



Medicaid Home Care

Understanding the Changes to Medicaid Home Care in New York State

New York Legal Assistance Group

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Overview



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Managed Long Term Care

It's the next wave in the "managed care for all" mantra of State Government.

Until now, people with Medicare were excluded from having to enroll in Medicaid managed care plans. Three million other NYS Medicaid recipients have been required to join "mainstream" Medicaid Managed Care (MMC) plans which are HMO's that control access to all of their Medicaid services.

In 2011, the NYS enacted a law requiring all DUAL ELIGIBLES (have Medicare and Medicaid) who need long-term care services to enroll in an MLTC plan. The federal govt. approved this in 2012, and implementation started rolling out in 9/2012.



Types of Medicaid Plans

- **For those *without* Medicare - Mainstream Medicaid Managed Care (MMC)**
 - Has long been mandatory for vast majority of Medicaid-only recipients. No duals. Now includes PCA, CHHA, and private duty nursing.
- **For those *with* Medicare – plans that cover Long Term Care:**
 1. **Managed Long-Term Care (MLTC)**
 - "Partial capitation" because only includes Medicaid, not Medicare. But now mandatory for all duals needing home care.
 2. **Medicaid Advantage Plus (MAP)**
 - Everything. MA + MLTC.
 3. **Program for All-inclusive Care of the Elderly (PACE)**
 - Everything. MA + MLTC.
- **For those with Medicare – plans NOT covering Long Term Care**
 - **Medicaid Advantage (MA)** - Medicare Advantage + MMC.
 - All Medicare and Medicaid services except PCA, CDPAP, nursing home, etc.



What is Medicaid Managed Long-Term Care?

Medicaid

The public health insurance program for the poor, operated by the State



Managed (Care)

A type of private health insurance company paid a fixed amount *per capita* to authorize and pay for all covered services (“capitation”)

- Capitation
- Provider network
- Utilization management



Long-Term Care

- Home care
- Adult day care
- Physical therapy
- Nursing home
- Etc.



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Affected Clients

- Dual eligibles (must have Medicare & Medicaid) living in “mandatory” counties; and
- Age 21 or older; and
- Receiving Community-Based Long-Term Care services for >120 days in a calendar year
 - Personal care (PCA/home attendant)
 - Certified Home Health Aide (CHHA)
 - Adult Day Health Care
 - Lombardi Waiver (Long-Term Home Health Care)*
 - Private-Duty Nursing
 - Consumer-Directed Personal Assistance Program (CDPA)

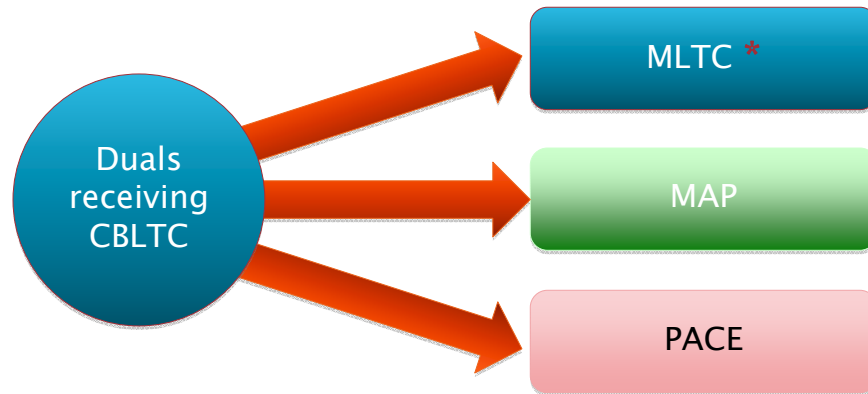
* CMS approved moving Lombardi recipients April 1, 2013

http://www.health.ny.gov/health_care/medicaid/redesign/docs/appr_ltr_lthcp_waiver_amend.pdf



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Affected Clients: Plan Options



* Client will be assigned to MLTC if no selection made.

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Services authorized by MLTC

- Home care:
 - Personal Care (home attendant)
 - Consumer-Directed Personal Assistance Program (CDPAP)
 - Home Health Aide, PT, OT (CHHA Personal Care)
 - Private Duty Nursing
- Adult day care – medical & Social
- PERS, home-delivered meals, congregate meals
- Medical equipment, supplies, prostheses, orthotics, hearing aids, eyeglasses, respiratory therapy, Home modifications
- **4 Medical specialties-Podiatry, Audiology, Dental, Optometry**
- Non-emergency medical transportation
- Nursing home

Above are partial capitation only.

PACE, MAP include all primary and acute medical services

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Nursing Home Coverage

- MLTC benefit package includes nursing home care – must be in-network with the following exception:
 - If Medicare will be paying primary for any nursing home or rehab stay, the client may choose any nursing home regardless of whether it is in the MLTC plan's network. The MLTC plan must pay for the coinsurance.
 - In order to get MLTC to pay for nursing home, must upgrade Medicaid from Community to Institutional coverage



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Primary medical care not authorized by MLTC Partial Capitation Plans

- MLTC partially capitated plans DO NOT authorize primary, acute & specialty medical care, hospital inpatient or outpatient care, lab tests, prescription drugs
 - except for 4 specialties (audiology, dental, optometry, podiatry)
- MLTC Members use their ORIGINAL MEDICARE or MEDICARE ADVANTAGE or cards for these services



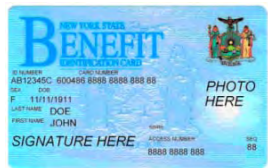
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Combination Example 1

- Dual Eligible with Original Medicare and MLTC



Medigap
Plan F
John Doe
Member ID: 123456ABC



SeniorHealthChoiceWell-PlusCare
MLTC Plan
John Doe
Member ID: 123456ABC

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Combination Example 2

- Dual Eligible with Medicare Advantage and MLTC

MediChoice Options Plus
Medicare Advantage
w/MedicareRx
John Doe
Member ID: 123456ABC



SeniorHealthChoiceWell-PlusCare
MLTC Plan
John Doe
Member ID: 123456ABC

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Combination Example 3

- Dual Eligible with Medicaid Advantage Plus (MAP)

**MediChoice Options
Plus Complete**
Medicaid Advantage Plus
(Dual-SNP)
John Doe
Member ID: 123456ABC

Warning: Many MAP plans do not call themselves “MAP;” they say Medicare Advantage Special Needs Plan for Duals (Dual-SNP). All MAPs are Dual-SNPs, but not all Dual-SNPs are MAPs!



Primary Medical Care Included in MAP & PACE Plans

- Both PACE and MAP plans cover ALL Medicare and Medicaid services. Member must use providers in the plan's network for all services.
- PACE plans provide services through a particular site – a medical clinic or hospital. Because all providers are linked, potentially more opportunity for coordinated care.
- MAP plans are more a traditional insurance model. Plan contracts with various providers to provide care.



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Partial-Cap MLTC Plans NYC

(enrollment March 2013) (Total NYC = 78,434) (Page 1 of 2)

VNSNY Choice	18,619
Guildnet (not SI)	10,228
ElderServe	7,866
Senior Health Partners (Healthfirst)	7,459
CenterLight MLTC (formerly CCM Select)	7,389
HomeFirst (Elderplan)	7,252
Independence Care System (not SI)	4,172
Wellcare Advocate MLTC (Not SI)	4,028
Fidelis Care at Home	3,731
Amerigroup (HealthPlus)	2,705

http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/

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Partial-Cap MLTC Plans NYC (cont'd)

(enrollment March 2013) (Total NYC = 78,434) (page 2 of 2)

HHH Choices (not SI)	1,872
VillageCareMAX (not SI)	1,501
HIP/EmblemHealth MLTC	577
AgeWell New York (Parker Jewish)(Not SI)	268
Aetna Better Health (Bk, Qs Mn)	226
Senior Whole Health (not SI)	178
United Healthcare Personal Assist	147
Archcare Community Life (Bx, Mn, SI only)	114
MetroPlus MLTC (not SI)	54
Centers Plan for Healthy Living	48

http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/

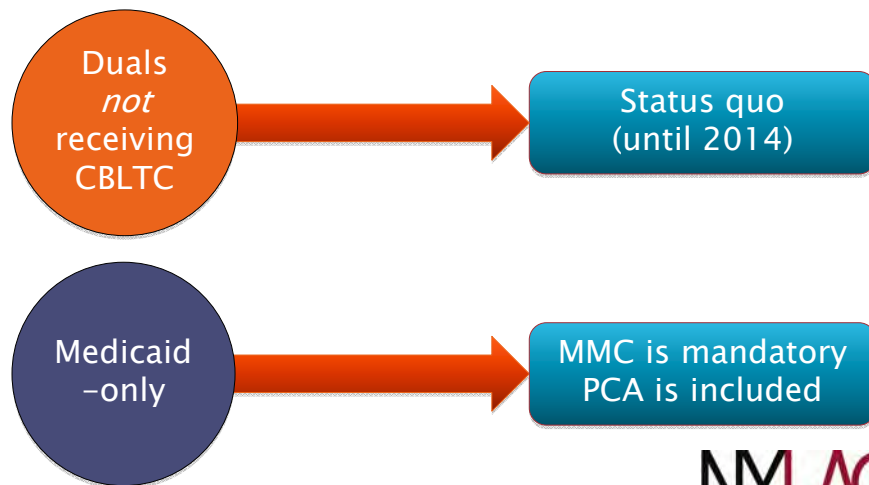
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Medicaid Advantage Plus/ PACE enrollment – NYC (March 2013)

PACE	3,127
ArchCare Senior Life	224
CenterLight (formerly CCM)	2,903
Medicaid Advantage Plus (MAP)	3,093
Amerigroup (HealthPlus)	8
Elderplan	742
Guildnet Gold (not SI)	383
HealthFirst Complete Care (Senior Health Partners)	1,319
HIP-MAP (EmblemHealth)	365
Fidelis MAP	102
Senior Whole Health of NY MAP (not SI)	42
VNS Choice TOTAL	77
WellCare Advocate Complete (not SI)	55

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Everyone else



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Current Home Care Recipients

What can Medicaid recipients expect to encounter during this transition?



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Timeline

1. Client receives announcement letter from DOH
2. Client receives 60-day notice from NY Medicaid Choice (Maximus) [about a month later]
3. Find out which plans contract with preferred providers:
 - If MAP/PACE, must consider ALL providers
 - If MLTC, must consider home care agency, adult day program, podiatrist, dentist, etc.
4. Call plans to schedule home visit for assessment
5. Enroll with plan or NY Medicaid Choice by deadline on notice



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The Assessment Visit

- Plans are vying for our clients' business, so help clients get questions answered, demand full disclosure, and shop around rather than settle for a bad deal
- Nurse and possibly one other person come to home to both assess the prospective member and market the plan
- Questions
 - How many hours?
 - Same agency? Same aides?
 - What other services?
- Insist on written Plan of Care (stating services and hours) before signing Enrollment Agreement
- Advocacy Tip: Arrange for someone to be present at the assessment



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The Assessment Visit

- Nurse completes assessment using proprietary computerized task tool
 - Results may vary from plan to plan
 - No physician's order
 - **Same standards as under fee-for-service Medicaid**
- Backup caregiver agreement
 - No legal basis for it; plan cannot obligate informal caregiver to provide backup assistance. See DOH Policy 13.10.
 - Plan won't enroll unless you sign it, so sign it
- **You don't need to sign on the spot**
 - You can review the paperwork with your family/representative and get back to nurse about enrollment



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How to enroll

- **MLTC**
 - May enroll either through the plan or through NY Medicaid Choice (888-401-6582)
 - Enrollment has no impact on Medicare
- **MAP / PACE**
 - Must enroll through the plan
 - Enrollment actually consists of two transactions: change of Medicare plan and change of Medicaid plan
 - By enrolling in a MAP or PACE, you are automatically disenrolled from any/all of the following plans:
 - Medicare Advantage (including some retiree/union plans)
 - Standalone Prescription Drug Plan (PDP)
 - Mainstream Medicaid Managed Care



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Enrollment/disenrollment

- VNS Choice MLTC and VNS Choice Total (MAP) enrollment and marketing activities **suspended** as of 4/26/2013 until further notice.
- **No lock-in!**
 - Members can switch to a different plan at anytime
 - But, cannot go back to fee-for-service Medicaid for long-term care services
- **Enrollment lag time**
 - Generally, if you switch plans by the 20th of the month, the enrollment in the new plan will take effect the first of the next month.
 - No mid-month pick-up dates
 - However, contract appears to give plans ability to drag out *disenrollment* until first of the *second* month.
 - **No gap in services!**



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When does it take effect?

Enrollment must be processed by the 20th day of the month to take effect the 1st day of the next month.

May

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
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So if you enroll on any of the highlighted days above, it should be effective June 1.



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When does it take effect?

May

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

But if you enroll on any of these days, the enrollment will not take effect until July 1.



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Transition Rights: Current Home Care Program to MLTC

What should Medicaid recipients and their advocates know in order to protect clients' rights and services?



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90-day (previously 60-day) Transition Requirement

- **NEW POLICY ISSUED** by DOH on May 8, 2013** requiring plans to continue previous level of services for **90 days** or until the plan's new assessment whichever is LATER. This means:
 - June 1 enrollees will get 90-day transition right.
 - Enrollees whose 60-day transition expired after May 8 likely entitled to an additional 30 days of previous level of services. Remains to be seen.
- Prior to this policy, plans were required to continue previous level of services for 60 days or until the plan's new assessment, whichever is LATER. See <http://wnylc.com/health/news/41/>
 - By Day 30 of the 60-day period, Plan is supposed to assess client's needs and propose a new care plan, which could involve a REDUCTION in hours or services
- What happens on DAY 61 or 91?
 - Plans can make any changes, just like the DSS could under PCA, or a CHHA

** http://www.health.ny.gov/health_care/medicaid/redesign/docs/policy_13_10_guidance.pdf



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Continuity of Care – Keeping Aide

- MLTC plans are required to contract with all, home attendant vendors current under contract with CASA**. The plan must pay the current HRA rate to any vendor willing to accept it
- But it appears that a plan would be permitted to decline contracting with a particular vendor, even if they would accept the HRA rate
- DOH has made it clear that ensuring continuity of the client-aide relationship is an important goal
- Plans can apparently enter into single-client agreements with vendors, and can use their “out-of-network” policy in some cases.
- This requirement is only effective ONLY until December 31, 2013.
- Complaints about MLTC plans unwilling to contract with a vendor in order for the client to keep her aide should file a complaint with DOH: (866) 712-7197

**http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012_04_26_continuing_of_care_policy.pdf

Link posted on <http://wnylc.com/health/news/41/> “Final Continuity of Care Policy”



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What happens AFTER 60-day or 90-day Transition? What are Appeal Rights?

- ▶ Before end of 60-day or 90-day period, Plan must send client a written notice of new care plan to take effect on Day 61 or 91. That plan of care may reduce services below what the CASA had authorized previously.
 - Notice to client must explain appeal rights. Client has the right to “Aid Continuing” if appeals changes made by the plan in its 1st authorization after the transition period
 - “Aid Continuing” is the right to receive services in the same amount as PREVIOUSLY authorized while a hearing is held and decided about a PROPOSED reduction in services.
- NEW – INTERNAL APPEAL – In MLTC, client must first request an Internal Appeal within the Plan. Only if she loses that may she request a state fair Hearing.

See APPEALS section and <http://www.wnyc.com/health/entry/184/>.



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Aid Continuing

- When a plan decides to reduce or discontinue your services, you have the right to continue receiving the prior level of services while awaiting a decision on your appeal
- Transition Period
 - For changes immediately after the 60-day or 90-day transition period, plan must provide aid continuing until a decision on the internal appeal, or Fair Hearing if it goes to that stage
 - Feb. 6, 2013 and May 8, 2013 directives require Aid Continuing.
http://www.health.ny.gov/health_care/medicaid/redesign/docs/mltc_policy_13.04_personal_care_contract.pdf and http://www.health.ny.gov/health_care/medicaid/redesign/docs/policy_13_10_guidance.pdf
- Post-Transition
 - For all subsequent changes, State says aid continuing only goes through the end of the current authorization period. Advocates disagree – you should request aid continuing and refer cases.

See APPEALS section and <http://www.wnyc.com/health/entry/184/>.



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Spend-Down, Provisional Coverage, and Conversions

- One difference between PCA/CHHA and MLTC
 - Many PCA and CHHA clients failed to pay their full spend-down (because they couldn't afford to)
 - Although it was a legal debt for which the home care agency could sue, the agencies were prohibited from discontinuing services due to non-payment
- MLTC plans **MAY** disenroll a member for non-payment of the spend-down!
 - One more reason to help clients enroll in pooled income trusts
- Also, new applicants with spend-down should request "**Provisional Medicaid**" to prevent Medicaid being denied because they have not yet met the spend-down.

<http://wnyc.com/health/entry/176/>



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New Applicants for Medicaid and Home Care



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New Applicants for Home Care Only in Mandatory MLTC Counties

- All new applicants for PCA, CDPAP, and Lombardi are being redirected in mandatory counties to enroll in MLTC plan
- New applicants seeking CHHA, Private-Duty Nursing, and Adult Day Health Care may still enroll directly with those providers “front door” still open.. But will close.
- Lombardi – CMS just approved mandatory enrollment after 4/1/13.



http://www.health.ny.gov/health_care/medicaid/redesign/docs/appr_ltr_lthhcp_waiver_amend.pdf

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If you have Medicaid but are not exempt from MLTC, how do you apply for home care?

- Call NY Medicaid Choice for counseling on selecting a plan,
- Choose a plan on your own and contact them directly to enroll.
 - See <http://wnylc.com/health/entry/169/>
- **Client/family/advocate may call several plans to assess client's needs and propose a plan of care, before client agrees to enroll.** See State DOH Q&A 8/21/12 # 39*.
- Enrollment would be effective the first of the following month, except that it may be delayed until the 1st of the next month if client enrolls after the 19th of the month.

http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08-21_mlrc_faq.pdf



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Coding Issues

- Particularly for new Medicaid applicants, but even for current recipients, enrollment in MLTC is often held up by mysterious “coding issues” apparently stemming from NY’s antiquated Medicaid computer system
- Community Medicaid but no Long-Term Care (because attested to resources) must submit Supp. A with proof of resources.
- Medicaid approved but inactive because spend-down not met
 - Initial applicants should request provisional coverage code 06 to prevent this
 - Plans wrongly tell applicants they must pay-in their surplus to HRA to activate coverage and/or refuse to evaluate applicants unless they do so; this often leads to many months of paying-in when no services are being provided
- Medicaid active but has nursing home, Lombardi, or other mysterious code preventing enrollment



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Amount/standards for home care – should remain the same statewide

- New York State could have, *but didn't*, change the amount of home care services available, or redefine the medical eligibility criteria
- There has been **NO CHANGE** in the amount or type of services available under MLTC versus under PCA/CHHA.
 - See next slide for examples.
- If an individual was medically appropriate for 24-hour care (even split-shift) under the PCA regulations, then that person should also receive 24-hour care under MLTC
- MLTC plans routinely misinform applicants about this point; this will require frequent advocacy to reinforce – see Policy 13.10 (attached and link on slide 29)



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Standards for authorizing amount of hours

- Will MLTC plans be required to follow rules established through litigation, e.g.,
 - can't use task-based-assessment when client has 24-hour needs ("Mayer-III")
 - must provide adequate hours to ensure safe performance of ADLs (NYS DOH GIS 03 MA/003)
 - non-self-directing people eligible if someone can direct care who need not live with them (92-ADM-49)(Illegal "Back-up" requirement).
- Cannot terminate services when hospitalized

See <http://wnylc.com/health/entry/114/> & <http://wnylc.com/health/entry/7/>



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How do you apply for Medicaid *and* home care?

- MLTC plan cannot enroll until applicant is approved for Community Medicaid w/CBLTC coverage.
- No Medicaid-pending; must already have approved, active coverage before plan can enroll.
- If Medicaid not approved until after the 20th, then enrollment will be delayed a full extra month
- HRA **Community Medicaid** office*
- HRA **Home Care Services Program Central Medicaid Unit**
 - Moved in 1/2013 to:
HRA HCSP Central Medicaid Unit
785 Atlantic Avenue, 7th Floor
Brooklyn, NY 11238 T: 929-221-0849
- If client has a spend-down, request “provisional coverage” so applicant doesn’t need to pay-in to activate coverage**

* http://www.nyc.gov/html/hra/html/directory/medicaid_offices.shtml

** See HRA MICA Alert 9/6/12 and related info at <http://wnylc.com/health/entry/176/>



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How do you apply for Medicaid *and* home care?

- Other options:
 - Apply through a CHHA and ask CHHA to provide home health aide “Medicaid pending.” (CHHA’s more reluctant to do this now)(Find CHHAs at <http://homecare.nyhealth.gov/>) .
 - Ask an MLTC Plan to file the Medicaid Application. Not all of them will do this. Client not obligated to enroll in that plan once Medicaid accepted.

See HRA MICA Alert 9/6/12 and related info at <http://wnylc.com/health/entry/176/>



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Requesting Additional or New Services from MLTC Plans



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Service Authorizations

- **Prior Authorization**
 - A request by the Enrollee or provider on Enrollee's behalf for a new service (whether for a new authorization period or within an existing authorization period) or a request to change a service as determined in the plan of care for a new authorization period.
- **Concurrent Review**
 - A request by an Enrollee or provider on Enrollee's behalf for
 - Additional services (i.e., more of the same) that are currently authorized in the plan of care; or
 - Medicaid covered home health care services following an inpatient admission.

[Model Contract, Appendix K, ¶ \(3\) \[p. 113 of PDF\]](#)



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Service Authorizations: Timing

- Both prior and concurrent can be expedited; the standard is the same as for appeals
 - Appeals of concurrent reviews are automatically expedited
- Prior authorization
 - **Expedited** - 3 business days from request for service.
 - **Standard** – within 3 business days of receipt of necessary information, but no more than 14 days of receipt of request for services.

[Model Contract, Appendix K, ¶ \(3\) \[p. 114 of PDF\]](#)



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Service Authorizations: Timing

- **Concurrent review**
 - **Expedited** – within 1 business day of receipt of necessary information, but no more than 3 business days of receipt of request for services.
 - **Standard** – within 1 business day of receipt of necessary information, but no more than 14 days of receipt of request for services.
 - In the case of a request for Medicaid covered home health care services following an inpatient admission, 1 business day after receipt of necessary information; except when the day subsequent to the request for services falls on a weekend or holiday, **72 hours after receipt of necessary information; but in any event, no more than 3 business days after receipt of the request for services.**

[Model Contract, Appendix K, ¶ \(3\) \[p. 114 of PDF\]](#)



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Appeals and Grievances



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Appeals vs. Grievances

MLTC has **two types of appeals**- may request orally or in writing:

- **Grievances** – Complain to plan about quality of care or treatment but not about amount or type of service that was approved. **EXAMPLES:**
 - chronic lateness or no-show of aide or nurse or care manager,
 - can't reach care coordinator or other personnel by phone,
 - delay in approving services, e.g. can't get dental appointment
 - Transportation delayed in taking to or from MD, day care
 - no response to request for increase in hours
- **Appeals** – Object to AMOUNT or TYPE of service approved,
 - Denial or termination of enrollment for allegedly being "unsafe" at home
 - Denial, reduction or termination of any service.
 - Failure to process or respond to request



See <http://www.wnyc.com/health/entry/184/>

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Plans must give notice of initial plan of care and any changes in plan of care

- **Denials**
- **Authorizations/ Reauthorizations - Notice of Action**
 - At least 10 days before the intended change in services, the plan must send a written notice to the member, containing:
 - The **action** the plan intends to take,
 - The **reasons** for the action, including clinical rationale,
 - Description of **appeal rights**, including how to request appeal and how to seek an expedited appeal, AND
 - **If a reduction/discontinuation, the right to *aid continuing***
- ***You still have the right to appeal a reduction or denial even if plan doesn't give written notice***

<http://www.wnylc.com/health/entry/184/>.



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NEW: Must Request Internal Appeal First Before Fair Hearing

- An appeal may be filed orally or in writing.
 - Oral: plan must follow up with written confirmation of oral appeal. Date of oral request is treated as date of appeal.
- Plans must designate one or more qualified personnel who were not involved in any previous level of review or decision-making to review the appeal
- If the appeal pertains to clinical matters, the personnel must include licensed, certified or registered health care professionals.
- Plan must provide a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing.
- Plan must provide the opportunity to examine the case file and any other records.

42 CFR §§ 438.402, 438.406;
[Model Contract, Appendix K, ¶¶ \(1\)\(B\) \[p. 106 of PDF\]](#)



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Expedited Appeals / Grievances

- If you don't have Aid Continuing, make sure to ask for Expedited Appeal. The plan must decide an expedited appeal within **3 days** instead of **30 days**. Plan must agree that a delay would seriously jeopardize the enrollee's life or health or ability to attain, maintain or regain maximum function; or
- The plan may deny a request for an expedited review – best practice is to have doctor explain in writing jeopardy to health or ability to function without services.

42 CFR § 438.410;
[Model Contract](#), Appendix K, ¶¶ (1)(A) & (B)
[pp.103, 106 of PDF]



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Aid Continuing

- In addition to the 60- or 90-day Transition Period, Plan must continue benefits unchanged if:
 - the appeal is timely requested (within 10 days of notice or before effective date of the action)
 - the appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
 - the services were ordered by an authorized provider;
 - **the original period covered by the original authorization has not expired** (NOTE: Advocates disagree about this limitation! See slide 32) and
 - the enrollee must expressly REQUEST Aid Continuing!
- If enrollee loses internal appeal, but requests fair hearing within 10 days of mailing of notice of decision on internal appeal, plan must continue benefits unchanged pending fair hearing.

42 CFR § 438.420



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Advocacy Tips:

- If there is no notice or notice is unclear, request a fair hearing with the State immediately and request aid continuing.
<http://otda.ny.gov/oah/FHReq.asp>
 - Plans rarely give proper notice! Always request an *internal appeal* if a plan representative tells you services will be reduced...
- Call the MLTCP and file an internal appeal and a grievance.
- Call NYS Department of Health Complaint Hotline
1-866-712-7197 and cc mltcworkgroup@health.state.ny.us



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Exemptions



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Who is exempt from mandatory MLTC?

- The following populations should not receive mandatory enrollment notices, but may voluntarily enroll if they require nursing home level of care:
 - Age > 21, Medicaid-only
 - Age 18-21



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Who is excluded from mandatory MLTC?

The following populations *cannot* enroll in MLTC plans:

- Age < 18
- Medicaid only for tuberculosis-related services
- Hospice recipients
- Individuals with third-party primary health insurance (other than Medicare) where Medicaid is paying the premiums
- Recipients of Family Planning Benefit Program
- Medicaid only for breast/cervical cancer treatment
- TBI waiver
- NHTD waiver
- Assisted Living Program
- OPWDD waiver



NY CLS Pub Health § 4403-f(b)

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Additional exclusions

NY Medicaid Choice will also exempt the following populations from mandatory MLTC upon submission of an exclusion form (in some cases signed by physician):

- Receiving family care home services by OMH-licensed agency
- People who have a developmental disability
- Residents of Intermediate Care Facilities for the Developmentally Disabled
- Residents of Alcohol and Substance Abuse Long Term Care Residential Program
- Individuals with complex mental health needs receiving services in their homes and communities through the ICF and HCBS Waivers
- Adults in foster care homes



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Exempt persons may still apply for fee-for-service home care

- Those populations who are excluded or exempt from mandatory MLTC may still apply for Medicaid and home care services “the old way,” either through prior approval of the DSS or by enrolling directly with a CHHA, Lombardi, or other waiver program.



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Tip: If Exempt from MLTC, Note on M11q why Filing it After 9/17/2012

- Write in big letters on top of the M11q that applicant is in HOSPICE, WANTS NHTDW, or TBI waiver services.
- Otherwise, after Sept. 17th, the M11q will be rejected and client will be referred to choose an MLTC plan.
- M11qs go to Central Intake, not individual CASA offices.

CENTRAL INTAKE

NYC HRA Home Care Services Program

253 Schermerhorn Street 3rd Floor

Brooklyn, NY 11201



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Additional Phases of MLTC Implementation



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Implementation

- Current home care recipients
 - PCA, CDPAP, Adult Day care, CHHA, and Private Duty Nursing recipients in NYC have already received or will soon receive notices giving them 60 days to select an MLTC, MAP or PACE plan before auto-assignment
 - Lombardi recipients will begin to receive notices requiring them to enroll in MLTC in about April-May 2013, now that CMS has approved this amendment.



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Implementation outside NYC

- Phase II – Nassau, Suffolk and Westchester Counties
 - January 2013 – 1,200 **PCA, CDPAP, Adult Day, CHHA, private duty nursing**
 - May 2013 - **Lombardi** recipients began receiving enrollment notices.
- Phase III – Rockland and Orange Counties – June 2013
- Phase IV – Albany, Erie, Onondaga and Monroe Counties – Anticipated December 2013
- Phase V – Other counties with capacity – Anticipated June 2014

DOH, "Mandatory Managed Long Term Care Enrollment Plan" posted at http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-02-26_mltc_enrollment_plan.pdf



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Advocacy Concerns



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Advocacy Concerns – High-Need Clients

- **Meeting Needs of High Hour Clients.**
 - **Capitation Incentive to Give Low hours** – Many MLTC plans in NYC have done heavy marketing to enroll large numbers of low-hour clients. They receive same capitation rate for all clients. Their incentive is to deny approval for high hours of care based on cost.
 - **High-need MLTC client can't transfer** to Personal Care/home attendant program. Now, MLTC will be mandatory – will have to fight plan for more hours. Standards for 24-hour care unclear.

See more info at <http://wnylc.com/health/entry/114/>



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Advocacy Concerns – No “Conflict-Free” Eligibility Determinations

- New applicants for home care must contact MLTC plans individually, or be referred to one by NY Medicaid Choice. The PLANS, not HRA or any other entity, decide if the client is eligible for home care (capable of remaining in the home without jeopardy to health/safety, has someone to “direct” care if not self-directing)
- Plan has incentives to deny eligibility to clients who would need a lot of care or who are complicated – especially those with dementia & other mental impairments.
- Client has to shop around to find a plan to accept her. Or appeal the denials of multiple plans.



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Advocacy Concern: Excess Nursing Home Usage

- Wide variation among MLTC plans in rate of NH admission
- People with high-hour needs, or who are difficult to serve due to dementia, etc. are at risk of NH placement
- Although MLTC plan is at-risk for cost of NH care, members can “voluntarily” disenroll once in NH, and then apply for regular institutional Medicaid.
- MLTC plans can “game the system” – have very small networks of undesirable nursing homes, so that client reject those choices and disenrolls from MLTC plan. But the whole point of including NH care in the package is to incentivize plan to give more care at home and avoid the high cost of NH care.



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Reporting and State Oversight

- With State budget deficit, and pressure to cut administrative costs, State Health Dept. lacks staff to monitor plans adequately, collect and analyze data on quality and monitor avoidable institutionalization. State asked for \$\$ in waiver request for staffing.
- GOOD PART OF ST&C – “For initial implementation of the auto-assigned population, the plans must submit data for state review on a monthly basis reporting instances when the plan has issued a notice of action that involves a reduction of split shift or live-in [24-hour/day] services or when the plan is reducing hours by 25 percent or more. The plan will also report the number of appeals and fair hearings requested regarding these reductions.”*
- Plans must be required to monitor and report outcomes, quality measures, and nursing home placement
 - What penalties imposed on MLTC plans that use too much NH care? That engage in marketing abuses? That don’t do adequate care management? Etc...

http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08_partnership_amendment_stc.pdf p. 17



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Reporting and State Oversight

- INSUFFICIENT quality data reported by MLTC plans
 - Reporting not sufficient re quality of life measures, ability to perform ADLs, incidence of falls, prevention of bedsores, falls and other adverse outcomes, and nursing home placement.
 - Plans have authority to deny community-based services and require placement in nursing home. No outside oversight of these determinations.
 - Timeliness of plans’ assessments and initiating care
- Where quarterly reporting by plans does exist, State lacks staff or initiative to analyze and follow up on data, e.g.
 - disparity among plans in amount of home care authorized,
 - rate of nursing home placement varies among plans.



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Advocacy Concerns

- **CDPAP**

- **Consumer Directed Personal Assistance Program** – All MLTC and Medicaid Advantage Plus plans must offer this option as of November 1, 2012. They must contract with CONCEPTS and Chinese-American Planning Council in NYC.
- Until now, only one MLTC plan has voluntarily offered CDPAP (ICS in NYC)
- CDPAP has inherent conflict with “managed care” – as it is not a medical model. Unclear whether MLTC plans, which are inherently medical/nursing model, will understand CDPAP and honor consumer choices
- See more concerns in advocates letter to DOH 05/2011, 3/12 and 12/11

See more on CDPAP at <http://wnylc.com/health/entry/40/>



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Advocacy Concerns

- **Case Management** – will it be more than limiting hours? Will it actually coordinate medical care, ensure access to transportation, other MLTC services?
- **Disability literacy** – understanding needs of people with disabilities, eg. Wheelchair fitting & authorization, “dignity of risk”.
- **Capacity** – Plans now have 55,000 members, enrollment exponentially growing. Can they do it?
- **Medicaid applications and recerts** – role of CASAs? How ensure home care not disrupted when glitches in recertifications?
- **See more** in advocates letter to DOH, 5/2011*

http://www.health.ny.gov/health_care/managed_care/appextension/
(under Public Comments)



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Contact numbers & Other Info

- **New York Medicaid Choice** (Enrollment Broker) **1-888-401-6582**
 - Maximus Project Directors Marjorie Nesifort 1-917-228-5607
 - Awilda L. Martinez-Rodriguez 1-917.228.5610
 - Raquel Pena, Deputy Project Mgr. 1-917.228.5627
 - Website <http://nymedicaidchoice.com/>
 - <http://www.nymedicaidchoice.com/program-materials> - Scroll down to *Long Term Care plans* - separate lists for NYC, Nassau-Suffolk, and Westchester, with separate list for each of the 3 types of plans - MLTC/MAP/PACE
 - <http://tinyurl.com/MLTCGuide>
- **NYS Dept. of Health MLTC Complaint Hotline** **1-866-712-7197** and cc mltcworkgroup@health.state.ny.us
 - Use same e-mail for questions about MLTC policy, rules
- **Related online articles on** <http://nyhealthaccess.org>:
 - **All About MLTC** - <http://www.wnyc.com/health/entry/114/>
 - **Tools for Choosing a Medicaid Managed Long Term Care Plan** <http://wnyc.com/health/entry/169/>
 - **Appeals & Grievances** - <http://www.wnyc.com/health/entry/184/> with advocacy contacts
 - **MLTC News updates:** <http://www.wnyc.com/health/news/41/>



EVELYN FRANK LEGAL RESOURCES PROGRAM

MANAGED LONG-TERM CARE: UNDERSTANDING THE CHANGES TO MEDICAID
HOME CARE IN NEW YORK STATE

APPENDIX

A. Lists of Plans and Types of Plans

1. **List of all Managed Long Term Care, PACE, Medicaid Advantage and Medicaid Advantage Plus plans** in NYS, by county, with enrollment 3/2013 List of plans by company..... 1
2. Medicare Advantage plans, MLTC, MAP and PACE plans in NYS by county, with enrollment numbers – Rest of State outside NYC 4
 - a. NYC 10
3. Chart of plans in NYC organized by Company – 2/13 11
4. List of NYC Plans in Packets Sent to Clients by NY Medicaid Choice (by county) <http://nymedicaidchoice.com/program-materials> online

B. Mailings Sent by NY Medicaid Choice to Current Home Attendant Recipients

1. **Pre-enrollment LETTER** sent 30 days before Enrollment Packet is sent, with envelope http://www.health.ny.gov/health_care/medicaid/redesign/docs/1.1-am_notice-english-unenrolled.pdf - Spanish at <http://wnylc.com/health/news/41/> online
2. **Mandatory Enrollment 60-day choice letter** being sent to current personal care recipients to choose a plan – Similar to CHHA, CDPAP, Lombardi letters. .
also at <http://wnylc.com/health/download/318/> 13
 - Guide to MLTC (official) – guide adapted for each county – download at <http://nymedicaidchoice.com/program-materials> online

C. Law/Regulations/Contract on Waiver, Consumer Grievance & Appeal Rights

1. NYS Webpage Posts All Directives, Contracts, etc. on MLTC – new page at http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm
2. NYS DOH, MLTC Policy 13.04: Personal Care Contracting Policy (2/27/13), posted at above link and direct link is http://www.health.ny.gov/health_care/medicaid/redesign/docs/mltc_policy_13.04_personal_care_contract.pdf 15
3. NYS DOH MLTC Policy 13.10 Communication with Recipients Seeking Enrollment and Continuity of Care (May 8, 2013) – posted at http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm 16
4. NYS DOH MLTC Policy 13.11 – Social Adult Day Care Q&A (May 8, 2013) 18
5. 42 CFR 438.420 (Medicaid managed care regulations – aid continuing) --

6. 18 NYCRR 360-10 – state emergency regulation on Medicaid managed care, issued 8/21/12 Excerpt on hearing rights in Medicaid managed care and Medicaid Advantage (360-10.8 – 10.9). available at http://www.health.ny.gov/regulations/emergency/docs/2012-08-21_medicaid_managed_care_programs.pdf
7. NYS Public Health Law 4403-f (authorizes MLTC..... ---not included---
8. CMS Special Terms & Conditions for Approval of 1115 Waiver re Mandatory MLTC – posted at http://www.health.ny.gov/health_care/medicaid/redesign/docs/partnership_amendment_stc.pdfNot included
 - a. All waiver approval documents posted at http://www.health.ny.gov/health_care/medicaid/redesign/1115_waiver_amendment_for_managed_long_term_care.htm
9. Revised Model MLTC Contract with State – 9/1/2012 – Appendix K - GRIEVANCE SYSTEM, MEMBER HANDBOOK LANGUAGE AND SERVICE AUTHORIZATION REQUIREMENTS. Complete contract available at http://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt90_partial_capitation_contract.pdf online
10. FAQ's posted by NYS DOH on MLTC:.....see online
 - 8/17/12 - http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08-16_mlhc_faq.pdf
 - 8/21/12 - http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08-21_mlhc_faq.pdf

D. Materials on how to select a plan and monitoring quality --

1. Tools on how to select a plan posted at above link, Includes info on how to find out which providers are in plan's network, including online chart comparing nursing homes <http://wnylc.com/health/entry/169/> online

Also see <http://wnylc.com/health/entry/114/> (about MLTC)

<http://wnylc.com/health/entry/176/> (new procedures for applying for home care)

**Managed Long Term Care, Medicaid Advantage Plus, and PACE plans by
County in NYS with Enrollment as of March 2013**

County	Name of plan/ company	Enrollment 3/2013	Type of plan
ALBANY	NYS Catholic Health Plan	52	MAP
	FIDELIS CARE AT HOME	39	MLTC
	EDDY SENIOR CARE	4	PACE
ALLEGANY	TOTAL SENIOR CARE	9	PACE
CATTARAUGUS	TOTAL SENIOR CARE	81	PACE
CHAUTAUQUA	FIDELIS CARE AT HOME	2	MLTC
COLUMBIA	FIDELIS CARE AT HOME	3	MLTC
DUTCHESS	ELANT	24	MLTC
	FIDELIS CARE AT HOME	7	MLTC
	VNS CHOICE	13	MLTC
ERIE	FIDELIS CARE AT HOME	3	MLTC
	TOTAL AGING IN PLACE PROGRAM	125	MLTC
	WELLCARE	32	MLTC
	CHS BUFFALO LIFE	119	PACE
FULTON	FIDELIS CARE AT HOME	1	MLTC
HERKIMER	FIDELIS CARE AT HOME	3	MLTC
	SENIOR NETWORK HEALTH	55	MLTC
MONROE	ELDERPLAN	48	MLTC
	INDEPENDENT LIVING FOR SENIORS	387	PACE
MONTGOMERY	NYS Catholic Health Plan	5	MAP
	FIDELIS CARE AT HOME	2	MLTC
NASSAU	HIP of Greater New York	34	MAP
	AETNA BETTER HEALTH	7	MLTC
	AGEWELL NEW YORK	54	MLTC
	CCM SELECT	3	MLTC
	ELDERPLAN	8	MLTC
	ELDERSERVE	44	MLTC
	FIDELIS CARE AT HOME	8	MLTC
	GUILDNET	587	MLTC
	HIP OF GREATER NEW YORK	3	MLTC
	SENIOR HEALTH PARTNERS INC	69	MLTC
	VNS CHOICE	270	MLTC
	COMPREHENSIVE CARE MGMT	27	PACE
NIAGARA	COMPLETE SENIOR CARE	67	PACE
ONEIDA	FIDELIS CARE AT HOME	9	MLTC
	SENIOR NETWORK HEALTH	335	MLTC
ONONDOGA	FIDELIS CARE AT HOME	6	MLTC
	VNA HEALTHCARE OPTIONS	6	MLTC
	PACE CNY	427	PACE

ORANGE	ELANT	131	MLTC
	FIDELIS CARE AT HOME	256	MLTC
	WELLCARE	11	MLTC
OSWEGO	FIDELIS CARE AT HOME	5	MLTC
	PACE CNY	1	PACE
RENSSELAER	NYS Catholic Health Plan	37	MAP
	FIDELIS CARE AT HOME	17	MLTC
ROCKLAND	CCM SELECT	137	MLTC
	ELANT	122	MLTC
	FIDELIS CARE AT HOME	221	MLTC
	VNS CHOICE	13	MLTC
	WELLCARE	8	MLTC
SCHENECTADY	NYS Catholic Health Plan	23	MAP
	FIDELIS CARE AT HOME	12	MLTC
	EDDY SENIOR CARE	124	PACE
SUFFOLK	Guildnet	4	MAP
	HIP of Greater New York	11	MAP
	AETNA BETTER HEALTH	31	MLTC
	AGEWELL NEW YORK	7	MLTC
	CCM SELECT	13	MLTC
	ELDERSERVE	21	MLTC
	FIDELIS CARE AT HOME	6	MLTC
	GUILDNET	590	MLTC
	VNS CHOICE	120	MLTC
	COMPREHENSIVE CARE MGMT	70	PACE
SULLIVAN	FIDELIS CARE AT HOME	1	MLTC
ULSTER	FIDELIS CARE AT HOME	14	MLTC
	VNS CHOICE	1	MLTC
	WELLCARE	16	MLTC
WARREN	FIDELIS CARE AT HOME	1	MLTC
WASHINGTON	FIDELIS CARE AT HOME	7	MLTC
WESTCHESTER	HIP of Greater New York	4	MAP
	AGEWELL NEW YORK	2	MLTC
	ARCHCARE COMMUNITY LIFE	138	MLTC
	CCM SELECT	170	MLTC
	ELDERPLAN	130	MLTC
	ELDERSERVE	106	MLTC
	FIDELIS CARE AT HOME	5	MLTC
	GUILDNET	19	MLTC
	HHH CHOICES	11	MLTC
	VNS CHOICE	268	MLTC
	COMPREHENSIVE CARE MGMT	166	PACE
Total Non-NYC Combined PACE/MAP/MLTC		6,028	

New York City – Enrollment in MLTC, MAP and PACE Plans March 2013

Plan name	No. Enrolled
Medicaid Advantage Plus	
AmeriGroup	8
Elderplan	742
Guildnet	383
HealthFirst	1,319
HIP of Greater New York	365
NYS Catholic Health Plan	102
Senior Whole Health	42
VNS Choice Plus	77
WellCare	55
TOTAL MAP	3,093
PACE	
ARCHCARE SENIOR LIFE	224
CenterLight (CCM)	2,903
TOTAL PACE	3,127
Managed Long Term Care	
AETNA BETTER HEALTH	226
AGEWELL NEW YORK	268
AMERIGROUP	2,705
ARCHCARE COMMUNITY LIFE	114
CenterLight (CCM SELECT)	7,389
CENTERS PLAN FOR HEALTHY LIVING	48
ELDERPLAN	7,252
ELDERSERVE	7,866
FIDELIS CARE AT HOME	3,731
GUILDNET	10,228
HHH CHOICES	1,872
HIP OF GREATER NEW YORK	577
INDEPENDENCE CARE SYSTEMS	4,172
METROPLUS MLTC	54
SENIOR HEALTH PARTNERS INC	7,459
SENIOR WHOLE HEALTH	178
UNITED HEALTHCARE	147
VILLAGE CARE	1,501
VNS CHOICE	18,619
WELLCARE	4,028
TOTAL MLTC	78,434

From http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/

Contact information for plans at

http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm

NYC, Nassau, Suffolk, and Westchester all require MANDATORY enrollment in MLTC plans, with option of choosing MAP or PACE instead, for ADULT (>21) dual eligibles who need Medicaid community-based long term care services.

Medicare Advantage, Medicaid Advantage/ MAP/ MLTC Market Penetration -

New York State Outside NYC -- Updated Feb. 2013

COUNTY	# Medicare BENES	# MA Members	% Medicare members in MA plans	PLAN	# Medicare Advantage BENES	% of MA members in various plans	# MEDICAID Advantage	# Medicaid Advantage PLUS	PACE	MLTC (NO Medicare)
ALBANY	52,526	19,993	38.06%	Today's Options (PFFS)	236	1.2%				
				Care Improvement Plus	48	0.2%				
				CDPHP	11,493	57.5%				
				EMPIRE BCBS	1,302	6.5%				
				FIDELIS	558	2.8%	132	52		39
				HEALTH NOW NY	2,120	10.6%				
				HEALTH NOW NY (MSA)	28	0.1%				
				HUMANA (PPO)	72	0.4%				
				MVP	1,816	9.1%				
				SecureHorizons (UHC)	1,101	5.5%				
				WELLCARE	1,219	6.1%	109			
ALLEGANY	9,419	2,922	31.02%	Today's Options (PFFS)	340	11.6%				
				EXCELLUS	321	11.0%				
				HEALTH NOW NY	798	27.3%				
				HUMANA (PFFS)	41	1.4%				
				HUMANA (PPO)	231	7.9%				
				INDEPENDNT HLTH	785	26.9%				
				Total Senior Care (PACE)					9	
				SecureHorizons (UHC)	406	13.9%				
BROOME	41,664	12,339	29.62%	AETNA	2,101	17.0%				
				Today's Options (PPO)	964	7.8%				
				Today's Options (PFFS)	613	5.0%				
				CDPHP	256	2.1%				
				EXCELLUS	5,251	42.6%				
				HUMANA (PPO)	633	5.1%				
				HUMANA (PFFS)	51	0.4%				
				MVP	318	2.6%				
				SecureHorizons (UHC)	1,692	13.7%				
				WELLCARE	460	3.7%	105			
CATTARAUGUS	16,297	6,967	42.75%	Today's Options (PFFS)	212	3.0%				
				EXCELLUS	775	11.1%				
				HEALTH NOW NY	1,822	26.2%				
				HEALTH NOW NY (MSA)	15	0.2%				
				HUMANA (PPO)	203	2.9%				
				HUMANA (PFFS)	28	0.4%				
				INDEPENDNT HLTH	3,477	49.9%				
				SecureHorizons (UHC)	435	6.2%				
CAYUGA	14,519	3,303	22.75%	Total Senior Care (PACE)	77	1.1%			81	
				AETNA	328	9.9%				
				Today's Options (PFFS)	694	21.0%				
				EXCELLUS	974	29.5%				
				HUMANA (PPO)	98	3.0%				
				HUMANA (PFFS)	62	1.9%				
				MVP	156	4.7%				
CHAUTAUQUA	28,440	12,077	42.46%	SecureHorizons (UHC)	991	30.0%				
				Today's Options (PFFS)	624	5.2%				
				EXCELLUS	2,911	24.1%				
				FIDELIS						2
				HEALTH NOW NY	2,288	18.9%				
				HEALTH NOW NY (MSA)	53	0.4%				
				HUMANA (PPO)	590	4.9%				
CHEMUNG	18,446	4,852	26.30%	INDEPENDNT HLTH	4,346	36.0%				
				SecureHorizons (UHC)	1,265	10.5%				
				Today's Options (PFFS)	981	20.2%				
				EXCELLUS	2,754	56.8%				
				HUMANA (PFFS)	37	0.8%				
CHENANGO	11,035	3,127	28.34%	HUMANA (PPO)	460	9.5%				
				SecureHorizons (UHC)	620	12.8%				
				Today's Options (PFFS)	988	31.6%				
				CDPHP	87	2.8%				
				EXCELLUS	1,163	37.2%				
				HUMANA (PPO)	132	4.2%				
				HUMANA (PFFS)	37	1.2%				
CLINTON	15,731	2,374	15.09%	MVP	84	2.7%				
				SecureHorizons (UHC)	636	20.3%				
				Today's Options (PFFS)	152	6.4%				
				Today's Options (PPO)	344	14.5%				
				EMPIRE BCBS	150	6.3%				
				EXCELLUS	320	13.5%				
				HUMANA (PPO)	310	13.1%				
				SecureHorizons (UHC)	1,098	46.3%				

Medicare Advantage, Medicaid Advantage/ MAP/ MLTC Market Penetration -

New York State Outside NYC -- Updated Feb. 2013

COUNTY	# Medicare BENES	# MA Members	% Medicare members in MA plans	PLAN	# Medicare Advantage BENES	% of MA members in various plans	# MEDICAID Advantage	# Medicaid Advantage PLUS	PACE	MLTC (NO Medicare)
COLUMBIA	13,561	3,317	24.46%	Today's Options (PFFS)	89	2.7%				
				CDPHP	895	27.0%				
				EMPIRE BCBS	275	8.3%				
				FIDELIS	170	5.1%	7			3
				HEALTH NOW NY	1,116	33.6%				
				HEALTH NOW NY (MSA)	28	0.8%				
				HUMANA (PPO)	56	1.7%				
				MVP	142	4.3%				
CORTLAND	8,403	1,719	20.46%	SecureHorizons (UHC)	546	16.5%				
				Today's Options (PFFS)	626	36.4%				
				EXCELLUS	526	30.6%				
				HUMANA (PPO)	97	5.6%				
				MVP	82	4.8%				
DELAWARE	10,322	2,168	21.00%	SecureHorizons (UHC)	388	22.6%				
				Today's Options (PFFS)	281	13.0%				
				CDPHP	310	14.3%				
				EMPIRE BCBS	176	8.1%				
				EXCELLUS	282	13.0%				
DUTCHESS	50,998	7,922	15.53%	HUMANA (PPO)	133	6.1%				
				SecureHorizons (UHC)	986	45.5%				
				ArchCare (SNP)	144	1.8%				
				AETNA	1,578	19.9%				
				Today's Options (PFFS)	90	1.1%				
				CDPHP	956	12.1%				
				ELANT						24
				EMPIRE BCBS	1,278	16.1%				
				FIDELIS	446	5.6%	28			7
				MVP	903	11.4%				
ERIE	180,426	97,451	54.01%	SecureHorizons (UHC)	1,248	15.8%				
				VNS CHOICE						13
				WELLCARE	1,279	16.1%	15			
				Today's Options (PFFS)	463	0.5%				
				Today's Options (PPO)	494	0.5%				
				Care Improvement Plus	342	0.4%				
				Catholic Health Sys (PACE)	114	0.1%			119	
				EXCELLUS	13,710	14.1%				
				FIDELIS						3
				HEALTH NOW NY	30,189	31.0%				
ESSEX	8,263	1,164	14.09%	HEALTH NOW NY (MSA)	32	0.0%				
				INDEPENDNT HLTH	46,768	48.0%				
				MVP	141	0.1%				
				SecureHorizons (UHC)	2,820	2.9%				
				WELLCARE	2,378	2.4%	508			
				Today's Options (PFFS)	256	22.0%				
				CDPHP	73	6.3%				
				EMPIRE BCBS	72	6.2%				
				EXCELLUS	219	18.8%				
				HUMANA (PPO)	93	8.0%				
FRANKLIN	9,916	1,810	18.25%	MVP	39	3.4%				
				SecureHorizons (UHC)	412	35.4%				
				Today's Options (PPO)	896	49.5%				
				EXCELLUS	199	11.0%				
				HUMANA (PPO)	55	3.0%				
FULTON	11,507	4,401	38.25%	SecureHorizons (UHC)	660	36.5%				
				Today's Options (PFFS)	1,473	33.5%				
				CDPHP	293	6.7%				
				EMPIRE BCBS	223	5.1%				
				EXCELLUS	46	1.0%				
				FIDELIS						1
				HEALTH NOW NY	1,171	26.6%				
GENESEE	11,656	6,246	53.59%	HEALTH NOW NY (MSA)	22	0.5%				
				MVP	764	17.4%				
				SecureHorizons (UHC)	409	9.3%				
				Today's Options (PFFS)	213	3.4%				
				EXCELLUS	636	10.2%				
				HEALTH NOW NY	786	12.6%				
				INDEPENDNT HLTH	1,383	22.1%				
				MVP	2,840	45.5%				
				SecureHorizons (UHC)	388	6.2%				

Medicare Advantage, Medicaid Advantage/ MAP/ MLTC Market Penetration -

New York State Outside NYC -- Updated Feb. 2013

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GREENE	10,578	2,735	25.86%	Today's Options (PFFS)	55	2.0%				
				Care Improvement Plus (SN)	16	0.6%				
				CDPHP	757	27.7%				
				EMPIRE BCBS	217	7.9%				
				FIDELIS	245	9.0%	9			
				HEALTH NOW NY	727	26.6%				
				HUMANA (PPO)	55	2.0%				
				MVP	85	3.1%				
				SecureHorizons (UHC)	578	21.1%				
HAMILTON	1,391	248	17.83%	Today's Options (PFFS)	44	17.7%				
				CDPHP	26	10.5%				
				EXCELLUS	55	22.2%				
				MVP	62	25.0%				
				SecureHorizons (UHC)	61	24.6%				
HERKIMER	13,765	4,418	32.10%	Today's Options (PFFS)	1,107	25.1%				
				CDPHP	45	1.0%				
				EXCELLUS	1,996	45.2%				
				FIDELIS	238	5.4%	8			55
				HUMANA (PPO)	117	2.6%				
				MVP	148	3.3%				
				SecureHorizons (UHC)	767	17.4%				
JEFFERSON	17,836	3,802	21.32%	Today's Options (PPO)	1,167	30.7%				
				EXCELLUS	923	24.3%				
				SecureHorizons (UHC)	1,712	45.0%				
LEWIS	4,614	1,058	22.93%	Today's Options (PFFS)	281	26.6%				
				EXCELLUS	282	26.7%				
				HUMANA (PPO)	36	3.4%				
				SecureHorizons (UHC)	459	43.4%				
LIVINGSTON	11,469	6,629	57.80%	EXCELLUS	2,810	42.4%				
				HEALTH NOW NY	13	0.2%				
				HUMANA (PPO)	136	2.1%				
				MVP	3,083	46.5%				
				SecureHorizons (UHC)	587	8.9%				
MADISON	12,419	3,539	28.50%	Today's Options (PFFS)	991	28.0%				
				CDPHP	11	0.3%				
				EXCELLUS	1,203	34.0%				
				HEALTH NOW NY (MSA)	17	0.5%				
				HUMANA (PPO)	37	1.0%				
				MVP	111	3.1%				
				Northeast Comm Care (Arc)	46	1.3%				
				SecureHorizons (UHC)	1,123	31.7%				
				Today's Options (PFFS)	28	0.0%				
MONROE	135,223	84,123	62.21%	ELDERPLAN						48
				EXCELLUS	32,571	38.7%				
				HEALTH NOW NY	46	0.1%				
				HEALTH NOW NY (MSA)	44	0.1%				
				Independent Living - Senior	391	0.5%			387	
				MVP	42,601	50.6%				
				SecureHorizons (UHC)	4,377	5.2%				
				WELLCARE	4,065	4.8%	269			
MONTGOMERY	11,268	3,774	33.49%	Today's Options (PFFS)	888	23.5%				
				CDPHP	507	13.4%				
				EMPIRE BCBS	338	168.2%				
				EXCELLUS	42	1.1%				
				FIDELIS	377	10.0%	25	5		2
				HEALTH NOW NY	544	14.4%				
				MVP	684	18.1%				
				SecureHorizons (UHC)	394	10.4%				

Medicare Advantage, Medicaid Advantage/ MAP/ MLTC Market Penetration -

New York State Outside NYC -- Updated Feb. 2013

COUNTY	# Medicare BENES	# MA Members	% Medicare members in MA plans	PLAN	# Medicare Advantage BENES	% of MA members in various plans	# MEDICAID Advantage	# Medicaid Advantage PLUS	PACE	MLTC (NO Medicare)
NASSAU	235,614	51,837	22.00%	AETNA	1,574	3.0%				7
				AgeWell NY						54
				Managed Health (Centene)	0	0.0%	11			
				Centerlight (PACE/MLTC)	22	0.0%			27	3
				Centerlight (SNP)	26	0.1%				
				ELDERPLAN	95	0.2%				8
				Elderserve						44
				EMPIRE BCBS	19,703	38.0%				
				FIDELIS	286	0.6%				8
				GHI	3,380	6.5%				
				Guildnet						587
				HealthPlus AMERIGROUP	181	0.3%				
				HIP	19,280	37.2%	128	34		3
				Liberty Health Advan	1,249	2.4%	55			
				HEALTH FIRST	2,366	4.6%				
				Quality Health Plans	22	0.0%				
				SecureHorizons (UHC)	2,878	5.6%	124			
NIAGARA	45,017	22,104	49.10%	SeniorHealthPartners/Healthfirst						69
				VNS CHOICE	21	0.0%				270
				WELLCARE	754	1.5%				
				Today's Options (PFFS)	217	1.0%				
				Care Improvement Plus (SNP)	61	0.3%				
				Complete Senior Care (PAC)	62	0.3%			67	
				EXCELLUS	1,954	8.8%				
				HEALTH NOW NY	6,617	29.9%				
				INDEPENDNT HLTH	11,769	53.2%				
				MVP	53	0.2%				
ONEIDA	48,460	13,982	28.85%	SecureHorizons (UHC)	739	3.3%				
				WELLCARE	632	2.9%	136			
				Today's Options (PFFS)	1,263	9.0%				
				Today's Options (PPO)	1,653	11.8%				
				CDPHP	99	0.7%				
				EXCELLUS	5,771	41.3%				
				FIDELIS	876	6.3%	57			9
				HEALTH NOW NY (MSA)	14	0.1%				
				HUMANA (PFFS)	37	0.3%				
				HUMANA (PPO)	663	4.7%				
ONONDAGA	83,681	23,292	27.83%	MVP	453	3.2%				
				Northeast Comm Care (ArchCare)	120	0.9%				
				SecureHorizons (UHC)	2,736	19.6%				
				SeniorNetworkHealth						335
				WELLCARE	297	2.1%	94			
				AETNA	2,043	8.8%				
				Today's Options (PFFS)	1,142	4.9%				
				Today's Options (PPO)	1,612	6.9%				
				EXCELLUS	7,853	33.7%				
				FIDELIS	369	1.6%	56			6
ONTARIO	21,378	11,986	56.07%	HEALTH NOW NY (MSA)	15	0.1%				
				HUMANA (PFFS)	111	0.5%				
				HUMANA (PPO)	738	3.2%				
				Indep. Liv Seniors (PACE)	441	1.9%			427	
				MVP	939	4.0%				
				Northeast Comm Care (ArchCare)	386	1.7%				
				SecureHorizons (UHC)	5,700	24.5%				
				VNA Healthcare Options						6
				WELLCARE	1,943	8.3%	201			
				Today's Options (PFFS)	237	2.0%				
ORANGE	53,638	7,248	13.51%	EXCELLUS	5,790	48.3%				
				HEALTH NOW NY (MSA)	13	0.1%				
				MVP	5,090	42.5%				
				SecureHorizons (UHC)	856	7.1%				
				ArchCare (SNP)	43	0.6%				
				AETNA	498	6.9%				
				CDPHP	64	0.9%				
				Elant						131
				EMPIRE BCBS	2,172	30.0%				
				FIDELIS	336	4.6%				256
ORLEANS	7,922	4,026	50.82%	MVP	149	2.1%				
				OXFORD	1,865	25.7%				
				SecureHorizons (UHC)	822	11.3%				
				TOUCHSTONE	330	4.6%	13			
				WELLCARE	969	13.4%	30			11
				Care Improvement Plus (SNP)	14	0.3%				
				EXCELLUS	565	14.0%				
				HEALTH NOW NY	372	9.2%				
				INDEPENDNT HLTH	672	16.7%				
				MVP	2,028	50.4%				
OSWEGO	22,180	6,647	29.97%	SecureHorizons (UHC)	375	9.3%				
				AETNA	933	14.0%				
				Today's Options (PFFS)	1,808	27.2%				
				EXCELLUS	1,167	17.6%				
				FIDELIS	229	3.4%	39			5
				HUMANA (PPO)	568	8.5%				
				Indep. Liv Seniors (PACE)					1	
				MVP	180	2.7%				
				SecureHorizons (UHC)	1,762	26.5%				
				Today's Options (PFFS)	204	9.6%				
OTSEGO	12,599	2,133	16.93%	CDPHP	313	14.7%				
				EXCELLUS	582	27.3%				
				MVP	130	6.1%				
				SecureHorizons (UHC)	904	42.4%				
				AETNA	663	30.4%				
				ArchCare (SNP)	34	1.6%				
				EMPIRE BCBS	1,061	48.6%				
				SecureHorizons (UHC)	423	19.4%				
PUTNAM	15,738	2,181	13.86%							

Medicare Advantage, Medicaid Advantage/ MAP/ MLTC Market Penetration -

New York State Outside NYC -- Updated Feb. 2013

COUNTY	# Medicare BENES	# MA Members	% Medicare members in MA plans	PLAN	# Medicare Advantage BENES	% of MA members in various plans	# MEDICAID Advantage	# Medicaid Advantage PLUS	PACE	MLTC (NO Medicare)
RENSSELAER	27,930	10,388	37.19%	Today's Options (PFFS)	150	1.4%				
				Today's Options (PPO)	254	2.4%				
				Care Improvement Plus (SN)	52	0.5%				
				CDPHP	5,407	52.1%				
				EMPIRE BCBS	879	8.5%				
				FIDELIS	361	3.5%	22	37		17
				HEALTH NOW NY	1,217	11.7%				
				HUMANA (PPO)	85	0.8%				
				MVP	603	5.8%				
				SecureHorizons (UHC)	800	7.7%				
ROCKLAND	50,912	8,052	15.82%	WELLCARE	580	5.6%	37			
				AETNA	1,289	16.0%				
				CenterLight MLTC						137
				Elant MLTC						122
				EMPIRE BCBS	2,696	33.5%				
				FIDELIS	275	3.4%				221
				GHI	797	9.9%				
				OXFORD	1,933	24.0%				
				SecureHorizons (UHC)	548	6.8%				
				VNS CHOICE						13
ST. LAWRENCE	21,399	3,690	17.24%	WELLCARE	514	6.4%	25			8
				Today's Options (PPO)	1,445	39.2%				
				EXCELLUS	527	14.3%				
				HUMANA (PPO)	68	1.8%				
SARATOGA	38,550	14,233	36.92%	SecureHorizons (UHC)	1,650	44.7%				
				Today's Options (PFFS)	762	5.4%				
				Care Improvement Plus (SN)	71	0.5%				
				CDPHP	6,382	44.8%				
				EMPIRE BCBS	1,046	7.3%				
				HEALTH NOW NY	2,410	16.9%				
				HEALTH NOW NY (MSA)	38	0.3%				
				MVP	2,186	15.4%				
				SecureHorizons (UHC)	1,198	8.4%				
				WELLCARE	140	1.0%	24			
SCHENECTADY	28,620	11,207	39.16%	Today's Options (PFFS)	148	1.3%				
				Today's Options (PPO)	135	1.2%				
				Care Improvement Plus (SN)	43	0.4%				
				CDPHP	3,830	34.2%				
				EMPIRE BCBS	952	8.5%				
				FIDELIS/ Catholic Health PL	655	5.8%	70	23		12
				HEALTH NOW NY	1,656	14.8%				
				HEALTH NOW NY (MSA)	14	0.1%				
				HUMANA (PPO)	46	0.4%				
				MVP	2,583	23.0%				
SCHOHARIE	5,922	1,281	21.63%	SecureHorizons (UHC)	600	5.4%				
				Sen'rCareConnect (PACE)	118	1.1%			Eddy	
				WELLCARE	427	3.8%	51			
				Today's Options (PFFS)	377	29.4%				
				Care Improvement Plus (SN)	18	1.4%				
				CDPHP	370	28.9%				
SCHUYLER	4,167	960	23.04%	EMPIRE BCBS	104	8.1%				
				MVP	242	18.9%				
				SecureHorizons (UHC)	170	13.3%				
				Today's Options (PFFS)	167	17.4%				
				EXCELLUS	440	45.8%				
SENECA	6,830	2,774	40.61%	HUMANA (PFFS)	28	2.9%				
				HUMANA (PPO)	67	7.0%				
				SecureHorizons (UHC)	258	26.9%				
				Today's Options (PFFS)	146	5.3%				
STEUBEN	20,166	5,265	26.11%	EXCELLUS	1,158	41.7%				
				HUMANA (PPO)	60	2.2%				
				MVP	1,040	37.5%				
				SecureHorizons (UHC)	370	13.3%				
				Today's Options (PFFS)	640	12.2%				
SUFFOLK	254,987	49,299	19.33%	EXCELLUS	1,765	33.5%				
				HUMANA (PFFS)	50	0.9%				
				HUMANA (PPO)	795	15.1%				
				MVP	686	13.0%				
				SecureHorizons (UHC)	1,329	25.2%				
				AETNA	1,605	3.3%				31
				AgeWell NY						7
				Centerlight (PACE/MLTC)	73	0.1%			70	13
				ElderServe						21
				EMPIRE BCBS	30,388	61.6%				
SULLIVAN	15,138	1,187	19.33%	FIDELIS	653	1.3%				6
				GHI	4,138	8.4%				
				Guilnet	NA			4		590
				HEALTH NOW NY (MSA)	11	0.0%				
				HIP	7,253	14.7%	66	11		
				Quality Health Plans	93	0.2%				
				SecureHorizons (UHC)	3,355	6.8%				
				VNS CHOICE						120
				WELLCARE	1,730	3.5%		4		
				EMPIRE BCBS	553	46.6%				
				SecureHorizons (UHC)	634	53.4%				

Medicare Advantage, Medicaid Advantage/ MAP/ MLTC Market Penetration -

New York State Outside NYC -- Updated Feb. 2013

COUNTY	# Medicare BENES	# MA Members	% Medicare members in MA plans	PLAN	# Medicare Advantage BENES	% of MA members in various plans	# MEDICAID Advantage	# Medicaid Advantage PLUS	PACE	MLTC (NO Medicare)
TIOGA	10,071	2,993	29.72%	AETNA	433	14.5%				
				Today's Options (PFFS)	669	22.4%				
				CDPHP	23	0.8%				
				EXCELLUS	1,052	35.1%				
				HUMANA (PFFS)	34	1.1%				
				HUMANA (PPO)	181	6.0%				
				MVP	75	2.5%				
				SecureHorizons (UHC)	526	17.6%				
TOMPKINS	13,672	2,362	17.28%	Today's Options (PFFS)	372	15.7%				
				EXCELLUS	1,280	54.2%				
				MVP	105	4.4%				
				SecureHorizons (UHC)	605	25.6%				
ULSTER	35,107	6,943	19.78%	Today's Options (PFFS)	29	0.4%				
				AETNA	516	7.4%				
				CDPHP	1,240	17.9%				
				EMPIRE BCBS	1,056	15.2%				
				FIDELIS	250	3.6%	17			14
				MVP	920	13.3%				
				SecureHorizons (UHC)	1,326	19.1%				
				VNS CHOICE						1
				WELLCARE	1,606	23.1%	32			16
				Today's Options (PPO)	725	13.6%				
WARREN	15,178	5,321	35.06%	CDPHP	525	9.9%				
				EMPIRE BCBS	385	7.2%				
				FIDELIS						1
				HEALTH NOW NY	1,908	35.9%				
				HEALTH NOW NY (MSA)	20	0.4%				
				HUMANA (PPO)	58	1.1%				
				MVP	1,020	19.2%				
				SecureHorizons (UHC)	680	12.8%				
WASHINGTON	11,924	4,122	34.57%	Today's Options (PPO)	930	22.6%				
				CDPHP	373	9.0%				
				EMPIRE BCBS	266	6.5%				
				FIDELIS						7
				HEALTH NOW NY	1,148	27.9%				
				HEALTH NOW NY (MSA)	15	0.4%				
				HUMANA (PPO)	39	0.9%				
				MVP	670	16.3%				
WAYNE	19,285	10,385	53.85%	SecureHorizons (UHC)	681	16.5%				
				Today's Options (PFFS)	175	1.7%				
				EXCELLUS	4,765	45.9%				
				HEALTH NOW NY (MSA)	12	0.1%				
				MVP	4,179	40.2%				
				SecureHorizons (UHC)	912	8.8%				
				WELLCARE	342	3.3%	11			
WESTCHESTER	157,271	30,528	19.41%	AETNA	4,681	15.3%				
				AgeWell NY						2
				ArchCare (SNP)	268	0.9%				138
				Centerlight (SNP)	102	0.3%				
				Centerlight (PACE/MLTC)	139	0.5%			166	170
				ELDERPLAN	50	0.2%				130
				ElderServe						106
				EMPIRE BCBS	11,048	36.2%				
				FIDELIS	470	1.5%				5
				GHI	1,833	6.0%				
				Guildnet						19
				HEALTH FIRST/SeniorHealth	939	3.1%				
				HHH Choices						11
				HIP	1,770	5.8%	14	4		
				Managed Health (Centene)	0	0.0%	6			
				OXFORD	6,723	22.0%				
				TOUCHSTONE	787	2.6%	85			
				SecureHorizons (UHC)	1,616	5.3%				
WYOMING	7,634	3,927	51.44%	VNS CHOICE	21	0.1%				268
				WELLCARE	81	0.3%	1			
				Today's Options (PFFS)	107	2.7%				
				EXCELLUS	667	17.0%				
				HEALTH NOW NY	856	21.8%				
				INDEPENDNT HLTH	1,152	29.3%				
				MVP	954	24.3%				
				SecureHorizons (UHC)	191	4.9%				
YATES	5,225	2,516	48.15%	Today's Options (PFFS)	54	2.1%				
				EXCELLUS	1,133	45.0%				
				HUMANA (PPO)	67	2.7%				
				MVP	988	39.3%				
Statewide	3,174,411	1,056,391	33.28%	SecureHorizons (UHC)	274	10.9%				
					1,056,468					

	Medicare Advantage Plans												Plans with Medicare & Medicaid		Medicaid only	
	BRONX		KINGS		Manhattan		Queens		Richmond		ALL NYC					
Plan	# All Medicare ben's	% in MA Plan	# All Medicare ben's	% in MA Plan	# All Medicare ben's	% in MA Plan	# All Medicare ben's	% in MA Plan	# All Medicare ben's	% in MA Plan	# All Medicare ben's	% in MA Plan	MEDICAID Advantage plan	Medicaid Advantage Plus	PACE	MLTC
Total- Borough	178,162	47.49%	326,257	36.27%	253,999	29.84%	311,873	38.80%	76,213	38.46%	1,146,504	37.42%	6,509	3,093	3,773	
Access Medicare	786	0.93%	11	0.01%	771	1.02%	521	0.43%			2,089	0.18%				
AETNA	2,105	2.49%	3,621	3.06%	2,225	2.94%	3,998	3.30%	1,717	5.86%	13,666	1.19%				226
Affinity Health Plan	1,477	1.75%	443	0.37%	1,216	1.60%	377	0.31%	51	0.17%	3,564	0.31%	346			
HealthPlus																
AMERIGROUP	1,847	2.18%	2,790	2.36%	1,364	1.80%	1,788	1.48%	484	1.65%	8,273	0.72%		8		2705
ArchCare (SNP)	59	0.07%	11	0.01%	509	0.67%			156	0.53%	735	0.06%			224	114
Centerlight (SNP)	231	0.27%	149	0.13%			58	0.05%			438	0.04%				
Centerlight (PACE)	619	0.73%	742	0.63%	617	0.81%	304	0.25%	58	0.20%	2,340	0.20%			2,903	
Centerlight (MLTC)																7,389
EASY CHOICE	120	0.14%	179	0.15%	115	0.15%	126	0.10%	14	0.05%	554	0.05%				
ELDERPLAN	684	0.81%	6,106	5.16%	1,189	1.57%	4,343	3.59%	1,294	4.41%	13,616	1.19%	7	742		7,252
EMPIRE BCBS	6,052	7.15%	9,651	8.16%	6,040	7.97%	16,775	13.86%	5,110	17.43%	43,628	3.81%				
FIDELIS	698	0.83%	1,732	1.46%	886	1.17%	1,614	1.33%	282	0.96%	5,212	0.45%	1,939	102		3,731
GHI	1,608	1.90%	4,872	4.12%	1,922	2.54%	5,203	4.30%	1,933	6.59%	15,538	1.36%				
GuildNet (SNP)	145	0.17%	78	0.07%	109	0.14%	44	0.04%			376	0.03%		383		10,228
HIP	16,587	19.61%	22,819	19.29%	10,391	13.71%	24,593	20.32%	8,055	27.48%	82,445	7.19%	1,178	365		577
Liberty Health Adva	540	0.64%	1,274	1.08%	498	0.66%	1,111	0.92%	122	0.42%	3,545	0.31%	423			
HEALTH FIRST/ Senior Health Partners	32,002	37.83%	29,556	24.98%	22,943	30.27%	18,124	14.98%	559	1.91%	103,184	9.00%		1,319		7,459
Managed Health											??		258			
MetroPlus	1,533	1.81%	2,543	2.15%	1,175	1.55%	1,181	0.98%			6,432	0.56%	201			54
OXFORD	5,683	6.72%	15,379	13.00%	13,415	17.70%	25,782	21.31%	3,535	12.06%	63,794	5.56%				
TOUCHSTONE	1,042	1.23%	3,469	2.93%	165	0.22%	2,547	2.10%	3,888	13.26%	11,111	0.97%	1,474			
SecureHorizons (United Health	3,005	3.55%	5,744	4.85%	4,008	5.29%	5,925	4.90%	1,679	5.73%	20,361	1.78%	641			147
Senior Whole Health	30	0.04%									30	0.00%		42		178
VNS CHOICE	2,406	2.84%	2,877	2.43%	3,298	4.35%	1,993	1.65%	335	1.14%	10,909	0.95%	1	77		18,619
WELLCARE	5,346	5.94%	4,276	3.61%	2,938	3.88%	4,601	3.80%	43	0.15%	17,204	1.50%	41	55		4,028
											0	0.00%	41	55		4,028
Plans with MLTC only - no Medicare plan																
AgeWell																268
ElderServe																7686
HHH Choices																1,872
Independent Care System																4,172
VillageCare																1,501



New York City – Medicaid Managed Long Term Care Plans Offered in NYC (Feb. 2013) – MLTC, MAP, PACE

Company	MLTC PLAN	Medicaid Advantage PLUS	PACE	Medicaid Advantage – NO HOME CARE!! [†]
Aetna	Aetna Better Health [°] NEW			
Affinity				Affinity*
AgeWell (Parker Jewish)	AgeWell New York *			
Amerigroup (HealthPlus)	HealthPlus, an Amerigroup Company	HealthPlus NEW		
Archcare**	Archcare Community Life ** NEW		Archcare Senior Life**	
CenterLight (formerly CCM)	CenterLight Healthcare Select		CenterLight Healthcare PACE	
Centers Plan for Healthy Living	Centers Plan for Health Living MLTC NEW			
Elderplan (HomeFirst)	HomeFirst MLTC (a product of ElderPlan)	ElderPlan Plus LTC, Inc.		ElderPlan Medicaid Advantage (HMO SNP) NEW
ElderServe	ElderServe			
Fidelis	Fidelis Care at Home	Fidelis MAP		Fidelis Dual Advantage NYC
Guildnet	Guildnet	Guildnet Gold*		Guildnet Health Advantage HMO-POS SNP NEW
HHH Choices	HHH Choices Health Plan*			
EmblemHealth (HIP)	HIP/Emblem MLTC	EmblemHealth		EmblemHealth Medicare Choice Value/ HIP
Independence Care System	Independence Care System*			
MetroPlus	MetroPlus MLTC* NEW			MetroPlus MA Advantage*
Senior Health Partners (Healthfirst)	Senior Health Partners (Healthfirst)	HealthFirst Complete Care Senior Whole Health M/M Plus* NEW		HealthFirst Maximum*
Senior Whole Health	Senior Whole Health MLTC*			
Touchstone Health				Touchstone Prestige\$
United Healthcare	United Healthcare Personal Assist NEW			United Healthcare Dual Advantage
VillageCare	VillageCareMAX*			
VNSNY	VNSNY Choice	VNSNY Choice TOTAL NEW		
Wellcare	Wellcare Advocate*	Wellcare Advocate Complete* NEW		Wellcare Liberty MA# NEW

Plans cover all NYC Boroughs except those marked as follows:

* = does not cover Staten Island

** ARCHCARE Community Life MLTC covers only Bronx, Manhattan & Staten Island, and its PACE covers only Bronx and Manhattan

%	AETNA Better Health MLTC covers only Brooklyn, Manhattan & Queens	-- continued --
\$	Touchstone Health Medicaid Advantage does not cover Manhattan (and is NOT a long-term care plan!!)	
#	Wellcare Liberty MA covers Brooklyn, Bronx and Queens only – and is not a long-term care plan!!	

Contact Info for all plans posted at http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm

and <http://www.nymedicaidchoice.com/program-materials> (look under Long Term Care plan headings ONLY)

¹ **Warning:** The last column shows **Medicaid Advantage Plans** – which are different than Medicaid Advantage Plus plans. Both offer Medicaid and Medicare services, but the Medicaid services offered by PLUS plans include Medicaid long-term home care, adult day care, etc. are offered. The regular Medicaid Advantage Plans – without the PLUS – do not offer any long-term care. Any dual eligible needing home care or long term care should not join these plans. One cannot enroll in both a Medicaid Advantage and MLTC plan.

Also, many of these companies ALSO offer **Medicare Advantage** Plans, which cover solely Medicare services, and mainstream **Medicaid Managed Care** plans, for Medicaid recipients *without Medicare*. The names may sound alike – be sure to check the type of plan. A Medicaid recipient who needs Medicaid home care MAY join a Medicare Advantage plan for his/her Medicare services. That same person may additionally enroll in an MLTC plan for her Medicaid long-term care services.

New York

Medicaid Choice New York State's Medicaid managed care enrollment program

1-888-401-6582

P.O. Box 5009, New York, NY 10274-5009

Ask • Choose • Enroll

July 8, 2012

John Sample
123 Main Street
Anytown, N.Y. 01234

Important! You Must Join a Managed Long Term Care Plan

Dear John Sample:

AB1234C

The Medicaid program has changed the way you get home care and other long term care services. Your local Department of Social Services, CASA office or home health agency will no longer approve these services. Instead, you must now join a Managed Long Term Care Plan. (It is also called a Plan).

It is important that you join a Plan by September 6, 2012. If you do not choose a Plan by this date, the Medicaid Program will select a Plan for you.

If you want help in choosing a Plan, please call ***New York Medicaid Choice***. This State program has counselors who will be glad to answer your questions about joining a Plan. If you want someone to speak to us on your behalf, please contact us to arrange this. You or the person you authorize can contact us for help in choosing a Plan **over the phone or TTY**.

New York Medicaid Choice – we are here to help.

Choosing your Plan is an important decision. You may want to share this letter with your family or someone who knows about your health care needs. If you have trouble reading or understanding this letter – a Medicaid Choice counselor can help.

(Please turn this page over)

Some people are exempt from joining a Plan. This means they do not have to join a Plan. In some situations, a person cannot join a Plan. Please see Page 21 in the enclosed Guide for more information.

Please contact *New York Medicaid Choice*. Counselors can:

- tell you about the different types of Plans, their services and how they work
- help you choose a Plan that works with your home care agency or other providers.

Please see the **Provider Worksheet** on Page 14 in the enclosed Guide. You can fill out this worksheet and have it handy when you call us.

Call: 1-888-401-MLTC or 1-888-401-6582. Monday-Friday from 8:30 am – 8:00 pm and Saturday, from 10:00 am- 6:00 pm. TTY Service: 1-888-329-1541.

Office of Health Insurance Programs

Division of Long Term Care

MLTC Policy 13.04: Personal Care Contracting Policy

Date of Issuance: February 27, 2013

The following requirements apply to Managed Long Term Care Plans (MLTCPs) with approval to operate in New York City, Nassau, Suffolk and Westchester Counties:

New York City MLTC plans are required to contract with Home Attendant Vendors contracted to the Human Resources Administration (HRA). The MLTC plan must pay the vendor the published rate paid by HRA as of July 1, 2012. There is no requirement for a MLTC plan to contract with a vendor that is not willing to accept the HRA rate.

Nassau, Suffolk and Westchester MLTC plans are required to contract with agencies under contract with Local Social Services Districts (LDSS). The MLTC plan must pay the State published rate paid by the LDSS as of July 1, 2012. There is no requirement for a MLTC plan to contract with an agency that is not willing to accept the State rate.

An enrollee transitioning from fee for service is entitled to the same plan of care and provider for a period of at least 60 days or until a comprehensive assessment is completed, whichever is later. If plan does not have a contract with the provider, then the plan should enter into a single source agreement with that enrollee's provider for the transition period. Such single source agreement may cover up to 10 enrollees. The MLTC plan must pay the rate published by HRA, or the LDSS as of July 1, 2012.

This policy remains in effect until December 31, 2013.

Office of Health Insurance Programs

Division of Long Term Care

Managed Long Term Care Policy 13.10: MLTC Policy Guidance – Communication with Recipients Seeking Enrollment and Continuity of Care

Date of Issuance: May 8, 2013

The purpose of this policy is to establish clear expectations for plan communication with Medicaid recipients who either contact a plan directly expressing interest, or who are being transitioned from fee-for-service to Managed Long Term Care (MLTC). The policy will also apply to recipients who approach a plan seeking information on plan to plan transfer.

In dealing with interested parties, plan representatives are permitted to screen out potential enrollment only with regard to establishing residency in the plan's approved service area and/or plan specific age requirements. Medicaid eligibility issues are to be referred to the Local Department of Social Services / Human Resources Administration.

For Medicaid recipients who are in receipt of services and are transitioning to MLTC, plan representatives may inquire about the recipient's current plan of care and service provider only for informational purposes to assist with the required in home assessment process. The MLTC plan shall not engage in any communication that infers the plan could impose limitations on provision of services, or requires specific conditions of family / informal supports; any of which could be viewed as an attempt to dissuade a transitioning recipient or interested party.

Communication is defined as phone inquiries and / or web-based inquiries. At no time should the MLTC utilize such communication as a mechanism to substitute for an assessment.

Within a Mandatory District, any Medicaid recipient that is being transitioned from fee-for-service to MLTC shall be enrolled in their plan of choice, without regard to the recipient's plan of care. The Department has determined that all recipients who are currently in receipt of fee-for-service community based long term care (CBLTC) services are appropriate for transition into MLTC.

Effectively with the release of this policy, each enrollee who is receiving services must continue to receive those services under the enrollee's pre-existing service plan for at least 90 days after enrollment, or until a care assessment has been completed by the Plan, whichever is later. In addition, the recipient / workers relationship shall be preserved for the same 90 days period. This change is the result of an amendment to the Special Terms and Conditions of the State's 1115 Waiver with CMS.

As a reminder, any reduction, suspension, denial or termination of previously authorized services shall trigger the required notice under 42 CFR 438.404 which clearly articulates the enrollee's

right to file an appeal (either expedited, if warranted, or standard), the right to have authorized service continue pending the appeal, and the right to a fair hearing if the plan renders an adverse determination (either in whole or in part) on the appeal.

Therefore plans must treat **all** enrollees (age 21 and over eligible for Medicaid and Medicare) in mandatory counties transitioning from fee for service Medicaid in the same manner related to continuity of care and access to aid to continue through the appeal and fair hearing process.

This means that, for any individual receiving fee for service Medicaid community based long term services and supports and enrolling under any circumstance, the plan must provide 90 days of continuity of care. Further, if there is an appeal or fair hearing as a result of any proposed Plan reduction, suspension, denial or termination of previously authorized services, the Plan must comply with the appropriate actions. In particular, if the enrollee requests a State fair hearing to review a Plan adverse determination, aid-to-continue is to be provided until the fair hearing decision is issued.

Office of Health Insurance Programs

Division of Long Term Care

MLTC Policy 13.11: Social Day Care Services Question and Answers

Date of Issuance: May 8, 2013

The purpose of this release is to clarify the Department's recent policy directives concerning Social Day Care services and Managed Long Term Care (MLTC), including issues addressed in the April 26, 2013 letter to MLTC plans from Jason Helgeson.

1. What is the Department's expectation to complete activities referenced in the April 26, 2013 letter?

Effective with the April 26 release date, MLTCs should immediately engage in a review to address all issues articulated in the letter. MLTCs should change any current practices to ensure compliance with the Department's directive.

2. Does a service change/reduction letter need to be sent to enrollees of MLTC plans if the plan is decreasing days of day care attendance?

Yes, any time services are decreased by an MLTC, a notice must be sent to the enrollee.

3. Do the personal care service hours have to be more than the social day hours attended?

An enrollee who receives personal care hours qualifies for MLTC as they are in receipt of Community Based Long Term Care (CBLTC) services. However functional needs identified in the assessment, along with identified goals and benefits of the service, should be clearly tied to authorization of the Social Day Care service. Plan service authorization criteria for Social Day Care services should capture these decision points.

Plans should review their Social Day Care service authorization criteria and all applicable marketing material to ensure these concepts are appropriately reflected, if any material changes to existing processes are required the revision must be submitted to the Department for approval.

4. Since this is not really a scheduled reassessment SAAM or significant change in condition, what type of SAAM assessment would be appropriate?

The SAAM should be reviewed by the nurse assessor for continued accuracy. If the review reveals a discrepancy between the SAAM functional assessment and the plan of care, a significant change reassessment should be conducted. The plan of care should be revised accordingly.

5. If a member wants to disenroll to attend social day care only, will Medicaid fee-for-service pay for this service?

Social Day Care service is not a Medicaid fee-for-service option. An individual may choose to attend a local Senior Center or pay privately for Social Day Care services.

6. How does the MLTC plan determine the role of informal supports in a plan of care when evaluating need for CBLTC and Social Day Care services?

Informal supports can be an integral part of an enrollee's plan of care. However, informal supports cannot replace personal care services for the purpose of determining eligibility for CBLTC services.

7. If a person has no need for, or refuses, in-home CBLTC services can the person remain in the MLTC plan if the only service authorized is Social Day Care services?

The need for CBLTCS must be documented during the initial assessment process, clearly identified in the plan of care, and considered on an ongoing basis during reassessments. Social Day Care services can contribute to the total care plan but cannot represent the primary service provided to the enrollee. Enrollees must continue to need CBLTCS to remain enrolled in a plan.

If upon reassessment an enrollee no longer needs or refuses CBLTCS, disenrollment should be initiated. Continued stay in a MLTC plan may not be justified solely upon receipt of Social Day Care services. Upon this identification these enrollees may choose to voluntarily disenroll from the MLTC plan. Otherwise, an involuntary disenrollment must be pursued following the current process with New York Medicaid Choice/Local Department of Social Services as appropriate.

8. Are MLTC's required to monitor Social Day Care service provision?

Plans are required to have a formal process for credentialing providers on a periodic basis (initially and not less than once every three years) and for monitoring provider performance. Plans should enter into contracts only with providers which have demonstrated capacity to perform the needed contracted services.

9. Can MLTCs care management staff visit an enrollee at a Social Day Care site?

MLTC plans may allow their care management staff to visit an **enrollee** at the contracted Social Day Care site, with the understanding that such visit is conducted with appropriate privacy protection.

10. What actions does the Department contemplate to enforce the new social day care services guidance?

The Department will be working with the Office of the Medicaid Inspector General which will conduct audit activities on all enrollments in accordance with developed audit protocols. The Department will recoup any capitation payments made to the plan for any non-eligible enrollees. The Department will consider prohibition of marketing and enrollments activities for any plans that are determined to be non-compliant with the Department's recent guidance.

11. How does a plan determine what entity is an appropriate source of Social Day Care services?

In accordance with the existing contract between the Department and all Managed Long Term Care Plans (MLTC), plans are required to have a formal process for credentialing providers on a periodic basis (initially and not less than once every three years) and for monitoring provider performance.

Plans should enter into contracts only with providers which have demonstrated capacity to perform the needed contracted services.

Although there is not a specific license or certification, in order to be assured of enrollee health and safety, all providers of Social Day Care services **must** meet the standards and requirements of 9 NYCRR 6654.20.

In order to ensure the health and safety of members, MLTC plans may choose to conduct site visits of Social Day Care (SDC) services prior to entering into a contract and on a periodic basis thereafter to monitor performance.