



Coalition Of Provider Associations

Representing More Than 250 Provider Agencies in New York State

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Provider Association Meeting Minutes – April 15, 2019

1. **2019-2020 NYS Budget**

- 120 Million (all shares) for new service opportunities
- 15 million for affordable housing capital funds
- 170 million (all shares) for minimum wage and wage enhancement 1/1/20 2% and 2% for 100,200 and 300 CFR codes on 4/1/20
- 5 million to NYS Alliance for provider readiness

2. **CFCO**. Delay to 1/1/20 – The delay will give additional time to providers to enter into agreement with Medicaid managed care plans for those individuals receiving Comm Hab and who are enrolled in Medicaid managed care. For those who are not enrolled in Medicaid managed care, Comm Hab will shift to a Medicaid fee-for-service basis essentially the same as now. DDRO will continue to authorize Comm Hab services. Beginning 1/1/20, for a person enrolled in a Medicare managed care plan (about 20,000 I/DD individuals), the Medicaid managed care plan will be authorizing services. For 2 years, plans must pay at the fee-for-service rate. There is a 90-day transitional basis before the plan is permitted to authorize continued services. The other services in CFCO community transition services (cost of setting up an apartment for those leaving), e-mods, v-mods and assistive technology. Will be paid by fiscal intermediaries for fee-for-service Medicaid and the Medicaid managed care plans will likely negotiate with Fiscal Intermediaries.

3. **New HSBS Waiver 05**. Available on OPWDD website. Aligns with CFCO with e-mod limits. Extend current high needs methodology for 2 years from 6/30/19 current extension period. Next five-year waiver extension is due on 10/1/19.

4. **Life Plan Deadline Extension**. Extension through 12/31/19. OPWDD has imposed target for percentage of completion. Tier 4 (non-Willowbrook) must be completed by 6/30/19.

5. **SEMP and Prevoc ADMs**. SEMP regulations and ADM are in final stage of completion.

6. **Higher Needs Funding for Current Service Recipients.** No implementation because of financial cost for implementation. There is no final state decision regarding implementation.
7. **Telehealth.** OPWDD is working on an ADM on Medicaid billing requirements for OPWDD services. For dual eligibles, NYS Medicaid will not provide any reimbursement for a telehealth service when Medicare does NOT pay for the telehealth services. Medicare currently does not provide any reimbursement for most services provided by telehealth except in very limited circumstances.
8. **ICF Billing Changes.** ICF Medicaid claims require NPI number of physicians performing annual physician recertification. As of July 1, 2019, all Medicaid claims must be accompanied by the NPI number of the physician who performed by the most recent annual review. All these physicians must also be enrolled in the Medicaid program. If the physician is not enrolled in Medicaid, the claim will be disallowed even if the physician has an NPI.
9. **IPSIDD Balance Billing.** IPSIDD services for dual eligible. On July 17, 2019, going forward the new claim logic will be paid higher of Medicare or Medicaid fee. Also, from 6/1/18, retroactive claims will be re-processed without claim resubmission.
10. **January 1, 2019 Rate Revisions.** OPWDD rate adjustments for property and minimum wage adjustments are still sitting with DOB for final review.