Managed Care in New York

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, over three quarters of New York's Medicaid beneficiaries were enrolled in one of five managed care programs. New York experimented with managed care as early as 1967, continuing into the 1980s with small-scale voluntary programs and in the early 1990s, the state accelerated enrollment in commercial managed care plans. In 1997, the **Partnership Program 1115 waiver** authorized the statewide **Medicaid Managed Care** program, which covers acute, primary, specialty, limited long term care and limited behavioral health through managed care organizations (MCO) and primary care case management (PCCM) options. Low-income adults and children are enrolled on a mandatory basis, and foster care children may enroll on a voluntary basis. In 2001, New York extended the Partnership Program to create **Family Health Plus**, which covers low-income uninsured adults the ability to enroll in MCOs that provide a similar set of services to those available in Medicaid Managed Care. In 2006, New York further expanded the Medicaid Managed Care program through the **Federal State Health Reform Program (F-SHRP) 1115 waiver,** which extended mandatory enrollment in the Partnership Program to Medicaid beneficiaries that had not been in managed care – that is, most aged, blind and disabled individuals statewide, and children, caretaker relatives, and pregnant women in select counties.

In 1998, New York launched its first program for Medicaid eligibles using long term services and supports (LTSS) in select counties, including adults with disabilities and dual eligibles. The **Managed Long Term Care (MLTC)** program, also referred to as "partial capitation", covers institutional and community-based long term services and supports only; Medicaid-covered primary and acute care are covered (but carved out) on a fee-for-service basis. In 2006 and 2007, the state expanded managed care options to full dual eligibles through the **Medicaid Advantage** and **Medicaid Advantage Plus** programs, which operate in limited regions including New York City and offer both Medicare and Medicaid benefits through Medicare Advantage plans that contract with the state. Both programs cover most acute care and LTSS plus limited behavioral health; however, some Medicaid LTSS and prescription drugs in Medicaid Advantage are paid on a fee-for-service basis. New York also operates eight **Program for the All-Inclusive Care for the Elderly (PACE)** programs, which provide all Medicaid and Medicare services to individuals age 55 and over who meet a nursing home level of care.

In 2011, New York launched a Medicaid Redesign effort that includes a number of initiatives to curb spending and increase quality, one of which called for mandatory enrollment into managed long term care plans for (1) those in need of more than 120 days of community-based long term care, (2) dual eligible individuals over age 21, and (3) nursing home eligible individuals who are not also eligible for Medicare. New York is also pursuing a Financial Alignment Demonstration, referred to as Fully-Integrated Duals Advantage, which will enroll 170,000 dually eligible members into fully integrated managed care products; those who are already enrolled in MLTC plans will have Medicare benefits added to their managed care plan's portfolio. In addition, New York is attempting to carve in behavioral health services that had previously been excluded from managed care, including State Plan Services and specialized community-based services such as peer support, respite, crisis and employment. The behavioral health services will be managed by either: (a) Special Needs Health and Recovery Plans for individuals with significant behavioral needs, or (b) mainstream managed care plans that meet rigorous standards for providing behavioral services, independently or in partnership with a behavioral health organization.

In 2012, New York added to the demonstration an initiative to improve service delivery and coordination of long-term care services and supports for individuals through a managed care model. Under the Managed Long-Term Care (MLTC) program, eligible individuals in need of more than 120 days of community-based long-term care are enrolled with managed care providers to receive long- term services and supports as well as other ancillary services. Other covered services are available on a fee-for-service basis to the extent that New York has not exercised its option to include the individual in the Mainstream Medicaid Managed Care Program (MMMC). Enrollment in MLTC may be phased in geographically and by group.

The state's goals specific to managed long-term care (MLTC) are as follows:

- Expanding access to managed long term care for Medicaid enrollees who are in need of long term services and supports (LTSS);
- Improving patient safety and quality of care for enrollees in MLTC plans;
- Reduce preventable inpatient and nursing home admissions; and
- Improve satisfaction, safety and quality of life.

In April 2013 New York had three amendments approved. The first amendment was a continuation of the state's goal for transitioning more Medicaid beneficiaries into managed care. Under this amendment, the Long-Term Home Health Care Program (LTHHCP) participants are transitioned from New York's 1915(c) waiver into the 1115 demonstration and into managed care. Second, this amendment eliminates the exclusion from MMMC of, both foster care children placed by local social service agencies and individuals participating in the Medicaid buy-in program for the working disabled. Additionally the April 2013 amendment approved expenditure authority for New York to claim FFP for expenditures made for certain designated state health program beginning April 1, 2013 through March 31, 2014.

A December 2013 amendment was approved to ensure that the demonstration made changes that were necessary in order to coordinate its programs with the Medicaid expansion and other changes made under the Affordable Care Act (ACA) implementation beginning January 1, 2014.

Effective April 1, 2014 CMS approved an amendment to extend several authorities that expired in calendar year 2014. As part of the amendment CMS extended authorities related to the transitioning of parents into state plan coverage and other authorities that provide administrative ease to the state's programs and continuing to provide services to vulnerable population, i.e. HCBS Expansion program and individuals moved from institutional settings into community based settings.

Also effective April 1, 2014, the Federal-State Health Reform Partnership (F-SHRP) demonstration phased out and populations receiving managed care of managed long term care in the 14 counties that encompassed the F-SHRP demonstration were moved into the Partnership Plan demonstration.

The amendment approved on April 14, 2014 allows New York to take the first steps toward a major delivery system reform to be supported by a Delivery System Reform Incentive Payment (DSRIP) program. We have reached agreement on the basic structure of Medicaid funding for New York State's longer-term transformation efforts, which aim to significantly improve care, change how public and safety net providers are organized, and reform how Medicaid pays for health services. This amendment to the Partnership Plan demonstration will provide for an Interim Access Assurance Fund (IAAF) to ensure that sufficient numbers and types of providers are available in the community to participate in the transformation activities contemplated by the DSRIP Program. The DSRIP program will incentivize providers through additional payments beginning contingent on the 5-year renewal of the demonstration in 2015.

Participating Plans, Plan Selection, and Rate Setting

New York contracts with nearly 30 health plans, many of which participate in more than one program. Participating plans include a mix of: (1) four **national, for-profit plans** (Aetna, Amerigroup, United, and WellCare), (2) three **local, for profit** and (3) twenty five **local, non-profit plans**.

New York selects its plans based on competitive procurements and set plan rates using an actuarial process. For the MLTC program, it adjusts rates based on members' conditions and needs, formerly based on data from the Semi-Annual Assessment of Members (SAAM). This has been replaced with a new assessment tool that all MLTCs must use, the Uniform Assessment System for New York (UAS-NY), which will be used for all of the state's community-based LTSS programs.

Quality and Performance Incentives

New York has developed its own set of Quality Assurance Reporting Requirements (QARR), which includes a number of HEDIS measures as well as state-specific quality measures focusing on effectiveness, access/availability, and satisfaction with care - particularly HIV/AIDS, Asthma, and prenatal care - as well as utilization and information on quality improvement initiatives. MCOs participating in Medicaid Managed Care, Family Health Plus, and Medicaid Advantage Plus are required to submit QARR measures on an annual basis. Plans certified to participate in MLTC, Medicaid Advantage, and Medicaid Advantage Plus plans prior to 2012 are required to report a modified set of QARR requirements, which include only measures related to effectiveness and access to/availability of care plus utilization and health plan quality initiatives. In the Medicaid Managed Care program for non-disabled adults and children, up to 3% of premium payments are tied to quality. The state is also developing a proposal to withhold a certain amount of money from premiums to create a quality incentive pool for MLTC plans.

Table: Managed Care Program Features, as of August 2014

Program Name	Medicaid Managed Care* (Partnership Plan)		Managed Long Term Care Program	Family Health Plus (Partnership Plan)	Program for the All-Inclusive Care for the Elderly (PACE)	Medicaid Advantage Plus (MAP)
Program Type	MCO	PCCM	LTC PIHP	MCO	PACE	LTC PIHP
Program Start Date	October 1997		January 1998	September 2001	November 2003	October 2007
Statutory Authorities	1115(a)		1115(a)	1115(a)	PACE	1115(a)
Geographic Reach of Program	Statewide		Select counties	Statewide	Select regions	Select counties
Populations Enrolled *(Exceptions may apply for certain individuals in each group)*						
Aged					X	
Disabled Children & Adults			X		X (age 55+)	X
Children	X	X				
Low-Income Adults	X	X		X		
Medicare-Medicaid Eligibles ("duals")			X (excludes partial duals)		X (age 55+)	X (excludes partial duals)
Foster Care Children	X	X				
American Indians/ Alaska Natives						
Mandatory or Voluntary enrollment?	Varies	Varies	Voluntary	Voluntary	Voluntary	Voluntary
Medicaid Services Covered in Capitation *(Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" from the benefit package.)*						
Inpatient hospital	X			X	X	X
Primary Care and Outpatient Services	X	X	X	X	X	X

Program Name	Medicaid Managed Care* (Partnership Plan)		Managed Long Term Care Program	Family Health Plus (Partnership Plan)	Program for the All-Inclusive Care for the Elderly (PACE)	Medicaid Advantage Plus (MAP)
Pharmacy				X	X	X
Institutional LTC			X		X	X
Personal care/HCBS	X		X	X	X	X
Inpatient Behavioral Health Services	X			X	X	
Outpatient Behavioral Health Services	X			X	X	
Dental	X		X	X	X	X
Transportation	X		X	X	X	X
Participating Plans or Organizations	***See notes for plans or organizations participating in each program					
Uses HEDIS Measures or Similar	X			X	NA	
Uses CAHPS Measures or Similar	X			X	NA	
State requires MCOs to submit HEDIS or CAHPS data to NCQA	X	NA	NA	X	NA	NA
State Requires MCOs Accreditation		NA	NA		NA	NA
External Quality Review Organization	IPRO					
State Publicly Releases Quality Reports	Yes					

Sources: Centers for Medicare and Medicaid Services (CMS),National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary care and Outpatient services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics.

Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* New York operates its “Medicaid Managed Care” program under two 1115 waivers, referred to as the Partnership Demonstration and the Federal-State Health Reform Partnership (F-SHRP) Demonstration).Though each offer MCO and PCCM options, according to the state they operate as separate but complementary programs.

** The 2011 National Summary of State Medicaid Managed Care Programs does not contain information on populations or services covered under the selective contracting program. NR denotes information that is not reported.

*** Participating plans and organizations are as follows:

- Medicaid Managed Care (Partnership Plan - HMO): Affinity Health Plan; AmidaCare Special Needs; Excellus; Health Now; Hudson Health Plan; MetroPlus Health Plan; MVP Health Plan; NYPS Select Health Special Needs; NYS Catholic Health/Plan/Fidelis; TotalCare; Southern Tier Priority; Univera Community Health; Amerigroup; Capital District Physicians Health Plan; Health First; HealthPlus; Independent Health/Hudson Valley&WNY ; MetroPlus Health Plan Special Needs; Neighborhood Health Providers ; NYS Catholic Health Plan 1199; Southern Tier Pediatrics; United Healthcare; Wellcare.
- Medicaid Managed Care (Partnership Plan - PCCM): Physicians Case Management Program – participating primary care providers.
- Managed Long Term Care Program: Amerigroup; CCM Select; ElderPlan/Managed Long Term Care; Elderserve; Fidelis Care at Home; Guodnet; Health Advantage/Elant Choice; HHH Choices; Independent Care Systems; Senior Health Partners; Senior Network Health; Total Aging in Place; VNS Choices; WellCare.
- Family Health Plus (Partnership Plan): Affinity Health Plan; Amerigroup;Capital District Physicians Health Plan; Excellus; Health First; Health Now; HealthPlus; HIP Combined; Hudson Health Plan; Independent Health/ Hudson Valley&WNY; NYS Catholic Health Plan 1199 ; MetroPlus Health Plan; MVP Health Plan; Neighborhood Health Providers; NYS Catholic Health Plan/ Fidelis; SCHC TotalCare; United; Univera Community Health; Wellcare.
- PACE: Independent Living for Seniors, Inc.; PACE CNY; Eddy Senior Care; CenterLight Healthcare PACE; Total Senior Care; ArchCare Senior Life; Catholic Health –LIFE; Complete Senior Care.
- Medicaid Advantage (F-SHRP - MCO): Affinity; ElderPlan; GHI; HIP Health Plan; Liberty Health Advantage; Managed Health Inc; MetroPlus; NYS Catholic Health Plan/ Fidelis; Senior Whole Health; Touchstone/ Prestige; United Health Plan.
- Medicaid Advantage (F-SHRP - PCCM): Physicians Case Management Program – participating primary care providers.
- Medicaid Managed Care* (F-SHRP): Affinity Health Plan; Amerigroup; AmidaCare Special Needs; Capital District Physicians Health Plan; Excellus; Health First; Health Now; HealthPlus; Hudson Health Plan; MetroPlus Health Plan; MVP Health Plan; Neighborhood Health Providers; NYS Catholic Health Plan/Fidelis; SCHC TotalCare; Southern Tier; United Healthcare; Wellcare; NYPS Select Health Special Needs; Univera Community Health.
- Medicaid Advantage Plus (MAP): AmeriGroup; GuildNet; NYS Catholic Health Plan/ Fidelis; VNS Choice Plus; Elder Plan; HIP Health Plan; Senior Whole Health; WellCare.