

# The PsychU Guide To The New York Mental Health System

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of January 2017

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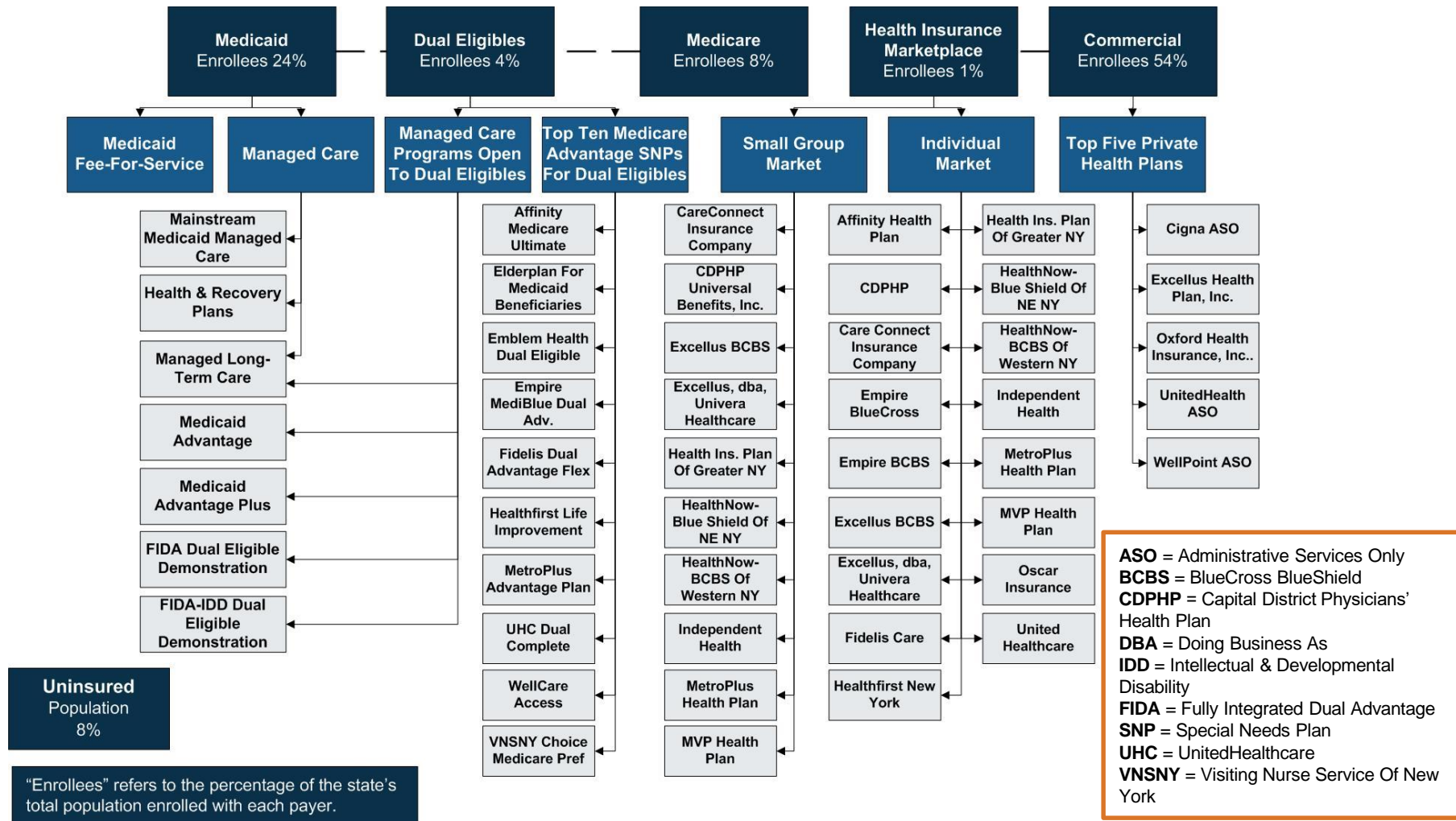
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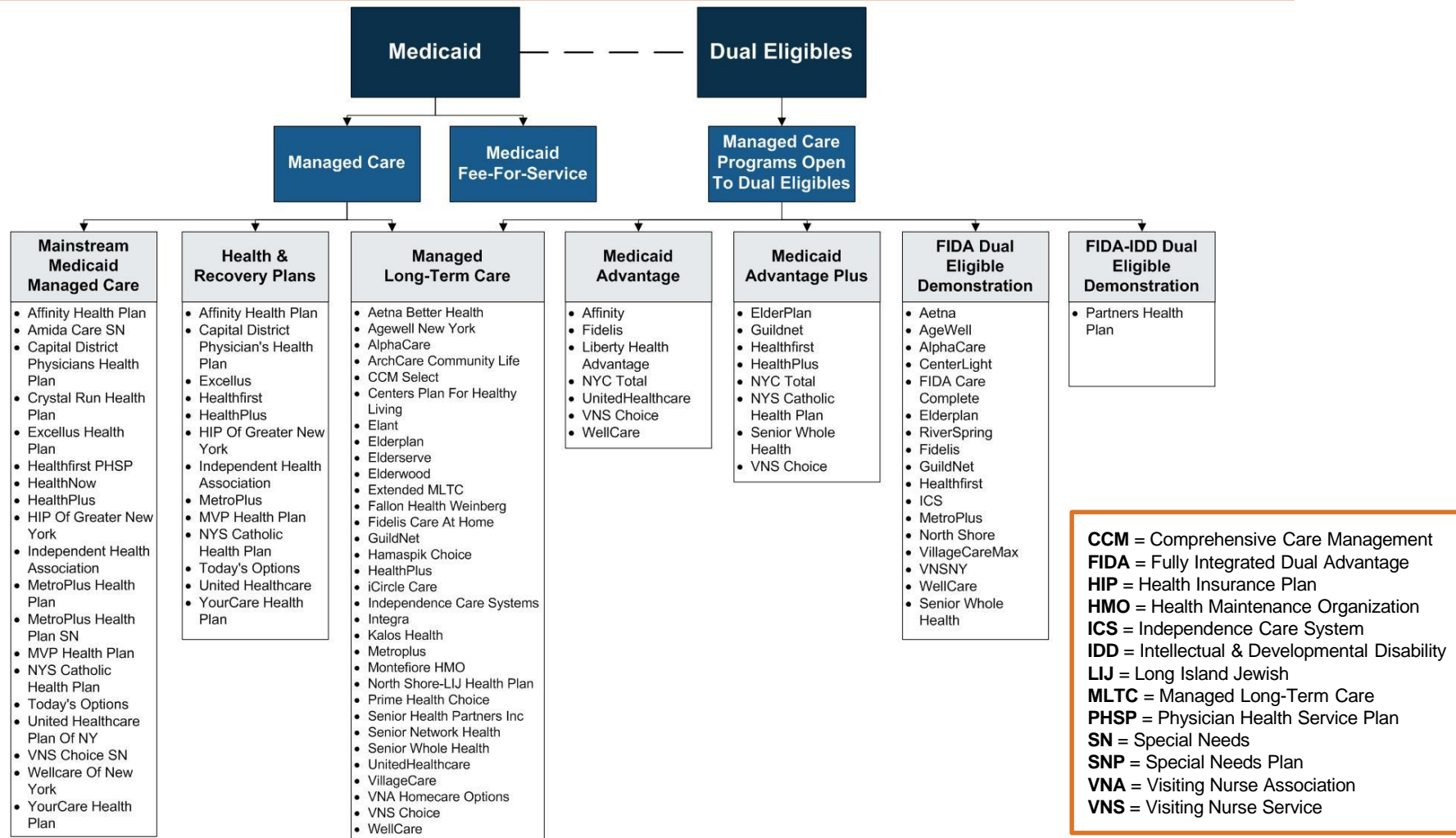
**ACO** = Accountable Care Organization  
**BH** = Behavioral Health  
**BH HCBS** = Behavioral Health Home & Community Based Services  
**FFS** = Fee-For-Service  
**HCBS** = Home & Community-Based Services  
**HARP** = Health & Recovery Plan  
**MMMC** = Mainstream Medicaid Managed Care  
**MLTC** = Managed Long-Term Care  
**OASAS** = Office Of Alcoholism & Substance Abuse Services  
**OMH** = Office Of Mental Health  
**SMI** = Serious Mental Illness

# A. NEW YORK HEALTH CARE MARKETPLACE OVERVIEW

# 1. Physical Health Care Coverage Map

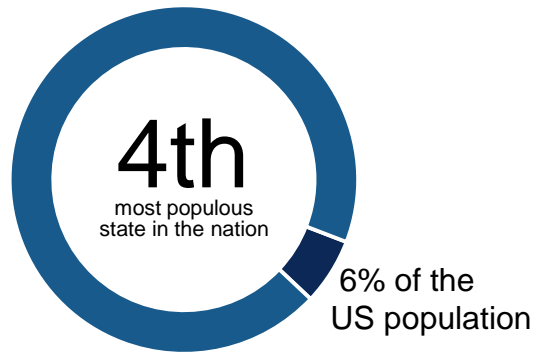


## 2. Physical Health Care Coverage Map

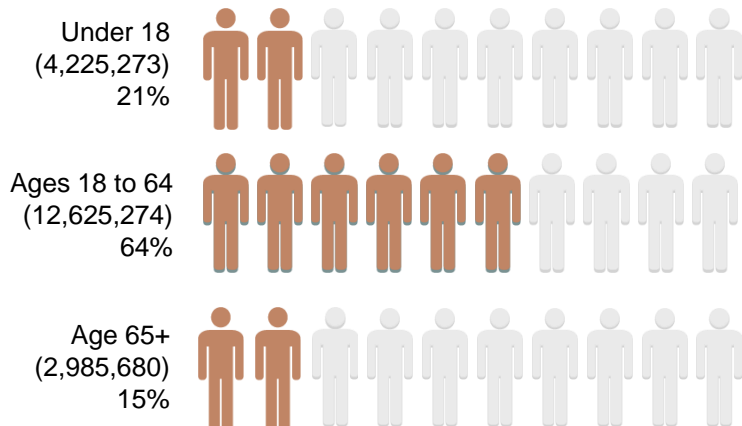


### 3. Population Demographics

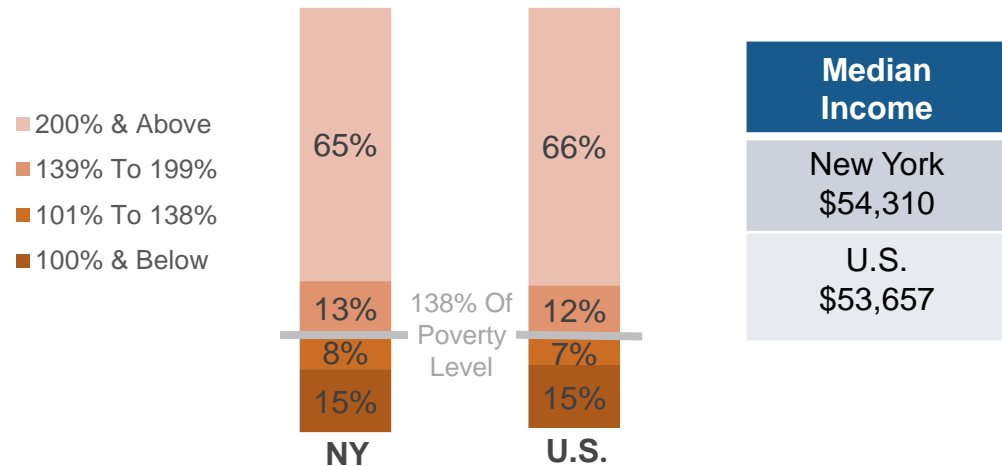
Total New York Population - 19,746,227  
SMI Population – 1,039,260



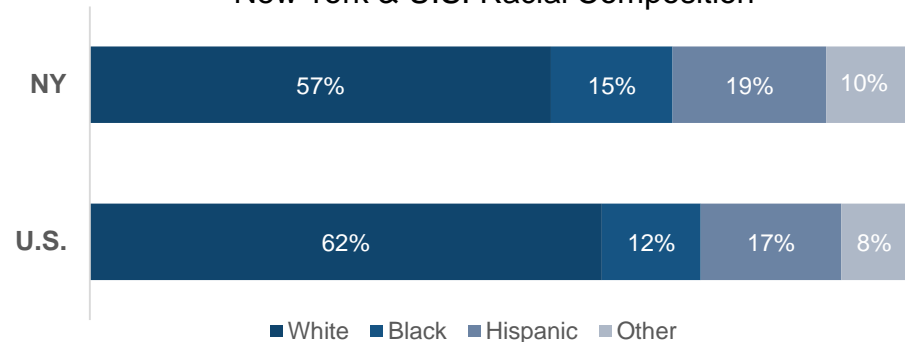
#### Population Distribution By Age



#### Population Distribution By Income To Poverty Threshold Ratio



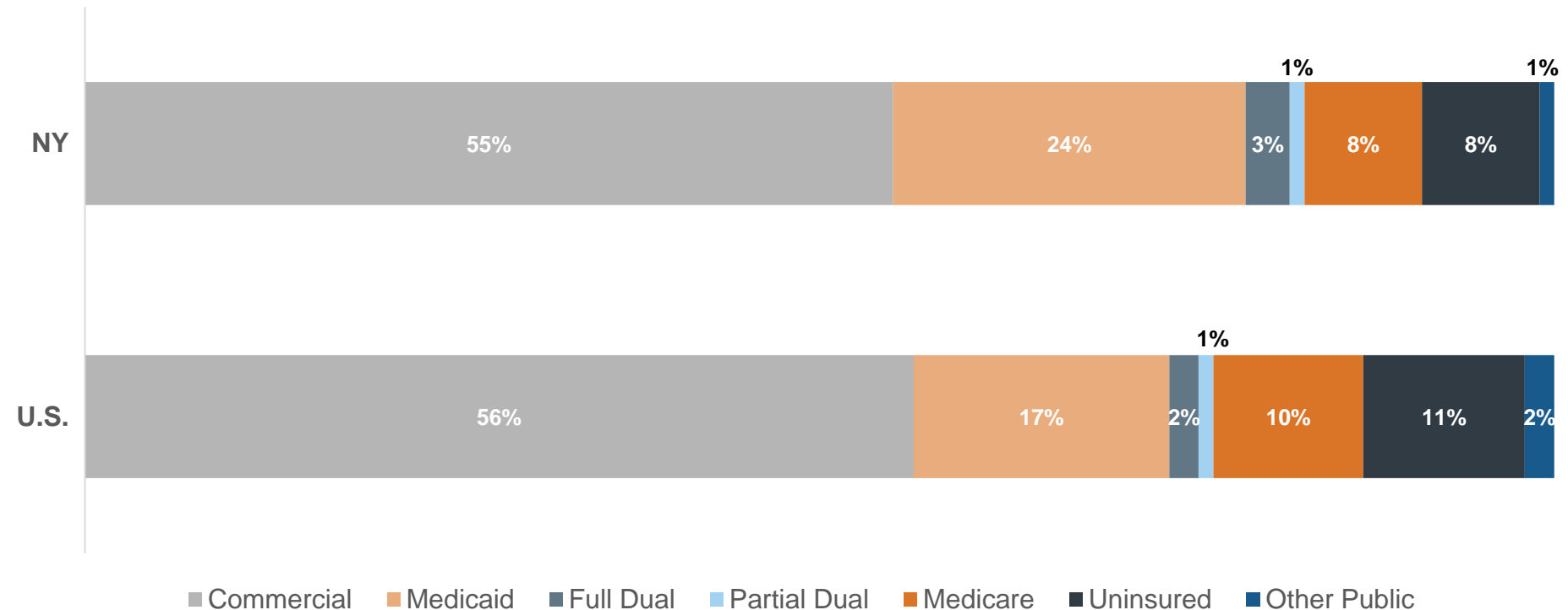
#### New York & U.S. Racial Composition



**SMI** = Serious Mental Illness



## 4. Population Distribution By Payer: United States v. New York





## 5. Largest Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
UnitedHealthcare	Commercial ASO	4,108,467
WellPoint	Commercial ASO	2,649,684
Medicare FFS	Medicare	1,895,413
Medicaid FFS	Medicaid	1,798,692
Excellus Health Plan, Inc.	Commercial	1,191,833
NYS Catholic Health Plan	Medicaid Managed Care	1,170,227
Healthfirst	Medicaid Managed Care	907,275
Cigna	Commercial ASO	839,463
Oxford Health Insurance, Inc.	Commercial	663,768
Group Health, Inc.	Commercial	637,147

\*Medicaid as of November 2016; Medicare as of August 2016; Commercial as of 4<sup>th</sup> quarter 2015.

**ASO** = Administrative Service Only  
**FFS** = Fee-For-Service  
**NYS** = New York State

## 6. Largest Health Plans By Estimated Serious Mental Illness (SMI) Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,895,413	271,044
Medicaid FFS	Medicaid	1,798,692	221,919
UnitedHealthcare	Commercial ASO	4,108,467	97,371
WellPoint	Commercial ASO	2,649,684	62,798
NYS Catholic Health Plan	Medicaid Managed Care	1,170,227	52,564
HealthFirst	Medicaid Managed Care	907,275	40,753
Excellus Health Plan, Inc.	Commercial	1,191,833	28,246
UnitedHealthcare	Medicaid Managed Care	457,908	20,568
Cigna	Commercial ASO	839,463	19,895
NYS Catholic Health Plan	Medicaid Health & Recovery Plan (SMI &/Or Substance Abuse)	19,721	19,721

\*Medicaid as of November 2016; Medicare as of August 2016; Commercial as of 4<sup>th</sup> quarter 2015.

**ASO** = Administrative Services Only  
**FFS** = Fee For Service  
**NYS** = New York State

## 7. Health Insurance Marketplace

Health Insurance Marketplace	
Type Of Marketplace	State-Based
Individual Enrollment Contact	<a href="https://nystateofhealth.ny.gov/individual">https://nystateofhealth.ny.gov/individual</a>
	1-855-355-5777
Small Business Enrollment Contact	<a href="https://nystateofhealth.ny.gov/employer?lang=en">https://nystateofhealth.ny.gov/employer?lang=en</a>
	1-855-355-5777

## 8. Health Insurance Marketplace Plans

### 2017 Individual Market Health Plans

- Affinity Health Plan
- Capital District Physicians Health Plan
- Care Connect Insurance Company
- Empire BlueCross
- Empire BlueCross Blue Shield
- Excellus BlueCross Blue Shield
- Excellus, dba, Univera Healthcare
- Fidelis Care
- Healthfirst New York
- Health Insurance Plan Of Greater New York
- HealthNow, dba, Blue Shield Of Northeastern New York
- HealthNow, dba, BlueCross Blue Shield Of Western New York
- Independent Health
- MetroPlus Health Plan
- MVP Health Plan
- Oscar Insurance
- UnitedHealthcare

### 2017 Small Group Market Plans

- CareConnect Insurance Company
- CDPHP Universal Benefits, Inc.
- Excellus BlueCross Blue Shield
- Excellus, dba, Univera Healthcare
- Health Insurance Plan Of Greater New York- EmblemHealth
- HealthNow, dba, Blue Shield Of Northeastern New York
- HealthNow, dba, BlueCross Blue Shield Of Western New York
- Independent Health
- MetroPlus Health Plan
- MVP Health Plan

**CDPHP** = Capital District Physicians' Health Plan  
**DBA** = Doing Business As

## **B. NEW YORK MEDICAID SYSTEM OVERVIEW**

# 9. Delivery System, Risk, & Federal Participation

Medicaid Financial Delivery System	
Is Managed Care Mandatory For Populations With SMI?	Yes
Is Managed Care Mandatory For Dual-Eligibles?	<ul style="list-style-type: none"><li>• Yes, for persons who require 120 days or more of community-based long-term services care per year</li><li>• No, for those who do not</li></ul>
Total Medicaid Population Distribution	<ul style="list-style-type: none"><li>• 26% in FFS</li><li>• 74% in managed care</li></ul>
Medicaid Beneficiaries With SMI: <i>Primary Service System</i>	Because the SMI population must enroll in managed care unless they meet one of the FFS qualifications, the majority of the SMI population is served by managed care.
Medicaid Financing & Risk Arrangements: Behavioral Health	
Traditional Behavioral Health Services	<ul style="list-style-type: none"><li>• <u>Mainstream Medicaid Managed Care Program &amp; Specialty SMI Health &amp; Recovery Plans</u>: Included in the MCOs’ capitation rate</li><li>• <u>Managed Long-Term Care Population</u>: Excluded from the MCO’s capitation rate and provided FFS by the state</li></ul>
Specialty Behavioral Health Services	
Pharmaceuticals	
Federal Financial Participation	
FY 2017 Federal Medical Assistance Percentage (FMAP)	50%
CY 2017 Newly Eligible FMAP (Expansion Population)	95%

**FFS** = Fee-For-Service  
**MCO** = Managed Care Organization  
**SMI** = Serious Mental Illness

# 10. Expansion Decision

State Medicaid Expansion Decision	
Participating In Expansion?	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% Of Federal Poverty Level*
Legislation Used To Expand Medicaid	Senate Bill S2606D, 2013-2014 Legislative Session

\*The Patient Protection & Affordable Care Act requires that 5% of income be disregarded with determining eligibility.



# 11. Care Coordination Entities

## Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)

<b>Managed Care Plan</b>	✓	Managed care organizations serving the SMI population must contract with health homes for care coordination
<b>Accountable Care Organization (ACO) Program</b>		The Greater Buffalo United ACO is a Medicaid pilot ACO
<b>Health Home</b>	✓	The state's health homes serve persons with two or more chronic conditions, persons with SMI, and children.
<b>Medical Home</b>	✓	NCQA certified PCMHs are eligible for additional payments
<b>Primary Care Case Management (PCCM) Model</b>		None

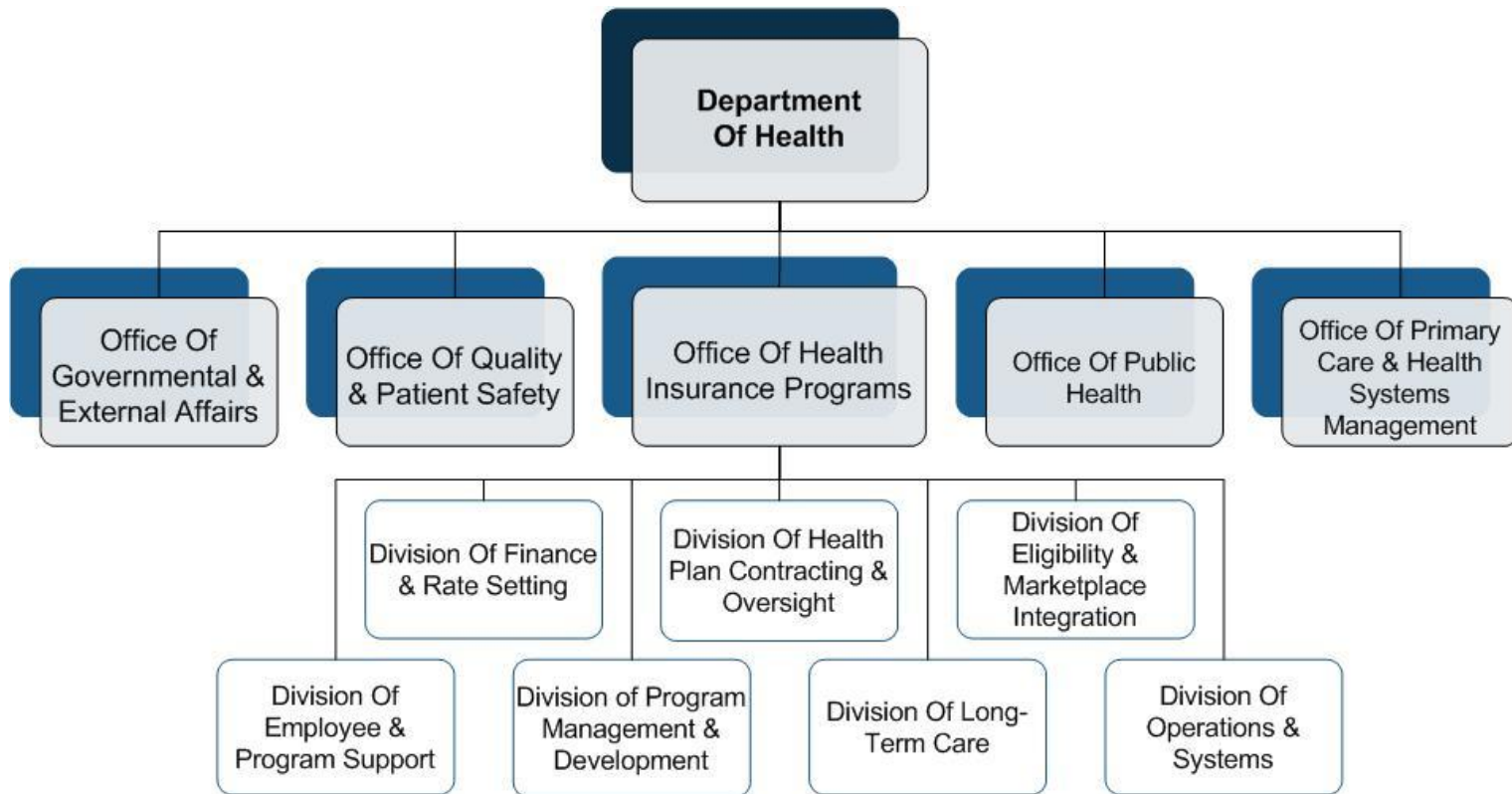
**NCQA** = National Committee For Quality Assurance  
**PCMH** = Patient-Centered Medical Home  
**SMI** = Serious Mental Illness

## 12. The Uninsured

### State Agency Responsible For Uninsured Citizens & Delivery System Model

<b>Physical Health Services</b>	The New York State Department Of Health, Office Of Primary Care & Health Systems Management is responsible for providing physical health services to the safety-net population.
<b>Mental Health Services</b>	The New York State Office Of Mental Health provides mental health treatment services to the safety-net population by funding local governing units that are operated by the 57 counties and New York City.
<b>Addiction Treatment Services</b>	The New York State Office Of Alcoholism & Substance Abuse Treatment Services provides addiction treatment services to the safety-net population by funding local governing units that are operated by the 57 counties and New York City.

# 13. Organizational Chart



# 14. Key Leadership

Name	Position	Department
Howard Zucker, MD	Commissioner Of Health	Department Of Health
Jason A. Helgerson	Deputy Commissioner, State Medicaid Director	Office Of Health Insurance Programs
Elizabeth J. Misa	Medicaid Deputy Director	Office Of Health Insurance Programs
John Ulberg	Chief Financial Officer & Director	Division Of Finance & Rate Setting
Jonathan Bick	Director	Division Of Health Plan Contracting & Oversight
Judith A. Arnold	Director	Division Of Eligibility & Marketplace Integration
Gregory Allen	Director	Division of Program Development & Management
Anton Venter	Director	Division Of Operations & Systems
Geza Hrazdina	Director	Division Of Employee & Program Support
Andrew Segal	Director	Division Of Long-Term Care

# 15. Program Benefits

## Federally Mandated Services

- Inpatient hospital services other than services in an institution for mental disease (IMD)
- Outpatient hospital services
- Rural Health Clinic services
- Federally Qualified Health Center (FQHC) services
- Laboratory and X-ray services
- Nursing facilities for individuals 21 and over
- Early & Periodic Screening & Diagnosis & Treatment (EPSDT)
- Family planning services and supplies for individuals of child-bearing age
- Physician services
- Medical and surgical services of a dentist
- Home health services
- Nurse midwife services
- Nurse practitioner services
- Pregnancy services, including tobacco cessation programs
- Free standing birth centers
- Non-emergency transportation to medical care

## New York's Optional Services

- Podiatrists' services
- Optometrists' services and eyeglasses
- Chiropractors' services
- Other practitioners' services
- Private duty nursing
- Clinic services
- Dental services
- Physical, occupational, speech, language, and hearing therapy
- Prescribed drugs
- Diagnostic, screening, and preventive services
- Rehabilitative services
- Institutions for mental diseases inpatient services for persons age 65 and older
- Intermediate care facility and public institution services for persons with intellectual & developmental disabilities
- Inpatient psychiatric facility for individuals under 22
- Hospice care
- Case management
- Special tuberculosis services
- Nursing facility services for patients under 21
- Personal care services at home

## **C. NEW YORK MEDICAID FINANCING & SERVICE DELIVERY SYSTEM**

# 16. Overview

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (December 2016)	1,613,316	4,636,684
SMI Enrollment	Because the SMI population must enroll in managed care unless they meet one of the FFS qualifications, the majority of the SMI population is served by managed care.	
Management	Department Of Health	<ul style="list-style-type: none"> <li>• <u>MMMC</u>: 19 full-risk MCOs</li> <li>• <u>HARP</u>: 13 full-risk MCOs</li> <li>• <u>MLTC</u>: 32 partially capitated MCOs</li> </ul>
Payment Model	FFS	<ul style="list-style-type: none"> <li>• <u>MMMC &amp; HARP</u>: Capitated rate</li> <li>• <u>MLTC</u>: Capitated rate for LTSS and some state plan services; all other services (including mental health) are FFS</li> </ul>
Geographic Service Area	Statewide	<ul style="list-style-type: none"> <li>• <u>MMMC, MLTC, &amp; HARP</u>: Statewide, plans available by county</li> </ul>

**Total Medicaid Beneficiaries: 6,250,000 | Total Medicaid With SMI Beneficiaries: 400,000**

**HARP** = Health & Readiness Plans  
**LTSS** = Long-Term Support Services  
**MCO** = Managed Care Organization  
**MLTC** = Managed Long-Term Care  
**MMMC** = Mainstream Medicaid Managed Care Program  
**SMI** = Serious Mental Illness



# 17. Enrollment By Eligibility Group

## Mandatory Fee-For-Service (FFS) Enrollment

1. Residents of state psychiatric facilities or children and youth residential treatment facilities
2. Persons under 21 who are permanent residents of residential health care facilities
3. Infants living with incarcerated mothers
4. Persons with access to private health insurance
5. Children in state custody
6. Foster care children
7. Persons with less than six months eligibility
8. Persons receiving hospice care at time of enrollment
9. Persons eligible through spend-down
10. Emergency Medicaid enrollees
11. Residents of assisted living programs
12. Court-ordered immigrants

## Option To Enroll In FFS Or Managed Care

1. Native Americans
2. Persons granted exemption due to special chronic care needs
3. Persons receiving section 1915 (c) waiver services for developmental or physical disabilities
4. Persons designated as participating in Office of Persons with Developmental Disabilities programs
5. Individuals in the Traumatic Brain Injury and Nursing Home Transition and Diversion section 1915 (c) waiver programs
6. Dual eligibles who do not require more than 120 days of community-based long-term care services for a nursing facility level of care

## Mandatory Managed Care Enrollment

1. Pregnant women
2. Children
3. Parents and caretakers
4. Persons with disabilities
5. Aged population
6. Expansion population
7. Dual eligibles who require more than 120 of community-based long-term care services for a nursing facility level of care

## 18. Fee-For-Service (FFS) Program: Program Overview

New York State FFS enrollment is estimated at 1,613,316 as of December 2016.\*

\*Based on SFY 2016 average monthly Medicaid enrollment of 6,250,000 minus the December 2016 managed care enrollment of 4,636,684.



SFY = State Fiscal Year

# 19. Fee-For-Service (FFS) Program: Behavioral Health Benefits

## FFS Mental Health Benefits

1. Intensive psychiatric rehabilitation treatment
2. Day treatment
3. Clinic continuing day treatment
4. Inpatient mental health treatment
5. Outpatient mental health treatment
6. Partial hospitalization
7. Community home of family-based rehabilitation
8. Continuing day treatment
9. Personalized recovery oriented services
10. Assertive community treatment
11. Individual and group counseling

## FFS Substance Abuse Treatment Benefits

1. Inpatient substance abuse treatment
2. Inpatient detoxification
3. Outpatient detoxification services
4. Opioid treatment, including methadone maintenance

## 20. Fee-For-Service (FFS) Program: Serious Mental Illness (SMI) Population

The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.



## 21. Managed Care Program: Program Overview

- Managed care enrollment as December 2016 was 4,636,684.
- New York has three statewide managed care programs:
  - **Mainstream Medicaid Managed Care Program:** Full-risk MCOs provide physical and behavioral benefits to families and adults who qualify under health care reform, and who do not need LTSS.
  - **Health and Recovery Plans:** Full-risk MCOs integrate physical and behavioral benefits for persons with SMI and/or a serious substance abuse diagnosis via special needs plans.
  - **Managed Long-Term Care:** Partially capitated MCOs provide physical health services and LTSS to individuals, including dual eligibles, needing 120 days or more of home- and community-based services.
- Plans are available by county and individuals are able to choose which plan best fits their needs.

**LTSS** = Long Term Support Services  
**MCO** = Managed Care Organization  
**SMI** = Serious Mental Illness

## 22. Managed Care Program: Mainstream Medicaid Managed Care Program (MMMC)

- The MMMC provides Medicaid benefits to most eligible recipients.
- As of December 2016, there were 4,363,641 individuals enrolled in the 19 MMMC MCOs.
- The MMMC MCOs may offer special needs plans called HARPs for persons with SMI.
- Three of the 19 MMMC MCOs are special needs plans, serving individuals with HIV in New York City. They include:
  - Amida Care Special Needs
  - MetroPlus Health Plan Special Needs
  - VNS Choice Special Needs
- Enrollees in the HIV special needs plans may also be eligible to receive the same behavioral health home- and community-based services as persons with SMI enrolled in HARPs.

**HARP** = Health & Recovery Plan  
**HIV** = Human Immunodeficiency Virus  
**MCO** = Managed Care Organization  
**SMI** = Serious Mental Illness  
**VNS** = Visiting Nurse Service

## 23. Managed Care Program: Health & Recovery Plans (HARPs)

- New York phased in implementation of special needs plans, called HARPs, for persons with SMI and/or a serious substance abuse diagnosis in October 2015. The plans were available statewide by July 2016.
- HARPs integrate physical health services, behavioral health services, and behavioral health home- and community-based services for Medicaid enrollees diagnosed with SMI and/or substance abuse disorder.
  - At this time, only MMMC plans are eligible to become HARPs.
- As of December 2016, there were 77,054 total enrollees in the 13 available HARP plans, with at least one plan offered in every county.

**MCO** = Managed Care Organization  
**MMMC** = Mainstream Medicaid Managed Care Program  
**SMI** = Serious Mental Illness



## 24. Managed Care Program: Health & Recovery Plan (HARP) Key Features

Target Population	Medicaid managed care eligible individuals over age 21 who are diagnosed with serious mental illness or a serious substance abuse diagnosis.
Enrollment Model	<ul style="list-style-type: none"> <li>Passive enrollment with opt-out for persons enrolled in an MMMC plan that offers a HARP</li> <li>Opt-in enrollment for those enrolled in MMMC plans not offering a HARP or for those not currently enrolled in managed care</li> </ul>
Geographic Service Area	Statewide
Care Delivery Model	<ul style="list-style-type: none"> <li>All benefits, including physical and behavioral health and pharmacy, along with special BH HCBS</li> <li>Plans must contract with health homes for person-centered care management.</li> <li>State provides long-term care services over 120 days and permanent placement nursing facility services.</li> <li>BH HCBS are provided on a tier structure based on an individual's plan of care               <ul style="list-style-type: none"> <li><u>Tier 1</u>: Peer, employment, education, and crisis supports</li> <li><u>Tier 2</u>: Full array of BH HCBS, including tier 1 services</li> </ul> </li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>Physical and behavioral health and pharmacy services: Capitated rate</li> <li>For years 1 and 2, provider organizations must be paid at state FFS rates for behavioral health services.</li> <li>Plans are reimbursed by the state for BH HCBS on a fee-for-service basis: Limit of \$10,000 in services per year for individuals in tier 1, and limit of \$20,000 in services per year for individuals in tier 2.</li> <li>BH HCBS may be included in capitation as early as July 2017.</li> </ul>
Practice Performance & Improvement	<ul style="list-style-type: none"> <li>HEDIS and state-specific measures</li> <li>Quality withholds: Year 1, no withhold; Year 2, 1%; Year 3, 2%</li> </ul>

**BH HCBS** = Behavioral Health Home & Community-Based Services

**HEDIS** = Healthcare Effectiveness Data & Information Set

**MMMC** = Mainstream Medicaid Managed Care Program

## 25. Managed Care Program: Behavioral Health Home & Community-Based Services (BH HCBS)

BH HCBS are available to persons enrolled in HARPs and MMMC special needs plans for persons with HIV.

### BH HCBS

1. BH HCBS assessment
2. Psychosocial rehabilitation
3. Community psychiatric support and treatment
4. Peer supports
5. Habilitation services
6. Short-term crisis respite
7. Intensive crisis respite
8. Non-medical transportation
9. Family support and training
10. Employment supports
11. Education support services

**HARP** = Health & Recovery Plan

**MMMC** = Mainstream Medicaid Managed Care Program

## 26. Managed Care Program: Managed Long-Term Care (MLTC) Program

- New York's statewide MLTC program provides long-term supports and services and some health services to individuals, including dual eligibles, needing 120 days or more of HCBS on a partial capitation basis.
- As of December 2016, 170,618 individuals were enrolled in one of the 32 MLTC partial capitation plans.
- MLTC plan services not included in partial capitation are covered FFS by the state.
- In some documentation, the state includes its Program Of All-Inclusive Care For The Elderly (PACE), Medicaid Advantage Plus, and dual eligible demonstration programs as part of the MLTC program.

FFS = Fee-For-Service

HCBS = Home & Community-Based Services

## 27. Managed Care Program: Managed Long-Term Care (MLTC) Benefits

### Services Included In Partial Capitation

- |   |  |
|---|--|
| 1. Adult day health care                  | 13. Nutrition                          |
| 2. Audiology and hearing aids             | 14. Optometry and eyeglasses           |
| 3. Care management                        | 15. Personal care                      |
| 4. Consumer directed personal assistance  | 16. Personal emergency response system |
| 5. Dental service                         | 17. Podiatry                           |
| 6. Home care                              | 18. Private duty nursing               |
| 7. Group setting and home-delivered meals | 19. Prosthetics and orthotics          |
| 8. Durable medical equipment              | 20. Outpatient rehabilitation therapy  |
| 9. Medical supplies                       | 21. Respiratory therapy                |
| 10. Medical social services               | 22. Social day care                    |
| 11. Non-emergency transportation          | 23. Social and environmental supports  |
| 12. Nursing home care                     |  |

### Services Covered Fee-For-Service

- |                                 |  |
|---------------------------------|--|
| 1. Inpatient hospital services  | 7. Primary and specialty doctor services |
| 2. Outpatient hospital services | 8. Emergency transportation              |
| 3. Clinic services              | 9. Chronic renal dialysis                |
| 4. Mental health treatment      | 10. Laboratory services                  |
| 5. Substance abuse treatment    | 11. X-ray and other radiology services   |
| 6. Prescription drugs           |  |

## 28. Managed Care Program: Behavioral Health Overview

- Mainstream Medicaid Managed Care (MMMC): The carve-out of specialty behavioral health services from MMMC plans for persons over age 21 ended in July 2016.
  - Nearly all behavioral health and pharmacy benefits are included in the MCO capitation rate.
  - Rehabilitation services for residents of community residences were not included in behavioral health integration, but will be phased in at a later date.
  - For the first two years of the carve-in, MMMC plans must contract with OMH and OASAS provider organizations that serve at least five of their enrollees.
  - Plans must contract with all OASAS-certified opioid treatment programs in their service area.
  - The specialty behavioral health services carve-out for children under age 21 is scheduled to end in October 2017.
- Health & Recovery Plans: Most behavioral health and pharmacy benefits are included in the MCO capitation rate. Special behavioral health home- and community-based services are provided FFS by the state. The state plans to include these services in the MCO capitation rate as early as July 2017.
- Managed Long-Term Care: All behavioral health benefits are covered by the state on a FFS basis.

**FFS** = Fee-For-Service  
**MCO** = Managed Care Organization  
**OASAS** = Office Of Alcohol & Substance Abuse Services  
**OMH** = Office Of Mental Health

## 29. Managed Care Program: Behavioral Health Benefits

### Mainstream Medicaid Managed Care (MMMC) Mental Health Benefits

1. Licensed clinic services
2. Outpatient hospital
3. Continuing day treatment
4. Partial hospitalization
5. Personalized recovery oriented services
6. Intensive psychiatric rehabilitation treatment
7. Assertive community treatment
8. Targeted case management
9. Inpatient psychiatric services
10. Inpatient treatment
11. Crisis intervention

### MMMC Substance Abuse Treatment Benefits

1. Medically supervised outpatient withdrawal
2. Outpatient addiction services
3. Residential addiction services
4. Office Of Alcoholism & Substance Abuse Services (OASAS) outpatient and opioid treatment program services
5. OASAS outpatient rehabilitation programs
6. Inpatient medically managed and supervised detoxification

## 30. Managed Care Program: Serious Mental Illness (SMI) Population

- Individuals with SMI are not exempt from enrolling in managed care unless they also meet one of fee-for-service criteria.
- The Medicaid expansion population, if medically frail, must be offered the full array of State Plan benefits. Medically frail individuals include adults with SMI and chronic substance abuse disorders.
- Health homes were established in 2011 for the SMI population and are statewide.
- Implementation of managed care special needs plans, called Health & Recovery Plans, for persons with SMI began in 2015.



## 31. Care Coordination Initiatives

- New York established health homes for persons with SMI and/or other chronic conditions in 2011.
- Although children have been eligible for health homes since 2012, New York began enrollment in health homes specifically to meet the needs of children in December 2016.
- New York has a statewide plan of add-on payments for patient-centered medical homes.



**SMI** = Serious Mental Illness



## 32. Health Home Characteristics

<b>Target Population</b>	Individuals (including dual eligibles) with: <ul style="list-style-type: none"> <li>• SMI</li> <li>• Serious emotional disturbance or complex trauma (children)</li> <li>• Two chronic conditions: Individuals with substance abuse disorder must have another chronic condition to qualify</li> <li>• HIV/AIDS and at-risk for another chronic condition</li> </ul>
<b>Enrollment Model</b>	<ul style="list-style-type: none"> <li>• <u>Adults</u>: Automatic enrollment with opt-out or change to another health home</li> <li>• <u>Children</u>: Opt-in through referral</li> </ul>
<b>Geographic Service Area</b>	Statewide
<b>Care Delivery Model</b>	<ul style="list-style-type: none"> <li>• Managed care plans contract with health home provider organizations who in turn contract with the care management agencies that actually provide health homes services</li> <li>• Multi-disciplinary care management team led by a care manager</li> <li>• Development of a care plan for each enrollee</li> <li>• Provide care management services to Health &amp; Recovery Plan enrollees</li> </ul>
<b>Payment Model</b>	<ul style="list-style-type: none"> <li>• PMPM based on region and case mix for providing at least one of the CMS health home core functions</li> <li>• Managed care plans pass-through payments to health home provider organizations who pass through payment to care management agencies</li> <li>• Managed care plans and health home provider organizations may retain a proportional share of the PMPM for performing health home functions</li> </ul>
<b>Practice Performance &amp; Improvement</b>	<ul style="list-style-type: none"> <li>• Hospital, ER, and SNF admission rate</li> <li>• Care coordination is measured through claims, encounter, and pharmacy data for post-discharge and levels of care transition, and is then compared to historic data, matched controls, and other health homes</li> </ul>

**CMS** = Centers For Medicare & Medicaid Services  
**ER** = Emergency Room  
**HIV/AIDS** = Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

**PMPM** = Per Member Per Month  
**SMI** = Serious Mental Illness  
**SNF** = Skilled Nursing Facility

# 33. Patient-Centered Medical Homes (PCMHs)

- New York has a statewide plan of incentive payments for PCMHs that includes both the FFS and MMMC program populations.
- The state authorizes per-member per-month payments for the MMMC population based on NCQA level and recognition standards year, and per-visit add-on payments for the FFS population.
- As of June 2016, 1,972,641 MMMC enrollees were assigned to PCMHs. In SFY 2016, there were 146,554 unique Medicaid FFS enrollees who had a qualifying visit with a PCMH-recognized provider organization.
- The DSRIP program requires providers to achieve 2014 NCQA level 3 PCMH recognition or meet advanced primary care milestones by March 31, 2018.
- The state describes advanced primary care settings as practices that have infrastructure in place to manage complex populations, and that may evolve into entities that mimic the functions of accountable care organizations to include integrating behavioral health, managing population health, coordinating care and social services, and receiving performance-driven payments.

## PCMH Add-On Payments

	NCQA Level 2 2011 Standards	NCQA Level 2 2014 Standards	NCQA Level 3 2011 Standards	NCQA Level 3 2014 Standards
<b>MMMC PMPM</b>	\$2.00	\$6.00	\$4.00	\$8.00
<b>FFS Per-Visit, Institutional</b>	\$7.75	\$23.25	\$12.50	\$25.25
<b>FFS Per-Visit, Professional</b>	\$6.75	\$20.50	\$14.50	\$29.00

**CMS** = Center For Medicare & Medicaid Services  
**DSRIP** = Delivery System Reform Incentive Payment  
**FFS** = Fee-For-Service  
**MMMC** = Mainstream Medicaid Managed Care

**NCQA** = National Committee For Quality Assurance  
**PMPM** = Per Member Per Month  
**SFY** = State Fiscal Year

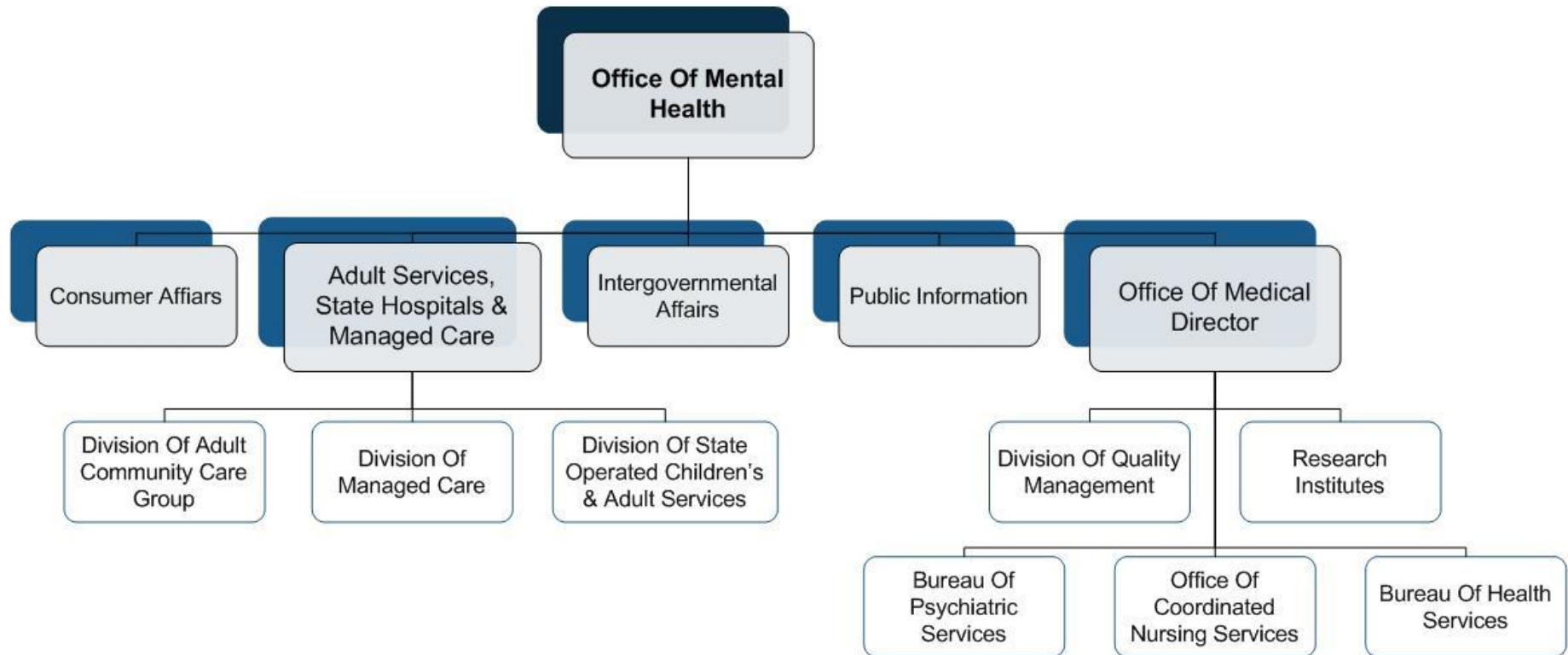
## 34. Program Waivers Impacting The Serious Mental Illness (SMI) Population

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
<b>New York Medicaid Redesign Team</b>	Authorizes the Mainstream Medicaid Managed Care, the Managed Long-Term Care, and Health & Recovery Plan programs. Also outlines New York's Delivery System Reform Incentive Payment program	1115	None	12/07/16	3/31/21
<b>NY Nursing Home Transition &amp; Diversion Medicaid Waiver (0444.R01.00)</b>	Provides HCBS to aged persons and persons over the age of 18 with physical disabilities in need of a nursing facility level of care	1915 (c)	4,200	09/01/10	08/31/15
<b>NY Long-Term Home Health Care Program (0034.R06.00)</b>	<ul style="list-style-type: none"> <li>Provides HCBS to person between the ages of 0-64 who are physically disabled or over the age of 65 and in need of a nursing facility level of care</li> <li>The state plans to phase this waiver out of operation by enrolling participants in managed care</li> </ul>	1915 (c)	3,749	09/01/10	08/31/15

**HCBS** = Home & Community-Based Services

# **D. NEW YORK BEHAVIORAL HEALTH ADMINISTRATION & FINANCE SYSTEM**

## 35. OMH Organizational Chart



The OMH, OASAS, and Office Of People With Developmental Disabilities operate as independent agencies under the umbrella of the state mental hygiene system.

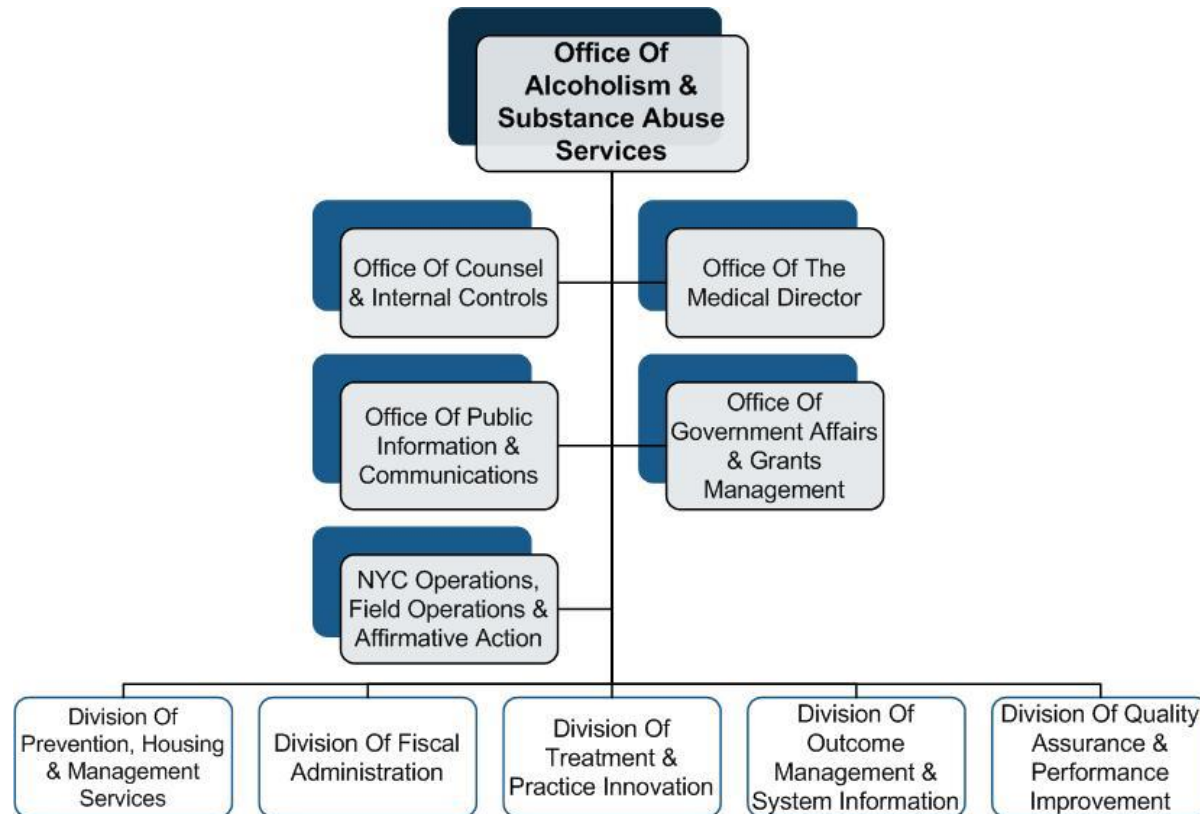
**OASAS** = Office Of Alcoholism & Substance Abuse Services  
**OMH** = Office Of Mental Health

## 36. OMH Key Leadership

Name	Position	Department
Ann Marie T. Sullivan, MD	Commissioner	OMH
Leesa Rademacher	Director	Intergovernmental Relations
Benjamin Rosen	Director	Public Information
Lloyd I. Sederer, MD	Chief Medical Officer	Office Of Medical Director
Robert Myers	Senior Deputy Commissioner & Division Director	Adult Services, State Hospitals & Managed Care
Moira Tashjian	Associate Commissioner	Division Of Adult Community Care Group
May Lum	Associate Commissioner	Division Of State-Operated Children's & Adult Services
Gary Weiskopf	Associate Commissioner	Division Of Managed Care

OMH = Office Of Mental Health

## 37. OASAS Organizational Chart



The OMH, OASAS, and Office Of People With Developmental Disabilities operate as independent agencies under the umbrella of the state mental hygiene system.

**OASAS** = Office Of Alcoholism & Substance Abuse Services  
**OMH** = Office Of Mental Health

## 38. OASAS Key Leadership

Name	Position	Department
Arlene Gonzalez-Sanchez	Commissioner	OASAS
Sean Byrne	Executive Deputy Commissioner	State Field Office Operations
Mary Ann DiChristopher	Acting Associate Commissioner	Division Of Prevention, Housing, & Management Services
William Hogan	Associate Commissioner	Division Of Outcome Management & System Information
Steve Hanson	Associate Commissioner	Division Of Treatment & Practice Innovation
P. David Sawicki	Associate Commissioner	Division Of Fiscal Administration
Charles Morgan, MD	Acting Medical Director	Office Of The Medical Director

**OASAS** = Office Of Alcoholism & Substance Abuse Services



## 39. State Psychiatric Institutions (A-L)

Institution	Location	Type	Beds	Service Area
Bronx Psychiatric Center	Bronx	Civil	156	Bronx County
Buffalo Psychiatric Center	Buffalo	Civil	158	Cattaraugus, Chautauqua, Erie, and Niagara Counties
Capital District Psychiatric Center	Albany	Civil	136	Albany, Columbia, Greene, Rensselaer, Saratoga, Schoharie, Schenectady, Warren, and Washington Counties
Central New York Psychiatric Center	Marcy	Forensic	210	Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, St. Lawrence, Sullivan, Ulster, Warren, Washington, and Westchester Counties
Creedmoor Psychiatric Center	Queens Village	Civil	344	Queens Borough
Elmira Psychiatric Center	Elmira	Civil	48	Southern Tier and Finger Lakes Regions
Greater Binghamton Health Center	Binghamton	Civil	60	Broome, Chenango, Delaware, Otsego, Tioga, and Tompkins Counties
Hutchings Psychiatric Center	Syracuse	Civil	119	Onondaga, Cayuga, Cortland, Madison, and Oswego Counties
Kingsboro Psychiatric Center	Brooklyn	Civil	165	Kings County
Kirby Psychiatric Center	Wards Island	Forensic	164	Statewide

## 40. State Psychiatric Institutions (M-Z)

Institution	Location	Type	Beds	Service Area
Manhattan Psychiatric Center	New York	Civil	178	New York City
Mid-Hudson Psychiatric Center	New Hampton	Forensic	269	Statewide
New York Psychiatric Institute	New York	Civil	60	Upper Manhattan; Research Participants
Pilgrim Psychiatric Center	West Brentwood	Civil	335	Long Island
Rochester Psychiatric Center	Rochester	Civil	87	Genesee, Livingston, Monroe, Orleans, Wayne, and Wyoming Counties
		Forensic	55	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties
Rockland Psychiatric Center	Orangeburg	Civil	405	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties
St. Lawrence Psychiatric Center	Ogdensburg	Civil	40	Clinton, Essex, Franklin, Jefferson, Lewis, and St. Lawrence Counties
South Beach Psychiatric Center	Staten Island	Civil	300	Richmond and Kings Counties, New York City
<b>Total</b>			<b>3,289</b>	

# 41. Medicare ACOs

## Medicare Shared Savings Program

- |   |   |
|---|---|
| 1. Accountable Care Coalition Of Mount Kisco, LLC       | 16. Healthcare Provider ACO, Inc.                         |
| 2. Accountable Care Coalition Of Syracuse               | 17. HHC ACO, Inc.   |
| 3. ACO Of The North Country, LLC                        | 18. Innovative Health Alliance Of New York, LLC           |
| 4. Adirondacks ACO, LLC                                 | 19. Mount Sinai Care, LLC                                 |
| 5. Asian American Accountable Care Organization, LLC    | 20. New York State Elite ACO                              |
| 6. Balance Accountable Care Network, LLC                | 21. NewYork Quality Care                                  |
| 7. Bassett Accountable Care Partners, LLC               | 22. North Shore-LIJ MSSP ACO, LLC                         |
| 8. Catholic Medical Partners-Accountable Care IPA, Inc. | 23. Primary PartnerCare Associates IPA, Inc.              |
| 9. Cayuga Area Physicians Alliance                      | 24. ProHEALTH Accountable Care Medical Group, PLLC        |
| 10. Chautauqua Region Associated Medical Partners       | 25. Richmond Quality, LLC                                 |
| 11. Chinese Community Accountable Care Organization     | 26. Rochester Regional Health ACO, Inc.                   |
| 12. Crystal Run Healthcare ACO, LLC                     | 27. St. Josephs Health Accountable Care Organization, LLC |
| 13. Empire State Health Partners ACO                    | 28. Total Care ACO, LLC                                   |
| 14. Family Health ACO                                   | 29. Westchester Medical Group, PC                         |
| 15. Healthcare Partners Of The North Country, LLC       |   |

## Medicare Pioneer ACO Model

Montefiore ACO

**ACO** = Accountable Care Organization  
**HHC** = Health & Hospitals Corporation  
**IPA** = Independent Physician Association  
**LIJ** = Long Island Jewish  
**MSSP** = Medicare Shared Savings Program

## 42. Commercial & Medicaid ACOs

Commercial ACOs		
ACO	Commercial Insurer	
Greater Buffalo United Accountable Care Organization	• YourCare Health Plan	
Greenwich Physicians Association	• Cigna	
Kaleida Health	• BlueCross BlueShield Of Western New York	
Montefiore ACO	• UnitedHealthcare	
Mount Sinai Health System	• Empire BCBS	• Aetna
NYUPN Clinically Integrated Network, LLC	• Aetna • Cigna • Empire BCBS	• Humana • UnitedHealthcare
Weill Cornell Physician Organization	• Aetna	
Westchester	• Aetna • UnitedHealthcare	• Cigna

Medicaid ACO
Greater Buffalo United Accountable Care Association

**ACO** = Accountable Care Organization  
**BCBS** = BlueCross & BlueShield  
**NYUPN** = New York University Physician Network

# APPENDIX A: SOURCES

# Sources

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### A. Health Care Marketplace Overview

#### 1. Physical Health Care Coverage Map

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#### **9. Delivery System, Risk, & Federal Participation**

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#### **10. Expansion Decision**

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#### **11. Care Coordination Entities**

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#### **12. The Uninsured**

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