NYSOH Announces 2018 Insurance Options

The New York State of Health ("NYSOH") has announced the Qualified Health Plan ("QHP") and Essential Plan ("EP") options that will be available to consumers in 2018. Open Enrollment begins **November 1, 2017** and will continue through **January 31, 2018**.

According to the NYSOH announcement, many individuals who qualify for federal tax credits to purchase a QHP will see premiums for comparable coverage decrease in 2018. On average, consumers who select a silver level plan will see a premium decrease by 5% after tax credits are applied. Consumers in the Capital District and Mid-Hudson regions, Western and Central New York, and Long Island will see larger decreases in premiums after tax credits when purchasing a silver level plan. Premiums for consumers in New York City after tax credits will remain relatively flat in 2018.

The twelve insurers offering **Qualified Health Plan** coverage on the Individual Marketplace in 2018 are:

- Capital District Physicians Health Plan ("CDPHP")
- 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. (BlueShield of Northeastern NY; BlueCross BlueShield of Western NY)
- Independent Health
- MetroPlus Health Plan
- MVP Health Plan, Inc.
- Oscar Insurance Corporation
- United Healthcare of New York, Inc

Two insurers, Affinity Health Plan and CareConnect will not be offered on the Individual Marketplace in 2018.

The fifteen insurers offering **Essential Plan** coverage in 2018 are:

- Affinity Health Plan
- 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
- HealthNow New York, Inc. (BlueCross BlueShield of Western NY)
- HealthPlus HP (Empire BlueCross BlueShield HealthPlus)
- Independent Health
- MetroPlus Health Plan
- Molina Healthcare
- MVP Health Care
- United Healthcare
- WellCare of New York
- YourCare Health Plan

Molina Healthcare, which will offer coverage in Central New York, is the only addition to insurers offering Essential Plan coverage in 2018.

The five insurers offering coverage on the **Small Business Marketplace ("SHOP")** in 2018 are:

- Excellus (Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY)
- HealthNow (BlueShield of Northeastern NY; BlueCross BlueShield of Western NY)
- Independent Health
- MetroPlus Health Plan
- MVP Health Plan, Inc.

Three insurers, CareConnect, Capital District Physicians Health Plan ("CDPHP"), and EmblemHealth will not offer coverage through the SHOP marketplace in 2018. SHOP products will not be available to small employers in Nassau and Suffolk counties.

The Marketplace will also offer the following stand-alone dental plans:

- Delta Dental Insurance Company (Individual and SHOP)
- Dentcare (Individual and SHOP)
- Dentegra Insurance Company(Individual)
- Empire BlueCross and Empire Blue Cross BlueShield (Individual)
- Guardian (Individual)
- HealthNow New York, Inc. (BlueShield of Northeastern NY; BlueCross BlueShield of Western NY) (Individual and SHOP)
- Healthplex (Individual and SHOP)
- Solstice (Individual and SHOP)

New for this Open Enrollment Period, consumers will be able to access the recently launched NYS Provider & Health Plan Look-Up, an online tool that consumers can use to research provider networks and health plans.

Interactive maps of the 2018 Health and Dental Plans are available at:
http://info.nystateofhealth.ny.gov/PlansMap and
http://info.nystateofhealth.ny.gov/EssentialPlanMap

DSRIP/VBP Update

Whiteboard Video - CBOs and VBP

A new video has been added to the DSRIP whiteboard series. In the video, "What CBOs Need to Know to Be Successful in VBP," Jason Helgerson, describes the top 5 things that Community Based Organizations ("CBOs") need to know in order to be successful in the move to Value Based Payment ("VBP"). He also discusses how CBOs can get involved in the transition to VBP.

Questions can be sent to VBP@health.ny.gov.

eMedNY Training Seminars and Webinars

The eMedNY Training Schedule for October through December is now available and registrations for seminars and webinars are currently being accepted.

Some of the topics offered include:

- ePACES for Dental, DME, Free Standing and Hospital Based Clinics, Institutional, Nursing Home, Professional (Real-Time), Physician, Private Duty Nursing, Transportation, and Vision Care
- Medicaid Eligibility Verification System (MEVS)
- eMedNY Website Review
- New Provider/New Biller

eMedNY training seminars are being held at the following locations:

- Canandaigua
- Plattsburgh
- Poughkeepsie
- Rensselaer
- Binghamton
- Hauppauge
- Williamsville

eMedNY also offers training webinars. Click here to view the training schedule and register today. Questions can be directed to the eMedNY Call Center at 800-343-9000.

DFS Issues Circular Letter Regarding Coverage of Naloxone

The Department of Financial Services ("DFS") published Circular Letter No. 16 (2017) on Thursday, September 28, 2017, providing health plans with guidance regarding coverage of naloxone, an opioid overdose reversal drug. The Circular Letter explains that Plans are prohibited from placing arbitrary limits on coverage of naloxone. As an example, the Circular Letter states that Plans are prohibited from placing an annual limit on coverage for an unused naloxone prescription refill unless medically warranted. The Circular Letter also addresses appropriate dosage. It explains that, in some cases where fentanyl is involved, multiple doses of naloxone have been required to reverse the overdose and would therefore be considered medically necessary.

DOH Issues New MLTC Policy Regarding Plan Transition Process

The Department of Health ("DOH") recently the new Managed Long Term Care ("MLTC") Policy 17.02: MLTC Plan Transition Process. The new policy establishes a process applicable to MLTC enrollees in Partially Capitated Programs of the All–Inclusive Care for the Elderly ("PACE"), and Medicaid Advantage Plus ("MAP") plans who are required to involuntarily transition from one MLTC plan to another MLTC plan, as the result of (a) plan closure, (b) a plan's service area reduction or withdrawal, or (c) merger, acquisition or other arrangement approved by the Department.

Questions may be submitted to the MLTC Technical Assistance Center, here or the Medicaid Managed Care plan mailbox, here.

Updated Nursing Home Visitation Rules

The Department of Health ("DOH")recently issued a new Dear Nursing Home Administrator Letter (NH DAL: 17-04 Resident Visitation Rights), which provides a brief overview of the implementation of new Resident Visitation Rights. The DAL was issued pursuant to the October 2016 CMS regulation revising the Requirements of Participation that Long-Term Care facilities must meet to participate in Medicare and Medicaid programs.

The new rule affirms and explicitly states the resident has the right to receive visitors of his or her choosing and at the time of their choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. Other changes include, but are not limited to, the following:

- The resident representative is added to the list of people who have immediate access to the resident.
- The facility must provide immediate access to the resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time.
- The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time.
- The facility must have written visitation policies and procedures and inform the resident of his or her visitation rights, the facility policy and the reasons for any clinically necessary or reasonable restriction or limitation or safety restriction or limitation. For example, reasonable safety restrictions are those imposed by the facility that protect the security of all of the facility's residents, such as keeping the facility locked at night. The facility may change location of visits to assist care giving or protect the privacy of other residents, if these visitation rights infringe upon the rights of other residents in the facility. For example, a resident's family visits late in the evening, which prevent the resident's roommate from sleeping.
- The facility must inform each resident (or resident representative, where appropriate) of the right to receive visitors whom he or she designates, including but not limited to, a spouse, domestic partner (including same sex spouse or domestic partner), another family member, or a friend and his or her right to withdraw or deny consent at any time.
- The facility must ensure that all visitors enjoy full and equal privileges consistent with resident preferences.

The Department encourages facilities to review their policy and procedures for visitation to ensure they are following all of the requirements of participation. Further clarification of the reform of the requirements for Long-Term Care facilities can be found here.

2017 ACF 3rd Quarter Statistical Information Report

The Department of Health recently issued DAL 17-17: 2017 Adult Care Facility 3rd Quarter Statistical Information Report reminding ACF operators that they are required to complete the 2017 ACF 3rd Quarter Statistical Information Report, encompassing the time period from **July 1, 2017** to **September 30, 2017**. The DAL also specifies additional requirements for facilities with a certified bed capacity of 80 beds or more, in which **20%** or more of the resident population are persons with serious mental illness.

The 2017 ACF 3rd Quarter Statistical Information Report (and Roster of Adult Home Residents, if applicable) must be submitted to the Department no later than **October 31, 2017**. Operators will be able to access and complete these reports on the HCS effective October 1, 2017. The survey forms can be accessed by logging onto HCS, here.

Several individuals, including the facility's Administrator, HPN Coordinator, and Data Reporter, may enter data for this report. However, the Administrator must review the report prior to submission, complete the attestation statement, and submit the completed report.

Questions pertaining to the DAL and programmatic requirements should be directed to Georgina Raus or Jillanna Devik at (518) 408-1133. Questions specific to the Roster of Adult Home Residents should be directed to Matthew Gasbarro at (518) 485-8781.

Regulatory Updates

Department of Health

Managed Care Organizations

The Department of Health recently issued a notice of adopted rulemaking that provides flexibility for distributions by Managed Care Organizations ("MCOs") when the MCOs net worth is below the required minimum net premium revenue permitting such distributions. The adopted regulation permits the transfer of funds from an MCO to any members or stockholders without DOH prior approval, provided that the distribution is for the sole purpose of reimbursing for income taxes paid resulting from income received by the MCO, or for the proportionate share of the distribution attributable to a not-for-profit member or stockholder of the MCO. The adopted regulation also grants the Commissioner of Heath the discretion to waive the minimum net worth requirements if the transfer of MCO funds are for the for the purpose of purchasing controlling interest in another MCO.

Department of Financial Services

Minimum Standards for Form, Content and Sale of Health Insurance, Including Standards of Full and Fair Disclosure

The Department of Financial Services recently issued a notice of proposed rulemaking that would provide a formulary exception process for medication for the detoxification or maintenance treatment of a substance use disorder. The proposed rule would require that every health plan that covers medication for the detoxification or maintenance treatment of a substance use disorder include a formulary exception process that allows an insured an opportunity to request an exception and gain access to medication for substance use disorder not otherwise covered by the policy or contract when medically necessary. The proposed rule would also require insurers to implement internal review, external appeals processes, and expedited review decision processes for these medications.

The Department is accepting comments on the proposed rulemaking until November 19, 2017. Comments may be submitted to the Department by mail or electronically.

Upcoming Calendar

Tuesday, October 10, 2017

Bureau of Tobacco Control and NYS Tobacco Use Prevention and Control Advisory Board

10:30 a.m. to 3:00 p.m.

Empire State Plaza, Corning Tower Building, 2876A Conference Room, Albany, NY

Wednesday, October 11, 2017

Public Health and Health Planning Council

10:15 a.m.

Empire State Plaza, Concourse Level, Meeting Room 6, Albany, NY

Friday October 13, 2017
Regulatory Modernization Initiative Integrated Primary Care and Behavioral Health Workgroup Meeting #2

10:30 a.m. to 3:00 p.m.

Empire State Plaza, Meeting Room 6, Albany, NY

Tuesday October 17, 2017

State Trauma Advisory Committee (STAC)

1:30 p.m. (subcommittees meeting between 8:00 a.m. and 1:30 p.m.)

Hilton Garden Inn, 235 Hoosick Street, Ferris Ballroom A, Troy, NY

Wednesday, October 18, 2017

NYS Board of Examiners of Nursing Home Administrators

10:30 a.m.

New York State Department of Health, 875 Central Avenue, Main Conference Room, Albany, NY

Thursday October 19, 2017
Drug Utilization Review Board (DURB)

9:00 a.m. to 4:00 p.m.

Empire State Plaza, Concourse Level, Meeting Room 6, Albany, NY