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Budget Update

Agreed Upon Revenue Forecasts

The Governor and legislative leaders released the [Consensus Revenue Forecast](#), which predicts that the state's revenues over the next two years will be \$675-750 million higher than the Governor originally predicted in Executive Budget.

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NYSOH Update

County Level Open Enrollment Numbers Released

The NY State of Health recently [released county level enrollment](#) figures for the Open Enrollment Period that ended on January 31, 2017. The county level enrollment figures, which can be found [here](#), include a breakdown of Medicaid, CHP, EP, and QHP numbers. According to the press release, over 4.3 million enrolled during the enrollment period, an increase of over 700,000 from the close of the 2017 open enrollment period.

The NYSOH indicates that additional demographic and health plan specific information for the 2018 Open Enrollment Period will be available in the coming weeks.

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DFS to Examine Actions to Improve Access To IVF and Fertility Preservation Services

In furtherance of his [Women's Agenda](#), Governor Cuomo has [directed](#) the Department of Financial Services (“DFS”) to examine approaches for incorporating IVF coverage into the existing infertility coverage mandate to ensure access to affordable in vitro fertilization.

DFS will analyze the insurance premium consequences of in vitro fertilization coverage. The study will also include a review of current infertility definitions, including required trial and waiting periods, and make recommendations to improve access to infertility treatment and fertility preservation services, regardless of sexual orientation or marital status. The analysis will also include recommendations on any appropriate coverage limitations or treatment requirements.

The DFS study will also examine fertility coverage options for individuals receiving chemotherapy, radiation, surgery or other medical services that may compromise their ability to have children in the future.

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February 2018 Medicaid Update

DOH has released the February 2018 edition of its monthly [Medicaid Update](#) publication.

Some of the highlights include:

- **Reminder: New Medicare Card Replacement Initiative:** The national effort to remove references to Social Security Numbers (SSNs) from all Medicare Cards by 2019 is now known as the [New Medicare Card](#) replacement initiative. A new Medicare Beneficiary Identifier (“MBI”) will replace the existing SSN-based Health Insurance Claim Number (“HICN”). The MBI will be used for all Medicare transactions including eligibility status, claims, and billing. CMS will begin issuing MBIs and mailing new Medicare cards to active beneficiaries in **April 2018**. Additionally, inactive Medicare beneficiaries will have an MBI assigned to their historical record but will not receive a new Medicare card. The Department of Health continues to work to make programmatic changes in eMedNY in support of CMS’ issuance of new Medicare cards to New York beneficiaries (currently slated for June 2018). Downstream data partners are expected to make similar programmatic changes to their respective systems and to likewise work in concert with their respective stakeholder communities. For more information, click [here](#).

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Regulatory Update

Department of Health

Managed Care Organizations

The Department of Health recently issued a notice of [proposed rulemaking](#) that would reduce the contingent reserve requirements applied to premium revenues from the Medicaid Managed Care (“MMC”) and HIV Special Needs Plan (“SNP”) programs. The reduced reserve would be as follows:

- For 2016, 7.25% of net premium income (down from 8.25%)
- For 2017, 7.25% of net premium income (down from 9.25%)
- For 2018, 7.25% of net premium income (down from 10.25%)
- For 2019, 8.25% of net premium income (down from 11.25%)
- For 2020, 9.25% of net premium income (down from 12.5%)

- For 2021, 10.25% of net premium income (down from 12.5%)
- For 2022, 11.25% of net premium income
- For 2023 and beyond, 12.5% of net premium income

The proposed rulemaking would also reduce the contingent reserve requirement for e Health and Recovery Plans (“HARPs”) to 5% for net premium income for years 2015, 2016, and 2017.

The Department is accepting comments on the proposed rulemaking until April 30, 2018. Comments may be submitted to the Department by mail or [electronically](#).

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Legislative Spotlight

The Legislature was in session on Monday, March 5 through Tuesday, March 6, 2018. Session for Wednesday, March 7 was cancelled due to impending inclement weather. The Senate Health Committee met on Tuesday, February 27. The Assembly Insurance Committee met on Monday, March 5.

Bills of potential interest include:

- [A.9957 \(Cahill\)](#): This bill would enact the Attorney General’s “Comprehensive Coverage Act.” The bill would codify the ACA’s requirement that contraception be made available without cost-sharing requirements. In addition to clarifying the ACA requirements, the bill would have required state-governed health insurance policies to cover all FDA-approved methods of birth control, including emergency contraception, prohibited insurance companies from “medical management” review restrictions that can limit or delay contraceptive coverage, and allowed for the provision of a year’s worth of a contraceptive at a time, which is not included under the ACA. This bill was on the Assembly Insurance and Codes Committee agendas and was reported to the calendar.
- [S.1870/A.2442 \(Hannon/Gottfried\)](#): This bill would permanently carve out from the Medicaid managed care program, persons receiving services under the traumatic brain injury (“TBI”) waiver or nursing home transition and diversion (“NHTD”). TBI/NHTD services would continue to be provided under the waiver programs as they existed as of January 1, 2015. This bill was on the Senate Health Committee agenda and was reported to the calendar.
- [S.2816 \(Hannon\)](#): This bill would add testing of cytomegalovirus to the list of testing that must be performed on a newborn. Such testing would only be required if a newborn infant is identified as or suspected of having a hearing impairment. This bill was on the Senate Health Committee agenda and was reported to the Senate Finance Committee.
- [S.4536/A.6234 \(Helming/Skartados\)](#): This bill would provide that rural hospitals designated as critical access hospitals be reimbursed by Medicaid in the same manner that Medicare pays critical access hospitals - payments for emergency services and outpatient services at 101% of the reasonable costs to provide such service. This bill was on the Senate Health Committee agenda and was reported to the Senate Finance Committee.
- [S.6358 \(Hannon\)](#): This bill would repeals the requirement that a person, firm, or organization possessing an AED have a collaborative agreement with an emergency health care provider. This bill was on the Senate Health Committee agenda and was reported to the calendar.
- [S.7628 \(Valesky\)](#): This bill would require that the Medicaid payments to hospice residences be equal to ninety-four percent (94%) of the weighted average of the weighted average medical assistance fee for service rate reimbursed to nursing homes in the managed long term care (“MLTC”) region that the hospice residence is located. The bill

would further provide that such rates would be effective for at least five (5) years from the date hospice residents are transitioned to managed care, and would under no circumstances be less than the rates effective prior to April 1, 2018. This bill was on the Senate Health Committee agenda and was reported to the Senate Finance Committee.

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Upcoming Calendar

<i>Friday, March 16, 2018</i>	Continuing Care Retirement Community Council 11:00 a.m. Department of Health, 875 Central Avenue, Main Conference Room, Albany, NY
<i>Wednesday, April 18, 2018</i>	NYS Board of Examiners of Nursing Home Administrators 10:30 a.m. Department of Health, 875 Central Avenue, Main Conference Room, Albany, NY
<i>Wednesday, May 16, 2018</i>	NYS All Payer Database Stakeholder Forum Meeting 11:00 a.m. to 3:15 p.m. Empire State Plaza, Concourse, Meeting Room 6, Albany, NY

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