

Care Management for All

The NYS Department of Health has established a goal of having virtually all Medicaid enrollees served in care management by April 2018. This initiative, deemed *Care Management for All*, began in SFY 11/12 as a Medicaid Redesign Team (MRT) proposal. It will improve benefit coordination, quality of care, and patient outcomes over the full range of health care; including mental health, substance abuse, developmental disability, and physical health care services. It will also redirect almost all Medicaid spending in the state from fee-for-service Medicaid (under which health services providers bill directly to the state) to “care management”, under which a managed care organization is paid a capitated rate by the state and is then responsible for managing patient care and reimbursing service providers. The care management system currently in place includes comprehensive plans, HIV/AIDS special needs plans, partial capitation long term care plans, and Medicare/Medicaid supplemental plans. As *Care Management for All* comes to fruition, additional Medicaid managed care plans tailored to meet the needs of the transitioning population will be added, including mental health and substance abuse “Health and Recovery Plans” (HARPs), and “Fully Integrated Duals Advantage” (FIDA) plans for Medicare/Medicaid “dual eligibles”.

As of April 1, 2012, nearly four million of the five million NYS residents enrolled in Medicaid were already in care management, with, however, a significant portion of the benefits for those persons remaining outside the care management benefit package. Over the next four years, the bulk of the excluded benefits and patient populations will move into care management on a predetermined schedule. The two charts in the accompanying Excel file detail the planned transition of the populations and benefits, beginning in April 1, 2012.

As the *Care Management for All* implementation moves ahead:

- Enrollment in care management will rise to 95% of the Medicaid population.
- Fee-for-service spending will ultimately drop to only 4% of all Medicaid spending.
- Medicaid spending flowing through care management will exceed \$45B.