Executive Budget 2016-17

Overview of Health Provisions
(REFORM THE EARLY INTERVENTION PROGRAM)

*Health and Mental Hygiene Article VII – Part E*

Proposal to Reform the Early Intervention Program (EIP)

- Increase capacity and reduce costs by streamlining the eligibility determination process for infants and toddlers with disabilities and their families
- Improve insurance reimbursement to EIP providers, building on State Fiscal Agent (SFA) reforms
- Increase EI Provider reimbursement rates
Health and Mental Hygiene Article VII – Part E

Proposal to Streamline Eligibility

• Require screening for all children referred with a suspected developmental delay and no diagnosed condition
  • Parent may request full multidisciplinary evaluation

• Abbreviated evaluations for children with diagnosed conditions with a high probability of resulting in developmental delay
  • Use medical and other records to document child’s eligibility for the EIP
  • Assessment still conducted of child’s development in all five areas

• Establish new screening and abbreviated evaluation rates
  • Existing rates will be used until new rates are issued
Health and Mental Hygiene Article VII – Part E
Proposal to Improve Insurance Reimbursement for Providers
• Require providers to submit claims within 90 days of date of service and enroll in health care clearinghouses
• Require insurers to notify providers if a policy is subject to State insurance law upon receipt of bill or claims
• Deem orders/referrals and IFSPs as meeting medical necessity requirements for evaluations and early intervention services if the policy provides coverage for essential benefits under the Affordable Care Act
• Prohibit insurers from denying reimbursement for services based on location, duration, the fact that the service is not a covered benefit but is an essential benefit, or the provider is not a participating provider in the network
REFORM THE EARLY INTERVENTION PROGRAM

**Administrative Action**

Proposal to Increase EIP Rates

- Increase all rates by 1%
- Recognize and compensate for increased administrative activities for claiming third party payers
The Ending the Epidemic Task Force developed recommendations to end the epidemic and delivered the Blueprint to the Governor on April 29, 2015.

**The Goal:** Reduce the number of new HIV infections to just 750 (from an estimated 3,000) by the end of 2020; achieve New York’s first ever decrease in HIV prevalence.

**Three Strategies:**
- Identify persons with HIV who remain undiagnosed and link them to health care.
- Link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.
- Facilitate access to Pre-Exposure Prophylaxis (PrEP) for persons who engage in high-risk behaviors to keep them HIV negative.
The Executive Budget proposes: On World AIDS Day the Governor announced a $200 million multi-year commitment to support HIV/AIDS efforts, supplementing the $2.5 billion in public funding that the State currently directs towards addressing the health care needs of those living with the disease.

Aid to Localities, Medical Assistance Program:

$10 million annual increase for services and expenses associated with ending the epidemic, including expanding the use of pre-exposure prophylaxis, enhancement of targeted prevention activities, support for linkage and retention services and the development of a peer credentialing process.
Health and Mental Hygiene Article VII – Part G

This initiative will authorize retail business operations to operate Limited Services Clinics (LSCs) to provide services and treatments for minor illnesses and injuries and preventive/wellness treatments and services such as immunizations

- **Expand Access** - LSCs will expand access to basic primary care by offering convenience for consumers with extended hours and walk-in visits and will commit to opening locations in medically underserved areas
- **Reduce Costs** - LSCs will be required to accept Medicaid and will help reduce overall costs to the health care system by displacing more expensive visits to emergency rooms for non-emergency services, resulting in savings for consumers and payors
- **Promote Quality** - LSCs will be required to: demonstrate experience and expertise in delivering high quality health care services; attain accreditation and timely report if accreditation is lost; retain a medical director at the corporate level of the retail organization; and meet operational and physical plant standards set forth in regulation
Support Primary Care - LSCs will be required to ask if patients have primary care providers and provide a list of local providers to those that do not; prohibited from serving patients that appear for the same issue three times in a year; prohibited from serving children under 24 months of age so that they are seen by pediatricians during that time; and required to share patient information with patients’ primary care and other providers by electronic means and participate in the Statewide Health Information Network for New York (SHIN-NY)

Inform Consumers - LSCs will be required to post signage advising patients that prescriptions and over the counter supplies can be purchased from any business and do not have to be purchased on-site
Focus Medical Malpractice Funding:

• The Hospital Excess Liability Pool is currently oversubscribed, which jeopardizes the solvency of the medical malpractice insurance system as a whole.

• This proposal would prioritize limited excess medical malpractice funding to provide coverage to high-risk doctors practicing in high risk areas.

• The proposal targets excess medical malpractice subsidies to high risk medical specialties and/or high cost regions of the state while reducing the Physicians Excess Medical Malpractice Program by $25M (from $127.4M to $102.4M).

Extend the Excess Liability Pool:

• The proposal extends the hospital excess liability pool through June, 2017.
Extend Expiring Statutory Provisions

Health and Mental Hygiene Article VII Bill – Part D

- **Disproportionate Share/Intergovernmental Transfers (DSH/IGT):** Permanently extends the authority to make DSH/IGT payments to hospitals outside New York City.

- **Special Needs Plans:** Permanently extends provisions related to HIV Special Needs Plans.

- **Behavioral Rate Protection:** Permanently extends provisions related to behavioral rate protections for providers transitioning to managed care.

- **Patient Centered Medical Home:** Permanently extends the Patient Centered Medical Home authorization.

- **Temporary Operators of Health Care Facilities:** Permanently extends the authority to appoint temporary operators for certain health care facilities.