

Statistics on Medicare and Medicaid Managed Care -- Enrollment Numbers and other Data -- New York State

Numbers tell a big part of the story of how managed care plans are doing in providing care. With mandatory enrollment in Medicaid managed care now required in every county in New York State for most people who do not have Medicare, and mandatory enrollment in Managed Long Term Care of those adults age 21+ who have both Medicare and Medicaid, and who need home care or other long term care, who live in NYC, Long Island, or Westchester, it is important to for the State to monitor how much care the plans are delivering and the quality. It is also telling to see the growing numbers of people enrolled in various plans, and the new plans joining the competition. This article compiles some web links and information on enrollment, cost and quality data. For consumer advocacy calling on the state to improve quality, monitoring and access in MLTC, see **Consumer Advocates Call for Further Protections in Medicaid Managed Long Term Care**.

Enrollment Numbers in Managed Care Plans in NYS for Dual Eligibles

1. Medicare Advantage plan enrollment - monthly enrollment available by plan and county in NYS at this CMS link.
2. Medicaid Managed Care enrollment - including mainstream Medicaid managed care, Managed Long Term Care & PACE, Medicaid Advantage, and Medicaid Advantage Plus - monthly enrollment data by plan available at this link
3. The two data sources above - Medicare and Medicaid -- are combined in these comparison charts showing penetration of Medicare Advantage in each county in NYS with number enrolled in each company's various insurance products -- Medicare Advantage, Medicaid Advantage, Medicaid Advantage Plus, PACE, and Managed Long Term Care. (Not included are mainstream Medicaid Managed care plans)
 - ◆ NYC chart (as of 3/2013)
 - ◆ NYS Chart outside of NYC (as of 2/2013)

Quality and Cost Data - Managed Long Term Care

MLTC, PACE and MAP plans must file Quarterly Managed Medicaid Cost and Operating Reports (MMCOR) data with the State Department of Health, which includes the medical loss ratio (percentage of premium spent on medical care compared to administrative expenses), plan spending in different care settings, amount of capitation rate spent on administrative expenses compared to services, the types, level and cost of various services provided to members, the number of members receiving different types of services or no services, and a variety of other elements which should be subject to regression analysis to

determine important correlations. This data is only available to the public through Freedom of Information requests, and then the electronic data must be converted to a format that can be analyzed. NYLAG obtained some of this data for 2010 and 2011, but to date has not had the resources to analyze it fully. Some preliminary analysis includes:

- How Much Home Care MLTC Plans are Providing -- These charts show shows the combined number of home health aide (HHA) and personal care aide (PCS) services provided, broken down in categories for different numbers of hours per month.

- ♦ 2010

- ♦ 2011

- Capitation rate with breakdown of percentage spent by plan for various medical services, administrative costs and care management, by dollar and percentage (2010)
- Percentage of members who were in a nursing home for the entire quarter

- ♦ 2010

- ♦ 2011

- Medical-Loss Ratio of â Partially Capitated MLTC Plans - 2011 - Percentage of "per member per month" (PMPM) Premium Revenue Spent on Medical care, Care Management, Allowed and Non-Allowed Administrative Expenses, with Net Profit (Income) or Loss as % o Premium Revenue (Page 1 of this document)
- % of 2011 PMPM Monthly Premium Spent on Various Medical Services - MLTC Plans NYS - based on 2011 MMCOR DATA - in order of % spent on Nursing Home costs (Page 2 of this document)
- â April 5, 2013 - New York's 2012 Managed Long Term Care Report: An Incomplete Picture

The Coalition to Protect the Rights of New York's Dually Eligible issued this "Incomplete Picture" Report as a critique of the NYS Dept. of Health's 2012 Managed Long Term Care Report, issued in December 2012. The State's Report does not provide the full spectrum of information that beneficiaries need to make informed health care choices -- For example, The 2012 Report presents the most favorable findings of the MLTC Plan Member Satisfaction Survey Report, but fails to mention less positive but important findings from IPRO's report, including the fact that higher need respondents in poorer health were significantly more likely to raise concerns about services than those in good health. The Report fails to include any meaningful utilization data, showing the amount of and type of services provided by MLTC plans or the medical-loss ratios of the various plans. The Report fails to comply with the Public Health Law that requires the report to present information in a way that allows beneficiaries to make meaningful comparison between plans. Inadequate quality data is reported as well.

Mainstream Medicaid Managed Care

- NYS Dept. of Health public information on quality --

http://www.health.ny.gov/health_care/managed_care/reports/index.htm

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<http://health.wnyc.com/health/entry/187/>