

Office of Health Insurance Programs

Division of Long Term Care

**MLTC Policy 13.17A – Q&A Related to 13.17 REVISION: Care Management Protocol Guidelines
– applicable to Partial MLTC and MAP plans**

Date of Issuance: October 18, 2013

The purpose of this document is to address some common questions that the DOH anticipates receiving from MLTC plans after the release of Policy Document 13.17 REVISED.

Question #1: *Why did you revise Policy 13.17?*

Answer: The Department wanted to ensure consistency in the level of care management being provided across various health plans and care management administrators while simplifying the CMAS agreement review requirements by updating the language in the Standard Clauses and CMAS Contract Guidelines and consolidating the itemized Care Management Protocol requirements to the Care Management Protocol Policy document.

New CMAS template agreements will not be accepted going forward as the Department recognizes care management as a core function of the MLTC program and administrator-specific CMAS contracts provide the necessary level of detail required to accurately reflect each unique administrator-to-MLTC plan relationship.

Question #2: *Our MLTC plan submitted a CMAS agreement for review 6 months ago. We implemented the agreement after 45 days. Is the agreement automatically "approved"?*

Question #3: *I sent in a CMAS agreement for review 2 weeks ago. I have not yet implemented the agreement and it is not yet approved. What do I need to do, now that this updated policy has been released?*

Answer applicable to both Question #2 and Question #3:

As per Revised MLTC Policy 13.17, the MLTC plan must first ensure that its Care Management Protocols meet the requirements detailed in items #1-9, as indicated in the policy. If you need to revise your Care Management Protocols to meet these requirements, you must do so and submit revised protocols to DOH within 60 calendar days. If your Care Management Protocols already meet the requirements, you must submit a signed attestation to DOH within 60 calendar days indicating compliance.

Your CMAS agreement must 1) satisfy the requirements in the CMAS Contract Guidelines; 2) contain a statement that the Administrator is required to comply with the Plan's care management protocols (policies and procedures); 3) specifically address the four required items on page two of Policy 13.17 (items i through iv); and 4) contain the most recent version of the "New York State Department of Health

Standard Clauses For Care Management Services Administrative Contracts" ("Standard Clauses"). If you need to amend your previously submitted CMAS agreement to adhere to these requirements, you must do so by December 31, 2013 and this revised agreement is subject to DOH approval. Plans who believe their previously submitted CMAS Agreements or amended CMAS Agreements are in compliance with the revised guidelines must submit an attestation indicating compliance. Please note that plans who attest to compliance will be held to such statements, and could be subject to sanctions if the Department subsequently determines appropriate revisions were not made.

Additional Answer Specific to Question #2: No, the agreement is not automatically approved. CMAS agreements submitted over 45 days ago that have been amended to meet these new requirements can be implemented immediately, but remain subject to final DOH approval.

Additional Answer Specific to Question #3: Since the original agreement was submitted less than 45 days ago, it cannot be implemented until written DOH approval has been issued or until 45 days have passed since the original agreement was submitted for review.

Question #4: *Our MLTC plan provides its own care management. Do I have to submit our Care Management Protocol to DOH for review?*

Answer: All MLTC plans, whether they provide their own care management or have a contract with another entity for care management, must ensure that their Care Management Protocols meet the requirements as indicated in Revised Policy 13.17. Please note that plans who attest to compliance will be held to such statements, and could be subject to sanctions if the Department subsequently determines appropriate revisions were not made.

Question #5: *I submitted a CMAS template to DOH for review back in June 2013. Can I still use it?*

Answer: Templates submitted prior to the release of revised Policy 13.17 can be used, provided that the MLTC plan's Care Management Protocols and any agreements based upon the CMAS Template meet all requirements as indicated in Revised Policy 13.17.

Question #6: *I am drafting a new CMAS template. I plan to submit it to DOH for review in November 2013. Is this acceptable?*

Answer: No. New CMAS template agreements will not be accepted on or after the release of revised Policy 13.17. Agreements based upon a template that was submitted prior to the release of revised Policy 13.17 must comply with the new requirements and guidelines and plans must submit an attestation indicating compliance.. If the agreement is not in compliance, it must be amended to comply with the revised guidelines and it is subject to DOH approval.

Question #7: *Do I need to include the updated Standard Clauses in my new or amended CMAS agreement?*

Answer: Yes, the most recent version of the Standard Clauses must be included in each new or amended CMAS agreement. Standard Clauses will be updated and posted to http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm upon release of this policy document. Please note that the CMAS Contract Guidelines will also be updated and posted to this website upon release of the policy document.

Question #8: *Do I need to submit an amended CMAS agreement every time the DOH releases an updated version of the Standard Clauses?*

Answer: No, subsequent changes to the Standard Clauses do not require the submission of contract amendments for DOH review and approval. The plan must substitute the updated Standard Clauses for the prior version in the agreement.

Question #9: *I submitted a CMAS agreement to the DOH for review, but have subsequently decided to continue to provide care management services directly. What should I do?*

Answer: Please notify the DOH in writing (via e-mail or letter) of your decision to withdraw the CMAS agreement.