

Medicaid

Medicaid Matters New York

Matters

2019 Policy and Budget Priorities

Through payment and delivery system reform and other initiatives, New York State has made tremendous strides to improve its Medicaid program, while also reigning in spending. However, these major initiatives have not been without harm to consumers and communities across the state. State budget projections are uncertain; there are threats at the federal level to dramatically change the Medicaid program as we know it; and a single payer health system may be on the horizon. New York must stay committed to protecting its Medicaid program, the people it serves and the providers that serve them.

Medicaid Matters New York presents a vision for what New York can achieve in 2019 in the interest of Medicaid consumers through the following policy and budget priorities:

Deliver on the promise of “Care Management for All.” Inherent in the mandatory enrollment of the people previously exempt or excluded from managed care is the promise that care management will improve care and outcomes while restraining Medicaid spending. The state must do a better job of monitoring the managed care industry to ensure people and their rights are protected in the push to find efficiencies to the program. MMNY remains most concerned about how the transition to managed care has impacted or will soon impact the most vulnerable New Yorkers, including people with behavioral health needs, children transitioning to new services, and people with intellectual/developmental disabilities transitioning to a managed care model.

Guarantee home care and personal care for all who need it. For too long, consumers and their advocates have faced tremendous barriers accessing home care and personal care through Managed Long Term Care. In addition, the state has proposed changes to MLTC that are antithetical to the *Olmstead* decision and its own *Olmstead* plan. The workforce shortage must be addressed to guarantee people will be able to live independently in their own homes.

Provide insurance coverage for New Yorkers who remain uninsured. The state should allocate \$542 million to create a state-funded Essential Plan for anyone up to 200% of the federal poverty level, regardless of immigration status. This would include immigrants who will be losing their Temporary Protected Status and therefore their current health insurance eligibility, as well as other immigrants who are currently not eligible for insurance. Given potential changes to public charge regulations at the federal level, which will impact the number of immigrants enrolling in federally-funded benefit programs, the state should continue its commitment to ensuring that all immigrants are eligible for health insurance if their income is below 200% of the FPL.

Encourage CBO engagement in Value Based Payment to help address social determinants of health. Because we know community-based organizations will be key in reaching the anticipated outcomes of delivery system and payment reform, the State has begun to implement specific requirements in VBP arrangements and has invested in regional

planning efforts to encourage CBO collaboration and capacity to engage a value-based system. These efforts must be continued and enhanced to ensure success and eventually promote health equity in communities across the state.

Protect and fund community-based providers and safety-net facilities that serve low-income, medically-underserved people in communities across the state. Support for community-based primary care, behavioral health, substance use disorder and family planning providers ensures access to high-quality health care in the community and reduces reliance on more costly forms of care, such as hospital emergency rooms. The State must provide community-based safety-net providers equitable access to needed capital dollars to expand and sustain their services and are adequately compensated for the care they provide to all New Yorkers, including the uninsured.

Preserve and expand consumer assistance programs to ensure they can provide a full range of assistance and advocacy. In the face of continued changes to the Medicaid program, the state must adequately fund consumer assistance programs to assist people in understanding and upholding their rights under various public programs, including Medicaid, and to advocate for these rights in all venues. New York State has been a leader in supporting consumer assistance for low-income people and people who rely on Medicaid for their needed services. However, funding levels are often inadequate. The State can address this by increasing the state share of LTC Ombudsman Program funding to \$3 million, and by committing state-only dollars for fair hearing representation through ICAN or the Community Health Advocates program.