Redesigning
THE MEDICAID PROGRAM

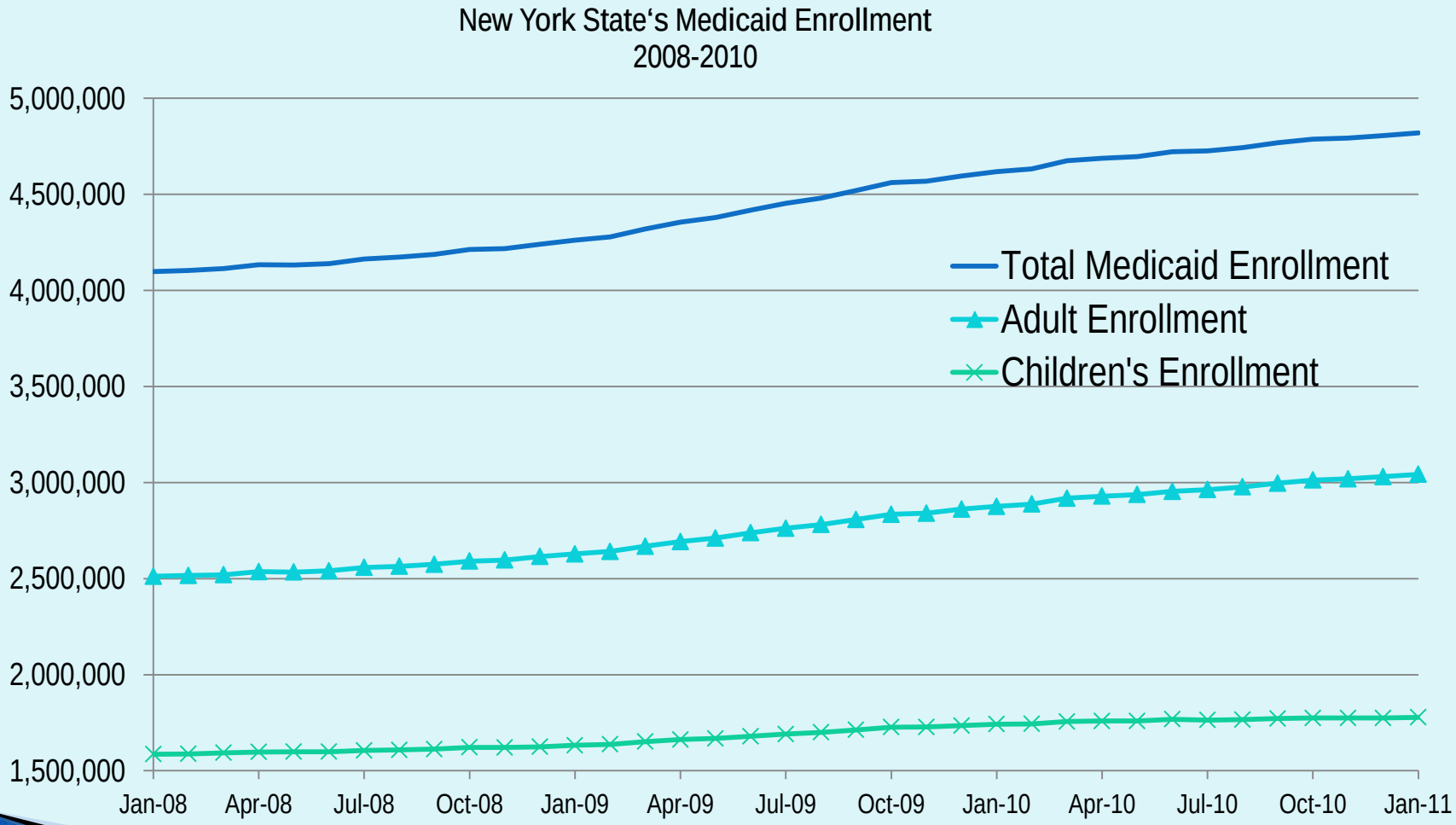
NEW YORK
state department of
HEALTH

Recent Efforts to Streamline Programs

Medicaid Redesign Team Work Group on Program Streamlining and State/Local Responsibilities

July 7, 2011

New York's Medicaid Program Has Experienced a Steady Growth in Enrollment



Three Years of Reforms Did Much to Move New York's Coverage Agenda Forward

- ✓ Made applying for and keeping health insurance easier
- ✓ Expanded coverage for children and adults
- ✓ Increased access to coverage through Family Health Plus
- ✓ Simplified process for the Elderly and Disabled populations
- ✓ Expansions for Special Populations

Make Applying for and Keeping Health Insurance Easier

Simplified Eligibility Rules:

One Statewide Medicaid eligibility level for low-income families, single adults, and childless couples

April 2008

Link between public assistance and Medicaid eliminated for single adults

April 2008

Established uniform financial maintenance policy

June 2010

(continued)

Make Applying For and Keeping Health Insurance Easier

Eliminated finger imaging for Medicaid-only applicants (July 2009)

Eliminated resource test for non-SSI/SSI-related applicants (Jan 2010)

Removed face-to-face interview requirement for Medicaid and Family Health Plus applicants (April 2010)

Implemented SSA data matching process (Sept 2010)

Simplified renewal by implementing self declaration of income, residency and some deductions at renewal (Jan 2008)

Easier to maintain coverage when moving from county to county (June 2008)

Expanding Coverage for Children and Families

Implemented presumptive eligibility for children
(Feb 2008)

Child Health Plus Expansion to 400% of FPL
(September 2008)

Transitioned Medicaid payment to APG methodology for prenatal and postnatal care
(October 2009)

Implemented mental health parity for children
(November 2009)

Increasing Access to Coverage through Family Health Plus

Implemented FHP Premium Assistance Program (January 2008)

Established FHP Buy-In Program (April 2008)

Allowed public employees to participate in FHP Premium Assistance Program (September 2010)

Simplifications for the Elderly and Disabled Populations

Eliminated face-to-face interview for Medicare Savings Program (MSP)-only populations (December 2007)

Increased Medically Needy income levels, allowing a greater number of elderly and disabled individuals to receive Medicaid (April 2008)

Eliminated asset test for the Medicare Savings Program (June 2008)

(continued)

Simplifications for the Elderly and Disabled Populations

Provided Medicaid Extended Coverage to Partnership for Long-Term Care Program beneficiaries (July 2009)

Implemented electronic process to accept MSP applications from the Social Security Administration (January 2010)

Expansions for Special Populations

Suspension of Medicaid for incarcerated individuals (**April** 2008)

Extended Medicaid coverage for youth 18-21 years of age in foster care (**Jan** 2009)

What's Next: Increasing Access Through the Affordable Care Act

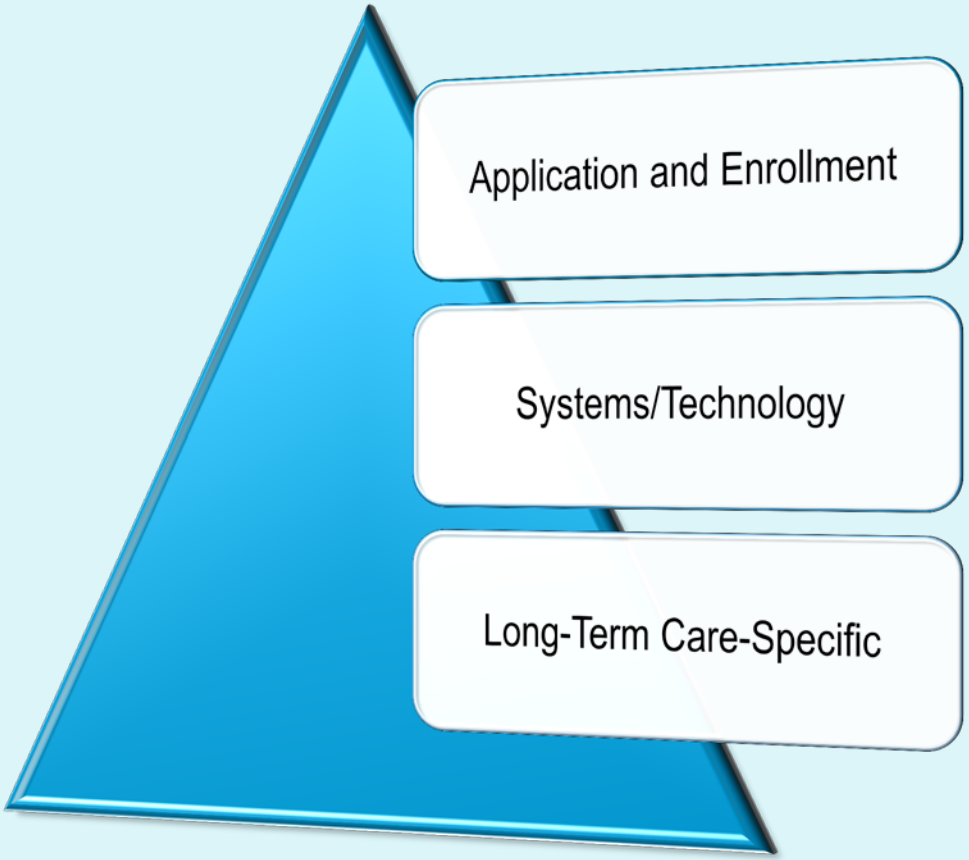
Statewide Enrollment Center

- ✓ Consolidated Statewide call center for MA, FHP, and Child Health Plus.
- ✓ Process mail-in renewals for self-attesters in 11 counties.
  - o *Implement in all counties by December 2011*
- ✓ Offer telephone renewal option starting in September 2011 using automated decision tool.
  - o *Roll out to all self-attesters in non-NYC counties by December 2011*
- ✓ Offers lessons for the Exchange and State/Local responsibilities in the administration of Medicaid.

Modified Adjusted Gross Income (MAGI)

- ✓ CMS guidance expected in Summer 2011
- ✓ Eligibility categories simplified and deductions eliminated
- ✓ Preview suggest rules for MA and Exchange will not be perfectly aligned
  - o *Some MA income rules preserved*
  - o *Differences in household composition*
- ✓ Will overall simplification of MA eligibility categories outweigh added complexity from differences with the Exchange?

Despite Simplifications Barriers Still Exist



Application and Enrollment Barriers

- Complexity of the Medicaid program
  - *Programs vary by population, income level and benefits*
- Long and complex application
- Documentation requirements
- Variation in local administration

System Barriers

- Lack of automated process to determine eligibility and enrollment
  - Paper-based application process
  - Largely manual eligibility and enrollment processes
    - *Eligibility worker reviews paper application and documentation, codes and enters data into the Welfare Management System, requests missing documentation , and determines eligibility*
    - *Sources of third party information lag and vary in usefulness*
    - *Limited systems support and complexity of MA rules result in case processing backlogs*
- Limitations of the client notice systems, the computer systems used to generate notices about renewal, missing documentation, disenrollment, etc.

Barriers to Coverage

- Documentation requirements
  - *Burdensome and complicated for consumers to document resources/assets for the 5-Year look-back period*
- Manual review of application and resource documentation, including financial instruments, life estates, trusts, retirement accounts and transfers, increases processing time.
  - *LDSS not well equipped to conduct legal review of resources*
- Variation in local administration.
- High caseloads, complex cases, and staff shortages also contribute to delays.

ACA Requirements Help Address Barriers to Coverage

- ACA and the new Exchange requires a single, streamlined application; simpler rules, automated eligibility and verification processes, an accessible, easy to navigate “first class” customer experience, tax subsidies to help pay for coverage; and clearer, more understandable information about insurance options.
- These requirements help address existing barriers to Medicaid and other health insurance coverage options, including lack of awareness, affordability, difficulty in “navigating” complex processes, other barriers (e.g. language, health status, living in a remote/rural community).

DISCUSSION