














## Who is covered in New York's Medicaid Program?

### ELIGIBILITY GROUPS

	FFS <sup>1,2</sup>	MCO <sup>3-6</sup>	
Incarcerated**			Children (0-18 years)
Undocumented Immigrants <sup>+</sup>			Current & Former Foster Care Children
			Parents and other Caretaker Relatives
			Pregnant Women
			Aged, Blind, and Disabled Adults
			Dual Eligibles
			Disabled Children
			Newly Eligible Adults
			American Indians/Alaskan Natives
			Qualified Non-Citizens*
			Intellectual and Developmental Disabilities

\*Qualified non-citizens are subject to a 5-year waiting requirement, except for children under age 18 and pregnant women.

\*\*Inpatient hospital services only.

+ Emergency Medicaid services only.

### Important News

**April 2014** - Governor announced that New York would submit a waiver to create the Medicaid Redesign Team (MRT) to transform the state's health care system, curb Medicaid costs, and ensure access to high-quality care for all Medicaid members.<sup>7</sup>

**September 2016** - New York's Medicaid spending rate is falling at about twice the national average. The state has taken several steps to achieve this, such as the state's deliberate effort to control cost through the Medicaid Redesign Team. The state also put a global cap on the growth of overall Medicaid spending at the medical inflation rate and eliminated automatic annual increases in provider payments.<sup>8</sup>

**June 2017** - Governor directed the New York State Department of Financial Services to declare new emergency regulations mandating that health insurance plans not discriminate against New Yorkers with preexisting conditions or based on age or gender.<sup>9</sup>



### Medicaid Medical Director's Network



The Medicaid Redesign Team (MRT) will focus future efforts on the following key initiatives: providing care management for all, behavioral health transition to managed care, and creating a path toward value-based care.

### Do Medicaid health plans provide coverage? \* 10



YES



NO

## How has New York's Medicaid program engaged in Managed Care?

### SECTION 1115 WAIVERS<sup>11</sup>

New York Medicaid Redesign Team (MRT) waiver was created to provide coverage for most Medicaid enrollees through managed care organizations. Home and Community-Based Services (HCBS) services and Long-Term Services and Supports (LTSS) were integrated into the managed care program through amendments.



APPROVAL:  
7/15/1997

EFFECTIVE:  
12/7/2016

EXPIRATION:  
3/31/2021

- Affinity Health Plan
- Amida Care SN
- Capital District Physicians Health Plan
- Crystal Run Health Plan
- ElderPlan
- Empire BlueCross BlueShield HealthPLUS
- Excellus Health Plan
- Fidelis
- Guildnet
- HealthFirst
- HealthNow
- HIP of Greater New York
- Independent Health Association
- Liberty Health Advantage
- MetroPlus Health Plan
- MVP Health Plan
- NYS Catholic Health Plan
- Senior Whole Health
- Total Care
- Touchstone/Prestige
- UnitedHealthcare Community Plan of New York
- VNS Choice
- WellCare of New York
- YourCare Health Plan

\* Excludes ACO options.



# NEW YORK MEDICAID FACTS

## How is New York meeting the needs of Medicaid enrollees?

### Value-Based Healthcare Initiatives

New York currently has two Patient Centered Medical Home (PCMH) initiatives; Medical Home Demonstration in the Adirondack region and the statewide Medicaid PCMH demonstration. The programs include a physician-led care team, which is responsible for providing all health care needs with an emphasis on enhanced care through open scheduling, expanded hours, and communication among patients, providers, and staff. The programs evaluate quality of care through the measurement of preventive care, chronic disease management, acute care, utilization, and potentially preventable hospital admissions.<sup>12</sup>

Through a delivery system reform incentive program (DSRIP), New York implemented the **Medicaid Redesign Team (MRT)** waiver amendment. The DSRIP's purpose is to restructure the health care delivery system by changing the Medicaid program by reducing avoidable hospital use by 25% over 5 years.<sup>13</sup>

New York's **Health Home** Services include:<sup>14</sup>

- Comprehensive care management
- Health promotion and transitional care, including appropriate follow-up from inpatient to other settings
- Patient and family support
- Referral to community and social support services
- Use of health information technology to link services



### Family Planning<sup>15</sup>

Family planning services include:

- Testing for cervical cancer, pelvic problems, breast disease, anemia, and high blood pressure
- Testing and treatment for sexually transmitted diseases (STDs)
- Sterilization (tubal ligations and vasectomies)
- Emergency contraception
- Pregnancy tests
- HIV testing and pre- and post-test counseling
- Pap smears
- All types of birth control



### Women's Health

Covered services for women's health include:<sup>16</sup>

- Routine check-ups twice per year with a clinician
- Follow-up care if needed
- Breast and pelvic exams

To be eligible for Medicaid in New York, pregnant women must have an income at or below 223% of the federal poverty level (FPL).<sup>17</sup> Services for pregnant women include:<sup>18</sup>

- Routine pregnancy medical check-ups, lab work, and access to specialists
- Hospital care during pregnancy and delivery
- Information about pregnancy, labor, and delivery
- HIV counseling and testing
- Full health care for at least two months after delivery
- Infant care for at least one year after birth



### Mental Health and Substance Use Disorder

All New York state Medicaid managed care enrollees have access to behavioral health care, including:<sup>16</sup>

- Intensive psychiatric rehab treatment
- Day treatment
- Clinic continuing day treatment
- Inpatient and outpatient mental health treatment
- Partial hospital care
- Rehab services in a community home or family-based treatment
- Continuing day treatment
- Personalized recovery-oriented services
- Assertive community treatment services
- Individual and group counseling
- Crisis intervention services
- Inpatient and outpatient substance use disorder treatment
- Inpatient detoxification services
- Opioid treatment
- Residential substance use disorder treatment
- Outpatient alcohol and drug treatment services detox services
- Covered drug therapies: methadone, naloxone, naltrexone, acamprosate, and disulfiram<sup>19</sup>



### Oral Health<sup>16</sup>

All New York State Medicaid enrollees have the following dental services covered:

- Preventive dental check-ups
- Cleanings
- X-rays
- Fillings





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# Timeline

## Federal

## New York

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1966

New York adopts the Medicaid program.<sup>20</sup>



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1997

The Partnership Program, a statewide Medicaid managed care program, is authorized. The program covers acute, primary, specialty, limited long-term care, and limited behavioral health services through managed care organizations (MCOs) and primary care case management (PCCM) options.<sup>21</sup>

New York launches Managed Long-Term Care (MLTC) program, its first program for the Medicaid program using long-term services and supports (LTSS); including adults with disabilities and the dual-eligible population. The program covers institutional and community-based long-term services and supports only. Medicaid-covered primary and acute care are carved out and covered as part of fee-for-service (FFS).<sup>21</sup>

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999

1998

New York extends the Partnership Program to create Family Health Plus to provide coverage to low-income, uninsured adults through MCOs.<sup>21</sup>



2001

New York expands the Medicaid managed care program by requiring all Medicaid recipients to enroll in the Partnership Program. This applies to most aged, blind, and disabled individuals statewide; and children, caretaker relatives, and pregnant women in select counties.<sup>21</sup>

2006

2007

New York expands managed care options to dual eligibles through the Medicaid Advantage and Medicaid Advantage Plus programs; offering both Medicare and Medicaid benefits through Medicare Advantage plans. Both programs cover most acute care and LTSS care plus limited behavioral health; however, some Medicaid LTSS and prescription drugs are carved out.<sup>21</sup>

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

2011

New York begins efforts to carve-in behavioral health services into managed care.<sup>22</sup>

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2012

A statute is passed to incorporate a set of initial Accountable Care Organizations (ACOs) into the state Medicaid program.<sup>23</sup>

Long-Term Home Health Care Program (LTHHCP) 21 participants begin to transition into managed care.

ACA implementation begins.

2014

2014

State of New York authorizes Medicaid expansion to cover eligible adults up to 138% of the federal poverty level (FPL).<sup>22</sup>

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

2016

The Essential Plan covers New York residents with incomes up to 200% of the FPL.<sup>22</sup>

