

Transition Plan to State Administration of Medicaid

Work Group on State/Local Responsibilities

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.



Comparison of Budget Proposals

<u>SECTION</u>	<u>EXECUTIVE</u>	<u>SENATE</u>	<u>ASSEMBLY</u>
Fiscal Relief	•Growth phased out over 3 years	Growth phased out over 4 years;NYC growth phased out at slower rate than rest of state	•Same as Executive
Administrative Cap	•Capped at 2011-2012 budget level	•No Cap	•Same as Executive
State Administration	•DOH has authority to assume functions with contracting and hiring flexibility	 Rejects Executive Replaces it with a study with report due Jan. 2013 	 Rejects Executive Replaces it with public process and a plan due Dec. 2012 DOH can not contract with third party without giving counties the right of first refusal

The State's Ability to Assume Any Functions in 2012 and 2013 Is Contingent Upon:

- Additional Staff Resources
- Hiring Flexibility to Recruit Experienced Eligibility Workers
- Contracting Flexibility

Statewide

- Automate renewals for aged, blind, and disabled on Social Security Income (9,000 per month)
- Automate MSP renewals with Social Security Income (1,750 per month)
- Begin MSP application processing (2,000 per month)

New York City

- Process third party health insurance (3,470 per month)
- Implement transportation management contract (fee for service population)
- Mandatory enrollment in Managed Long Term Care

- Rest of State
 - Add counties to Enrollment Center for renewal processing (4,700 per month)
 - Resolve death matches (300 per month)
 - Conduct disability determinations (at county option)
 - Implement transportation management contract (21 Counties in Hudson Valley)

Functions the State Could Potentially Assume in 2012 with Savings in 2013

Statewide

- Process MSP applications processing (11,000 per month)
- Process Family Planning Benefit Program applications from provider assistors (2,000 per month)
- Implement Asset Verification System (AVS)
- Process eligibility determination for inmates upon release

New York City

Implement transportation management contract (Managed Care population)

Functions the State Could Potentially Assume in 2012 with Savings in 2013

- Rest of State
 - Add counties to Enrollment Center for renewal processing (4,700 per month)
 - Process third party health insurance (1,000 per month)
 - Mandatory enrollment in Managed Long Term Care (LI and Westchester)



- Statewide
 - Automate Spend Down calculations from provider claims
 - Automate renewals for aged, blind, and disabled on Spend Down (11,000 per month)
 - Automate renewals for aged, blind and disabled with pension income (3,500 per month)
 - Automate MSP renewals for Spend Down and pension income (5,000 per month)
 - MIPPA automation (3,400 per month)

New York City

 Begin to transition applications from facilitated enrollers to State for central processing

Rest of State

- Expand Enrollment Center counties for renewal processing (4,700 per month)
- Conduct disability determinations
- Begin to transition applications from facilitated enrollers to State for central processing
- Implement transportation management contract(Western NY, LI)
- Mandatory enrollment in Managed Long Term Care (Rockland, Orange, Albany, Erie, Onondaga, and Monroe)

Functions the State Will Consider but Needs More Analysis

- Benefit card replacement
- Resolving exceptions to the SSA citizenship match
 Resolution of lack of SSA match on citizenship
- Processing under-care changes for MA-SSI undercare population



Next Priority Functions for State

- Processing MAGI applications for MAGI population
 - Third-party assistors (Facilitated enrollers, Navigators, etc)
 - Counties, likely phased. If the County retains the function in 2014, application processing will be through new eligibility system and MAGI rules engine
- Processing MAGI renewals for MAGI population



Potential County Functions Post 2014

- Chronic care eligibility determinations and renewals
- Spend down that hasn't been automated
- Disability determinations if not already centralized
- Under care for populations retained
- Fair hearings for populations retained
- If State Exchange (or Federal Exchange) and county eligibility determination:
 - Counties must be able to accommodate an additional 500,000
 Medicaid enrollments using new eligibility rules based on IRS rules
 - Enroll ineligible Medicaid applicants into APTCs