

Redesigning
THE MEDICAID PROGRAM



NEW YORK
state department of
HEALTH

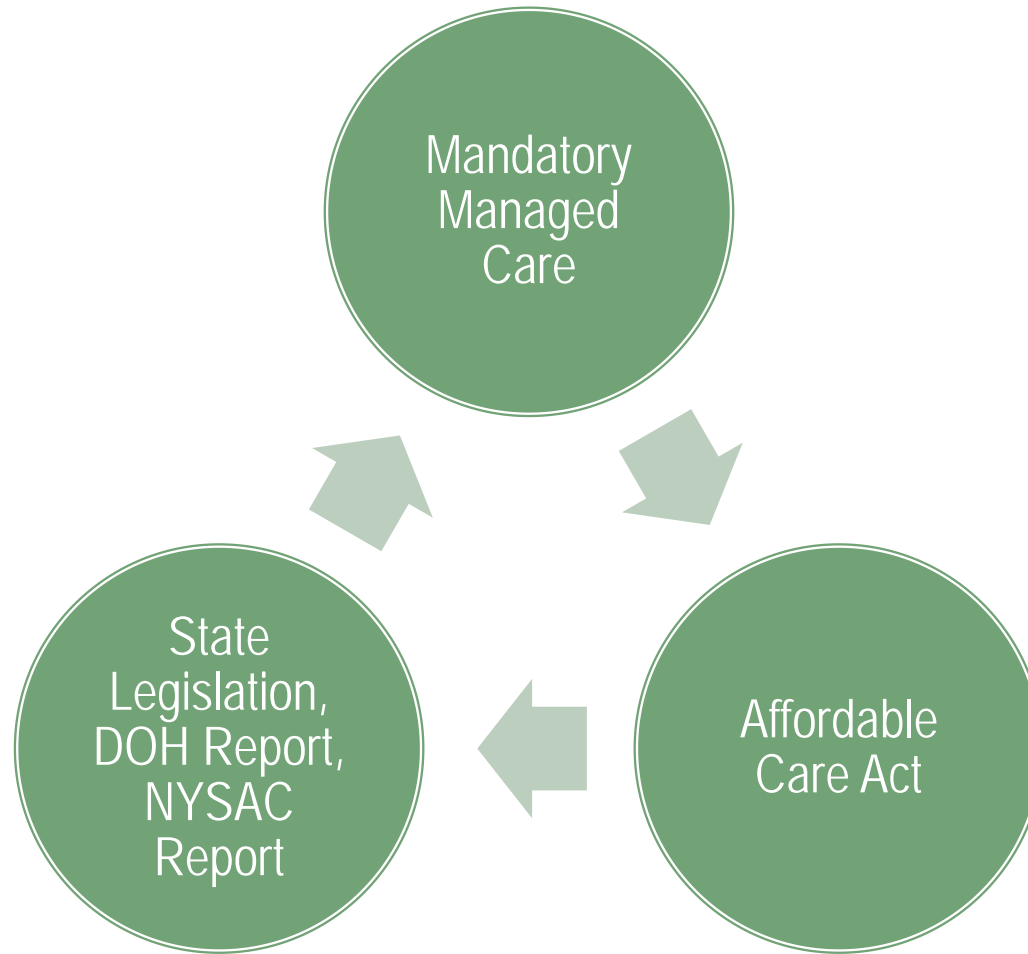


State/Local Responsibilities An Evolving Relationship

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

July 7, 2011

Change Drivers for State/Local Relationship in Medicaid Administration



Mandatory Managed Care

- ▶ New York will phase-in care management for all Medicaid beneficiaries over three years.
- ▶ New York is eliminating the fee-for-service reimbursement program.
- ▶ The county role in authorizing the type and level of services will be reduced as more Medicaid enrollees move into care management arrangements.



Affordable Care Act (ACA)

- ▶ Each state is required to establish an Exchange or be part of the Federal Exchange
- ▶ New York intends to establish an Exchange to perform the following functions as required in the ACA:
 - *Offer qualified health plans to individuals and employers*
 - *Assign a rating to each qualified health plan*
 - *Implement procedures for the certification, recertification and decertification of health plans as qualified health plans*
 - *Use a standardized format for presenting health benefit options*
 - *Establish a toll-free hotline to respond to requests for assistance*
 - *Maintain an internet website providing standardized comparative information on plans and public health programs*



(continued)

Affordable Care Act

- ▶ Provide an electronic calculator to determine the cost of coverage
- ▶ Establish a program for the exchange to award grants to entities to serve as navigators
- ▶ Inform individuals of eligibility requirements for Medicaid, CHIP, or any other state or local public health insurance program, determine eligibility, and enroll individuals, if eligible
- ▶ Determine eligibility for premium tax credits, reduced cost sharing, or individual responsibility requirement exemptions
- ▶ Provide employers the names of their employees who ceased coverage
- ▶ Operate a small business health options program (SHOP)



Eligibility and Enrollment for MAGI Populations Integrated in the Exchange

- ▶ The Exchange must screen and enroll applicants into the correct coverage categories- Exchange, subsidy, public coverage (ACA Section 1311).
- ▶ If the Exchange identifies individuals as eligible for Medicaid or CHIP, the Exchange must enroll them without any further determination by the State (Section 2201).
- ▶ If applicants are found ineligible for Medicaid they must be screened and, if eligible, enrolled in a qualified health plan without submitting an additional or a separate application (Section 2201).



State Statute

- ▶ Chapter 58 of the Laws of 2010
- ▶ Requires the “Commissioner of Health to create and implement a plan for the state to assume the administrative responsibilities of the medical assistance program performed by the social services districts.”
- ▶ On November 30, 2010, DOH submitted the report:
http://www.health.ny.gov/health_care/docs/2010-11_medicaid_admin_report.pdf.



DOH Report

- ▶ The DOH report identified a number of functions that could be centralized at the state and others that required more study.
- ▶ DOH recommended phasing state administration by function rather than by county to allow the infrastructure for the function to be established at the state.



Recommendations

- ▶ Establish an automated Medicaid eligibility system (Early Innovator award begins this effort)
- ▶ Implement the Statewide Enrollment Center
 - *Consolidated call center implemented June 2011*
 - *Non-NYC Renewals for self-at testers phased in beginning June 2011*
 - *Telephone renewal (non-NYC) phased in beginning September 2011*
 - *Other functions dependent on ACA implementation decisions*



(continued)

Recommendations

- ▶ Require all counties to use the State Enrollment Broker
- ▶ Allow the Commissioner to hold the health plan contracts for all counties (implemented)
- ▶ Centralize disability reviews
- ▶ Phase in regional transportation management
- ▶ Consolidate requests for dental services
- ▶ Consolidate private duty nursing
- ▶ Statewide enrollment in managed long-term care



NYSAC Presidential Commission on the State Takeover of Medicaid

- ▶ The Commission issued a report in September 2010 specifying five guiding policy considerations:
 - *New York should begin the full assumption of all Medicaid program costs and administrative responsibilities by 2014.*
 - *The state must carefully identify and communicate the benefits and rationale for a state assumption of Medicaid Administration.*
 - *State takeover of Medicaid Administration should, first, do no harm – fiscally and programmatically.*
 - *Counties must be consulted regularly.*
 - *The state and counties should identify the continued role counties will play in facilitating and coordinating health care.*
 - http://nysac.org/policy-research/documents/NYSACTimeforChangeReportFINAL_000.pdf



Discussion Questions

- ▶ Do you agree that a focus on the eligibility function with respect to the Exchange should take priority or should we also find time to look at long-term care eligibility determination or other local functions?
- ▶ What is the best way to accomplish the operational challenge of coordinating the eligibility and enrollment function for the MAGI population (i.e. most children, pregnant women, parents and other adults under age 65 and not on Medicare) through the Exchange?
- ▶ After the Exchange is operational, what do you see as the role for local departments of social services? Mostly focused on providing assistance with other social service programs (e.g., food stamps, cash assistance), or perhaps assisting elderly/disabled individuals with long-term care eligibility or others with a need for more “hands on” help (e.g., Emergency Medicaid), or in some other role?



(continued)

Discussion Questions

- ✓ What do you see as some of the benefits and drawbacks to handling specific types of issues or cases at either a local or state level (e.g., spend down, disability reviews, other)?
- ✓ How do you think that linkages to other social service programs could be maintained by allowing the consumer, where possible, to “re-use” their information to apply for other programs? Or would you suggest other ways that linkages to social services programs might be maintained?

