



American Cancer Society ☞ Children's Defense Fund/New York ☞ Community Service Society of New York ☞
Make The Road New York ☞ Metro New York Health Care for All Campaign
New Yorkers for Accessible Health Coverage ☞ New York Immigration Coalition
Public Policy and Education Fund of New York/Citizen Action of New York ☞ Raising Women's Voices ☞
Schuyler Center for Analysis and Advocacy

Health Care For All New York

Feedback to the Medicaid Redesign Team on Proposals:

#66, #10, #19, #7, #2, #23, #35, #55 & #243

Health Care For All New York (HCFANY) is a statewide coalition of over 100 organizations committed to winning quality, affordable health coverage for all New Yorkers. We strive to bring consumer voices to the policy conversation, ensuring that real consumer concerns are reflected. We also provide expert policy analysis, advocacy, and education on important health reform issues and policies that affect New Yorkers around the state. For more information on HCFANY, visit us on the web at www.hcfany.org.

This memo outlines HCFANY's position on several of the proposals currently under review by the Medicaid Redesign Team. Our intention with this memo is to support proposals which we believe will best meet the State's goal of lowering costs and improving quality in Medicaid, with the ultimate goal of improving promoting quality health care for all New Yorkers.

HCFANY Strongly Supports Proposal #66 – Revise the indigent care pool distributions to align with Federal reform

HCFANY strongly supports the transition to an indigent care methodology for voluntary hospitals that is 100% based on losses due to care delivered to uninsured and Medicaid patients. Further, we support a methodology which uses uninsured units of services priced at the Medicaid rate as a means of distributing indigent care pool funds. This methodology should allow for a higher coverage ratio for hospitals serving high levels of Medicaid patients.

This proposal will ensure that New York is better positioned to comply with federal health reform legislation regarding DSH payments. And, while it will no longer allow hospitals to factor bad debts due to unpaid co-pays or deductibles into their funding allocations, it will create a new incentive for hospitals to promote their respective financial assistance programs, and further reduce barriers to accessing these programs.



HCFANY Strongly Opposes Proposal #10– Eliminate direct marketing of Medicaid recipients and facilitated enrollment activities by Medicaid managed care plans

Health plan facilitated enrollers (FEs) are an essential component of the state and local Medicaid eligibility and enrollment infrastructure and have been integral to New York’s ability to provide high-quality, cost-effective health coverage. In New York City alone, Facilitated Enrollers (FE) help approximately 26,000 uninsured individuals complete applications for the Medicaid and Family Health Plus programs every month. The vast majority of these applications and subsequent renewal applications are handled by health plan FEs.

Eliminating funding for managed care plan FEs would destabilize the current enrollment systems that exist across the state. FEs live in the communities they serve and provide culturally and linguistically competent assistance. Without specially trained health plan staff to provide one-on-one assistance and navigate eligibility requirements, the ranks of the “eligible but uninsured” will undoubtedly grow.

As the State moves forward to create a more simplified and accessible process under the Affordable Care Act, HCFANY believes that this measure would dismantle and undermine a key part of our State’s existing infrastructure to educate and enroll the up to 1.2 million New Yorkers who will be eligible for affordable health insurance in 2014 through Medicaid and New York’s Health Benefit Exchange.

HCFANY Strongly Opposes #19– Eliminate D&TC bad debt and charity care

Eliminating Diagnostic & Treatment Center (D&TC) indigent care pool funding would remove much-needed funding for providing care to the uninsured through our already struggling safety net system of community based health centers—a measure that would move New York in an unacceptable direction away from primary care. Care provided in community-based primary care settings helps patients avoid more expensive settings, and community-base providers often provide better language access and culturally competent services than hospitals.

Unlike the hospital indigent care pool, the D&TC pool is 100% accountable and traceable to real patients served. If anything, this pool should be increased—not eliminated. HCFANY believes that eliminating funding for bad debt and charity care would cause D&TC facilities to reduce services to the uninsured, forcing more patients into hospitals and emergency rooms. With more and more uninsured currently being served by D&TCs and FQHCs, cutting funding at this crucial time will be a step in the wrong direction.



HCFANY Strongly Opposes #7 and #2 – Elimination of the personal care benefit for persons who are not nursing home certifiable and elimination of Level 1 Personal care services

Eliminating Level 1 personal care services and limiting personal care to those not eligible for nursing homes will remove necessary supports from those who need it most, and will speed up deterioration of abilities. In the long run, costs will increase due to a greater care requirement for skilled needs. Further, this proposal would violate the *Olmstead* decision.

We hope that instead of this drastic and damaging cut, the State will consider alternative routes to lower costs in this area. Long Term Care Assessment Centers should be given a chance to identify over-authorizations. In addition, the Department of Health is also said to be implementing a Uniform Assessment Tool in the near future, which will simplify the assessment process.

HCFANY also opposes Proposal #23 and #35.

These measures unwisely reduce or eliminate benefits that assist individuals to remain in optimal health and thereby to avoid developing more acute and costly conditions that will, in the long run, increase Medicaid expenditures. These penny-wise but pound-foolish proposals include elimination of dental orthotics, and place an arbitrary monthly limit on some prescription drugs.

HCFANY Strongly Supports Proposal #55

Smoking rates among Medicaid clients is double that of the privately insured, and it is estimated expanding existing tobacco cessation counseling coverage in Medicaid to include all beneficiaries (not only pregnant women) will result in an return on investment of \$2 for every \$1 spent within the first 2.5 years alone. HCFANY views this proposal as a public health win because it is designed to save money by keeping people healthy.

HCFANY Urges Caution Regarding Proposal # 243

HCFANY also has reservations regarding Accountable Care Organizations (243). The promise of ACOs – to improve health status while controlling cost – can only be realized if consumers in ACOs are afforded all the protections of consumers in regulated managed care plans, and if the ACOs only are permitted to bear risk to the extent that they are regulated as insurers of comparable size would be. We believe this proposal needs to be separated from the MRT process and thoughtfully addressed through stand-alone legislation.

Thank you for your consideration of our concerns.