Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 12/18/2025)

May 22, 2025
Videoconference
11:00 AM to 1:00 PM
Meeting Minutes

Panel Members: Frederick Cohen, *Chair*; Elisabeth Benjamin (joined at 11:15) *Vice Chair*; Kathryn Haslanger; Sheila Nelson; Joel Landau; Jay Silverman; Amber Decker; Frederick Riccardi; Jane Velazquez; Colleen Rose.

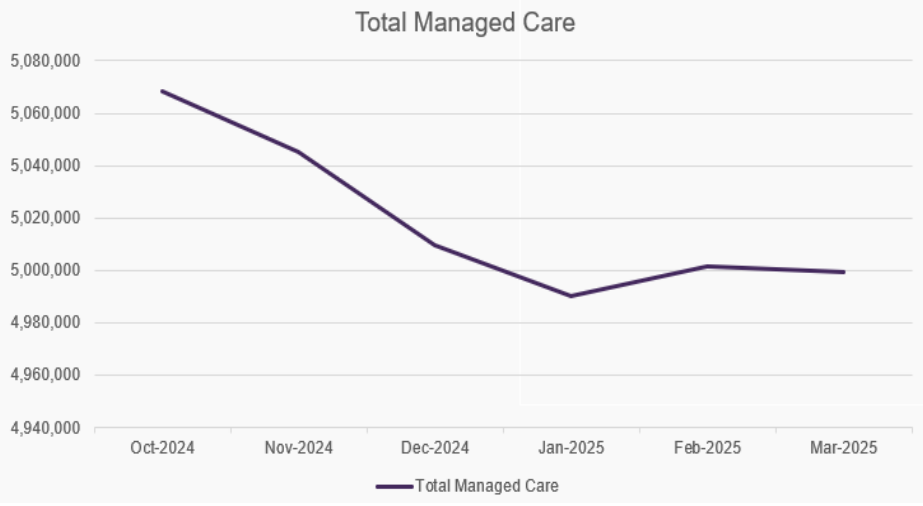
NYS DOH Staff: Patricia Sheppard; Claire Rudolph; Gayle Emrich; Krysten Bissaillon; Paloma Luisi; Maeve O'Donnell; Dianne Kiernan

Presenters/Guests: Claire Rudolph, New York State Department of Health (DOH); Dianne Kiernan (DOH); Gayle Emrich (DOH); Paloma Luisi (DOH); Maeve O'Donnell (OMH)

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
Discussion and review of minutes	Frederick Cohen, Chair**,** welcomed the panel members, completed roll call, and introduced new panel member Colleen Rose. Quorum was confirmed at 11:02. The panel discussed the 3rd and 4th Quarterly Reports.	**Motion:** Panel approved the February 20, 2025, minutes. **Motion:** Panel approved the 3rd and 4th Quarterly Reports.
Mainstream Medicaid Managed Care Program Update	**Claire Rudolph, Director, Bureau of Program Implementation and Enrollment, Division of Health Plan Contracting and Oversight (NYSDOH), reported the following:** **Member Enrollment Statistics** **Enrollment Update** Enrollment figures for all programs are included in the meeting information we sent to you. ➢ Enrollment Statistics ➢ Enrollment Broker Counties- Overall Activity Report Auto-assignment figures have also been provided. ➢ Auto Assignment Rates ➢ Auto Assignment Rates for the SSI Population Graph **Total Medicaid Managed Care Enrollment**	

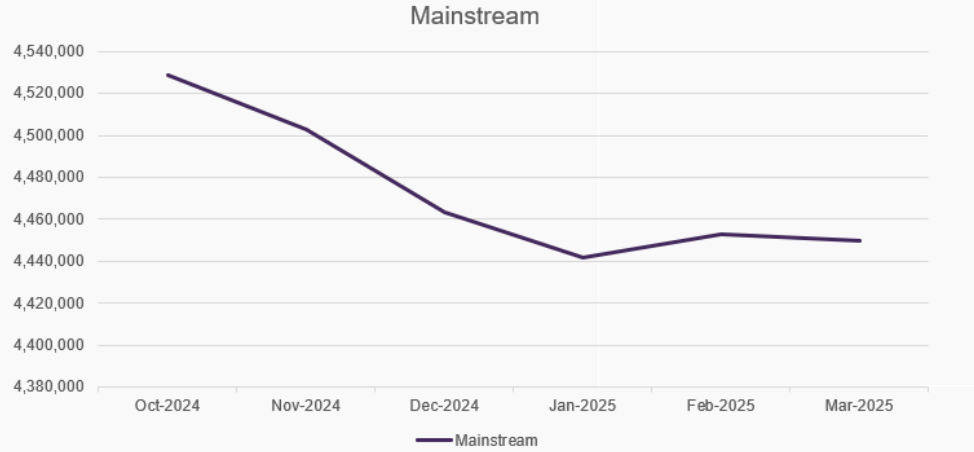
Months	Total Managed Care
Oct-2024	5,068,506
Nov-2024	5,045,241
Dec-2024	5,009,427
Jan-2025	4,990,433
Feb-2025	5,001,799
Mar-2025	4,999,474



Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update	**Mainstream Enrollment**	

Months	Mainstream
Oct-2024	4,528,542
Nov-2024	4,502,584
Dec-2024	4,463,204
Jan-2025	4,442,012
Feb-2025	4,452,829
Mar-2025	4,449,973

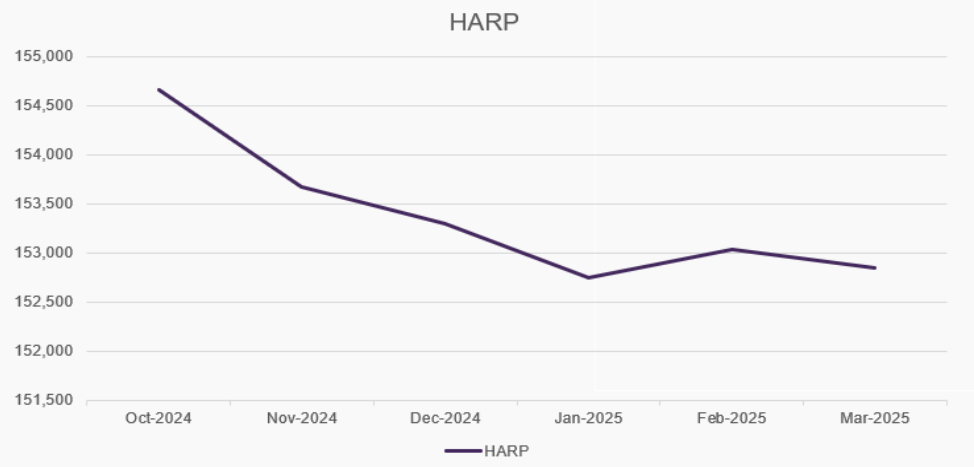


Months	IB Duals*
Oct-2024	26,788
Nov-2024	27,112
Dec-2024	28,104
Jan-2025	31,034
Feb-2025	32,368
Mar-2025	26,469

*IB Dual numbers are included in the Mainstream totals.

HARP Enrollment

Months	HARP
Oct-2024	154,661
Nov-2024	153,671
Dec-2024	153,297
Jan-2025	152,751
Feb-2025	153,039
Mar-2025	152,856

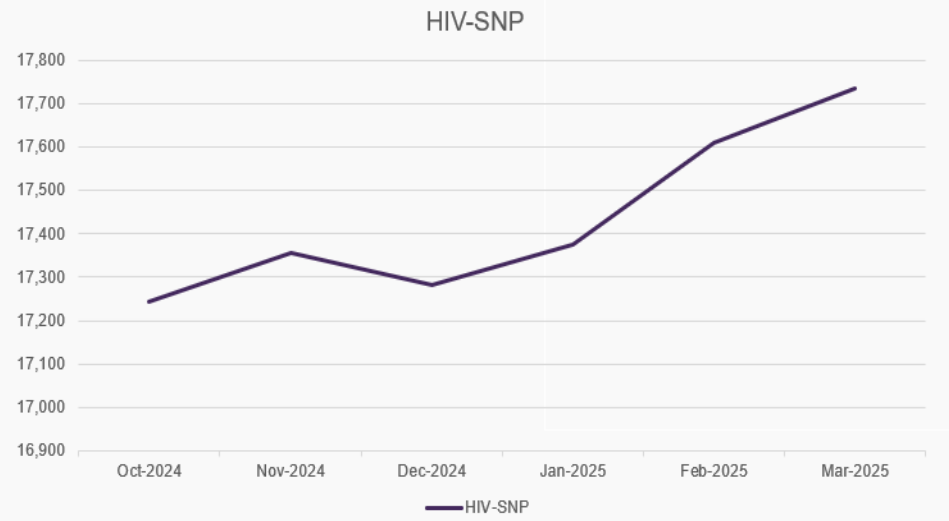


Months	IB Dual*
Oct-2024	1,906
Nov-2024	1,997
Dec-2024	2,113
Jan-2025	4,139
Feb-2025	4,384
Mar-2025	4,088

*IB Dual numbers are included in the HARP totals.

Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update	**HIV SNP Enrollment**	

Months	HIV-SNP
Oct-2024	17,243
Nov-2024	17,356
Dec-2024	17,282
Jan-2025	17,377
Feb-2025	17,610
Mar-2025	17,735



Active Expansion Review and New Applications

These following (7) Plan expansions and (0) MCO transactions have been received, or remain under review since the September update:

Active Expansion Review:

- 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, and Wayne. This application is currently under review.
- MVP- Submitted a service area expansion application for IB Dual lines of business into the counties of Genesee, Livingston, Ontario, Herkimer, Fulton, Montgomery, Warren, and Washington. This application is currently under review.
- Anthem HP: Submitted a service area expansion for IB-Dual eligible members into the counties of Dutchess, Putnam, and Ulster.
- Anthem HP: Submitted a service area expansion for Medicaid, CHP, HARP, and EP lines of business into the counties of Albany, Rensselaer, Saratoga, Schenectady, and Sullivan.

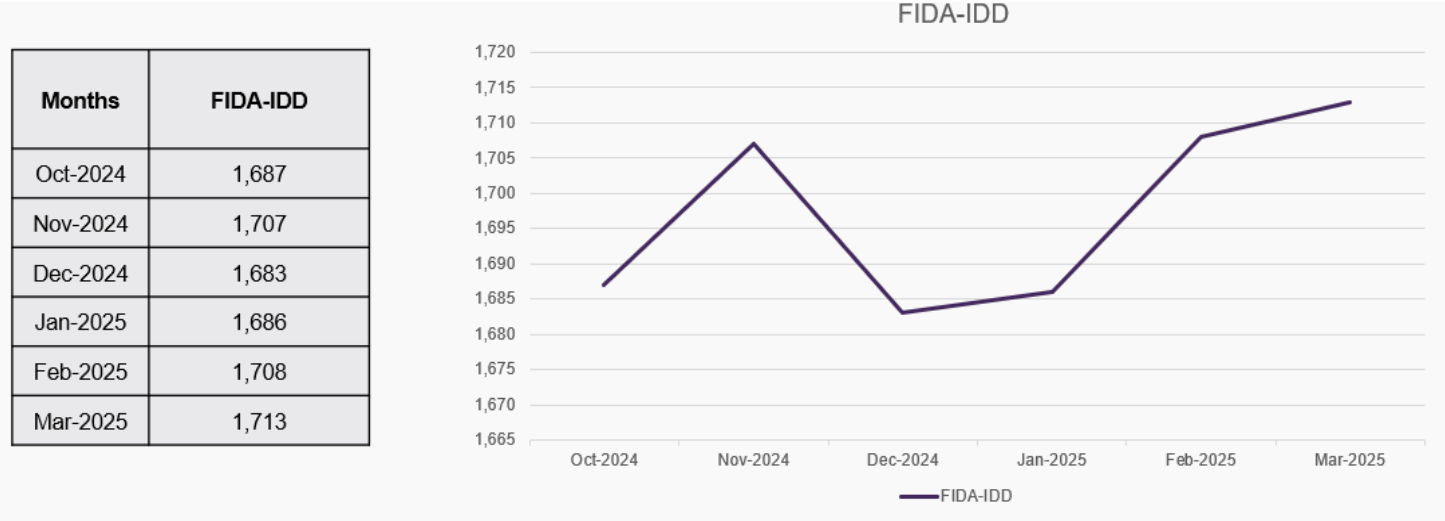
Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update	➢ IHA: Submitted a service area expansion application for Medicaid and HARP into Niagara County. ➢ United Healthcare: Submitted a service area expansion for Medicaid, CHP, HARP, EP, and IB-Dual into the counties of Hamilton, Saratoga, Schuyler, and Steuben. **New Applications:** ➢ There are no new applications. **New Benefits/Populations & Benefit Changes** **Homeless Healthcare Services** Effective February 1, 2025, Medicaid Managed Care Plans (MMCPs) must reimburse credentialed, in-network Homeless Healthcare providers for primary care services provided to an MMCP enrollee experiencing homelessness, regardless of whether the provider is the assigned primary care provider (PCP) of the enrollee. Reimbursement for eligible services is contingent on all the following conditions being met: • The Homeless Healthcare provider must be enrolled in the NYS Medicaid program and contracted and credentialed by the MMCP as a PCP or specialist provider and must have a physical office location or affiliation with a health care provider organization that has a physical office location. • The MMCP enrollee receiving services must be confirmed homeless, enrolled in the NYS Medicaid program, and assigned to the MMCP at the time of the encounter. • The claim for payment must have an appropriate Z code to indicate the homeless status of the MMCP enrollee and an appropriate place of service (POS) code to indicate where services were provided. ➢ More information can be found at the following link: New York State Medicaid Update - December 2024 Volume 40 - Number 13 **Chronis Disease Self-Management Program (CDSMP) for Arthritis** Effective June 1, 2025, Chronic Disease Self-Management Program (CDSMP) for Arthritis services will be included in the Medicaid Managed Care benefit package for Medicaid members who are 18 years or older with a diagnosis of arthritis. • CDSMP is an evidence-based, self-management interactive program for adults that focuses on disease management skills. Its purpose is to increase confidence, physical and psychological well-being, knowledge to manage chronic conditions, and the motivation to manage challenges associated with chronic diseases including arthritis.	**Action Item:** Fred Cohen inquired if there is a higher reimbursement rate for providers of homeless healthcare services. **DOH Response:** Per the *Homeless Healthcare Services Guidance*, providers are reimbursed at the contracted PCP rate.

Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update	• Providers interested in assisting NYS Medicaid members with skills associated with the management of arthritis, including decision making, problem-solving, and action planning to promote health, can become a NYS Medicaid CDSMP provider. ➢ More information can be found at the following link: New York State Medicaid Update - January 2025 Volume 41 - Number 1 **School-Based Health Centers** In accordance with the enactment of the State Fiscal Year (SFY) 2026 Budget, the inclusion of School-Based Health Center (SBHC) services in the Managed Care benefit package will occur no earlier than April 1, 2026.	
Behavioral Health//HARP Update	**Maeve O'Donnell, Division of Managed Care, Office of Mental Health (OMH), reported the following:** **Medicaid Managed Care Health and Recovery Plans (HARPs)** **Description** HARPs offer enhanced care management and access to Behavioral Health Home and Community Based Services (BH HCBS) and Community Oriented Recovery and Empowerment (CORE) Services for individuals with serious mental illness (SMI) or substance-use disorder (SUD) and meet NYS Behavioral Health High-Risk Criteria The 2023 Final Report on Managed Care Organization Services offers an independent evaluation of NYS managed care. **HARP Enrollment** Individuals meeting high-risk criteria are identified by Recipient Restriction Exception (RRE) Code H9 in eMedNY/ePACES. Refer to Explanation of Initial HARP Enrollment Process As of March 2025, HARP enrollment was approximately 153,000 individuals whereas Medicaid Mainstream Managed Care enrollment was approximately 4.5 million. **Medicaid and Medicare Enrollees (Duals)** HARP enrollees are able to maintain enrollment in Medicaid managed care after becoming eligible for Medicare by enrolling in the Medicare Advantage Dual Special Needs Plan (D-SNP) associated with their HARP.	

Agenda Items	Discussion	Action Items
Behavioral Health//HARP Update	**Integrated Benefit for Dually Eligible Enrollees Program (IB-Duals)** **IB-Dual Option** New York established the IB-Dual program to allow for Mainstream Managed Care and HARP enrollees to remain in Medicaid Managed Care after Medicare eligibility IB-Dual aligns the Mainstream or HARP and the Medicare Advantage Dual Special Needs Plan (D-SNP) under the same health insurance organization See a complete listing of HARPs approved for the IB-Duals program: DOH Integrated Care Plans for Dual Eligible New Yorkers website **HARP Dual Disenrollments** There are approximately 10,000 unaligned HARP duals anticipated to be disenrolled to Fee-For-Service Medicaid August 1st, 2025 HARP enrollees received a letter in early May 2025 from New York Medicaid Choice outlining their options for maintaining HARP enrollment through the IB-Dual option Health Homes, CORE Service/BH HCBS providers, and advocacy agencies, such as Community Health Access to Addiction and Mental Healthcare Project (CHAMP) have been made aware of disenrollments and the IB-Dual enrollment option **Behavioral Health (BH) Self-Directed Care (SDC) Funds** **Description** Launched in 2018, the **BH SDC Pilot** is funded by New York State Aid and has been extended to December 31, 2026 HARP enrolled individuals also eligible for BH HCBS have access to allocated funds to purchase self-directed goods and services Funds must be linked to improvement in recovery, health, BH, social functioning, and reduction of BH inpatient and crisis service utilization **Current Status** Two agencies manage funds for approximately 150 participants annually: ▪ Community Access ▪ Independent Living	**Action Item:** Amber Decker requested a copy of the letters that IB-Dual eligible HARP enrollees receive. **DOH Response:** 90-Day HARP IB-Dual notice added below: HARP 90day IB-Dual Notice_ final Clean.pd **Motion:** Amber Decker requested that OMH give a focused presentation on the BH SDC Pilot. **DOH Response:** OMH to present at September meeting.

<table>
<tr><th>Agenda Items</th><th>Discussion</th><th>Action Items</th></tr>
<tr><td>Behavioral Health//HARP Update</td><td>Pilot Unwind
The SDC Pilot is ending December 31, 2026
Data continues to be gathered to support the possibility of incorporating aspects of SDC into existing rehab service infrastructure in the future</td><td></td></tr>
<tr><td>Auto-Assignment Report</td><td>Gayle Emrich, Medical Assistance Specialist, Division of Health Plan Contracting & Oversight (NYSDOH) and panel members discussed the April 2025 Medicaid Managed Care Auto Assignment Report.</td><td></td></tr>
<tr><td>Managed Long Term Care (MLTC) Program Update</td><td>Dianne Kiernan, Director, Bureau of Managed Long Term Care, Division of Health Plan Contracting and Oversight (NYSDOH), reported the following:

Managed Long Term Care Member Enrollment Statistics

FIDA-IDD Enrollment
 

<table>
<tr><th>Months</th><th>FIDA-IDD</th></tr>
<tr><td>Oct-2024</td><td>1,687</td></tr>
<tr><td>Nov-2024</td><td>1,707</td></tr>
<tr><td>Dec-2024</td><td>1,683</td></tr>
<tr><td>Jan-2025</td><td>1,686</td></tr>
<tr><td>Feb-2025</td><td>1,708</td></tr>
<tr><td>Mar-2025</td><td>1,713</td></tr>
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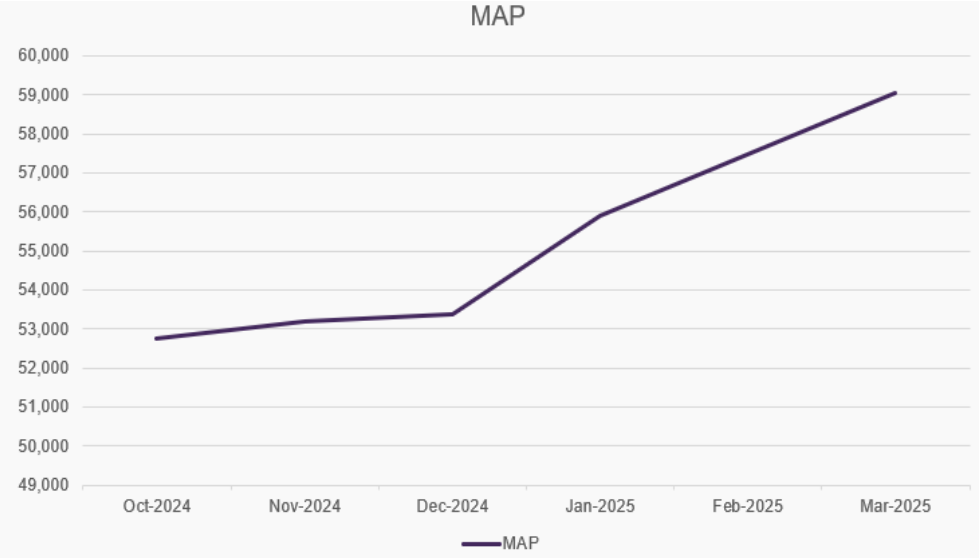
Medicaid Managed Care Advisory Review Panel (MMCARP)

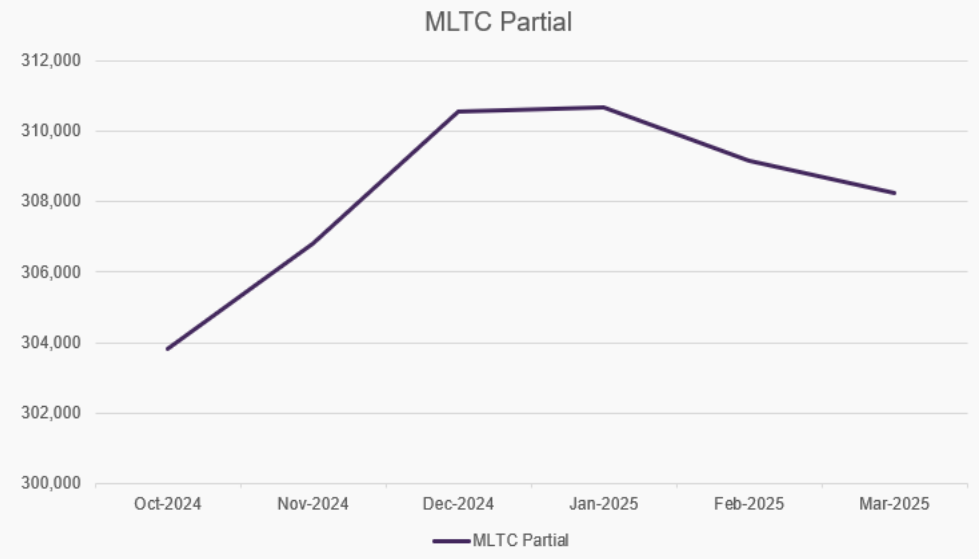
Agenda Items	Discussion	Action Items
Managed Long Term Care (MLTC) Program Update	**MAP Enrollment**	

Months	MAP
Oct-2024	52,755
Nov-2024	53,212
Dec-2024	53,384
Jan-2025	55,920
Feb-2025	57,468
Mar-2025	59,045



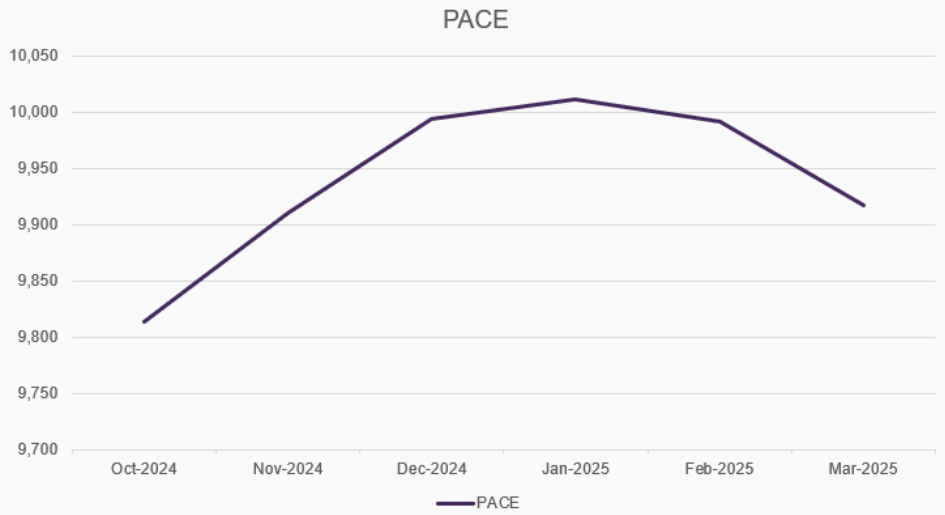
MLTC Partial Enrollment

Months	MLTC Partial
Oct-2024	303,804
Nov-2024	306,801
Dec-2024	310,583
Jan-2025	310,675
Feb-2025	309,153
Mar-2025	308,235



Agenda Items	Discussion	Action Items
Managed Long Term Care (MLTC) Program Update	**PACE Enrollment**	

Months	PACE
Oct-2024	9,814
Nov-2024	9,910
Dec-2024	9,994
Jan-2025	10,012
Feb-2025	9,992
Mar-2025	9,917



Active MLTC Expansion Review and New Applications

Active MAP Plans' Service Area Expansions and New MAP Applications:

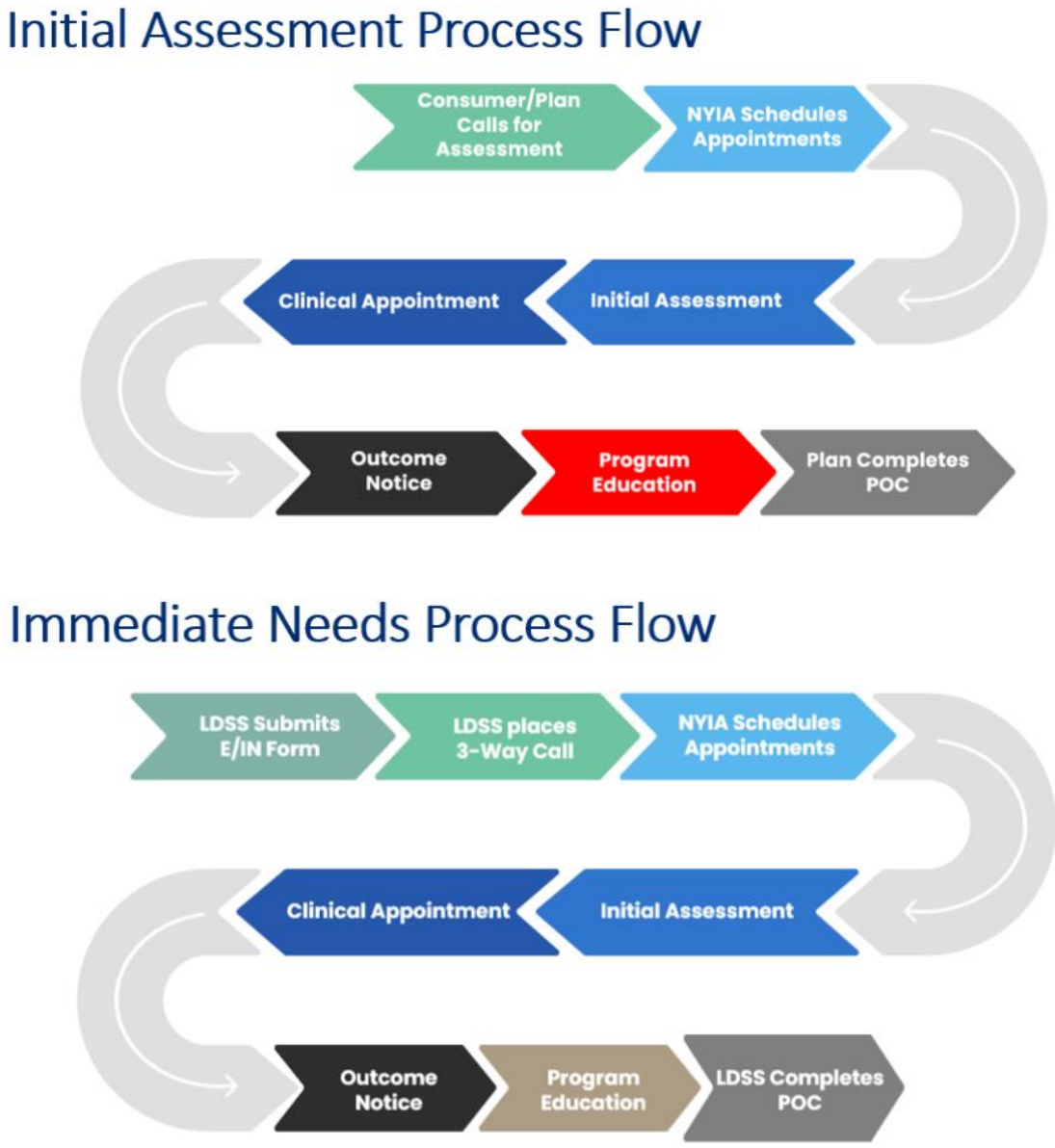
Existing MAP Plans Service Area Expansions

- Elderplan – MAP expansion for 2 additional counties: Sullivan and Ulster
- VNS- MAP 2025 expansion for Erie and Monroe approved for 5/1/25. VNS MAP expansion for 2026 amended down to 7 counties: Dutchess, Niagara, Onondaga, Orange, Rockland, Saratoga, and Sullivan. Removed Herkimer, Oneida, and Ulster.
- UHC – MAP expansion for 41 counties: Albany, Broome, Bronx, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Manhattan, Nassau, Oneida, Onondaga, Ontario, Orange, Oswego, Queens, Rensselaer, Richmond, Rockland, Saint Lawrence, Schenectady, Seneca, Suffolk, Tioga, Ulster, Warren, Wayne, Westchester, Yates .

New MAP Applications Under Review (Including Behavioral Health benefits Carve in readiness reviews in process)

- Aetna - MAP application for 1 county: Kings.

Agenda Items	Discussion	Action Items
Managed Long Term Care (MLTC) Program Update	• Excellus -MAP application for 13 counties: Broome, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Otsego, Seneca, Wayne, Yates and Erie, Orleans • VNA/Nascentia -MAP & Article 44 applications for 15 counties: Broome, Madison, Oneida, Onondaga, Albany, Columbia, Delaware, Greene, Otsego, Rensselaer, Saratoga, Schenectady, Erie, Monroe, Niagara. • iCircle- MAP & Article 44 applications for 1-14 counties: Broome, Cayuga, Chenango, Cortland, Livingston, Monroe, Onondaga, Ontario, Orleans, Seneca, Steuben, Tioga, Wyoming, Yates • MVP -MAP application for 13 counties retracted 4/3/2025 **Active PACE Applications Under DOH and CMS Review for 2025** • Lucida/Cassena PACE- new for-profit PACE application in 1 county: Queens. • RiverSpring/Riseboro- new PACE Article 44 application in 2 counties: Kings & Queens. • Community PACE/Urban Health Plan – new PACE application for 2 counties: Bronx and Queens. • WelBeHealth- new PACE application for 5 counties: Bronx, Kings, New York, Queens and Richmond. • Westchester PACE/Andrus on Hudson- new PACE application for 1 county: Westchester • Lutheran LMSI /Community Wellness Partners- new PACE application to serve 64 ZIP codes in portions of 7 counties: Oneida, Madison, Herkimer, Lewis, Otsego, Chenango, and Oswego. • SunRiver- new PACE application for 2 counties: Nassau and Suffolk. **New York Independent Assessor Program (NYIAP)** **NYIAP Background** • 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.	

Agenda Items	Discussion	Action Items
Managed Long Term Care (MLTC) Program Update		

Agenda Items	Discussion	Action Items
Managed Long Term Care (MLTC) Program Update	**Initial Assessments Requested and Conducted: October 2024-March 2025**	

Month	Initial Assessment Requests	Community Health Assessment Completed	Practitioner Order Completed
October 2024	10,448	13,291	12,770
November 2024	8,025	10,773	11,080
December 2024	7,588	9,998	9,836
January 2025	8,496	10,440	10,090
February 2025	7,259	9,413	9,188
March 2025	7,348	9,639	9,797
Total	**49,164**	**63,554**	**62,761**

NYIAP Requests by Sector: October 2024-March 2025

Unique Count of Consumers Requesting To Begin NYIAP Process					
Request Date	FFS	MAINSTREAM	HARP	SNP	TOTAL
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
Jan 2025	5,668	2,236	542	50	8,496
Feb 2025	4,853	1,860	497	49	7,259
Mar 2025	4,946	1,884	457	61	7,348
Total	**32,454**	**13,224**	**3,151**	**335**	**49,164**

Agenda Items	Discussion	Action Items
Managed Long Term Care (MLTC) Program Update	**NYIAP Call Volume: October 2024-March 2025**	

NYIAP Call Handling				
Month	Inbound Calls	Abandonment Rate	Average Answer Delay (sec)	Average Length of call (Mins)
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
January 2025	42,046	2.5%	62	12:06
February 2025	38,785	1.7%	44	12:09
March 2025	39,006	2.9%	67	12:11

NYIAP Offers Two Appointment Modalities

		Jan 2025		Cumulative	
		Total	%	Total	%
CHA	Telehealth	5,550	53	219,167	65
	Face-to-face	4,890	47	116,688	35
Clinical Appointment	Telehealth	5,332	53	220,430	67
	Face-to-face	4,758	47	107,171	33

Agenda Items	Discussion	Action Items
Managed Long Term Care (MLTC) Program Update	**NYIAP Variance Data: October 2024 to March 2025** • Variances 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.	

Month	Total Plan Variance Requests	Reviews Resulting in New CHA	Total LDSS Variance Requests	Reviews Resulting in New CHA
Oct-24	22	10	4	0
Nov-24	17	13	3	1
Dec-24	17	16	7	3
Jan-25	12	7	8	2
Feb-25	25	17	6	3
Mar-25	22	16	10	2

NYIAP Independent Review Panel (IRP) Reviews

- An independent medical review of a proposed plan of care shall be obtained before a social services district or MMCO may authorize more than 12 hours of personal care services or consumer directed personal assistance, separately or in combination, per day on average ("high needs cases"). The review shall result in a recommendation made to the social services district or MMCO
- Upon the development of a plan of care, the social services district or MMCO shall refer high needs cases to the independent review panel. When a case is referred to the independent review panel:
- (a) the social services district or MMCO shall provide the individual's plan of care, and any clinical records or other documentation used to develop the plan of care, such as records from treating providers and the results of any review or evaluation performed pursuant to this paragraph to the panel;
- (b) the social services district or MMCO shall cooperate with the panel as appropriate to ensure an expedient review of each high needs case; and

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<tr><th>Agenda Items</th><th>Discussion</th><th>Action Items</th></tr>
<tr><td>Managed Long Term Care (MLTC) Program Update</td><td>

- (c) the social services district or MMCO shall consider the panel's recommendation in finalizing the plan of care and authorization. However, the social services district or MMCO is not required to adopt the recommendation, either in full or in part, and remains responsible for determining the amount and type of services medically necessary.

NYIAP Independent Review Panel (IRP) Reviews: October 2024-March 2025

- 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.

*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.

Month	Plan Requests	LDSS Requests	POC Appropriate	POC Not Appropriate
Oct-24	4	91	71	9
Nov-24	4	77	66	7
Dec-24	6	84	64	15
Jan-25	4	92	74	8
Feb-25	7	61	54	6
Mar-25	1	83	71	4

NYIAP Outcomes

- 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.

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Agenda Items	Discussion	Action Items
Managed Long Term Care (MLTC) Program Update	**NYIAP Wait Times for Appointments**	

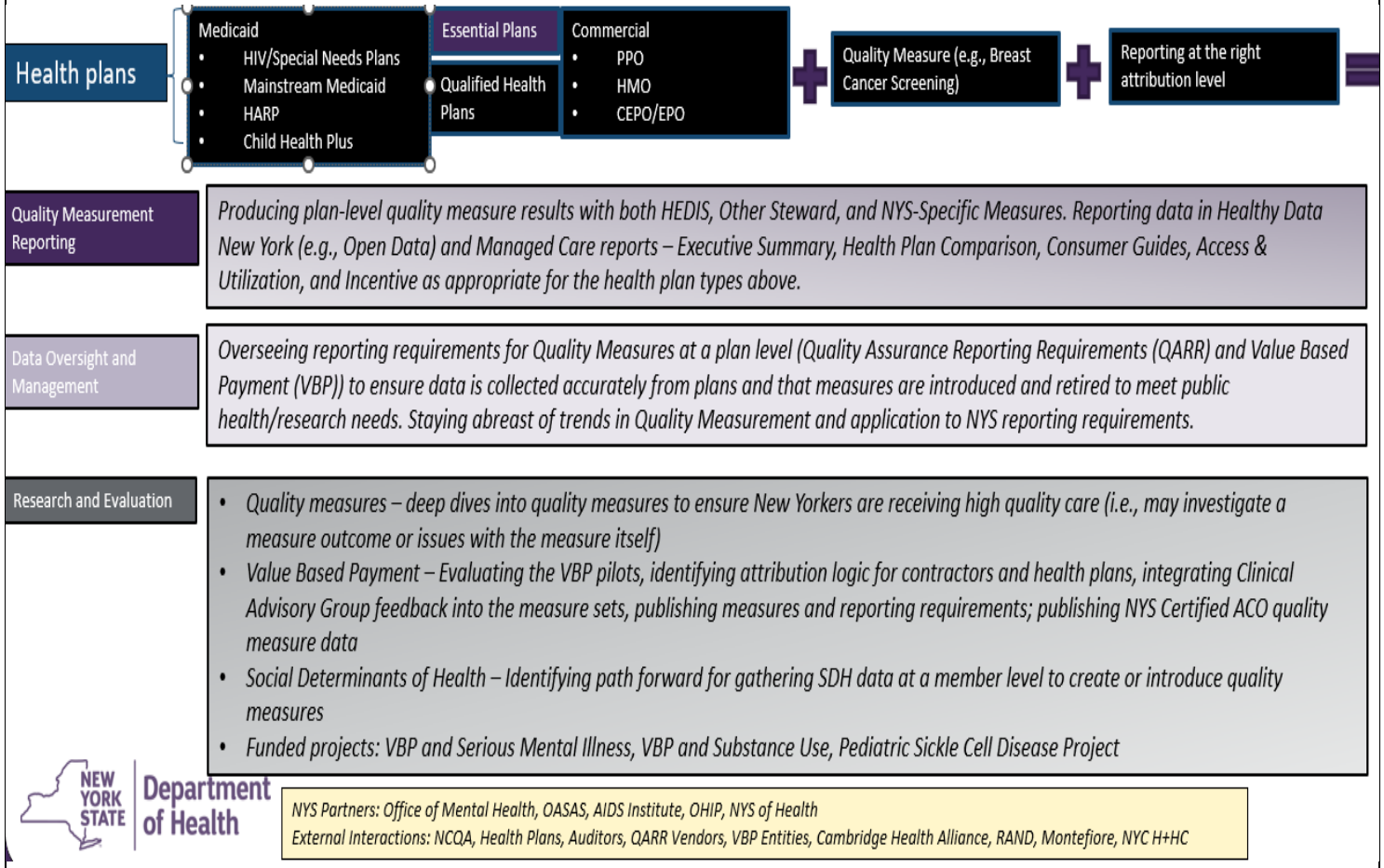
Average Days from Initial Call to the First Appointment

Initial Call Date	Overall	Telehealth	Face to Face
10/2024	4.09	2.91	6.54
11/2024	3.95	2.9	5.84
12/2024	3.41	2.48	4.82
01/2025	3.54	2.59	4.77
02/2025	3.66	2.51	5.24
03/2025	3.82	2.53	5.41

Average Days from Initial Call to the Clinical Appointment

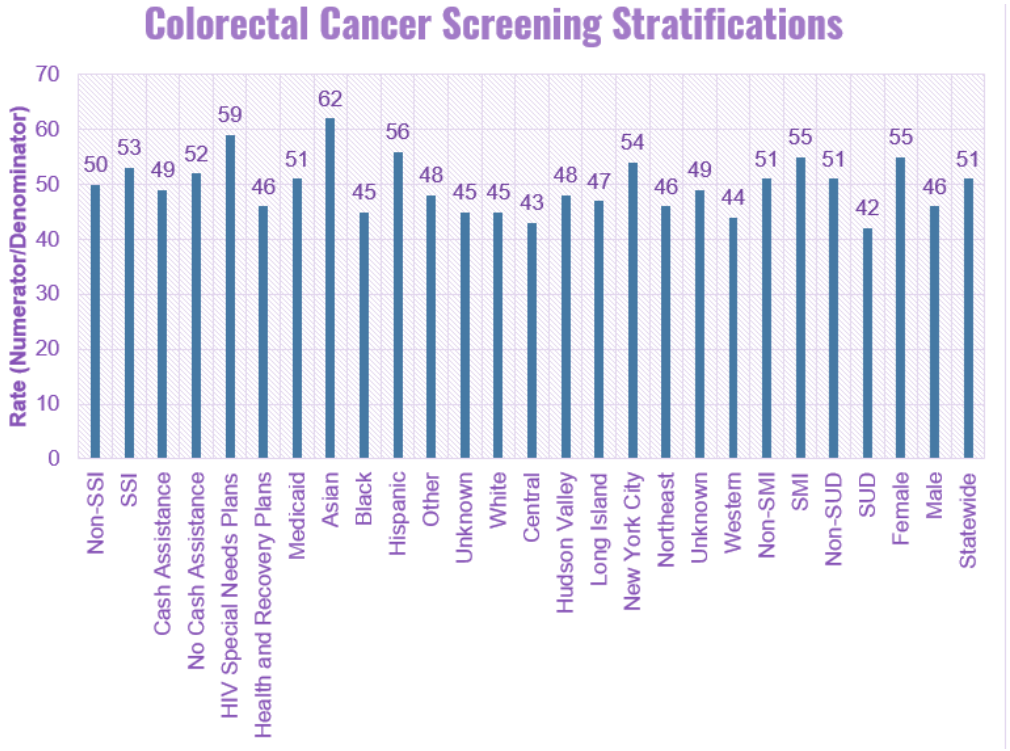
Initial Call Date	Overall	Telehealth	Face to Face
10/2024	6.37	5.44	8.18
11/2024	5.99	5.06	7.6
12/2024	5.37	4.55	6.59
01/2025	5.38	4.53	6.46
02/2025	5.47	4.48	6.77
03/2025	5.75	4.61	7.11

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Paloma Luisi, Director of the Bureau of Quality Measurement and Evaluation (NYSDOH), reported the following:** **Bureau of Quality Measurement and Evaluation** • 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	

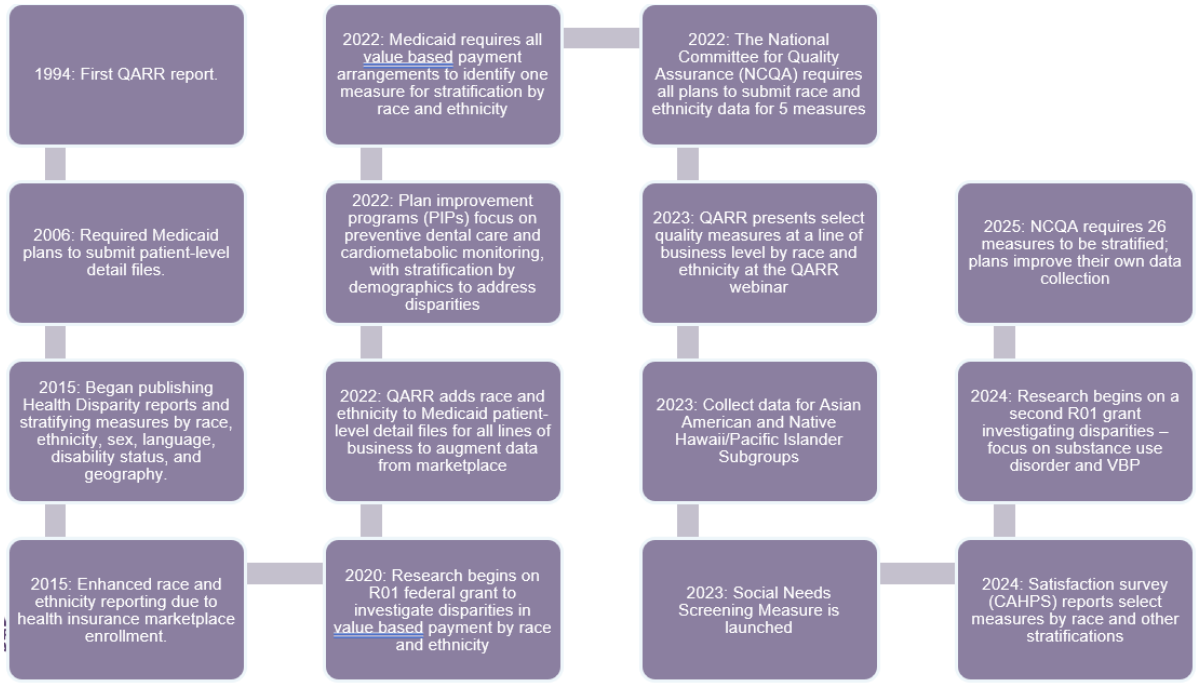


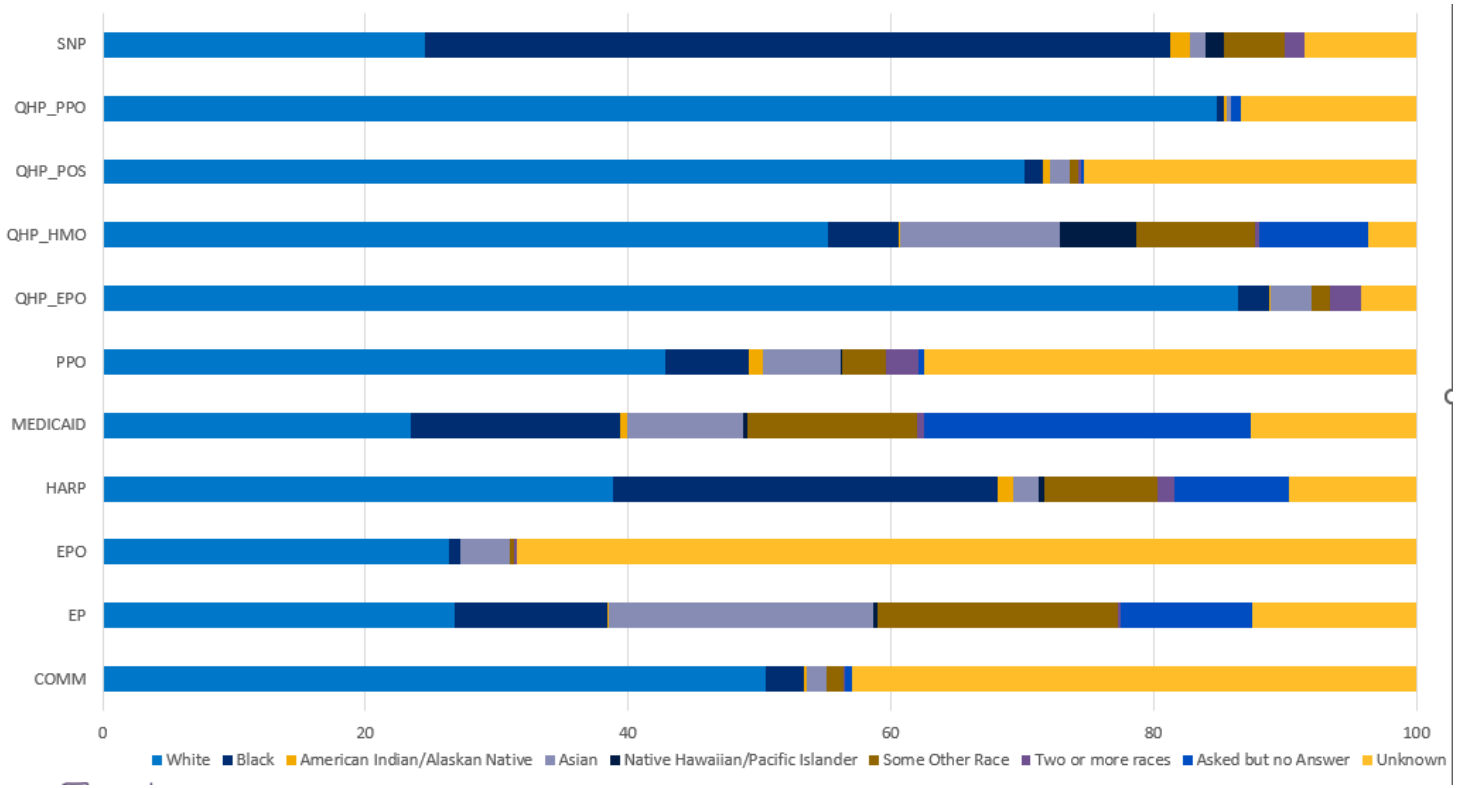
Agenda Items	Discussion	Action Items

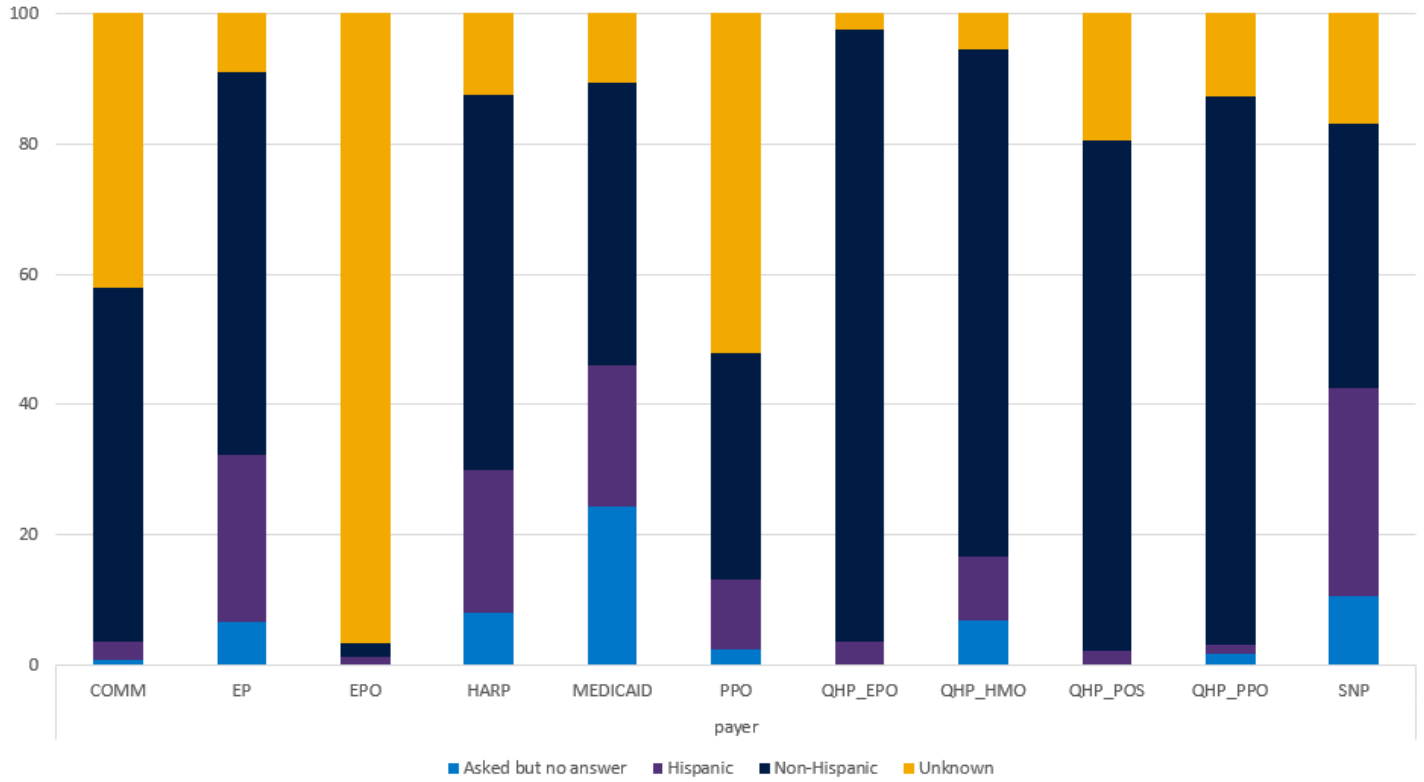
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Overview**
	
	• Highlight the disparity dataset which uses data from the Quality Assurance Reporting Requirements (QARR)
	• Explain structural opportunities and limitations of disparities research in quality measurement
	• Present current research findings and preview ongoing studies
	• Listen to MMCARP suggestions and feedback for additional research
	
	Disparities Data – Since 2015
	
	• The primary objective of this data set is to pinpoint areas of disparity in health outcomes and quality measures among vulnerable populations.
	• This dataset provides detailed Medicaid Managed Care data for the QARR measurement year, stratified by key demographics such as race/ethnicity, cash assistance status, and behavioral health conditions including serious mental illness (SMI) and substance use disorder (SUD). Other stratifications by age, sex, region, and Medicaid plan type are also available.
	
	Quality Performance
	• Issue 1: Statewide Executive Summary of Managed Care in New York State (PDF), Trend Data (XLSX)
	• Issue 2: Health Plan Comparison in New York State
	  ◦ eQARR - An Online Report on Quality Performance Results for Health Plans in New York State (Web)
	  ◦ Quality Assurance Reporting Requirements Dataset (MY2008 - Present) (health.data.ny.gov)
	• Issue 3: Regional Consumer Guides
	  ◦ Dataset (health.data.ny.gov)
	• Issue 4: Health Plan Service Use in New York State
	  ◦ Managed Care Plan Utilization Data: 2009-Present (health.data.ny.gov)
	• Issue 5: Health Care Disparities in New York State
	  ◦ 2023 Dataset
	  ◦ 2022 Dataset
	  ◦ 2021 Dataset
	  ◦ 2020 Dataset
	  ◦ 2019 Dataset
	  ◦ 2018 Dataset
	  ◦ 2017 Dataset
	  ◦ 2016 Dataset
	  ◦ 2015 Dataset
	• Quality Incentive for Medicaid Managed Care Plans in New York State
	  ◦ 2022 Report
	  ◦ 2021 Report	

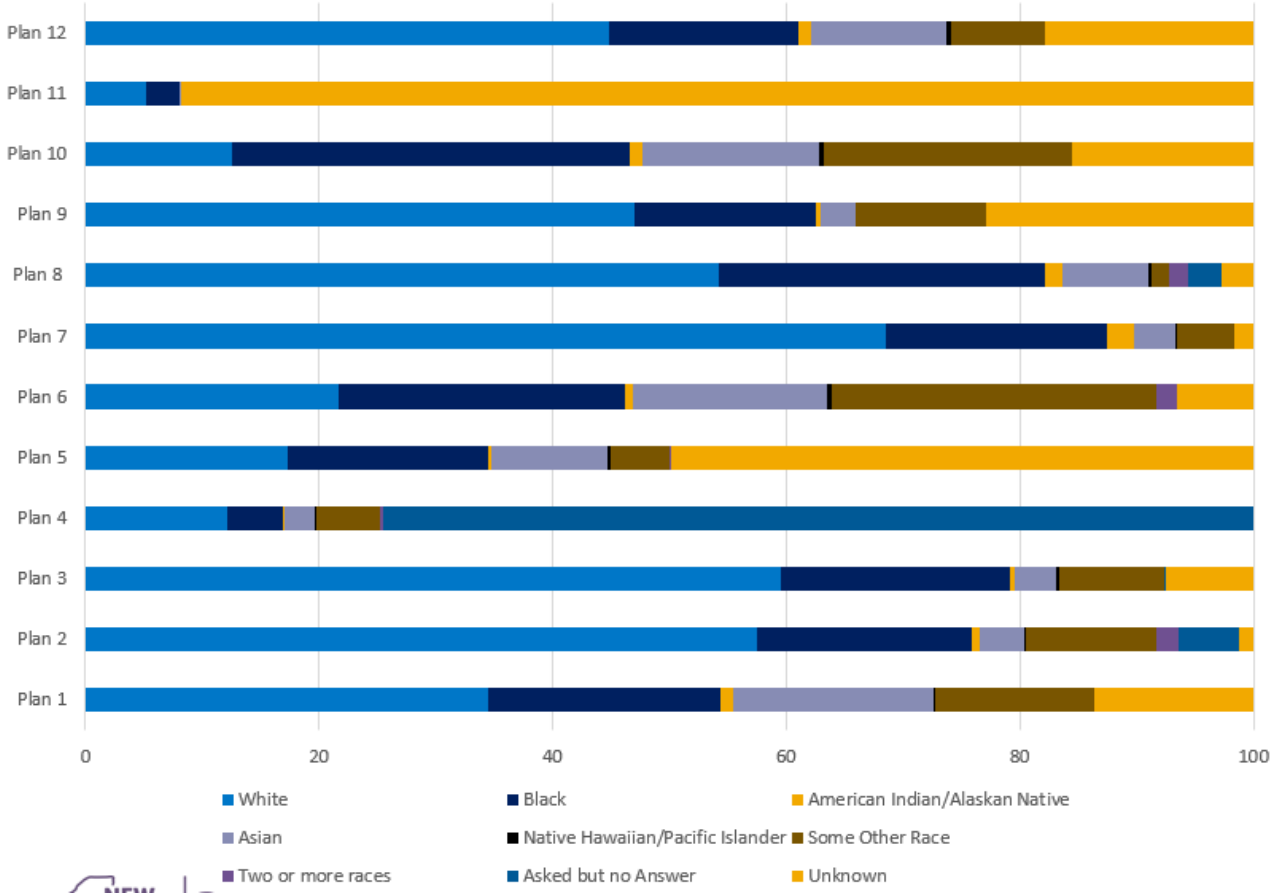
Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Using the Health Disparities Dataset** **What is Stratification?** Definition: Stratification is the process of dividing the overall population into subgroups based on demographic, socioeconomic, or clinical characteristics. Purpose: It allows for comparison between subgroups to identify and address disparities in health outcomes. Caveats: Hispanic is used as a racial category, uses NYS enrollment and Medicaid sources for race  	

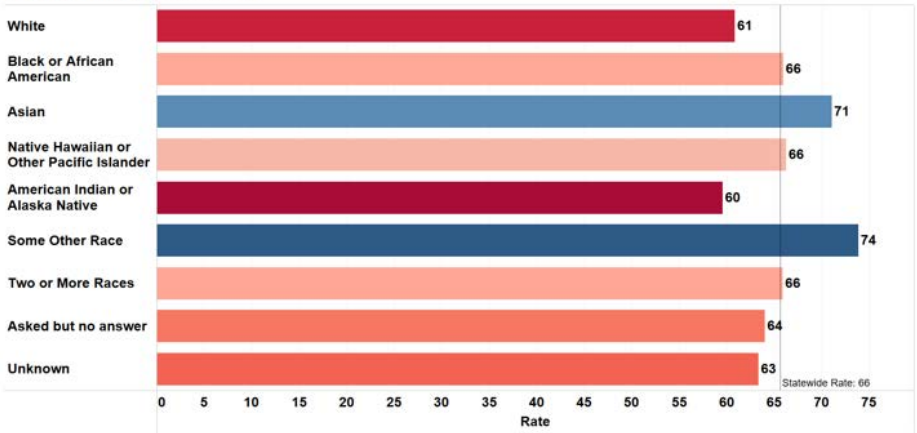
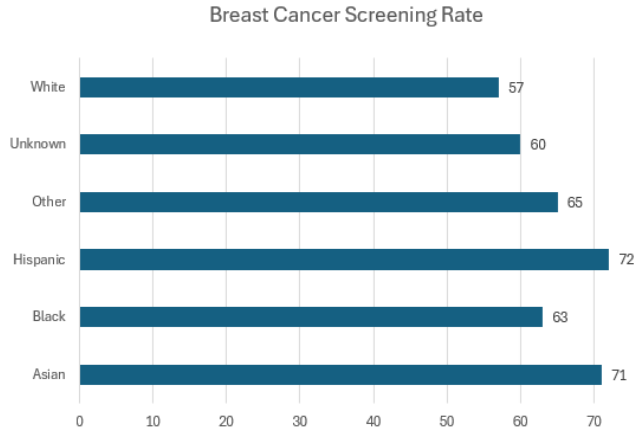
Agenda Items	Discussion	Action Items

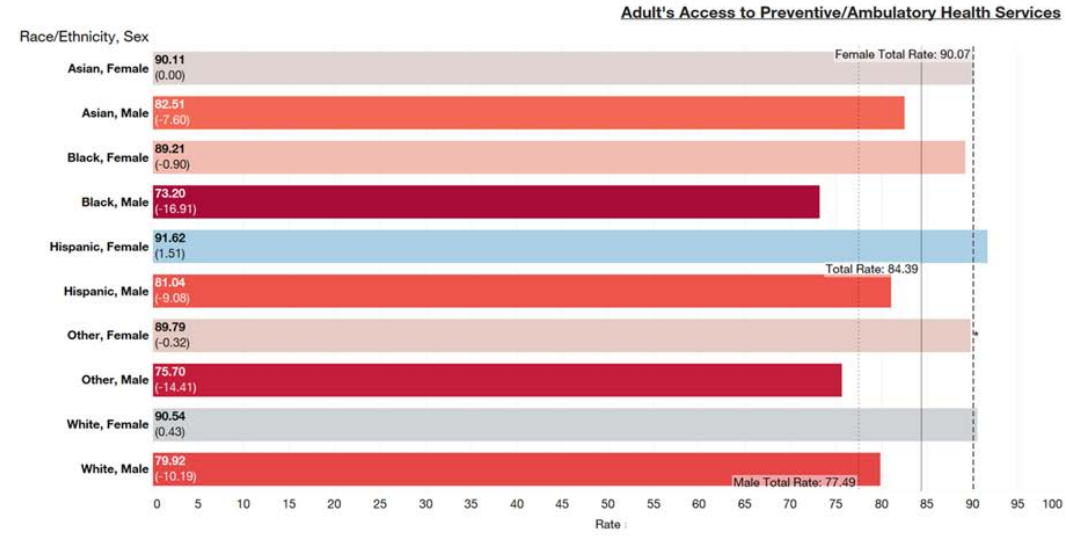
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Disparities and QARR History and Evolution**
	
	NYS collects CQMs through Quality Assurance Reporting Requirements that require plans to submit standardized measures from stewards such as HEDIS, CMS, and NYS.
	
	 
	
	Plan submitted data versus NYS data
	• We now two have sets of stratified rates:
	  • Plan submitted: NYS collects aggregate rates by race and ethnicity from the plans
	  – This should strengthen the plans' ability to see disparities within their specific lines of business
	  – Lines of business and plans are doing this with varying levels of completeness challenging the validity of the data (e.g., if one plan has 90% completeness and the other has 10% it will be difficult to compare the stratified rates)
	  • NYS: We continue to use individual level data from enrollment sources and QARR reporting to identify members by race and ethnicity and produce our own aggregate rate
	  – NYS focus is on disparities within the Medicaid line of business and not within a plan (e.g., see the current disparities report)	

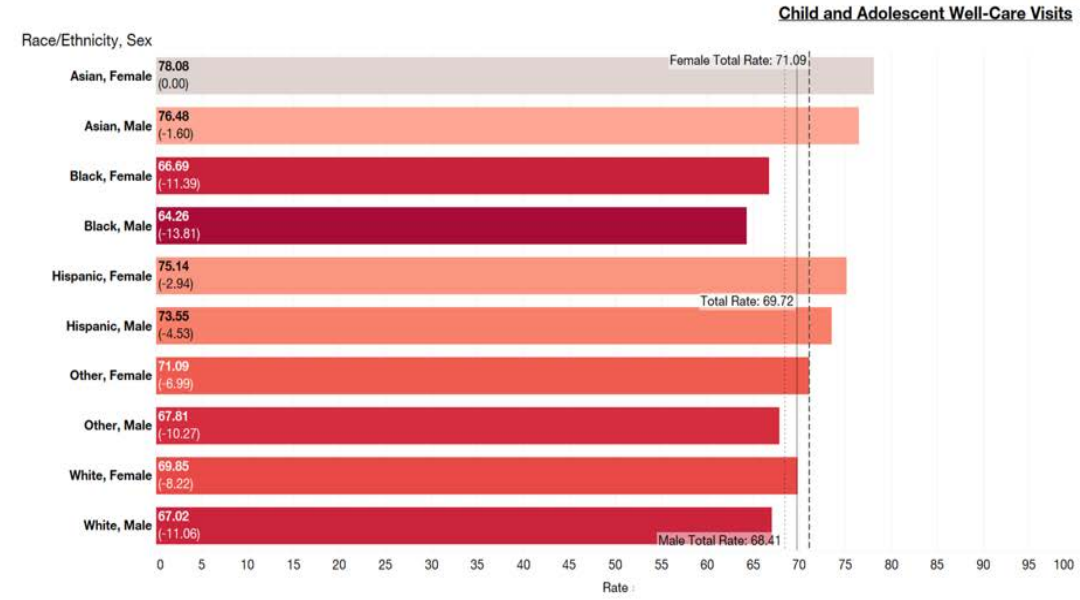
Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population- Opportunities and Limitations	**Plan submitted Data: Race** • EPO, Commercial, and PPO have the highest percentage of "Unknown" race • Medicaid has highest percentage of "Asked but not Answer" • EP has highest percentage "Some Other Race" • QHP = Qualified Health Plans • PPO, COMM, and EPO are commercial products • EP=Essential Plan 	

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population- Opportunities and Limitations	**Plan submitted Data: Ethnicity** • EPO, Commercial and PPO have highest percentage "Unknown" ethnicity • Medicaid has highest percentage of "Asked but not Answer" • This is the first time we have disaggregated ethnicity data  	

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Plan Submitted Data: By MMC Plan by Race** • Medicaid plans have varying levels of completeness submitted race (and ethnicity data) to NCQA and NYS • Plans 5 and 11 have 50% and 91% unknown, respectively  	

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Sample measure stratified by each method** Plan submitted data **Breast Cancer Screening (BCS-E) by Race, MY2023** **Payer: Medicaid Managed Care**  NYS Produced Data  	

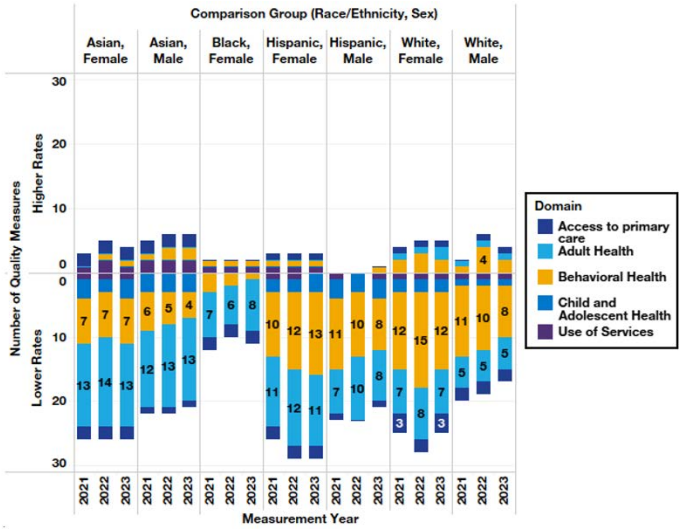
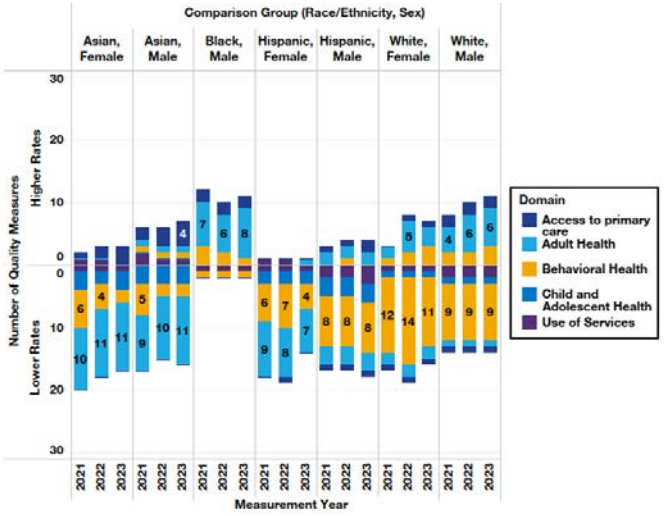
Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Future State** • Improve plan submitted data completeness rates • Use the two sources to complete race and ethnicity • Cross examine race with other stratifications to understand fuller picture • Examine the cause of disparities for quality measures by race and ethnicity **Recent Disparities Research** *Disparities in Healthcare Services and Utilization among Black Medicaid Enrollees in New York State between 2021 and 2023* • Other studies have focused on evaluating disparities caused by a single characteristic, limited studies have examined the impact of race/ethnicity and sex on the differences and disparities in healthcare service and utilization. • In this study, we evaluated quality measure results over three years to assess the difference in healthcare services and utilization provided to Black male and female Medicaid enrollees relative to other enrollees. • We hypothesized that while there may be an increase in the overall numbers of quality measures with higher rates, substantial disparity in health outcomes and services rendered is still exhibited in Black Medicaid enrollees. **Examining Rates by Race and Sex**  Race/Ethnicity, Sex | Numerator | Denominator Asian, Female | 144,894 | 160,794 Asian, Male | 115,948 | 140,528 Black, Female | 219,171 | 245,689 Black, Male | 146,313 | 199,888 Hispanic, Female | 114,879 | 125,391 Hispanic, Male | 65,219 | 80,482 Other, Female | 556,002 | 619,214 Other, Male | 398,881 | 526,934 White, Female | 365,147 | 403,283 White, Male | 266,496 | 333,462 **Figure 1**: Rate difference of Adult's Access to Preventive/Ambulatory Health Services, compared against Asian, Female.	

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations		

Race/Ethnicity, Sex	Numerator	Denominator
Asian, Female	64,506	82,618
Asian, Male	68,474	89,530
Black, Female	98,687	147,974
Black, Male	97,392	151,551
Hispanic, Female	76,846	102,272
Hispanic, Male	81,587	110,925
Other, Female	312,905	440,171
Other, Male	307,351	453,242
White, Female	189,698	271,564
White, Male	191,562	285,830

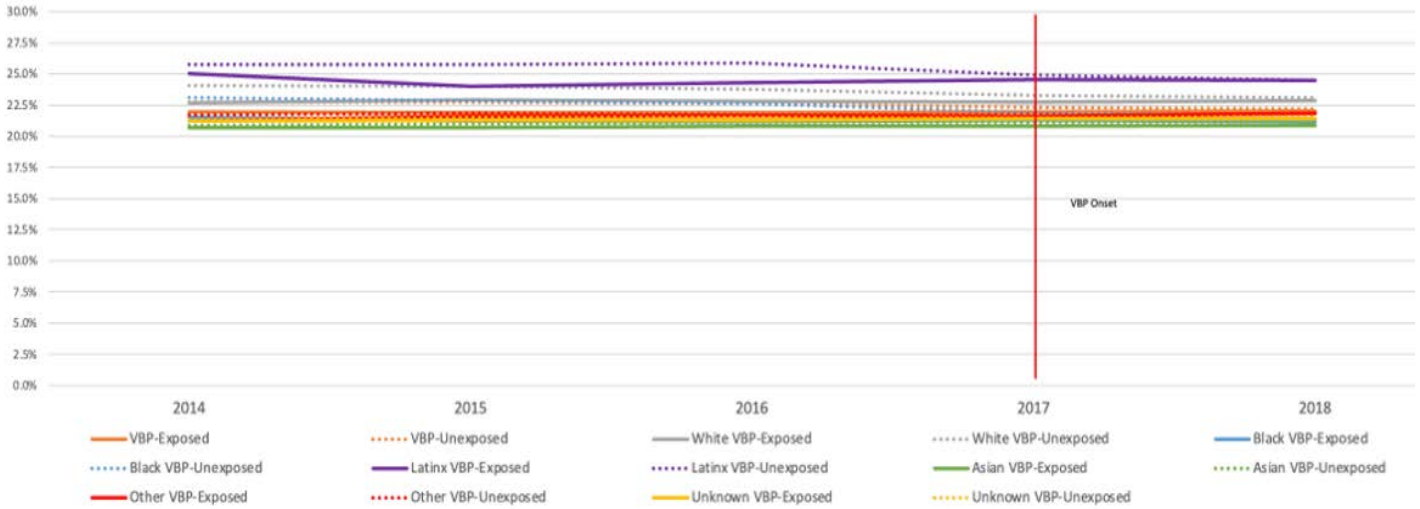
The color of the bars show the difference relative to the comparison group (first bar). The bars are colored red to blue, indicating how low or high the rate is relative to the comparison group. The higher the difference, the darker the color.
Rates that are not significant contain an asterisks (*).

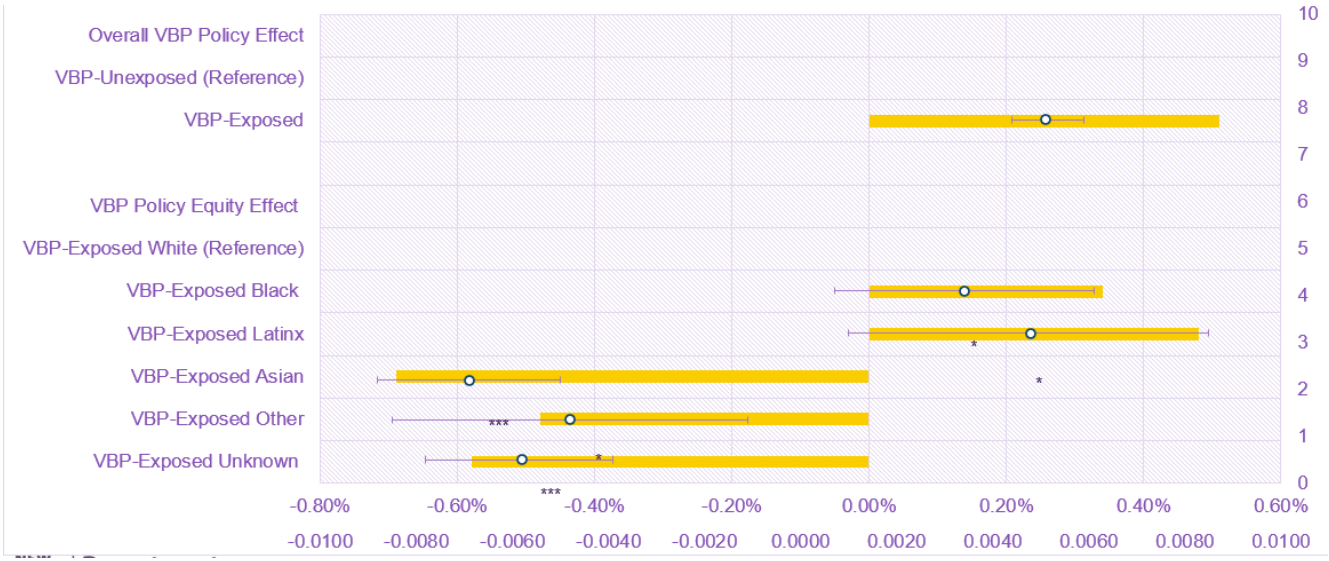
Figure 2: Rate difference of Child and Adolescent Well-Care Visits, compared against Asian, Female.

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Big Picture: Quality Measures by Domain** *The number of quality measures where Black male Medicaid enrollees have a higher or lower rate than the comparison group by measurement year, grouped by domain.*  **Big Picture: Quality Measures by Domain** *The number of quality measures where Black female Medicaid enrollees have a higher or lower rate than the comparison group by measurement year, grouped by domain.*  	

Agenda Items	Discussion	Action Items

Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Key Findings**
	• Black Medicaid enrollees had more quality measures with statistically *lower rates*, compared to other racial, ethnic and sex subgroups.
	• The average number of quality measures with *lower rates* is significantly higher among Black male Medicaid enrollees compared to Black female enrollees, indicating sex disparity within the same racial/ethnic group.
	• When grouped by domain, Black Medicaid enrollees have the highest count of quality measures with statistically *lower rates* in the following domains: **Adult Health**, **Behavioral Health,** and **Use of Services**. However, Black Medicaid enrollees have more measures with *higher rates* in the **Access to primary care** domain compared to Asian Medicaid enrollees.
	• Hispanic and White female enrollees had the most quality measures with *higher rates* when compared to Black enrollees.
	
	Other Research
	
	Ongoing federally funded research focused on Substance Use Disorder and Serious Mental Illness in Value Based Payment
	
	<u>Ongoing Serious Mental Illness Study</u>
	▪ Study period: 2014-2018 (2014-2016: pre-VBP; 2017-2018: post-VBP)
	▪ Data source: NYS merged dataset (Medicaid data + VBP dataset + PolicyMap)
	  ▪ VBP dataset: linked beneficiaries to PCPs and PCPs to providers & indicated if provider had VBP contract with beneficiary's plan
	  ▪ PolicyMap – area-level social disadvantage
	▪ Study population: non-elderly, non-Dual Medicaid beneficiaries
	▪ Outcomes: access, quality, effectiveness, costs
	▪ VBP exposure: VBP coverage during 2-year post-VBP period (unexposed – none)
	▪ Independent variables:
	  ▪ Key: Interaction terms between indicators of VBP exposure and post-period, race/ethnicity
	  ▪ Others: age, sex, health status, NYC vs. rest of the state residence, concurrent policies (PPS, Health Homes, HARP)	

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Rates of Access to Mental Healthcare for SMI Before & After VBP Policy Implementation, Overall and by Race/Ethnicity**  **NYS Medicaid VBP Policy and Access to Mental Healthcare for SMI** • **Average beneficiary**: VBP-exposure associated with a **0.51**-percentage-point (0.44-0.58) access increase vs. no exposure • **Minority groups**: Relative to White beneficiaries, VBP-exposure associated with: ▪ Increased access for Black [**0.34**-pp (0.07-0.61)] and Latinx beneficiaries [**0.48**-pp (0.11-0.85)] ▪ Only in NYC (geo-stratified analyses) ▪ Results did not hold in sensitivity analysis (inclusion of beneficiaries only covered in 2018 – treated by later-VBP-adopting providers) ▪ Decreased access for Asian beneficiaries [**0.69**-pp (-0.88 to -0.50)]	

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Differences in Access to Mental Healthcare for SMI by VBP-Exposure, Overall and by Race/Ethnicity (NYS Beneficiaries)**  **Survey Research** **New stratifications in the Consumer Assessment of Healthcare Providers and Systems Reports for Medicaid Enrollees (CAHPS)** **CAHPS Responses by Select Demographics** <u>Child CAHPS</u> The CAHPS® 5.1H Children with Chronic Conditions (CCC) questionnaire is a comprehensive tool designed to assess consumers' experience with health care and health plans. CAHPS® CCC is the questionnaire that asks parents/caretakers of child health plan members about experiences with access to care, health care providers, and health plans.	

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations		

Respondent Profile
Scores by Demographics

Ratings	Total	Hispanic	Non-Hispanic	White	Black	Amer. Indian	Asian Native HI Pacific Is.	Other Race	Health Excellent	Health Very Good	Health Good	Health Fair	Health Poor
Q44. Rating of child's personal doctor	89.0%	88.5%	88.7%	88.8%	90.2%	70.3%	83.2%	88.5%	93.7%	87.7%	81.5%	89.1%	61.7%
Q51. Rating of specialist child talked to most often	84.0%	83.9%	82.7%	84.4%	88.1%	100.0%	84.8%	78.9%	91.2%	82.9%	80.0%	75.8%	52.5%
Q9. Rating of all child's health care	86.3%	87.1%	84.7%	87.4%	85.5%	83.1%	82.1%	85.7%	92.6%	85.7%	76.8%	77.2%	67.5%
Q57. Rating of child's health plan	80.8%	84.5%	78.5%	81.4%	80.8%	78.5%	72.1%	79.0%	85.6%	81.3%	69.0%	62.7%	71.7%

Standard Composites	Total	Hispanic	Non-Hispanic	White	Black	Amer. Indian	Asian Native HI Pacific Is.	Other Race	Health Excellent	Health Very Good	Health Good	Health Fair	Health Poor
Getting Needed Care (Usually or Always)	80.7%	82.2%	79.9%	84.0%	80.5%	73.8%	65.9%	76.6%	86.7%	79.9%	75.3%	79.8%	62.5%
Getting Care Quickly (Usually or Always)	85.4%	84.1%	85.4%	87.8%	87.3%	78.4%	66.2%	80.8%	88.6%	84.8%	80.8%	81.4%	80.3%
How Well Doctors Communicate (Usually or Always)	93.7%	91.4%	94.4%	95.0%	93.6%	78.0%	92.2%	89.9%	95.9%	93.1%	91.5%	89.1%	87.5%
Customer Service (Usually or Always)	86.9%	90.1%	85.6%	88.7%	89.8%	87.7%	82.6%	88.3%	89.4%	86.4%	81.6%	93.8%	81.3%

<u>Adult CAHPS</u>
Adult respondents show different respondents by ethnicity, race, and self-reported race.

Respondent Profile
Scores by Demographics

Ratings	Total	Hispanic	Non-Hispanic	White	Black	Amer. Indian	Asian Native HI Pacific Is.	Other Race	Health Excellent	Health Very Good	Health Good	Health Fair	Health Poor
Q21. Rating of all health care	73.5%	70.8%	74.5%	76.0%	71.5%	73.3%	68.3%	68.8%	84.9%	80.1%	72.5%	65.7%	52.3%
Q39. Rating of personal doctor	79.6%	79.0%	79.6%	81.0%	74.5%	77.3%	76.9%	79.4%	88.4%	84.5%	77.1%	72.7%	67.6%
Q43. Rating of specialist talked to most often	81.4%	83.0%	80.9%	81.8%	78.7%	90.0%	80.5%	83.8%	82.2%	83.9%	83.6%	76.9%	67.2%
Q50. Rating of health plan	74.2%	75.6%	74.3%	74.6%	73.4%	71.4%	73.5%	77.1%	83.9%	79.5%	72.4%	65.2%	65.2%
Q25. Rating of treatment or counseling	55.7%	45.1%	59.1%	62.2%	45.9%	50.0%	46.4%	36.7%	76.0%	63.5%	60.8%	40.2%	47.2%

Standard Composites	Total	Hispanic	Non-Hispanic	White	Black	Amer. Indian	Asian Native HI Pacific Is.	Other Race	Health Excellent	Health Very Good	Health Good	Health Fair	Health Poor
Getting Needed Care (Usually or Always)	78.5%	73.7%	80.6%	82.4%	78.4%	77.4%	68.9%	73.3%	83.6%	80.6%	79.9%	74.2%	70.9%
Getting Care Quickly (Usually or Always)	78.5%	73.4%	80.6%	83.1%	78.6%	76.8%	67.2%	71.1%	80.8%	81.4%	78.5%	77.4%	73.5%
How Well Doctors Communicate (Usually or Always)	92.5%	88.9%	93.2%	94.5%	90.0%	84.7%	88.9%	89.1%	95.8%	94.4%	91.8%	90.6%	86.9%
Customer Service (Usually or Always)	85.8%	83.3%	86.6%	88.9%	84.0%	67.5%	79.8%	85.2%	89.7%	86.1%	86.1%	82.1%	82.0%

Agenda Items	Discussion	Action Items
Disparities in Quality Care for New York's Medicaid Population-Opportunities and Limitations	**Current State** • There is an ongoing health disparities annual report for Medicaid • Disparity based work is required for VBP and was in the most recent PIP cycle • We are improving the level of completeness and specificity of race and ethnicity data; plans should be encouraged to improve their collection techniques • Some disparities may be obscured by only looking at one category (e.g., race by sex) • Other research is being prepared for submission to peer reviewed journals Quality Assurance Reporting Requirements (QARR) Health Disparities 2022	**Motion:** Fred Cohen requested information on how this data can affect the care and treatment of a Medicaid beneficiary. **DOH Response:** Medicaid quality strategy information can be found on the following web page: Medicaid and CHPlus Quality Strategy. A quality improvement presentation will be given by the Bureau of Performance Improvement at the September meeting.
Public Comment	**No Public Comment**	
	Motion Passed: **Meeting adjourned at 12:44pm.**	

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

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