td> <td style="text-align: center;">01/2024</td> <td style="text-align: center;">7.04</td> <td style="text-align: center;">6.13</td> <td style="text-align: center;">9.26</td> </tr> <tr> <td style="text-align: center;">02/2024</td> <td style="text-align: center;">4.38</td> <td style="text-align: center;">3.34</td> <td style="text-align: center;">7.46</td> <td style="text-align: center;">02/2024</td> <td style="text-align: center;">6.85</td> <td style="text-align: center;">5.9</td> <td style="text-align: center;">9.38</td> </tr> </tbody> </table> | Average Days from Initial Call to the First Appointment | | | | Average Days from Initial Call to the Clinical Appointment | | | | Initial Call Date | Overall | Telehealth | Face to Face | Initial Call Date | Overall | Telehealth | Face to Face | 08/2023 | 6.33 | 5.82 | 7.2 | 08/2023 | 8.32 | 7.93 | 8.99 | 09/2023 | 5.76 | 4.79 | 7.68 | 09/2023 | 8.08 | 7.24 | 9.27 | 10/2023 | 5.91 | 5.08 | 7.71 | 10/2023 | 8.33 | 7.82 | 9.36 | 11/2023 | 5.04 | 3.99 | 8.06 | 11/2023 | 7.63 | 6.83 | 9.61 | 12/2023 | 5.14 | 4.15 | 7.96 | 12/2023 | 7.48 | 6.74 | 9.27 | 01/2024 | 4.6 | 3.51 | 7.55 | 01/2024 | 7.04 | 6.13 | 9.26 | 02/2024 | 4.38 | 3.34 | 7.46 | 02/2024 | 6.85 | 5.9 | 9.38 | |
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| Initial Call Date | Overall | Telehealth | Face to Face | Initial Call Date | Overall | Telehealth | Face to Face | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Public Comment | <p>Public Comment 1: Ralph Warren, IDD services advocate, asked whether members of the public can submit written comments in between MMCARP meetings? Mr. warren mentioned the overlap of managed care and the OPWDD population and cited a recent news report that shows the NYIAP assessment process is much more transparent than what they have for OPWDD. Mr. Warren asked that access to services be examined in Mainstream for those that have OPWDD services.</p> <p>Response: Fred C. responded to Mr. Warren to feel free to submit written comments.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Motion Passed: Meeting adjourned at 1:29pm</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Managed Care Advisory Review Panel (MMCARP)

ACRONYMS & INITIALISMS

| | |
|----------|---|
| ABA | Applied Behavior Analysis |
| ADL | Activity of Daily Living |
| ADM | Administrative Directive Memorandum |
| ARPA | American Rescue Plan Act |
| BH | Behavioral Health |
| CBAA | Certified Behavior Analyst Assistant |
| CBLTC | Community Based Long Term Care |
| CBLTSS | Community Based Long Term Services and Supports |
| CBO | Community Based Organization |
| CDC | Centers for Disease Control |
| CDPAP | Consumer Directed Personal Assistance Program |
| CDPAS | Consumer Directed Personal Assistance Services |
| CFCO | Community First Choice Option |
| CFEEC | Conflict-Free Evaluation and Enrollment Center |
| CFTSS | Children and Family Treatment and Support Services |
| CHA | Community Health Assessment |
| CHP | Child Health Plus |
| CMA | Care Management Agency |
| CMHA | Community Mental Health Assessment |
| DME | Durable Medical Equipment |
| DOH | Department of Health |
| DOL | Department of Labor |
| D-SNP | Dual Eligible Special Needs Plans |
| EP | Essential Plan |
| FAQ | Frequently Asked Questions |
| FFS | Fee for Service |
| FI | Fiscal Intermediary |
| FIDA | Fully Integrated Duals Advantage |
| FIDA-IDD | Fully Integrated Duals Advantage-Individuals with Intellectual and Developmental Disabilities |
| FLSA | Fair Labor Standards Act |
| FY | Fiscal Year |
| HARP | Health and Recovery Plan |
| HCBS | Home and Community Based Services |
| HERO | Health Equity Regional Organization |
| HIV SNP | HIV Special Needs Plan |
| IADL | Instrumental Activity of Daily Living |

| | |
|---------|---|
| IB-Dual | Integrated Benefits for Dually Eligible Enrollees |
| IPP | Independent Practitioner Panel |
| IRP | Independent Review Panel |
| JAC | Joint Advisory Council |
| LBA | Licensed Behavior Analyst |
| LDSS | Local Department of Social Services |
| LGU | Local Government Unit |
| LHCSA | Licensed Home Care Services Agencies |
| LTNHS | Long Term Nursing Home Stay |
| MARO | Metropolitan Area Regional Office |
| MCO | Managed Care Organization |
| MLTC | Managed Long Term Care |
| MMC | Medicaid Managed Care |
| MMCARP | Medicaid Managed Care Advisory Review Panel |
| MOU | Memorandum of Understanding |
| MRT | Medicaid Redesign Team |
| NHTD | Nursing Home Transition and Diversion Waiver |
| NYC | New York City |
| NYIAP | New York Independent Assessor Program |
| NYSDOH | New York State Department of Health |
| OASAS | Office of Alcoholism and Substance Abuse Services |
| OHIP | Office of Health Insurance Programs |
| OMH | Office of Mental Health |
| OMIG | Office of Medicaid Inspector General |
| OTC | Over the Counter (Drug) |
| PACE | Program of All-Inclusive Care for the Elderly |
| PCS | Personal Care Services (Medicaid State Plan) |
| PHIP | Population Health Improvement Program |
| PNDS | Provider Network Data System |
| POC | Plan of Care |
| PPS | Performing Provider System |
| RFP | Request for Proposals |
| ROS | Rest of State |
| RPC | Regional Planning Consortium |
| SBHC | School Based Health Center |
| SCN | Social Care Needs |
| SDHN | Social Determinants of Health Network |

Medicaid Managed Care Advisory Review Panel (MMCARP)

| | |
|-----|------------------------------|
| SSI | Supplemental Security Income |
| TBI | Traumatic Brain Injury |
| TCM | Targeted Case Management |

| | |
|-----|------------------------------------|
| VBP | Value Based Payment |
| WIO | Workforce Investment Organizations |
| | |