MEDICAID REDESIGN RECOMMENDATIONS – WHO BENEFITS? WHO GETS HURT? Updated + Revised 2/28/11

SOS-C's focus is on the impact on consumers and safety-net providers.

Recommendation	Benefits	Hurts	Comments
#2 **OFF THE LIST CHANGED AND APPEARS SOMEWHERE ELSE** Reduce and control utilization of Personal Care Services		Medicaid Consumers	Eliminate Level 1 home services – savings $150 million
#9 Eliminate targeted case management for managed care enrollees **OFF THE LIST***		Medicaid Consumers with special needs	Savings $57 million
#10 Eliminate direct marketing **CHANGED**	Facilitated Enrollment not cut.	Uninsured residents and Medicaid consumers	Fewer uninsured residents will get help enrolling in Medicaid
#12 Reduce/Redirect Indirect Medical Education Payments **OFF THE LIST***		Academic Medical Centers – although they are currently overpaid	Part of savings will be redirected to health homes to better serve consumers.
#17 Reduce fee-for-service dental payment on select procedures		Medicaid consumers	It is hard enough now to find a dentist that takes Medicaid – so will be harder
#18 Eliminate spousal refusal		Medicaid consumers	Will hurt low-income consumers and their families.
#19 Eliminate D&TC Bad Debt & Charity Care **GOOD THIS IS OFF THE LIST***		Medicaid consumers and community-based primary care.	Many public and federally funded centers provide care for many uninsured patients, and the numbers are growing. They will have to cut back services or close.
#23 Eliminate coverage for dental prosthetic appliances **GOOD OFF THE LIST***		Medicaid consumers	Limit or eliminate coverage of dentures which hurts the person's ability to get a job or eat.
#25 Remove physician component of APG's		No one	This is actually a double payment – savings $15 million
#26 Utilization Controls on Behavioral Health Clinics.	Hospitals with psychiatric beds	Mental health consumers	If not done well, this could mean a cutback in services for mental health consumers, who might need to be hospitalized.
#35 Prescription limitation to 5 per month **OFF THE LIST***		Medicaid consumers with multiple health/behavioral health conditions	This could cause people to miss medications – and often overrides don't work.
#43 Eliminate Part D Drug Wrap in Medicaid **OFF THE LIST***		Medicaid consumers	This could be very costly to low-income consumers who can't afford Part D
#61 Home Care Worker parity – CHHA/LTHHCP/MLTC	Local 1199 and home care workers		Pay parity is a good thing. No savings and actually may cost more.
#66 Revise Indigent Care Pool Distribution to Align with federal reform **A DISGRACE**		Safety net providers and the uninsured.	It is about time this is done so there can be some accountability in funding for taking

THAT THIS IS OFF THE LIST* – STATE CLAIMS THIS IS NOT HEALTH REFORM?			care of the uninsured. Should be closely watched so that formula is done well.
#67 Assist Preservation of Essential Safety-Net Hospitals, Nursing Homes, & DTC	Hospital Associations and big hospitals	Medically underserved communities, low-income, immigrant and communities of color.	We are calling this "Berger 2". No doubt there will be an effort, once again, to get federal dollars to help close or take over safety net providers.
#89 Address health homes for high cost/high need enrollees	Consumers with multiple health needs		Use federal funding to set up coordination of care for high need consumers. If done well, this is much better than managed care.
#90, 91, 92, 93, 95, 96, 97, 99, are all related to moving more Medicaid beneficiaries into managed care **ONLY 90 AND 93 REMAIN ON THE LIST – BUT IS MORE ON MANAGED CARE IN LATER PROPOSAL.**	Insurance companies and manage care companies	Medicaid beneficiaries who cannot get their needs met in managed care.	When mandatory Medicaid managed care was initiated in New York, advocates worked with government officials for several years to make the program work for people. State wants to push people with special needs into managed care – which won't work for them. More ER use and hospitalizations.
#131 Reform Medical Malpractice and Patient Safety	This is the proposal put forward by Greater NY Hospital Association and Hospital Association of NYS and supported by 1199	Parents with medically fragile infants.	Creates neurological infant medical indemnity funds and caps non-economic damages at $250,000. This could cost the state money, although there are claimed savings.
#163 Eliminate Medicaid payments for Medicare Part B co-insurance **OFF THE LIST***		Low-income Medicaid beneficiaries	This could definitely hurt low income seniors.
#196 Supportive Housing Initiative	Homeless and poorly housed persons in need of more stable living arrangements		Providing housing for people could reduce the number of unnecessary hospitalizations and re-hospitalizations.
#243 Accountable Care Organizations	Academic Medical Centers, big hospitals, and large systems.	Medically underserved communities and safety-net providers	ACO's are good idea and way of coordinating medical care. Current large networks remove services from underserved communities and expect people to travel further.
NEW #993 Eliminate bed hold policy for nursing homes.		Nursing home residents that are hospitalized and want to go back to the	The state will no longer pay for a nursing home to hold the bed. This can be

		same nursing home.	traumatic for residents who have to be moved.
NEW #990 Explore establishment of reimbursement rates to support efforts to address health disparities.	Hospitals with higher rates and hopefully consumers provided with culturally competent and linguistically competent care.		CPHS was one of the proposers, along with many other organizations. Our comments were that in all of the work done on the MRT there was no mention of culturally or linguistically competent care, nor of health care disparities. We wanted action on these issues, but did not call for increased reimbursement rates.
NEW #1021 Facilitating Co-Located physical health, behavioral health and developmental disability services.	Consumers with multiple problems		The state needs to carefully review regs to allow co-location of services.
NEW #1058 Maximize Peer Services	Medicaid consumers – and new employment opportunities		Peers are often betters able to relate to many consumers because they are from the same community, speak the same languages and/or have experienced similar problems. One note of caution: high level credentials and certifications often mean that otherwise qualified people are not hired for these positions.
New #1427 Allow consumer direction in Managed Long Term Care	Medicaid consumers		Allows for new regulations in MLTC to add Consumer Directed Personal Assistance Program
New #1451 Establish various MRT workgroups		?? If the composition of the workgroups continue to be unrepresentative and provider dominated as the MRT, then nothing positive is gained.	
New #1458 Expansion of Care Management (managed care) population	Managed care companies and other providers.	This omnibus new package "pushes" most Medicaid consumers into managed care within three years – no more exclusions or exemptions. Not everyone fits in managed care or can get the services that they need. State DOH does not now monitor availability of appointments for specialty care.	This proposal mentions added and education for consumers – but there does not appear to be any allocation to ensure that these services are available.
#4651 Global Spending Cap on Medicaid Expenditures	Ken Raske, GNYHA, HANYS	2 percent across the board cut could	This is a big part of the deal that the Governor made with hospital associations

		hurt health care safety net providers. Deal struck by hospital associations and the hospitals ($61 million) get a smaller dollar cut than non-institutional long term care ($97 million) and nursing homes ($69 million). Depends on enrollment not growing much. Leaves consumers/communities out of any planning.	and possibly 1199 to support the whole MRT package. This is a voluntary reduction effort (which often does not work) and relies on different sectors of the health care industry to work together (which often does not work). This proposal does not appear to be fully flushed out.
#4652 Reform Personal Care Services in New York City	Appears to be a negotiated deal between NYC Mayor's office and the State to maintain Personal Care Level 1 (housekeeping) services.	If done well, this proposal could benefit Medicaid consumers in NYC in need of personal care services.	This is a 3- part package: 1. Improve management and utilization for split shift (24 hours) and other high intensity users. 2. Cap housekeeping case at 8 hours a week (may not work well) 3. Increase technology and improve assessment for all personal care recipients.

*Off the list refers to recommendations that were on the original list of 47, but were removed from the package that was voted on by the MRT at the 2/23/11 meeting.