

New York Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD)

Summary of Changes to the Three-Way Contract

The three-way contract was re-executed with an effective date of January 1, 2018, with the following changes:

- Made revisions throughout to reflect the new Medicaid managed care regulations, including updating citations and adding 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:
 - Updated state definitions for the Office for Persons with Developmental Disabilities (OPWDD) services and the Money Follows the Person program,
 - Clarified home care worker wage parity provisions (2.7.1.2), and
 - Made technical corrections related to covered benefits, including what services are covered, what services are waiver services, and also adding newly covered services (Appendix A).
- Changed the requirements for what type of professional can conduct the Comprehensive Service Planning Assessment (CSPA) to allow licensed professionals other than RNs to conduct the assessments (1.31, 2.6.2).
- Added a requirement that the FIDA-IDD plan provide providers who are identified as serving newly enrolled FIDA-IDD participants a communication, within 30 days of when the participant joins the plan, informing them that the participant has just enrolled with the FIDA-IDD plan. The FIDA-IDD plan must also now communicate the contact information for a member's care manager to providers (2.5.2.5).
- Updated flexibilities for provider and pharmacy directories (2.7.1.22), removed requirements that plans include provider license number information (NPIs) in directories (formerly 2.15.6.1.15 and 2.15.6.1.17), updated marketing guidance, and clarified permissible marketing activities (2.15.1.1.4).
- Added clarification related to notifying participants when there is a formulary change (2.15.5.51).
- Clarified the policy for out-of network-reimbursement (2.6.6.14) and payments to non-participating providers (2.6.6.20).
- Added additional detail related to a FIDA-IDD plan's request to involuntarily disenroll a member (3.2.1.2.1.16).
- Updated the written translation requirements (1.155). New translation requirements mean the FIDA-IDD plan must translate certain notices into 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.
- Clarified information related to the ADA Accessibility Attestation Form, including the goal of having providers complete the ADA Accessibility Attestation Form to identify which accessibility features their location(s) offer so that plan can include that information in their Pharmacy and Provider Directory (2.7.1.16.2).
- Specified a timeframe for approving and providing services or items after a coverage decision is made (2.13.3.1.12) and clarified the appeals process for non-participating providers (2.13.1.1.1.1).
- Updated information on quality withhold measures (4.4.4.6).
- Added details related to Medical Loss Ratios (MLR) (4.3.3).
- Added details related to final Medicare reconciliation payment and settlement policy (4.6).