

A red-tinted image of the Statue of Liberty's head and crown, positioned in the upper right corner of the slide. The background of the slide features a dark blue vertical bar on the left and a white background with a red horizontal band across the top.

Redesign Medicaid in New York State

Implementing Medicaid Behavioral Health Reform in New York

Managed Care Policy and Planning Meeting

March 6, 2014

Agenda

- ❑ BHO Phase 2 Project Update
- ❑ OASAS SPA Update
- ❑ OASAS Residential Redesign
- ❑ Rate Setting Update
- ❑ Draft Mainstream/ HARP Pay for Performance Incentives
- ❑ Next Steps

BHO Phase 2 Project Update

- ❑ Reviewed RFI comments and next steps with MRT BH workgroup
- ❑ Incorporated stakeholder feedback into RFQ
- ❑ Preparing final RFQ and draft rates for distribution 2nd week in March

OASAS SPA Update

- ❑ OASAS SPA Notice has been published
- ❑ The SPA will allow OASAS to provide services outside the 4 walls of the clinic and inclusion of residential services
 - ❑ The change from clinic to rehab allows for clinical and peer recovery services to be delivered where the client physically is – this will allow for outreach to disconnected clients and direct services in home and community settings

OASAS Residential Redesign

- OASAS is working with providers to design a three phase residential model including:
 - Stabilization in a residential setting
 - Rehabilitation in a residential setting
 - Re-integration in a residential setting

Rate Setting Update

- ❑ Scheduling review of draft NYC rates with Plan Association for next week
- ❑ HARP rate does not include 1915(i) services in first year
 - ❑ Services to be paid non-risk
- ❑ BH and HARP MLR - percentage under development
- ❑ State is modifying current psychiatric inpatient stop loss policy for Mainstream Plans and HARPs
 - ❑ Change to episodes of care - replaces stop loss based on cumulative days per person per year
 - ❑ Increases Plan financial responsibility for days of care over three years
 - ❑ Financial impact of psychiatric inpatient stop-loss proposal:
 - ❑ If no change, NYS would reimburse the MCOs about \$240 million in psychiatric stop loss
 - ❑ With the change, by year 3 and after, Plan premiums increase by \$210 million while the stop-loss pool is reduced to \$30 million

Draft Mainstream Plan Quality Measures and Pay for Performance

- ❑ Current mainstream Plan QI methodology
 - ❑ Uses 30 HEDIS measures, including three behavioral health measures
- ❑ Recommend:
 - ❑ BH measures should include all HEDIS BH measures; and
 - ❑ Additional two or three non-HEDIS metrics deemed useful by OMH/OASAS (and agreed to by DOH)
- ❑ Various other options for performance incentives are under consideration for mainstream Plans

Proposed HARP Pay for Performance

	P4P Withhold
Year 1	0.0%
Year 2	1.0%
Year 3	1.5%
Ongoing	2.0%

Next Steps

- ❑ Health Home/ Plan care management roles and responsibilities (beyond that which is already in the existing HH/Plan agreement)
- ❑ Determine the care management model for HARP members and HARP eligibles that are not enrolled in HHs
- ❑ Building Health Home capacity for HARP enrollees
- ❑ 1915i program development
 - ❑ Pilot test an interRAI assessment tool to develop scoring and to project cost of utilization
 - ❑ Develop guidance for 1915i services
 - ❑ Conduct a survey to identify potential 1915(i) providers
 - ❑ Designating 1915i qualified providers

Next Steps (continued)

- ❑ Collect feedback from Plans on:
 - ❑ Psych Inpatient Stop Loss proposal
 - ❑ Risk mitigation structure
- ❑ Develop Mainstream BH and HARP MLR percentage
- ❑ Final Rates available in April
- ❑ Provide ongoing technical assistance for Plans and providers
- ❑ Implement Start-Up Activities (with funding in 2014-15 Executive Budget)
- ❑ Facilitate creation of Regional Planning Consortiums (RPCs)