New York FIDA Dual Eligible Integrated Care Demonstration Project
Summary of Changes to the Three-Way Contract

The three-way contract was re-executed on January 1, 2018 with the following changes:

- Added a two-year extension to the contract, for a new demonstration end date of December 31, 2019 (4.1.2), and updated applicable provisions throughout to reflect the extension (e.g., savings percentages and quality withhold measures for Demonstration Years 4 and 5).
- Made revisions throughout to reflect the new Medicaid managed care regulations, such as updating citations and adding in definitions of new terms.
- Performed general clean-up, made technical changes to streamline provisions, and added updates to align with New York Medicaid program requirements. For example:
    - Aligned contract requirements with IDT updates previously released in the FIDA IDT policy (which can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/fida/2015-12-09_rev_idt_policy.htm). Requirement updates included making the primary care physician's (PCP) participation in the IDT optional based on the participant's preferences as opposed to mandatory; adding a requirement that the person-centered service plan be shared with IDT members, PCPs and other providers; making training requirements optional rather than mandatory for providers and other IDT members; amending timeframes for completing comprehensive assessments and person-centered service plans.
    - Updated state definitions for the New York State Office for People with Developmental Disabilities (OPWDD) Services and the Money Follows the Person program, clarified home care worker wage parity provisions (2.7.1.2), and updated the covered benefits table (Appendix A), specifically, for Opioid Treatment Services - Substance Abuse, Comprehensive Psychiatric Emergency Programs (CPEP), Crisis Intervention Services, and Residential Addiction Services.
- Updated flexibilities for provider and pharmacy directories (2.7.2.9.2), as well as a few edits to match updated marketing guidance, clarified what types of marketing activities are allowed (2.15.1.1.5), and removed requirements that plans include provider license numbers information (NPIs) in directories (formerly 2.15.3.2.6).
- Amended provider credentialing requirements, such as requiring that providers use the CAQH application process and a single uniform information form (formerly 2.7.1.3-7).
- Amended enrollment processes to allow plans to conduct a three-way call with a potential participant during the call to the enrollment broker, clarified that requests to transfer between FIDA Plans can occur up until the last day of the month and still become effective on the first day of the following month, and allowed plans to send electronic (U-File) enrollments to the enrollment broker for new-to-service participants (2.3.1, and 3.2.2.4).
- Added additional detail related to a plan's request to involuntarily disenroll a member (2.3.2.9-13).
- Updated the written translation requirements (1.157 and 2.15.1.3.3). New translation requirements require translation into those non-English languages that meet the more stringent of the following:

    - Medicare's five (5) percent threshold for translation as specified in 42 CFR § 422.2264(e) or;
    - A language that at least five percent (5%) of the Potential Participants in any county of the service area speak, who do not speak English as a first language, speak as a primary language.
- Updated to allow the use of remote participation options at Participant Feedback Sessions meetings and allowing Participant Feedbacks Sessions to be combined with PAC meetings (2.10.3).
- Added information on data certification requirements (2.16.3.1.4 and 2.16.3.1.5).
- Revised requirement for plans to send notice to providers letting providers know that a member has joined the plan and informing them of the member's care manager's name and contact information (2.5.2.6).
- Clarified the goal of having providers complete the ADA Accessibility Attestation form to identify which accessibility features their location(s) offer so that FIDA Plans can include that information in their FIDA Plan Pharmacy and Provider Directory (2.7.2.2.3).
- Specified a timeframe for approving and providing services or items after a coverage decision is made (2.9.3.6.1.1), clarified the appeals process for non-participating providers (2.13.1.1.2), and modified timelines for issuing 2nd level appeal decisions.
- Included quality withhold payment financial incentives for plans that remain in the demonstration (4.3.4.6).
- Added details on the terms of Medicare capitation reconciliation (4.5).