

MEMORANDUM IN SUPPORT OF RESOLUTION 712

On March 23rd, Council Member Rosie Mendez introduced Res. No. 712, that would call upon New York State Governor Andrew M. Cuomo and the New York Legislature to reopen the Medicaid Redesign process and protect low-income, medically underserved, immigrant and communities of color.

The Medicaid Redesign Team voted hastily, and with little discussion and opportunity for the public to review, on February 24, 2011, to endorse 79 Medicaid recommendations for the Governor to include in his budget. The Governor and the state legislators negotiated some changes in this package of recommendations prior to adopting the budget on March 31, 2011.

Despite the passage of the state Medicaid budget, there are still lots of issues that are not finished and/or are subject to administrative regulations. These issues have a direct impact on access to health care services in low-income, medically-underserved, immigrant and communities of color. In addition, the Medicaid Redesign Team will now tackle longer-term Medicaid issues, as they have been designated to continue meeting until the end of this year. This presents an opportunity to expand the membership of the Team to make it more diverse.

Some of the critical issues left undone and therefore subject to input and involvement of the City Council and the public are:

- Defining the health care safety net and developing proposal to provide more funding for the continuing viability of these providers.
- Developing regulations for the provision in the adopted Medicaid budget, that gives the State Health Commissioner the authority to use state HEAL (state capital dollars) funds to close, merge, or restructure safety net health care providers.
- Developing a new Charity Care allocation methodology to ensure that these funds actually follow the patient and pay for care of the uninsured – which should be beneficial to health care safety-net providers. If New York does not change its allocation method, the State stands to lose hundreds of millions of federal Disproportionate Share Hospital (DSH) dollars.
- Developing criteria that could be used when the State approaches the federal government for funding of a Medicaid waiver that would provide dollars for hospital programs.

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