



Department  
of Health

# **2023-24 Enacted Budget Briefing and Questions & Answers**

**New York State Department of Health  
Office of Health Insurance Programs**

June 15, 2023

# Today's Presenters

- **Amir Bassiri**, Medicaid Director
- **Michael Ogborn**, Medicaid Deputy Director and Chief Financial Officer
- **Amanda Lothrop**, Medicaid Chief Operating Officer
- **Danielle Holahan**, Executive Director for the NY State of Health (NYSoH)
- **Sue Montgomery**, Senior Advisor to the Medicaid Director
- **Lisa Sbrana**, Director, Division of Eligibility and Marketplace Integration
- **Trisha Schell-Guy**, Director, Division of Program Development and Management
- **Doug Fish**, Chief Medical Officer, Division of Medical and Dental Directors
- **Kim Leonard**, Pharmacy Bureau Director, Division of Program Development and Management
- **Kate Bliss**, Bureau Director, Division of Program Development and Management
- **Emily Engel**, Bureau Director, Division of Program Development and Management
- **Sarina Master**, Bureau Director, Division of Program Development and Management

# Agenda

- FY 2024 Medicaid Scorecard
- Overview of Budget Spending
- FY 2024 Budget Actions
  - *Hospital*
  - *Nursing Home*
  - *Other Long-Term Care*
  - *Managed Care*
  - *Essential Plan*
  - *Pharmacy*
- FY 2024 State of State Investments and Other Budget Actions

## FY 2024 Enacted Budget | Medicaid Scorecard (Page 1)

(State Share \$ in millions)	Implementation Date	Article VII / Admin	FY 2024	FY 2025
<b>Global Cap Forecast (Surplus)/Deficit</b>			<b>\$1225.70</b>	<b>\$1390.80</b>
<b>Signed Legislation</b>			<b>\$6.30</b>	<b>\$6.70</b>
A.9542 Programs of All-Inclusive Care for the Elderly (PACE) Licensure	6/27/23	Admin	\$0.30	\$0.50
A.299B Applied Behavioral Analyst Expansion	10/1/22	Admin	\$6.00	\$6.20
<b>Enrollment Update</b>			<b>\$0.00</b>	<b>\$226.60</b>
Forecasted Enrollment Projections	4/1/23	Admin	\$547.00	\$139.60
Financial Plan adjustment for COVID Enrollment	4/1/23	Admin	(\$547.00)	\$87.00
<b>Global Cap Index Update</b>	4/1/23	Admin	<b>(\$475.20)</b>	<b>(\$694.00)</b>
<b>Global Cap (Surplus)/Deficit</b>			<b>\$756.80</b>	<b>\$930.10</b>
<b>Budget Actions</b>			<b>(\$253.2)</b>	<b>(\$687.4)</b>
<b>Hospital Actions</b>			<b>\$28.90</b>	<b>\$63.30</b>
Additional SUNY Disproportionate Share Hospital (DSH) Support	4/1/23	Admin	\$71.60	\$106.00
Voluntary Hospital Indigent Care Reduction	4/1/23	Article VII	(\$42.70)	(\$42.70)
<b>Nursing Home Actions</b>			<b>\$121.40</b>	<b>\$121.40</b>
Removal of Nursing Home Staffing Pool	4/1/23	Admin	(\$93.50)	(\$93.50)
Increase Nursing Home reimbursement by 6.5% (up to 7.5% total, subject to FFP)	4/1/23	Article VII	\$204.80	\$204.80
Increase Assisted Living Program (ALPs) reimbursement by 6.5%	4/1/23	Article VII	\$11.70	\$11.70
DOH Veterans Homes Investment	4/1/23	Admin	(\$1.50)	(\$1.50)
<b>Other Long-Term Care Actions</b>			<b>(\$15.00)</b>	<b>(\$122.00)</b>
Increase Managed Long Term Care Partial (MLTCP) Medical Loss Ratio (MLR) to 89%	4/1/24	Admin	\$0.00	(\$55.00)
Discontinue Managed Long Term Care (MLTC) Distressed Plan Pool	4/1/23	Admin	(\$15.00)	(\$15.00)
Managed Long-Term Care Plans (MLTCP) Reforms	1/1/24	Article VII	\$0.00	(\$52.00)
<b>Managed Care Actions</b>			<b>(\$213.20)</b>	<b>(\$177.00)</b>
Increase Mainstream Managed Care (MMC) MLR to 89%	4/1/24	Admin	\$0.00	(\$12.00)
Delay Implementation of Undocumented Coverage Expansion for 65+	1/1/24	Article VII	(\$171.90)	\$0.00
Keep Pregnancy Coverage in Essential Plan	1/1/24	Admin	(\$41.30)	(\$165.00)
<b>Pharmacy Actions</b>			<b>\$73.70</b>	<b>(\$64.10)</b>
NyRx Transition	4/1/23	Admin	(\$410.00)	(\$547.80)
Support for Ryan White Centers (NyRx Reinvestment)	4/1/23	Admin	\$30.00	\$30.00
FQHC and DTC Supplemental Payments (NyRx Reinvestment)	4/1/23	Admin	\$135.00	\$135.00
Increase Hospital Inpatient reimbursement by 7.5% (NyRx Reinvestment)	4/1/23	Article VII	\$318.80	\$318.80

**FY 2024 Enacted Budget | Medicaid Scorecard (Page 2)**

<b>(State Share \$ in millions)</b>	<b>Implementation Date</b>	<b>Article VII / Admin</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Other Actions</b>			<b>(\$249.10)</b>	<b>(\$509.00)</b>
Utilize Available Federal Funding	4/1/23	Admin	(\$219.10)	(\$439.00)
Recalibrate Health Homes	10/1/23	Admin	(\$30.00)	(\$70.00)
<b>State of the State Investments</b>			<b>\$180.40</b>	<b>\$416.40</b>
<b>Expand Medicaid Buy-In for those with Disabilities</b>	1/1/25	Article VII	<b>\$0.00</b>	<b>\$60.00</b>
<b>Expand Medicaid Coverage of Preventative Care</b>			<b>\$53.60</b>	<b>\$105.20</b>
Expand nutritionist coverage to all populations	10/1/23	Article VII	\$13.50	\$18.00
Increase in supportive housing funding	10/1/23	Admin	\$15.00	\$30.00
Increase reimbursement rates for dental services to ensure access for all Medicaid members	7/1/23	Admin	\$1.00	\$1.40
Increase Medicaid reimbursement for private practice dentists serving the IDD population	7/1/23	Admin	\$0.30	\$0.40
Increase reimbursement for ambulatory surgery dental services for IDD population	7/1/23	Admin	\$4.30	\$5.70
Establish Medicaid reimbursement for CDSMP for arthritis management	10/1/23	Article VII	\$0.10	\$0.10
Establish Adverse Childhood Experience screening reimbursement	1/1/24	Admin	\$4.80	\$19.20
Ensure Medicaid coverage of Preventive Mental Health Services	10/1/23	Admin	\$6.00	\$12.00
Statewide Medicaid coverage and Higher Reimbursement for Doulas	1/1/24	Admin	\$2.30	\$8.50
Medicaid coverage of spinal muscular atrophy screening	10/1/23	Admin	\$3.70	\$6.40
Increased vaccine administration fees to expand access to children	7/1/23	Admin	\$2.70	\$3.60
<b>Improve Access to Primary Care</b>			<b>\$46.00</b>	<b>\$104.40</b>
Benchmarking primary care reimbursement to 80% of Medicare	10/1/23	Admin	\$17.70	\$35.30
Promote Telehealth through eVisits	10/1/23	Admin	\$0.80	\$1.60
Ensuring coverage of primary and urgent care in shelter system	1/1/24	Admin	\$0.00	(\$2.40)
Increase reimbursement for School Based Health Centers	4/1/23	Admin	\$1.40	\$1.40
Establish Medicaid reimbursement for Community Health Workers for more populations (including high-risk populations, maternity, children under 21, etc.)	1/1/24	Article VII	\$8.70	\$34.70
Integrated Licensure Standards	10/1/23	Admin	\$16.30	\$32.70
Eliminate Hepatitis C by Implementing Universal Hepatitis C (HCV) Screening	4/1/23	Admin	\$1.00	\$1.00
Reimburse Screening for Congenital Syphilis during the 3rd Trimester	4/1/23	Admin	\$0.20	\$0.20
<b>Ensure Adequate Medicaid Reimbursement for Transportation Services by Increasing Reimbursement Rates</b>	7/1/23	Admin	<b>\$13.70</b>	<b>\$18.20</b>
<b>Stabilize and Strengthen New York's Reproductive Health System</b>	10/1/23	Admin	<b>\$8.30</b>	<b>\$14.10</b>
<b>Mental Hygiene SOTS Impacts</b>			<b>\$58.90</b>	<b>\$114.40</b>
Expand the Comprehensive Psychiatric Emergency Program (CPEP)	10/1/23	Admin	\$12.00	\$24.00
Expand the Assertive Community Treatment (ACT) Program	10/1/23	Admin	\$4.60	\$9.20
Expand the Certified Community Behavioral Health Clinic (CCBHC) Program	4/1/23	Article VII	\$3.50	\$16.20
Certified Community Behavioral Health Clinic (CCBHC) Indigent Care Program	4/1/23	Article VII	\$11.30	\$22.50
Health Home Plus Expansion	4/1/23	Admin	\$2.50	\$2.50
Expand Article 31 Clinic Capacity	7/1/23	Admin	\$15.00	\$20.00
Increase reimbursement rates for School Based Mental Health Clinics	10/1/23	Admin	\$10.00	\$20.00
<b>Total Global Cap (Surplus)/Deficit</b>			<b>\$684.00</b>	<b>\$659.10</b>



FY 2024 Enacted Budget   Medicaid Scorecard (Page 3)				
(State Share \$ in millions)	Implementation Date	Article VII / Admin	FY 2024	FY 2025
<b>Enacted Adds</b>			<b>(\$684.00)</b>	<b>(\$659.10)</b>
<b>Adds</b>			<b>\$606.00</b>	<b>\$106.00</b>
Financially Distressed and Safety-Net Hospitals Support	4/1/23	Admin	\$500.00	\$0.00
Increase Hospital Outpatient reimbursement by 6.5%	4/1/23	Article VII	\$76.10	\$76.10
Additional 1.5% OSA COLA	4/1/23	Admin	\$29.90	\$29.90
<b>Wage Actions</b>			<b>(\$44.40)</b>	<b>(\$381.60)</b>
Wage Parity Savings	1/1/24	Admin	(\$115.00)	(\$469.00)
Additional QIVAP Support	4/1/23	Admin	\$70.60	\$87.40
<b>Additional NYRx Reinvestment</b>	4/1/23	Admin	<b>\$35.00</b>	<b>\$35.00</b>
<b>Avails</b>			<b>(\$1,280.60)</b>	<b>(\$418.50)</b>
Prior Year State Funding Advance Recoveries	4/1/23	Admin	(\$177.60)	\$0.00
Financial Plan Support of OSA COLA	4/1/23	Admin	(\$29.90)	(\$29.90)
Available HCBS eFMAP	4/1/23	Admin	(\$214.00)	\$0.00
Timing of Payments and Other Revisions	4/1/23	Admin	(\$859.10)	(\$388.60)
<b>Total Global Cap (Surplus) / Déficit</b>			<b>\$0.00</b>	<b>\$0.00</b>
Minimum Wage Index Increase	10/1/23	Article VII	\$52.70	\$268.50
Delay \$1 Homecare Wage to 1/1/24	1/1/24	Article VII	(\$96.50)	\$0.00
<b>Total Financial Plan Support for Minimum Wage (Outside the Global Cap)</b>			<b>(\$43.80)</b>	<b>\$268.50</b>

## Overview of Medicaid Spending under the Enacted Budget

- CY 2023 began with approximately 7.8 million individuals enrolled in Medicaid.
- Enrollment is projected to decline in FY 2024 to 6.9 million individuals.
- This is due to the redetermination of eligibility for all Medicaid enrollees (unwind) starting in April 2023 and ending in May 2024.

Summary of Medicaid Spending All Funding Sources				
Medicaid Spending (\$ in Millions)	FY 2023	FY 2024	Change	
			Dollars	Percent
<b>Total Medicaid*</b>	\$98,965	\$108,672	\$9,707	9.8%
<b>DOH Global Spending Cap**</b>	\$26,161	\$28,110	\$1,949	7.5%

*\*Includes the Essential Plan.*

*\*\*Department of Health (DOH) Medicaid spending not subject to the Global Cap Index includes certain Medicaid spending in other agencies, administrative costs, such as the takeover of local administrative responsibilities, costs related to a portion of the takeover of local government expenses, and costs related to State mandated increases in the minimum wage and other wage enhancements.*

# Budget Actions

June 2023



# Hospital Actions

## Additional SUNY Disproportionate Share Hospital (DSH) Support – Administrative

- Provides additional funding for undercompensated and uncompensated care provided by the three State University of New York (SUNY) teaching hospitals – SUNY Upstate Medical Center, SUNY Downstate Medical Center, and Stony Brook University Hospital – associated with increased Hospital-Specific DSH Caps.

FY 2024 State Impact	FY 2025 State Impact
\$71.6M	\$106.0M

## Voluntary Hospital Indigent Care Pool (ICP) Reduction – Article VII (HMH Part Y)

- This reduction would only apply to voluntary hospitals whose public payor (Medicare + Medicaid) mix is less than the Statewide Average. Hospitals qualifying as Enhanced Safety Net (ESN) Hospitals under PHL 2807-c will be exempt from this reduction.

FY 2024 State Impact	FY 2025 State Impact
(\$42.7M)	(\$42.7M)

## 7.5% Trend on Inpatient Acute Rates and 6.5% Trend on Hospital Outpatient Rates – Article VII (HMH Part E)

- Hospitals will receive a 7.5% trend to the operating component of their inpatient acute rates and a 6.5% trend on outpatient rates

	FY 2024 State Impact	FY 2025 State Impact
Inpatient	\$318.8M	\$318.8M
Outpatient	\$76.1M	\$76.1M

# Home Care Wage

## Article VII – HMH Part NN

- Implements new Home Care wage increases effective January 1, 2024 which are specified in statute for Calendar Years (CY) 2024, 2025 and 2026 as follows:

Home Care Wage Schedule		
Calendar Year	Downstate*	Rest of State
2024	\$18.55	\$17.55
2025	\$19.10	\$18.10
2026	\$19.65	\$18.65

\*New York City, Nassau, Suffolk & Westchester

- Home Care wages for CY 2027 and beyond are indexed to the Consumer Price Index (CPI).
- The prior \$1.00 wage increase (effective October 1, 2023) from the FY 2023 Enacted Budget is repealed, and instead, incorporated into the new CY 2024 wages specified in the statute.

## Home Care Wage (Continued)

- Consistent with the new Home Care wage increase, effective January 1, 2024, Wage Parity is reduced by \$1.55 per hour in the applicable regions.
  - New York City reduced from \$4.09 to \$2.54 per hour; and
  - Downstate (Nassau, Suffolk & Westchester) from \$3.22 to \$1.67 per hour.

Proposals	FY 2024 State Impact	FY 2025 State Impact
Home Care Minimum Wage Increase	\$52.7M	\$268.5M
Delay \$1 Homecare Wage to 1/1/24	(\$96.5M)	\$0
Wage Parity Savings	(\$115.0M)	(\$469.0M)

# Nursing Home and Assisted Living Program (ALP) Actions

## Repurpose Nursing Home Staffing Investment and Increase Operating Rates by up to 7.5% - Article VII (HMH Part I)

- Repurposes Nursing Home Staffing funding to provide increased support through a structural long-term increase to the operating component of NH Medicaid rates.

	FY 2024 State Impact	FY 2025 State Impact
Repurpose Nursing Home Staffing Investment	(\$93.5M)	(\$93.5M)
Increase Nursing Home Operating Rates by 6.5% (up to 7.5% total, subject to FFP)	\$204.8M	\$204.8M

## Increase ALP Operating Rates by 6.5% – Article VII (HMH Part I)

- Provides an increase to the operating component of Medicaid rates.

FY 2024 State Impact	FY 2025 State Impact
\$11.7M	\$11.7M

# Managed Long Term Care (MLTC) Actions

## Discontinue the MLTC Distressed Plan Pool – Administrative

- Eliminating funding associated distressed plan pool funding for the MLTC program.

FY 2024 State Impact	FY 2025 State Impact
(\$15M)	(\$15M)

## Increases MLTC Medical Loss Ratio (MLR) – Administrative

- Increases MLTC MLR from 86% to 89% to ensure Medicaid funds are spent on enrollee Medical expenses.

FY 2024 State Impact	FY 2025 State Impact
-	(\$55.0M)

## Additional QIVAP Support – Administrative

FY 2024 State Impact	FY 2025 State Impact
\$70.6M	\$87.4M

# MLTC Reforms

## Article VII – HMH Part I

This proposal provides authority for DOH to continue the MLTC Partial Capitation (MLTCP) moratorium until 2027 and reform MLTCP through Performance Standards. To participate in MLTCP, plans will be required to meet the following criteria by January 1, 2024:

- Plans must have a DSNP 3 STARs or higher
- Plans must not be categorized as a ‘poor performer’ by CMS or have an excessive volume of NYS penalties or Statements of Deficiency
- Plans must ensure appropriate network adequacy and demonstrate readiness implement upcoming CMS rules and regulations
- Plans must demonstrate commitment to quality improvement
- Plans must demonstrate accessibility and geographic distribution of providers, considering the needs of persons with disabilities and the rural, suburban, urban settings
- Plans must demonstrate cultural and language competency specific to the population of participants
- Plans must demonstrate the ability to serve enrollees across the continuum of care
- Plans must demonstrate VBP readiness and experience

These efforts result in a projected cost savings through a reduction in the administrative portion of the managed care premiums.

June 2023

Fiscal Year 2024 Impact	Fiscal Year 2025 Impact
-	(\$52.0M)

## MLTC Reforms (Cont.)

- Plans should have submitted their CY2024 Medicare DSNP bids to CMS in early June
- For plans who have not submitted a CY2024 Medicare DSNP bid to CMS, transition planning is required as those plans will not meet legislative standards on January 1, 2024
- The Department encourages M&A activity among these plans and is happy to support discussions to that effect
- For plans who intend to cease operations of their MLTCP product effective January 1, 2024 or sooner, please promptly submit a transition plan to DOH
- More detailed guidance to follow

# Managed Care – MLR and Quality Pools

## Increases MMC Medical Loss Ratio (MLR) – Administrative

- Increases MMC MLR from 86% to 89% to ensure Medicaid funds are spent on enrollee Medical expenses.

FY 2024 State Impact	FY 2025 State Impact
-	(\$12.0M)



# Delay Implementation of Undocumented 65+ Coverage in Medicaid

## Article VII (HMH Part H)

- The implementation of this eligibility expansion requires extensive system and operational modifications to establish a new population within each of the three existing Medicaid eligibility systems.
- Given competing resources with other eligibility expansions authorized in the FY 23 Enacted Budget and the ongoing unwind of the Public Health Emergency continuous coverage requirement, the implementation of comprehensive coverage for undocumented New Yorkers 65+ is being delayed until 1/1/24.
- This delay is necessary to ensure the Department does not compromise the continuity of coverage for the existing Medicaid population during the unwind period where the Department will be redetermining eligibility for over 9 million New Yorkers through May 2024.

FY 2024 State Impact	FY 2025 State Impact
(\$171.9M)	-

# Essential Plan

June 2023

# Essential Plan Expansion Waiver

## Article VII (HMH Part H)

- SFY 23 Enacted Budget authorized the state to pursue a Section 1332 "State Innovation" waiver to expand Essential Plan eligibility levels from 200 to 250 percent of the federal poverty level.
- SFY 24 Executive Budget revises the language to clarify the authority for the EP eligibility expansion.
- Projected impact to consumers:
  - **Consumers Between 201 – 250% of FPL**
    - Currently, these consumers are eligible to buy Qualified Health Plans on the Exchange. They are eligible for Premium Tax Credits to offset premium costs; however, these plans have significant deductibles and large out-of-pocket maximums (\$1,625 - \$6,100+).
    - Expected average annual savings of \$3,400 - \$8,900. The average annual savings is \$4,183.
  - **Current and New Consumers**
    - Expected to benefit from a series of program improvements, including Social Determinants of Health interventions, further reductions in cost sharing, and expanded access to services (further detail on the following slide).

FY 2024 State Impact	FY 2025 State Impact
-	-

# Other EP Investments

## Administrative Actions

To make healthcare coverage more affordable, accessible, to promote health equity, and to lower cost of living for New Yorkers, several changes are being made to improve the Essential Plan, including:

- Expanding access by increasing reimbursement rates by \$800 million for healthcare providers, including hospital and physician services, to align rates across EP Tiers
- Reducing consumer cost sharing by reducing the annual out-of-pocket maximum for EP1 enrollees from \$2,000 to \$360 starting in 2024
- Investing \$50 million per year in Social Determinants of Health interventions and to encourage health plans to broaden their coverage of mental health and social services
- Requiring plans to spend a higher percentage of their revenue on patient care (MLR increased from 85% to 86% starting in 2023)

# Keeping Pregnant Individuals In Essential Plan

## Allow Individuals to Stay Enrolled in EP Upon Pregnancy - Article VII (HMH Part H)

- Subject to federal approval:
  - Provides individuals the option to stay enrolled in EP when they become pregnant instead of moving to Medicaid, and aligns EP maternity and postpartum benefits with Medicaid;
  - Provides pregnant individuals in the EP 12-months postpartum coverage following their pregnancy.
- This option would be permissible under the EP 1332 waiver authority

FY 2024 State Impact	FY 2025 State Impact
(\$41.3M)	(\$165M)

# Pharmacy Actions

June 2023

# NYRx Transition and Reinvestments

## Article VII (HMH Part D)

- The Pharmacy Transition is projected to save \$410M and \$547M in State share Medicaid savings for FY24 and FY25, respectively.
- In addition to the hospital investments discussed previously, the Budget contains a significant annual reinvestment of the savings generated through the transition directly to 340B eligible providers, including Ryan White Centers and Federal Qualified Health Centers to ensure that safety net providers are supported through the NYRx transition.
- Specifically, the reinvestments include:
  - Inpatient/Outpatient Hospital Rate Increases - \$395M State / \$790M Gross
  - Supplemental Payments for FQHCs/DTCs – \$135M State / \$270M Gross
  - State Only Funding Allocation for Ryan White Centers – up to \$50M State

# NYRx Reinvestments – FQHC and DTC Supplemental Payments

- Provide 340B eligible FQHCs and Diagnostic and Treatment Centers (DTCs) with additional annual payments under State Plan Amendment (SPA) authority.
- Funding for each clinic determined based on historical 340b revenue to mitigate impact of lost funding.
- These payments are considered an Alternative Payment Methodology (APM) and will be made in addition to the providers Prospective Payment System (PPS) rate.
- Consistent with CMS requirements, providers must submit signed APM agreements to the Department by Friday, June 16, 2023 in order to receive these funds.

FY 2024 State Impact	FY 2025 State Impact
\$135M	\$135M



# NYRx Reinvestments – Ryan White Centers

- Creating a new appropriation to establish the Ryan White Stabilization Fund, to be administered by the AIDS Institute for the distribution up to \$50 million dollars annually.
- Ryan White providers are federally designated by the Health Resources and Services Administration (HRSA) and provide essential support services with a focus on persons living with HIV/AIDS
- Provides direct support to Ryan White providers that are:
  - Not enrolled as a Medicaid provider; and
  - Are registered and participating in the 340B program in FY22
- Funding distribution will be administered by the AIDS Institute directly to the Ryan White centers

FY 2024 State Impact	FY 2025 State Impact
\$50M	\$50M

# State of the State Investments and Other Budget Actions

June 2023

# Expand Medicaid Buy-In for Working People with Disabilities (MBI-WPD)

## Article VII (HMH Part N)

- This provision expands the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) program through the submission of an 1115 waiver with a cap on total program enrollment at 30,000 individuals. The expansion is effective January 2025.
- If approved under the waiver, MBI-WPD will have expanded income and resource limits, remove the age limit of 65, and exempt income from household members, including responsible relatives, when determining the disabled applicant's income eligibility level.
- The expansion would also incorporate premiums on a sliding income scale starting at 250% of the Federal Poverty Level (FPL) after accounting for budgeting disregards. Premiums are capped at 8.5% of income.

FY 2024 State Impact	FY 2025 State Impact
-	\$60M

# Recalibrate the Health Home Program to Improve Care Management for Vulnerable Populations

## Administrative Action

- The data indicate:
  - The vast majority of adult Health Home members receiving services at the HH CM *low*-rate code (1873), and the high risk/high need *medium* rate code (1874) have been enrolled for over 12 months.
  - There are high-cost, high-acuity individuals who could benefit from Health Home services but are not enrolled in the program
- Recalibration:
  - Many adult HH enrollees currently receive preventative or sustained care coordination with no plan for graduation. This initiative shifts resources toward individuals in need of immediate intervention with actionable, time-limited goals.

FY 2024 State Impact	FY 2025 State Impact
(\$30.0M)	(\$70.0M)

# Expanding Integration of Physical and Behavioral Health

## Administrative Action

### Increase access to services by:

- **Expanding existing integrated licensure thresholds to 30%** to allow DOH Article 28 D&TCs, OMH Article 31 Clinics and OASAS Article 32 Clinics and Opioid Treatment Programs to provide up to 30% physical health, mental health or substance use disorder services without obtaining a license from the regulating agency
- **Reconstituting an integrated licensure workgroup** to consider regulatory amendments to the IOS regulations to expand integration opportunities and facilitate continuation of the DSRIP models that will expire in 2025.
- **Expanding Medicaid reimbursement** for services provided by mental health professionals in DOH Article 28 D&TC settings (community health centers) permitting licensed mental health professionals to deliver direct care services to all populations.

FY 2024 State Impact	FY 2025 State Impact
\$16.3M	\$32.7M

# Expanded Coverage of Preventive Care

## **Expand Medicaid Coverage of Nutritionist Services – \$13.5M FY24; \$18M FY25, Article VII (HMH Part R)**

- Expands on coverage established in the SFY 22-23 budget for the prenatal and postpartum population by expanding coverage of services provided by Certified Dietitian/Nutritionists to all Medicaid members for whom the service is medically necessary

## **Establish Medicaid Reimbursement for Chronic Disease Self-Management (CDSMP) for Arthritis – \$0.1M in FY24; \$0.1M in FY25, Article VII (HMH Part R)**

- Allow Medicaid coverage of the CDSMP workshop to be offered as a substitute for prolonged inpatient hospitalizations, emergency department visits, and other medical care needed for the management of arthritis

## **Medicaid Coverage of Spinal Muscular Atrophy (SMA) Screening – \$3.7M in FY24; \$6.4M in FY25, Administrative**

- Expand coverage of screening for SMA, a genetic disorder that affects the nerves of the spine with the potential to cause severe disability and death, to include all Medicaid members who are planning to become pregnant and those who are currently pregnant.

## **Ensure Medicaid Coverage of Preventive Mental Health Services – \$6.0M in FY24; \$12.0M in FY25, Administrative**

- This proposal expands on investment made in the FY 2023 budget to ensure access to preventive mental health services for families with young children. Medicaid FFS will permit ICD-10 code Z65.9 (problem related to unspecified psychosocial circumstances) to establish medical necessity for Medicaid members for psychotherapy services provided by qualified Medicaid-enrolled providers.

## **Ensuring Coverage of Primary and Urgent Care in the Shelter System - \$0 in FY24; (\$2.4M) in FY25, Administrative**

- This proposal would require Medicaid Managed Care Plans to cover services provided by designated providers serving homeless individuals, without referral or prior approval by the plan and regardless of the member's assigned primary care provider.

# Mental Hygiene SOTS Medicaid Impacts

## **Expand the Comprehensive Psychiatric Emergency Program (CPEP) – \$12M FY24; \$24M FY25, Administrative**

CPEPs provide critical crisis mental health service and are essential to ensuring individuals with intensive psychiatric needs are properly evaluated and referred to the appropriate level of care. This proposal adds 12 CPEPs operated in Article 28 Hospitals thereby increasing the total from 22 to 34.

## **Expand the Assertive Treatment (ACT) Program– \$4.6M FY24; \$9.2M FY25, Administrative**

ACT programs are outpatient services delivered by multi-disciplinary teams of mental health practitioners that provide mobile, high intensity services to some of the most at-risk New Yorkers suffering from SMI. This proposal adds 42 new ACT teams and expands the total number of ACT programs statewide to 186.

## **Expand the Certified Community Behavioral Health Clinics (CCBHC)–\$3.5 FY24; \$16.2M FY25, Article VII HMM Part HH**

CCBHCs provide walk-in, immediate integrated mental health and substance use disorder services for New Yorkers of all ages. This proposal will triple the number of Certified Community Behavioral Health Clinics in New York State over 2 years from 13 to 39, which is expected to serve approximately 200,000 New Yorkers.

## **Expand the Health Home Plus Program– \$2.5 FY24; \$2.5M FY25, Administrative**

The HH Plus program provides intensive care management for individuals with serious mental illness (SMI) who have the most significant and complex behavioral health needs. This proposal expands HH Plus capacity by supporting Specialty CMAs to engage and enroll HH Plus eligible individuals

## **Increase Rates for School Based Mental Health Clinics and School Based Health Centers– \$11.4M FY24; \$21.4M FY25**

## **Expand Article 31 Clinic Capacity– \$15 FY24; \$20M FY25, Administrative**

Article 31 outpatient clinics are the foundation of a mental health system necessary to support ongoing care for individuals with mild to moderate mental illness. This proposal adds 20 new clinics across NY

## **Additional 1.5% Other State Agency COLA– \$29.9M in FY24; \$29.9M in FY25, Administrative**

# Establish Medicaid Reimbursement for Adverse Childhood Experience Screening

## Administrative Action

- Adverse childhood experiences (ACEs) are associated with poorer health outcomes, health risk behaviors, and socioeconomic challenges, including obesity, heavy drinking, COPD and depression across the lifespan.
- This proposal would allow Medicaid providers to bill for ACEs screening once per year for children and adolescents under 21 at a rate of \$29 per screening.
- Providers would be expected to make referrals to appropriate resources for any needs identified as a result of the screening.

FY 2024 State Impact	FY 2025 State Impact
\$4.8M	\$19.2M



# Expand Access to Dental Services for Children and Individuals with IDD

## Administrative Actions

- Establish distinct Medicaid reimbursement for Oral Sedation and Nitrous Oxide separate from an office visit for Children and Individuals with IDD
- Establish a 20% rate enhancement for privately practicing dentists who serve Individuals with Intellectual and Developmental Disabilities (IDD)
- Increase the billable limits for Ambulatory Surgery Centers for oral surgery for Individuals with IDD from 1 unit to 4

Initiative	FY 2024 State Impact	FY 2025 State Impact
Separate Reimbursement for Sedation	\$1.0M	\$1.4M
Private Practice Rate Enhancement for IDD	\$0.3M	\$0.4M
Ambulatory Surgery for IDD	\$4.3M	\$5.7M

# Increase Vaccine Administration Fees for Childhood Vaccinations

## Administrative Action

- Increases the fee paid for administration of vaccinations provided to the pediatric Medicaid population from \$17.85 to \$25.10.
- An increase in the Medicaid childhood vaccination administration rate is needed to preserve capacity and adequately resource providers to continue efforts to bring all children enrolled in Medicaid up to date with the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommended schedule, which has been disrupted during the pandemic.

FY 2024 State Impact	FY 2025 State Impact
\$2.7M	\$3.6M

# End Preventable Epidemics

## Administrative Actions

### **Eliminating Hepatitis C Virus (HCV) by Implementing Universal Screening – \$1.0M in FY24; \$1.0M in FY25**

- Adds the provision of a one-time HCV screening test for all individuals younger than 18 if there is evidence of risk.
- Requires an HCV screening test for all pregnant people during each pregnancy, which has been endorsed by American College of Obstetrics and Gynecology.
- Ensures that when the HCV screening test is reactive, an HCV RNA (viral load) test is performed to confirm diagnosis of current infection.

### **Reimburse Screening for Congenital Syphilis during the Third Trimester of Pregnancy – \$0.2M in FY24; \$ 0.2M in FY25**

- All pregnant persons to receive syphilis screening (blood test) at 28 weeks of pregnancy, or as soon thereafter as reasonably possible, but no later than at 32 weeks of pregnancy.

# Increase Funding for Supportive Housing

## Administrative Action

- Supportive Housing has been serving vulnerable homeless Medicaid members and those transitioning from an institutional setting since 2015 and funding has remained flat. This increase will also support the NYHER 1115 Waiver efforts.
- The programs successfully target high utilizers of Medicaid that need housing as a health-related social intervention in order to stabilize their health.
- Through strategic prioritization, the top decile of enrollees had average Medicaid savings of \$45,600 per person per year.
- Those transitioning from a skilled nursing facility have an average Medicaid savings of \$67,255 in the first year in supportive housing and \$90,239 the following year.

FY 2024 State Impact	FY 2025 State Impact
\$15.0M	\$30.0M

# Expand Coverage of Community Health Worker Services

## Article VII, HMM Part Q

- A Community Health Worker (CHW) is a public health worker that reflects the community served and functions as a liaison between healthcare systems, social services, and community-based organizations to improve health outcomes of the population served.
- CHW services include health advocacy, health education, and system navigation
- Expands on coverage established in the SFY 22-23 budget for the prenatal and postpartum population to children and adults with health-related social care needs
- Coverage will also be expanded to non-clinical services related to violence intervention programs

FY 2024 State Impact	FY 2025 State Impact
\$8.7M	\$34.7M

# Benchmarking primary care reimbursement to 80% of Medicare

## Administrative Action

- This proposal, effective 10/1/23, invests in primary care services by benchmarking Medicaid fee-for-service reimbursement rates to 80% of current Medicare reimbursement rates.
- Incentivizes primary care providers to see more Medicaid enrollees and improve access to primary care.
- This will impact the Physician (Medicine, Drug, Surgery, and Radiology) Fee Schedules, and benchmarks Nurse Practitioners to 95% of the newly established physician fees.
- The Physician-Medicine Fee Schedule was benchmarked to 70% of Medicare in FY 2023.

FY 2024 State Impact	FY 2025 State Impact
\$17.7M	\$35.3M

# Promote Telehealth Through EVisits

## Administrative Action

- Aligning with NYS Medicaid's goal to increase access to services via telehealth, this proposal, effective 10/1/23, allows Medicaid providers to bill for EVisits, increasing access to care and reducing the need for office visits when a condition can be resolved via online discussion.
- EVisits are digital, patient-initiated interactions between a patient and a provider that can resolve non-urgent conditions using an online portal or other electronic modality.
- EVisits are currently covered by several insurers, including Medicare. Medicaid reimbursement for EVisits would be benchmarked to 80% of Medicare's fees.

FY 2024 State Impact	FY 2025 State Impact
\$0.8M	\$1.6M

# Ensure Adequate Medicaid Reimbursement for Transportation Services

## Administrative Action

- This investment, effective July 2023, targets more complex emergency ambulance transports and considers the important cost of emergency readiness when paying for transports
- Medicaid will assign emergency ambulance fees using Relative Value Units (a process like Medicare's). Assigned RVUs will be as follows:

Code	Description	RVUs
A0428	Basic Life Support, Non-emergency (BLS)	1.00 (fee will not change)
A0429	BLS- Emergency	1.28
A0427	Advanced Life Support, emergency, Level 1 (ALS1- Emergency)	1.52
A0433	ALS-Level 2 - emergency	2.20
A0434	Specialty Care Transport (SCT)	2.60

- Creates workgroup with Department of Financial Services (DFS) to review the increasing cost of insuring NEMT vehicles

FY 2024 State Impact	FY 2025 State Impact
\$13.7M	\$18.2M



# Statewide Medicaid Coverage, Higher Reimbursement for Doulas

## Administrative Action

- Medicaid coverage for doula services will be expanded to all pregnant, birthing, and postpartum Medicaid-enrolled individuals.
- A State Plan Amendment will be submitted to add doulas as Medicaid providers and to include reimbursement for doula services up to \$1500 per pregnancy in NYC and up to \$1350 in rest of state.
- The covered doulas services will include and expand upon services covered in the Medicaid Doulas Services Pilot in Erie County: up to eight perinatal (prenatal and postpartum periods) visits, one labor and delivery support visit, and an additional fee paid to doulas to accompany Medicaid client to one visit within the recommended timeframe for follow-up for postpartum care.

FY 2024 State Impact	FY 2025 State Impact
\$2.3M	\$8.5M

# Stabilize and Strengthen New York's Reproductive Health System

## Administrative Action

To maintain timely and equitable access to abortion and family planning services, ensure New York remains a safe harbor for access to reproductive health and abortion services, and make contraceptive care more accessible, we are making the following investments:

1. Increase FFS rates for surgical abortion procedures (minimum of \$1000 for earlier term procedures and \$1300 for later term procedures); require MMC plans to pay FFS rates, at minimum
2. Increase Family Planning (Contraceptive Care) rates by 30% (with 90% FFP); require MMC plans to pay FFS rates

FY 2024 State Impact	FY 2025 State Impact
\$8.3M	\$14.1M

# Resources



Website:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_budget.htm](https://www.health.ny.gov/health_care/medicaid/redesign/mrt_budget.htm)

MRT Budget Information.



Email: [mrtupdates@health.ny.gov](mailto:mrtupdates@health.ny.gov)



DOH Medicaid Update:

[https://www.health.ny.gov/health\\_care/medicaid/program/update/main.htm](https://www.health.ny.gov/health_care/medicaid/program/update/main.htm)



MRT LISTSERV:

[https://health.ny.gov/health\\_care/medicaid/redesign/listserv.htm](https://health.ny.gov/health_care/medicaid/redesign/listserv.htm)

# Questions?

*Please submit your question to  
All Panelists using the Q&A feature of  
the WebEx Event meeting.*

