

**Redesigning**  
THE MEDICAID PROGRAM



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



# New York Medicaid Program MRT Health Disparities Work Group

October 3, 2011



# Finalizing and Reporting to the Full MRT

- ▶ Timeline:
  - **September 30:** *Deadline for additional recommendations*
  - **October 5:** *Full MRT Meeting*
  - **October 7:** *Complete process for prioritizing recommendations*
  - **October 12:** *Final Health Disparities Workgroup Meeting*
  - **November 1:** *Final Proposals to be Submitted*

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# **MRT Proposals to Redesign New York State Medicaid MRT Health Disparities Work Group**



# Systemic Reform and Access to Health Services

- ▶ **SYSTEMS 1. MRT PROPOSAL:** Charity Care in New York State – Ensure that that the pool distribution becomes more equitable and charity care dollars follow uninsured patients.
- ▶ **SYSTEMS 2. MRT PROPOSAL:** Charity Care and Medicaid: Change Medicaid reimbursement to recognize high volume Medicaid providers.
- ▶ **SYSTEMS 3. MRT PROPOSAL:** Integrate Medicaid enrollment in correctional discharge planning by submitting applications prior to release through a statewide enrollment center
- ▶ **SYSTEMS 4. MRT PROPOSAL:** Address disparities in care at NY Academic Medical Centers.
- ▶ **SYSTEMS 5. MRT PROPOSAL** Implement community –based pay for performance to create incentives to providers to reduce unnecessary hospital admissions and readmissions (87)



# Systemic Reform and Access to Health Services

- ▶ **SYSTEMS 6. MRT PROPOSAL:** Eliminate co-pays for some preventive services. (The ACA provides 1% additional FFP to states that eliminate co-payments for select preventive services; the FFP increase partially offsets the co-pay loss.) (65).
- ▶ **SYSTEMS 7 MRT PROPOSAL:** Support education and use of incentives (including differential co-pays) to encourage appropriate and effective use of urgent and primary care rather than emergency care (108 and 112)
- ▶ **SYSTEMS 8. MRT PROPOSAL:** Support conversion/establishment of urgent care centers by developing a rate of payment for free-standing emergency services clinics (135)
- ▶ **SYSTEMS 9. MRT PROPOSAL:** Restructure Medicaid Managed Care Rates and incentives to reduce preventable hospitalizations – utilize rate setting, changes, and performance indicators and shared savings.
- ▶ **SYSTEMS 10. MRT PROPOSAL:** Require that information be provided to all managed care enrollees on coverage denials and how to access carved-out services (99)



# Language Access

- ▶ **Language MRT PROPOSAL:** Provide enhanced reimbursement for Medical Language Interpreting Services.



# Persons Living With Mental Illness

- ▶ **MH1. MRT PROPOSAL:** Medicaid coverage of Nicotine Replacement Treatment for Persons with Serious Mental Illness from 6 months to 12 months. (251)
- ▶ **MH2. MRT PROPOSAL:** Develop comprehensive community health teams, combining case management, medical care and mental health services. (15)
- ▶ **MH3. MRT PROPOSAL:** Youth in transition with psychiatric disabilities cross across all systems of care including foster care, school populations that have youth with SED diagnosis and the juvenile justice population. Points of intervention must be developed to work with this population to insure that those youth with psychiatric disabilities do not end up homeless or in the criminal justice system. Those points of intervention should include youth drop in centers run by peers that integrate employment, education, vocational services, GED education and other necessary skills that will provide links to the community.
- ▶ **MH4. MRT PROPOSAL:** Make mental health screenings part of the routine check up with primary care and provide a variety of appropriate cultural responses
- ▶ **MH5. MRT PROPOSAL:** Loan forgiveness programs for MSWs, Nurses, Psychologists, and Psychiatrists working in low income communities
- ▶ **MH6. MRT PROPOSAL:** Provide suicide prevention training material that is germane to various ethnic populations that are at highest risk of suicide attempts.



# Persons Living With Mental Illness

- ▶ **MH7. MRT PROPOSAL:** Public Service Announcements that target the stigma of mental illness and that recognize cultural diversity.
- ▶ **MH8. MRT PROPOSAL:** Insure that medical and nursing school curriculums are provided with the most up to date information about mental health recovery services
- ▶ **MH9. MRT PROPOSAL:** Provide a wide variety of housing options for individuals with psychiatric disabilities that are inclusive of the culturally diverse needs of these individuals
- ▶ **MH10. MRT PROPOSAL:** Provide suicide prevention training material that is germane to various ethnic populations that are at highest risk of suicide attempts.
- ▶ **MH11. MRT PROPOSAL:** Develop comprehensive community health teams, combining case management, medical care and mental health services. (15)
- ▶ **MH12. MRT PROPOSAL:** Family psycho education should become a Medicaid-able service. It is regarded as an evidenced based best practice in mental health and have served as a valued added tool for family members of individuals with psychiatric disabilities. In addition, there should be information for families that reflects language and cultural differences.





# Safety Net Provider Stability

**SAFETY NET MRT PROPOSAL:** Create and deploy a permanent, revolving Primary Care Capital Access Fund. (124)



# Persons with Disabilities

- ▶ **PWD 1. MRT PROPOSAL:** Promote Medicaid polices that reduce barriers and increase access though more efficient use of existing models and resources.
- ▶ **PWD 2 . MRT PROPOSAL:** Provide Medicaid coverage or incentives for participation in community-based delivery of the evidence-based *Living Well with a Disability* program.
- ▶ **PWD 3. MRT PROPOSAL:** Enhance data collection, health homes and other models of care for persons with disabilities.
- ▶ **PWD4. MRT PROPOSAL:** Disability Competency Training for NYS' Health Care Workforce to increase access to care and reduce disparities experienced by people with disabilities.

# Persons with Disabilities

- ▶ **PWD 5. MRT PROPOSAL:** Eliminating disparities based on disabilities
- ▶ **PWD 6. MRT PROPOSAL:** The CON process and any award of State or federally supported or contracts or funding related to medical facilities or models for organizing and delivering care (such as Health Homes, Medical Homes, Managed Long-term Care, Managed Care, ACOs) will require a detailed review of facilities to determine compliance with ADAAG and other guidelines
- ▶ **PWD 7. MRT PROPOSAL:** All CON applicants must demonstrate the capacity to use EHR to accurately collect information regarding disabilities, functional limitations, and related accommodations required in both inpatient and out-patient settings.
- ▶ **PWD8. MRT PROPOSAL:** Public health initiatives have to be developed through a participatory process that includes disability community representation.



# Maternal, Infant, and Child Health

**M 1. MRT PROPOSAL:** Accelerate MA-eligible pregnant women's enrollment in Medicaid managed care. (1)

**M 2. MRT PROPOSAL:** Continued MA eligibility/coverage for high-risk women following a pregnancy. (260)

**M 3. MRT PROPOSAL:** Ensure access to effective contraception and other family planning services for all women of reproductive age – Medicaid eligible women as well as women covered by other third party-payers. (180)

**M 4. MRT PROPOSAL:** Provide Medicaid coverage for a dedicated preconception visit for all women and adolescents of reproductive age, particularly those women and teens with chronic health conditions that have high potential for adverse impact on a pregnancy. (63)

**M 5. MRT PROPOSAL:** Provide Medicaid coverage of breastfeeding education and lactation counseling during pregnancy and in the postpartum period and financial incentives to hospitals that provide breastfeeding support (as recommended by the World Health Organization; i.e. have been certified by "Baby Friendly USA, Inc.").



# Maternal, Infant, and Child Health

- ▶ **M6. MRT PROPOSAL:** Medicaid Reimbursement for Services of Certified Lactation Consultants.
- ▶ **M7. MRT PROPOSAL:** Medicaid Reimbursement of Nurse Family Partnership Services.
- ▶ **M8. MRT PROPOSAL:** Enhance School-Based Health Services. (119)
- ▶ **M9. MRT PROPOSAL:** Permit licensed home care services agencies to bill Medicaid on a fee-for-service visit.
- ▶ **M10. MRT PROPOSAL:** Medicaid Coverage of Doula care.
- ▶ **M11. MRT PROPOSAL:** Enhance Coordinate of Medical Foods Provided To Children with Special Medical Need Who Are In Receipt of WIC and Medicaid Services (10)



# Maternal, Infant, and Child Health

- ▶ **M12. MRT PROPOSAL:** Reform delivery and reimbursement of Medicaid services to foster care children. (177)
- ▶ **M13. MRT PROPOSAL:** Medicaid coverage of environmental investigations and care coordination for lead-poisoned children.
- ▶ **M 14 MRT PROPOSAL:** Coordinating Service Delivery - among and between community-based social health organizations (CBHOs) and clinical providers using Health Information Technology (HIT) ; and , uniform screening criteria for perinatal risks
- ▶ **M15 MRT PROPOSAL:** Comprehensive and Preventive Treatment of Uterine Fibroids



# Disease-Specific Proposals to Address Identified Disparities

- ▶ **DS1. MRT PROPOSAL:** Medicaid Coverage for Obesity Counseling/Diabetes Prevention Services. (181)
- ▶ **DS2. MRT PROPOSAL:** Home-based, environmental assessment and intervention for New Yorkers with poorly controlled asthma.
- ▶ **DS3. MRT PROPOSALS:** Medicaid Coverage of Community Health Workers for Chronic Disease Prevention and Control. (179)
- ▶ **DS4. MRT PROPOSAL:** Medicaid Coverage of Chronic Disease Self-Management Programs (CDSMP) for individuals with one or more chronic health conditions.



# Disease-Specific Proposals to Address Identified Disparities

- ▶ **DS5. MRT PROPSAL:** Increase Medicaid Payment for Vaccine Administration. (74)
- ▶ **DS6. MRT PROPOSAL:** Medicaid Reimbursement for automated blood pressure cuffs.
- ▶ **DS7. MRT PROPOSAL:** Reimbursement for smoking cessation counseling and treatment provided by dentists and pharmacists.
- ▶ **DS8. MRT PROPOSAL:** Dental Care Reimbursement reform. (11)
- ▶ **DS9 MRT PROPOSAL:** Medicaid coverage of Water Fluoridation.
- ▶ **DS10. MRT PROPOSAL:** Continuum of Care Management for Persons with Rare Genetic Disorders. (28)





# Smoking Cessation Proposals

- ▶ Cover all seven first line tobacco use cessation medications and remove annual and lifetime limits on duration and frequency of use.
- ▶ Allow dentists to be reimbursed for counseling services.
- ▶ Allow pharmacists to be reimbursed for counseling services.
- ▶ Eliminate co-pays and prior authorization requirements.
- ▶ Remove barriers to access by eliminating the requirement that Medicaid recipients must obtain a fiscal order to receive over-the-counter cessation treatments, such as nicotine gum.
- ▶ Encourage beneficiaries to consult their caregivers to determine which treatment option, or combination of options, is best.
- ▶ Support an increase in funding for the NYS Department of Health's tobacco control program.
- ▶ Make the smoking cessation benefit easier to access for Medicaid beneficiaries; such as creating an easy-to-find and understand webpage about the benefit, and/ or including information on the benefit in materials given to Medicaid enrollees.
- ▶ Require that Medicaid Managed Care Plans promote the tobacco cessation benefits and hold plans accountable for bringing down smoking rates.



# Next Steps

## Review of All Proposals

- *Comprehensiveness/Anything missing?*
- *Clarity*
- *Comments?*

## Prioritizing Proposals



# Prioritizing Proposals:

## Each Proposal will be scored on 4 metrics:

- ▶ *Cost: Financial impact*
- ▶ *Quality: Efficiency; Benefits and Risks*
- ▶ *Efficiency or Ease of implementation*
- ▶ *Overall impact: Impacted Populations*



# Cost

Cost will be scored on a scale of -1, 0, 1, 2, 3.

- ▶ Proposals that will cost money in the next FY should be scored "-1"
- ▶ Proposals that are cost neutral should be scored "0"
- ▶ Proposals that would save up to \$10M should be scored "1"
- ▶ Proposals that would save between \$10M and \$50M should be scored "2"
- ▶ Proposals that would save over \$50M should be scored "3"



# Quality

Quality will be scored on a scale -1, 0, 1, 2, 3

- ▶ Proposals that will decrease the quality of care for Medicaid enrollees should be scored "-1"
- ▶ Proposals that will have no effect quality should be scored "0"
- ▶ Proposals that will slightly improve quality should be scored "1"
- ▶ Proposals that will create infrastructure to improve quality should be scored "2"
- ▶ Proposals that create systems to improve quality and will significantly improve quality of care should be scored "3"



# Efficiency

Efficiency will be scored on a scale -1, 0, 1, 2, 3

- ▶ Proposals that will decrease efficiency should be scored "-1"
- ▶ Proposals that will have no effect on efficiency should be scored "0"
- ▶ Proposals that will slightly improve efficiency should be scored "1"
- ▶ Proposals that will moderately improve efficiency should be scored "2"
- ▶ Proposals that will significantly improve efficiency should be scored "3"



# Overall Impact

- ▶ Proposals that will have a negative impact on the Medicaid program should be scored "-1"
- ▶ Proposals that will have no impact on the Medicaid program should be scored "0"
- ▶ Proposals that will have slight impact on the Medicaid program should be scored "1"
- ▶ Proposals that will have moderate impact on the Medicaid program should be scored "2"
- ▶ Proposals that will significantly impact the Medicaid program should be scored "3"



# Process

- ▶ MRT Members will be provided an excel spreadsheet to record scores for each of the four metrics for each proposal.
- ▶ MRT members will have until COB October 7th, 2011 to complete and submit their forms to Hope Plavin ([hap01@health.state.ny.us](mailto:hap01@health.state.ny.us))
- ▶ At the October 12 meeting members will receive a summary of the workgroup scoring.





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