

## New York Managed Care Program Features, as of 2017 (1 of 2)

Features	Medicaid Advantage	Health and Recovery Plans	Medicaid Managed Care
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/2006	10/01/2015	10/01/1997
Waiver expiration date (if applicable)	03/31/2021	03/31/2021	03/31/2021
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults			Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory

<b>Features</b>	<b>Medicaid Advantage</b>	<b>Health and Recovery Plans</b>	<b>Medicaid Managed Care</b>
Populations enrolled: Enrollment choice period	60 days	30 days	30 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X	X	X

<b>Features</b>	<b>Medicaid Advantage</b>	<b>Health and Recovery Plans</b>	<b>Medicaid Managed Care</b>
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Outpatient Rehabilitation, Hearing Services, Vision Care Services	Midwife Services, Audiology, Vision, Occupational Therapy	Nurse Midwife Services, Vision Care, Foot Care Services
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		X	X

<b>Features</b>	<b>Medicaid Advantage</b>	<b>Health and Recovery Plans</b>	<b>Medicaid Managed Care</b>
Performance incentives: Preferential auto-enrollment to reward plans		X	X
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	Affinity; Liberty Health Advantage; NYS Catholic Health Plan/Fidelis; United HealthCare; VNS Choice; WellCare	Affinity Health Plan; Capital District Physician's Health Plan; Excellus Health Plan; HealthFirst; HealthPlus; HIP GNY; Independent Health Association; MetroPlus; Molina HealthCare of New York; MVP Health Plan; NYS Catholic Health Plan; United HealthCare; YourCare Health Plan	Affinity Health Plan; Amida Care Special Needs; Capital District Physician's Health Plan; Crystal Run Health Plan; Excellus; HealthFirst; HealthNow; HealthPlus; HIP Combined; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MetroPlus Health Plan Special Needs; Molina HealthCare of New York; MVP Health Plan; NYS Catholic Health Plan/Fidelis; United HealthCare; VNS Choice Special Needs; WellCare; YourCare Health Plan
Notes: Program notes		The covered benefit partial hospitalization only applies to enrollees 21 years of age and older.	The covered benefit partial hospitalization only applies to enrollees 21 years of age and older.

## New York Managed Care Program Features, as of 2017 (2 of 2)

Features	PACE	Managed Long Term Care	Medicaid Advantage Plus
Program type	Program of All-inclusive Care for the Elderly (PACE)	MLTSS only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2001	01/01/1998	01/01/2007
Waiver expiration date (if applicable)		03/31/2021	03/31/2021
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt

<b>Features</b>	<b>PACE</b>	<b>Managed Long Term Care</b>	<b>Medicaid Advantage Plus</b>
Populations enrolled: Enrollment choice period	N/A	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice	NY Medicaid Choice/Maximus	NY Medicaid/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)	X	X	X

<b>Features</b>	<b>PACE</b>	<b>Managed Long Term Care</b>	<b>Medicaid Advantage Plus</b>
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Physical Therapy, Occupational Therapy		Podiatry
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		X	

Features	PACE	Managed Long Term Care	Medicaid Advantage Plus
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics		X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	CenterLight (CCM); Complete Senior Care; Eddy Senior Care; Fallon Health Weinberg; Independent Living for Seniors; PACE CNY; Total Senior Care; ArchCare Senior Life; Catholic Health - Life	Aetna Better Health; AgeWell New York; AlphaCare; ArchCare Community Life; CenterLight Select; Centers Plan for Healthy Living; ElderPlan; ElderServe; ElderWood; Extended MLTC; Fallon Health Weinberg; Fidelis Care at Home; GuildNet; Hamaspik Choice; Health Advantage/Elant Choice; HealthPlus; Icircle Care; Independent Care Systems; Integra; Kalos Health Plan; MetroPlus; Montefiore HMO; North Shore - LIJ Health Plan; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; United HealthCare; Village Care; VNA HomeCare Options; VNS Choice; WellCare Advocate	ElderPlan; GuildNet; HealthFirst; HealthPlus; NYS Catholic Health Plan/Fidelis; Senior Whole Health; Village Care; VNS Choice Plus

Features	PACE	Managed Long Term Care	Medicaid Advantage Plus
Notes: Program notes	<p>Waiver Expiration Date not applicable, PACE is a joint state/federal program. Enrollment includes qualified and specified low income (QMB/SLMB) Medicare Support programs, must be 55 years of age or older. PACE has a comprehensive mandate to cover all services deemed necessary by IDT. Covered Benefits include non hospice palliative care. OB/GYN is mandated with a minimum age of 55 years. Quality Assurance measures would include PACE home health agency, a federally mandated internal program.</p>	<p>MLTC enrollees may elect hospice care, but a hospice enrollee cannot enroll in MLTC. Some, but not all, HCBS waiver services are covered by MLTC plans.</p>	