“New York State of Health” Update

As of April 16, 1,319,239 individuals have completed their applications and 960,762 have enrolled for coverage. The last day of open enrollment for private, individual coverage in 2014 was April 15. Only those individuals and families who qualify for a Special Enrollment Period will be able to enroll in coverage during the remainder of 2014. Special Enrollment Period qualifying events include getting married or divorced, gaining a dependent, losing employer insurance, or permanently moving into New York State. Individuals and families who do not qualify for a Special Enrollment Period will not be able to enroll in coverage until the next open enrollment period, which begins on November 15, 2014 for coverage starting on January 1, 2015.

Since March 31, more than 94,000 New Yorkers enrolled in coverage through the Marketplace. These enrollment figures include those people who had taken steps to apply for coverage prior to the March 31 Marketplace deadline for individuals but were unable to complete the enrollment process by that date.

For more on the New York State of Health, click here.
DSRIP MRT Waiver Amendment Approval

On April 14, Governor Cuomo announced that New York State finalized the terms and conditions with the federal government (Centers for Medicare and Medicaid Services or “CMS”) for the New York’s Partnership Plan Waiver Amendment that will allow the State to reinvest up to $8 billion of the $17.1 billion in federal savings generated by New York's Medicaid Redesign Team (MRT) reforms (“MRT Waiver Amendment”).

The waiver amendment dollars will address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program will promote community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers will be required to collaborate through the creation of “Performing Provider Systems” (PPS) to implement innovative projects focusing on system transformation, clinical improvement, and population health improvement. Single providers will be ineligible to apply.

The $8 billion reinvestment will be allocated in the following ways:

- **Interim Access Assurance Fund (IAAF):** $500 million for temporary, time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without disruption.

- **Delivery System Reform Incentive Payments (DSRIP):** $6.42 billion for DSRIP, including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs.

- **Other Medicaid Redesign Purposes:** $1.08 billion for funding to support Health Home development and investments in long term care, workforce, and enhanced behavioral health services.

The state anticipates releasing a draft IAAF application shortly and DSRIP planning grant funding will also now be made available. The DSRIP application submission date has been moved to December 2014 and DSRIP project funds are now expected to be distributed in April 2015.

The official MRT Waiver Amendment and DSRIP documents can be found on New York's DSRIP website. The website also includes a preliminary list of providers eligible for DSRIP under the various tests contained in the Special Terms and Conditions (STCs). Non-eligible providers are eligible to participate in DSRIP but no more than five percent of a project’s total valuation may be paid to such providers.

Public comments regarding the MRT Waiver Amendment/DSRIP STCs will be accepted through April 29, 2014. Comments regarding the Program Funding and Mechanics Protocol (Attachment I) and Strategies and Metrics Menu (Attachment J) will be accepted through May 14, 2014. Comments should be submitted to: DSRIP@health.state.ny.us.

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Public Health and Health Planning Council

The full Public Health and Health Planning Council (PHHPC) met in Albany last Thursday. A copy of the meeting agenda and meeting materials can be found here.
At the start of the Council meeting, Commissioner Shah provided notice to PHHPC members that he will be stepping down from his position as the state Health Commissioner on May 4. Shah was asked for an update regarding pressing issues he is overseeing, such as the Brooklyn hospitals and status on the DSRIP waiver. He stated that he is expecting good news on the waiver shortly and is closely watching the status of the pending RFP and current litigation surrounding Long Island College Hospital (LICH).

Karen Westervelt, Deputy Commissioner of the Office of Primary Care and Health Systems Management, who is also stepping down from her DOH position, provided a detailed background of the qualifications of Dr. Howard Zucker, who will take over as interim Commissioner. Westervelt informed the Council that the North Country Health Systems Redesign Commission recently released a report containing recommendations to improve the healthcare delivery system in the North Country (discussed in detail below). She informed members that the final 2013-14 healthcare personnel influenza reports are due in early May and the Department will provide an update on the effectiveness of the influenza mask regulation adopted last year, noting that the regulation has already resulted in increased vaccination numbers for covered healthcare workers.

Dr. Jo Ivey Bufford, Chair of the Public Health Committee, informed the Council that the New York State Health Foundation (NYS Health) recently announced the selected county health departments that will be receiving matching grants (up to $50,000) for the implementation of their Community Health Improvement Plans (CHIP), which outline their strategies to advance the Prevention Agenda.

A special Establishment/Project Review Committee meeting was held prior to the full Council meeting to review applications that did not obtain a recommendation at the March 27 meeting due to the lack of a quorum, and applicants and opponents were allowed to speak on the applications. All applications on the agenda, except for one ambulatory surgery center application (131347 B – Southtowns Ambulatory Surgery Center, LLC), were approved by the Council.

DSRIP/MRT Partnership Plan Extension Hearings

The Department of Health recently provided notice that it is requesting approval from CMS to extend the Partnership Plan Demonstration for an additional five years, from January 1, 2015 through December 31, 2019. The extension of the Demonstration would allow the State to reinvest federal savings generated by the Medicaid Redesign Team (MRT) reform initiatives in the State’s health care system currently authorized by the Partnership Plan. A copy of the complete extension application, which includes an interim evaluation of the Partnership Plan that assesses the degree to which the Demonstration goals have been achieved and key activities that have been implemented, can be found here.

The Department has held public hearings on the MRT Partnership Plan Extension and DSRIP throughout the State this week. At each meeting, the Department provided an overview of the final DSRIP policy and notice that they are seeking to extend the Partnership Plan. Public comment on the DSRIP STCs will be accepted through April 30, 2014.

Additional public hearings will be held at the following locations:

- April 17, 2014 – Brooklyn (12:00 to 3:00 p.m., New York City College of Technology)
- April 23, 2014 – Buffalo (1:30 to 4:30 p.m., Holiday Inn Buffalo-Amherst)
Managed Care Policy and Planning Meeting

Last Thursday, DOH held the monthly Policy and Planning Meeting with the State’s Medicaid Managed Care Plans. Some highlights from the meeting include:

- **MRT Waiver:** At the meeting, Jason Helgerson announced that the State was “close” to final approval, and the $8 billion MRT Waiver Amendment was indeed approved on Monday, April 14. The State has posted the [DSRIP terms and conditions](#) along with a host of additional information, including a [Waiver presentation](#) and a two-part, pre-recorded webinar providing an overview of the Waiver, which are available [here](#).

- **New York State of Health (NYSOH):** Plans have experienced issues with the Exchange’s auto-assignment algorithm. DOH said they are aware of the issue and said plans should begin to see enrollments increase. The first auto-assignments took effect March 1, 2014 in order to give new Medicaid enrollees through the Exchange time to select their own plan. At the plans’ request, NYSOH technical staff will provide an update at the next meeting.

- **AIDS Adult Day Health Care:** Some AIDS Adult Day Health Care providers continued to bill FFS for managed care enrollees after the carve-in. Those providers are required to return FFS payments and submit claims to plans. Also, AIDS-ADHCs use the RAI, not the UAS that is used for other long-term care populations.

The next meeting is scheduled for May 15 in Albany.

Balancing Incentive Program Webinar

The Department of Health held an [informational webinar](#) last week on the BIP Innovation Fund Request for Applications to provide information on the recently issued BIP funding opportunity. The webinar provided important details and clarification on requirements for the submission of complete applications. It also provided information on the review process and scoring for applications.

As the BIP funding stems from a federal program that expires on September 30, 2015, all BIP funds awarded through this RFP must be spent by this deadline. As a result, the Department stated that they would consider releasing funds to successful applicants prior to the designed contract start date (June 1, 2014) in order to ensure that applicants have sufficient time to spend BIP funding.

Late last week, the Department released the [Questions and Answers document](#) (Q&A document) for the BIP RFA. In response to multiple questions, the Department responded that Medicaid ALPs are eligible applicants under the RFA. However, in order to be eligible for funding, ALPs must adhere to the federal HCBS settings regulations. The Q&A document provides clarification on technical requirements for the RFA submission and addresses substantive issues, such as provider eligibility and allowable costs for funding.
Grant applications are due by Wednesday, May 7, 2014 by 5:00 p.m. A copy of the RFP can be found here.

January 2014 Global Cap Report

The January 2014 Global Cap report was recently posted on the Medicaid Redesign Team website. Total State Medicaid expenditures under the Medical Global Spending Cap for FY 2014 through January are $67 million, or 0.5% under projections. Spending for the month of January resulted in total expenditures of $13.715 billion compared to the projection of $13.782 billion. While Medicaid spending in major fee-for-service categories was $233 million under projections, or 2.7%, mainstream managed care and MLTC spending was $102 million, 1% over projections. Medicaid total enrollment reached 5,469,282 enrollees at the end of January 2014. This reflects an increase of 218,204 enrollees, or 4.2%, since March 2013.

School-Based Health Center Transition to Managed Care

The Department of Health recently announced a delay in the transition of school-based health center (SBHC) services into Medicaid Managed Care. The Department has extended the implementation date from October 2014 to July 2015 to allow sufficient time to work through the various operational issues.

Electronic Prescribing Incentive Payments Discontinued

As part of the enacted 2014-15 state budget, the Legislature has repealed the authorization for payment of an incentive to eligible pharmacies and medical practitioners for approved ambulatory Medicaid e-prescriptions. Effective April 1, 2014, payment of an incentive to eligible pharmacies and medical practitioners for each approved ambulatory Medicaid e-prescription, plus a maximum of five refills per prescription, is discontinued.

2013 Managed Long Term Care Quality Report

The Department of Health recently released the 2013 Managed Long Term Care Quality Report, demonstrating that Managed Long-Term Care Plans (MLTCs) are continuing to provide high-quality services to consumers in the areas of effectiveness of care and stability or improvement in managing activities of daily living. The report shows that 88 percent of enrollees had no reported falls in the past six months; 81 percent of enrollees’ ambulation was stable or improved over a six or twelve-month follow-up period; and 77 percent of enrollees were stable or showed improvement in the ability to manage their oral medication over the follow-up period.
2013 ACF Annual Census Report

The Department of Health (DOH) recently issued a Dear Administrator Letter (DAL) regarding the 2013 Adult Care Facility (ACF) Annual Census Report. All ACFs are required to complete the 2013 Census Report. The 2013 ACF Annual Census Report is available on the Health Commerce System (HCS) effective April 8, 2014 and is due to DOH by May 16, 2014. The DAL can be found here.

It is important to note that the census encompasses the 2013 calendar year during which the regulatory amendment defining serious mental illness was adopted. Therefore, the definition of serious mental illness applies and Transitional Adult Homes are required to complete the Roster of Adult Home Residents for calendar year 2013.

North Country Health Systems Redesign Commission

The North Country Health Systems Redesign Commission (NCHSRC) recently released a report providing an overview of the various stresses impacting the health care delivery system and advanced recommendations to improve the healthcare delivery system in the North Country. Notably, the report highlighted the fact that the healthcare system is highly fragmented and remains centered on inpatient beds. The North Country has a higher rate of preventable hospitalizations, Emergency Department visits, and chronic lower respiratory disease (CLRD) hospitalizations compared to statewide rates. Within this region, there are 601 hospital beds, 1,205 nursing home beds, 279 adult home beds, and 58 assisted living beds per 100,000 people. Overall, the region has too many hospital beds and an excess of nursing home beds, but preventive and primary care capacity is inadequate, and the uneven distribution of hospitals causes serious access issues. This issue is compounded by the region’s difficulty in recruiting all types of practitioners, particularly physicians.

Recommendations advanced by the Commission include the following:

- **Primary Care Expansion**: The report recommends increasing recruitment efforts through Doctors Across New York (DANY), advancing regulatory reform to allow advanced nurses and other professionals to deliver a wider scope of primary care services, and urging DFS to support the expanded participation in Medical Homes by all insurers active in the North Country.

- **Skilled Care Campuses (SCCs)**: The report recommends converting existed nursing homes into SCCs, which would include a continuum of community-based long term care services and incentives to place residents in the least restrictive appropriate setting to allow facilities to down-size and convert existing spaces for other healthcare services.

- **Expand Telehealth**: The report recommends expansion of telehealth services through establishing a credentialing process for telehealth providers and developing a policy requiring all payers to support telehealth reimbursement.
Regulatory Updates

Department of Financial Services

Confidentiality Protocols for Victims of Domestic Violence and Endangered Individuals

The Department of Financial Services recently issued a notice of adoption of proposed regulations establishing confidentiality protocols and other requirements for insurers to guard against the release of confidential information when a covered person delivers a valid order of protection against the policy holder or other person and clearly states that the disclosure of information could endanger the person. The regulation has been in effect as an emergency regulation and was adopted without any substantive changes from the proposed version.

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Legislative Spotlight

The Legislature is on a break for the Easter and Passover holidays. The Senate is scheduled to return to Albany on Wednesday, April 23. The Assembly is scheduled to return on Monday, April 28.

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Grants/Funding Opportunities

Assisted Living Program 4500 Conversion Initiative for Transitional Adult Homes

The Department of Health recently issued an extension on the solicitation of interest (SOI) for the Assisted Living Program Conversion Initiative for Transitional Adult Homes. The SOI was originally issued on August 1, 2013 and the initial deadline for the submission of applications was April 25, 2014. The new deadline for applications is May 30, 2014.

For more information regarding this SOI, please click here.

Medicaid External Quality Review, Utilization Review, Quality Improvement, and AIDS Intervention Management System Activities in New York State

The Department of Health issued a request for proposals (RFP) titled Medicaid External Quality Review, Utilization Review, Quality Improvement, and AIDS Intervention Management System Activities in New York State. The purpose of this RFP is to gather proposals from qualified external quality and utilization review organizations to conduct quality of care and utilization reviews, program evaluation, and quality improvement projects for health-related services provided to individuals enrolled in the New York State Medicaid program.

Written questions regarding this RFP are due by April 18, 2014. Final proposals are due on May 15, 2014. For more information regarding this RFP, please click here.

Consumer Assistance for the Aged, Blind and Disabled

The Department of Health announced an application extension for the request for applications (RFA) titled Consumer Assistance for the Aged, Blind and Disabled applications. The purpose of this RFA is to provide education, outreach services, and enrollment assistance into government-sponsored health insurance programs to the aged, certified blind, and certified
Applications were originally due to be submitted by May 5, 2014 and have been extended to May 19, 2014. For more information regarding this RFA, please click [here](#).  

### Upcoming Calendar

| **Wednesday, April 23 and Thursday, April 24** | New York State HIV Prevention Planning Group (PPG)  
| April 23 at 10:30 a.m.  
| April 24 at 9:00 a.m.  
| Albany Hilton, State Street and Lodge Street, Albany |
| **Thursday, April 24** | Medicaid Managed Care Advisory Review Panel (MMCARP)  
| 11:00 a.m. to 1:00 p.m.  
| Via conference call |
| **Thursday, April 24** | Drug Utilization Review Board (DURB)  
| 9:00 a.m. to 4:30 p.m.  
| Empire State Plaza, Concourse Level, Meeting Room 6, Albany |
| **Thursday, May 1** | New York State AIDS Advisory Council  
| 10:30 a.m. to 1:00 p.m.  
| Cicatelli Associates, Inc., 505 8th Avenue, Yellow Room, 20th Floor  
| New York, NY |
| **Wednesday, May 7 and Thursday, May 8** | Public Hearing on the Draft Environmental Impact Statement (DEIS) pertaining to the Jewish Home Lifecare, Manhattan (JHL) Replacement Nursing Home Facility  
| 6:30 to 9:30 p.m.  
| P.S. 163, 163 West 97th Street, New York, NY |