



**Department
of Health**

**Office of
Health Insurance
Programs**

1115 Medicaid Redesign Team (MRT) Waiver Public Forum

November 29, 2018



**Department
of Health**

**Office of
Health Insurance
Programs**

1115 MRT Waiver Overview

November 29, 2018

1115 Demonstration Waiver

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services the authority to waive certain provisions and regulations to allow Medicaid funds to be used in ways that are not otherwise allowed under federal rules.
- 1115 Demonstration Waivers grant flexibility to states for innovative projects that advance the objectives of Title XIX of the Medicaid program by waiving certain compliance requirements of federal Medicaid laws.
- A waiver can be approved for up to five years and the State may request subsequent extensions.

General 1115 Demonstration Waiver Overview

- Special Terms and Conditions (STCs) outline the basis of an agreement between the State and the Centers for Medicare and Medicaid Services (CMS) including waiver and expenditure authorities. STCs specify the State's obligation to CMS during the life of the demonstration, including general and financial reporting requirements and the timetable of State deliverables.
- Quarterly and annual reports are required and an Independent Evaluation is completed at the end of a Demonstration program.
- Federal Medicaid Expenditures with the Waiver cannot be more than Federal expenditure without the waiver during the course of the Demonstration.

New York State's 1115 Waiver

- The **NYS Medicaid Redesign Team (MRT) Waiver** (formerly the Partnership Plan) has been in operation since 1997.
- New York's 1115 MRT Waiver was renewed on December 6, 2016 effective through March 31, 2021.
- Goals for the waiver are to:
 - Improve access to health care for the Medicaid population;
 - Improve the quality of health services delivered; and
 - Expand coverage with resources generated through managed care efficiencies to additional low-income New Yorkers.

1115 MRT Waiver Programs

Medicaid Managed Care : Provides comprehensive health care services (including all benefits available through the Medicaid State Plan) to low-income, uninsured individuals. It provides an opportunity for enrollees to select a Managed Care Organization (MCO) whose focus is on preventive health care.

- **Programs include:**

- Mainstream Medicaid Managed Care (MMMC)
- Health and Recovery Plans (HARPs) and Home and Community Based Services (HCBS)
- Managed Long Term Care (MLTC) and Long Term Services and Supports (LTSS)

Delivery System Reform Incentive Program (DSRIP)

- Provides incentives for Medicaid providers to create and sustain an integrated, high performance health care delivery system that can effectively meet the needs of Medicaid beneficiaries and low income uninsured individuals in their local communities by improving quality of care, improving health outcomes & reducing costs (CMS Triple Aim).

1115 MRT Waiver Pending Amendments

- **Children's System Transformation- Subject to CMS Approval**
 - Provide mandatory managed care authority for the proposed Children's Consolidated 1915(c) Waiver.
 - Provide comprehensive Health Home-like care management for children not eligible for Health Home.
 - Transition behavioral health benefits to Managed Care.
 - Transition children in foster care, placed by voluntary foster care agencies in to Managed Care.

1115 MRT Waiver Pending Amendments

- **OPWDD Voluntary Managed Care Transition- Subject to CMS Approval**
 - This amendment request is consistent with the OPWDD reform and redesign initiatives developed in collaboration with the Commissioner's Transformation Panel and stakeholder engagement.
 - Requests CMS approve concurrent 1115 and OPWDD 1915(c) to provide managed care authority and demonstration services.
 - Demonstration Services:
 - Crisis Intervention Services including Systemic, Therapeutic, Assessment, Resources, and Treatment (START) for all I/DD plan enrollees in FFS delivery system

1115 MRT Waiver Pending Amendments

- **Cost Sharing Proposal- Subject to CMS Approval**

- Request to continue to exempt Mainstream Medicaid Managed Care enrollees from cost sharing, except for applicable pharmacy co-payments.
- The exclusion of Mainstream Medicaid Managed Care (MMC) enrollees from cost sharing is a long-standing program design element intended to remove barriers to care.
- This current practice reduces the administrative burden for providers, and thus helps maintain the provider network.

1115 MRT Waiver Pending Amendments

- **Nursing Home and MLTC Plan Lock-in Proposal- Subject to CMS Approval**
 - Amendment submitted to CMS September 12, 2018.
 - New enrollment into an MLTC plan will be subject to a lock-in period.
 - Members who switch from one MLTC plan to another MLTC plan will have a 90-day grace period to make another plan transfer, and then will experience a lock-in period for nine months after the end of the grace period.
 - Limit the nursing home benefit to three calendar months of long-term nursing home care for enrollees who have been designated as permanently placed in a skilled nursing or residential health care facility.

1115 MRT Waiver Pending Amendments

- **Nursing Home and MLTC Plan Lock-in Proposal- Subject to CMS Approval- continued**
 - These changes do not impact the Medicaid Managed Care Plans or the integrated MLTC Plan products (Fully Integrated Dual Alignment – FIDA; Medicaid Advantage Plan – MAP; and Program of All-Inclusive Care for the Elderly – PACE) or their enrollees.
 - Per stakeholder request, the State extended the public comment period through November 23, 2018.



**Department
of Health**

**Office of
Health Insurance
Programs**

DSRIP Progress Update

November 29, 2018

Statewide Accountability Milestones

The STCs identify four measures for which statewide performance is evaluated, beginning in DY3

| Statewide Milestone | Performance Goal | Pass/Fail |
|---|--|--------------|
| 1. Statewide metrics performance | At least 50% of measures are improving/maintaining vs. worsening (minimum of 9 out of 16 measures) | PASS! |
| 2. Success of projects statewide² | At least 50% of eligible measures trigger an award (minimum of 1,352 out of 2,702 measures) | PASS! |
| 3. Total Medicaid spending³ | Total Statewide IP and ER Spending < \$206.24 PMPM | PASS! |
| 4. Managed care plan | At least 10% of total MCO expenditures are captured in Level 1 or above. | PASS! |
| Statewide Performance | Must pass all four milestones | PASS! |

Notes: 1. Based on previous year and baseline comparisons

2. Based on project-specific and population-wide quality metrics 3. At or below target based on trend rate

1115 MRT Waiver Resources

1115 MRT Waiver Website

http://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

Managed Care

https://www.health.ny.gov/health_care/managed_care/index.htm

DSRIP

http://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/

OPWDD 1115 Transition Webpage

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/draft_idd_1115_waiver.htm

1115 MRT Waiver Resources

01/19/2017 STCs DOH website

https://www.health.ny.gov/health_care/managed_care/appextension/docs/2017-01-19_renewal_stc.pdf

Quality Strategy

https://www.health.ny.gov/health_care/medicaid/redesign/docs/rev_quality_strategy_program_sept2015.pdf

CMS Homepage

<http://www.cms.gov/>

Medicaid Homepage

<http://medicaid.gov/>

Guidelines for Public Comments

- If you'd like to speak, please sign up at the registration table.
- When your number is called, please come up to the microphone.
- Comments will be timed. You will have 5 minutes to speak.
- Please return your number to one of the timekeepers.

Written comments can be submitted at the registration table.

You may also submit written comments by December 7, 2018 to:

1115waivers@health.ny.gov

Subject: MRT Public Comment



**Department
of Health**

**Office of
Health Insurance
Programs**

1115 Medicaid Redesign Team (MRT) Waiver Public Forum

November 29, 2018