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March 26, 2018 Volume 7, Issue 9

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Budget Update

Last week, the Assembly and Senate released their "one-house" budget bills and resolutions. Both houses approved their respective resolutions last Thursday. The joint budget conference committee process is ongoing and will continue throughout the week to resolve differences between their respective plans.

Highlights of the Senate's one-house budget can be found in their press release and budget resolution. Highlights of the Assembly's one-house budget can be found in their press release and budget summary.

Legislative leaders also released "table targets" for each of the budget conference committees. The conference committee on health received a table target of $70 million for non-Medicaid revenues. Assemblyman Gottfried indicated that one third of the table target will be used to undo cuts to various public health programs included in the executive budget proposal.

Lawmakers have indicated that they intend on passing a budget by the April 1st deadline. Budget bills must be printed by midnight on March 28 in order to allow for the required three-day waiting period for the bills to age. If no agreement is reached by then the bills will require the governor to issue a "message of necessity," allowing for an immediate vote ahead of the April 1st deadline.

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NYSOH Update

2018 Enrollment by Insurer

The New York State of Health ("NYSOH") recently released data showing 2018 health plan enrollment by insurer.

Qualified Health Plans ("QHP")

Fidelis Care has the largest share (41%) of total statewide QHP enrollment in 2018 followed by Healthfirst (13%) which serves the counties of NYC and Long Island. Four of the five insurers with the highest statewide enrollment in 2018 – Fidelis, Oscar, MVP, and Healthfirst – also had the highest statewide enrollment in 2017.

The Essential Plan ("EP")

Fifteen insurers offered the Essential Plan in 2018. Statewide, 22% of EP enrollment was with Fidelis Care, 20% with Healthfirst, 15% with UnitedHealthcare Community Plan, 10% with MetroPlus, and the remaining 33% were spread across the remaining insurers.

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DSRIP Update

DSRIP Mid-Point Assessment Final Summary

With the close of the DY3, Q2 PPS quarterly reporting process, the Independent Assessor has prepared a summary of the results of the PPS Mid-Point Assessment Action Plan efforts.

All materials related to the Mid-Point Assessment can be found here.

DSRIP Program Independent Evaluation Plan-CMS Approval

Per Special Terms and Conditions requirements within the MRT 1115 Waiver, the Department of Health was required to submit to CMS, for review and approval, a DSRIP Independent Evaluation Plan. CMS approved the Independent Evaluation Plan on March 13, 2018. The plan can be viewed at here.

In December 2016, the Research Foundation at the State University of Albany was awarded the contract to be the DSRIP Independent Evaluator and has begun the five year research process according to this CMS approved plan. Any future changes to this plan as negotiated with CMS will be updated to the above webpage. Progress and annual reports from the Independent Evaluator will be posted as their work and reports are finalized.

DSRIP Workforce Impact Analysis Report

At the start of DSRIP, Performing Provider Systems ("PPSs") made workforce spending commitments to support DSRIP goals and priorities of $415M over 5 years. As of DSRIP Year 3 Quarter 2, PPS have spent $247.5M on workforce initiatives including:

- Recruiting for high need and emerging titles;

- Developing workforce pipelines in collaboration with high schools and institutions of higher learning;
- Creating new college credit–bearing and certificate programs for emerging workforce titles, as well as scholarship funds for these students;
- Providing training in DSRIP initiatives, and other DSRIP priorities such as VBP and cultural competency;
- Creating incentives and bonuses to improve workforce retention and recruitment in underserved areas; and
- Building change management competencies to help facilitate organizational readiness for an integrated delivery system and support systems for trainers including adoption and sustainability of training solutions.

The PPS have reported 3.5 years of data identifying how PPS workforce investments impact delivery system transformation, such as strengthening and integrating behavioral health and the shift from institutional to community– and home–based healthcare.

The summary report is located on the DSRIP website, here.

CBO Planning Grant Reissue for Rest of State Region

The Department of Health, Office of Health Insurance Programs ("OHIP") has announced the re-issuance of a Request for Applications ("RFA") for the Community Based Organizations ("CBO") Planning Grant. The grant is intended to support planning activities for CBOs to facilitate their engagement in DSRIP and VBP activities in the Rest of State Region.

This RFA is designed to provide funding to one CBO consortium comprised of non-Medicaid billing Community Based Organizations, with an operating budget of less than $5 million, who address the social determinants of health.

It is the Department's intent to award one award for the Rest of State region with a maximum funding amount of $2,500,000

To learn more about this opportunity, please go to the NYS Grants Gateway and search by the opportunity name "Community Based Organization (CBO) Planning Grant Reissue for the Rest of State Region".

Anticipated Contract Term: 10/1/2018-09/30/2019
Due Date for Applications: 5/4/2018 by 4:00 p.m. ET
Questions must be submitted to OHIPContracts@health.ny.gov **by 3/22/2018**
Questions, Answers and Updates Posted (on or about): 4/3/2018

DSRIP Whiteboard Video – "DSRIP Year 4: Start a Movement"

The Department posted a new Whiteboard video in which Medicaid Director, Jason Helgerson, gives an overview of the DSRIP year 4 theme and goals including the focus on performance, the move to Value Based Payment, and planning for the future.

The Whiteboard video is available here.

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VBP Update

Managed Long Term Care (MLTC) – Use of the Potentially Avoidable Hospitalization (PAH) Measure for VBP

The Department of Health has released the Managed Long Term Care ("MLTC") – Use of the Potentially Avoidable Hospitalization ("PAH") Measure for VBP Schematic**.**

For MLTC plans and VBP Contractors, PAH measures help to assess whether a reduction in potentially avoidable hospital admissions among attributed members in VBP arrangements has occurred. The information depicted in the schematic explains how the PAH measures will be used in VBP.

The schematic can be found on the VBP Resource Library under the heading "VBP Quality Measures".

MRT Structural Roadmap: Roles and Responsibilities in a VBP World – Public Comment Solicitation

The State has developed a document titled, "Medicaid Redesign Team Structural Roadmap: Roles and Responsibilities in a Value Based Payment World." The document seeks to clearly define the various roles that critical 'middle layer actors' play in a reformed VBP system that is evolving to become more responsive to both patient and provider needs.

The Department is seeking public comment on the document through close of business on **April 2, 2018.**

Following the close of the public comment period, the document will be sent to the Centers for Medicare and Medicaid Services (CMS) for consideration as an appendix to the VBP Roadmap.

All questions and comments should be sent to VBP@health.ny.gov.

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Committee Meeting of the Public Health and Health Planning Council

On March 23, the Public Health and Health Planning Council ("PHHPC") Committee on Establishment and Project Review ("EPRC") met in Albany. A copy of the agenda can be found here.

At the meeting, two related applications for Dialysis Services establishment/construction (True North IV DC, LLC & True North V DC, LLC) were deferred to a special EPRC meeting to be held next month. These applications were deferred so that the applicants may address concerns raised related to the applicants' pricing, staffing levels, and a recent DaVita settlement with the federal government. Two related applications for residential health care facilities establishment/construction (Oak Hill Operating Co., LLC & River View Facility Operations, LLC) were also deferred to a special EPRC meeting to be held next month. These applications were deferred so that the applicants may address concerns raised related to staffing levels and Medicaid admission rates.

The EPRC elected to approve the remainder of applications on the EPRC agenda.

The next PHHPC meeting is scheduled for Wednesday, February 8, 2018 in NYC.

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MRT Innovations in Social Determinants of Health Initiative

The Office of Health Insurance Programs ("OHIP") is launching a new initiative designed to identify innovative new or existing ideas on how to address the Social Determinants of Health ("SDH") for Medicaid members.

On **May 1, 2018**, the State will launch a Request for Innovation ("RFI") initiative that will solicit proposals from Community-based Organizations ("CBOs") that will be evaluated by a team of national experts. Top proposals will receive special recognition but all proposals will be made public.

The RFI will solicit innovative new approaches for addressing the social determinants of health in three categories (Tier 1 CBOs, all other CBOs, and other providers/organizations). Proposals will be evaluated based on the following criteria:

- Potential Return on Investment
- Scalability
- Evidence-based practices
- Relevance to the Medicaid population
- Speed to market (how quickly the strategy could be launched)

Proposals will be due to the department **June 1, 2018**, with winners being announced by July 15, 2018. Winners will have an opportunity to present their ideas directly to PPS, MCOs and VBP contractors at a conference that DOH will host in August.

The department is now accepting comments on this program. Any comments or suggestions should be submitted to SDH@health.ny.gov.

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MMC Informational Webinar on Service Authorization and Appeal Changes

The Office of Health Insurance Programs ("OHIP") will be implementing several changes related to Medicaid managed care ("MMC") service authorization, appeals, fair hearings and grievances (complaints) as required by the Federal CMS and Children's Health Insurance ("CHIP") Programs Final Rule published on May 6, 2016.

This major change will affect the majority MMC enrollees. Changes will apply to mainstream Medicaid managed care, Health and Recovery Plans ("HARPs"), HIV Special Needs Plans, Managed Long-Term Care Partial Capitation, Medicaid Advantage, and Medicaid Advantage Plus.

OHIP will be hosting an informational webinar for providers, community representatives and enrollees to learn more about the new appeals process on the following dates. The same information will be provided on both dates, and will be recorded and shared at a later date.

Webinar Dates

March 28, 2018 1:00 p.m. to 3:00 p.m.: Join here
March 30, 2018 10:00 a.m. to 12:00 p.m.: Join: here

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Regulatory Update

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 continued notice of emergency rulemaking that would require every individual and small group accident and health insurance policy or contract (other than a grandfathered health plan) that provides hospital, surgical, or medical expense coverage and every student accident and health insurance policy or contract provide coverage of at least the enumerated 10 categories of Essential Health Benefits ("EHBs") if the EHB provisions in 42 U.S.C. § 18022 and 45 C.F.R. 156.100 et seq. are no longer in effect or are modified as determined by the Superintendent. This will ensure that people covered under individual, small group, and student accident and health insurance policies and contracts will continue to have coverage for these important benefits.

The Department has continued to adopt these regulations on an emergency basis to mitigate the impact of any Affordable Care Act ("ACA") repeal and replace efforts enacted on the federal level. The rulemaking would ensure that, if the Superintendent of DFS determines that EHB and anti-discrimination provisions (42 U.S.C. § 18022 and 45 C.F.R. 156.100 et seq.) included federal Affordable Care Act ("ACA") are no longer in effect or are modified, these provisions will remain in place in NYS.

This emergency rulemaking is effective as of February 28th, 2018 and will expire on April 23rd, 2018.

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Legislative Spotlight

The Legislature will be in session on Monday, March 26 through Thursday, March 29. The Senate Insurance Committee will meet on Monday, March 26.

Bills of potential interest include:

- S.4241-/A.7611-A (Seward/Cahill)**:** This bill would subject hospital charges for emergency services to the independent dispute resolution process established to protect against excessive emergency charges. The bill passed the Assembly last week and is on the Senate Insurance Committee Agenda.
- S.7746 (Seward)**:** This bill would extend the minimum surplus to policyholder ratio required of medical malpractice insurers, from December 31, 2018 to December 31, 2020. This bill is on the Senate Insurance Committee Agenda.

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Upcoming Calendar

Wednesday, April 18, 2018	NYS Board of Examiners of Nursing Home Administrators 10:30 a.m. Department of Health, 875 Central Avenue, Main Conference Room, Albany, New York
Thursday, April 19, 2018	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. ESP Corning Tower Building, 2876A Conference Room, Albany, NY
Wednesday, May 16, 2018	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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