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VBP Updates

[VBP Grants for Mental Health and Addiction Healthcare Providers](#)

Last week, the Governor [announced](#) \$60 million in funding to mental health and addiction services providers as part of the transformation of the State's Medicaid system. The awards, which will be paid over three years, will aid behavioral health providers transform to a business model of Value-Based Payment. The funds will be awarded to 19 selected networks of behavioral healthcare providers, called Behavioral Health Care Collaboratives helping them to integrate care across the entire spectrum of physical and behavioral health services.

[Value Based Payment Community Based Organization Survey](#)

The Department of Health has released a [statewide survey](#) to all Community Based Organizations (“CBOs”). The purpose of this survey is to capture current services CBOs are providing that address Social Determinants of Health (“SDH”) and gauge CBO integration with the VBP program. The goal is also for the State to learn about SDH initiatives to share with the community at large, and to use the information provided to build a public inventory of Tier 1, 2, and 3 CBOs that can be used to facilitate VBP contracting. CBOs will be asked to complete this survey on an annual basis. The results of the survey will be posted in the [VBP Resource Library](#) under Social Determinants of Health and Community Based Organizations.

Questions should be sent to SDH@health.ny.gov.

Monthly Update on VBP QIP

DOH staff recently provided their December [monthly update](#) on VBP QIP.

As previously announced, the program was recently expanded to add one new facility, Jamaica Hospital of Queens, and now includes a total of 22 facilities in the program. Funding for Jamaica Hospital is \$25 million for SFY 2017-18. Jamaica Hospital is paired with Advocate Community Partners PPS and two MCOs: Amerigroup (\$16 million) and Fidelis (\$9 million). Funding amounts for 2017-18 for Nassau University Medical Center and the NYC Health and Hospitals Corporation were also announced for the first time during the webinar. Nassau will receive \$40 million, and work with Amerigroup and the Nassau Queens PPS, while NYC HHC will receive \$120 million and work with Metroplus (\$60 million) and Emblem Health (HIP) (\$60 million), and their own led PPS, NYC HHC PPS.

Staff announced that some Letters of Intent (LOI) submitted by VBP facilities did not appropriately identify the correct legal name of their partner MCO, and reminded facilities that to satisfy the 80% VBP contracting requirement, DOH must be able to easily identify the DOH-regulated MCO and VBP QIP facility.

Staff also announced that the VBP “off menu” contract checklist was approved and will be posted to the VBP website to provide guidance for entities seeking to submit VBP off-menu contractual arrangements.

As half of the participating facilities selected the Sepsis quality measure, the State provided an update on when Sepsis data should be available to measure performance. Sepsis data was due to DOH December 22 and by the end of January, facilities should have a summary of Q1, Q2, and Q3 sepsis data.

Beginning DY3 Q4 (January 1, 2018 – March 31, 2018) quality measure performance will drive payment. Under the VBP QIP program, performance improvement is attained for a measure if the most recent quarter’s annual rolling results indicate maintaining or improving the level of quality over the preceding quarter’s annual rolling results. Slide 15 of the PowerPoint shows the timeline for VBP QIP action items thru DY3 Q4 and into DY4 Q1. Notably, MCOs are required to review and approve DY3 Q1 Quality Improvement Targets (QITs) for their facilities and begin preparing payment by Friday December 29, 2017. VBP QIP facilities must submit all of their contracts showing 80% of Medicaid funds in a VBP Level 1 arrangement by April 1, 2018.

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Statewide Health Care Facility Transformation Program Round 2 RFA Published

The Department of Health, today, announced the availability of funds under the [Statewide Health Care Facility Transformation Program II](#).

A total of up to \$203,782,888 is available through this Request for Applications ([RFA #17648](#)) to health care providers that are deemed by the Commissioner to fulfill or will fulfill a health care need for acute inpatient, outpatient, primary, home care or residential health care services in a community. A minimum of \$46,995,507 of this total amount is available for community-based health care providers, which are defined as diagnostic and treatment centers, mental health and alcohol and substance abuse treatment clinics, primary care providers and home care providers.

The objective of the Statewide Health Care Facility Transformation Program II is to provide grants to health care providers that support capital projects, debt retirement, working capital or other non-capital projects that facilitate health care transformation activities including, but not limited to, merger, consolidation, acquisition or other activities intended to create financially sustainable systems of care or preserve or expand essential health care services.

In determining awards, priority will be given to projects that were not awarded a grant in response to the RFA for Round 1 of the Statewide Health Care Facility Transformation Program. The RFA, however, indicates that the priority granted under this provision applies only after the application of the geographic statewide distribution and will be applied to equally scored applications within the same geographic region.

It is also important to note that awards made under this RFA are determined on a non-competitive, discretionary basis. Funding will be awarded at the discretion of the Commissioner of Health. As such, applicants are advised to put forward their best efforts in thoroughly completing and fulfilling all the requirements of the RFA

An informational Applicant Webinar will be held on **Wednesday, January 31, 2018**, from 10:30 AM-12:00 PM. To register for the meeting, click [here](#).

Questions regarding the Statewide Health Care Facility Transformation Program II (RFA #17648) are due by **February 9, 2018**, and can be e-mailed to Statewide2@health.ny.gov.

Key Events/Time Line

- Release of RFP: **January 8, 2018**
- Applicant Webinar: **January 31, 2018**
- Questions due: **February 9, 2018**
- Questions and Answers posted: **February 21, 2018**
- Letters of Interest due: **February 23, 2018**
- Applications due: **March 14, 2018 by 4:00 PM**
- Estimated Contract Start: **July 6, 2018**

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Regulatory Modernization Update

Guidance Issued on Hospital-Homecare- Physician Collaboration Law

The state Department of Health (DOH) recently issued a Dear Administrator Letter ([DHCBS 17-07; DHDTC 17-17 RMI – Post-Acute Care PHL §2805-x Hospital-Homecare- Physician Collaboration Law](#)) to provide guidance on New York's Hospital-Homecare-Physician Collaboration law, which is designed to facilitate innovation in hospital, nursing home, home care, and physician collaboration.

The Hospital-Homecare-Physician Collaboration law provides a framework for collaboration to improve patient care access; patient health outcomes; cost-effectiveness in the use of health care services; and community population health. The DAL provides background on the collaboration statute and gives some examples of possible collaborative initiatives allowed by the law.

All collaboration projects are required to receive prior approval from the Department, however many of the cross-continuum collaboratives cited in the DAL may proceed under existing regulations and do not require waivers. It is only necessary to submit a request for a waiver if a collaborative arrangement would be impeded by a state regulation policy or procedure.

Long Term Care Need Methodologies and Innovative Models Workgroup

The third meeting of the LTC Need Methodologies and Innovative Models Workgroup will take place **Monday, January 8, 2018** from **1:00 to 3:00 p.m.** in Meeting Room 6, Empire State Plaza in Albany. Individuals attending are asked to RSVP at RegulatoryModernization@health.ny.gov with "LTC" in the subject line.

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Adult Care Facility 4th Quarter Statistical Information Report

The Department of Health recently issued a Dear Administrator Letter ([DAL 17-24: 2017 Adult Care Facility 4th Quarter Statistical Information Report](#)) reminding ACF operators that they are required to complete the 2017 ACF 4th Quarter Statistical Information Report, encompassing the time period from **October 1, 2017** to **December 31, 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 **January 31, 2018**. 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](#).

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Changes to Nursing Home Preadmission Screen Resident Review Level II for Mental Illness

The Department recently issued a DAL ([Preadmission Screen Resident Review PASRR\) Level II for Mental Illness– Process Changes](#)) notice to nursing home operators detailing a change in the Preadmission Screen Resident Review ("PASRR") Level II referral process for individuals who are known or suspected of having serious mental illness ("SMI") and who are seeking nursing home admission, or who already reside in a nursing home and are identified as having a significant change in condition.

Effective **Friday, December 1, 2017**, Ascend, a MAXIMUS company, will be responsible for completing all Level II evaluations for mental illness. Referrals are to be initiated by downloading and completing a New York [PASRR Fax Coversheet](#) for the individual being referred for the Level II evaluation, and faxing it to **877-431-9568**, along with all required documentation, as follows:

- Referral Intake Form
- Current Comprehensive History and Physical Evaluation
- Current Comprehensive Psychiatric Evaluation (preferred, if available)
- Complete, Accurate, and Current PRI and SCREEN

Ascend will summarize its Level II evaluations via the New York Summary of Findings Preadmission Screening and Resident Review report, which will be forwarded to the referring entity. The referring entity is responsible for interpreting and explaining the PASRR NYS Level II Adult Mental Health Evaluation Report to the assessed individual and, as applicable, his or her legal representative.

The Office for People with Developmental Disabilities (“OPWDD”) remains responsible for PASRR level II intellectual or developmental disability evaluations. These evaluations are conducted by the local Developmental Disabilities Service Office (“DDSO”).

For questions related to DDSO PASRR Level II evaluations, contact Barbara Burditt, PASRR Coordinator for OPWDD at 518-388-0694. Questions regarding the New York PASRR Level II process should be directed to Ascend at **877-431-1388, ext. 3475**, or by emailing pasrr@health.ny.gov.

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FIDA Members Excluded From Health Homes

According to recent [DOH Guidance](#), Medicaid Members enrolled in a FIDA Plan are excluded from enrollment in the Health Home Program, **effective January 1, 2018**. Outreach for Medicaid members enrolled in a FIDA Plan must also be discontinued.

Members currently enrolled in both programs will be contacted by a third party vendor who will explain each program and ask the member to either select the FIDA Plan or the Health Home Program. If a member chooses to remain in their FIDA Plan, the Health Home will be notified by the Department of Health, Health Home Team to disenroll the member.

Members who are currently enrolled in both Health Home and a FIDA plan and do not make a choice must be disenrolled from the Health Home Program **effective March 31, 2018**. The Health Home Team will provide a list of these members on Monday, March 19, 2018 to the Lead Health Home. Health Homes must send the Notice of Determination by Wednesday, March 21, 2018.

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December 2017 Medicaid Update

DOH has released the December 2017 edition of its monthly [Medicaid Update](#) publication.

Some of the highlights include:

- **Translated Viral Prescription Pads**: The Department of Health has translated viral prescription pads into 10 different languages, just as cold and flu season is starting to ramp up. The “prescription” is a tangible “takeaway” for patients that will educate them about antibiotic resistance; offer supportive treatment suggestions, such as drinking liquids, using a cool mist vaporizer, using ice chips or sore throat spray; and give them a contingency plan to check back with the office if they do not feel better in a few days. Limited **free** copies may be ordered by emailing Mary Beth Wenger at MaryBeth.Wenger@health.ny.gov.
- **Delayed: System Enhancements to the NCPDP Submission Clarification Field for Long Term Care Pharmacy Providers to Report Short Cycle Billing**: The Department of Health has **delayed** implementation of system enhancements to improve the submission of Medicaid fee-for-service (“FFS”) pharmacy claims for Long Term Care (“LTC”) pharmacy providers by the addition of supplementary Submission Clarification Codes in field 420-DK. A communication will be sent out once a new implementation date has been set. The intent of short cycle dispensing is to reduce wasteful dispensing of outpatient prescription drugs in LTC facilities. When this system enhancement is implemented, LTC pharmacy providers should indicate via an appropriate submission clarification code, when they are submitting claims for medications with short days’ supply. Additionally, values 22-35 will have a prorated dispensing fee applied. Upon

implementation, a list of values reported in field 420-DK will be available for claim submission for LTC pharmacy providers. For more information, click [here](#).

- New York Medicaid Management Information System (NYMMIS) Update: The Department of Health and Conduent Healthcare, LLC have agreed to discontinue their agreement to design, develop, implement, and administer a new Medicaid Management Information System (“MMIS”). As the new MMIS was in the design phase only, this change will have no impact on providers or on current eMedNY operations.
- MEIPASS Password Expirations: EHR Incentive Program: Recently there has been an abundance of providers having difficulty logging into the Medicaid EHR Incentive Program Administrative Support Services (“MEIPASS”) portal. The issue occurs due to the expiration of passwords in Electronic Provider Assisted Claim Entry System (ePACES). The error message displayed states that the user is not authorized to access the system. This may occur prior to, or after, entering the CMS Registration ID. To remedy this error the user can simply login to ePACES and reset the password. The user should then be able to access the MEIPASS portal. For any other questions, contact the MEIPASS EHR Incentive Program help desk at (877) 646-5410, Option 1, or by email at meipasshelp@csra.com.

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Regulatory Updates

Department of Health

Residential Health Care Facility Quality Pool

The Department of Health recently issued a notice of [adopted rulemaking](#) that significantly alters the RHCFC Quality Pool previously in place under [emergency rulemaking](#). The adopted regulation no longer contains the specified quality, compliance, and efficiency measurement criteria that were previously used to calculate each facilities quality score. Instead, financial awards to facilities will be determined by their performances in the Nursing Home Quality Initiative (“NHQI”). The measures included in the NHQI will be decided upon with input and advice from the workgroup based on expert opinions, industry standards, and quality measure outcomes being assessed at the national level. The regulation will also, among other changes, eliminate per diem transition adjustments and provisions for reserve bed days and facilities in receivership. The Department’s assessment of public comment on the proposed rule, which was published in the [August 23, 2017](#) edition of the New York State Register, can be found [here](#).

Children’s Behavioral Health and Health Services

The Department of Health recently issued a notice of [adopted rulemaking](#) that authorizes six new behavioral health and health services for Medicaid eligible children/youth under 21 years of age. New services would include crisis intervention (“CI”); community psychiatric support and treatment (“CPST”); psychosocial rehabilitation (“PSR”); family peer support services (“FPSS”); youth peer support and training (“YPST”); and services of other licensed practitioners. The new services would be available to any Medicaid eligible child who meets medical necessity criteria. Adoption of the regulation would be contingent upon the receipt of approval from CMS to add the new services to New York’s State plan for medical assistance. The Department estimates that the annual State share cost of covering the new services will be \$33.6 million.

Department of Financial Services

Holding Companies

The Department of Financial Services recently issued a notice of [adopted rulemaking](#) that provides that an executive officer or director of a corporation seeking to acquire direct or indirect control of a domestic insurer may apply for an exemption from the requirement that the person furnish a consolidated balance sheet and related consolidated statements of income so long as the documents are not pertinent in determining the financial condition of the corporation of which the individual is an executive officer or director.

Education Department

Biological Products in the Profession of Pharmacy

The NYS Education Department recently issued a notice of [emergency proposed rulemaking](#) that will allow to pharmacists to substitute FDA designated biological products in accordance with Chapter 357 of the Laws of 2017, which authorizes the substitution of interchangeable biological products and establishes minimum requirements for the substitution by pharmacists.

The Education Department will be accepting comments on the proposed regulation until February 12, 2018. Comments may be submitted in writing or [electronically](#).

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Legislative Spotlight

The Legislature will be in session on Monday, January 8 through Tuesday, January 9. The Senate Health Committee and the Senate Committee on Investigations and Government Operations will both be meeting on Tuesday, January 9, 2018. The Assembly is currently not planning to hold committee meetings this week.

Bills of potential interest include:

- [S.517/A.1425 \(Young/Jenne\)](#): This bill would authorize individuals over the age of twenty-one with traumatic brain injury (TBI) to participate in programs that provide essential services to developmentally disabled individuals, in areas with limited traumatic brain injury service capacity. This bill is on the Senate Health Committee Agenda.
- [S.6948 \(Hannon\)](#): This bill would establish a Medical Indemnity Fund (“MIF”) Ombudsman for the purpose of receiving and resolving complaints, and informing qualified plaintiffs and their representatives of the services, supplies and modifications they are entitled. It would also create the Medical Indemnity Fund Advisory Panel to make recommendations on ways to improve the functioning of the Medical Indemnity Fund. This bill is on the Senate Health Committee Agenda.
- [S.6964 \(Hannon\)](#): This bill would require hospitals to notify sexual assault victims of the option to decline to provide private health insurance information and to have the Office of Victim Services reimburse the hospital for the exam. This bill is on the Senate Health Committee Agenda.
- [S.6947 \(Hannon\)](#): This bill would establish a Sexual Assault Forensic Examination (“SAFE”) Telemedicine Pilot Program to ensure that sexual assault survivors seeking care in emergency rooms have access to health care providers who have the support of specially trained sexual assault offense examiners through telemedicine. This bill is on the Senate Health Committee Agenda.

- [S.1453 \(Avella\)](#): This bill would increase the tax credit for premiums paid for long-term care insurance from 20% to 40% through December 31, 2021. This bill is on the Senate Committee on Investigations and Government Operations agenda.

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Upcoming Calendar

<p><i>Monday, January 8, 2018</i></p>	<p>Regulatory Modernization Initiative – Long Term Care Need Methodologies and Innovative Models Workgroup</p> <p>1:00 to 3:00 p.m.</p> <p>Empire State Plaza, Meeting Room 6, Albany, NY</p>
<p><i>Tuesday, January 9, 2018 & Wednesday, January 10, 2018</i></p>	<p>State Emergency Medical Services Council</p> <p>Tuesday January 9, 2018 from 8:30 a.m. to 4:30 p.m. Wednesday, January 10, 2018 from 9:00 a.m. to 3:00 p.m.</p> <p>Hilton Garden Inn, 235 Hoosick Street, Ferris Ballroom A, Troy, NY</p>
<p><i>Thursday, January 11, 2018</i></p>	<p>Assembly Public Hearing on Marijuana Decriminalization and Regulation</p> <p>10:30 a.m.</p> <p>Assembly Hearing Room 1923, 19th Floor 250 Broadway, New York, NY</p>

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