

Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 5/22/2025)

February 20, 2025
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 (joined at 11:12); Jay Silverman; Amber Decker; Frederick Riccardi; Jane Velazquez.

NYS DOH Staff: Susan Montgomery; Gayle Emrich; Krysten Bissaillon; Paloma Luisi; Raina Josberger

Presenters/Guests: Susan Montgomery, New York State Department of Health (DOH); Gayle Emrich (DOH); Paloma Luisi (DOH); Raina Josberger (DOH)

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Discussion and review of minutes	<p>Frederick Cohen, Chair, welcomed the panel members and completed roll call. Quorum was achieved at 11:12am when Joel Landau joined the meeting.</p> <p>The panel discussed the Quarterly Report, which will be reviewed at the next meeting.</p>	<p>Motion: Panel approved the December 19, 2024, minutes.</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</p> <p>Enrollment Update 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 <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: 10px;"> <thead> <tr> <th>Months</th> <th>Total Managed Care</th> </tr> </thead> <tbody> <tr> <td>Jul-2024</td> <td>5,089,254</td> </tr> <tr> <td>Aug-2024</td> <td>5,070,514</td> </tr> <tr> <td>Sep-2024</td> <td>5,056,762</td> </tr> <tr> <td>Oct-2024</td> <td>5,068,506</td> </tr> <tr> <td>Nov-2024</td> <td>5,045,241</td> </tr> <tr> <td>Dec-2024</td> <td>5,009,427</td> </tr> </tbody> </table>	Months	Total Managed Care	Jul-2024	5,089,254	Aug-2024	5,070,514	Sep-2024	5,056,762	Oct-2024	5,068,506	Nov-2024	5,045,241	Dec-2024	5,009,427	
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<p>Mainstream Medicaid Managed Care Program Update</p>	<ul style="list-style-type: none"> ➤ 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, and 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/Populations & Benefit Changes</p> <p>Dental Benefit Expansion for Silver Diamine Fluoride</p> <ul style="list-style-type: none"> ➤ Effective January 1, 2025, application of silver diamine fluoride is a covered service for all New York State Medicaid enrollees. ➤ Silver diamine fluoride application was previously available to Medicaid members ages zero to 20 and individuals 21 years of age and older with specific Restriction Exception codes for conservative treatment of an active, non-symptomatic carious lesion in the dental setting. ➤ More information can be found at the following link: New York State Medicaid Update - November 2024 Volume 40 - Number 12 <p>Coverage of Hypoglossal Nerve Stimulators</p> <ul style="list-style-type: none"> ➤ Effective March 1, 2025, Medicaid Managed Care plans (MMCPs) will cover Hypoglossal Nerve Stimulation (HGNS), including insertion and maintenance. ➤ HGNS is a treatment for Obstructive Sleep Apnea (OSA) for individuals who have difficulty tolerating or have failed positive airway pressure (PAP) therapy as a treatment modality. ➤ HGNS is to be performed only for the following conditions: <ul style="list-style-type: none"> - Individuals 13 years of age through 17 years of age with Down Syndrome and a diagnosis of moderate to severe OSA with inability to tolerate PAP therapy or has failed PAP. - Individuals 18 years of age and over with a diagnosis of moderate to severe OSA and inability to tolerate PAP therapy or has failed PAP therapy. ➤ More information can be found at the following link: New York State Medicaid Update - November 2024 Volume 40 - Number 12 	

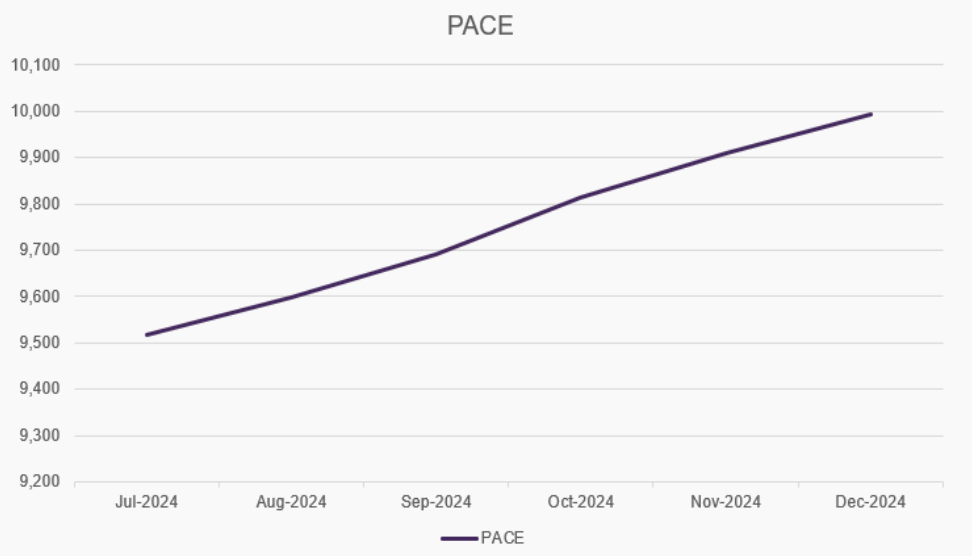
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Auto-Assignment Report	<p>Gayle Emrich, Medical Assistance Specialist, Division of Health Plan Contracting & Oversight (NYSDOH) and panel members discussed the January 2025 Medicaid Managed Care Auto Assignment Report:</p> <ul style="list-style-type: none"> In January 2025 there were 12 Counties over the benchmark rate of 30% for the SSI population. All counties had a chooser sample of less than 50 new SSI enrollees except for Schenectady County. Schenectady County had 82 new SSI enrollees during October 2024 thru December 2024, of which 27 new enrollees were auto assigned. So far, no apparent trend for Schenectady County. 															
Managed Long Term Care (MLTC) Program Update	<p>Susan Montgomery, Director, Division of Health Plan Contracting and Oversight (NYSDOH), reported the following:</p> <p>Managed Long Term Care Member Enrollment Statistics</p> <p>FIDA-IDD Enrollment</p> <table border="1" style="display: inline-table; margin-right: 20px;"> <thead> <tr> <th style="text-align: center;">Months</th> <th style="text-align: center;">FIDA-IDD</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Jul-2024</td> <td style="text-align: center;">1,703</td> </tr> <tr> <td style="text-align: center;">Aug-2024</td> <td style="text-align: center;">1,702</td> </tr> <tr> <td style="text-align: center;">Sep-2024</td> <td style="text-align: center;">1,703</td> </tr> <tr> <td style="text-align: center;">Oct-2024</td> <td style="text-align: center;">1,687</td> </tr> <tr> <td style="text-align: center;">Nov-2024</td> <td style="text-align: center;">1,707</td> </tr> <tr> <td style="text-align: center;">Dec-2024</td> <td style="text-align: center;">1,683</td> </tr> </tbody> </table>	Months	FIDA-IDD	Jul-2024	1,703	Aug-2024	1,702	Sep-2024	1,703	Oct-2024	1,687	Nov-2024	1,707	Dec-2024	1,683	
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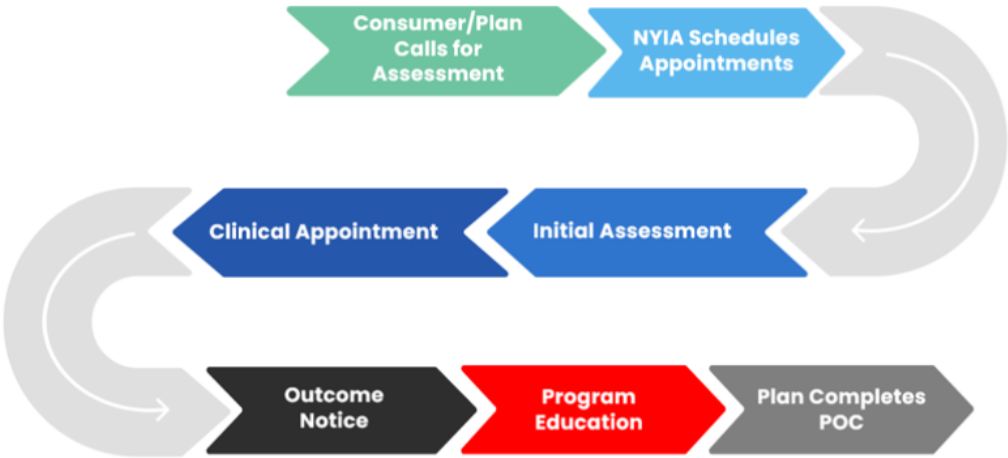
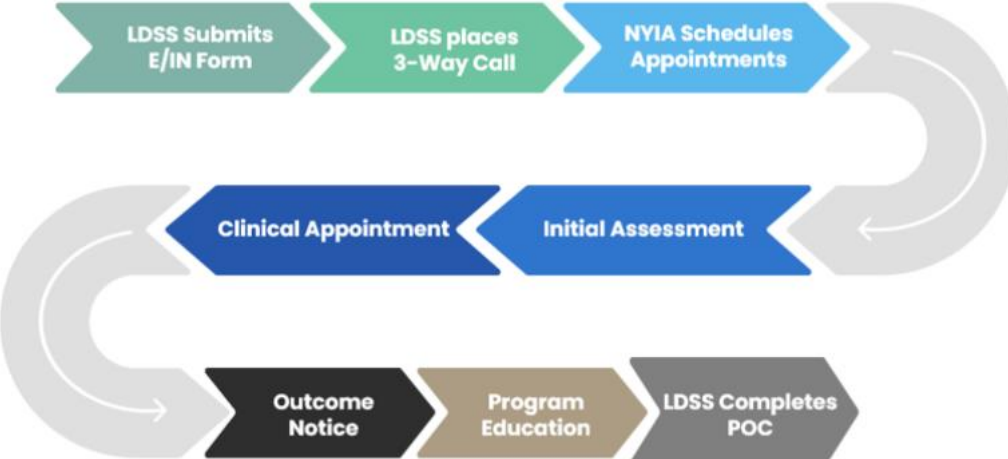
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<p>Managed Long Term Care (MLTC) Program Update</p>	<ul style="list-style-type: none"> • <u>VNA/Nascentia</u> -MAP & Article 44 applications for 15 counties: Broome, Madison, Oneida, Onondaga, Albany, Columbia, Delaware, Greene, Otsego, Rensselaer, 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, Steuben, 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>Active PACE Applications Under DOH and CMS Review for 2024- 2025</p> <ul style="list-style-type: none"> • <u>Hudson Headwaters</u>- new PACE plan approved for new enrollment 2/1/2025 in 3 counties: Saratoga, Washington and Warren. • <u>Lucida/Cassena PACE</u> – new for-profit 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>WeiBeHealth</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. • <u>SunRiver</u> –new PACE application for 2 counties: Nassau and Suffolk <p>New York Independent Assessor Program (NYIAP)</p> <p>NYIAP Background</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. As of September 2024, there are no updates to this implementation timeline. • Assessments for children have not transitioned to NYIAP. 	

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Managed Long Term Care (MLTC) Program Update</p>	<p style="font-size: 1.2em; color: #0056b3; margin-bottom: 20px;">Initial Assessment Process Flow</p>  <p style="font-size: 1.2em; color: #0056b3; margin-bottom: 20px;">Immediate Needs Process Flow</p> 	

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items				
Managed Long Term Care (MLTC) Program Update	Initial Assessments Requested and Conducted: May 2024-October 2024					
	Month	Initial Assessment Requests	Community Health Assessment Completed			
	July 2024	11,628	13,141			
	August 2024	10,758	13,054			
	September 2024	9,778	12,122			
	October 2024	10,448	13,291			
	November 2024	8,025	10,773			
	December 2024	7,588	9,998			
	Total	58,225	72,379			
	NYIAP Requests by Sector: May 2024-October 2024					
	Unique Count of Consumers Requesting To Begin NYIAP Process					
	Request Date	FFS	MAINSTREAM	HARP	SNP	TOTAL
	July 2024	7,208	3,539	795	86	11,628
	August 2024	6,803	3,201	689	65	10,758
	Sept 2024	6,237	2,859	620	62	9,778
Oct 2024	6,777	2,914	691	66	10,448	
Nov 2024	5,271	2,214	486	54	8,025	
Dec 2024	4,939	2,116	478	55	7,588	
Total	37,235	16,843	3,759	302	58,225	

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Managed Long Term Care (MLTC) Program Update	<p>NYIAP Call Volume: May 2024-October 2024</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr style="background-color: #d3d3d3;"> <th colspan="5" style="text-align: center;">NYIAP Call Handling</th> </tr> <tr style="background-color: #d3d3d3;"> <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> </thead> <tbody> <tr> <td>July 2024</td> <td style="text-align: right;">61,074</td> <td style="text-align: right;">2%</td> <td style="text-align: right;">48</td> <td style="text-align: right;">11:36</td> </tr> <tr> <td>August 2024</td> <td style="text-align: right;">56,224</td> <td style="text-align: right;">3.5%</td> <td style="text-align: right;">82</td> <td style="text-align: right;">11:57</td> </tr> <tr> <td>September 2024</td> <td style="text-align: right;">52,545</td> <td style="text-align: right;">4.6%</td> <td style="text-align: right;">111</td> <td style="text-align: right;">11:55</td> </tr> <tr> <td>October 2024</td> <td style="text-align: right;">54,946</td> <td style="text-align: right;">4.3%</td> <td style="text-align: right;">105</td> <td style="text-align: right;">11:43</td> </tr> <tr> <td>November 2024</td> <td style="text-align: right;">47,092</td> <td style="text-align: right;">3.4%</td> <td style="text-align: right;">77</td> <td style="text-align: right;">10:59</td> </tr> <tr> <td>December 2024</td> <td style="text-align: right;">41,809</td> <td style="text-align: right;">1.5%</td> <td style="text-align: right;">35</td> <td style="text-align: right;">11:34</td> </tr> </tbody> </table> <p>NYIAP Offers Two Appointment Modalities</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th rowspan="2"></th> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">Dec 2024</th> <th colspan="2" style="text-align: center;">Cumulative</th> </tr> <tr style="background-color: #d3d3d3;"> <th style="text-align: center;">Total</th> <th style="text-align: center;">%</th> <th style="text-align: center;">Total</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">CHA</td> <td>Telehealth</td> <td style="text-align: right;">5,551</td> <td style="text-align: right;">56</td> <td style="text-align: right;">211,076</td> <td style="text-align: right;">66</td> </tr> <tr> <td>Face-to-face</td> <td style="text-align: right;">4,447</td> <td style="text-align: right;">44</td> <td style="text-align: right;">107,409</td> <td style="text-align: right;">34</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Clinical Appointment</td> <td>Telehealth</td> <td style="text-align: right;">5,475</td> <td style="text-align: right;">56</td> <td style="text-align: right;">212,622</td> <td style="text-align: right;">68</td> </tr> <tr> <td>Face-to-face</td> <td style="text-align: right;">4,361</td> <td style="text-align: right;">44</td> <td style="text-align: right;">97,968</td> <td style="text-align: right;">32</td> </tr> </tbody> </table>	NYIAP Call Handling					Month	Inbound Calls	Abandonment Rate	Average Answer Delay (sec)	Average Length of call (Mins)	July 2024	61,074	2%	48	11:36	August 2024	56,224	3.5%	82	11:57	September 2024	52,545	4.6%	111	11:55	October 2024	54,946	4.3%	105	11:43	November 2024	47,092	3.4%	77	10:59	December 2024	41,809	1.5%	35	11:34			Dec 2024		Cumulative		Total	%	Total	%	CHA	Telehealth	5,551	56	211,076	66	Face-to-face	4,447	44	107,409	34	Clinical Appointment	Telehealth	5,475	56	212,622	68	Face-to-face	4,361	44	97,968	32	
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<p>Managed Long Term Care (MLTC) Program Update</p>	<p>NYIAP Variance Data: May 2024 to October 2024</p> <ul style="list-style-type: none"> Variations can be requested when the plan or LDSS has different information than the CHA. NYIAP reviews the request and conducts another CHA if deemed appropriate based on documentation provided. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: center;">Month</th> <th style="text-align: center;">Total Plan Variance Requests</th> <th style="text-align: center;">Reviews Resulting in New CHA</th> <th style="text-align: center;">Total LDSS Variance Requests</th> <th style="text-align: center;">Reviews Resulting in New CHA</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Jul-24</td> <td style="text-align: center;">26</td> <td style="text-align: center;">19</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">Aug-24</td> <td style="text-align: center;">24</td> <td style="text-align: center;">16</td> <td style="text-align: center;">5</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">Sep-24</td> <td style="text-align: center;">22</td> <td style="text-align: center;">12</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">Oct-24</td> <td style="text-align: center;">22</td> <td style="text-align: center;">10</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Nov-24</td> <td style="text-align: center;">17</td> <td style="text-align: center;">13</td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">Dec-24</td> <td style="text-align: center;">17</td> <td style="text-align: center;">16</td> <td style="text-align: center;">7</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Month	Total Plan Variance Requests	Reviews Resulting in New CHA	Total LDSS Variance Requests	Reviews Resulting in New CHA	Jul-24	26	19	3	2	Aug-24	24	16	5	2	Sep-24	22	12	2	1	Oct-24	22	10	4	0	Nov-24	17	13	3	1	Dec-24	17	16	7	3	
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<p>Managed Long Term Care (MLTC) Program Update</p>	<p>NYIAP Independent Review Panel (IRP) Reviews</p> <ul style="list-style-type: none"> 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 if the plan of care is appropriate to maintain the individual safely at home. <p>*IRP requests not included in either the POC Appropriate or the POC Not Appropriate columns were deemed invalid or disregarded for reasons such as a duplicate submission or incomplete information remaining after NYIAP outreach.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #4b4b8b; color: white;"> <th>Month</th> <th>Plan Requests</th> <th>LDSS Requests</th> <th>POC Appropriate</th> <th>POC Not Appropriate</th> </tr> </thead> <tbody> <tr style="background-color: #e0e0e0;"> <td>Jul-24</td> <td>8</td> <td>78</td> <td>73</td> <td>4</td> </tr> <tr> <td>Aug-24</td> <td>9</td> <td>76</td> <td>68</td> <td>10</td> </tr> <tr style="background-color: #e0e0e0;"> <td>Sep-24</td> <td>6</td> <td>69</td> <td>58</td> <td>4</td> </tr> <tr> <td>Oct-24</td> <td>4</td> <td>91</td> <td>71</td> <td>9</td> </tr> <tr style="background-color: #e0e0e0;"> <td>Nov-24</td> <td>4</td> <td>77</td> <td>66</td> <td>7</td> </tr> <tr> <td>Dec-24</td> <td>6</td> <td>84</td> <td>64</td> <td>15</td> </tr> </tbody> </table> <p>NYIAP Outcomes</p> <ul style="list-style-type: none"> From May 2022 through December 2024, a total of 55,649 CHAs found the individuals did not meet the need for 120 days of service and/or NFLOC and were therefore not eligible for MLTC enrollment. This represents approximately 17% of the total number of CHAs completed by NYIAP. Of these, 34,707 were conducted via telehealth and 20,942 were conducted in person. 	Month	Plan Requests	LDSS Requests	POC Appropriate	POC Not Appropriate	Jul-24	8	78	73	4	Aug-24	9	76	68	10	Sep-24	6	69	58	4	Oct-24	4	91	71	9	Nov-24	4	77	66	7	Dec-24	6	84	64	15	<p>Action Item: The panel requested more clarity on the IRP, specifically what they do and any data on outcomes related to IRP reviews.</p> <p>DOH response: The Department will work to bring available data to the May MMCARP meeting.</p>
Month	Plan Requests	LDSS Requests	POC Appropriate	POC Not Appropriate																																	
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<p>Quality Assurance Reporting Requirements & Consumer Guides</p>	<p>Paloma Luisi, Director of the Bureau of Quality Measurement and Evaluation (NYSDOH) and Raina Josberger, Director, Center for Applied Research and Evaluation (NYSDOH), reported the following:</p> <p>Bureau of Quality Measurement and Evaluation</p> <ul style="list-style-type: none"> The Bureau of Quality Measurement and Evaluation (BQME) is responsible for collecting information about the quality of health care delivery in New York State to compare with other states using national measurement programs <div style="text-align: center;"> <pre> graph LR subgraph Health_Plans [Health plans] Medicaid[Medicaid • HIV/Special Needs Plans • Mainstream Medicaid • HARP • Child Health Plus] Essential_Plans[Essential Plans • Qualified Health Plans] Commercial[Commercial • PPO • HMO • CEPO/EPO] end Health_Plans --> QM[Quality Measure (e.g., Breast Cancer Screening)] QM --> Reporting[Reporting at the right attribution level] </pre> </div> <p>Quality Measurement Reporting <i>Producing plan-level quality measure results with both HEDIS, Other Steward, and NYS-Specific Measures. Reporting data in Healthy Data New York (e.g., Open Data) and Managed Care reports – Executive Summary, Health Plan Comparison, Consumer Guides, Access & Utilization, and Incentive as appropriate for the health plan types above.</i></p> <p>Data Oversight and Management <i>Overseeing reporting requirements for Quality Measures at a plan level (Quality Assurance Reporting Requirements (QARR) and Value Based Payment (VBP)) to ensure data is collected accurately from plans and that measures are introduced and retired to meet public health/research needs. Staying abreast of trends in Quality Measurement and application to NYS reporting requirements.</i></p> <p>Research and Evaluation</p> <ul style="list-style-type: none"> Quality measures – deep dives into quality measures to ensure New Yorkers are receiving high quality care (i.e., may investigate a measure outcome or issues with the measure itself) Value Based Payment – Evaluating the VBP pilots, identifying attribution logic for contractors and health plans, integrating Clinical Advisory Group feedback into the measure sets, publishing measures and reporting requirements; publishing NYS Certified ACO quality measure data Social Determinants of Health – Identifying path forward for gathering SDH data at a member level to create or introduce quality measures Funded projects: VBP and Serious Mental Illness, VBP and Substance Use, Pediatric Sickle Cell Disease Project <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> <p><i>NYS Partners: Office of Mental Health, OASAS, AIDS Institute, OHIP, NYS of Health</i> <i>External Interactions: NCQA, Health Plans, Auditors, QARR Vendors, VBP Entities, Cambridge Health Alliance, RAND, Montefiore, NYC H+HC</i></p> </div> </div>	

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Quality Assurance Reporting Requirements & Consumer Guides</p>	<p>Why Measure Quality? Measurement allows organizations to: 1) identify areas where quality is low, e.g., a recommended practice is not being followed or patient satisfaction is low 2) assess, over time, whether quality improvement initiatives are having the intended effect on those areas.</p> <p>Measurement is a quality improvement tool, not an end in and of itself</p> <p>How Do We Measure Quality? There are numerous ways to measure health care quality:</p> <ul style="list-style-type: none"> • Access to care • Evidence-based care • Patient experience and satisfaction • Provider experience and satisfaction • Cost effectiveness • Care outcomes • Improvements in population health • Ability to use health information technology (HIT) in care delivery <p>-To assess the various aspects of the health care system, health care quality is measured at both the plan (e.g., HEDIS), provider level (e.g., PQRS), and population/system level (e.g., Medicaid’s Clinical Datamart) -Numerous organizations have created reports to methodically measure health care quality across the various domains mentioned above</p> <p>What Are Clinical Quality Measures? Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services. They measure health outcomes, clinical processes, patient safety, patient satisfaction, and efficient use of health care resources.</p> <p>CQMs can be used: 1) To guide quality improvement initiatives: allowing health care organizations to establish baseline quality measurements, identify areas for improvement, and measure changes over time 2) To guide consumer decision-making, 3) As the basis for pay-for-performance programs</p> <p>NYS collects CQMs through Quality Assurance Reporting Requirements that require plans to submit standardized measures from stewards such as HEDIS, CMS, and NYS.</p>	<p>Motion: Panel requested that the Office of Health Services and Quality Analytics return to MMCARP to provide more information on quality improvement programs and quality measures.</p> <p>DOH Response: The Department sent an email on March 24th requesting specific feedback on the information the panel would wish to see presented. The Department is reviewing the requests and will provide additional presentations at upcoming MMCARP meetings.</p>

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<p>Quality Assurance Reporting Requirements & Consumer Guides</p>	<p>What Is QARR?</p> <p>QARR = Quality Assurance Reporting Requirements</p> <ul style="list-style-type: none"> • Measurement set reflecting quality of health care delivery <ul style="list-style-type: none"> ▪ Healthcare Effectiveness Data & Information Set (HEDIS®) measures which are developed by the National Committee for Quality Assurance (NCQA) <u>AND</u> ▪ New York State-Specific Measures ▪ CAHPS® – Consumer Assessment of Healthcare Providers and Systems- Satisfaction • Guiding principle – alignment with nationally used quality measures across reporting units <p>QARR Report Series</p> <p>Quality Performance: Statewide Executive Summary of Managed Care in New York State Health Plan Comparison in New York State Regional Consumer Guides Health Plan Service Use in New York State Health Care Disparities in New York State</p> <p>Reports: Quality Incentive for Medicaid Managed Care Plans in New York State Medicaid Managed Care Satisfaction Survey</p> <p>➤ https://www.health.ny.gov/health_care/managed_care/reports/</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 20px;"> <p>Managed Care Reports</p> <p>Reports on health plan performance are designed to help you understand how your health plan is performing for you and your family. The reports provide easy-to-read information on quality of care, access to health care, behavioral health and enrollment in sponsored managed care. Enrollment reports show the</p> <p style="text-align: center;">Expand All Collapse All</p> <ul style="list-style-type: none"> <li style="background-color: #e6f2e6; padding: 5px; margin-bottom: 5px;">➤ Health Plan Focused Survey Results <li style="background-color: #e6f2e6; padding: 5px; margin-bottom: 5px;">➤ Quality Performance <li style="background-color: #e6f2e6; padding: 5px; margin-bottom: 5px;">➤ Care Management Reports <li style="background-color: #e6f2e6; padding: 5px; margin-bottom: 5px;">➤ Quality Connection Newsletters <li style="background-color: #e6f2e6; padding: 5px; margin-bottom: 5px;">➤ Enrollment Reports <li style="background-color: #e6f2e6; padding: 5px; margin-bottom: 5px;">➤ Medicaid Statistical Briefs </div>	

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<p>Quality Assurance Reporting Requirements & Consumer Guides</p>	<p>Uses for QARR Data</p> <p>Publications – eQARR, Regional Consumer Guides, Consumer Survey, Executive Summary, Disparities Report, Quality Incentive Report, Quality Ratings – Marketplace, NYS Five Star Health Care Quality Dashboard Federal Reporting – CMS Core Set Financial Rewards – Quality Incentive for Medicaid plans based on performance in quality and satisfaction Quality Improvement Activities – performance matrix and action plans, plan-specific reports, improvement projects and focus studies Research – Foster Care, pregnant women, NYS Prevention Agenda, Asthma, etc.</p> <p>Publications- eQARR</p> <p>eQARR - An Online Report on Quality Performance Results for Health Plans in New York State</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p>+ Show Instructions</p> <p>Year: 2021 Payer: Medicaid Managed Care Domain: Child and Adolescent Health Sub Domain: Caring for Children and Adolescents with Illnesses</p> <p style="text-align: center;">Produce Visualization</p> <p style="text-align: center;"> <input checked="" type="radio"/> Table <input type="radio"/> Bar Chart <input type="radio"/> Scatter Plot </p> </div> <p>Caring for Children and Adolescents with Illnesses - Statewide - Medicaid Managed Care</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #4a4a8a; color: white;"> <th style="width: 35%;">Plan Names ↓</th> <th style="width: 30%;">Appropriate Testing for Pharyngitis (Ages 3-17) ↑↓</th> <th style="width: 35%;">Asthma Medication Ratio (Ages 5-18) ↑↓</th> </tr> </thead> <tbody> <tr> <td>Affinity Health Plan</td> <td>85▼</td> <td>70</td> </tr> <tr> <td>CDPHP</td> <td>91▲</td> <td>72</td> </tr> <tr> <td>Empire BlueCross BlueShield HealthPlus</td> <td>86▼</td> <td>73▲</td> </tr> <tr> <td>Excellus BlueCross BlueShield</td> <td>92▲</td> <td>64▼</td> </tr> <tr> <td>Fidells Care New York, Inc.</td> <td>91▲</td> <td>70▲</td> </tr> <tr> <td>Healthfirst PHSP, Inc.</td> <td>81▼</td> <td>61▼</td> </tr> </tbody> </table> <p>➤ https://www.health.ny.gov/health_care/managed_care/reports/eqarr/</p>	Plan Names ↓	Appropriate Testing for Pharyngitis (Ages 3-17) ↑↓	Asthma Medication Ratio (Ages 5-18) ↑↓	Affinity Health Plan	85▼	70	CDPHP	91▲	72	Empire BlueCross BlueShield HealthPlus	86▼	73▲	Excellus BlueCross BlueShield	92▲	64▼	Fidells Care New York, Inc.	91▲	70▲	Healthfirst PHSP, Inc.	81▼	61▼	
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<p>Quality Assurance Reporting Requirements & Consumer Guides</p>	<p>Program- Quality Incentive</p> <div style="background-color: #0056b3; color: white; padding: 5px; margin-top: 10px;"> Section 3 Quality Incentive Award Results </div> <p>For 2020-2021, the thirteen NYS Medicaid Managed Care plans were grouped into three tiers based on their Quality Incentive scores. The table below shows the tier assigned to each plan. The 2020-2021 Quality Incentive awards become effective for capitation rates and for auto-assignment preference on April 1, 2022.</p> <div style="background-color: #0056b3; color: white; text-align: center; padding: 5px; margin-top: 10px;"> Medicaid Managed Care Quality Incentive Award 2020-2021 </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Incentive Premium Award</th> <th style="text-align: left;">Plan Name</th> <th style="text-align: center;">Initial Quality Score (up to 100%)</th> <th style="text-align: center;">Initial Satisfaction Score (up to 100%)</th> <th style="text-align: center;">80% of Quality Score</th> <th style="text-align: center;">20% of Satisfaction Score</th> <th style="text-align: center;">Compliance Points (up to 10 points for subtraction)</th> <th style="text-align: center;">Total Score (up to 100%)</th> </tr> </thead> <tbody> <tr><td>Tier 1</td><td>Independent Health</td><td style="text-align: center;">77.42</td><td style="text-align: center;">66.60</td><td style="text-align: center;">61.94</td><td style="text-align: center;">13.32</td><td style="text-align: center;">-1</td><td style="text-align: center;">74.26</td></tr> <tr><td>Tier 2</td><td>CDPHP</td><td style="text-align: center;">74.09</td><td style="text-align: center;">49.95</td><td style="text-align: center;">59.27</td><td style="text-align: center;">9.99</td><td style="text-align: center;">-1</td><td style="text-align: center;">68.26</td></tr> <tr><td>Tier 2</td><td>Highmark Western and Northeastern New York, Inc.</td><td style="text-align: center;">69.93</td><td style="text-align: center;">66.60</td><td style="text-align: center;">55.94</td><td style="text-align: center;">13.32</td><td style="text-align: center;">-1</td><td style="text-align: center;">68.26</td></tr> <tr><td>Tier 2</td><td>MetroPlus Health Plan</td><td style="text-align: center;">77.42</td><td style="text-align: center;">33.30</td><td style="text-align: center;">61.94</td><td style="text-align: center;">6.66</td><td style="text-align: center;">-1</td><td style="text-align: center;">67.60</td></tr> <tr><td>Tier 2</td><td>Excelsus BlueCross BlueShield</td><td style="text-align: center;">71.60</td><td style="text-align: center;">49.95</td><td style="text-align: center;">57.28</td><td style="text-align: center;">9.99</td><td style="text-align: center;">-1</td><td style="text-align: center;">66.27</td></tr> <tr><td>Tier 2</td><td>UnitedHealthcare Community Plan</td><td style="text-align: center;">66.60</td><td style="text-align: center;">66.60</td><td style="text-align: center;">53.28</td><td style="text-align: center;">13.32</td><td style="text-align: center;">-1</td><td style="text-align: center;">65.60</td></tr> <tr><td>Tier 2</td><td>Fidelis Care New York, Inc.</td><td style="text-align: center;">69.93</td><td style="text-align: center;">49.95</td><td style="text-align: center;">55.94</td><td style="text-align: center;">9.99</td><td style="text-align: center;">-1</td><td style="text-align: center;">64.93</td></tr> <tr><td>Tier 2</td><td>Affinity Health Plan</td><td style="text-align: center;">67.43</td><td style="text-align: center;">49.95</td><td style="text-align: center;">53.95</td><td style="text-align: center;">9.99</td><td style="text-align: center;">-1</td><td style="text-align: center;">62.94</td></tr> </tbody> </table> <p>QI Programs:</p> <ul style="list-style-type: none"> -Medicaid Managed Care -Special Needs Plans -HARP (Withhold) -Essential Plans <p style="margin-left: 20px;">➤ https://www.health.ny.gov/health_care/managed_care/reports/docs/quality_incentive/quality_incentive_2020-2021.pdf</p>	Incentive Premium Award	Plan Name	Initial Quality Score (up to 100%)	Initial Satisfaction Score (up to 100%)	80% of Quality Score	20% of Satisfaction Score	Compliance Points (up to 10 points for subtraction)	Total Score (up to 100%)	Tier 1	Independent Health	77.42	66.60	61.94	13.32	-1	74.26	Tier 2	CDPHP	74.09	49.95	59.27	9.99	-1	68.26	Tier 2	Highmark Western and Northeastern New York, Inc.	69.93	66.60	55.94	13.32	-1	68.26	Tier 2	MetroPlus Health Plan	77.42	33.30	61.94	6.66	-1	67.60	Tier 2	Excelsus BlueCross BlueShield	71.60	49.95	57.28	9.99	-1	66.27	Tier 2	UnitedHealthcare Community Plan	66.60	66.60	53.28	13.32	-1	65.60	Tier 2	Fidelis Care New York, Inc.	69.93	49.95	55.94	9.99	-1	64.93	Tier 2	Affinity Health Plan	67.43	49.95	53.95	9.99	-1	62.94	
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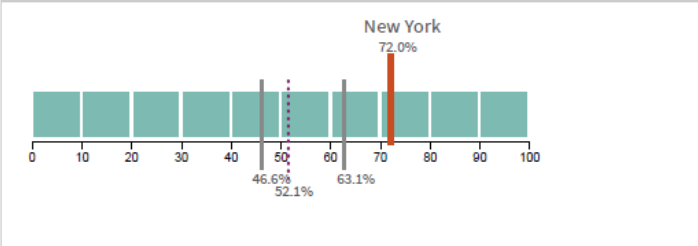
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Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items						
<p>Quality Assurance Reporting Requirements & Consumer Guides</p>	<p>Reporting-CMS Medicaid and CHIP Core Set CMS Core Set Reporting:</p> <ul style="list-style-type: none"> • New York voluntarily reports the majority of quality measures • New York State performance is ranked against other States • In 2024, the Child Core Set and certain Behavioral Health Core Set measures became mandatory for reporting • CMS will use reporting compliance and state performance in future programmatic evaluations <p>Behavioral Health Care</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FFY 2020)</p> <div style="text-align: right; font-size: small;">  </div> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Population Medicaid</p> <div style="text-align: center; font-size: large; font-weight: bold;"> 40 States Reporting 72.0% State Rate </div>  <table border="1" style="display: none;"> <caption>State Reporting Rates for Medicaid Population</caption> <thead> <tr> <th>State</th> <th>Reporting Rate (%)</th> </tr> </thead> <tbody> <tr><td>New York</td><td>72.0%</td></tr> <tr><td>Other States</td><td>46.6% - 63.1%</td></tr> </tbody> </table> </div> <p>NYS Health Connector: 5-Star Health Care Quality Dashboard</p> <p>➤ https://nyshc.health.ny.gov/web/nyapd/home</p>	State	Reporting Rate (%)	New York	72.0%	Other States	46.6% - 63.1%	
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Public Comment	<p>Public Comment 1: Frederick Cohen- inquired about recent federal government initiatives and if they have an effect on Medicaid managed care in New York State?</p> <p>Susan Montgomery responded that the Department continues to monitor what is going on federally, but DOH is not able to share anything specific at this time. Any proposed changes to the Medicaid program are a concern for everyone and we will continue to watch closely.</p> <p>Public Comment 2: Ralph Warren, self-advocate- referenced OPWDD comment in December minutes and expressed that his question was more specific to the IDD population in Mainstream Managed Care plans, specifically what services they are receiving and what needs there still are.</p>	<p>Action Item: Kathryn requested a presentation on individuals with IDD in Mainstream MMC plans and their utilization of services.</p> <p>DOH response: The Department will follow up with OPWDD on the information available and the possibility of a presentation at an upcoming meeting.</p>
	<p>Motion Passed: Meeting adjourned at 12:58pm.</p>	
Carryover Items from the December 2024 MMCARP Meeting	<p>Carryover Items from the December 2024 Meeting:</p> <p>Elisabeth Benjamin asked for an update on the outstanding follow up action items from the December MMCARP meeting:</p> <ul style="list-style-type: none"> • Panel requested a presentation on health plan denials by regions e.g., no prior authorizations, medical necessity, etc. <ul style="list-style-type: none"> ○ Currently, the Department’s reporting solely captures plan reported grievances and action appeal data on an aggregate basis. The Department will keep this request on our radar for a future meeting as CMS reporting requirements evolve to capture additional information. • Panel requested an update on how many people are screened for Social Care Networks, once the data is available. <ul style="list-style-type: none"> ○ The Department will provide data at the May MMCARP meeting. 	

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

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

Medicaid Managed Care Advisory Review Panel (MMCARP)

RPC	Regional Planning Consortium
SBHC	School-Based Health Center
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