

# Leading the Way: Building A Legacy of Healthy Children in New York

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**Grantmakers In Health**  
**May 20, 2014**

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# Overview

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***New York State is a leader in children's health,  
setting an example for the country.***

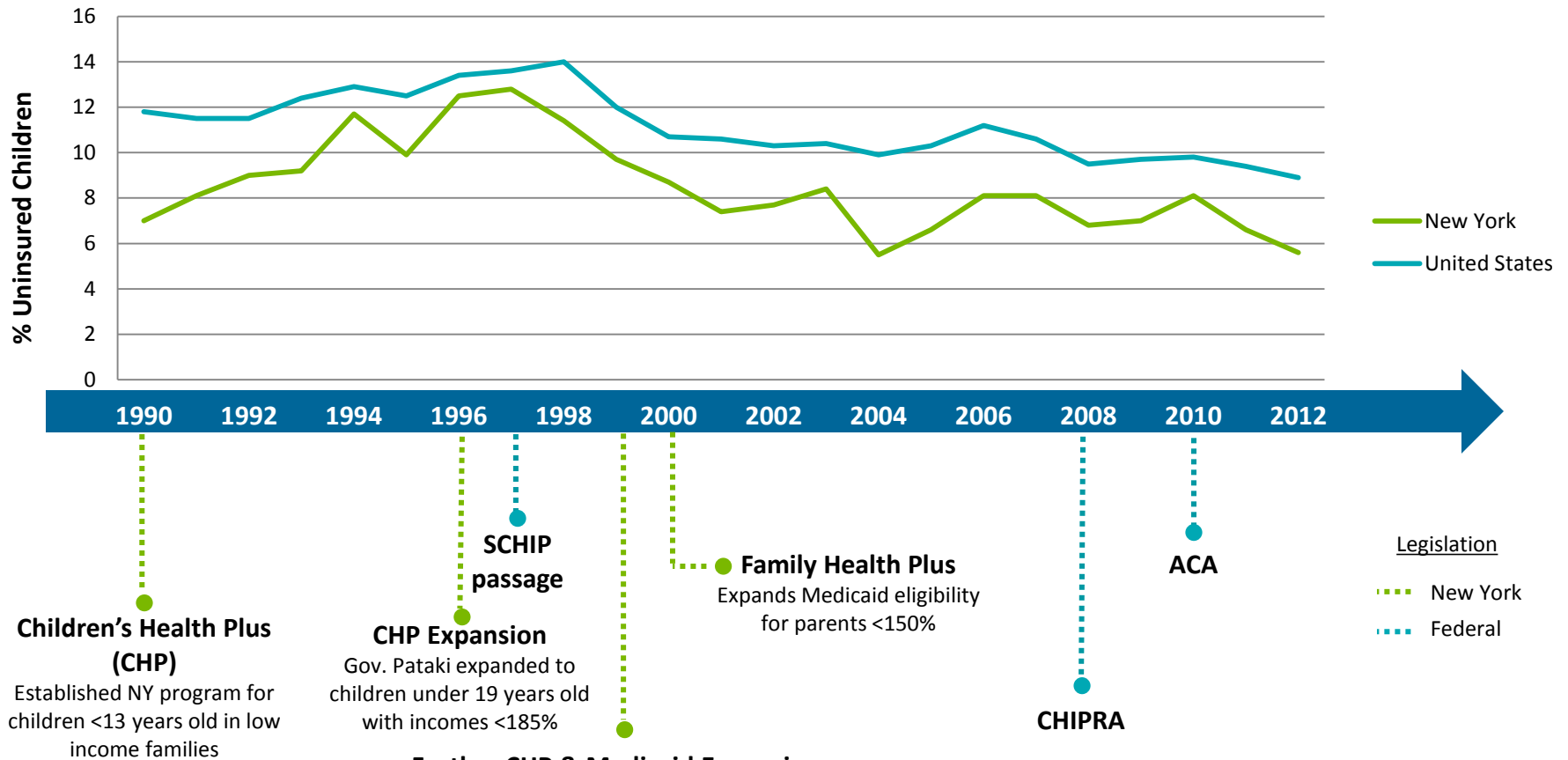
***Philanthropy has been key to that success.***

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# Public Coverage

# Impact of Coverage Expansion in New York and the U.S.

## Comparative Rates of Uninsured Children in New York and the U.S.



**Children's Health Plus (CHP)**  
Established NY program for children <13 years old in low income families

**CHP Expansion**  
Gov. Pataki expanded to children under 19 years old with incomes <185%

**Further CHP & Medicaid Expansion**  
Expands CHP for children <19 with family incomes <230%; expands Medicaid for children under 19 with family incomes <133%

**Family Health Plus**  
Expands Medicaid eligibility for parents <150%

**CHIPRA**

**ACA**

Legislation  
⋯ New York  
⋯ Federal

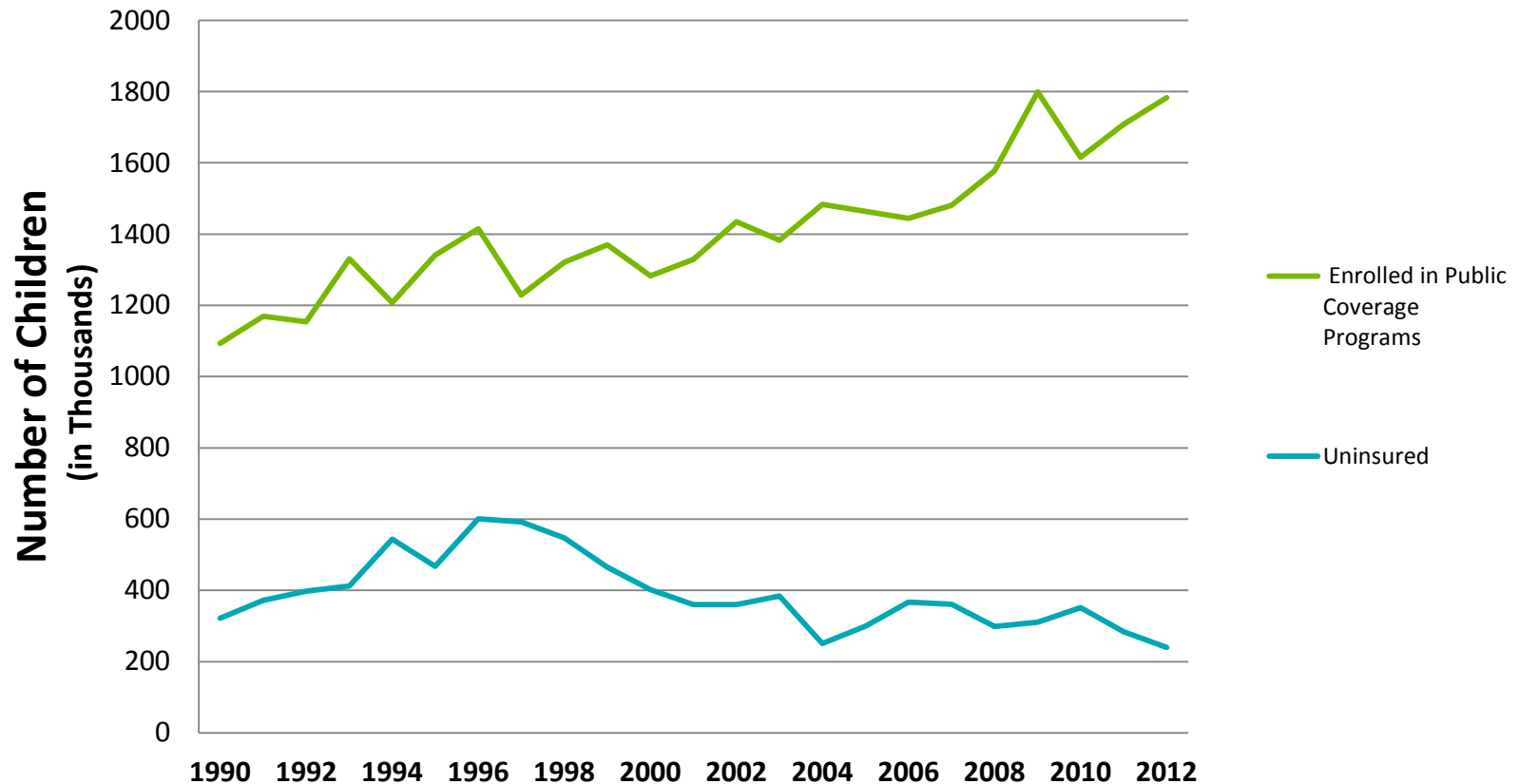
Sources: New York CHP policy: <http://aspe.hhs.gov/health/reports/earlychip/Newyork.htm>

CPS ASEC, Health Insurance Coverage Status and Type of Coverage by State--Children Under 18. Data for 1999-2012, available at: <http://www.census.gov/hhes/www/hlthins/data/historical/files/hihist5B.xls>; Data for 1987-2005, available at: <http://www.census.gov/hhes/www/hlthins/data/historical/orghihist5.html>.  
**Note on Methodology:** Due to a revision in a methodological calculation in the mid-2000s, data from 1990-1998 was adjusted by the average ratio of estimates for the overlapping years that are available (1999-2005). Additionally, these estimates are systematically higher than the ACS estimates. However, ACS data is not available before 2008.



# Impact of Coverage Expansion in New York

## Comparing the Number of Children Enrolled in Public Coverage Programs to Uninsured Children in New York



Source: CPS ASEC, Health Insurance Coverage Status and Type of Coverage by State--Children Under 18. Data for 1999-2012, available at:

<http://www.census.gov/hhes/www/hlthins/data/historical/files/hihist5B.xls>; Data for 1987-2005, available at:

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# New York As a Leader of Coverage Policies

Prior to federal legislation mandating expanded coverage and streamlined eligibility and enrollment, New York . . .



Extended Medicaid coverage to all children with income below 133% FPL eliminating stair step coverage



Had no coverage limits for individuals with pre-existing conditions



Established 12-month continuous eligibility for children



Allowed unmarried children <30 years old to stay on parent's insurance



Streamlined renewal process: use of pre-populated forms and attestation



Eliminated face-to-face interviews

# New York's Integrated Eligibility & Enrollment State-based Marketplace Serves as Role Model for ACA Implementation

As of April 16<sup>th</sup>, more than 1.3 million people submitted applications and more than 960,000 enrolled through the Marketplace during the first open enrollment period. More than 70% of enrollees were uninsured at the time of application.

Operate Marketplace and Medicaid out of one agency

Provide unified application, change reporting, renewal and appeals process (i.e., eliminate county role in MAGI applications)

Offer common issuers

Enable shopping for both MCOs and QHPs

Explore Basic Health Program to further increase affordability



# Next Wave Advocacy: Coverage

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**Undocumented immigrants**

**Marketplace plan choice**

**Renewals**



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# Health Care Access

# Snapshot of Children's Health Access and Disparities



Indicator	Indicator Description	% of Children in New York			
		Overall	White	Non-White	<100% FPL
<b>Medical Home</b>	Percent of children ages 0-17 who <u>do not</u> receive health care that meets the AAP definition of medical home	46.7%	36.5%	56.9%	65.1%
<b>Usual Source of Sick Care</b>	Percent of children ages 0-17 who <u>do not</u> have a usual source for care	7%	2.4%	13.2%	15.9%
<b>Mental Health</b>	Percent of children ages 2-17 who needed but <u>did not</u> receive mental health services	35.6%	28.2%	42.8%	48.4%
<b>Dental Care</b>	Percent of children ages 1-17 with <u>no</u> preventive dental care visit in past year	23.0%	16.9%	29.9%	36.1%

*We cannot yet “check the box” on children’s access to health coverage.*

# Medicaid Reform is a Game Changer

## Drivers of Medicaid Reform

### Medicaid expansion

growing program enrollment and, eventually, costs



**Convergence** of public coverage with private insurance – causing greater alignment of carriers, benefits, regulatory oversight across markets



New focus on delivering **integrated services** for medical care, behavioral care, public health, and socioeconomic issues



Increased use of **managed care**, including for services and populations that have been last to transition



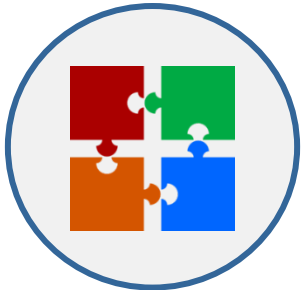
# Children's Advocates Need a Seat at the DSRIP Table

New York State (NYS) received federal approval to implement a Delivery System Reform Incentive Payment (DSRIP) program that will provide funding for public and safety net providers to transform the NYS health care delivery system.



## Goals:

- (1) Transform the safety net system
- (2) Reduce avoidable hospital use by 25% and improve other health measures
- (3) Ensure delivery system transformation continues beyond the waiver period through managed care payment reform



## Key Program Components:

- Statewide funding initiative for public hospitals and safety net providers
- Only coalitions of community/regional health providers are eligible
- DSRIP projects based on a menu of interventions approved by CMS and NYS
- Payments to providers based on their performance in meeting outcome milestones and state achieving statewide metrics

# Next Wave Advocacy: Health Care Access



**Behavioral health**



**Adolescent Health**



**Oral Health**



**Child Welfare**



**Medically-fragile Children**

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# Discussion

# Thank you!

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