Eliminate Mainstream Medicaid Managed Care Exemptions/Exclusions Effective 4/1/13 Partnership Plan and Federal-State Health Reform Partnership (F-SHRP)

The State's goal is to enroll all Medicaid recipients in managed care within five years. To that end, the State is phasing out most MMMC exclusions and exemptions over a five year period beginning in August 2011.

A. New Mandatory Populations

The following two populations are scheduled to become mandatory as of April 1, 2013:

1) ***Foster care children placed directly by the local social services districts (LDSS) in foster care settings and for whom no per diem is paid to the foster family (non-NYC counties, only).***

   Foster care children placed by voluntary agencies that receive a per diem payment continue to be excluded from enrollment, while foster care children placed by voluntary agencies for whom a per diem is not paid will continue to be excluded unless the county opts to enroll them.

   Approximately 3,650 foster care children are in the target population. Of that number, 1,350 are already enrolled in MMMC, since 36 of 58 non-New York City counties are enrolling foster care children on a voluntary basis. The State is currently conducting a network overlap analysis to determine how many providers caring for this population also participate in one or more MMMC plans. As with previous populations that have transitioned to managed care, MMMC plans will be encouraged to contract with those providers in their service areas that serve these children. A webinar will be held for foster care providers, counties and MMMC plans to ensure a seamless transition.

2) ***Non-dually eligible individuals participating in the Medicaid buy-in program for the working disabled.***

   All non-dually eligible individuals in the buy-in program will be enrolled, whether they are required to pay a premium or not. While there are approximately 16,100 individuals in this population overall[1], only about 1,000 have no other exemption or exclusion on file and of these, the large majority are already enrolled. The total number of individuals in this population who will be required to enroll as of April 1 is expected to be approximately 200. The State is currently conducting a network overlap analysis to determine how many providers caring for this population also participate in one or more MMMC plans.

   The State does not currently enforce the requirement for certain program participants to pay a premium. If, in the future, the State decides to enforce the requirement, a mechanism will be developed to collect premiums and make adjustments to FMAP claims for the additional revenue.

B. Benefits

The State's previous request identified Medical Social Services (MSS) as a service that will be added to the MMMC plan benefit package for those persons transitioning from the Long Term Home Health Care Program (LTHHCP) who were in receipt of the benefit at the time of transition. The State has

[1] Figures for New York City plus non-enrollment broker counties outside of New York City. This population is already enrolled in enrollment broker counties upstate.

since identified ***Home Delivered Meals*** as a benefit that should be available to transitioning LTHHCP participants who are in receipt of the service, as without this service, these individuals may be at risk for failure to remain in the community. Home Delivered Meals will be available only to the extent that the enrollee's needs cannot be met by existing support services, including family and approved personal care aides. The Home Delivered Meals benefit includes up to two meals per day on week days and/or weekends. There are 226 LTHHCP participants currently receiving Home Delivered Meals at an annual cost of approximately $500,000.

C. Requested Revisions to STCs

1. Partnership Plan

a) The following revisions to the Partnership Plan, STC 26, are requested to provide authority to enroll these new populations in MMMC.

26. Exclusions and Exemptions from MMMC. Notwithstanding the eligibility criteria in STC 16, certain individuals cannot receive benefits through the MMMC program (i.e., excluded), while others may request an exemption from receiving benefits through the MMMC program (i.e., exempted). Tables 6 and 7 list those individuals either excluded or exempted from MMMC.

Table 6: Individuals Excluded from MMMC Individuals who become eligible for Medicaid only after spending down a portion of their income
Residents of state psychiatric facilities or residents of state-certified or voluntary treatment facilities for children and youth
Patients in residential health care facilities (RHCF) at time of enrollment and residents in an RHCF who are classified as permanent
Participants in capitated long-term care demonstration projects
Medicaid-eligible infants living with incarcerated mothers
Individuals with access to comprehensive private health insurance if cost effective
Foster care children in the placement of a voluntary agency
~~Foster care children in direct care [at the option of the local Department of Social Services (LDSS)]~~
Certified blind or disabled children living or expected to live separate and apart from their parents for 30 days or more
Individuals expected to be Medicaid-eligible for less than 6 months (except for pregnant women)
Individuals receiving hospice services (at time of enrollment)
Individuals with a "county of fiscal responsibility" code of 97 (Individuals residing in a state Office of Mental Health facility)
Individuals with a "county of fiscal responsibility" code of 98 (Individuals in an Office for People with Developmental Disabilities/OPWDD facility or treatment center)
Youth in the care and custody of the commissioner of the Office of Family & Children Services
Individuals eligible for the family planning expansion program
Individuals who are under 65 years of age (screened and require treatment) in the Centers for Disease Control and Prevention breast, cervical, colorectal, and/or prostate early detection program and need treatment for breast, cervical, colorectal, or prostate cancer, and who are not otherwise covered under creditable health coverage
~~Individuals who are eligible for Medicaid buy-in for the working disabled and who must pay a premium~~
Individuals who are eligible for Emergency Medicaid

Table 7: Individuals who may be exempted from MMMC

Individuals with chronic medical conditions who have been under active treatment for at least 6 months with a sub-specialist who is not a network provider for any Medicaid MCO in the service area or whose request has been approved by the New York State Department of Health Medical Director because of unusually severe chronic care needs. Exemption is limited to six months
Individuals designated as participating in OPWDD-sponsored programs
Individuals already scheduled for a major surgical procedure (within 30 days of scheduled enrollment) with a provider who is not a participant in the network of any Medicaid MCO in the service area. Exemption is limited to six months
Individuals with a developmental or physical disability receiving services through a Medicaid home- and community-based services (HCBS) waiver authorized under section 1915(c) of the Act
Residents of alcohol/substance abuse long-term residential treatment programs
Native Americans
~~Individuals who are eligible for Medicaid buy-in for the working disabled and who do not pay a premium~~
Individuals with a "county of fiscal responsibility code of 98" (OPWDD in Medicaid Management Information System/MMIS) in counties where program features are approved by the state and operational at the local district level to permit these individuals to voluntarily enroll

b) The following changes are requested to Attachment A, MMMC Benefits, to reflect the addition of Home Delivered Meals for a limited population:

ATTACHMENT A
Mainstream Medicaid Managed Care Benefits
Inpatient and outpatient hospital services
Clinic services including Rural Health Clinic and Federally Qualified Health Center services
Laboratory and X-ray services
Home health services
Early Periodic Screening, Diagnosis, and Treatment services (for individuals under age 21 only)
Family planning services and supplies
Physicians services including nurse practitioners and nurse midwife services
Dental services
Physical and occupational therapy
Speech, hearing, and language therapy
Prescription drugs, over-the-counter drugs, and medical supplies
Durable Medical Equipment (DME), including prosthetic and orthotic devices, hearing aids, and prescription shoes
Vision care services, including eyeglasses
Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
Nursing facility services
Personal care services
Medical Social Services for persons transitioning from the LTHHCP who received the service under the LTHHCP (non-State plan service)

Home Delivered Meals for persons transitioning from the LTHHCP who received the service under the LTHHCP (non-State plan service)
Case management services
Hospice care services
TB-related services
Inpatient and outpatient behavioral health services (mental health and chemical dependence services)
Emergency medical services, including emergency transportation
Adult day care
Personal Emergency Response Services (PERS)
Renal dialysis
Home and Community Based Services waivers (HCBS)
Care at Home Program (OPWDD)
Non–emergency transportation
Experimental or investigational treatment (covered on a case-by-case basis)

2. F-SHRP

a) The following revisions to the F-SHRP, STC 18, are requested to provide authority to enroll these new populations in MMMC.

18. Exclusions and Exemptions from MMMC. Notwithstanding the eligibility criteria in STC 16(b), certain individuals cannot receive benefits through the MMMC program (i.e. are excluded from participation), while others may request an exemption from receiving benefits through the MMMC program (i.e. may be exempted from participation). Tables 5 and 6 list those individuals either excluded or exempted from MMMC.

Table 5: Individuals Excluded from MMMC

Individuals who become eligible for Medicaid only after spending down a portion of their income
Residents of state psychiatric facilities or residents of state certified or voluntary treatment facilities for children and youth
Patients in residential health care facilities (RHCF) at time of enrollment and residents in an RHCF who are classified as permanent
Participants in capitated long-term care demonstration projects
Medicaid-eligible infants living with incarcerated mothers
Individuals with access to comprehensive private health insurance if cost effective
Foster care children in the placement of a voluntary agency
~~Foster care children in direct care [at the option of the local Department of Social Services (LDSS)]~~
Certified blind or disabled children living or expected to live separate and apart from their parents for 30 days or more
Individuals expected to be Medicaid eligible for less than six months (except for pregnant women)
Individuals receiving hospice services (at time of enrollment)

Youth in the care and custody of the commissioner of the Office of Family & Children Services
Individuals eligible for the family planning expansion program
Individuals with a "county of fiscal responsibility" code of 97 ((Individuals residing in a State Office of Mental Health facility)
Individuals with a “county of fiscal responsibility” code of 98 (Individuals in an OPWDD facility or treatment center)
Individuals under 65 years of age (screened and require treatment) in the Centers for Disease Control and Prevention’s breast, cervical, colorectal, and/or prostate early detection program and need treatment for breast, cervical, colorectal, or prostate cancer, and are not otherwise covered under creditable health coverage.
~~Individuals who are eligible for Medicaid buy-in for the working disabled and must pay a premium~~
Individuals eligible for Emergency Medicaid.

Table 6: Individuals who may be exempted from MMMC

Individuals eligible for both Medicare/Medicaid (dual-eligibles) *
Individuals with chronic medical conditions who have been under active treatment for at least six months with a sub-specialist who is not a network provider for any Medicaid MCO in the service area or whose request has been approved by the New York State Department of Health Medical Director because of unusually severe chronic care needs. Exemption is limited to six months.
Individuals designated as participating in OPWDD sponsored programs.
Individuals already scheduled for a major surgical procedure (within 30 days of scheduled enrollment) with a provider who is not a participant in the network of any Medicaid MCO in the service area. Exemption is limited to six months.
Individuals with a developmental or physical disability receiving services through a Medicaid home and community based services (HCBS) waiver authorized under section 1915(c) of the Act.
Residents of alcohol/substance abuse long term residential treatment programs
Native Americans
~~Individuals who are eligible for the Medicaid buy-in for the working disabled and do not pay a premium~~
Individuals with a “county of fiscal responsibility code of 98” (OPWDD in Medicaid Management Information System) in counties where program features are approved by the state and operational at the local district level to permit these individuals to voluntarily enroll.

***** These persons may **only** join a qualified Medicaid Advantage Plan

b) The following changes are requested to F-SHRP, STC 21, MMMC Program Benefits and Cost Sharing, to reflect the addition of Home Delivered Meals for a limited population:

21. Mandatory Mainstream Managed Care Program Benefits and Cost-Sharing. Benefits provided through this Demonstration for the mainstream Medicaid managed care program are identical to those in the Medicaid state plan (except as indicated), and are summarized below:

Inpatient and outpatient hospital services
Clinic services including Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC)

services
Laboratory and X-ray services
Home health services
Early Periodic Screening, Diagnosis, and Treatment services (for individuals under age 21only)
Family planning services and supplies
Physicians services, including nurse practitioners and nurse midwife services
Dental services
Physical and occupational therapy
Speech, hearing, and language therapy
Prescription drugs, over-the-counter drugs, and medical supplies
Durable Medical Equipment (DME) including prosthetic and orthotic devices, hearing aids, and prescription shoes
Vision care services including eyeglasses
Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
Nursing facility services
Personal care services
Medical Social Services for persons transitioning from the LTHHCP who received the service under the LTHHCP (non-State plan service)
Home Delivered Meals for persons transitioning from the LTHHCP who received the service under the LTHHCP (non-State plan service)
Case management services
Hospice care services
TB-related services
Inpatient and outpatient behavioral health services (mental health and chemical dependence services)
Emergency medical services including emergency transportation
Adult day care
Personal Emergency Response Services (PERS)
Renal dialysis
Home and Community Based Services waivers (HCBS)
Care at Home Program (OPWDD)
Non–emergency transportation
Experimental or investigational treatment (covered on a case by case basis)