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## NYSOH Update

### NYSOH Announces Participating Insurers for 2016

NYSOH has announced the plans that will be offering products through the Exchange in 2016. The insurers that will offer Qualified Health Plans on the Individual Marketplace in 2016 are:

- Affinity Health Plan
- Capital District Physicians Health Plan
- Crystal Run Health Plan
- Empire BlueCross and Empire Blue Cross Blue Shield
- Excellus (Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY)
- Fidelis Care
- Health Insurance Plan of Greater New York (EmblemHealth)
- Healthfirst New York
- HealthNow New York, Inc. (Blue Shield of Northeastern NY; Blue Cross Blue Shield of Western NY)
- Independent Health
- MetroPlus Health Plan
- MVP Health Plan, Inc.
- North Shore LIJ (CareConnect)
- Oscar Insurance Corporation
- United Healthcare of New York, Inc.
- Wellcare

### Essential Plan Information

NYSOH has released a [fact sheet](#) promoting the “Essential Plan.” Enrollment for the Essential Plan begins on November 1, 2015 for coverage starting on January 1, 2016. Enrollment for the Plan will be open for all of 2016. The insurers that will offer the Essential Plan are:

- Affinity Health Plan

- Amerigroup (Empire BlueCross BlueShield HealthPlus)
- Crystal Run Health Plan
- Excellus (Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY)
- Fidelis Care
- Health Insurance Plan of Greater New York (EmblemHealth)
- Healthfirst
- Independent Health
- MetroPlus Health Plan
- MVP Health Care
- United Healthcare
- WellCare of New York
- YourCare Health Plan

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## DSRIP Update

### PPS Performance Networks

PPS performance networks will re-open October 23 and close November 20. During this time PPSs will be allowed to add new providers, but will not be able to delete or modify information for providers already in their network.

### VBP Workgroup Meeting

Last Thursday, the full VBP Workgroup met for the first time since August. The purpose of the meeting was to provide a status update on the various Sub-Committees that have been meeting periodically since the summer, and review the draft report of recommendations that have thus far been developed.

Each sub-committee was tasked with developing recommendations on outstanding issues related to VBP Reform implementation. Thursday's meeting was the first comprehensive review of the draft recommendations and includes proposals from the VBP Technical Design I and II sub-committees, and the sub-committees on regulatory reform and impact, advocacy and engagement issues, and social determinants of health and community-based organizations.

Some notable recommendations include the following proposals:

- Technical Design:
  - Attribution methodology: For MLTC care, attribution will be driven by the primary LTC provider
  - Participation in VBP: "Financially challenged providers" (to be defined) would be excluded from participating in VBP arrangements
- Regulatory Impact: Recommendations are being developed relating to:
  - Provider risk sharing
  - Default risk reserves
  - PPSs as contracting entities: The PPS cannot directly contract with a plan in a VBP arrangement unless it is an IPA or an ACO
  - Provider contract review tiers
  - Model contract and provider contract guidelines
  - Anti-kickback, self-referral/stark laws: Recommends amending NY laws and regulations so they are fully aligned with federal counterparts
  - Prompt payment: No legislative changes recommended but the sub-committee does recommend considering some prompt pay rules to certain VBP

arrangements via the model contract or provider contracting guidelines.

### VBP Technical Design II Sub-Committee Meeting

Last Thursday, the Value Based Payment Workgroup’s “Technical Design II” Sub-Committee met for the fourth time. The purpose of the meeting was to discuss criteria for “financially challenged providers,” i.e., those providers who will be excluded from VBP contract requirements; what quality and outcome measures should be included in “total cost of care for total population” (TCTP) arrangements, and what should criteria and policies be for the controversial VBP Innovator Program.

- VBP Innovator Program

The Innovator Program allows for providers who assume full risk and total cost of care to be eligible for minimum guaranteed capitation levels (up to 95%). Plans would be required to contract with that provider under the terms of the innovator program. Plans would also be required to accept standard terms and conditions developed and approved by the State for providers who qualify for the Innovator Program.

The overwhelming majority of the meeting focused on criteria and policies about the VBP Innovator Program. The sub-committee discussed several questions on this topic, including whether VBP Innovators should be required to engage in “Level 3” (full capitation prospective payment) or whether they could start at “Level 2” (FFS with *retrospective* upside/downside reconciliation) if they commit to evolve to Level 3 by some specified time. No clear consensus emerged though it appears most members and KPMG favor a less prescriptive option that would not require Level 3 only.

Another lengthy discussion focused on the delegation of plan administrative functions. Other issues discussed include whether there should be a required minimum number of patients to be an innovator (may ultimately depend on the patient population and arrangement considered) and whether entities should be required to demonstrate that they or their contracting partners have a certain level of experience in NYS before they can become innovators.

- Financially Challenged Providers

Members of the sub-committee discussed the need to create some standardization around the process for determining which entities would meet “financially challenged” criteria and therefore be exempt from VBP requirements. A consensus was reached that the Department of Health would develop a recommendation, utilizing standards or criteria as seen in IAAF, VAPAP, or a litany of other DOH programs only for financially disadvantaged facilities.

The next workgroup meeting is scheduled for November 18 in Albany.

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## **Medical Marijuana Prescriber Course Selected**

In order for practitioners to become certified to issue certifications for their patients to receive medical marijuana products, a [practitioner must complete](#) a four-hour NYSDOH approved course. The Department recently approved an [online course](#) provided by TheAnswerPage, an established online medical education site, that addresses the following topics: the pharmacology of marijuana; contraindications; side effects; adverse reactions; overdose prevention; drug interactions; dosing; routes of administration; risks and benefits; warnings and precautions; and abuse and dependence. The course will cost \$249.

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## Healthcare Personnel Influenza Vaccination Report

On November 2, 2015, the Department of Health (DOH) will [open](#) the Healthcare Personnel Influenza Vaccination Report. Under DOH regulations, covered providers are required to electronically report the number and percentage of personnel vaccinated against influenza to the DOH. Reports are to be submitted on the on the Health Electronic Response Data System (HERDS) via the Health Commerce System (HCS) and must be submitted to the Department by May 1, 2016.

At this time, the Department has not declared influenza prevalent. As a result, covered providers are not required to implement the state's flu-mask requirement under which certain personnel not vaccinated against influenza must wear a surgical or procedure mask while in areas where patients or residents are typically present.

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## New York City Behavioral Health HCBS Training

The Managed Care Technical Assistance Center is hosting a training series for designated adult behavioral health home and community based service (HCBS) providers in NYC. The trainings are intended for staff, management, and leadership who will be overseeing and implementing HCBS at their respective agencies. Registration information can be found [here](#).

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## Regulatory Update

### Standards for Adult Homes and Adult Care Facilities and Enriched Housing

The Department of Health recently issued [notice of proposed rulemaking](#) establishing standards for certain adult care facilities and enriched housing to coordinate protections for individuals with physical and mental disabilities with the efforts of the Justice Center. The proposed regulation has continuously been in effect as an emergency regulation starting in July 2013 and does not contain substantive changes from the emergency version. Comments on the proposed regulation will be accepted by the Department through December 7, 2015.

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## Grants/Funding Opportunities

The Department of Health has issued two RFAs related to the Essential Health Care Provider Support Program (EHCPS), a component of the 2015-16 enacted Budget.

### Essential Health Care Provider Support Program

The EHCPS was established to provide grants to essential health care providers that support debt retirement, capital projects or non-capital projects, for the purpose of facilitating the health care transformation of these essential health care providers through mergers, consolidation and restructuring activities intended to create financially sustainable systems of care.

A total of up to \$300 million is available under this RFA to essential health care providers that are licensed general hospitals or a hospital system that offer health care services within a

defined geographic region where such services would otherwise be unavailable to the population of the region.

Proposals are to be submitted by November 20, 2015. For more information regarding this RFA, please click [here](#).

Essential Health Care Provider Support Program - Health Care Delivery System Innovators Fund

A total of up to \$55 million is available under this RFA to essential health care providers that are licensed general hospitals or a hospital system which, among other factors, have also demonstrated a commitment to establishing innovative models of health care delivery. To receive funding, the applicant must demonstrate how the proposed use of the grant will directly contribute to its long-term financial sustainability, attaining DSRIP goals and or the preservation of essential health care services in the community served by the applicant.

Proposals are to be submitted by November 20, 2015. For more information regarding this RFA, please click [here](#).

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## Upcoming Calendar

<b><i>Monday, November 9 &amp; Tuesday, November 10</i></b>	DSRIP Project Approval and Oversight Panel (PAOP) meeting with the Upstate-based PPS  Monday, November 9 – All day Tuesday, November 19 – Half day  The Egg Convention Center, Hart Theatre Lounge, Albany, NY
<b><i>Wednesday, October 28 &amp; Thursday, October 29</i></b>	New York State HIV Advisory Body (HAB)  October 28 at 10:30 a.m. October 29 at 9:00 a.m.  TRYP Hotel, 345 West 35 <sup>th</sup> Street, New York, NY
<b><i>Thursday, October 29</i></b>	Bureau of Tobacco Control and The New York State Tobacco Use Prevention and Control Advisory Board  10:30 a.m. to 3:00 p.m.  Empire State Plaza, Corning Tower Building, Conference Room 2876A, Albany, NY

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