

Medicaid

Medicaid Matters New York

Matters

2017 Policy and Budget Priorities

New York State has made tremendous strides to improve its Medicaid program, while also reigning in spending. At this time of uncertainty, with state budget projections coming in lower than expected, as well as a new federal administration and members of Congress threatening to dramatically change the Medicaid program as we know it, New York must stay committed to protecting its Medicaid program, the people it serves and the providers that serve them.

MMNY suggests that this should include a reexamination of the Medicaid global spending cap. State officials report that the global cap has been successful at keeping costs down, but advocates and others contend that modest investments and program updates that would make significant improvements to the program while also lending to future savings have been avoided due to the global cap. In addition, during this time of uncertainty about what may be proposed out of Washington, New York will need as much flexibility as possible to remain committed to protecting its Medicaid program.

In addition to reexamination of the Medicaid global spending cap, MMNY presents the following policy and budget priorities for 2017:

Delivery System Reform Incentive Payment (DSRIP) program

- Release more-detailed DSRIP data to enhance transparency and accountability.
- Require Performing Provider Systems (PPS) to invest in community-based services. The State should advocate with CMS to reinvest in CBOs from unspent PPS funds.
- Allocate 5% of DSRIP funds in DSRIP Years 3 through 5 for the creation of a DSRIP Innovation Fund for the implementation of projects proposed and undertaken by local community groups as an integral component of each PPSs' focus and strategy.
- Establish metrics that capture community-based capacity, as well as measurement of what transformation means to communities.

Medicaid Managed Care

- Require plans to make clear to consumers who their point of contact is and who is responsible for their care coordination.
- Revise the Managed Care Bill of Rights to reflect the expansion of managed care, the many models of care coordination now in place, and the move to Value Based Payment to enhance consumer understanding of their rights.

Managed Long Term Care

- Increase monitoring of MLTC plans by collecting and publishing detailed data on authorized hours of services and changes over time, and plan-specific data on appeals and grievances with outcomes.
- Restore home care that has been unlawfully reduced, including for people who agreed to accept reductions that were not legally justified.

- Reduce unnecessary redaction of hearings posted online to promote oversight and public accountability, and make sure decisions include clear information on the status of aid continuing and the type of plan involved.
- Establish a high-needs community rate cell to allow MLTC plans to promote community integration by keeping people in their homes rather than placing them in nursing homes.
- Ensure independent person-centered planning is provided by organizations independent of managed care plans.

Access to services

- Remove the 20-visit cap on physical therapy, occupational therapy and speech therapy.
- Address the long term care workforce shortage and the impact of the increased labor costs due to new wage and labor requirements, such as the minimum wage, by setting a standard based on objective criteria to ensure that total compensation (including wages and benefits) and other worker supports are appropriate to recruit and retain a sufficient and qualified workforce across the state.
- Address the lack of non-hospital, non-institutional services by investing in community-based services across all sectors.
- Increase the uncompensated care pool for community health centers and other comprehensive community-based clinics.
- Allocate a minimum of 25% of any healthcare transformation capital funding to community based healthcare providers to support ongoing participation in transformation efforts.
- Improve children's and families' access to behavioral health services by boosting reimbursement rates for these services and building capacity among child-serving behavioral health providers.

Public coverage for immigrants

- Identify means to preserve coverage for all immigrants currently eligible for insurance through a range of possible mechanisms.
- Explore mechanisms to provide health insurance coverage to all New Yorkers, regardless of immigration status.

Funding for consumer assistance programs

- Continue to fund Community Health Advocate (CHA) and the Independent Consumer Advocacy Network (ICAN).
- Expand ICAN to be able to provide services to people transitioning to new models of care management.