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**WORKGROUP MEETING #1**

**TOPIC: Medicaid Managed Care Reform**

**Monday, 8/7/23**

1. **Discussion:**

The Medicaid Managed Care workgroup convened to discuss the longstanding challenges associated with the carve-in of behavioral health services that commenced in 2013 and was implemented in full by early 2015.  Topics spanned from the historical context of MMC (Medicaid Redesign Team initiative to move BH care recipients to Medicaid managed care), and the NYS Council’s long history of advocacy executive agency and legislative levels that commenced just 6 months after the carve in was implemented. We discussed challenges providers face, strategic solutions, and the meeting culminated in a series of suggested next steps, both immediate and long-term, aimed at driving meaningful reforms.

Historical Info (for context):   In past budget advocacy, the NYS Council led an effort to achieve a carve-out of our services from MMC. The health plans were aggressive and relentless in opposition to a carve-out. Ultimately the Executive proposed for the state use an annual or bi-yearly Competitive Procurement RFP process for those insurers hoping to participate that it hoped would drive competition between plans, increase positive outcomes, and allow the state to remove low performing plans. Again, the health plans opposed the proposal, while some advocates stated Competitive Procurement would be bad for care recipients, arguing that DoH could not manage the carve out without negative repercussions. In all cases and no matter what arguments our opponents used, the NYS Council refuted their claims with the assistance of counsel.  Ultimately the Procurement proposal was defeated.

The 2023-2024 budget included budget language requiring the state to engage an outside consultant to evaluate the MMC Program across all special need populations, with a particular focus on the BH carve out.  Lauri went to State Medicaid Director Amir Bassiri and pushed for an opportunity to interview with the consultants and ultimately, she was interviewed by Boston Consulting Group (the state’s consultant). **The Report was due to the Legislature last October however it has yet to be made public.**

1. **Tactics and Tools to Achieve a Carve Out of BH Services**
2. **Analyze State Data:** OMH and OASAS have collected data on performance of MCOs, claims denials, timely payments, etc.  There is a trove of information on the DoH Website tracking the over 200 citations issued against various insurers since 2019.  Leveraging this data can offer valuable insights and bolster the group's argument in discussions with lawmakers and state decision makers.
3. In 2021, the NYS Council leveraged our deep understanding of MCO-state BH MMC contract provisions and through an **extensive FOIA process** and numerous high-level meetings, we compelled the Hochul administration to enforce a contract provision that (until then) the state had failed to enforce.  This led to the return of $222M to OASAS and OMH due to some MCOs missing required expenditure targets.  The data collected by the state and our deep understanding of the state’s failure to adequately oversee the carve in of our services is all pivotal information, to include NYS Council FOIA requests that yielded limited but important information regarding the health plan lobby that began shortly after MMC was implemented, in which they tried to get out of various contract requirements that had agreed to when the Program went live.
4. **Provider Feedback**: A proposed survey aims to capture the financial cost of participation in Medicaid managed care - funds that could be put to far better use.
5. **Examples of carve-outs** in NYS that have not had the negative impact on care recipients touted by certain advocates and insurers including the recent carve out of Medicaid Pharmacy services.
6. I**mmediate Next Steps:**
   * + *Information Sharing:* Lauri committed to sharing links to the Department of Health website detailing citations against MCOs, equipping the group with actionable insights for advocacy.
     + *Stakeholder Engagement:* We need to gather allies for our request. With OMH apparently leaning towards a carve-out and DoH's stance uncertain due to the pending 1115 waiver, these collaborations will be pivotal.
     + *Survey Proposal:* Launching a survey to understand providers' daily challenges with MMC was discussed, with the goal to capture and quantify these difficulties.
     + *Carve-Out Evaluation*: The group is committed to ongoing discussions and evaluations regarding a potential carve-out from MMC, drawing insights from past attempts and current discussions.
     + *Stakeholder Education*: A dedicated effort will be made to educate lawmakers and other stakeholders, ensuring they grasp the challenges with MMC and the cost in terms of barriers to access to care presented by transactions with MCOs, timely payment delays, etc. with an ‘ask to carve us out and return the savings to the OMH and OASAS systems of care for expansion of services.
     + *Ongoing Discussions*: Continual engagement with entities like the State Medicaid Director, OMH, and other stakeholders will be prioritized to influence reforms and drive meaningful change.
7. **Outstanding Issues**

-Article 29I: The group touched upon the progress and challenges of Article 29I, which began its third year of operation on July 1st, 2021, and is carved into MMC.  Some providers reported the issues are not nearly as problematic for this particular Program.  Need to protect what works.

-OASAS residential services recently moved into MMC and, given the IMD exclusion, we need to be sure residential services will be protected and be able to bill these services without interruption or bumping up against regulatory barriers.

**Topic: NYS Council Workgroup - Managed Care Reform**

Time: Aug 14, 2023 4:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

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