



*Coalition Of Provider Associations*

*Representing More Than 250 Provider Agencies in New York State*

3 Cedar Street Extension, Suite 2

Cohoes, NY 12047

518.436.0467 ♦ info@copanys.org

www.copanys.org

## Provider Association Meeting Minutes – February 25, 2019

1. **Introduction of Acting Commissioner Ted Kastner, MD.** Dr. Kastner began by reviewing his education and work history, having started as a DSP in an organization supporting the blind and then becoming a physician, and his work as a provider, board member of both a provider-led and mainstream MCO, etc. He noted that he worked with the only IDD ACO in the country and had experience in population health statistics and research, among other activities. In talking with the PA members, the conversation focused on the field's need for better data and infrastructure supports to position providers to effectively operate in a managed care environment. The Alliance explained that they were working on data base development with NYU and The ARC NY indicated that they had some system-wide quality and financial measures for their chapters, and the Acting Commissioner indicated data would be critical for success. Further, he pointed out that the successful creation of SIP-PL's would require the field coming together – factions would not work because the new organization will be fragile and not in the same cash position as traditional MCOs. On the topic of value-based payments, he noted that the health statistics were well known but that there aren't solid long-term care VBP metrics; further he noted that the field would need to agree on where any value-based savings should be returned – to plans, providers, current service recipient service enrichment, expanding coverage to non-covered? In response to a question/request for more time, Dr. Kastner was very pragmatic in his approach and noted that there were real deadlines driving the transition, e.g., the loss of 90% federal match on the CCO funding in 16 months, but he seemed willing to work with providers and families to ensure the transition to managed care is successful.
2. **DOH Staff Introduction/Rate Update** – Next, Mike Ogborn, NYS Medicaid Chief Financial Officer, was introduced to the group. He too provided a brief biographical history and then discussed key issues with providers. PA members brought up the need for clinic funding and support to avoid gaps in the state's Medicaid service delivery system, particularly with regard to psychiatric and mental health services for people with disabilities. A request was made for DOH to share any data they could with the field regarding studies they have done on disability access, and Mike Ogborn agreed to work with us and stated his intent to maintain good communication with the OPWDD community.

Next, Donna Cater provided an update on rates, noting that the January 1 rates would be loaded in the next 3-4 weeks, with both the Minimum Wage and Property updates included in those rates. She noted that operating component review of errors on occupancy yielded only 4 providers with issues; they intend to work to get the property issues/errors rate down as well. Donna asked that all providers review their property back up to ensure that the calculations are correct; the property back-up is available on OPA for all providers and these sheets should be

reviewed regularly. Kevin Valenchis and Donna Cater emphasized that they can't correct issues if they aren't notified and reminded providers to review the back up regularly and to tie in their calculations to the property payments. Finally, Donna indicated that the plan is to have the July rates out prior to July 1.

3. **CFCO Update** – It was reported that there are 4,000 plus people statewide currently enrolled in Medicaid managed care plans receiving comm hab services for whom providers will need to bill the plans directly for those services on 7/1/19 under the CFCO program. OPWDD has reached out to providers and uploaded lists on OPA for providers to check which of their service recipients must be billed to managed care plans on 7/1/19. There are about 50 providers of comm hab services who have people who require billing to a plan for whom OPWDD does not have contact information – all providers should be regularly checking the OPA site for a list of people they support who will be billed to managed care plans. OPWDD noted that each month this list will have minor changes and that the June list will be the closest to accurate for July 1. OPWDD agreed to share a list with the PA's of agencies and the managed care plans they will need to contract with for billing the CFCO services on 7/1/19 to assist in this transition process. OPWDD noted that McSilver will be presenting an introductory webinar in March and three regional meetings to train providers on managed care contracting/negotiations.
4. **CAS Update** – John Barbuto was introduced as the staff person replacing Kate Bishop to oversee the CAS development and implementation. He reported that there are a number of communications that are being posted to the Web site for families and providers to give better insight to the CAS, the process and its use. He also noted that there is a direct email that will be made available for families to contact OPWDD with their questions/concerns about the CAS. Further, he noted that obvious errors would be corrected and immediately addressed, but when asked about a situation where someone could identify pieces of clothing and was considered able to dress him/herself, it was not clear whether that was considered an error in the CAS. In response to concerns that the CAS will be used for resource allocation despite being based on errors in the assessments, Dr. Kastner interjected and stated that the CAS can't be more than it is and that at the population level it works, and that there is no replacing person-centered planning. Mr. Barbuto noted that there have been over 40,000 assessments completed and that by July 1, 2020 they will have completed over 100,000. He noted that there remains work to be done on the transition of the reassessments to the CCOs and what might be defined as a sentinel event for reassessment.
5. There being no further discussion, the meeting was adjourned.