DSRIP Update

VBP Technical Design II Sub-group Meeting

Last Tuesday, the Value Based Payment Workgroup’s “Technical Design II” Sub-Committee held its third meeting in New York.

The majority of the meeting was spent discussing qualifications for the “Early Innovator Pilot Program”, including the functions and services the PPS would need to undertake in order for it to receive 90-95% of MMC plan capitation, and conversely, what percentage of capitation it would need to forfeit if it elected to have the plan maintain certain duties. The guaranteed minimum capitation level is one of the main draws of the program for providers. There was also discussion whether only providers contracting for Level 3 VBP arrangements (full sub-capitation) should be permitted to enter into the pilot. While this is how the program was initially conceived, it remains an open issue whether to allow providers in Level 2 arrangements to participate. At the meeting, some provider representatives argued that excluding Level 2 arrangements (FFS payment with upside and downside reconciliation based on performance) would exclude smaller providers that wished to participate.

The next meeting is scheduled for October 22, 2015. At that meeting, the Workgroup will review a matrix of traditional plan and provider functions that will serve as the starting point for determining what functionalities a PPS/provider must perform in order to receive 90-95% of the managed care capitation from the plan.

DSRIP Panel and PPS Meeting

The DSRIP Project Approval and Oversight Panel (PAOP) will meet on November 9 and 10 at The Egg Convention Center, Hart Theatre Lounge, in Albany. The meeting will be open to the public, but there will be no public comment period. Monday, November 9 will be a full day meeting, structured as an update session for the panel members and an opportunity for the
panel members to check in with each of the PPS. Tuesday will be a half-day meeting. The meetings will be webcast live here.

**Whiteboard Video Series**

The DSRIP team recently posted the latest video in its White Board Video Series. In the new installment, NYS Medicaid Director, Jason Helgerson discusses key DSRIP updates highlighting the Performing Provider Systems (PPS) shift from planning to implementation, Value Based Payment pilot opportunities, PPS network additions and the DSRIP midpoint assessment. The series can be accessed on the DSRIP webpage here.

**Webinar on DSRIP Mailing to Medicaid Recipients**

On Tuesday, **October 6 from 10:00 – 11:30 a.m.**, the Department of Health will host a webinar to discuss the mailing to Medicaid recipients to explain DSRIP and data-sharing. There will be a presentation to briefly explain DSRIP, the letter to be sent to Medicaid recipients, data-sharing, the timetable, and call center support. The webinar, which is open to the public, will include a question and answer session. To register for this event, click here.

**DOH Holds Long Term Care Forum**

Last week, the Department of Health’s Office of Health Insurance Programs hosted a Long Term Care Forum to discuss the future of the Managed Long Term Care (MLTC) and Fully Integrated Duals Advantage (FIDA) programs in New York. State Officials were also joined by CMS coordinators who oversee the FIDA program.

The overall purpose of the forum was to illicit feedback on policy recommendations the State has developed to better align the MLTC incentives with DSRIP incentives and reinvigorate the FIDA program, which has struggled mightily since it was launched. These recommendations are embodied in the LTC Whitepaper that was released a few days prior to the meeting.

The Whitepaper includes two main proposals: the creation of an “MLTC Plus” program, and the future of FIDA. Through MLTC Plus, the State proposes to:

1) Create an enhanced MLTC benefit package, adding primary care and preventive health services, as well as behavioral health services traditionally provided through the New York State Office of Mental Health’s Home and Community-Based Services (HCBS) Waiver program and Health and Recovery Plans (HARPs);
2) Improve coordination by having MLTC plans reimburse physicians for satisfying “quality metrics” thought to improve care coordination and care quality; and
3) Improve care transitions by creating specific requirements for care managers/transition specialists to achieve.

The State’s FIDA proposal involves ameliorating some of the more burdensome aspects of the program that have been blamed for low enrollment. Proposals include: proposed changes to relax marketing and allow direct enrollment; making the IDT program optional and creating bonus incentives to participate; and a more controversial proposal that would require plans to achieve 25% integrated care (FIDA, MAP or PACE) across all of their members receiving long term services and supports by December 2016.

Plan representatives in attendance asked the State to consider more outcome oriented measures for MLTC Plus instead of relying on process oriented (“check the box”) metrics they
argued would not improve quality. Groups also noted that it would be difficult to leverage providers that are not currently part of the benefit package, and questioned the State’s decision to create a new product line for a small number of plans and the competitive issues this would create.

The State is accepting comments on the Whitepaper until Friday, October 9, 2015. Comments may be sent here.

September 2015 Medicaid Update

DOH has released the September 2015 edition of its monthly Medicaid Update publication.

Many important updates are discussed. Some of the highlights include:

- **Health and Recovery Plan (HARP) Enrollment Notices: What Providers Need to Know:** Effective October 1, 2015, Medicaid Managed Care (MMC) plans will begin covering expanded Behavioral Health (BH) services for adults in New York City. Also effective October 1, 2015, Health and Recovery Plans (HARP) will begin enrollment of eligible recipients with Serious Mental Illness (SMI) and Substance Use Disorders (SUD). It is important for providers to understand the BH transition process, since consumers may request assistance in understanding enrollment notices. Providers should also be familiar with their current managed care network affiliations to better assist recipients interested in HARP selection and to maintain current patient relationships. Eligible MMC enrollees will either be passively enrolled or given an option to enroll in a HARP, depending upon current plan enrollment. Enrollment options can be found here.

- **New Benefit Year Brings Change to Rehabilitation Prior Authorization Requirement:** Rehabilitation services (physical, occupational, and speech therapy) have a 20-visit benefit limitation for specific populations. Although Medicaid providers must still obtain prior authorization (PA) for fee-for-service (FFS) rehabilitation, effective immediately, there is no longer a requirement to obtain authorization prior to the provision of service. System enhancements were made to the Dispensing Validation System (DVS) to permit provider requests for retroactive PAs. If a PA was not obtained prior to the date of service, the provider must request the authorization with the DVS. Click here for more information on rehabilitation codes, payment requirements, and reminders.

- **New York State Medicaid Expansion of Coverage for Human Immunodeficiency Virus (HIV) Testing:** Effective October 1 for fee-for-service (FFS) and December 1 for Medicaid Managed Care (MMC), NYS Medicaid will begin reimbursement for an HIV-1/2 immunoassay capable of detecting HIV-1 antigen(s) and HIV-1 and HIV-2 antibodies (CPT 87806) in an office setting. The USDA approved AG/ab combo or 4th generation immunoassay test was added to the laboratory fee schedule earlier this year and is a new procedure code for 2015. This rapid test detects the presence of HIV-1 p24 antigen as well as antibodies to both HIV-1 and HIV-2, allowing for an earlier diagnosis. Additional information regarding rapid HIV testing can be found here.

- **Billing for Behavioral Health Services for New York City SSI and SSI-Related Enrollees Effective October 1, 2015:** Effective October 1, 2015 in NYC, the Medicaid Managed Care (MMC) benefit package is expanding to include certain Behavioral Health (BH) programs and services (mental health and alcohol and substance use disorder) and injectable medications (long-acting atypical antipsychotics and extended release naltrexone) for all enrollees age 21 and over. These services will no longer be covered under the Medicaid fee-for-service (FFS) program for SSI and SSI-Related enrollees, requiring these BH provider claims to be billed to the enrollee’s MMC plan.
On July 1, 2016, this expansion will apply to the rest of the State. While the State has made many system modifications to support this transition, system configurations continue to be made. Until the system changes are complete, providers in New York City who inappropriately bill Medicaid FFS for BH services for MMC enrollees may have their claims paid instead of denied.

- **Pharmacy Changes for New York City Behavioral Health Transition to Managed Care:** Effective October 1, 2015, Medicaid Managed Care (MMC) plans serving New York City members will begin covering injectable atypical (second generation) long acting antipsychotics for their SSI and SSI related enrollees. MMC plans serving New York City members will also begin covering naltrexone extended release suspension (Vivitrol®). Additionally, policies that promote access to these medications and smoking cessation agents are being implemented. A summary of these changes can be found here.

- **New York State Medicaid Managed Care Pharmacy Benefit Information Website Update:** The Department of Health continues to add new drug/drug categories to the New York State Medicaid Managed Care (MMC) Pharmacy Benefit Information Website. The most recent update, occurring in August 2015, includes the addition of an Injectable Antipsychotic category to the Mental Health Quick list tab and a Carbamazepine Derivatives category to the Therapeutic Classes, Other tab on the Drug Look-Up page. In addition, a download feature has been added to the specific drug list categories. This will allow providers to print out specific drug lists. Formulary coverage is subject to change. Providers should consult the website for the most current coverage.

- **New York State Medicaid EHR Incentive Program Update:** The NY Medicaid Electronic Health Record (EHR) Incentive Program provides financial incentives to eligible practitioners and hospitals to promote the transition to EHRs. Since December 2011 over $714 million in incentive funds have been distributed within 20,627 payments to New York State Medicaid providers.

**Behavioral Health Transition to Managed Care**

**Policy Guidance Distributed**

Last week, the Department of Health (DOH), Office of Mental Health (OMH), and the Office of Alcoholism and Substance Abuse Services (OASAS) distributed a Policy Paper on the Behavioral Health transition to Managed Care, which began on October 1, 2015. The guidance, which covers HARP eligibility and enrollment, behavioral health HCBS, contracting requirements, transition monitoring, utilization management, finance and reimbursement, staffing requirements, and regional planning consortiums, will be updated whenever there is a change in policy. Notice of changes will be sent to plans and posted as necessary.

**Adult Uniform Assessment Now Available**

Last week the Department of Health announced that the Uniform Assessment – Community Mental Health application is now available on the Health Commerce System Website. The Uniform Assessment – Community Mental Health application contains two instruments; the HARP/HCBS Eligibility Assessment and the New York State Community Mental Health Assessment. Concurrent with the announcement, the Department released a support document, Behavioral Health Managed Care Transition UAS-NY Support for Users, to assist users in accessing the assessment.
**Home Care Universal Billing Codes**

The State Budget included language requiring the Department of Health to establish a universal standard for the coding of payment of claims for long term care services. The Department is in the process of developing this standard, and has found that varying revenue codes are currently being used amongst plans.

Last week, the Department distributed a survey to health plans to gather information on what revenue codes are being used by providers and their managed care plan or managed long term care plan. The survey, which will conclude on **October 30**, asks plans which current revenue codes and modifiers for personal care, home health care services or other long term services are being used, as well as for billing specialist contact information. The results of the survey will be used in the development of the universal billing codes for home care services.

**MCTAC Plan of Care Training for NYC Providers for Adult HCBS**

The Managed Care Technical Assistance Center (MCTAC) will be hosting an in-person training session to provide Adult Home and Community Based Services (HCBS) Plan of Care (POC) training for Health Home Supervisors/Managers. The six hour training will cover:

- HCBS eligibility;
- HCBS workflow;
- Elements of the POC; and
- Methods for communicating POC’s to each health plan.

The training will take from **10:00 a.m. to 4:00 p.m.** on **Friday October 9, 2015**, at NYU Kimmel Center, Eisner and Lubin Auditorium (4th Floor), 60 Washington Square South, New York, NY.

To register for this event, click [here](#).

**Regulatory Updates**

**Department of Health**

**Certificate of Need (CON) Requirements**

The Department of Health recently issued a [notice of adopted rulemaking](#) that implements in regulation the construction notice process established by the Department in 2012 for construction projects that do not require CON approval and amends the types of construction projects that do not require CON approval to conform to recent statutory amendments. Although applicants no longer need to await Department approval, the applicant would still be required to construct and operate the project in full compliance with relevant code and regulations. The final rule contains no changes from the [proposal](#) published in the October 15, 2014 edition of the NYS Register.

**Medical Records Access Review Committees (MRARCs)**

The Department of Health recently issued [notice of adopted rulemaking](#) that updates the public
health law regarding the Medical Records Access Review Committees. The rule updates the law for consistency with new provisions of PHL § 18(4) which were necessary to implement the health and mental hygiene budget for the 2010-2011 state fiscal year. The adopted provisions require the Commissioner of Health to designate, rather than appoint, medical record access review committees to hear appeals from the denial of access to patient information. The rule also allows qualified persons to present written information and statements in a review of denial of access to patient information. Additionally, the rule eliminates the requirement to keep transcripts of MRARC meetings. The final rule contains no changes from the proposal published in the October 1, 2014 edition of the NYS Register.

### Upcoming Calendar

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<th>Date</th>
<th>Event</th>
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<tr>
<td><strong>Thursday, October 8</strong></td>
<td>TBI Waiver Program Public Hearing</td>
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<td>Hearing Room C, Legislative Office Building, Albany, NY</td>
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<td><strong>Thursday, October 8</strong></td>
<td>Public Health and Health Planning Council’s Committee on Codes, Regulations and Legislation Meeting</td>
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<td>9:30 a.m.</td>
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<td>New York State Department of Health Offices, 90 Church Street, 4th Floor, Room 4A and 4B, New York, NY</td>
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<td><strong>Thursday, October 8</strong></td>
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<td>New York State Department of Health Offices, 90 Church Street, 4th Floor, Room 4A and 4B, New York, NY</td>
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<tr>
<td><strong>Wednesday, October 14</strong></td>
<td>New York State Board of Examiners of Nursing Home Administrators</td>
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<td>Department of Health Offices, 875 Central Avenue, Main Conference Room, Albany, NY</td>
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<tr>
<td><strong>Monday, November 9 &amp; Tuesday, November 10</strong></td>
<td>DSRIP Project Approval and Oversight Panel (PAOP) meeting with the Upstate-based PPS</td>
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<td>Monday, November 9 – All day</td>
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<td>Tuesday, November 19 – Half day</td>
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