



**Redesigning**  
THE MEDICAID PROGRAM

**NEW YORK**  
state department of  
**HEALTH**

# Potential Functions for the State to Assume in 2012-13

*Work Group on State/Local Responsibilities*

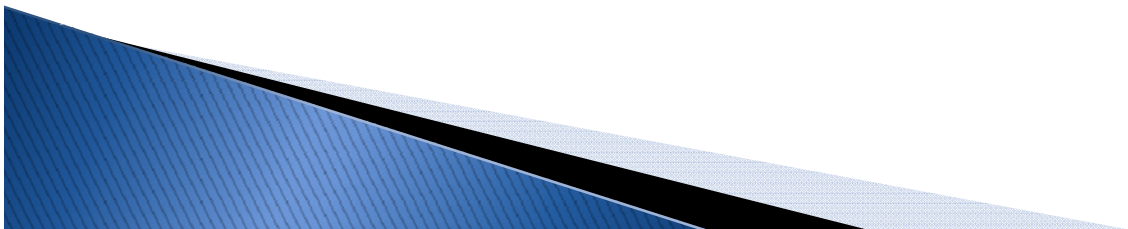
*February 21, 2012*

# Revised Work Group Charge

Begin to develop a work plan for State administration consistent with the MRT Work Group recommendations and guiding principles on centralization and streamlining.

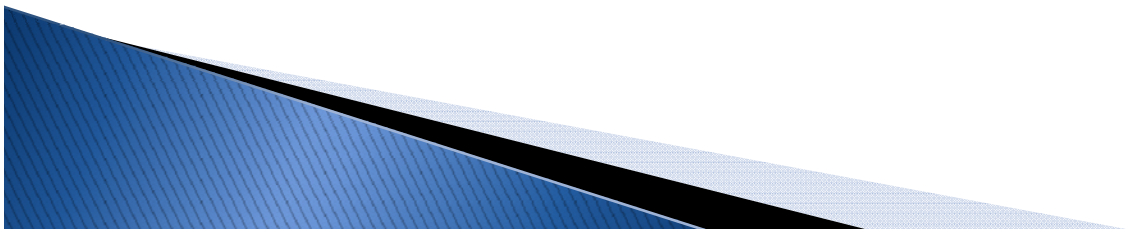
Identify and prioritize functions that can be streamlined or assumed by the State over the next two years that will provide meaningful workload relief and mitigate risk to the counties while ensuring access to programs and services for consumers.

Identify and prioritize functions that will remain to be assumed by the State after the initial two years of workload transfer, clarifying which functions will remain with counties.



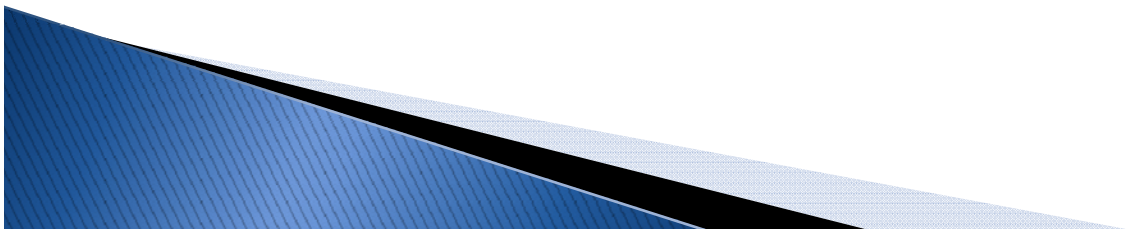
# Guiding Principles

- ✓ Recognize that implementation of the ACA is a state responsibility.
- ✓ Maximize gains in coverage and reduce the number of uninsured.
- ✓ Demand robust performance accountability for customer service.
- ✓ Maximize automation so more time can be spent with vulnerable populations.



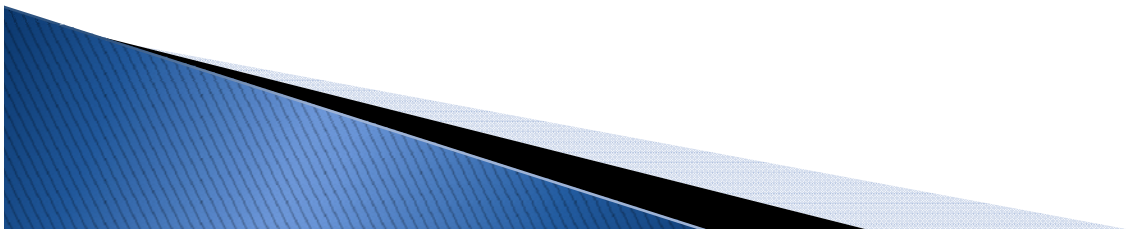
# Guiding Principles

- ✓ Create a cost-effective administrative approach that improves the consumer experience.
- ✓ Promote uniformity and consistency in eligibility and enrollment.
- ✓ Ensure program integrity.
- ✓ Involve stakeholders.
- ✓ Develop a plan for phased implementation that minimizes disruptions during the transition.



# Categories of Functions the State Can Assume in 2012-13

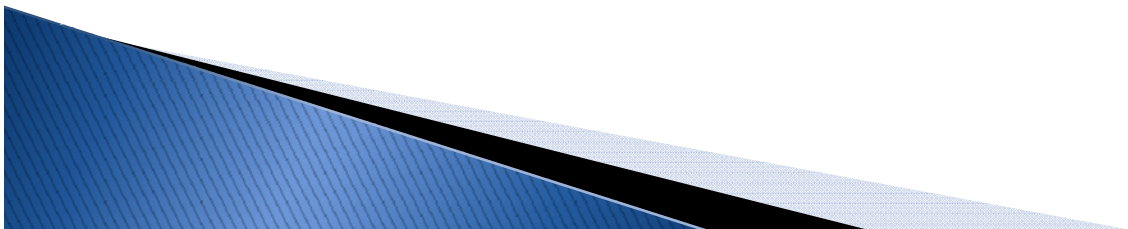
- ▶ Functions with Opportunities for Increased Automation
- ▶ Functions Requiring Specialized Expertise
- ▶ New Applications
- ▶ Certain “Undercare” Situations – Changes that Affect Eligibility or Issues Arising During Enrollment
- ▶ Other



# Ideas for Functions the State Can Assume in 2012-13

## ▶ Functions with Opportunities for Increased Automation

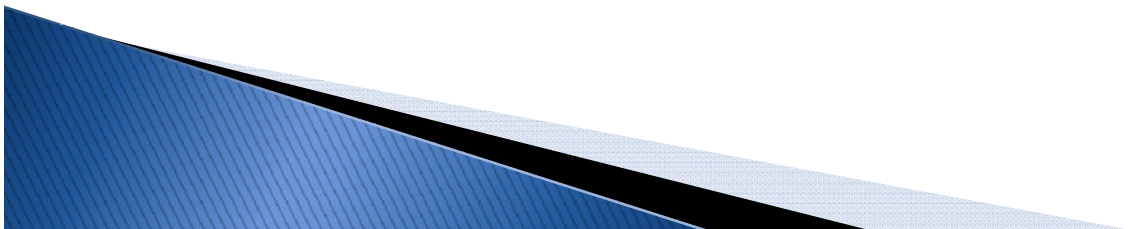
- Automate the use of provider bills to determine when spend down has been reached.
- Automate processing of Medicare Savings Program renewals and applications, including MIPPA.
- Expand number of counties for which the Enrollment Center processes renewals.



# Ideas for Functions the State Can Assume in 2012-13

## ▶ **Functions Requiring Specialized Expertise**

- Centralize third party health insurance evaluation and reimbursement.
- Expand counties for which the State conducts disability determinations.
- Require use of Enrollment Broker in all counties and fund costs not included in the administrative cap.



# Ideas for Functions the State Can Assume in 2012-13

## ▶ Process New Applications

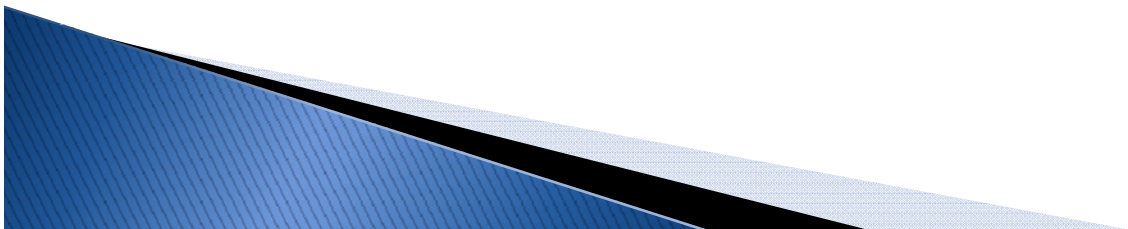
- Family Planning Benefit Program Applications.
- Evaluate eligibility for coverage for inmates at release.
- Conduct separate determinations for Medicaid for ineligible Cash Assistance applicants.
- Medicaid/Family Health Plus Applications submitted by Facilitated Enrollers (not likely for 2012-13)



# Ideas for Functions the State Can Assume in 2012-13

## ▶ Handle Certain “Undercare” Scenarios

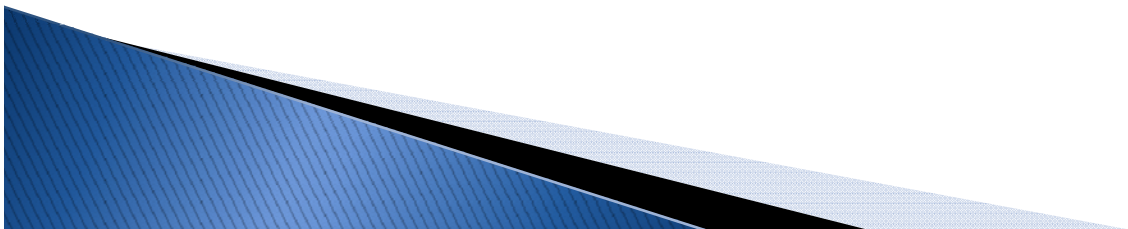
- Reconcile results of electronic matches (e.g., SSN, Citizenship, Death Certificate)
- Call Center Consolidation for provider issues
- Card Replacement
- MA-SSI Cash Cases



# Ideas for Functions the State Can Assume in 2012-13

## ▶ Other

- Eliminate/Streamline Maintenance Requirements.
- Accelerate Transportation Management.



# Criteria for Prioritization

- ▶ Provide meaningful work load relief to counties.
- ▶ Will not be disruptive to program participants.
- ▶ Can be implemented in a timely fashion.
- ▶ Brings greater efficiency to the function.
- ▶ Investment of resources to implement does not outweigh benefits of centralization.
- ▶ Consistent and in alignment with the Affordable Care Act.

