

Medicaid
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Matters

**The Need for an Enrollee
Ombudsman**

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Medicaid Matters NY

StateWide Senior Action Council
Annual Convention
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Medicaid Matters NY

- Statewide coalition of over 140 organizations representing the interests of New Yorkers served by the Medicaid program
- Established in 2003 in response to threats to Medicaid at the state and federal levels
- Systems advocacy on behalf of Medicaid beneficiaries is crucially important because of the many competing interests in Albany

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Changes to Medicaid in New York

- Many initiatives to “bend the cost curve”; just some examples:
 - Primary care investments
 - Regional planning
 - Benefit review
- Global Medicaid spending cap
- State takeover of administration from the counties
- Implementation of Federal health reform

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Expansion of Medicaid Managed Care

- From a consumer perspective, the biggest change to Medicaid
- Over 1 million people will be new to Medicaid Managed Care in the next few years

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Expansion of Medicaid Managed Care (cont'd)

Various types of care management in Medicaid:

- Traditional/mainstream managed care
- Health Homes
- Behavioral Health Organizations (BHOs)
- Managed Long Term Care
- Fully Integrated Duals Advantage (FIDA)
- Developmental Disabilities Individualized Support Care Coordination Organizations (DISCOs)

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Expansion of Medicaid Managed Care (cont'd)

		Fee-for-Service	Managed Care
Individual	<i>Services</i>	Wide provider choice; minimal limits on services; limited care coordination	Provider choice limited; services limited; focus on care coordination
	<i>Finances</i>	Varying co-pays	Varying co-pays and incentives
Provider	<i>Services</i>	Driven by provider assessment of need, subject to review	Usually determined and authorized by plan
	<i>Finances</i>	State sets reimbursement, volume-driven	Rate negotiated with plan, volume controlled
Payer	<i>Services</i>	Scope driven by federal and state laws, regs and policy	Scope driven by contract with managed care plan
	<i>Finances</i>	Total paid = rate X service utilization	Total paid = per member per month (PMPM) X number of enrollees

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Medicaid Managed Care: Advocate Concerns

- Choice
- Transitions
- Consumer knowledge of their rights
- Network adequacy
- Plan capacity and knowledge
- Oversight, monitoring, and reporting
- Capitation incentive for reducing access

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Medicaid Managed Care Ombudsman Program: Background

- Born from MMNY Managed Care Workgroup in October 2011
- Proposed to NYS DOH in January 2012
- Design development and outreach for feedback/input in Spring 2012
- In “Super Waiver” application to CMS in August 2012
 - \$23 million over five years, begin with MLTC

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Medicaid Managed Care Ombudsman Program: Components

- Independent, individual assistance services for people with disabilities or chronic illness
- Systems advocacy for these constituencies who are new to Medicaid Managed Care
- “Hub and spokes” model to provide on-the-ground assistance
- Statewide distribution of disability specialists and legal experts
- Build on success of existing programs, strengthen local capacity

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Medicaid Managed Care Ombudsman Program: Next Steps

- Create a workgroup within MMNY
- Need a better program name!
- Continue to work with NYS DOH on program design and implementation
- Figure out how to integrate with OPWDD

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Thank you!

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Matters 11