

New York Managed Care Program Features, as of 2019 (1 of 2)

| Features | Medicaid Managed Care | Health and Recovery Plans | Managed Long Term Care |
|--|--|--|--|
| Program type | Comprehensive MCO + MLTSS | Comprehensive MCO | MLTSS only (PIHP and/or PAHP) |
| 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 | 10/01/1997 | 10/01/2015 | 01/01/1998 |
| Waiver expiration date (if applicable) | 03/31/2021 | 03/31/2021 | 03/21/2021 |
| If the program ended in 2019, indicate the end date | | | |
| Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | Voluntary | |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | Voluntary | |
| 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 | | | Mandatory |
| Populations enrolled: Partial Duals | | | |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | | |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Exempt | Exempt |

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|---|------------------------------|----------------------------------|-------------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Exempt | Exempt |
| Populations enrolled: Enrollment choice period | 30 days | 30 days | 60 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 | |
| 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 | 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 | |
| Benefits covered: Prescription drugs | X | X | |
| Benefits covered: Prosthetic devices | X | X | |
| Benefits covered: EPSDT | X | | |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized health home | | | |

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|---|---|---|------------------------|
| 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 |
| 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 |
| Benefits covered: Hospice care | X | 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.) | Nurse Midwife Services, Vision Care, Foot Care Services | Midwife Services, Audiology, Vision, Occupational Therapy | |
| Quality assurance and improvement: HEDIS data required? | Yes | Yes | No |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | No |

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|--|--|--|---|
| 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 | X |
| Performance incentives: Preferential auto-enrollment to reward plans | X | X | X |
| Performance incentives: Public reports comparing plan performance on key metrics | X | 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 Health Plan; Amidacare Special Needs; Capital District Physician's Health Plan; Crystal Run Health Plan; Excellus; Fidelis Care; HealthFirst; Health Now; HealthPlus; HIP Combined; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MetroPlus Health Plan Special Needs; Molina Healthcare of New York, Inc.; MVP Health Plan; United Healthcare; VNS Choice Special Needs; Wellcare; Yourcare Health Plan | Affinity Health Plan; Capital District Physician's Health Plan; Excellus; Fidelis Care; HealthFirst; HealthPlus; HIP GNY; Independent Health Association; MetroPlus; Molina Healthcare of NY, Inc.; MVP Health Plan; United Healthcare; Yourcare Health Plan | Aetna Better Health; AgeWell New York; ArchCare Community Life; Centers Plan for Healthy Living; ElderPlan; ElderServe; ElderWood; Extended MLTC; Fallon Health Weinberg; Fidelis Care; Guildnet; Hamaspik Choice MLTC; Health Advantage/Elant Choice; HealthPlus; Icircle Care MLTC; Independent Care Systems; Integra MLTC; Kalos Health Plan; MetroPlus; Montefiore HMO; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; United HealthCare; Village Care; VNA HomeCare Options; VNS Choice; WellCare Advocate |

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| Notes: Program notes | The covered benefit partial hospitalization only applies to enrollees 21 years of age and older. Fidelis Care covers emergency and non-emergency transportation in Rockland County only. As of 10/1/19, MMC does include children's HCBS authorized under the 1915c Children's waiver, added as a benefit in MMC through the State's 1115 MRT Waiver. | The covered benefit partial hospitalization only applies to enrollees 21 years of age and older. CMS has approved HCBS within the HARP program under 1115(a) authority. | 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. |

New York Managed Care Program Features, as of 2019 (2 of 2)

| Features | PACE | Medicaid Advantage Plus | Medicaid Advantage |
|--|--|--|--|
| Program type | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO + MLTSS | Comprehensive MCO |
| 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 | 01/01/2007 | 10/01/2006 |
| Waiver expiration date (if applicable) | | 03/31/2021 | 03/31/2021 |
| If the program ended in 2019, 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 | Voluntary | Voluntary |
| Populations enrolled: Partial Duals | Voluntary | | |
| Populations enrolled: Children with Special Health Care Needs | | | |

| Features | PACE | Medicaid Advantage Plus | Medicaid Advantage |
|---|----------------------------|----------------------------|----------------------------|
| Populations enrolled: Native American/Alaskan Natives | Exempt | Exempt | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Exempt | Exempt |
| Populations enrolled: Enrollment choice period | N/A | 60 days | 60 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 | | |
| 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 | X |
| Benefits covered: Prescription drugs | X | X | X |
| Benefits covered: Prosthetic devices | X | X | X |
| Benefits covered: EPSDT | | | |
| Benefits covered: Case management | X | X | X |

| Features | PACE | Medicaid Advantage Plus | Medicaid Advantage |
|---|--|-------------------------|---|
| 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 |
| 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 | |
| Benefits covered: Hospice care | | | |
| 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 | Podiatry, Outpatient Rehabilitation, Hearing Services, Vision Care Services |
| Quality assurance and improvement: HEDIS data required? | No | No | No |

| Features | PACE | Medicaid Advantage Plus | Medicaid Advantage |
|--|--|--|--|
| 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 | | | |
| Performance incentives: Preferential auto-enrollment to reward plans | | | |
| Performance incentives: Public reports comparing plan performance on key metrics | | | |
| 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 | ArchCare Senior Life; Catholic Health - Life; Centerlight; Complete Senior Care; Eddy Senior Care; Fallon Health Weinberg; Independent Living for Seniors; PACE CNY; Total Senior Care | Centers Plan; ElderPlan; Fidelis Legacy Plan; Guildnet; HealthFirst; HealthPlus Advantage Plus; Senior Whole Health; Village Care; VNS Choice Plus | Fidelis Legacy Plan; United HealthCare; VNS Choice; WellCare |

| Features | PACE | Medicaid Advantage Plus | Medicaid Advantage |
|----------------------|---|-------------------------|--------------------|
| Notes: Program notes | <p>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. OG/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> | | |