

Medicaid in New York: Fostering Equity During a Time of Crisis

United Hospital Fund Annual Medicaid Conference
GoToWebinar Live Webcast
July 15, 2020



@UnitedHospFund - #UHFMedicaid20

Presented with Support From The Commonwealth Fund





**Department
of Health**

Fostering Equity During a Time of Crisis

United Hospital Fund (UHF) Conference

July 15, 2020

Donna Frescatore, NYS Medicaid Director

Coverage in New York

Statewide Medicaid Enrollment

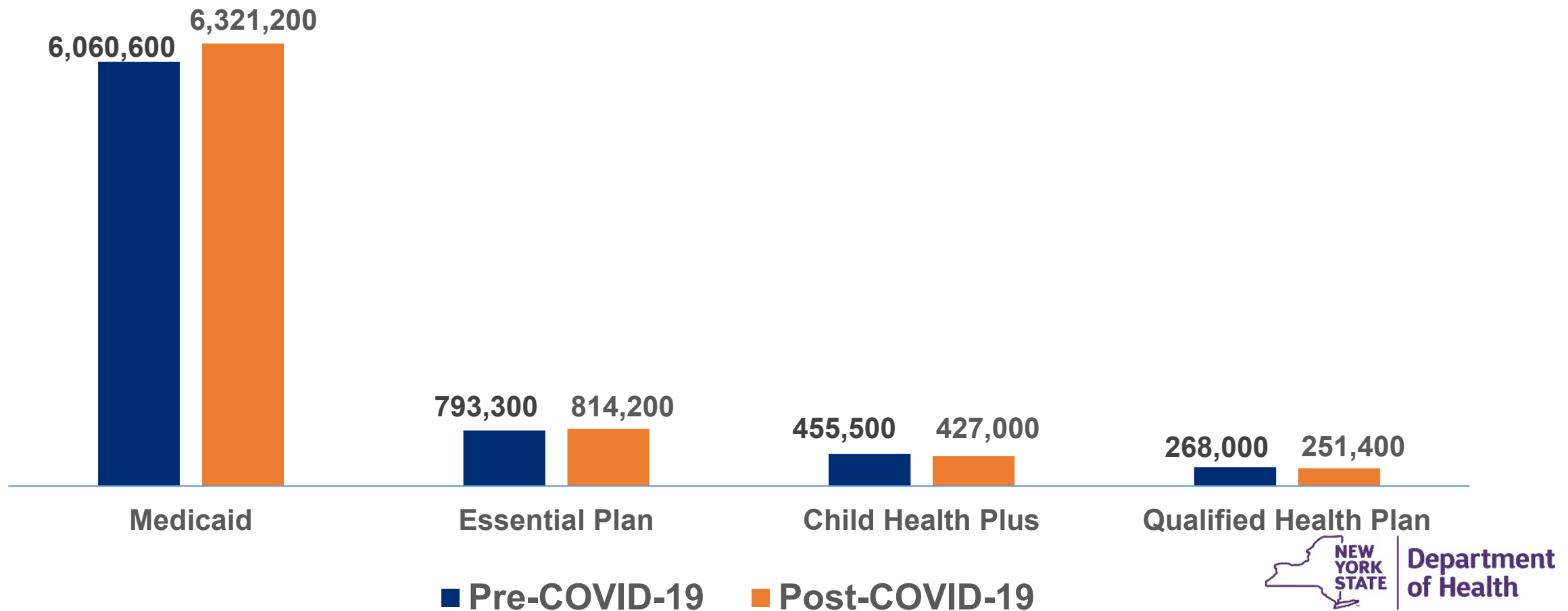
The NYS Medicaid Enrollment Databook has been recently updated to report monthly statewide enrollment trends: https://health.ny.gov/health_care/medicaid/enrollment/

Enrollment by Month			
	NYC	Rest of State	Total Enrollment
May 2018	3,466,751	2,703,470	6,170,221
June 2018	3,465,948	2,698,928	6,164,876
July 2018	3,466,431	2,700,902	6,167,333
August 2018	3,463,559	2,704,958	6,168,517
September 2018	3,461,105	2,699,831	6,160,936
October 2018	3,462,971	2,705,211	6,168,182
November 2018	3,459,618	2,702,765	6,162,383
December 2018	3,456,356	2,704,341	6,160,697
January 2019	3,455,878	2,713,851	6,169,729
February 2019	3,451,952	2,701,487	6,153,439
March 2019	3,449,615	2,701,557	6,151,172
April 2019	3,446,980	2,698,525	6,145,505
May 2019	3,446,207	2,700,127	6,146,334
June 2019	3,440,738	2,696,415	6,137,153
July 2019	3,439,000	2,698,886	6,137,886
August 2019	3,435,776	2,697,774	6,133,550
September 2019	3,432,137	2,692,245	6,124,382
October 2019	3,424,668	2,689,127	6,113,795
November 2019	3,401,429	2,675,899	6,077,328
December 2019	3,386,204	2,671,802	6,058,006
January 2020	3,383,467	2,679,613	6,063,080
February 2020	3,385,825	2,674,749	6,060,574
March 2020	3,395,534	2,682,878	6,078,412
April 2020	3,456,366	2,734,716	6,191,081
May 2020	3,541,227	2,780,020	6,321,246



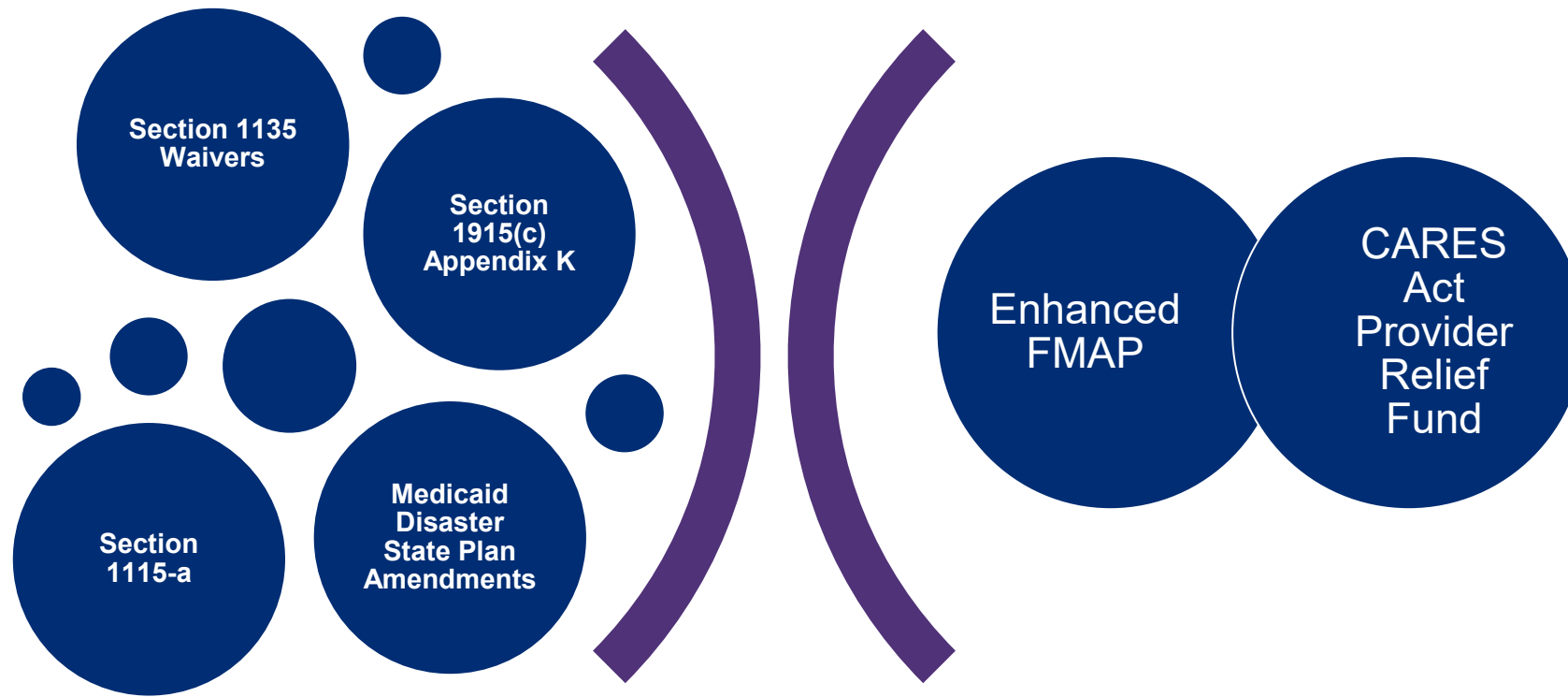
2020 New York State Program Enrollment

Enrollment in New York State programs increased by 236,000 between February and May 2020



Medicaid Response to COVID-19

Regulatory and Program Flexibility During the COVID Pandemic



Modify Service Delivery to Protect Patients and Providers (Examples)

- Suspend Face to Face Requirements for:
 - Initial patient assessment and reassessment for home and community-based services
 - Suspend requirement to sign care plans for community-based long-term services and supports
 - Health Home Care services
 - Permit hospice and home health agencies to perform certifications, initial assessments and determine patients' homebound status remotely via telephone or through telehealth modalities.
- Allow facilities to bill for services provided in an alternative setting such as a temporary facility.

Ensure Services are Available (Examples)

- Allow billing for telephonic visits for new and established patients
- Expand the types of clinicians, facilities, and services eligible for billing under telehealth rules
- Create an online provider enrollment application to allow practitioners to enroll on a temporary basis, allow out-of-state providers to enroll temporarily and allow applications to be signed electronically rather than through hard copy signature
- Established reimbursement policies for specimen collection by pharmacies

Waive Administrative Requirements to Better Serve Consumers (Examples)

- Automatically extend cases at renewal for 12 months
- Allow attestation at application to reduce administrative burden on consumers
- Suspend certain Utilization Review Requirements for managed care plans
- Suspension of health care surveillance activities or realign to desk review

Section 1115 Waiver

Section 1115 Waiver – What's Next

- Seeking a one-year extension to the current 1115 waiver, due to expire on March 31, 2021 in order to provide enough time to determine the impact of COVID-19 on the next iteration of system redesign
- Other waiver amendments needed to implement MRT II recommendations will be submitted

Medicaid Redesign Team II

Reconvening the Medicaid Redesign Team

- Convened on February 11 with final recommendations made on March 19th
- Over 2,200 suggestions received through the public portal and through (7) public forums
- Long-Term Care Advisory Group advanced 30 proposals (across 12 topic areas) to the full MRT for consideration

Governor's Directive that MRT II Recommendations Address:

the drivers of greater-than-projected costs and growth in the Medicaid program;

models of healthcare delivery to improve care management for beneficiaries with complex health conditions;

existing regulations, laws and programs that hinder the modernization or achieving efficiencies in the Medicaid program and for the healthcare industry;

ways to ensure the availability of a stable and appropriately skilled workforce, especially with respect to meeting the needs of an aging population;

strengthening the sustainability of safety net providers serving vulnerable populations, including through regulatory reform;

changes in the Medicaid program to achieve short-term solutions and long-term systemic changes that advance the State's successful healthcare reform strategy while restoring financial sustainability to ensure that benefits will always be available to those who need it;

whether any changes to the metric for calculating the Medicaid global cap are necessary;

the introduction of new data sets, data analytics and technologies to identify current and future trends and improve program oversight, and

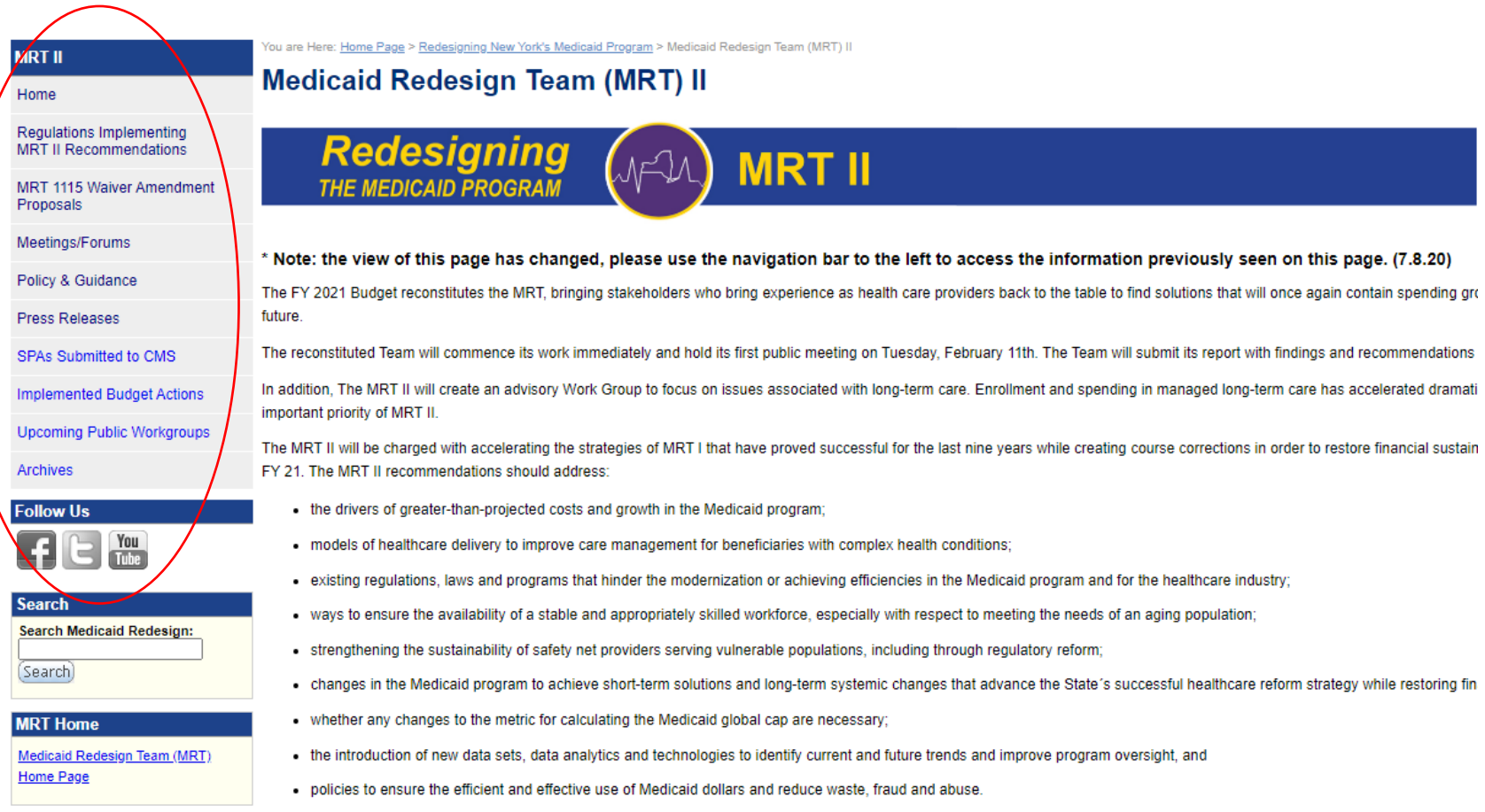
policies to ensure the efficient and effective use of Medicaid dollars and reduce waste, fraud and abuse.

MRT II – The Recommendations

Nearly all final MRT II recommendations advanced in the SFY 2021 Enacted Budget with an estimated \$2.2 billion in state share savings

Spending Reductions by Area	# of MRT Recommendations Enacted	SFY 2021 Savings (State Share)
Hospitals	5	\$297M
Care Management	13	\$43M
Managed Care & Value Based Payment	7	\$145M
Long Term Care	16	\$669M
Pharmacy	2	\$35M
Transportation	6	\$75M
Program Integrity	2	\$60M
Health Information Technology / Social Determinants of Health	3	\$9M
General Savings	3	\$130M
Continuation of SFY 2020 Medicaid Savings Plan Reductions	11	\$739M
Total Spending Reductions	68	\$2,202M

MRT II Implementation – Follow Us Here



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Medicaid Redesign Team (MRT) II

Redesigning THE MEDICAID PROGRAM MRT II

*** Note: the view of this page has changed, please use the navigation bar to the left to access the information previously seen on this page. (7.8.20)**

The FY 2021 Budget reconstitutes the MRT, bringing stakeholders who bring experience as health care providers back to the table to find solutions that will once again contain spending growth in the future.

The reconstituted Team will commence its work immediately and hold its first public meeting on Tuesday, February 11th. The Team will submit its report with findings and recommendations on or before February 15th.

In addition, The MRT II will create an advisory Work Group to focus on issues associated with long-term care. Enrollment and spending in managed long-term care has accelerated dramatically and is an important priority of MRT II.

The MRT II will be charged with accelerating the strategies of MRT I that have proved successful for the last nine years while creating course corrections in order to restore financial sustainability in FY 21. The MRT II recommendations should address:

- the drivers of greater-than-projected costs and growth in the Medicaid program;
- models of healthcare delivery to improve care management for beneficiaries with complex health conditions;
- existing regulations, laws and programs that hinder the modernization or achieving efficiencies in the Medicaid program and for the healthcare industry;
- ways to ensure the availability of a stable and appropriately skilled workforce, especially with respect to meeting the needs of an aging population;
- strengthening the sustainability of safety net providers serving vulnerable populations, including through regulatory reform;
- changes in the Medicaid program to achieve short-term solutions and long-term systemic changes that advance the State's successful healthcare reform strategy while restoring financial sustainability;
- whether any changes to the metric for calculating the Medicaid global cap are necessary;
- the introduction of new data sets, data analytics and technologies to identify current and future trends and improve program oversight, and
- policies to ensure the efficient and effective use of Medicaid dollars and reduce waste, fraud and abuse.

MRT II Supporting Regulations

MRT II

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Proposed and Final Regulations Implementing MRT II Recommendations

The following includes proposed amendments for statutory changes resulting from MRT II recommendations, as adopted in the State Fiscal Year 2020-21 Enacted Budget.

- Proposed Amended Regulations regarding Private Duty Nursing Services to Medically Fragile Children (18 NYCRR 505.8) ([Web](#)) - ([PDF](#)) - 7.08.20
- Summary of Express Terms for Proposed Amended Regulations regarding Personal Care Services and Consumer Directed Personal Assistance Program Services (CDPAS) (18 NYCRR 505.14 & 505.28) - ([PDF](#)) - 06.30.20

MRT II Policy & Guidance

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Policies & Guidance

- [MLTC Policy 20.02](#): Moratorium on Managed Long Term Care Partial Capitation Plans
- [MLTC Policy 20.03](#): Non-emergency Transportation in the Consumer Directed Personal Assistance Program

MRT II

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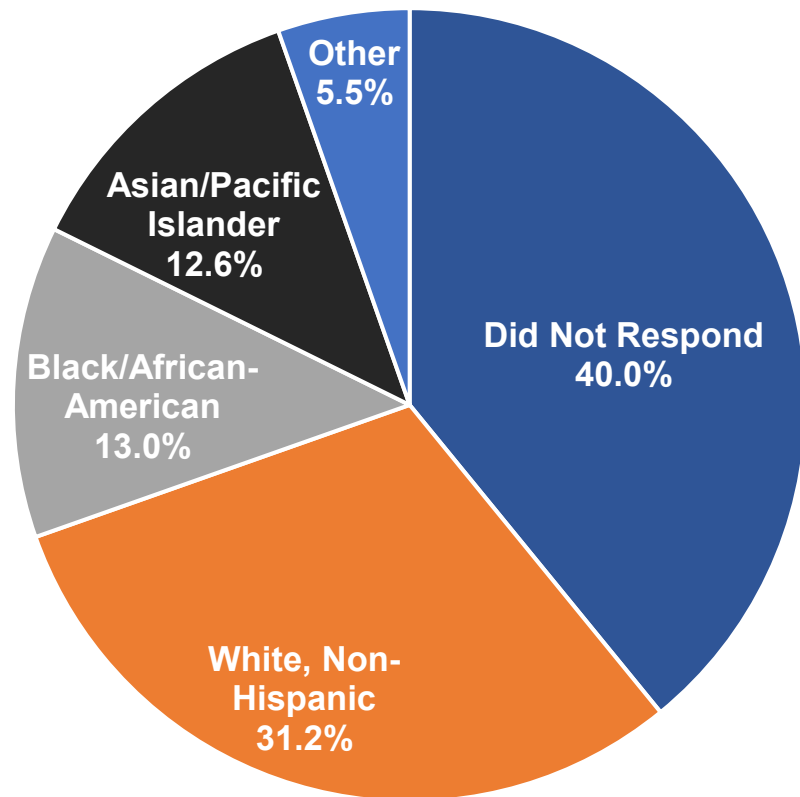
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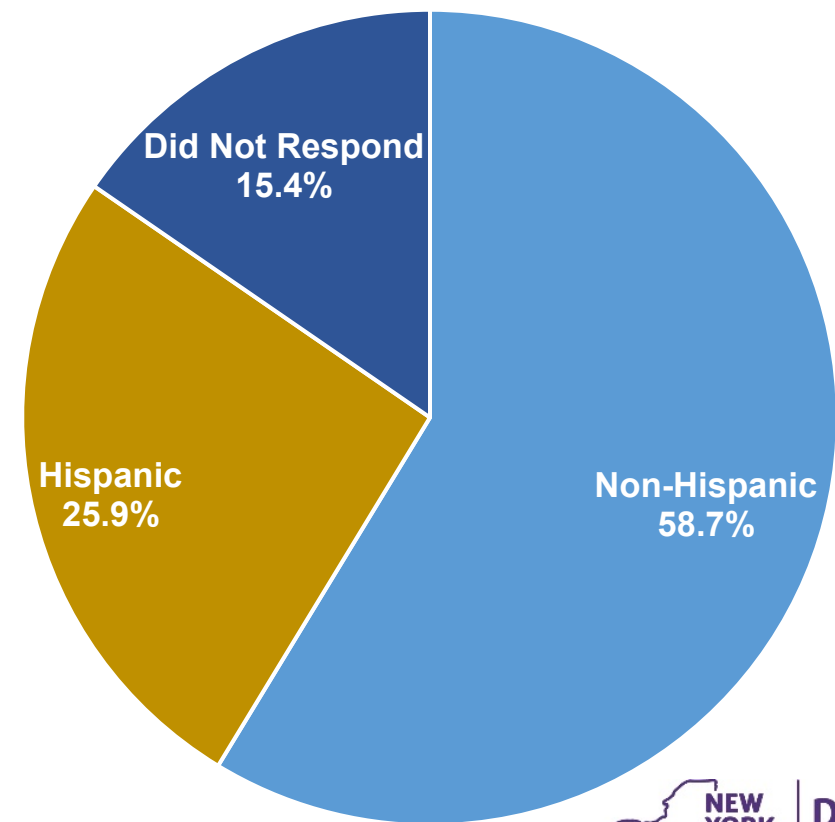
Fostering Equity

NY State of Health Enrollment Self-Reported Race and Ethnicity

Marketplace Enrollees, by Race



Marketplace Enrollees, by Hispanic Ethnicity



Expanding Language Access

Over the last four years, the NYSoH has prioritized language access materials and resources for consumers to ensure that we are meeting the needs for all New Yorkers.

- Marketing Materials: In 2015, NYSoH materials were offered in 7 required languages. Today, these materials are provided in 27 different languages.
- Language Assistance Services: We have attracted consumers who require language assistance through the call center in more languages. In 2015, customer service assisted individual in 92 different languages – growing to 101 different languages in 2019.
- Direct Outreach: The percentage of consumers identifying that they prefer to communicate with us in a language other than English has also increased over time (from 18% in 2015 to 22% in 2019). During this time we have also increased direct marketing and outreach to non-English speaking communities.

Improving Prevention and Management of Chronic Diseases

- Evidence-based strategies and interventions to improve the health of members with chronic diseases including diabetes, hypertension, asthma, smoking cessation, osteoarthritis, chronic kidney disease, HIV/AIDS, and sickle cell disease
 - Expanding access to Self-care and Educational Resources
 - Improving adherence to established evidence-based practice guidelines among the provider community
 - Strengthening chronic condition management within Patient-Centered Medical Homes (PCMHs) and Health Homes

Integrated Care for Kids (InCK)

- Cooperative Agreement from the Center for Medicare and Medicaid Innovation with CMS
- Designed to test an alternative payment model for children
- Provides for a single point of contact for care coordination and care management for moderate- and high-needs Medicaid children and pregnant women in the Bronx
- New York received one of only 8 awards across the nation – \$16 million, 7-year model with 2 Phases
 - Phase 1 – Two-year Planning (Pre-implementation) Phase
 - Phase 2 – Five-year Performance Phase
 - Performance-based Measure Milestones in Years 5-7
- Required to work with a Lead Organization, selected as a result of a statewide competitive process
 - Working with Montefiore Medical Center's Care Management Office led by Dr. Henry Chung
 - Model service area is 8 zip codes in the north-central Bronx

Children's Preventive Care and Care Transitions

- Promote Behavioral Health Integration in Pediatric care with a 2-Generational Approach to Care
 - Leverage participation and dissemination of CMMI's Integrated Care for Kids (InCK) model and integration of medical, behavioral, and community-based care and resources.
- Improve Care Transitions for Children
 - Determine opportunities and strategies for improving continuity of care when children transition from Early Intervention to preschool and school-age services, to include communication with Primary Care practices.
 - Identify strategies for effective transition of children with Sickle Cell Disease from pediatric care to adult care settings.
 - Workgroups being convened for each of these.

Promoting Maternal Health

- Optimize the health of individuals of reproductive age through primary care, by encouraging discussions on comprehensive family planning and patient-centered care
- Improve access to quality prenatal care, free from implicit bias
- Ensure postpartum home visits are available to all individuals who agree to have a home visit after giving birth
- Improve access to childbirth education for pregnant individuals
- Support the participation of birthing centers in the Perinatal Quality Collaborative
- Continue the Centering Pregnancy pilot recommended by the First 1,000 Days Advisory Group where 6 obstetrical practices in targeted communities are enhancing pregnancy outcomes through a combination of prenatal education (gestational development, healthy behaviors) and social support

Social Determinants of Health and Global Value Based Payment Pilots

- Medical respite
- Street medicine
- Global value-based payment pilot in the Bronx to bridge hospitals, ambulatory care and community-based organizations

Integrated Care for Dual Eligibles

Improving Care for Persons Eligible for Both Medicare and Medicaid is Health Equity

- The number of persons dually eligible for Medicare and Medicaid continues to grow at a rate higher than the growth in the number of people eligible for Medicare only
- Persons eligible for both Medicare and Medicaid as compared to persons eligible for Medicare only are disproportionately younger and of minority race and ethnicity
- Nationally, in 2018, 47.5 percent of individuals dually eligible for Medicare and Medicaid are of minority race and ethnicity an increase of 6.5 as compared to 2006
- And, more than double the 21 percent of minority race and ethnicity in Medicare only

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Downloads/MedicareMedicaidDualEnrollmentEverEnrolledTrendsDataBrief2006-2018.pdf>

Vision for Integration

- NYS 2020-21 Budget passed a series of initiatives promoting enrollment of dual-eligible members into Medicare and Medicaid integrated products.
- A multi-part enrollee marketing and education campaign on the benefits of integrated products is in development.



Nearing age 65?

There is a health plan designed especially for you.

ONE Plan
ONE Card* 
ONE Care Coordinator
ALL Your Services

NEW YORK STATE Department of Health

Did you know?
At age 65, becoming eligible for Medicare does not mean you need a new health plan. Your current health plan has a plan designed especially for you.

Types of plans include:

- Program of All-Inclusive Care for the Elderly (PACE)
- Medicaid Advantage Plus
- Medicaid Advantage

*Some plans may require the use of more than one card for services.
**PACE and Medicaid Advantage Plus will require additional assessments for eligibility.

To find out how more about available plan options contact your health plan, call (800) XXX-XXXX, or visit: www.health.ny.gov/dualsny.gov. A list of plans by county is also available on the DualsNY website.

Vision for Integration

- Integrated product campaign goals:
 - Create general awareness about availability and benefits of integrated products.
 - Develop targeted communication for dual-eligible members enrolled in a health plan and about to become Medicare eligible.
 - Phase in enrollees in Medicaid fee-for-service.

Are you eligible for both Medicaid and Medicare? If so, you can combine the services into one health plan.



ONE Plan
ONE Card* 
ONE Care Coordinator
ALL Your Services


NEW YORK STATE Department of Health

Did you know?
If you are "dual-eligible" for both Medicare and Medicaid, you can combine the services into one health plan.

ONE Plan
ONE Card* 
ONE Care Coordinator
ALL Your Services

NEW YORK STATE Department of Health

Did you know?
If you are a Medicare enrollee, your current health care plan may offer a unique plan option that will also cover your Medicaid service needs.

ONE Plan
ONE Card* 
ONE Care Coordinator
ALL Your Services

NEW YORK STATE Department of Health

Enrolled in a Medicare plan?
Your health plan may be able to cover your Medicaid services too.

ONE Plan
ONE Card* 
ONE Care Coordinator
ALL Your Services

NEW YORK STATE Department of Health

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NY State of Health Private Pay Home Care Pilot

NY State of Health Private Pay Home Care Pilot

- Offered through the NY State of Health, consumers would have the option to purchase personal care services from licensed home care services agencies (LHCSA) with private dollars.
- Will permit consumers to search for personal care workers in their area and, based on user-generated criteria including the level of need, language preference, or other criteria, “match” with available workers
- Once a personal care worker of their choice is selected, the consumer will schedule an in-home or telehealth evaluation with the selected LHCSA
- More information coming soon.



Individuals & Families

You and your family have many low cost, quality health insurance options available through the Individual Marketplace.

GET STARTED

LOG IN

[Get in-person help applying or enrolling](#)

[Compare plans & estimate cost](#)

[NYS Provider & Health Plan Look-Up](#)

Home Care

Are you in search of a caregiver who is trained and certified to provide direct in-home care services for a friend, family member or loved one?

If so, NY State of Health now provides you with the ability to search, connect and match with a certified in-home care provider in your area.



Consumer Fact Sheets

Communications and Outreach

FACT SHEET



Department of Health

Office of Health Insurance Programs

What You Should Know About:

Medicaid Coverage through Your Local Department of Social Services during the Coronavirus Emergency*

FREQUENTLY ASKED QUESTIONS about Medicaid coverage during the COVID-19 State of Emergency for consumers enrolled through their Local Departments of Social Services.

Applying for Medicaid During the Coronavirus (COVID-19) State of Emergency:

1. Do I include my federal stimulus payment and/or the Pandemic Unemployment Benefit as income on my Medicaid application?

- No. Both the one-time stimulus check (up to \$1,200 for single adults, \$2,400 for married couples, \$500 for children under age 17) and the weekly \$600 Pandemic Unemployment Compensation checks do not count as income on your Medicaid application.
- Any money that you have left 12 months after receiving these payments will count as a resource.

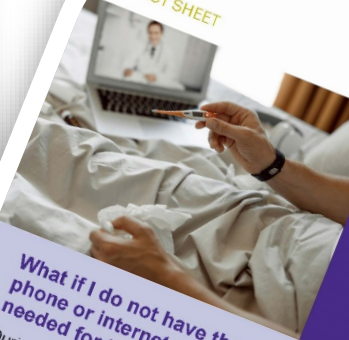
2. My elderly relative is in a hospital or nursing home and cannot sign the Medicaid application. Can I sign the application for them?

- During the COVID-19 emergency, you can help your relative get Medicaid by submitting the Access NY Health Care Application (DOH-4220-I form) and signing the Supplemental Declaration of Assets (DOH-4220-II form) on behalf of your relative's behalf. You will also need to complete the Submission of Application on Behalf of Applicant (DOH-4220-III form) and MAP-3044 for NYC applicants). This all must be signed without the applicant's signature.

- The Access NY Health Care application is available at <https://www.health.ny.gov/forms/4220-i>
- The Supplement-A form is available at <https://www.health.ny.gov/forms/4220-ii>
- The Submission of Application on Behalf of Applicant form is available at <https://www.health.ny.gov/forms/4220-iii>
- Attachment I to 17 ACR is available at www.health.ny.gov/forms/17a-cr-1
- These forms are available in Spanish at <https://www.health.ny.gov/forms/4220-i-es>

* The Coronavirus (COVID-19) State of Emergency or COVID-19 emergency means the federal public health emergency period as designated by the Secretary of Department of Health and Human Services.

FACT SHEET



Department of Health

Office of Health Insurance Programs

What You Should Know About:

Medicaid Telehealth Services During the Coronavirus Emergency

What if I do not have the phone or internet service needed for telehealth?

During the COVID-19 State of Emergency, many cell phone companies and internet providers are including some of their services at no cost for eligible consumers. These include:

- **Free Wi-Fi/Internet:**
 - Households with K-12 and college students, and those who qualify as low-income, may receive free Wi-Fi/Internet.
 - Call your service provider to see if you qualify.
- **Unlimited data and cell phone minutes:**
 - Many cell and internet companies are offering unlimited data plans for no additional charge.
 - Call your service provider for more information.
- **SafeLink Wireless:**
 - Subscribers get up to 350 minutes and 3GB of data
 - Call 1-800-SafeLink (723-3546) for enrollment and plan changes support.

Telehealth is the use of communication technologies, by phone or online, that allows providers to deliver health care to patients at a distance.

Does Medicaid cover telehealth services?

- In response to the novel coronavirus (COVID-19), coverage for both Medicaid fee-for-service and Medicaid managed care plans have expanded to cover telehealth by all Medicaid-qualified doctors and service providers whenever possible, to avoid the spread of the virus.

What telehealth services does Medicaid cover?

- Medicaid-covered telehealth services include any Medicaid-covered health or mental health service that can be provided remotely, and can include telephonic (over the phone), telemedicine (internet-based audio/visual), telehealth equipment and devices, and remote patient monitoring.

Where can I receive telehealth services?

- During the COVID-19 State of Emergency, telehealth services can be received anywhere you are located in New York State at the time health care services are delivered.



Department of Health

Additional Information is available at:

https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/



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