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VBP Updates

[DOH Value Based Payment Community Based Organization Directory](#)

The Department of Health has posted a statewide directory of community-based organizations to facilitate required MCO and provider VBP contracting with CBOs. The directory can be found [here](#). It is anticipated that the directory will be updated bi-weekly. All information in the directory is self-reported and not verified by DOH. Any organization seeking to be added to the directory must submit the CBO survey, [here](#).

[VBP Twitter Live Broadcast Series](#)

Last Friday, Jason Helgerson and Elizabeth Misa hosted a Twitter Live video broadcast, the first in a series of broadcasts that will focus on various topics around the move to Value Based Payment (VBP).

The topic for Friday was “Social Determinants of Health and Community Based Organizations in Value Based Payments.” Jason and Liz discussed and took questions on topics around the role of Community Based Organizations (“CBOs”), requirements around social determinants of health in the VBP Roadmap, among other topics.

To view a recording of the Twitter Live video broadcast, click [here](#).

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Performing Provider System (PPS) and Managed Care Plan Joint Meeting

On Wednesday, MCOs attended the PPS quarterly meeting in NYC. MCOs were invited for a special session to discuss ways PPSs and MCOs can assist each other in meeting DSRIP objectives. However, the thrust of the meeting focused on the State's and PPS's desire for managed care plans to share their member's HIPAA protected health data with PPSs.

With \$6 billion unearned DSRIP funds at stake, the State and PPSs are concerned about their ability to earn the remaining share of incentive funds. Data is one area where PPSs have identified the need for MCO assistance. While the State has encouraged managed care plans to be creative in this regard, plans have reported they are limited by Federal and State laws as to what they can provide.

Updates from the morning PPS portion of the meeting included Jason Helgeson announcing that the State will submit a plan for DSRIP 2.0, though the State is not optimistic it will be approved by CMS. Also discussed was the future plans for PPSs post-DSRIP which included mention that roughly 1/3 of the PPSs are in advanced planning stages to serve as IPAs or ACOs, while the remainder are either unsure of their future plans, or will not become an IPA or ACO.

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Managed Care Policy and Planning Meeting

On Thursday, the Department of Health held the monthly Policy and Planning Meeting with the State's Medicaid Managed Care plans. Some highlights from the meeting include:

- **Mainstream Enrollment:** Statewide enrollment for December was 4,391, 939, with 2,592,350 in NYC and 1,799,589 Upstate. Statewide enrollment increased by 11,344. Statewide enrollment is still down 19,509 since July.
- **Mandatory Provider Enrollment into MMC:** DOH is in the process of developing guidance for MCOs regarding mandatory provider terminations and other actions that may be taken with respect to network providers who fail to enroll in FFS in accordance with the Medicaid Managed Care Federal Regulation 42 CFR 438 ("Mega Rule"). Pursuant to PHL 4406-d(2), MCOs are required to provide health care providers with 60 days prior written notice if they intend to terminate them from their network. According to DOH, there are currently 13,000 FFS Medicaid enrollment applications pending with the Bureau of Provider Enrollment. While DOH has announced April 1, 2018 as the deadline for MCOs to have effectuated terminations, Federal financial participation will continue to be made by CMS for un-enrolled providers until July 1, 2018, make this DOH's "drop dead" date for termination or non-payment.
- **MLTC Enrollment:** Now at 216,766, an increase of 2,468 from the enrollment reported at last month's meeting (214,298). Enrollment continues to steadily climb after leveling off in January, February and March, when monthly growth was closer to 1,500 members per month, compared to 2,500 members per month for most of 2015 and 2016. Virtually all new enrollment continues to be in the partially capitated program, which has 196,859 members, an increase of 2,404 members and 4,586 members just two months ago. Most of this growth continues to be in NYC and Long Island. All MLTC programs experienced month-to-month growth with the exception of FIDA, with MAP (9,057 vs. 8,928), PACE (5,726 vs. 5,746) and FIDA IDD (719 vs. 701). FIDA enrollment continued its decline, with 63 less members than a month ago, and 161 members less members than September (4,405 vs. 4,566).

- Future of Integrated Care Stakeholder Meeting: DOH is meeting with CMS January 22 to discuss a draft option for an integrated care product that would replace FIDA and possibly MAP. The draft option will be discussed with the associations and provider groups pending the feedback received from CMS.
- CFCO: The Community First Choice Option (CFCO) carve-in is still scheduled for April 1, 2018, however, the State acknowledged milestones have slipped and appears likely to delay the implementation.
- MLTC VBP: The State shared that 81% of LHCSA, 60% of SNF, and 50% of CHHA contracts statewide had been successfully converted to VBP Level 1 arrangements by December 31, 2017. The State will continue to send out weekly surveys to plans to update VBP penetration.
- Fiscal Intermediary Authorization Applications: The State received over 500 applications for FI authorization that are currently awaiting review and a final determination. Plans were told to outreach their network FIs not on the list to make sure there are no issues.
- Children's Behavioral Health Transition: After missing their 12/31 deadline to receive CMS approval of the Children's Transition to the 1115 Waiver, DOH announced that the next few weeks will be important for assessing whether the transition continues as currently scheduled or if the implementation timeline. DOH blamed the missed deadline on new CMS staff assigned to review the request.
- Voluntary Foster Care Licensure Update: A secure online application for licensure and guidelines is expected to be released in late January. Operating certificates are expected to be issued in Spring of 2018.

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Nursing Home Closure Guidelines Revised

Last week, the Department of Health issued a Dear Nursing Home Administrator Letter ([DAL: NH 17-06 Revised Nursing Home Closure Guidelines](#)) notifying operators that the Department has revised its Nursing Home Facility Closure Plan Guidelines. The new guidelines are designed to reduce the impact on residents, families, staff and the community and insure that the wishes of current patients/residents/families are respected when placement decisions are made. The DAL and the enclosed guidelines are designed to ensure a smooth and safe transition of residents throughout this process.

Specifically, the changes to the guidelines include:

- Addition of a requirement for notification to Medicaid Managed Long Term Care providers (#6 and 11B);
- Revisions and clarification to the required plan to involve the facility's ombudsman (#9); and
- Addition of a requirement for identifying and referring residents interested in community placement to the current Money Follows the Person contractor (#11A).

The updated guidelines can be found [here](#).

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MLTC Workforce Investment Program Funding Methodology Published

The Office of Health Insurance Programs ("OHIP") has released the funding methodology for the [Managed Long Term Care Workforce Investment Program](#), which can be found [here](#).

It is important to note that the final Workforce Investment Program Year 1 amounts awarded to each Long Term Care Workforce Investment Organization (“LTC WIO”) and Plan partnership will be determined after LTC WIO and Plan partnership agreements are received and reviewed by OHIP. LTC WIO and Plan agreements are due by Friday, **January 26, 2018**.

The final amount awarded the LTC WIO and Plan partnerships will be indicated in a Letter of Agreement between the State and Plan. Funds will be issued once the State and Plan letter of agreement is signed and returned. Funds are scheduled to be issued before **March 31, 2018**.

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Health Home Update

MCO Workflows for Adult BH HCBS Level of Service Determinations and Plan of Care

The Department has updated the “MCO Workflows for Adult BH HCBS Level of Service Determinations & Plan of Care” tool. This tool outlines the Level of Service Determination request process for each Managed Care Organization. The tool should help care managers understand each MCO’s workflow and contact information when referring HARP members to BH HCBS. Any questions regarding the tool should be directed to contracted Plans or Health Homes.

It is important to note that all Plans, Health Homes, and CMAs should be aligning their processes with the State’s [Adult BH HCBS Workflow Guidance](#).

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Legislative Spotlight

The Legislature will be in session on Tuesday, January 16 through Wednesday, January 17, 2018. The Senate Health Committee will be meeting on Wednesday, January 17. The Assembly Health Committee will be meeting on Tuesday, January 16.

Bills of potential interest include:

- [S.5622/A.7492 \(Hannon/Gottfried\)](#): This bill would allow for the voluntary synchronization of medications in the Medicaid program when it is agreed among the member, a provider, and pharmacist that synchronization of multiple prescriptions for the treatment of a chronic illness is in the best interest of the patient given certain conditions. Prescription coverage would not be denied for a partial fill for any drug prescribed when it is for the purposes of synchronization. To permit synchronization, an individual or plan would allow a pharmacy to override any denial codes indicating that a prescription is being refilled too soon, for the purposes of medication synchronization. This bill is on the Senate Health Committee agenda.
- [S.6673/A.8436 \(Hannon/Gunther\)](#): This bill would require the Department of Health, in consultation with the DEC, to create a statewide web-based listing of all controlled substances and other prescription drug disposal sites, events and other disposal options available to consumers. This bill is on the Senate Health Committee agenda.
- [S.6882/A.8683 \(Tedisco/Gottfried\)](#): This bill would require that health insurance policies and contracts covering diagnostic screening for prostate cancer shall not be subject to cost sharing. This bill is on the Senate Health Committee agenda.

- [S.7354/A.8633 \(Tedisco/Gottfried\)](#): This bill would establish a statewide drug take back program for the safe disposal of drugs. This bill is on the Senate Health Committee agenda.
- [A.6733/S.2763-A \(Lavine/Hannon\)](#): This bill would establish statutory guidelines for pharmacy audits performed or ordered by a pharmacy benefit manager (“PBM”). Further, it would require PBMs to pay a claim submitted by a pharmacy if the initial reason for denial is based on a clerical or other non-intentional error if the relevant prescription was still effectively filled. This bill is on the Assembly Health Committee agenda.
- [A.8697 \(Titone\)](#): This bill would prohibit nursing homes from including mandatory arbitration agreements in contracts with their residents. This bill is on the Assembly Health Committee agenda.
- [A.8781/S.6940 \(Rosenthal/Hannon\)](#): This bill would establish restrictions on PBM contracts with pharmacies that would prohibit PBMs from penalizing or precluding a pharmacy from disclosing the cost of a prescription or the availability of any alternative medications or method of payment. It would also prohibits charged copayments from exceeding the amount that the pharmacy is paid. This bill is on the Assembly Health Committee agenda.
- [A.8788/S.6727 \(Solages/Helming\)](#): This bill would remove the Medicaid requirement that lactation counseling services be ordered by physician, nurse practitioner, or midwife in order to be covered. This bill is on the Assembly Health Committee agenda.

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Upcoming Calendar

<i>Thursday, January 11, 2018</i>	Assembly Public Hearing on Marijuana Decriminalization and Regulation 10:30 a.m. Assembly Hearing Room, 250 Broadway, 19th Floor, New York, NY
<i>Thursday, January 18, 2018</i>	New York State AIDS Advisory Council 10:30 a.m. to 1:00 p.m. Amida Care, Inc., 14 Penn Plaza, 2nd Floor Boardroom, New York, NY
<i>Monday, February 5, 2018</i>	Spinal Cord Injury Research Board 12:00 p.m. to 4:00 p.m. NYS DOH Metropolitan Area Regional Office, 90 Church Street, Conference Room 4B, New York, NY

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