MLTC Implementation Meeting Notes Feb. 2, 2012; 9:30 a.m.
Christine M. Fitzpatrick, ADHCC/LeadingAge NY and Cheryl Udell, LeadingAge NY

Mark Kissinger, Director, Division of Long Term Care, DOH led the meeting

Mr. Kissinger started the meeting by following up on agenda items from the previous meeting on January 26.

DOH reiterated that the mandatory enrollment in managed long term care (MLTC) cannot begin until the Centers for Medicaid and Medicare Services' (CMS) approve New York's State Plan Amendment (SPA). Such approval is not anticipated in time to allow for 60-day notice to impacted consumers in New York City. Therefore, the previously mandated April 1, 2012 roll out date will be postponed as necessary, and the statewide roll out schedule will be adjusted accordingly. CMS is asking the State to clarify 3 areas: budget neutrality, educational material and terms and conditions.

CMS has approved all MLTC (partial cap) contracts, to be released Fri., Feb 3. The Medicaid Advantage Plus (MAP) contracts will go out on Mon. or Tues., Feb. 6 or 7th, and PACE contracts soon after that.

DOH is preparing all the necessary educational materials and all notices for the initial mandatory enrollment roll out. They will be tailored to the various populations and will be ADA compliant. They have convened a committee to review the draft materials for feedback. As part of the SPA approval process, CMS will be reviewing the materials as well.

Maximus, the statewide managed care enrollment broker, will attend the Feb. 9th implementation meeting.

According to DOH, The New York City Human Resources Administration (NYC HRA) does not have a definitive estimate of the number of individuals that are currently receiving personal care and that will need to be enrolled in MLTC. HRA needs to determine how many Medicaid recipients are receiving personal care, how many are 21 years old or older and how many are duals vs. non-duals. DOH has a target of enrolling 2,000 participants per month and they are working with Maximus to establish the exact total number of the people to be enrolled.

In order to ensure a smoother transition, the DOH is seeking to require that MLTC plans contract with all the HRA vendors currently providing home attendant/home health aide (HHA) services. Under this proposed arrangement, when an MLTC contracts with an HRA vendor, the MLTC must pay that vendor the same rate for home attendant/HHA services that HRA was paying. DOH believes this measure is necessary to ensure continuity of care. When a person is "new" to personal care and has not established a relationship with a vendor, the MLTC may contract with a non-HRA vendor. In this later case, the MLTC does not have to pay the HRA vendor rate. DOH reminded attendees, however, that as of March 1 the home care living wage rules apply in NYC. The State will release a policy on the above shortly.

Stakeholders asked that the targeted mandatory enrollment of 2,000 a month be revised to 250-400 a month and for new enrollees only. They requested the roll out be tested prior to the mass mandatory enrollment that is being projected to begin in NYC. DOH does not appear to be receptive to this approach.

There was a discussion of the quality process. DOH maintains that this will develop over time. Currently they are collecting consumer satisfaction and quality data. A description of quality measures was shared and the group was advised that a survey to capture MLTC enrollment impact on quality of life will be made available by Website at: www.health.ny.gov/health_care/managed_care/mltc/pdf/mltc_plan_member_satisfaction_survey.pdf). DOH pointed out that they consider survey an indication of quality and that MLTCs are surveyed biennially while HMOs and LTHHCPs are surveyed every 36 months.

The group discussed the Long Term Home Health Care Program (LTHHCP). DOH stated that a Q & A document on LTHHCPs will be released shortly, and that the RFA for CHHA expansion/development was posted to DOH Website on Jan. 25. They said that they will try to address the misconception that people should cease to enroll patients in the LTHHCP now, and that they want to be advised of any entity that is mis-directing the public to believe that enrollment in the LTHHCP is not allowed at this point. They responded negatively, however, to a request to continue enrollment in the LTHHCP after April 1 in NYC. They also noted their study of the LTHHCP programs against MLTC and found that the acuity overall in the LTHHCP was slightly less, but the LTHHCP had higher utilization of services. DOH cited that consumer advocates contend that people in the LTHHCP are frailer than those in MLTC, but the data so far do not support this contention. The committee agreed to share and further review any additional data.

Several MLTC plans presented a readiness report. These plans included Elderplan, GuildNet, VNS Choice, and CCM. The plans have been expanding their intake staff and networks over the last eight months and confirm that they are ready for the mandatory enrollment when it begins. They also report that they are putting time and considerable resources into voluntary enrollment.

DOH then presented their Risk Corridor Proposal designed to encourage the plans to continue to increase their voluntary enrollment efforts by decreasing their exposure to risk. While it decreases negative exposure on the one hand, the methodology also sets a limit on positive gains. The temporary risk corridor is patient specific and would only apply to those individuals who enroll in MLTC and are new to Medicaid or who move from fee-for-service Medicaid to MLTC. It would not apply to those who move from one MLTC plan to another. It would only apply to each new cohort until such time as the experience becomes part of the MLTC's base year. It takes two years for a MLTC's plan experience to become part of its base year. A stakeholder requested that incentives be built into the rates for a MLTC to encourage community-based care over nursing home care.

A separate group is meeting to incorporate the Consumer Directed Personal Assistance Program (CDPAP) into MLTC.

A question was raised at a past meeting about accreditation of MLTC plans and the monitoring of them during mandatory enrollment. Currently NCQA does not accredit MLTC plans. A process will be described to the MLTC plans on monitoring their capacity during the regularly-scheduled MLTC meeting with DOH on Feb. 16.

A concern was raised regarding the state's intention to step up or advance the requirement for mandatory enrollment beyond the initial phase in schedule. The concern stems from the fact that an accelerated roll out could disadvantage current providers seeking predictability in order to implement business plans around mandatory enrollment. DOH intends to advance the implementation schedule as quickly as they can.

DOH stressed that any questions about the MLTC implementation be sent to:

mltcapps@health.state.ny.us

The meeting adjourned at 11:15 a.m.