



Medicaid Managed Long-Term Care in New York: Ongoing Growth in the Era of Statewide Implementation

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The Medicaid Institute at United Hospital Fund is working to improve the Medicaid program in New York by providing information and analysis and developing a shared vision for change.

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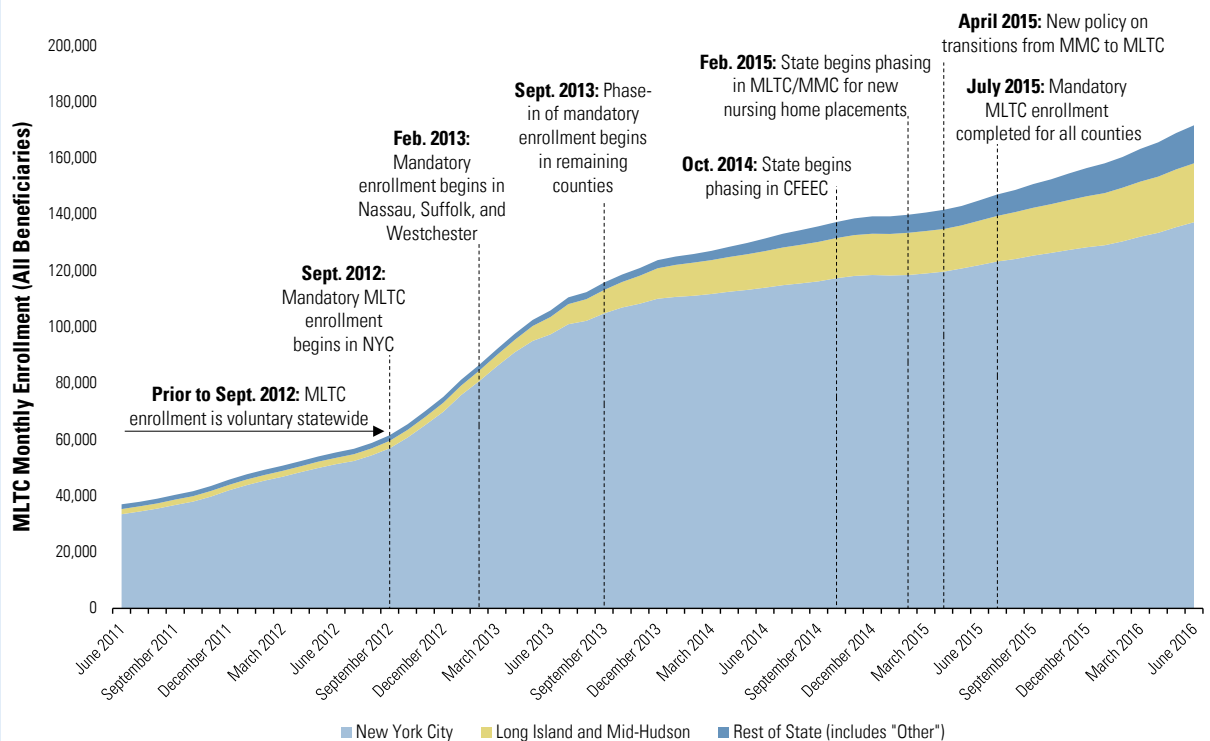
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Since 2012, New York has required enrollment into managed long-term care (MLTC) for adult Medicaid beneficiaries who are dually eligible for Medicare and who need more than 120 days of community-based long-term care, such as home health services or personal care. Statewide implementation of mandatory MLTC was achieved in July 2015, capping several years of rapid enrollment growth, but growth has continued and recently accelerated. MLTC enrollment increased by 14 percent from January 2015 to January 2016, and then increased by 20 percent from January 2016 to January 2017, with 189,724 enrollees as of January 1, 2017. In comparison, New York's overall Medicaid enrollment increased by only 2 percent during 2015 and decreased by 1 percent during 2016.¹ A brief history of MLTC helps to contextualize its ongoing growth.

Proposed by the Medicaid Redesign Team, mandatory MLTC replaced previous fee-for-service delivery of community-based long-term care services, for individuals needing more than 120 days of care, in order to improve coordination of care and control costs. Mandatory MLTC enrollment was implemented regionally: introduced in New York City in September 2012; then expanded to Nassau, Suffolk, and Westchester Counties in February

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MLTC: Enrollment and Timeline of Key Policy Changes, June 2011 to June 2016



Note: MLTC monthly enrollment data include all MLTC plan types: Partial Capitation, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP), and Fully Integrated Duals Advantage (FIDA). Source: New York State Department of Health. "Medicaid Program Enrollment by Month: Beginning 2009." [Health Data NY](#).

2013; and finally phased in for all other counties from September 2013 to July 2015. MLTC enrollment increased rapidly during this rollout, as shown in the figure below. Other policy changes have also affected MLTC growth over time, including the introduction of the [Conflict-Free Evaluation and Enrollment Center \(CFEEC\)](#) in October 2014, which determines eligibility for more than 120 days of community-based long-term care; the requirement that beneficiaries entering [long-term nursing home placements](#) enroll in either MLTC or mainstream Medicaid managed care (MMC), beginning February 2015 and implemented statewide by July 2015; and a new policy [seamlessly transitioning eligible MMC enrollees into MLTC](#).

The State's February 2017 [Medicaid Global Spending Cap Report](#) cited mandatory MLTC enrollment and the transition of nursing home services into MLTC as factors contributing to ongoing enrollment growth, but other causes of growth are still being examined. During a briefing on the [2017–18 New York State Executive Budget](#), the Department of Health identified MLTC enrollment growth as a key source of increased Medicaid spending, and indicated that it was analyzing whether demographic trends (such as population aging) or other factors were driving the recent growth. The executive budget included [proposals](#) to slow the rate of MLTC growth, such as limiting new enrollment to individuals who require a “nursing home level of care,” a standard more stringent than the current MLTC eligibility criteria; and, through administrative action, banning marketing activities by MLTC Partial Capitation plans. The enacted budget allowed the marketing ban to proceed but [rejected](#) the “nursing home level of care” proposal, thereby maintaining the current MLTC eligibility criteria. Closer examination of the policies, demographic trends, and other factors potentially contributing to recent MLTC growth may help inform future consideration of any similar proposals.

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1 Source: New York State Department of Health, Medicaid Enrollment Summary, [Medicaid Global Spending Cap Reports](#) for January 2015, January 2016, and January 2017.