



## Update: MLTC Plan Market Share and LHCSA Contract Availability Projection – Effective October 1, 2018

In light of the SFY 2018-2019 State Budget provision establishing contract limitations on LHCSAs effective October 1, 2018, HCP has updated its *MLTC Plan Market Share and LHCSA Contract Availability Projection* to include July 2018 MLTC enrollee data used to determine the number of contracts each plan would have in both the Upstate and Downstate regions. This updated report also contains guidance released from the New York State Department of Health pertaining to the LHCSA contract limitations and providers' obligations under State and Federal law. This information may be used by HCP members for business planning and marketing efforts.

● **August 2018**

## Overview of MLTC Plan Market Share and LHCSA Contract Availability Projection after October 1, 2018

On March 31, 2018, the New York State Legislature passed the State Fiscal Year (SFY) 2018-19 State Budget. The Budget limits the number of licensed home care services agencies (LHCSAs) a managed long term care partial capitation plan (MLTC plan) can contract with, effective October 1, 2018. The methodology used to determine the number of allowable LHCSAs in an MLTC’s network is based upon the region the plan operates in and on the number of enrollees within such region. The two operating regions are Downstate (defined as New York City, Nassau, Suffolk, and Westchester counties) and Rest of State (ROS). HCP had opposed any limit in the final Budget. The Governor’s Executive Budget Proposal sought to limit the number of LHCSA contracts to 10 per MLTC plan, and the final contract limits far exceeded that proposal.

### Provider to Enrollee Ratios

The number of allowable LHCSAs in an MLTC plan will be calculated using the following ratios listed in **Table 1**. The first ratio takes effect October 1, 2018 and will use enrollment data as of July 2018. The second ratio takes effect October 1, 2019 and will use enrollment data as of July 2019. The second ratio will be used for subsequent years.

**Per the New York State Department of Health (DOH), the statute does NOT limit the number of enrollees/clients that a LHCSA may serve.**

**Table 1**

Region	Effective 10/1/18	Effective 10/1/19
“Downstate” (New York City, Nassau, Suffolk, and Westchester)	One contract per 75 enrollees	One contract per 100 enrollees
“Rest of State” (all counties outside of New York City, Nassau, Suffolk, and Westchester)	One contract per 45 enrollees	One contract per 60 enrollees

*Fractional results are rounded down to the nearest whole number. If an MLTC plan operates in both the Downstate and ROS regions, it must perform separate calculations for each region.*

**Example:** MLTC Plan A has 7,500 enrollees in its Downstate counties. The ratio applicable to Downstate for October 1, 2018 is 1 LHCSA per 75 enrollees. Plan A will perform the following calculation:

$$7,500 \text{ Enrollees} \div 75 = 100 \text{ Allowable LHCSA Contracts}$$

### MLTC Plans Limiting their LHCSA Network

When developing the MLTC plan’s approach to limiting the number of LHCSAs with which it contracts, DOH urged MLTC plans to consider its enrollees’ health, functional, and specialized needs (cultural competence, language, geographic location) and the quality and value of the services provided by such agencies. In addition, MLTC plans were urged to consider each LHCSA’s:

- Commitment to value-based payment (VBP) arrangements;

- Investment in enhanced training programs (beyond the minimum requirements of DOH for home health aides and personal care aides) especially participation in a Workforce Investment Organization;
- Compliance with all wage mandates;
- Quality assurance program that has been successfully implemented;
- Compliance with DOH and MLTC plan reporting requirements such as *Statistical Reports*; and/or
- Willingness to hire aides to ensure continuity of care.

Some plans have initiated terminations prior to issuance of this guidance. In such cases, this criteria will be applied going forward.

## Exceptions to the Limit

### Continuity of Service

If an MLTC plan terminates a LHCSA contract to meet the limitation requirement and the termination of that contract will require an enrollee's care to be transferred from the enrollee's current LHCSA (i.e., the terminated LHCSA) to another LHCSA within the plan's network, and the enrollee wishes to be cared for by one or more home care workers employed by the current LHCSA, the MLTC plan may continue contracting with the current LHCSA for the purpose of continuing that enrollee's care by those home care workers for **up to three months**. Such continued agreement **shall not** count towards the contract limit during the three-month period.

### Adequate Access to Services

MLTC plans are required to maintain network adequacy at all times in compliance with the model contract. MLTC plans are required to have at least two LHCSAs accepting new enrollees in each county within the MLTC plan's service area. An MLTC plan may request an exception to the limit by demonstrating, to the Department's satisfaction that additional contracts are needed to ensure adequate access to services in a geographic area. Adequate access to services includes **special needs services** and services that are **culturally or linguistically appropriate**.

An MLTC plan's request for an exception must:

- Identify the effect or potential effect on the enrollee's care if the exception is not granted, analyze the frequency or occurrence of the service, and include a plan to alleviate the issue, including timeline.
- Demonstrate that no other LHCSA in the plan's network can meet the enrollee's needs.
- Demonstrate that the addition of such LHCSA would result in the MLTC plan exceeding the allowed ratios.

Where an MLTC plan's request for an exception involves access to culturally or linguistically appropriate services and/or specialized services, the request must also document:

- The enrollee desires to stay with, or be serviced by, an aide due to a cultural or linguistic concern;
- An inability to transfer the aide with their client to another LHCSA; and
- Such enrollee would not be able to be serviced by a LHCSA that is currently in its network and that has such cultural and/or linguistic competency and/or provides specialized services.

Requests not denied by DOH within thirty (30) days of receipt shall be deemed granted for one year. MLTC plans are afforded three months from the denial to transition members to a new agency.

### ***Special Situations***

#### Single LHCSA with multiple site contracts with the same MLTC

Many MLTC plans have multiple contracts with a single LHCSA that is licensed to operate at several sites within a county or counties. A **LHCSA that is licensed to operate at several sites within a county or counties will be considered to have a single contract**, even if the MLTC holds separate contracts with such LHCSA for each licensed site. Similarly, a **LHCSA that is licensed to operate in several counties is counted as one contract**, even if the plan holds separate contracts with such LHCSA for each county.

#### Independent Practice Associations

This contract limit **applies** to contracts between MLTC plans and intermediary contracting entities, such as an Independent Practice Association (IPA).

#### Single Case Agreements

This contract limit **applies** to single case agreements.

### ***MLTC Plan Market Details***

The figures depicted in the charts in this document represent the number of projected contracts available per plan in the Downstate and ROS regions. Last April, HCP provided members with MLTC Plan Market information based on plan enrollment data as of March 2018, which was the latest available at that time. The information provided in this document has been updated based on DOH's MLTC plan enrollment data from July 2018, which are the numbers the Department will use to calculate the number of allowable LHCSAs in an MLTC plan.

The figures depicted in the charts do not factor in exceptions to the contracting limits, including:

- the Commissioner's ability to increase the number of LHCSAs an MLTC plan may contract with for network adequacy reasons, or
- the provision allowing MLTC plans to temporarily contract with LHCSAs outside of their network for a period of three months after the LHCSA limit takes effect.
- The exclusion of a contract because the percentage of a MLTC plan's enrollment serviced by a LHCSA in one region is less than 10% of the total plan enrollment serviced by that LHCSA in both regions combined.

MLTC plans that serve both Downstate and Rest of State regions are included in both charts, along with the number of enrollees they serve and the availability of LHCSA contracts in each region. It is impossible to predict how many LHCSA contracts will be available in each county given that the limits are based on the two regions mentioned above. MLTC plans were provided discretion over where in each region they will deploy their limited number of contracts.

### ***How to Use This Information***

The information provided in the charts can be used by HCP members as a general understanding of the MLTC landscape as it exists as of July 2018. The charts provide general information that can be useful to providers for business planning and marketing efforts. Members can see the capacity of the plans with which they currently have contracts, which plans have the most capacity in each region and what the LHCSA limits would be for each plan. This can help providers determine where to focus their efforts in maintaining or securing contracts.

With the deadline of October 1, 2018 rapidly approaching, HCP encourages members to proactively reach out to MLTC plans with which they have contracts to determine the status of their contracts. The sooner providers know what their status is, the sooner they can begin planning the appropriate business strategies.

**Projected LHCSA Contract Limits for MLTC Plans in the “Downstate” Region (NYC, Westchester, Suffolk, and Nassau Counties)<sup>1</sup>**

<b>Downstate</b>			
<b>MLTC Plan (Downstate)</b>	<b>Enrollees (July)</b>	<b>Limit on Number of LHCSA Contracts - 2018</b>	<b>Limit on Number of LHCSA Contracts - 2019</b>
Aetna	6,260	83	62
Agewell	9,643	128	96
Archcare (Downstate)	3,794	50	37
Centers (Downstate)	28,406	378	284
Elderplan (Downstate)	12,440	165	124
Elderserve	12,339	164	123
Extended	4,714	62	47
Fidelis (Downstate)	11,037	147	110
Guildnet	7,427	99	74
Health Plus	5,060	67	50
ICS	6,325	84	63
Integra	11,764	156	117
Metro Plus	1,858	24	18
Montefiore	1,519	20	15
SHP	14,507	193	145
SWH	13,922	185	139
United (Downstate)	2,813	37	28
Village	10,668	142	106
VNS (Downstate)	11,462	152	114
Wellcare (Downstate)	4,646	61	46
<b>Total</b>	<b>18,0604</b>	<b>2,397</b>	<b>1,798</b>

<b>Average Number of Contracts Per Plan in Downstate Region (2018)</b>	<b>Average Number of Contracts Per Plan in Downstate Region (2019)</b>
<b>120</b>	<b>90</b>

Note: The Governor’s original Budget Proposal sought to limit the number of LHCSA contracts to 10 per MLTC plan.

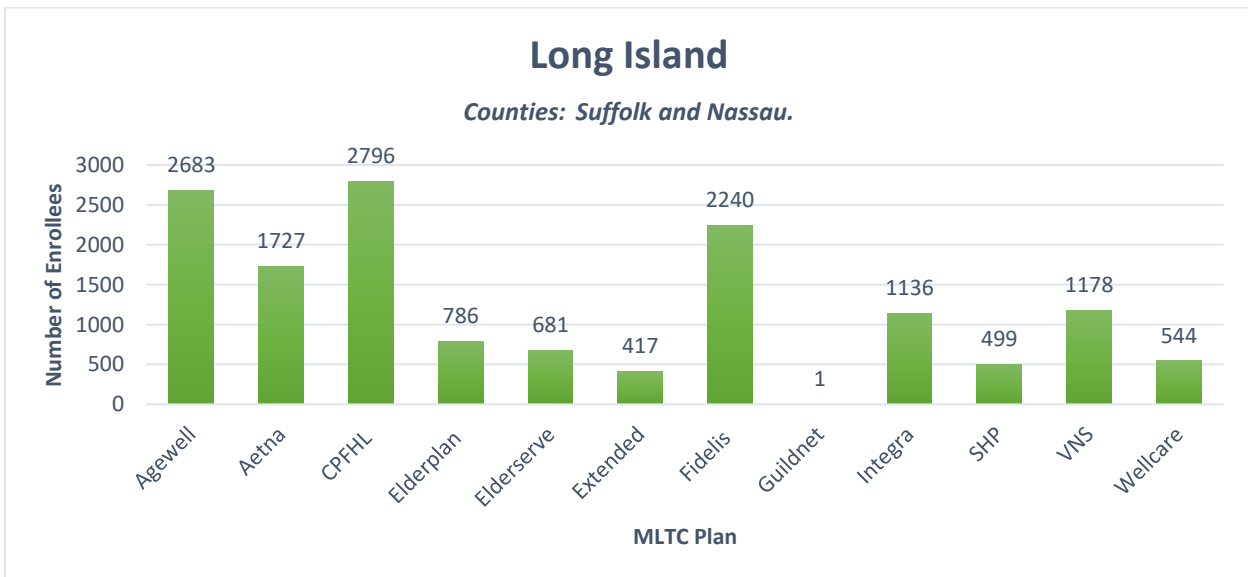
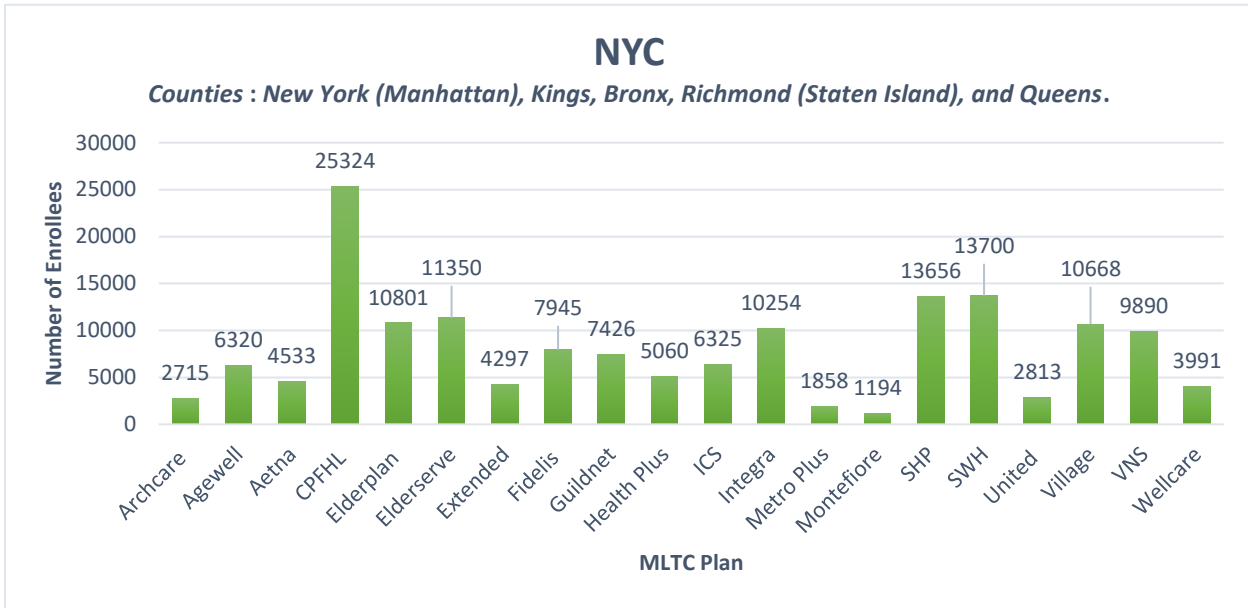
**Projected LHCSA Contract Limits for MLTC Plans in the “Rest of State” Region (All Counties Outside of NYC, Westchester, Suffolk, and Nassau Counties)<sup>1</sup>**

<b>Rest of State</b>			
<b>MLTC Plan (Rest of State)</b>	<b>Enrollees (July)</b>	<b>Limit on Number of LHCSA Contracts - 2018</b>	<b>Limit on Number of LHCSA Contracts - 2019</b>
Archcare (Rest of State)	71	1	1
Centers (Rest of State)	532	11	8
Elant	977	21	16
Elderplan (Rest of State)	501	11	8
Elderwood	305	6	5
Fallon	728	16	12
Fidelis (Rest of State)	10,362	230	172
Hamaspik	2,206	49	36
Icircle	2,647	58	44
Kalos	1,291	28	21
Prime	379	8	6
SrNetwork	546	12	9
United (Rest of State)	1,441	32	24
VNA	6,715	149	111
VNS (Rest of State)	1,296	28	21
Wellcare (Rest of State)	865	19	14
<b>Total</b>	<b>30,862</b>	<b>679</b>	<b>508</b>

<b>Average Number of LHCSA Contracts Per MLTC Plan in Rest of State Region (2018)</b>	<b>Average Number of LHCSA Contracts Per MLTC Plan in Rest of State Region (2019)</b>
42	32

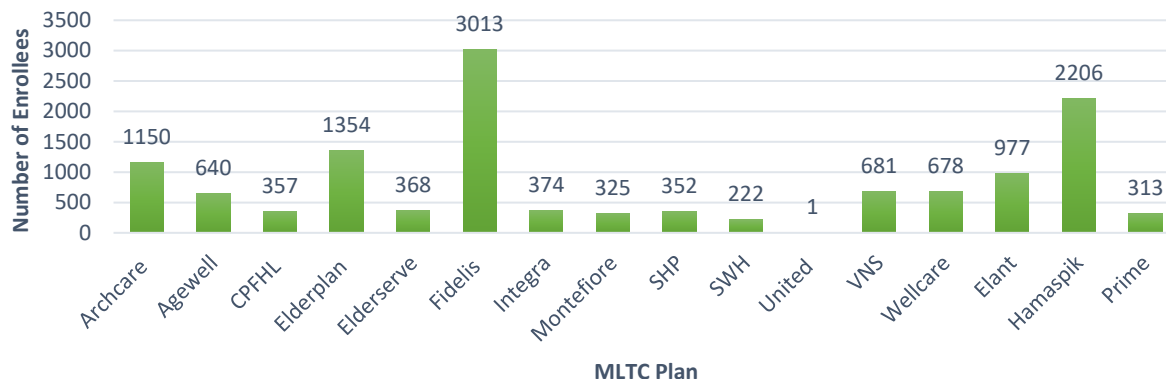
### MLTC Plan Market Share by Region (As of July 2018)<sup>1</sup>

The following charts represent the number of members enrolled in each MLTC plan as of July 2018. Each chart represents the market share for each region in New York. MLTC plans serving more than one region were included in more than one chart, along with the enrollees they serve in that particular region. For count-specific enrollment data, please contact HCP Associate for Government Affairs, [Scott Janke](#).



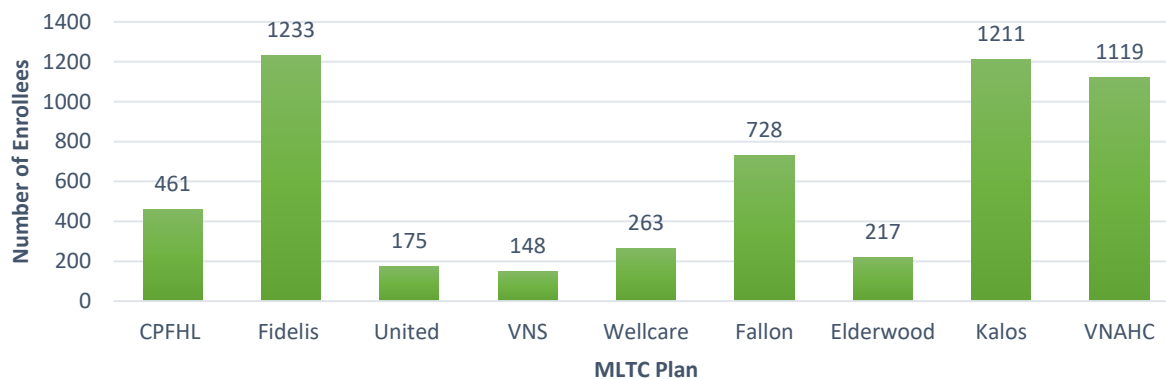
## Hudson Valley

Counties: Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, and Westchester.



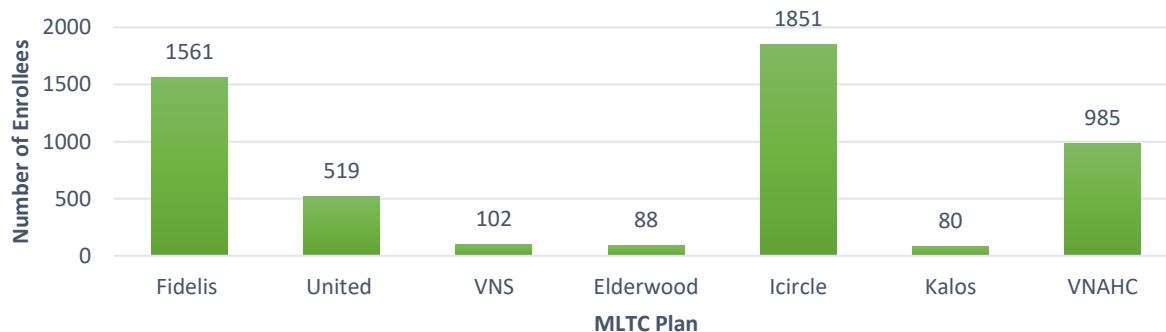
## Western

Counties: Niagara, Erie, Chautauqua, Cattaraugus, and Allegany.



## Finger Lakes

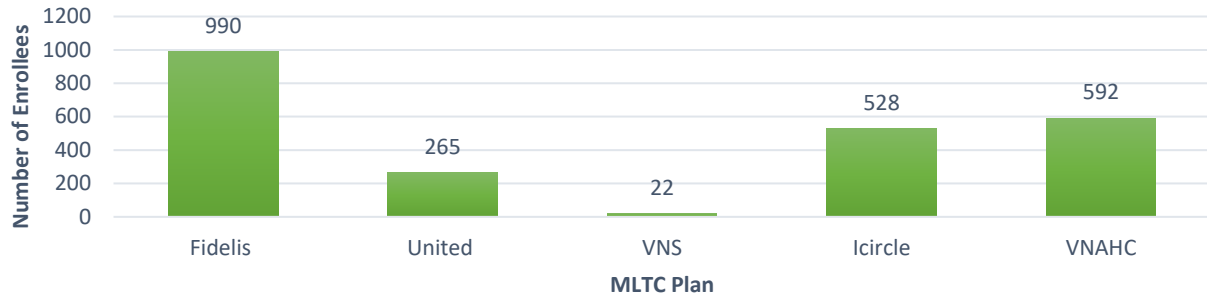
Counties: Orleans, Genesee, Wyoming, Monroe, Livingston, Wayne, Ontario, Yates, and Seneca.





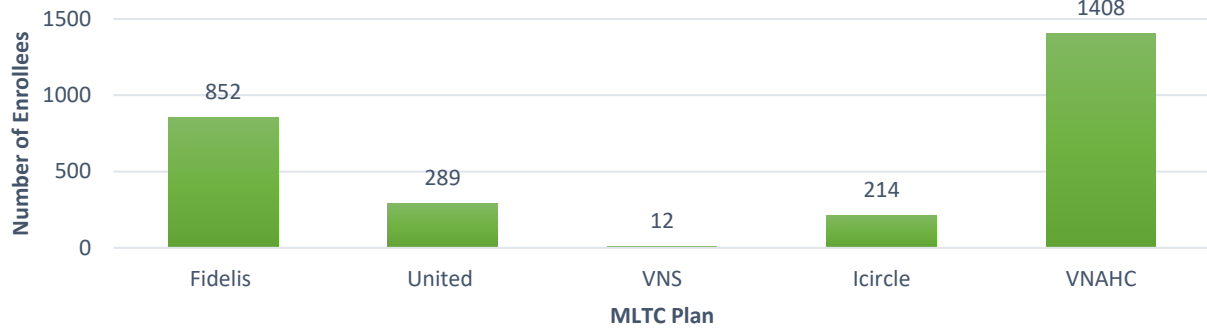
## Souther Tier

Counties: Steuben, Schuyler, Chemung, Tompkins, Tioga, Chenango, Broome, and Delaware.



## Central

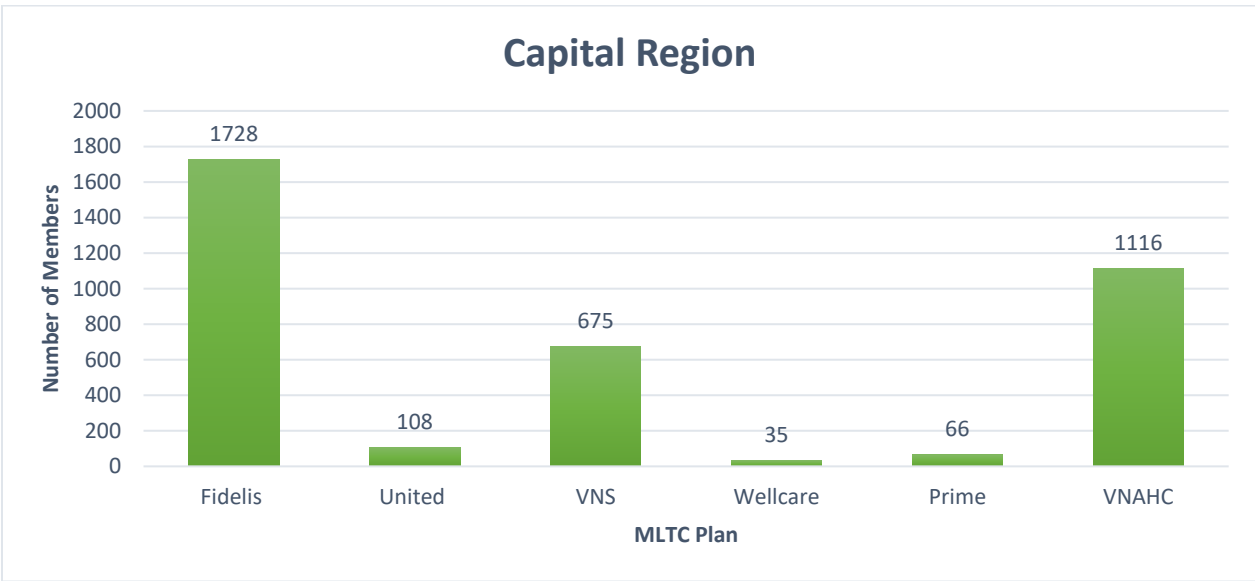
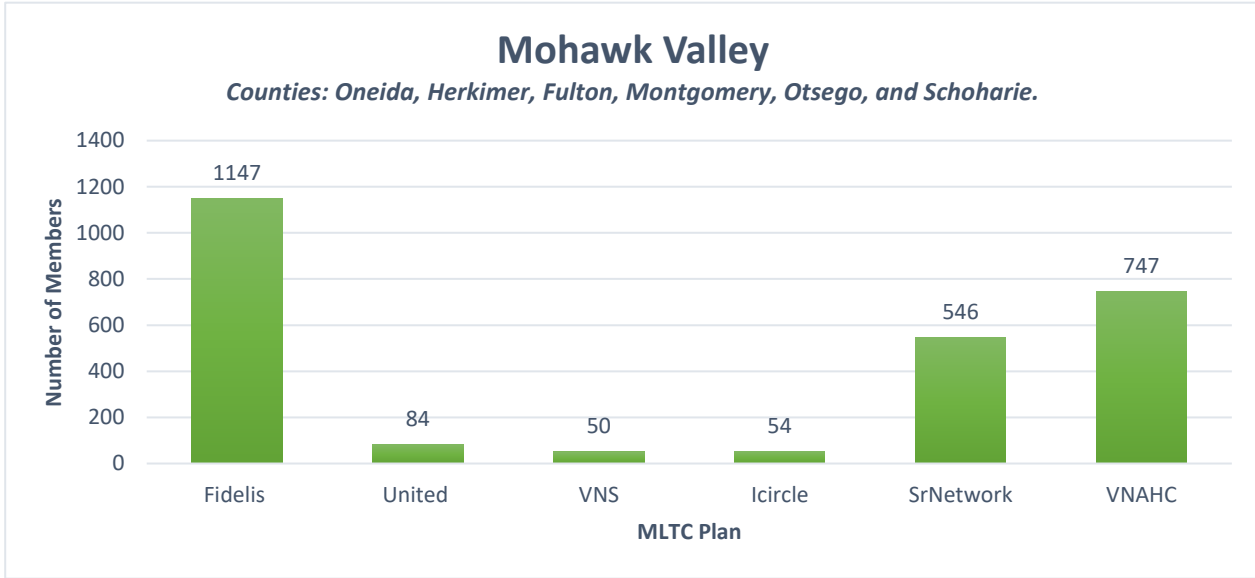
Counties: Cortland, Cayuga, Onondaga, Oswego, and Madison.



## North Country

Counties: St. Lawrence, Lewis, Jefferson, Hamilton, Essex, Clinton, and Franklin.





<sup>1</sup>Source: Department of Health. (July 2018). *Medicaid Managed Care Enrollment Reports*. Retrieved from [https://www.health.ny.gov/health\\_care/managed\\_care/reports/enrollment/monthly/2018/docs/en07\\_18.pdf](https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/2018/docs/en07_18.pdf).