

Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 12/19/2024)

September 19, 2024
90 Church St, NY & Videoconference
10:30 AM to 12:30 PM
Meeting Minutes

Panel Members: Frederick Cohen, *Chair*, (excused absent); 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; Gayle Emrich; Krysten Bissaillon; Emily Engel; Sonia Sekhar; Gabrielle Armenia; Selena Hajjani

Presenters/Guests: Susan Montgomery, New York State Department of Health (DOH); Gayle Emrich (DOH); Gabrielle Armenia (DOH); Emily Engel (DOH); Selena Hajjani (DOH); Sonia Sekhar (NYSOH)

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
Discussion and review of minutes	<p>Elisabeth Benjamin, Vice Chair, welcomed the panel members and discussed the following items:</p> <ul style="list-style-type: none"> • Roll Call & Confirmation of Quorum, • Review of March 21, 2024, minutes, • Review of June 20, 2024, minutes, and • Review of proposed quarterly report and process going forward. 	<p>Motion: Panel approved the March 21, 2024, and June 20, 2024, minutes.</p> <p>Motion: Panel approved the March Quarterly Report.</p> <p>Motion: Panel approved the format of the quarterly report going forward, which entails adding a cover letter/summary report to the approved minutes.</p> <p>Action Item: Amber Decker asked the Department to investigate whether the MMCARP can pass motions via email and if not, whether the bylaws can be amended to allow this.</p> <p>DOH Response: The Department will provide an update at the December MMCARP meeting.</p>
Social Care Networks	<p>Emily Engel, Director, Bureau of Social Care and Community Supports (NYSDOH), reported the following:</p>	

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<p>Social Care Networks</p>	<p>Through NYHER, we will connect the various partners that have critical roles in facilitating access to HRSN services:</p> <p>Social Care Network</p> <ul style="list-style-type: none"> • SCN Lead Entity: Coordinate SCN to conduct HRSN screening and deliver services to ensure Member HRSNs are addressed • CBOs & Other HRSN Service Providers: Conduct HRSN screening, navigate Members to HRSN services, and deliver HRSN services • Health & Behavioral Health (BH) Providers: Conduct HRSN screening and navigate Members to HRSN services <p>Ecosystem Partners</p> <ul style="list-style-type: none"> • MCOs: Refer Members to SCN and work with SCN to ensure all Members are screened for HRSNs • Other Ecosystem Partners: Refer Members to SCN and coordinate with SCN on service navigation and delivery <div style="text-align: center;"> </div>	<p>Motion: Frederick Riccardi requested that the panel receive an SCN update at MMCARP meetings going forward.</p> <p>DOH Response: The Department will add SCN as a standing agenda item.</p>

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<p>Social Care Networks</p>	<div style="text-align: center;"> <p>To achieve an SCN that screens all Medicaid Members and navigates them to HRSN services, SCN lead entities will:</p> <ul style="list-style-type: none"> Form partnerships within the regional ecosystem to screen Medicaid Members for HRSN, navigate to services, and close the loop on referrals Organize and coordinate a network of CBOs and other partners to deliver HRSN services Pay HRSN service providers for services delivered Facilitate data-sharing to support HRSN service navigation and delivery Establish a leadership team that reflects the unique needs of the region </div> <p>Enhanced Health Related Social Need Services</p> <p>Starting on January 2025, the waiver will cover the following HRSN services, which have a demonstrated positive impact on health outcomes, for eligible Medicaid Members:</p> <p>Housing Supports</p> <ul style="list-style-type: none"> • Navigation • Community transitional services • Rent/utilities • Pre-tenancy and tenancy sustaining services • Home remediation • Home accessibility and safety modifications • Medical respite <p>Nutrition</p> <ul style="list-style-type: none"> • Nutritional counseling and classes • Medically tailored or clinically appropriate home-delivered meals • Food prescriptions • Fresh produce and nonperishables • Cooking supplies, (pots, pans, etc.) 	

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Social Care Networks	<p>Transportation</p> <ul style="list-style-type: none"> • Reimbursement for public and private transportation to connect to HRSN services and HRSN case management activities <p>Case Management</p> <ul style="list-style-type: none"> • Case management, outreach, referral, and education, including linkages to other state and federal programs • Connection to clinical case management • Connection to childcare employment, education, interpersonal violence resources <p>Medicaid Member Support from SCNs</p> <p>SCNs will be comprised of CBOs and other health, behavioral health, and social care providers. The SCN will be responsible for the HRSN service delivery process, including:</p> <p>Screening:</p> <ul style="list-style-type: none"> • <i>Ensure all Members receive HRSN screenings</i> <p>Social Care Navigation:</p> <ul style="list-style-type: none"> • <i>Provide referrals and navigate Members to HRSN services</i> <p>HRSN Services:</p> <ul style="list-style-type: none"> • <i>Deliver HRSN services</i> <p>HRSN screening and services: Member Journey</p> <p>Screening: Members screened, using the standardized AHC tool, for HRSNs, including:</p> <ul style="list-style-type: none"> • Housing / utilities • Food insecurity • Transportation • Education • Employment • Interpersonal safety <p>Social Care Navigation: Determination is made on Member eligibility based on:</p> <ol style="list-style-type: none"> 1. Enrollee information from MCO, and 2. Additional information gathered by the social care navigator. <p>HRSN Services:</p>	

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Social Care Networks	<ul style="list-style-type: none"> • Existing services (Members in Medicaid FFS and others that are not eligible for Enhanced HRSN services will be referred to existing programs): Members connected to existing federal, state, and local services, OR • Enhanced HRSN services: Eligible Members are referred to the CBO for enhanced HRSN services AND • If needs persist, navigator connects a Member to existing services when Enhanced HRSN services end. <p>HRSN Screening: Reaching members where they are</p> <p>Entry to Screening (not all entry points are eligible for payment):</p> <ul style="list-style-type: none"> • Screening by a variety of organizations <ul style="list-style-type: none"> ○ Members self-screen ○ Providers within SCN screen ○ Providers outside of SCN screen ○ SCN direct outreach to screen ○ MCOs screen • Referral to SCN for screening <ul style="list-style-type: none"> ○ Providers refer Members to SCN ○ HRSN service providers refer Members to SCN <p>Successful entry to screening Members will require:</p> <ul style="list-style-type: none"> • Collaboration between SCN Lead Entities and existing ecosystem partners that engage with Members • Partnerships, including major hospitals, primary care practices, behavioral health providers, and health centers • Accessibility for members- Screening offered at preferred times, locations, modalities, and in preferred languages from a diverse and culturally competent network • Technology infrastructure providing backbone for transfer of HRSN-related data across the ecosystem <p>Populations Eligible for Enhanced HRSN Services</p> <p>Eligibility Requirements Members are eligible for enhanced HRSN services if they meet all of the following:</p>	

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<p>Social Care Networks</p>	<ul style="list-style-type: none"> • Are enrolled in Medicaid Managed Care • Screen positive for an unmet HRSN • Meet criteria for an Enhanced Service Population <p>Enhance HRSN Service Populations include:</p> <ul style="list-style-type: none"> • Medicaid high utilizers • Members with serious chronic conditions and enrolled in health homes • Pregnant persons, up to 12 months postpartum • Children under the age of 6 who are at risk • Children under the age of 18 with chronic condition(s) • Post-release criminal justice-involved individuals with chronic conditions, such as substance use disorder (SUD) or chronic Hepatitis-C • Juvenile justice-involved youth, foster care youth, and those under kinship care who meet specific criteria • Individuals with SUD • Individuals with Intellectual or developmental Disability (I/DD) • Individuals with Serious Mental Illness <p>HRSN Funds Flow Overview</p> <pre> graph TD NYS[NYS Medicaid] -- Infrastructure funding --> MCO[MCO] NYS -- Infrastructure funding --> SCN[SCN Lead Entity] NYS -- PMPM payments --> MCO MCO -- PMPM payments --> SCN SCN -- Fee schedule based payments --> HRSN[HRSN Service Provider] </pre> <p>Infrastructure funding Funding to SCNs for operational setup of the program, including build capacity of the Network to deliver HRSN services</p> <p>PMPM payments Payment per Member that SCN Lead Entities will use to pay the Network on a FFS basis to deliver HRSN-related services</p> <p>Fee schedule based payments Payments from the SCN Lead Entity to providers in the Network for HRSN screening, navigation, and services</p>	

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Social Care Networks	<p>Next Steps:</p> <p>SCN Engagement and Network Involvement</p> <ul style="list-style-type: none"> • August 2024-December 2024 and beyond: Form network of HRSN Service Providers • August 2024-September 2024: Contract with MCOs and Establish SCN IT Platform • December 2024: Begin HRSN screening and service delivery for January 2025 <p>How Ecosystem Partners Can Get Involved</p> <p>All Ecosystem Partners:</p> <ul style="list-style-type: none"> • Get familiar with SCNs working in their regions • Work with the SCN Lead Entity to: <ul style="list-style-type: none"> ○ Determine how to send a Member to SCN for screening, and/or ○ Establish processes for sharing HRSN screening information with SCN. <p>HRSN Service Providers:</p> <ul style="list-style-type: none"> • Reach out to the SCN Lead Entity in their region to learn more about how to become part off their network <p>How service providers can engage with SCNs</p> <p>Join an SCN regional Network</p> <ul style="list-style-type: none"> • Expand your ability to reach underserved Medicaid members with housing and other HRSN services • Receive reimbursement for services previously not covered by Medicaid • Support closer integration of health and social care systems across the state • <i>Reach out to you regional SCN Lead Entity for more information</i> <p>Build ecosystem momentum and capacity</p> <ul style="list-style-type: none"> • Engage your SCN Lead Entity and other HRSN service providers on ways to collaborate, partner, and share learnings • Connect members to HRSN service providers once service delivery begins January 2025 • Stay in touch on program updates (e.g., via the Medicaid Redesign Team listserv) • Share input and feedback on your experience – this is critical as the program is rolled out <p>To participate in the Network and receive reimbursement, providers must:</p> <ul style="list-style-type: none"> • Provide at least one service across screening, navigation, and Enhanced HRSN Services (e.g., housing supports) • Remain in good standing as a Medicaid billing provider 	

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<p>Update on PHE Unwind</p>	<ul style="list-style-type: none"> • Follow agreed service terms and payment schedules • Complete training on use of SCN IT platform • Comply with data & reporting requirements and support sharing of data & insights for more integrated care • SCN Lead Entities will also offer additional training for Network participants (e.g., technology, cultural and linguistic competencies, trauma-informed service delivery) <p>Additional Resources</p> <ul style="list-style-type: none"> • New York 1115 Waiver Website • Current Special Terms and Conditions • New York Social Care Networks Website • Subscribe to MRT Listserv <p>If you have questions regarding Social Care Network programs, please contact us at: SDH@health.ny.gov</p> <p>Sonia Sekhar, Deputy Director, NY State of Health and Gabrielle Armenia, Director, Division of Eligibility & Marketplace Integration, reported the following:</p>	

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Update on PHE Unwind	<p>Public Health Emergency Unwind Update</p> <p>For NY State of Health enrollees, we initiated over 6.1 million renewals.</p> <ul style="list-style-type: none"> • 5 million or 82% renewed, including 79% of adults and 90% of children. • 1.1 million or 18% did not complete their renewal, including 11% terminated due to not coming back and renewing when they needed to, and 7% who may have started but did not complete their renewals. • 125,000 or 2% are ineligible. <ul style="list-style-type: none"> • We sent over 8 million consumer emails, nearly 5 million text messages, and over 4.2 million consumer notices. • NY State of Health call center answered over 5.4 million calls, with wait times averaging 1 minute 39 seconds. <p>In December CMS announced that New York ranked among the top five states in keeping families and children enrolled in Medicaid during the Public Health Emergency.</p> <p>NYS PHE Unwind Data: <i>April Cohort Highlights</i> Total number in Cohort: 641,598 Renewed their coverage: 75% Renewed through NYSOH: 73% Renewed through LDSS: 80% Renewal Broken Down by Program Medicaid: 73% Child Health Plus: 82% Essential Plan: 73%</p>	

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Update on PHE Unwind	<div data-bbox="289 211 1333 787"> <h3>AGE DATA</h3> <p>Renewal outcomes are broken down by age in the tables shown here.</p> <p><small>* NOTE: This does not include the subset of the 65+ population who were referred to their LDSS to complete their renewal.</small></p> <table border="1"> <caption>April 2024 Cohort (NY State of Health only)</caption> <thead> <tr> <th>Age Group</th> <th>Renewal Complete</th> <th>Completion Rate</th> </tr> </thead> <tbody> <tr> <td>00-17</td> <td>102,336</td> <td>77%</td> </tr> <tr> <td>18-25</td> <td>47,928</td> <td>69%</td> </tr> <tr> <td>26-34</td> <td>61,743</td> <td>68%</td> </tr> <tr> <td>35-44</td> <td>62,327</td> <td>74%</td> </tr> <tr> <td>45-54</td> <td>52,987</td> <td>78%</td> </tr> <tr> <td>55-64</td> <td>50,348</td> <td>82%</td> </tr> <tr> <td>65+*</td> <td>6,686</td> <td>40%</td> </tr> <tr> <td>Total</td> <td>384,355</td> <td>73%</td> </tr> </tbody> </table> </div> <div data-bbox="289 792 1123 1453"> <h3>PHE UNWIND - April Renewal Tracking</h3> <p>April 2024 Cohort Total renewed: (N= 478,753) Total renewed: 75%</p> <h4>PHE Unwind - March Renewal Tracking</h4> <table border="1"> <thead> <tr> <th>Category</th> <th>Renewal Cohort</th> <th>Renewal Complete</th> </tr> </thead> <tbody> <tr> <td>LDSS Downstate</td> <td>78,555</td> <td>72,498</td> </tr> <tr> <td>LDSS Rest of State</td> <td>40,002</td> <td>21,900</td> </tr> <tr> <td>NY State of Health</td> <td>523,041</td> <td>384,355</td> </tr> <tr> <td>TOTAL</td> <td>641,598</td> <td>478,753</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-around;"> <div data-bbox="304 1209 682 1437"> <h4>Renewal Completed by Program (%) NY State of Health and LDSS Data</h4> <table border="1"> <tr> <td>EP</td> <td>73%</td> <td>62,570</td> </tr> <tr> <td>CHPPlus</td> <td>82%</td> <td>14,483</td> </tr> <tr> <td>Medicaid</td> <td>73%</td> <td>401,700</td> </tr> </table> </div> <div data-bbox="693 1209 1113 1437"> <h4>NY State of Health Renewal Type (Administrative vs Manual)</h4> <table border="1"> <thead> <tr> <th>Type</th> <th>Total</th> <th>Renewed</th> <th>Renewal Not Complete</th> </tr> </thead> <tbody> <tr> <td>ADMINISTRATIVE</td> <td>217,645</td> <td>191,343</td> <td>26,302</td> </tr> <tr> <td>MANUAL</td> <td>305,396</td> <td>193,012</td> <td>112,384</td> </tr> </tbody> </table> </div> </div> </div> <div data-bbox="1165 1047 1701 1421"> <h3>Customer Service Center April 2024</h3> <table border="1"> <thead> <tr> <th>Type</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Calls Received</td> <td>653,592</td> </tr> <tr> <td>Call Center Wait Time</td> <td>3m 36s</td> </tr> <tr> <td>Abandoned Call Rate</td> <td>15.9%</td> </tr> </tbody> </table> </div>	Age Group	Renewal Complete	Completion Rate	00-17	102,336	77%	18-25	47,928	69%	26-34	61,743	68%	35-44	62,327	74%	45-54	52,987	78%	55-64	50,348	82%	65+*	6,686	40%	Total	384,355	73%	Category	Renewal Cohort	Renewal Complete	LDSS Downstate	78,555	72,498	LDSS Rest of State	40,002	21,900	NY State of Health	523,041	384,355	TOTAL	641,598	478,753	EP	73%	62,570	CHPPlus	82%	14,483	Medicaid	73%	401,700	Type	Total	Renewed	Renewal Not Complete	ADMINISTRATIVE	217,645	191,343	26,302	MANUAL	305,396	193,012	112,384	Type	Total	Calls Received	653,592	Call Center Wait Time	3m 36s	Abandoned Call Rate	15.9%	
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margin-top: 10px;">* NOTE: Individuals are able to select one or more race categories, including "Don't know" and "Choose not to answer," so some individuals may be counted in more than one category.</p> </div> <div data-bbox="1081 860 1669 1323" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <h3 style="color: #003366;">REGIONAL DATA</h3> <p style="font-size: 0.8em; color: #003366;">This map represents the percentage of enrollees in each region who have completed renewal by program for the most recent renewal cohort.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center; margin-top: 10px;"> <caption>Regional Renewal Rates (April 2024 Cohort)</caption> <thead> <tr> <th>Region</th> <th>Medicaid</th> <th>CHPlus</th> <th>EP</th> </tr> </thead> <tbody> <tr> <td>Western</td> <td>69%</td> <td>88%</td> <td>70%</td> </tr> <tr> <td>Central</td> <td>68%</td> <td>82%</td> <td>70%</td> </tr> <tr> <td>Capital/Mid-Hudson/North Country</td> <td>75%</td> <td>82%</td> <td>71%</td> </tr> <tr> <td>Long Island</td> <td>77%</td> <td>83%</td> <td>73%</td> </tr> <tr> <td>New York City</td> <td>73%</td> <td>81%</td> <td>74%</td> </tr> </tbody> </table> </div>	Race	Renewal Complete	% Renewal Complete	African	1,772	82%	American Indian/ Alaskan Native	1,625	67%	Asian Indian	8,922	76%	Bangladeshi	2,346	91%	Black/African American	46,883	71%	Burmese	162	95%	Chinese	25,024	88%	Filipino	1,375	72%	Guamanian/ Chamorro	227	83%	Haitian	860	75%	Jamaican	999	80%	Japanese	372	75%	Korean	2,232	79%	Middle Eastern/ North African	1,437	81%	Native Hawaiian	61	73%	Other	39,742	80%	Other Asian	12,572	79%	Other Pacific Islander	799	73%	Pakistani	446	84%	Samoan	55	72%	Taiwanese	53	85%	Unknown	145,805	68%	Vietnamese	709	79%	White	104,283	76%	Total*	398,761	74%	Hispanic	Renewal Complete	% Renewal Complete	Yes	106,254	78%	No	205,429	76%	Unknown	72,672	62%	Total	384,355	73%	Region	Medicaid	CHPlus	EP	Western	69%	88%	70%	Central	68%	82%	70%	Capital/Mid-Hudson/North Country	75%	82%	71%	Long Island	77%	83%	73%	New York City	73%	81%	74%	
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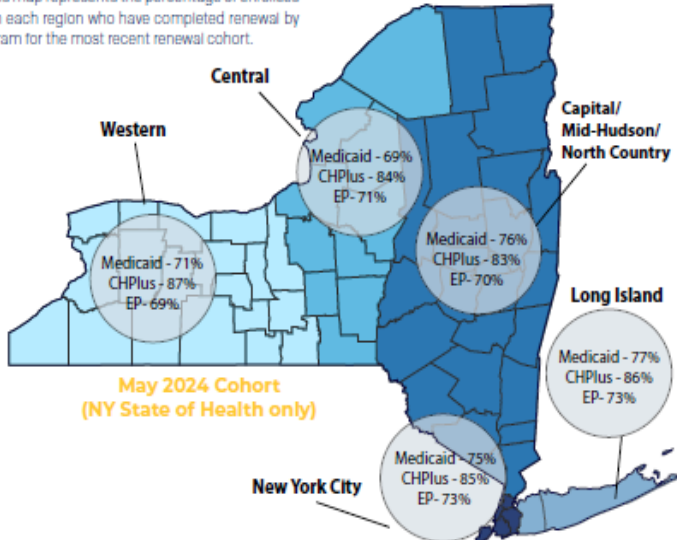
Medicaid Managed Care Advisory Review Panel (MMCARP)

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<p>Update on PHE Unwind</p>	<div style="background-color: #fff9c4; padding: 10px; border: 1px solid #ccc;"> <h3 style="margin: 0;">TRANSITIONS</h3> <p>This section displays the number of individuals who remained in their prior program or enrolled in other programs within the Marketplace or LDSSs, where the data are available. Additional information on the eligibility levels for each program is available in the Appendix on page 15.</p> <p>Data reflects enrollment changes within New York State public programs; this data does not reflect individuals who transition to Employer Sponsored Insurance (ESI) or other coverage outside of the Marketplace, have moved out of state, or are no longer seeking coverage in New York for some other reason.</p> <div style="border: 2px solid #003366; padding: 10px; margin: 10px 0;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">April 2024 Cohort (NY State of Health and LDSS data)</p> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">Program Transitions for those Completing Renewals (N= 478,753)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #003366; color: white;"> <th rowspan="2" style="text-align: left;">Program Type (prior to renewal)</th> <th colspan="7">Program Type (post-renewal)</th> <th rowspan="2">Total</th> </tr> <tr style="background-color: #003366; color: white;"> <th>CHPlus</th> <th>Essential Plan</th> <th>Medicaid</th> <th>QHP APTC without CSR</th> <th>QHP APTC with CSR</th> <th>QHP Full Pay</th> <th>Ineligible</th> </tr> </thead> <tbody> <tr style="background-color: #e6f2ff;"> <td style="text-align: left;">CHPlus (14,483)</td> <td>87%</td> <td>0%</td> <td>12%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>1%</td> <td>100%</td> </tr> <tr style="background-color: #e6f2ff;"> <td style="text-align: left;">Essential Plan (62,570)</td> <td>0%</td> <td>79%</td> <td>17%</td> <td>3%</td> <td>0%</td> <td>0%</td> <td>1%</td> <td>100%</td> </tr> <tr style="background-color: #e6f2ff;"> <td style="text-align: left;">Medicaid (401,700)</td> <td>6%</td> <td>13%</td> <td>78%</td> <td>1%</td> <td>0%</td> <td>0%</td> <td>2%</td> <td>100%</td> </tr> </tbody> </table> </div> <p>NYS PHE Unwind Data: <i>May Cohort Highlights</i> Total number in Cohort: 601,539 Renewed their coverage: 75% Renewed through NYSOH: 74% Renewed through LDSS: 77% Renewal Broken Down by Program Medicaid: 75% Child Health Plus: 85% Essential Plan: 72%</p> </div>	Program Type (prior to renewal)	Program Type (post-renewal)							Total	CHPlus	Essential Plan	Medicaid	QHP APTC without CSR	QHP APTC with CSR	QHP Full Pay	Ineligible	CHPlus (14,483)	87%	0%	12%	0%	0%	0%	1%	100%	Essential Plan (62,570)	0%	79%	17%	3%	0%	0%	1%	100%	Medicaid (401,700)	6%	13%	78%	1%	0%	0%	2%	100%	
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Update on PHE Unwind	<div data-bbox="289 240 1381 722"> <h3>AGE DATA</h3> <p>Renewal outcomes are broken down by age in the tables shown here.</p> <p><small>* NOTE: This does not include the subset of the 65+ population who were referred to their LDSS to complete their renewal.</small></p> <table border="1"> <caption>May 2024 Cohort (NY State of Health only)</caption> <thead> <tr> <th>Age Group</th> <th>Renewal Complete</th> <th>Completion Rate</th> </tr> </thead> <tbody> <tr> <td>00-17</td> <td>100,166</td> <td>80%</td> </tr> <tr> <td>18-25</td> <td>46,315</td> <td>70%</td> </tr> <tr> <td>26-34</td> <td>58,101</td> <td>68%</td> </tr> <tr> <td>35-44</td> <td>57,124</td> <td>74%</td> </tr> <tr> <td>45-54</td> <td>48,434</td> <td>78%</td> </tr> <tr> <td>55-64</td> <td>47,774</td> <td>82%</td> </tr> <tr> <td>65+*</td> <td>7,054</td> <td>44%</td> </tr> <tr> <td>Total</td> <td>364,968</td> <td>74%</td> </tr> </tbody> </table> </div> <div data-bbox="289 763 1129 1502"> <h3>PHE UNWIND - May Renewal Tracking</h3> <p>May 2024 Cohort Total renewed:(N= 449,713) Total renewed: 75%</p> <table border="1"> <caption>PHE Unwind - May Renewal Tracking Data</caption> <thead> <tr> <th>Category</th> <th>Renewal Cohort</th> <th>Renewal Complete</th> </tr> </thead> <tbody> <tr> <td>LDSS Downstate</td> <td>70,811</td> <td>63,492</td> </tr> <tr> <td>LDSS Rest of State</td> <td>39,737</td> <td>21,253</td> </tr> <tr> <td>NY State of Health</td> <td>490,991</td> <td>364,968</td> </tr> <tr> <td>TOTAL</td> <td>601,539</td> <td>449,713</td> </tr> </tbody> </table> <div data-bbox="336 1185 682 1388"> <h4>Renewal Completed by Program (%) NY State of Health and LDSS Data</h4> <ul style="list-style-type: none"> 72% EP: 52,826 60% CHPlus: 11,740 71% Medicaid: 38,147 </div> <div data-bbox="703 1185 1081 1388"> <h4>NY State of Health Renewal Type (Administrative vs Manual)</h4> <table border="1"> <thead> <tr> <th>Type</th> <th>Total</th> <th>Renewed</th> <th>Renewal Not Complete</th> </tr> </thead> <tbody> <tr> <td>ADMINISTRATIVE</td> <td>304,096</td> <td>300,104</td> <td>3,992</td> </tr> <tr> <td>MANUAL</td> <td>286,946</td> <td>164,864</td> <td>102,081</td> </tr> </tbody> </table> </div> <p><small>NOTE: - Administrative renewal, also known as "ex parte" renewal, refers to the process of using available data sources to confirm eligibility without the enrollee needing to take any action. Manual renewal enrollees must update their application to stay enrolled in coverage. - EP: Essential Plan, New York's Basic Health Program - CHPlus: Child Health Plus, New York's Children's Health Insurance Program</small></p> </div> <div data-bbox="1165 1079 1701 1445"> <h3>Customer Service Center May 2024</h3> <table border="1"> <thead> <tr> <th>Type</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Calls Received</td> <td>578,263</td> </tr> <tr> <td>Call Center Wait Time</td> <td>1m 44s</td> </tr> <tr> <td>Abandoned Call Rate</td> <td>7.8%</td> </tr> </tbody> </table> </div>	Age Group	Renewal Complete	Completion Rate	00-17	100,166	80%	18-25	46,315	70%	26-34	58,101	68%	35-44	57,124	74%	45-54	48,434	78%	55-64	47,774	82%	65+*	7,054	44%	Total	364,968	74%	Category	Renewal Cohort	Renewal Complete	LDSS Downstate	70,811	63,492	LDSS Rest of State	39,737	21,253	NY State of Health	490,991	364,968	TOTAL	601,539	449,713	Type	Total	Renewed	Renewal Not Complete	ADMINISTRATIVE	304,096	300,104	3,992	MANUAL	286,946	164,864	102,081	Type	Total	Calls Received	578,263	Call Center Wait Time	1m 44s	Abandoned Call Rate	7.8%	
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TOTAL	601,539	449,713																																																														
Type	Total	Renewed	Renewal Not Complete																																																													
ADMINISTRATIVE	304,096	300,104	3,992																																																													
MANUAL	286,946	164,864	102,081																																																													
Type	Total																																																															
Calls Received	578,263																																																															
Call Center Wait Time	1m 44s																																																															
Abandoned Call Rate	7.8%																																																															

Medicaid Managed Care Advisory Review Panel (MMCARP)

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Update on PHE Unwind	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <h3>REGIONAL DATA</h3> <p>This map represents the percentage of enrollees in each region who have completed renewal by program for the most recent renewal cohort.</p>  <p>May 2024 Cohort (NY State of Health only)</p> <ul style="list-style-type: none"> Western: Medicaid - 71%, CHPlus - 87%, EP - 69% Central: Medicaid - 69%, CHPlus - 84%, EP - 71% Capital/Mid-Hudson/North Country: Medicaid - 76%, CHPlus - 83%, EP - 70% Long Island: Medicaid - 77%, CHPlus - 86%, EP - 73% New York City: Medicaid - 75%, CHPlus - 85%, EP - 73% </div> <div style="width: 45%;"> <h3>LANGUAGE DATA</h3> <p>Individuals enrolling through NY State of Health must select their preferred written language on their application. The application data informs which language members receive their notices in, and NY State of Health's overall language access strategy, which includes enrollment assistants who offer assistance in nearly 60 languages. NY State of Health's Customer Service Center is able to provide assistance in any language, and NY State of Health has consumer education materials in 26 languages.</p> <table border="1" data-bbox="1060 381 1638 909"> <thead> <tr> <th colspan="6">May 2024 Cohort (NY State of Health only)</th> </tr> <tr> <th>Written Language</th> <th>Renewal Complete</th> <th>% Renewal Complete</th> <th>Written Language</th> <th>Renewal Complete</th> <th>% Renewal Complete</th> </tr> </thead> <tbody> <tr><td>Albanian</td><td>66</td><td>79%</td><td>Korean</td><td>789</td><td>82%</td></tr> <tr><td>Arabic</td><td>360</td><td>79%</td><td>Nepali</td><td>67</td><td>82%</td></tr> <tr><td>Bengali</td><td>261</td><td>92%</td><td>Polish</td><td>133</td><td>75%</td></tr> <tr><td>Burmese</td><td>106</td><td>68%</td><td>Russian</td><td>3,425</td><td>81%</td></tr> <tr><td>Chinese</td><td>14,561</td><td>89%</td><td>Somali</td><td>3</td><td>60%</td></tr> <tr><td>English</td><td>267,863</td><td>72%</td><td>Spanish</td><td>75,789</td><td>80%</td></tr> <tr><td>French</td><td>499</td><td>73%</td><td>Swahili</td><td>11</td><td>46%</td></tr> <tr><td>French Creole</td><td>93</td><td>71%</td><td>Tagalog</td><td>7</td><td>88%</td></tr> <tr><td>Greek</td><td>15</td><td>79%</td><td>Tigrinya</td><td>4</td><td>67%</td></tr> <tr><td>Haitian Creole</td><td>466</td><td>78%</td><td>Traditional Chinese</td><td>117</td><td>87%</td></tr> <tr><td>Hindi</td><td>45</td><td>79%</td><td>TWI</td><td>4</td><td>100%</td></tr> <tr><td>Italian</td><td>40</td><td>73%</td><td>Urdu</td><td>56</td><td>78%</td></tr> <tr><td>Japanese</td><td>43</td><td>88%</td><td>Vietnamese</td><td>63</td><td>86%</td></tr> <tr><td>Karen</td><td>55</td><td>80%</td><td>Yiddish</td><td>27</td><td>87%</td></tr> <tr> <td colspan="3" style="text-align: center;">Total</td> <td colspan="2" style="text-align: center;">364,968</td> <td style="text-align: center;">74%</td> </tr> </tbody> </table> </div> </div>	May 2024 Cohort (NY State of Health only)						Written Language	Renewal Complete	% Renewal Complete	Written Language	Renewal Complete	% Renewal Complete	Albanian	66	79%	Korean	789	82%	Arabic	360	79%	Nepali	67	82%	Bengali	261	92%	Polish	133	75%	Burmese	106	68%	Russian	3,425	81%	Chinese	14,561	89%	Somali	3	60%	English	267,863	72%	Spanish	75,789	80%	French	499	73%	Swahili	11	46%	French Creole	93	71%	Tagalog	7	88%	Greek	15	79%	Tigrinya	4	67%	Haitian Creole	466	78%	Traditional Chinese	117	87%	Hindi	45	79%	TWI	4	100%	Italian	40	73%	Urdu	56	78%	Japanese	43	88%	Vietnamese	63	86%	Karen	55	80%	Yiddish	27	87%	Total			364,968		74%	
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<p>Update on PHE Unwind</p>	<h3 style="margin: 0;">TRANSITIONS</h3> <p>This section displays the number of individuals who remained in their prior program or enrolled in other programs within the Marketplace or LDSSs, where the data are available. Additional information on the eligibility levels for each program is available in the Appendix on page 15.</p> <p>Data reflects enrollment changes within New York State public programs; this data does not reflect individuals who transition to Employer Sponsored Insurance (ESI) or other coverage outside of the Marketplace, have moved out of state, or are no longer seeking coverage in New York for some other reason.</p> <div style="border: 2px solid #003366; padding: 10px; margin: 10px 0;"> <p style="text-align: center; background-color: #003366; color: white; padding: 5px;">May 2024 Cohort (NY State of Health and LDSS data)</p> <p style="text-align: center; background-color: #003366; color: white; padding: 5px;">Program Transitions for those Completing Renewals (N= 449,713)</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #e6e6fa;"> <thead> <tr style="background-color: #003366; color: white;"> <th rowspan="2" style="text-align: left; padding: 5px;">Program Type (prior to renewal)</th> <th colspan="7" style="text-align: center; padding: 5px;">Program Type (post-renewal)</th> <th rowspan="2" style="text-align: center; padding: 5px;">Total</th> </tr> <tr style="background-color: #003366; color: white;"> <th style="text-align: center; padding: 5px;">CHPlus</th> <th style="text-align: center; padding: 5px;">Essential Plan</th> <th style="text-align: center; padding: 5px;">Medicaid</th> <th style="text-align: center; padding: 5px;">QHP APTC without CSR</th> <th style="text-align: center; padding: 5px;">QHP APTC with CSR</th> <th style="text-align: center; padding: 5px;">QHP Full Pay</th> <th style="text-align: center; padding: 5px;">Ineligible</th> </tr> </thead> <tbody> <tr style="background-color: #e6e6fa;"> <td style="text-align: left; padding: 5px;">CHPlus (13,740)</td> <td style="text-align: center; padding: 5px;">87%</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">11%</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">1%</td> <td style="text-align: center; padding: 5px;">100%</td> </tr> <tr style="background-color: #e6e6fa;"> <td style="text-align: left; padding: 5px;">Essential Plan (52,826)</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">76%</td> <td style="text-align: center; padding: 5px;">19%</td> <td style="text-align: center; padding: 5px;">3%</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">1%</td> <td style="text-align: center; padding: 5px;">100%</td> </tr> <tr style="background-color: #e6e6fa;"> <td style="text-align: left; padding: 5px;">Medicaid (383,147)</td> <td style="text-align: center; padding: 5px;">6%</td> <td style="text-align: center; padding: 5px;">13%</td> <td style="text-align: center; padding: 5px;">77%</td> <td style="text-align: center; padding: 5px;">1%</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">0%</td> <td style="text-align: center; padding: 5px;">3%</td> <td style="text-align: center; padding: 5px;">100%</td> </tr> </tbody> </table> </div>	Program Type (prior to renewal)	Program Type (post-renewal)							Total	CHPlus	Essential Plan	Medicaid	QHP APTC without CSR	QHP APTC with CSR	QHP Full Pay	Ineligible	CHPlus (13,740)	87%	0%	11%	0%	0%	0%	1%	100%	Essential Plan (52,826)	0%	76%	19%	3%	0%	0%	1%	100%	Medicaid (383,147)	6%	13%	77%	1%	0%	0%	3%	100%	<p>Action Item: Frederick Riccardi requested more information on the system for non-MAGI Medicaid population.</p> <p>DOH Response: See the following DOH page on Continuing the Medicaid Eligibility Modernization: Continuing The Medicaid Eligibility Modernization (ny.gov).</p>
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<p>Update on PHE Unwind</p>	<p>Approved e14 Waivers New York has submitted and received approval for waivers to grant flexibility throughout the Public Health Emergency unwind.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <ol style="list-style-type: none"> <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 1 100% FPL Renew Medicaid Eligibility for Individuals with Income at or below 100% FPL and No Data Returned <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 2 Enrollment Broker Contact Info Partnering with Enrollment Brokers to Update Beneficiary Contact Information <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 3 Fair Hearing Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 4 MCO Contact Info Partnering with Managed Care Plans to Update Beneficiary Contact Information <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 5 Non-MAGI SNAP Renewal for Individuals Based on Non-MAGI Eligibility <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 6 SNAP CHIP Renewal for Individuals Based on SNAP Eligibility (CHIP) <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 7 Zero Income ExParte Renewal for Individuals with No Income and No Data Returned <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 8 Resource Test Waiver of the resource test at renewal and change in circumstances <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 9 Duals & individuals over 65 in NY State of Health Allowing 65 and/or Medicare eligibles to remain in NY State of Health by waiving SSI budgeting <li style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 5px;"> 10 Fixed Income Ex Parte for fixed social security or pension income that is below the Ex Parte eligibility level </div> <div style="width: 30%; text-align: center; vertical-align: top;"> <div style="background-color: #4a7ebb; color: white; padding: 10px; margin-bottom: 10px; border: 1px solid black;"> Received written approval </div> <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> CMS has also approved the following 2 waivers for New York without a formal letter: </div> <div style="background-color: #4a7ebb; color: white; padding: 10px; border: 1px solid black;"> Verbal approval </div> </div> </div> <div style="text-align: right; margin-top: 20px;">  </div> <p>Non-MAGI Eligibility During the Unwind</p> <p>Areas of Noncompliance:</p> <ul style="list-style-type: none"> Conducting ex parte renewals for the non-MAGI population Ability to submit renewal forms through all required modalities for the non-MAGI population. <p>Mitigation Strategies:</p> <ul style="list-style-type: none"> Strategy 1: Holding procedural terminations. Strategy 3: Streamlining income determinations. Strategy 4: Streamlining asset determinations. Strategy 6: Enhancing availability and accessibility of other renewal submission modalities. Strategy 7: Enhancing outreach and in-person assistance. Strategy 8: Additional policy changes to support retention 	


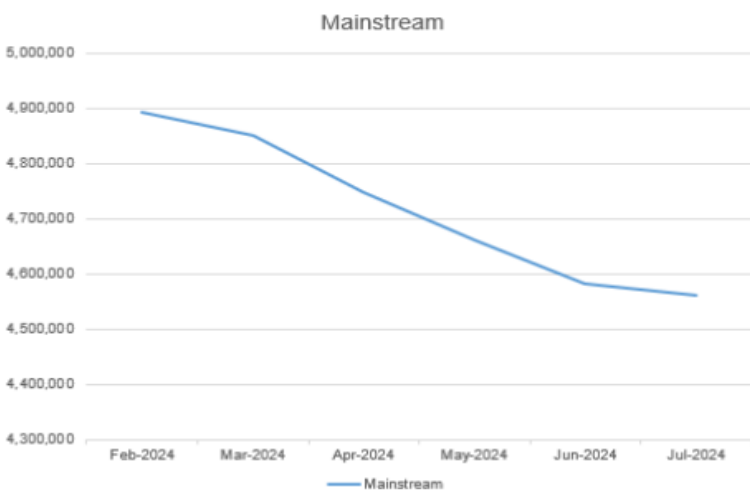
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Update on PHE Unwind	<p>Updates on Continuation of Unwinding Flexibilities</p> <ul style="list-style-type: none"> • CMS issued an information bulletin on December 18, 2023, related to maintaining children’s coverage. In that bulletin, CMS notified states that they could continue unwinding-related section 1902 (e) (14) (A) waiver authority through December 31, 2024. • CMS issued further guidance on May 9, 2024. In an effort to establish and update income and eligibility determination systems that maximize states’ ability to ensure that eligible individuals retain coverage, CMS further extended these unwinding-related section1902(e)(14)(A) waivers through June 30, 2025. <p>Automatic Renewal of Existing e14 Waivers</p> <ul style="list-style-type: none"> • All waivers will be automatically extended through June 30, 2025, unless we notify CMS we want to discontinue any of those. • There are two exceptions that have special terms and conditions relating to the following e14s: <ul style="list-style-type: none"> o Zero income o 100% FPL <p>Zero Income and 100% FPL e14 Waivers</p> <ul style="list-style-type: none"> • The Zero dollar and 100% FPL strategies were designed to permit a single Ex Parte renewal based on verified information from the individual’s most recent income determination combined with use of all available electronic income data sources. • CMS believes allowing a second Ex Parte renewal for such individuals is critical for states to process applications in a timely manner. However, states must meet some additional conditions in order to continue these two flexibilities. • Have had discussions with CMS regarding whether the conditions to continue with these e14 waivers. New York has agreed to the conditions and will continue these waivers. Expect formal approval to be forthcoming. 	

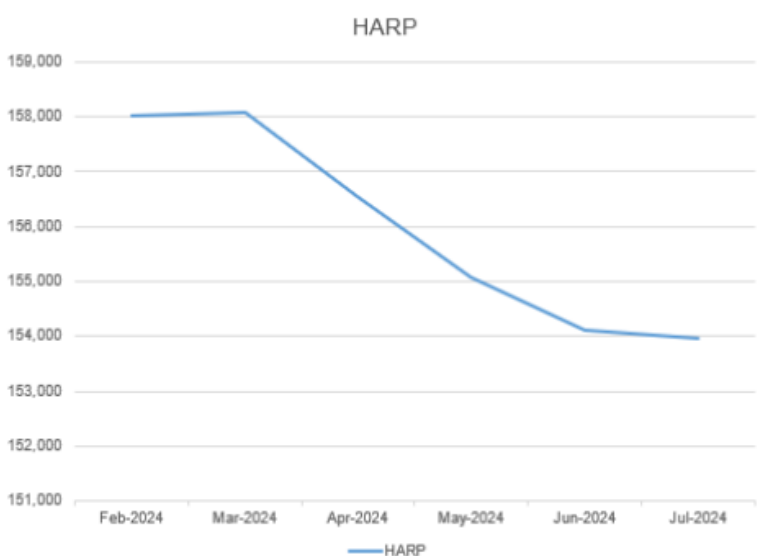
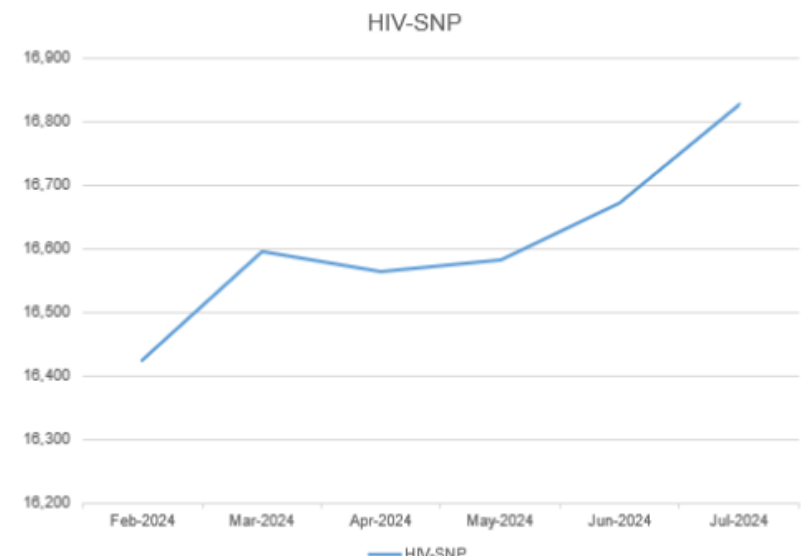
Medicaid Managed Care Advisory Review Panel (MMCARP)

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	<div style="background-color: #003366; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> <p>Must take steps to confirm continued state residency of the individual for example, through utilization review;</p> </div> <div style="background-color: #003366; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> <p>Must check financial data sources in accordance with its verification plan. If no information is returned, the state may consider income verified;</p> </div> <div style="background-color: #003366; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> <p>The state must take appropriate steps to review the non-financial components of eligibility consistent with the state's existing policies and procedures outlined in its verification plan; and</p> </div> <div style="background-color: #003366; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> <p>The state must notify individuals whose eligibility is renewed using this strategy they must notify the state if any of the information use to complete the renewal is inaccurate.</p> </div> <p>Regulatory Exception to Timely Determinations</p> <ul style="list-style-type: none"> • CMS guidance issues in August 2024 requires states to be in compliance with timeliness requirements by December 31, 2025. • Reviewing this guidance to determine what flexibilities we can leverage to help address some backlogs we are facing outside of NY State of Health. <p>If you have questions, please contact:</p> <p>Gabrielle Armenia at gabrielle.armenia@health.ny.gov Sonia Sekhar at Sonia.sekhar@health.ny.gov</p>	
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 	

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<p>Mainstream Medicaid Managed Care Program Update</p>	<ul style="list-style-type: none"> Enrollment Broker Counties- Overall Activity Report Auto-assignment figures have also been provided. Auto Assignment Rates Auto Assignment Rates for the SSI Population Graph <p>Total Medicaid Managed Care Enrollment</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr style="background-color: #e6f2ff;"> <th>Months</th> <th>Total Managed Care</th> </tr> </thead> <tbody> <tr><td>Feb-2024</td><td>5,407,927</td></tr> <tr><td>Mar-2024</td><td>5,369,191</td></tr> <tr><td>Apr-2024</td><td>5,267,858</td></tr> <tr><td>May-2024</td><td>5,185,144</td></tr> <tr><td>Jun-2024</td><td>5,107,196</td></tr> <tr><td>Jul-2024</td><td>5,089,254</td></tr> </tbody> </table>  <p>Mainstream Enrollment</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr style="background-color: #e6f2ff;"> <th>Months</th> <th>Mainstream</th> </tr> </thead> <tbody> <tr><td>Feb-2024</td><td>4,894,019</td></tr> <tr><td>Mar-2024</td><td>4,851,437</td></tr> <tr><td>Apr-2024</td><td>4,747,552</td></tr> <tr><td>May-2024</td><td>4,662,664</td></tr> <tr><td>Jun-2024</td><td>4,583,100</td></tr> <tr><td>Jul-2024</td><td>4,561,114</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e6f2ff;"> <th>Months</th> <th>IB Duals*</th> </tr> </thead> <tbody> <tr><td>Feb-2024</td><td>27,072</td></tr> <tr><td>Mar-2024</td><td>27,035</td></tr> <tr><td>Apr-2024</td><td>26,256</td></tr> <tr><td>May-2024</td><td>26,508</td></tr> <tr><td>Jun-2024</td><td>25,371</td></tr> <tr><td>Jul-2024</td><td>26,195</td></tr> </tbody> </table> <p>*IB Dual numbers are included in the Mainstream totals.</p> 	Months	Total Managed Care	Feb-2024	5,407,927	Mar-2024	5,369,191	Apr-2024	5,267,858	May-2024	5,185,144	Jun-2024	5,107,196	Jul-2024	5,089,254	Months	Mainstream	Feb-2024	4,894,019	Mar-2024	4,851,437	Apr-2024	4,747,552	May-2024	4,662,664	Jun-2024	4,583,100	Jul-2024	4,561,114	Months	IB Duals*	Feb-2024	27,072	Mar-2024	27,035	Apr-2024	26,256	May-2024	26,508	Jun-2024	25,371	Jul-2024	26,195	
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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 (0) 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"> • 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. • Anthem HP: Submitted a service area expansion for IB-Dual eligible members into the counties of Dutchess, Putnam, Ulster. • Anthem HP: Submitted a service area expansion for Medicaid, CHP, HARP, EP into the counties of Albany, Rensselaer, Saratoga, Schenectady, and Sullivan. • IHA: Submitted a service area expansion application for Medicaid and HARP into Niagara County. • United Healthcare: Submitted a service area expansion for IB-Dual eligible members into the counties of Franklin, Fulton, and St. Lawrence. • United Healthcare: Submitted a service area expansion for Medicaid, CHP, HARP, EP, IB-Dual into the counties of Hamilton, Saratoga, Schuyler, and Steuben. <p>New Applications:</p> <ul style="list-style-type: none"> • There are no new applications. <p>New Benefits/Population & Benefit Changes</p> <p>Delay in Adding Doula Services to the Medicaid Managed Care Benefit Package:</p> <ul style="list-style-type: none"> • The implementation date for adding doula services to the MMC benefit package has been delayed until January 1, 2025, to allow time for the Department to increase the number of Medicaid enrolled doulas, and to ensure provider network adequacy upon adding doula services to the MMC benefit package. Doula services will continue to be covered by Medicaid Fee-for-Service until January 1, 2025, for MMC plan members. 	<p>Action Item: Elisabeth asked if the MMCARP could have a report on the doula benefit at the next meeting.</p> <p>DOH Response: The Department will provide an update at the December meeting.</p>

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update	<p>COVID-19 Update</p> <p>Public Health Emergency (PHE) Unwind Dashboard The New York State Department of Health released the tenth issue of New York's <u>Public Health Emergency Unwind Dashboard</u>, 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 <u>Unwind Dashboard</u> provides a point-in-time snapshot for individuals who had April 30, 2024, coverage end dates, following the tenth wave of eligibility redeterminations for these safety net programs.</p> <p>➤ Additionally, the past issues of the <u>Unwind Dashboard</u> can be found on the same <u>web page</u>.</p>	
Auto-Assignment Report	<p>Gayle Emrich, Medical Assistance Specialist, Division of Health Plan Contracting & Oversight (NYSDOH) and panel members discussed the August 2024 Medicaid Managed Care Auto Assignment Report.</p>	<p>Action Item: Elisabeth Benjamin asked Gayle to provide an update on Broome and Sullivan counties at the next meeting.</p> <p>DOH Response: Gayle will provide an update at the December meeting.</p>

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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>Feb-2024</td><td>1,683</td></tr> <tr><td>Mar-2024</td><td>1,699</td></tr> <tr><td>Apr-2024</td><td>1,694</td></tr> <tr><td>May-2024</td><td>1,689</td></tr> <tr><td>Jun-2024</td><td>1,688</td></tr> <tr><td>Jul-2024</td><td>1,703</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>Feb-2024</td><td>44,640</td></tr> <tr><td>Mar-2024</td><td>45,622</td></tr> <tr><td>Apr-2024</td><td>46,681</td></tr> <tr><td>May-2024</td><td>47,695</td></tr> <tr><td>Jun-2024</td><td>48,767</td></tr> <tr><td>Jul-2024</td><td>49,671</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	Feb-2024	1,683	Mar-2024	1,699	Apr-2024	1,694	May-2024	1,689	Jun-2024	1,688	Jul-2024	1,703	Months	MAP	Feb-2024	44,640	Mar-2024	45,622	Apr-2024	46,681	May-2024	47,695	Jun-2024	48,767	Jul-2024	49,671	
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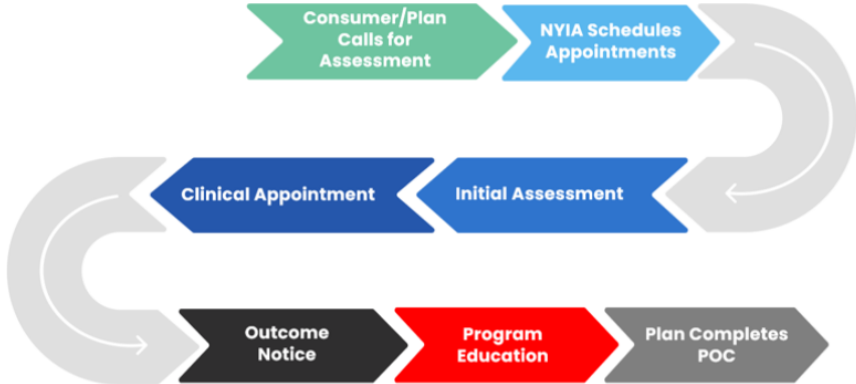
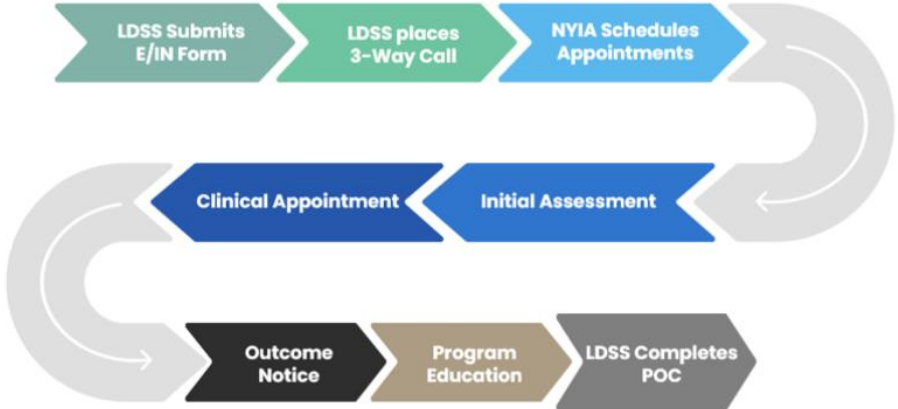
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<p>Managed Long Term Care (MLTC) Program Update</p>	<p>Active MLTC Expansion Review and New Applications Active MAP Plans' Service Area Expansions and New MAP Applications</p> <p><u>Existing MAP Plans Service Area Expansions</u></p> <ul style="list-style-type: none"> • <u>Village Senior Services</u> - MAP expansion for Putnam County and Article 44 application • <u>Elderplan</u> – MAP expansion for 2 additional counties: Sullivan and Ulster • <u>Fidelis</u> – MAP expansion for 7 additional counties: Genesee, Livingston, Madison, Jefferson, Monroe, Ontario and Wayne • <u>VNS</u>- MAP expansion for Erie and Monroe <p><u>New MAP Applications</u> (Including Behavioral Carve in readiness reviews in process)</p> <ul style="list-style-type: none"> • <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 1-14 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>Partial Capitation MLTC Plans</u></p> <ul style="list-style-type: none"> • In progress: Transaction with VNS and Kalos <p><u>Active PACE Applications Under DOH and CMS Review for 2024</u></p> <ul style="list-style-type: none"> • <u>Hudson Headwaters</u>- new PACE application for partial zip codes in 3 counties: Saratoga, Washington and Warren. • <u>Lucida</u> – new PACE application in 1 county: Queens. • <u>RiverSpring/Riseboro</u> – new PACE Article 44 application in 2 counties: Kings & Queens. • <u>Community PACE/Urban Health Plan</u> – new PACE application for 2 counties: Bronx and Queens. • <u>WellbeHealth</u> – new PACE application for 5 counties: Bronx, Kings, New York, Queens and Richmond). • <u>Westchester PACE/Andrus on Hudson</u>– new PACE application for 1 county: Westchester • <u>Lutheran LMSI /Community Wellness Partners</u> – new PACE application to serve 64 ZIP codes in portions of 7 counties: Oneida, Madison, Herkimer, Lewis, Otsego, Chenango, and Oswego. <p>MLTC Involuntary Disenrollment</p>	

Medicaid Managed Care Advisory Review Panel (MMCARP)

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<p>Managed Long Term Care (MLTC) Program Update</p>	<p><u>Involuntary Disenrollment Policy MLTC 24.02</u></p> <ul style="list-style-type: none"> • On September 3, 2024, the Department released MLTC Policy 24.02, <i>Update to Resumption of MLTC Involuntary Disenrollments</i> which is posted here: <u>MLTC Policy 24.02 (ny.gov)</u>. • MLTC Policy 24.02 now adds, within Section B. Mandatory Involuntary Disenrollment Reasons, the additional reason: xi. <i>Enrollee refused to cooperate or was unable to be reached to complete the required assessment.</i> This reason is applicable to all MLTC Plan types. • Completed evidence packets may be submitted to New York Medicaid Choice (NYMC) for this new reason at the earliest, beginning October 3, 2024, for November 1, 2024 effective disenrollment dates and thereafter. The updated Intent to Disenroll template was also released. The updated Involuntary Disenrollment template Form including this new reason must be requested from NYMC. <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. 	

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<p>Managed Long Term Care (MLTC) Program Update</p>	<h2 style="color: #4F81BD;">Initial Assessment Process Flow</h2>  <p>The diagram illustrates the Initial Assessment Process Flow. It begins with a green arrow labeled 'Consumer/Plan Calls for Assessment', followed by a blue arrow 'NYIA Schedules Appointments'. A large grey arrow curves from the end of this sequence down to a blue arrow 'Initial Assessment', which is connected to a blue arrow 'Clinical Appointment' on its left. From 'Initial Assessment', a large grey arrow curves down to a black arrow 'Outcome Notice', followed by a red arrow 'Program Education', and finally a grey arrow 'Plan Completes POC'. A large grey arrow on the left side of the 'Outcome Notice' and 'Program Education' steps curves back up to the 'Initial Assessment' step, indicating a feedback loop.</p> <h2 style="color: #4F81BD;">Immediate Needs Process Flow</h2>  <p>The diagram illustrates the Immediate Needs Process Flow. It starts with a green arrow 'LDSS Submits E/IN Form', followed by another green arrow 'LDSS places 3-Way Call', and then a blue arrow 'NYIA Schedules Appointments'. A large grey arrow curves from the end of this sequence down to a blue arrow 'Initial Assessment', which is connected to a blue arrow 'Clinical Appointment' on its left. From 'Initial Assessment', a large grey arrow curves down to a black arrow 'Outcome Notice', followed by a tan arrow 'Program Education', and finally a grey arrow 'LDSS Completes POC'. A large grey arrow on the left side of the 'Outcome Notice' and 'Program Education' steps curves back up to the 'Initial Assessment' step, indicating a feedback loop.</p>	

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Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
Public Comment	<p>Public Comment 1: Ralph Warren, IDD advocate, suggested that a report on adult special populations be presented to the MMCARP. Ralph requested that the panel pass a motion to have Department staff from the adults special populations division make a formal presentation regarding the level of utilization and need for those with IDD diagnosis already in MMC and to have staff comment on the recommendations in the Guidehouse report.</p> <p>Public Comment 2: Denise Soffel asked if it's possible to look at CDPAS separately in terms of enrollment.</p>	<p>Motion: Kathryn Haslanger requested a description of current participation and utilization for those with IDD and developmental disabilities and asked to receive the relevant state agency response to the Guidehouse report on managed care and IDD recommendations.</p> <p>DOH Response: The Department will work with OPWDD to provide a response.</p> <p>Action Item: Kathryn Haslanger asked if it's possible to look at MLTC enrollment by personal care versus CDPAS?</p> <p>DOH Response: The Department will review the data available and determine what can be provided in a future meeting.</p>
	Motion Passed: Meeting adjourned	

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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
HRSN	Health-Related Social Needs

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
NYHER	New York Health Equity Reform
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

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SCN	Social Care Network
SDHN	Social Determinants of Health Network
SSI	Supplemental Security Income
TBI	Traumatic Brain Injury

TCM	Targeted Case Management
VBP	Value Based Payment
WIO	Workforce Investment Organizations