

## “Managed” Fee-for-Service (FFS) The Wrong Prescription for Vulnerable New Yorkers

S.2332-A (Rivera)/A.2018-A (Paulin) – Replacing the State’s Managed Long-Term Care (MLTC) Program with “Managed” Fee-for-Service (FFS) will eliminate options and disrupt care for nearly 290,000 low-income, vulnerable elderly and disabled New Yorkers, and will not produce the savings advocates claim.

### The FFS proposal will take away options that are working for seniors and the disabled

- **Comprehensive and Coordinated Support for Vulnerable New Yorkers.** MLTC plans provide much more than just personal care or consumer directed care. Through coordinated and tailored care management, MLTC plans provide a range of services and supports to meet the unique needs of each member, helping to keep vulnerable individuals healthy and living in their communities. MLTC enrollees have trusted – and often longstanding – relationships with their MLTC care managers, which would be lost under this ill-conceived proposal.
- **High Member Satisfaction.** Eligible individuals are able to choose their MLTC and can switch plans if they are unhappy with their care. MLTC plans receive high marks for satisfaction. DOH’s 2023 Managed Long-Term Care Member Satisfaction survey found that 85% of plan respondents rated their health plan as good or excellent, 89% rated the quality of care of their care manager as good or excellent, and 86% rated the helpfulness of their plan in managing their illness as good or excellent.

85%

Members rated their plan as good or excellent

88.7%

Members rated their care manager as good or excellent

86.1%

Members rated the helpfulness of their plan as good or excellent

### The FFS proposal will damage the quality of care

- **High Quality of Care for MLTC Members.** Plans are measured on multiple quality measures each year, with data made publicly available. According to DOH’s 2023 Managed Long-Term Care Report, plans received high marks in keeping members healthy, including high flu and pneumococcal vaccination rates and preventing injuries due to falls. Plans have made significant investments to ensure members receive the care they need and the quality of care has improved under the MLTC structure. The FFS proposal would eliminate those investments and infrastructure.

78%

of enrollees received the recommended annual influenza vaccination

80%

of enrollees received the recommended annual Pneumococcal vaccination

93%

of enrollees had no falls that resulted in major or minor injury in the past 90 days

After the disruption caused by the transition to the single state-wide fiscal intermediary, it would be destabilizing to vulnerable individuals to eliminate a popular and cost-effective program only to serve the advocates’ special interests.

## The FFS proposal's savings are seriously flawed

- **Plan margins assumed are grossly overestimated.** Advocates' projected savings cherry-picks data to misrepresent the reality of MLTC plan margins. "Profits" from 2021 that advocates point to were related to pandemic policies that prohibited plans from disenrolling members when they received no services. The State recouped these funds through its Medical Loss Ratio (MLR) policy, which places a cap on plan profits. **In actuality, plan margins were limited to 1% in 2020-21.**
- **The prior fee-for-service structure led to unchecked cost growth,** no oversight of provider fraud and no coordination of care for vulnerable individuals. A data analysis from 2024 demonstrated that the proposal to eliminate MLTC was flawed. Instead of saving money **it would cost from \$3 billion to over \$4 billion per year** and the alternative model of care proposed by the advocates was a failure that provided almost no care management in another state.

## How MLTC Plans Support Patients

While personal care and CDPAS are the largest part of the benefit, there are a number of additional supportive services and benefits that are part of the program that plans provide to coordinate care for members. Currently, MLTCs provide the following services, that a FFS structure will not.

*Services include:*

- Care Management
- Nursing Home Care
- Home Care
  - Nursing
  - Home Health Aide
  - Physical Therapy (PT)
  - Occupational Therapy (OT)
  - Speech Pathology (SP)
  - Medical Social Services
  - Adult Day Health
- Personal Care
- Durable Medical Equipment
- Personal Emergency Response System
- Non-emergent Transportation
- Podiatry
- Dentistry
- Optometry
- PT, OT, SP in a setting other than home
- Audiology/Hearing Aids
- Respiratory Therapy
- Nutrition
- Private Duty Nursing
- Consumer Directed Personal Care Services
- Community First Choice Option Services
- Home Delivered or Congregate Meals
- Social Day Care
- Social and Environmental Supports

**S.2332-A/A.2018-A:** *• Takes Choices Away from Patients*  
*• Will Harm the Quality of Care*  
*• The Savings Don't Add Up*

**OPPOSE** S.2332-A/A.2018-A