

Redesigning
THE MEDICAID PROGRAM



NEW YORK
state department of
HEALTH



New York Medicaid Program MRT Health Disparities Work Group

September 16, 2011



MRT Overview/Charge

- The Team shall engage Medicaid program stakeholders for the purpose of conducting a comprehensive review of and making recommendations regarding the Medicaid program. *(Executive Order #5)*
- The Recommendations shall include specific cost saving and quality improvement measures for redesigning the Medicaid program to meet specific budget reductions for Medicaid spending. *(Executive Order #5)*



MRT Health Disparities Workgroup – Revised Charge

- ▶ This work group will advise the Department of Health (DOH) on initiatives, including establishment of reimbursement rates, to support providers' efforts to offer culturally competent care and undertake measures to address health disparities based on race, ethnicity, gender, age, disability, sexual orientation and gender expression.
- ▶ The work group will also advise DOH about incorporating interpretation and translation services to patients with limited English proficiency and who are hearing impaired.
- ▶ This workgroup will advise DOH about data collection efforts related to health disparities including advice to ensure consistency with Federal Requirements as defined under section 4302 of the Affordable Care Act.
- ▶ This workgroup will advise DOH about use of a Disparities Impact Assessment to evaluate all MRT recommendations.



MRT Health Disparities Workgroup – Revised Charge

- ▶ The work group will also address health disparities among people with disabilities, including people with psychiatric disabilities and substance use disorders, and their need for equal access to primary and preventive health care services.
- ▶ The work group will explore issues related to charity care and the uninsured.
- ▶ Work group membership will include individuals from a range of racial and ethnic groups and community-based organizations with experience serving them; the New York City Health and Hospitals Corporation; other safety net providers; community-based immigrant groups; and legal services representatives.
- ▶ This work is related to MRT recommendation # 990, Explore the Establishment of Reimbursement Rates to Support Efforts to Address Health Disparities.



Finalizing and Reporting to the Full MRT

▶ Timeline:

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



MRT Workgroup Report Template

- ▶ Recommendation Number:
- ▶ Recommendation Short Name:
- ▶ Program Area:
- ▶ Implementation Complexity:
- ▶ Implementation Timeline:
- ▶ Required Approvals:
 - Administrative Action
 - Statutory Change
 - State Plan Amendment □ Federal Waiver

- ▶ Proposal Description:
- ▶ Financial Impact:
- ▶ Benefits of Recommendation:
- ▶ Concerns with Recommendation:
- ▶ Impacted Stakeholders:



Key Resources

- ▶ Agency for Healthcare Research and Quality. *National Healthcare Disparities Report, 2010*. <http://www.ahrq.gov/qual/qdr10.htm>
- ▶ Agency for Healthcare Research and Quality: *New York Dashboard on Health Care Quality Compared to All States - 2010*. <http://statesnapshots.ahrq.gov/snaps10/dashboard.jsp?menuId=4&state=NY&level=0>
- ▶ *Assuring Health Equity for Minority Persons with Disabilities*. A STATEMENT OF PRINCIPLES AND RECOMMENDATIONS U.S. Department of Health and Human Services Advisory Committee on Minority Health (ACMH) <http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMHHealthDisparitiesReport.pdf>
- ▶ American Public Health Association. *Evaluating the Economic Causes and Consequences of Racial and Ethnic Health Disparities*, November 2008. http://www.apha.org/NR/rdonlyres/EF3D92F8-4758-4E49-85A1-D6EB8AD8CA89/0/Econ2_Disparities_Final.pdf
- ▶ Center for Disease Control and Prevention. *Morbidity and Mortality Weekly Report, January 14, 2011. CDC Health Disparities and Inequalities Report — United States, 2011* www.cdc.gov/mmwr/pdf/other/su6001.pdf
- ▶ Commonwealth Fund. *Racial and Ethnic Disparities in U.S. Health Care: A Chartbook*. March 13, 2008, Volume 27 . Authors: Holly Mead, Ph.D., Lara Cartwright-Smith, J.D., Karen Jones, M.S., Christal Ramos, Kristy Woods, M.D., M.P.H., and Bruce Siegel, M.D., M.P.H. <http://www.commonwealthfund.org/Publications/Chartbooks/2008/Mar/Racial-and-Ethnic-Disparities-in-U-S--Health-Care--A-Chartbook.aspx>

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

September 16, 2011



Data Collection/Metrics to Measure Disparities

- ▶ **2A. MRT PROPOSAL:** Affordable Care Act Disparities and Disabilities requirements should be evaluated to assure that the State is adhering to new definitions and standards
- ▶ **2B. MRT PROPOSAL:** Existing disparity and cultural competence measures (HEDIS, QUARR CON, National Quality Forum, PQI and Ambulatory Sensitive Conditions data) must be reviewed for appropriateness
- ▶ **2C. MRT PROPOSAL:** Provide funding to support data analyses and research, working with internal and external partners, to promote programs and policies that address health disparities; improve quality and promote appropriate and effective utilization of services.
- ▶ **2D. MRT PROPOSAL:** Provide funding to support the integration and analysis of child health data (Medicaid and public health) to better identify, understand and address health disparities among children. (26 and 27)



Health Disparities Data Collection

The Affordable Care Act and Health Disparities Data Collection:

- ▶ The Affordable Care Act invests in the improvement of health data collection and analysis strategy.
- ▶ Section 4302 of the Affordable Care Act contains provisions to strengthen federal data collection efforts by requiring that all national federal data collection efforts collect information on race, ethnicity, sex, primary language, and disability status.
- ▶ The law also provides HHS the opportunity to collect additional demographic data to further improve our understanding of healthcare disparities.



The Affordable Care Act and Health Disparities Data Collection

The following criteria guided development of ACA data standards:

- ▶ Standards would be evidence-based and demonstrated to have worked well in practice for national survey data collection.
- ▶ Standards would represent a minimum data standard, with agencies permitted to collect as much additional detail as desired, provided that the additional detail could be aggregated back to the minimum standard.
- ▶ Standards mandated by Office of Management and Budget (OMB) would serve as the starting point for any data standard.
- ▶ Standards would be for population surveys of in which person-level data is collected via either self-report or from a respondent who serves as a knowledgeable household representative.



The Affordable Care Act and Health Disparities Data Collection

- ▶ **Race and Ethnicity** - The proposed standards for race and ethnicity build upon the OMB standard, adding the type of granularity for Asian and Latino populations that is used in the American Community Survey (ACS) and was used in the 2000 and 2010 Decennial Census. The data standard can be viewed online at:
<http://minorityhealth.hhs.gov/templates/content.aspx?lvl=2&lvlid=208&id=9000#Race>
- ▶ **Sex** - The proposed data standard for sex is male and female. The survey item can be viewed at
<http://minorityhealth.hhs.gov/templates/content.aspx?lvl=2&lvlid=208&id=9000#Sex>
- ▶ **Primary Language** - English proficiency is the minimum data standard proposed for the primary language data standard. The recommended question is used in the ACS. The data standard can be viewed at
<http://minorityhealth.hhs.gov/templates/content.aspx?lvl=2&lvlid=208&id=9000#Lang1>
 - Agencies would have the option of collecting data on the specific language spoken, using the questions used in the ACS. The data standard can be viewed online at:
<http://minorityhealth.hhs.gov/templates/content.aspx?lvl=2&lvlid=208&id=9000#Lang2>
- ▶ **Disability Status** - The six item set of questions used by on ACS and other major federal surveys to characterize functional disability is proposed as the minimum standard for collecting population survey data on disability. The question set was developed by a federal interagency committee and reflects how disability is conceptualized consistent with the International Classification of Functioning, Disability, and Health. The question set went through several rounds of cognitive testing and has been adopted in most major federal data collection systems. The data standard can be viewed online at:
<http://minorityhealth.hhs.gov/templates/content.aspx?lvl=2&lvlid=208&id=9000#Disability>



Proposed Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act

Proposed Data Standard for Ethnicity

Are you Hispanic, Latino, or Spanish origin

- a. *No, not of Hispanic, Latino, or Spanish origin*
- b. *Yes, Mexican, Mexican American, Chicano †*
- c. *Yes, Puerto Rican †*
- d. *Yes, Cuban †*
- e. *Yes, another Hispanic, Latino or Spanish Origin †*

† These categories roll-up to the Hispanic or Latino OMB category



Proposed Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act

Proposed Data Standard for Race	Categories
<p><i>What is your race?</i> <i>(One or more categories may be marked)</i></p> <p>a. <input type="checkbox"/> <i>White*</i></p> <p>b. <input type="checkbox"/> <i>Black or African American*</i></p> <p>c. <input type="checkbox"/> <i>American Indian or Alaska Native*</i></p>	<p>These categories are part of the OMB standard</p>
<p>d. <input type="checkbox"/> <i>Asian Indian**</i></p> <p>e. <input type="checkbox"/> <i>Chinese**</i></p> <p>f. <input type="checkbox"/> <i>Filipino**</i></p> <p>g. <input type="checkbox"/> <i>Japanese**</i></p> <p>h. <input type="checkbox"/> <i>Korean**</i></p> <p>i. <input type="checkbox"/> <i>Vietnamese**</i></p> <p>j. <input type="checkbox"/> <i>Other Asian**</i></p>	<p>These categories roll-up to the Asian OMB category</p>
<p>k. <input type="checkbox"/> <i>Native Hawaiian***</i></p> <p>l. <input type="checkbox"/> <i>Guamanian or Chamorro***</i></p> <p>m. <input type="checkbox"/> <i>Samoan**</i></p> <p>n. <input type="checkbox"/> <i>Other Pacific Islander***</i></p>	<p>These categories roll-up to the Native Hawaiian or Other Pacific Islander OMB category</p>

* These categories are part of the OMB standard

** These categories roll-up to the Asian OMB category

*** These categories roll-up to the Native Hawaiian or Other Pacific Islander OMB category



Proposed Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act

Proposed Data Standard for Sex

What is your sex?

a. Male

b. Female



Proposed Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act

Proposed Data Standard for Primary Language

How well do you speak English?

- a. *Very well*
- b. *Well*
- c. *Not well*
- d. *Not at all*

Proposed Data Collection for Spoken Language

Do you speak a language other than English at home?

- a. *Yes*
- b. *No*

*For persons speaking a language other than English (answering yes to the question above):
What is this language?*

- a. *Spanish*
- b. *Other Language (Identify)*



Proposed Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act

Proposed Data Standard for Disability Status

1. *Are you deaf or do you have serious difficulty hearing?*
 - a. Yes
 - b. No

2. *Are you blind or do you have serious difficulty seeing, even when wearing glasses?*
 - a. Yes
 - b. No

3. *Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)*
 - a. Yes
 - b. No

4. *Do you have serious difficulty walking or climbing stairs? (5 years old or older)*
 - a. Yes
 - b. No

5. *Do you have difficulty dressing or bathing? (5 years old or older)*
 - a. Yes
 - b. No

6. *Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years older or older)*
 - a. Yes
 - b. No



Disparities Impact Assessment

- ▶ **1A. MRT PROPOSAL:** Five steps the MRT should take to avoid policies that will have a disproportionately negative effect on the health of communities of color and individuals with disabilities.
- ▶ **1B. MRT PROPOSAL:** All MRT proposals should be evaluated in light of their ability to reduce disparities and enhance access; All MRT proposals must assure that actions address and seek to ameliorate disparities.



Race/Ethnicity of Health Home Populations- NYS CY 2010

Calendar Year 2010 Medicaid Populations
Identification of Complex Health Home Population

		Number of CY2010 Medicaid Recipients						
Population	Health Home Inclusion (Complex)	White	Black	Hispanic	Asian	Native		Grand Total
						American	Other	
Developmental Disabilities	Non Complex	31,905	9,308	8,477	1,131	142	7,497	58,460
	Complex	28,111	6,213	5,153	591	95	4,946	45,109
	Total	60,016	15,521	13,630	1,722	237	12,443	103,569
Long Term Care	Non Complex	35,471	10,739	11,482	3,830	156	7,186	68,864
	Complex	90,108	31,562	31,280	9,830	334	24,029	187,143
	Total	125,579	42,301	42,762	13,660	490	31,215	256,007
Mental Health / Substance Abuse	Non Complex	132,574	69,960	87,527	12,157	858	21,677	324,753
	Complex	169,937	87,309	106,616	14,592	1,059	32,467	411,980
	Total	302,511	157,269	194,143	26,749	1,917	54,144	736,733
All Other	Non Complex	1,157,680	906,530	1,243,180	463,933	15,772	354,619	4,141,714
	Complex	93,764	79,299	102,754	65,283	1,852	37,902	380,854
	Total	1,251,444	985,829	1,345,934	529,216	17,624	392,521	4,522,568
Grand Total	Non Complex	1,357,630	996,537	1,350,666	481,051	16,928	390,979	4,593,791
	Complex	381,920	204,383	245,803	90,296	3,340	99,344	1,025,086
	Total	1,739,550	1,200,920	1,596,469	571,347	20,268	490,323	5,618,877

		Row Percents						
Population	Health Home Inclusion (Complex)	White	Black	Hispanic	Asian	Native		Grand Total
						American	Other	
Developmental Disabilities	Non Complex	54.6	15.9	14.5	1.9	0.2	12.8	100.0
	Complex	62.3	13.8	11.4	1.3	0.2	11.0	100.0
	Total	57.9	15.0	13.2	1.7	0.2	12.0	100.0
Long Term Care	Non Complex	51.5	15.6	16.7	5.6	0.2	10.4	100.0
	Complex	48.1	16.9	16.7	5.3	0.2	12.8	100.0
	Total	49.1	16.5	16.7	5.3	0.2	12.2	100.0
Mental Health / Substance Abuse	Non Complex	40.8	21.5	27.0	3.7	0.3	6.7	100.0
	Complex	41.2	21.2	25.9	3.5	0.3	7.9	100.0
	Total	41.1	21.3	26.4	3.6	0.3	7.3	100.0
All Other	Non Complex	28.0	21.9	30.0	11.2	0.4	8.6	100.0
	Complex	24.6	20.8	27.0	17.1	0.5	10.0	100.0
	Total	27.7	21.8	29.8	11.7	0.4	8.7	100.0
Grand Total	Non Complex	29.6	21.7	29.4	10.5	0.4	8.5	100.0
	Complex	37.3	19.9	24.0	8.8	0.3	9.7	100.0
	Total	31.0	21.4	28.4	10.2	0.4	8.7	100.0



Health Homes

Initial Suggestions for Guiding Principles:

- ▶ Health home model must emphasize provisions intended to address and reduce disparities
- ▶ Care coordination is not a substitute for case management
- ▶ Health homes must emphasize primary prevention
- ▶ Health Homes must engage in local strategies and practices aimed at the problems and contributing factors as well as to make recommendations for macro-systemic change.



Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning

- ▶ **9A. MRT PROPOSAL:** Mandated Training on Sexual Orientation and Gender Identity and Expression in OASAS and OMH Licensed Programs.
- ▶ **9B. MRT PROPOSAL:** Enhanced Data Collection including data collection consistent with new federal requirements.
- ▶ **9C. MRT PROPOSAL:** Provide Medicaid coverage for transgender Surgery/Hormone Replacement Therapy and Treatment.



Chemically Dependent Individuals

10A. MRT PROPOSAL: Integrate HCV outreach, testing, care, treatment and supportive services into primary care settings including community health centers, HIV primary care clinics and substance use treatment programs.

10B. MRT PROPOSAL: Expanded Access to Syringes and Harm Reduction Therapy.

10C. MRT PROPOSAL: Upgraded Crisis Care Centers for Persons Who are Chemically Dependent



Homeless Persons

11A. MRT PROPOSAL: Medical Respite Care for Homeless Persons.

11B. MRT PROPOSAL: Improve Access to care by Utilizing Mobile Health Clinics. (205).



Persons with HIV (Sexual Health)

- ▶ **12A. MRT PROPOSAL:** Quality Standards in Managed Care for HIV Testing and Other Preventive Care.
- ▶ **12B. MRT PROPOSAL:** AIDS Adult Day Health Care Step-Down Model – a less intensive model of care that is reimbursed at a lower rate than the existing AIDS Adult Day Health Care program. (14)
- ▶ **12C. MRT PROPOSAL:** Allow local health department billing of Medicaid for STD services and unbundling of SBIRT services.
- ▶ **12D. MRT PROPOSAL:** Submit 1915i state plan for home and community-based services and supports for HIV Medicaid population.



Immigrant Populations

- ▶ **15A. MRT PROPOSAL:** Insuring Primary Prevention and Basic Specialty Care for Low-Income Immigrant Adults and others
- ▶ **15B. MRT PROPOSAL:** Assure access and eliminate barriers between patient, doctor and pharmacy.
- ▶ **15C. MRT PROPOSAL:** Provide assistance with accessing services for undocumented Immigrants.



Language Access

- ▶ **4A. MRT PROPOSAL:** Provide enhanced reimbursement for Medical Language Interpreting Services.



Persons Living With Mental Illness

- ▶ **13A. MRT PROPOSAL:** Medicaid coverage of Nicotine Replacement Treatment for Persons with Serious Mental Illness from 6 months to 12 months. (251)
- ▶ **13B. MRT PROPOSAL:** Develop comprehensive community health teams, combining case management, medical care and mental health services. (15)
- ▶ **13C. 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.
- ▶ **13D. MRT PROPOSAL:** Make mental health screenings part of the routine check up with primary care and provide a variety of appropriate cultural responses
- ▶ **13E. MRT PROPOSAL:** Loan forgiveness programs for MSWs, Nurses, Psychologists, and Psychiatrists working in low income communities
- ▶ **13F. 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

- ▶ **13G. MRT PROPOSAL:** Public Service Announcements that target the stigma of mental illness and that recognize cultural diversity.
- ▶ **13H. MRT PROPOSAL:** Insure that medical and nursing school curriculums are provided with the most up to date information about mental health recovery services
- ▶ **13I. 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
- ▶ **13J. MRT PROPOSAL:** Provide suicide prevention training material that is germane to various ethnic populations that are at highest risk of suicide attempts.
- ▶ **13K. MRT PROPOSAL:** Develop comprehensive community health teams, combining case management, medical care and mental health services. (15)
- ▶ **13L. 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.



Systemic Reform and Access to Health Services

- ▶ **3A. MRT PROPOSAL:** Charity Care in New York State – Ensure that that the pool distribution becomes more equitable and charity care dollars follow uninsured patients.
- ▶ **3B. MRT PROPOSAL:** Charity Care and Medicaid: Change Medicaid reimbursement to recognize high volume Medicaid providers.
- ▶ **3C. MRT PROPOSAL:** Implement community –based pay for performance to create incentives to providers to reduce unnecessary hospital admissions and readmissions (87)
- ▶ **3D. 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).



Systemic Reform and Access to Health Services

- ▶ **3E. 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)
- ▶ **3F. MRT PROPOSAL:** Support conversion/establishment of urgent care centers by developing a rate of payment for free-standing emergency services clinics (135)
- ▶ **3G. MRT PROPOSAL:** Restructure Medicaid Managed Care Rates and incentives to reduce preventable hospitalizations – utilize rate setting, changes, and performance indicators and shared savings.
- ▶ **3H. MRT PROPOSAL:** Require that information be provided to all managed care enrollees on coverage denials and how to access carved-out services (99)
- ▶ **3I. MRT PROPOSAL** Streamlining of and Improving Access to Emergency Medicaid.
- ▶ **3J. MRT PRPOSAL:** Disparities in Treatment: Improving Access to Care



Safety Net Provider Stability

5A. MRT PROPOSAL: Create and deploy a permanent, revolving Primary Care Capital Access Fund. (124)



Workforce

7A. MRT PROPOSAL: Eliminate barriers to recruiting and retaining health care workforce (142).

7B. MRT PROPOSAL: Provide salary incentives to residents in medically underserved communities (244).



Persons with Disabilities

- ▶ **14A. MRT PROPOSAL:** Promote Medicaid polices that reduce barriers and increase access through more efficient use of existing models and resources.
- ▶ **14B. MRT PROPOSAL:** Provide Medicaid coverage or incentives for participation in community-based delivery of the evidence-based *Living Well with a Disability* program.
- ▶ **14C. MRT PROPOSAL:** Enhance data collection, health homes and other models of care for persons with disabilities.
- ▶ **14D. MRT PROPOSAL:** Eliminating disparities based on disabilities



Maternal, Infant, and Child Health

16A. MRT PROPOSAL: Accelerate MA-eligible pregnant women's enrollment in Medicaid managed care. (1)

16B. MRT PROPOSAL: Continued MA eligibility/coverage for high-risk women following a pregnancy. (260)

16C. 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)

16D. 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)

16E. 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

- ▶ **16F. MRT PROPOSAL:** Medicaid Reimbursement for Services of Certified Lactation Consultants.
- ▶ **16G. MRT PROPOSAL:** Medicaid Reimbursement of Nurse Family Partnership Services.
- ▶ **16 H. MRT PROPOSAL:** Enhance School-Based Health Services. (119)
- ▶ **16I. MRT PROPOSAL:** Permit licensed home care services agencies to bill Medicaid on a fee-for-service visit.
- ▶ **16J. MRT PROPOSAL:** Medicaid Coverage of Doula care.
- ▶ **16K. 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

- ▶ **16L. MRT PROPOSAL:** Reform delivery and reimbursement of Medicaid services to foster care children. (177)
- ▶ **16M. MRT PROPOSAL:** Continuum of Care Management for Persons with Rare Genetic Disorders. (28)
- ▶ **16N. MRT PROPOSAL:** Medicaid coverage of environmental investigations and care coordination for lead-poisoned children.



Disease-Specific Proposals to Address Identified Disparities

- ▶ **17A. MRT PROPOSAL:** Medicaid Coverage for Obesity Counseling/Diabetes Prevention Services. (181)
- ▶ **17B. MRT PROPOSAL:** Home-based, environmental assessment and intervention for New Yorkers with poorly controlled asthma.
- ▶ **17 C. MRT PROPOSALS:** Medicaid Coverage of Community Health Workers for Chronic Disease Prevention and Control. (179)
- ▶ **17D. 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

- ▶ **17E. MRT PROPSAL:** Increase Medicaid Payment for Vaccine Administration. (74)
- ▶ **17F. MRT PROPOSAL:** Medicaid Reimbursement for automated blood pressure cuffs.
- ▶ **17G. MRT PROPOSAL:** Reimbursement for smoking cessation counseling and treatment provided by dentists and pharmacists.
- ▶ **17H. MRT PROPOSAL:** Dental Care Reimbursement reform. (11)
- ▶ **17I. MRT PROPOSAL:** Medicaid coverage of Water Fluoridation.



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?*

Organizing Proposals

- *Consolidation to capture multiple objectives*



Next Steps

Prioritizing Proposals

- ▶ Survey Monkey or other Tool
- ▶ How to prioritize?
 - *Complexity*
 - *Ease of implementation (legislation, federal waiver, administrative)*
 - *Financial impact*
 - *Benefits*
 - *Concerns*
 - *Impacted Populations*



Next Steps Timeline

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