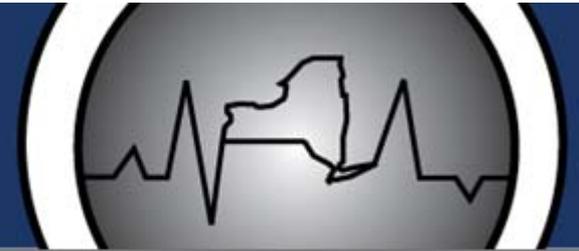


# Redesigning

## THE MEDICAID PROGRAM



# New York Medicaid Redesign Team

*Building a more affordable,  
cost-effective Medicaid program*

January 19, 2011 – Buffalo, New York  
January 20, 2011 – Rochester, New York

**WELCOME**

*Michael Dowling, Team Co-Chair*

# Medicaid Redesign Team: Membership

## Co-Chairs:

- **Michael Dowling**, Northshore LIJ Health System
- **Dennis Rivera**, SEIU Healthcare

## Executive Director:

- **Jason Helgeson**, Medicaid Director

## Members:

- **Ken Raske**, Greater NY Hospital Association
- **George Gresham**, SEIU Local 1199
- **Dan Sisto**, Healthcare Association of NYS
- **Frank Branchini**, EmblemHealth
- **Eli Feldman**, Continuing Care Leadership Coalition
- **Carol Raphael**, Visiting Nurse Service
- **Linda Gibbs**, Deputy Mayor for Health & Human Services, NYC
- **Ed Matthews**, Interagency Advisory Council Chair
- **Dr. Nirav Shah**, Department of Health
- **Mike Hogan**, Office of Mental Health
- **James Introne**, Executive Chamber
- **Max Chmura**, Office for People with Developmental Disabilities
- **Arlene González-Sánchez**, Office of Alcohol and Substance Abuse Services
- **Lara Kassel**, Medicaid Matters New York
- **Karen Ballard**, NYS Nurses Association
- **Dr. Jeffrey Sachs**, JFK Jr. Institute for Worker Education at City University of NY
- **Steve Acquario**, New York State Association of Counties
- **Ann Monroe**, Community Health Foundation
- **Steve Berger**, Partnership for New York City
- **Dr. William Streck**, NYS Public Health and Health Planning Council
- **Elizabeth Swain**, Community Health Care Association of NYS
- **Senator Kemp Hannon**, Senate Majority
- **Senator Tom Duane**, Senate Minority
- **Assemblyman Richard Gottfried**, Assembly Majority
- **Assemblyman Joseph M. Giglio**, Assembly Minority
- **Robert Megna**, Division of the Budget, Ex Officio, Non-Voting



# Meeting Agenda



- I. Review of Team Charge – Michael Dowling
- II. Timeline – Jason Helgerson
- III. What We Hope to Accomplish with Public Meetings – Jason Helgerson
- IV. Ways the Public Can Participate – Jason Helgerson
- V. State of New York Medicaid Program – Greg Allen
- VI. Public Hearing – Jason Helgerson
- VII. Questions/Next Meeting – Jason Helgerson



# TEAM CHARGE

*WE ARE ALL IN THIS TOGETHER*

**Medicaid Redesign TEAM Co-Chairs:**

*MICHAEL DOWLING, NORTSHORE LIJ HEALTH  
SYSTEM*

*DENNIS RIVERA, SEIU HEALTHCARE*

# Formal Structure

- ✓ Established under Governor Cuomo's Executive Order #5.
- ✓ 27 voting members.
- ✓ A final package of recommendations will be presented to the Team for a formal vote on March 1.

# ***TIMELINE***

*Jason Helgerson, Executive Director*

[http://www.health.ny.gov/medicaidredesign.](http://www.health.ny.gov/medicaidredesign)

# Medicaid Redesign Team: Timelines

- On or before March 1, 2011, the Team shall submit its first report to the Governor of its findings and recommendations for consideration in the budget process for New York State Fiscal Year 2011-12.
- The Team shall submit quarterly reports on its continuing review thereafter.
- Final recommendations to the Governor are due no later than the end of the State Fiscal Year 2011-12, at which time it shall terminate its work and be relieved of all responsibilities and duties.
- Final comprehensive reform plan due no later than November 2011.

# Implementation Timeline

January 5 –  
January 15

- **January 7:** First organizational meeting with Governor Cuomo. Team members announced in press release.
- **January 10:** Unveil Website. Request ideas from New Yorkers on redesigning Medicaid.
- **January 13:** First Team Meeting – Albany; outline process and timeline, overview of current program, share and gather ideas, discuss meeting dates and stakeholder process.

January 16 –  
March 1

- **January 16 – February 7:** Hold 7 Stakeholder meetings in regions – Western, Central, Northern, Hudson Valley, Long Island, NYC (2 meetings).
- **February 7:** Second Team Meeting (NYC); Brief team on stakeholder feedback and gather additional ideas.
- **March 1:** Third Team Meeting (Albany); Present draft package, vote on draft package, discuss steps toward comprehensive reform/role of team.

Upcoming  
Dates

- Additional Future Meetings (Albany/NYC).
- Focus on longer term reform ideas; provide updates on implementation of approved proposals.
- Dates: May 3, July 1, September 1, November 1.
- Final report due November 2011.

# Regional Hearings



**Seven regional forums are being held throughout the State to solicit ideas from New Yorkers. Forums will be held in each of the following regions:**

Western New York: Wednesday, January 19: 1:30 p.m. - 4:30 p.m. Roswell Park Cancer Institute – Buffalo

- *Buffalo, Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties*

Central New York: Thursday, January 20: 10:30 a.m. - 1:30 p.m. National Museum of Play at The Strong – Rochester

- *Broome, Cayuga, Chemung, Chenango, Cortland, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Oneida, Onondaga, Ontario, Oswego, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne and Yates Counties.*

NYC: Thursday, January 27: 10:00 a.m. - 1:00 p.m. Baruch College, New York City & Bronx Community College, New York City 3:00-6:00 p.m.

- *New York, Bronx, Kings, Queens, Richmond*

Long Island: Friday, January 28: 10:00 a.m. - 1:00 p.m. Hofstra University – Long Island

- *Nassau, Suffolk Counties*

Hudson Valley: Wednesday, February 2: 10:30 a.m. - 1:30 p.m. SUNY New Paltz

- *Delaware, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties*

Northern: Thursday, February 3: 10:30 a.m. - 1:30 p.m. SUNY Adirondack Community College – Queensbury

- *Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties*

# What We Hope to Accomplish

## Step 1 – 2011-12 State Budget



- **The Team's role is two-fold:**
  - ✓ Provide good ideas for how to lower costs and improve quality in New York's Medicaid Program.
  - ✓ Evaluate ideas generated through the Stakeholder engagement process and by State staff.
- **Final Product**
  - ✓ *A reform package that both saves money and improves quality.*

# What We Hope To Accomplish

## Step 2 – Long Term Reform



- While next year's Budget is our top priority this Team will continue its work well into next year.
- After we deal with the Budget we will continue to meet on a quarterly basis to discuss long-term reform proposals.
- We will explore comprehensive payment reform, the implementation of national health care reform and further opportunities to better coordinate between Medicare and Medicaid.
- Plenty to do beyond our current budget challenges.

# What We Hope to Accomplish With Public Meetings



- ✓ We want to hear from New Yorkers.
- ✓ 4.7 million New York residents receive vital health care services through Medicaid.
- ✓ We need your ideas on how to improve quality and lower costs in the Medicaid program.

# Ways The Public Can Participate

- ✓ Attend and play a part in public hearings.
- ✓ Provide ideas via the Website at:  
<http://www.health.ny.gov/medicaidredesign>.
- ✓ Attend team meetings.
- ✓ The public is already participating. We have collected over 600 ideas through the Medicaid Redesign Website.
- ✓ Once all public feedback has been collected a report will be available at: <http://www.health.ny.gov/medicaidredesign>.



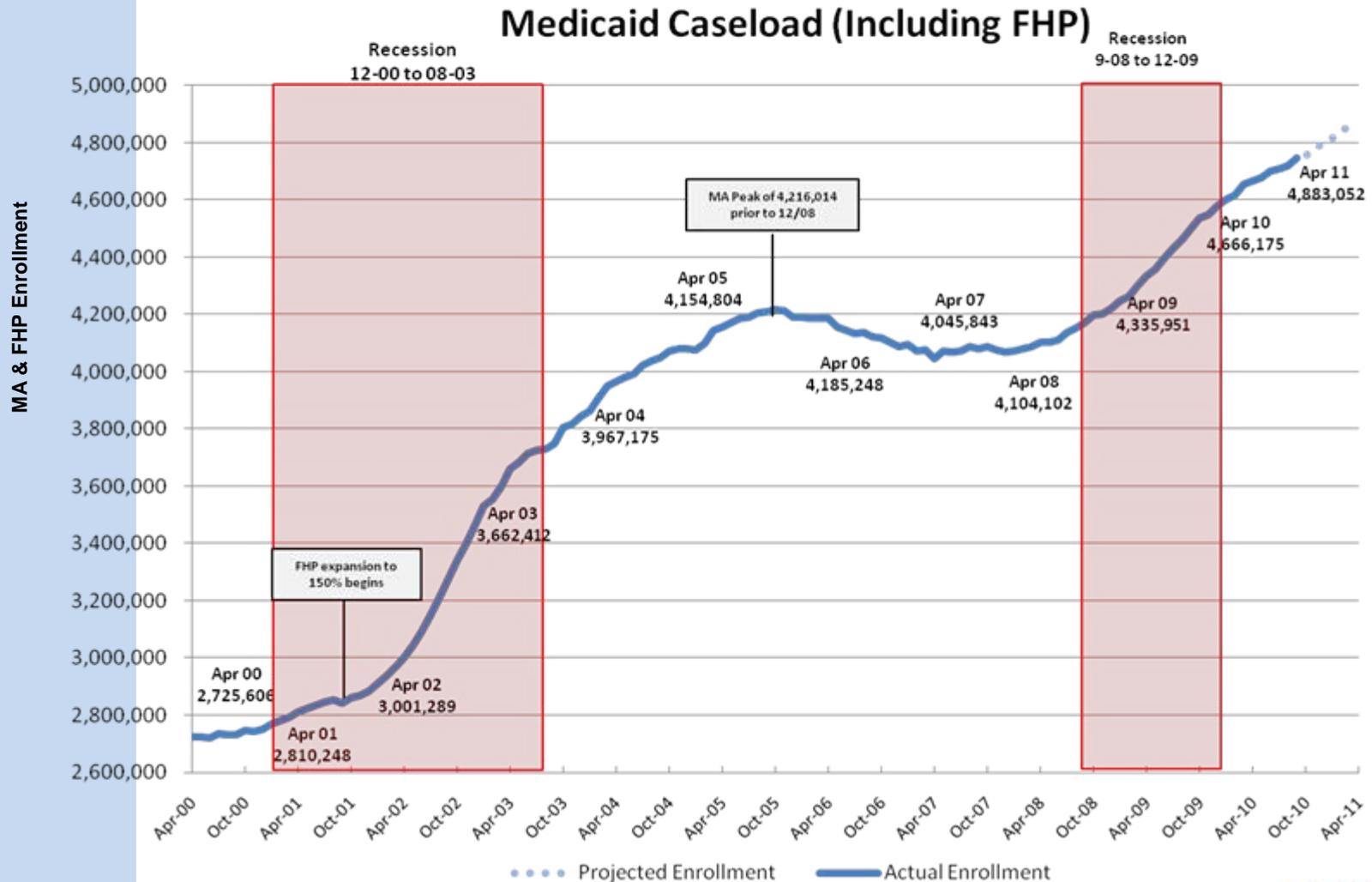


# State of New York Medicaid Program

## ***OVERVIEW OF ENROLLMENT, QUALITY, AND SPEND***

*Greg Allen, DOH, Division of Financial Planning and Policy*

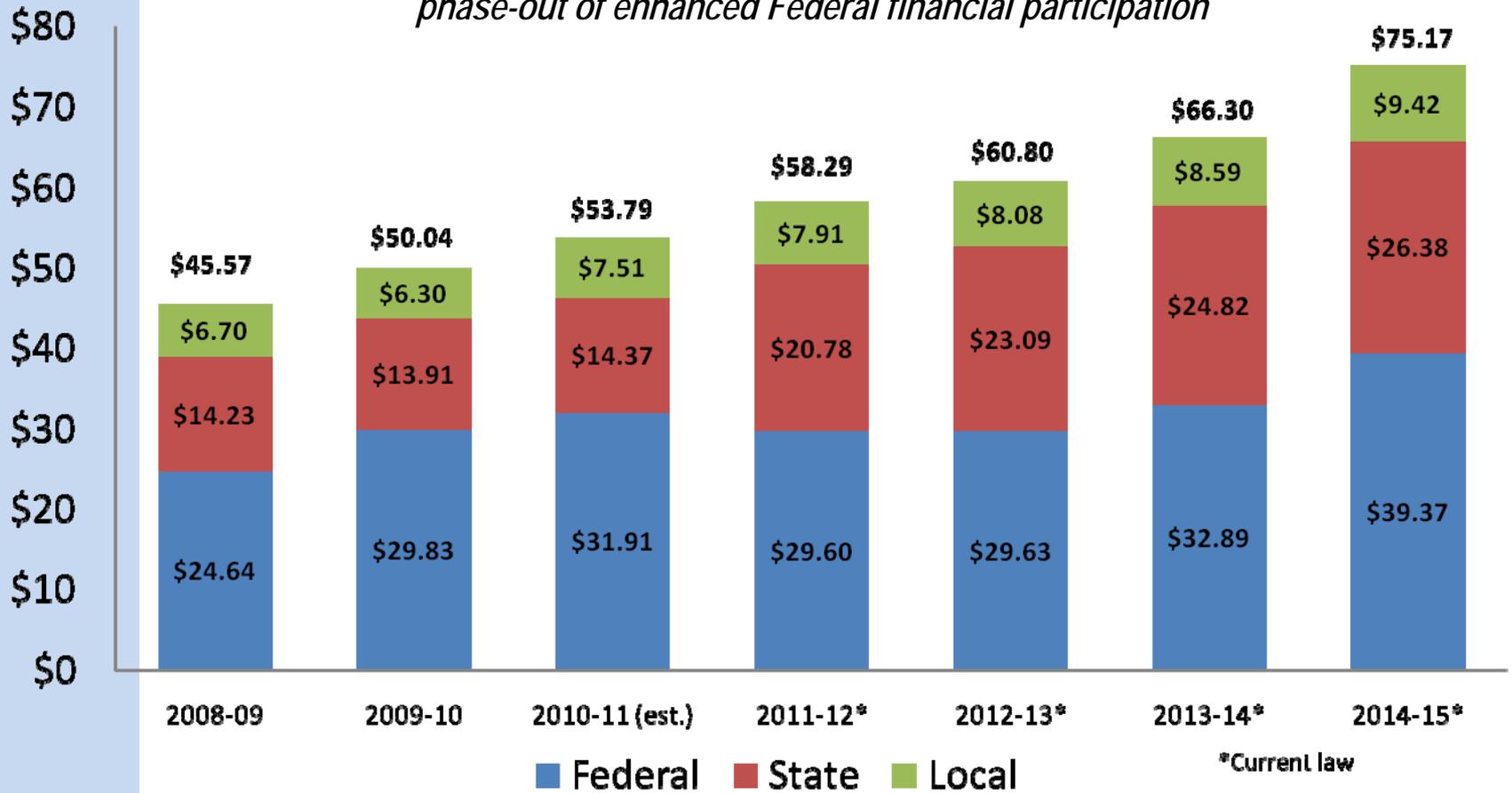
# Overview: Historical Enrollment



# Overview - Historical Medicaid Spending

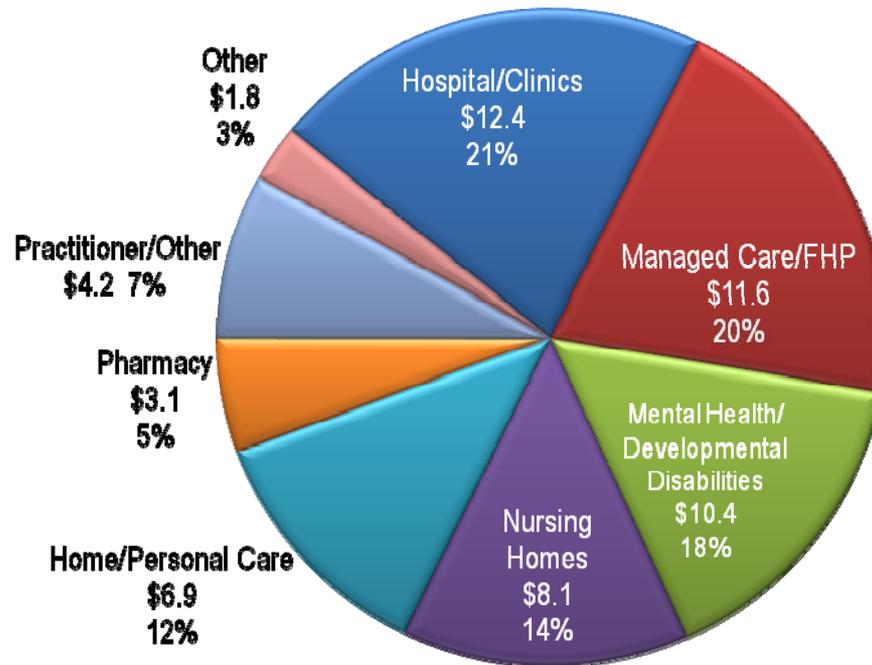
(\$ in Billions)

*State share will increase markedly in 2011-12 due to local cap and phase-out of enhanced Federal financial participation*



# Overview: Current Medicaid Spending By Program

2011-12 Base-level All Funds Total  
\$58.3 Billion



# State of Quality – All Payer

*New York has average performances key quality indicators ... but is 50<sup>th</sup> on avoidable hospital use*

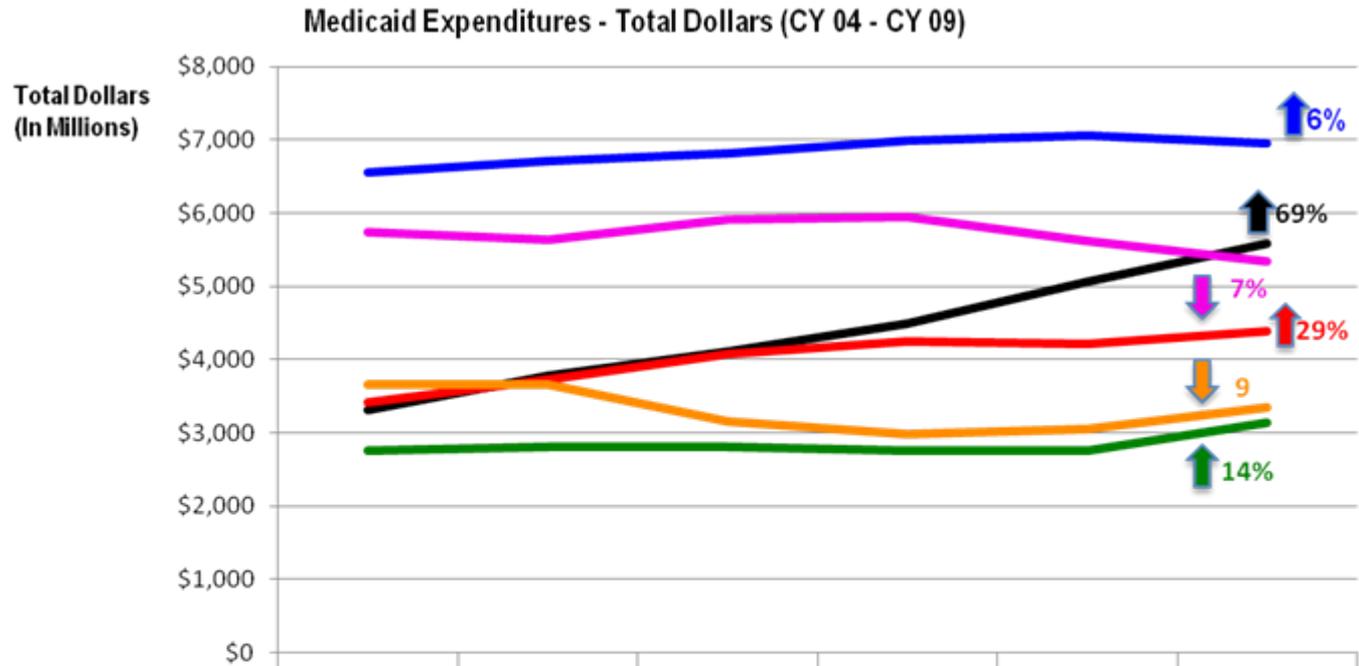
## 2009 Commonwealth State Scorecard on Health System Performance

Care Measure	National Ranking
Percentage of Uninsured Adults	28 <sup>th</sup>
Quality of Health Care	22 <sup>nd</sup>
Public Health Indicators	17 <sup>th</sup>
Avoidable Hospital Use and Cost	<b>50<sup>th</sup></b>
<ul style="list-style-type: none"><li>▪ Percent home health patients with a hospital admission</li><li>▪ Percent nursing home residents with a hospital admission<ul style="list-style-type: none"><li>▪ Hospital admissions for pediatric asthma</li></ul></li><li>▪ Medicare ambulatory sensitive condition admissions<ul style="list-style-type: none"><li>▪ Medicare hospital length of stay</li></ul></li></ul>	<ul style="list-style-type: none"><li>▪ 49<sup>th</sup></li><li>▪ 34<sup>th</sup></li><li>▪ 35<sup>th</sup></li><li>▪ 40<sup>th</sup></li><li>▪ 50<sup>th</sup></li></ul>

NYS appears to be dealing with a systemic quality issue that stretches across payers and across health care deliver sectors.

# State of Medicaid Spending - All

*LTC and waiver services growing – Inpatient fee-for-service down*



	CY 04	CY 05	CY 06	CY 07	CY 08	CY 09
Institutional LTC	\$6,552	\$6,703	\$6,817	\$6,987	\$7,064	\$6,948
OPWDD/OMH Waivers	\$3,314	\$3,780	\$4,108	\$4,498	\$5,069	\$5,589
Inpatient	\$5,732	\$5,629	\$5,914	\$5,939	\$5,614	\$5,341
Non-Institutional LTC	\$3,410	\$3,734	\$4,074	\$4,256	\$4,218	\$4,385
Drugs Net of Rebates	\$3,663	\$3,663	\$3,160	\$2,977	\$3,062	\$3,351
Physician and Clinic (inc. OPD)	\$2,761	\$2,819	\$2,810	\$2,755	\$2,761	\$3,144

# State of Medicaid Spending – LTC

*Trend - Spending Up 26%; Recipients Flat*

LTC Per Recipient Spending Trends by Service (\$ 000)							
	2003			2009			% Change In Per Recipient Spending 2003 to 2009
	# of Recipients	Total (\$)	\$ Per Recipient	# of Recipients	Total (\$)	\$ Per Recipient	
Nursing Homes	139,080	\$5,946,989	\$42,759	128,377	\$6,345,047	\$49,425	15.6%
ADHC	16,365	266,248	16,269	22,954	461,442	20,103	23.6%
LTHHCP	26,804	510,250	19,036	26,572	695,666	26,180	37.5%
Personal Care	84,823	1,824,729	21,512	75,023	2,232,735	29,761	38.3%
MLTC	12,293	444,341	36,146	33,826	1,219,055	36,039	-0.3%
ALP	3,538	50,488	14,270	4,720	86,028	18,226	27.7%
Home Care/CHHA	92,553	760,347	8,215	86,641	1,349,000	15,570	89.5%
<b>Total</b>	<b>318,617</b>	<b>\$9,803,392</b>	<b>\$30,769</b>	<b>318,984</b>	<b>\$12,388,973</b>	<b>\$38,839</b>	<b>26.2%</b>

# State of Medicaid Spending: High Cost Enrollees

865,000 Patients with Multiple Chronic Illnesses

## I/Developmental Disability

- 50K Recipients  
- \$6.4B/\$10,500 PMPM

**Issues:** Very High Cost - Waiver and FFS Expense is Growing Rapidly

## Long Term Care

- 200K Recipients  
- \$10.5B/\$4,500 PMPM

**Issues:** High Cost; Lack of Management; High Intensity LTC and IP Services without coordination

## Behavioral Health

-300K Recipients  
- \$5.0B/\$1,400 PMPM

**Issues:** High Cost; Socially Unstable, Lack of Services Management; Lack of BH and Physical Health Care Coordination

## Chronic Medical

-300K Recipients  
- \$2.4B/\$695 PMPM

**Issues:** High Cost; Lack of Services Management; Lack of Physical Care Coordination

# ***PUBLIC HEARING***

*Jason Helgerson*

# Public Hearing Ground Rules



- ✓ We want to hear from as many people as possible.
- ✓ All speakers will have two minutes to present their idea(s).
- ✓ The purpose of the hearing is to gather ideas on how to improve quality and lower costs in the Medicaid program.
- ✓ We will document every idea we receive today.
- ✓ If you have individual specific concerns regarding the Medicaid program, please see Department staff.

***WE WANT TO HEAR  
FROM YOU!***

[http://www.health.ny.gov/medicaidredesign.](http://www.health.ny.gov/medicaidredesign)