



Department  
of Health

# Medicaid in New York

Overview by NYS DOH

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# Topics to be Covered

- Medicaid in New York State: Overview
- Medicaid Application and Eligibility
- Medicaid Program Enrollment
- Medicaid Benefits
- Recent reforms, investments, and more (including waivers)
  - 1115 NYHER waiver
- Planned improvements and opportunities for reform

# Medicaid in New York State: Overview

# What is Medicaid?

- Medicaid is a government program that provides health insurance to children and adults with low incomes and limited resources, including those who are aged, blind, or disabled
- The federal government has basic rules that all states must follow, but each state runs its own Medicaid program and has its own guidelines
- As of June 2023, NY's Medicaid program provides health coverage to more than 8 million lower-income New Yorkers
- Most children and certain adults (non-aged, non-disabled) on Medicaid receive 12 months of continuous coverage, which is protected regardless of change in circumstance – and renewable annually

# What is Medicaid?

- Most Medicaid members are required to enroll in Medicaid Managed Care (MMC) plans, through which they receive:
  - Access to a network of care providers (primary care, referrals, range of specialists, etc.)
  - Care coordination
  - Eligibility for majority of Medicaid benefits
- Certain Medicaid benefits are administered via the “Fee for Service” (FFS) approach, through which Medicaid covers the cost of each covered service on an individual/per-service basis, including non-emergency transportation (to medical appointments) and prescription drugs
- Vast majority of Medicaid members receive coverage through NY State of Health, also known as the Marketplace
- Coverage and benefits for Medicaid members depend on a variety of factors – including income, age, disability, and diagnoses
  - Pregnant individuals can receive any/all Medicaid benefits
  - Children under 21 receive a broad range of benefits
  - Medicaid may cover the cost of necessary prescription drugs

# Medicaid Application and Eligibility

# Medicaid: Application

- Individuals and families apply for Medicaid through NY State of Health (online, phone, or in-person with assistors) or through the local Department of Social Services
  - Applicants provide demographic, household, and income information (no in-person interview required)
  - Medicaid compares this information to guidelines and data sources to determine eligibility
  - Notices are sent to inform applicants/members of their eligibility status
- Medicaid must be renewed yearly
  - For many people, NYS renews their Medicaid “administratively”
  - Renewal requirements were waived during public health emergency

# Medicaid: Application

- NY State of Health (NYSOH) Marketplace handles applications for:
  - Pregnant Individuals
  - Infants and children (birth - 18)
  - Non-disabled Adults under 65 (without Medicare)
- County local Departments of Social Services (LDSS) handles applications and authorizations for:
  - Disabled Individuals
  - Aged (65+) Individuals
  - Blind Individuals
  - Foster Children
  - Individuals under age 26 that aged out of NY Foster Care at 18 or older
  - Children receiving Adoption Subsidy



# Medicaid: Eligibility

- For the most part, to be eligible for Medicaid, New Yorkers must meet certain income requirements:
  - Non-disabled adults: household income at or below 138% Federal Poverty Level (FPL)
  - Pregnant individuals and/or infants under age 1: household income at or below 223% FPL
  - Individuals under age 19: household income levels at or below 154% FPL
  - Disabled, aged, or blind: household income at or below 138% FPL (and resource test)
- Medicaid uses household income, but eligibility determinations are made separately for each individual. Medicaid compares household income to the individual's income limit based on the categories above (e.g., Pregnant, Under age 19)
- Other factors considered when determining eligibility include: household size, immigration status, circumstance (parent caretakers, children born to birthing individual enrolled in Medicaid also known as “deemed newborns”, current and former foster youth, and more)

# Medicaid Program and Enrollment

February, 2024

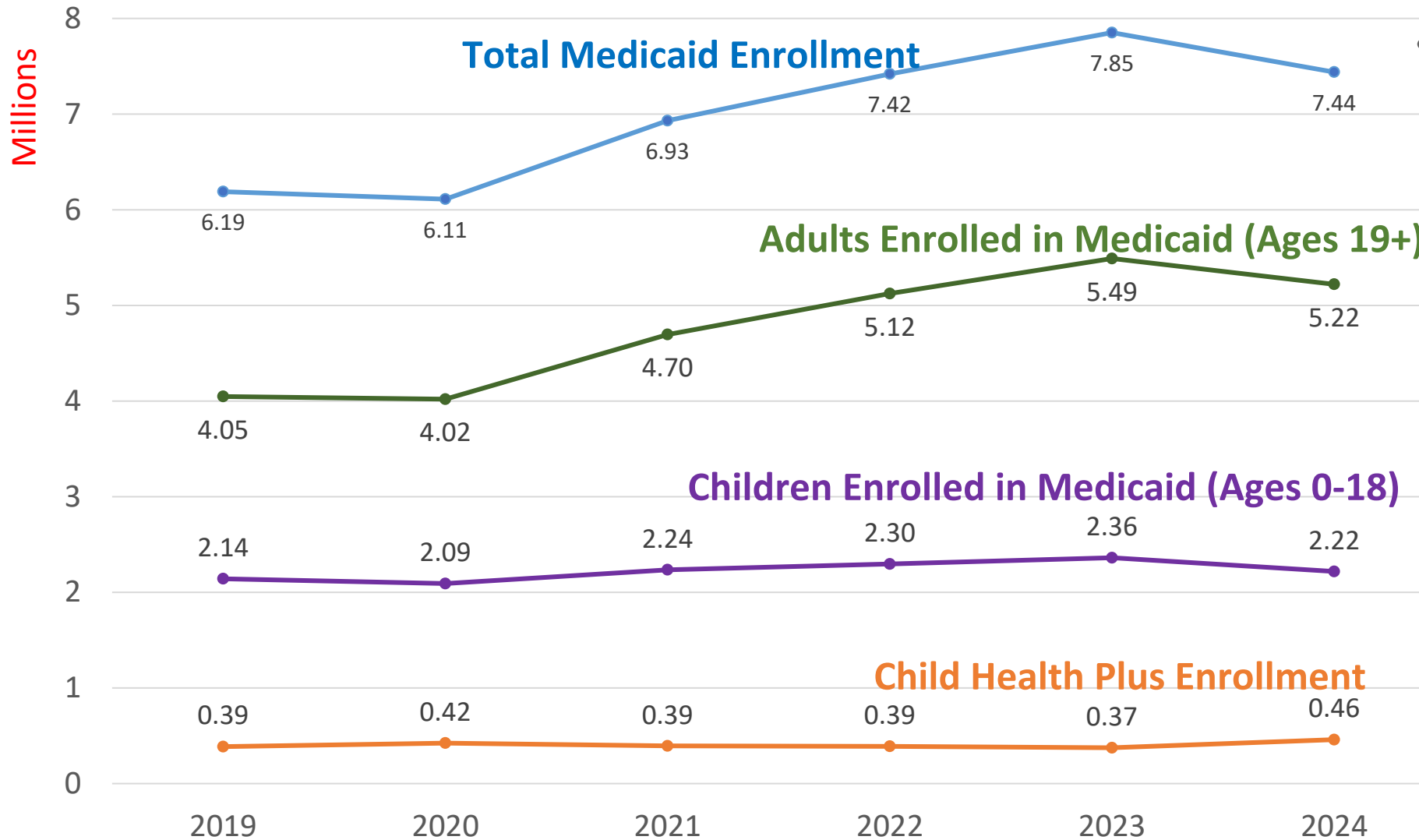
# Medicaid Managed Care (MMC)

- Focuses on preventive care and provides enrollees with a dedicated primary care provider, who coordinates the member's care through an accessible network of specialists
- Generally, members select their plan and primary care practitioner, who will coordinate their health care by referring them to specialists or other providers as necessary
- Under most plans, appointments with primary care and other providers/specialists are covered entirely – members face no out-of-pocket costs for covered services, no copays
- Enrollment in a MMC plan is mandatory for most Medicaid-eligible children

# Medicaid for Pregnant Persons and Newborns

- Pregnant individuals who meet income requirements can receive Medicaid for the duration of their pregnancy, regardless of immigration status or how pregnancy ends – as well as for 12 months post-partum, regardless of changes in income
- Children born to a birthing individual enrolled in Medicaid are automatically eligible and enrolled (automatically) into same managed care plan (for 1 year) – also known as “deemed newborns”
- In 2021, 46% of births in New York were covered by Medicaid

## Medicaid and Child Health Plus Enrollment



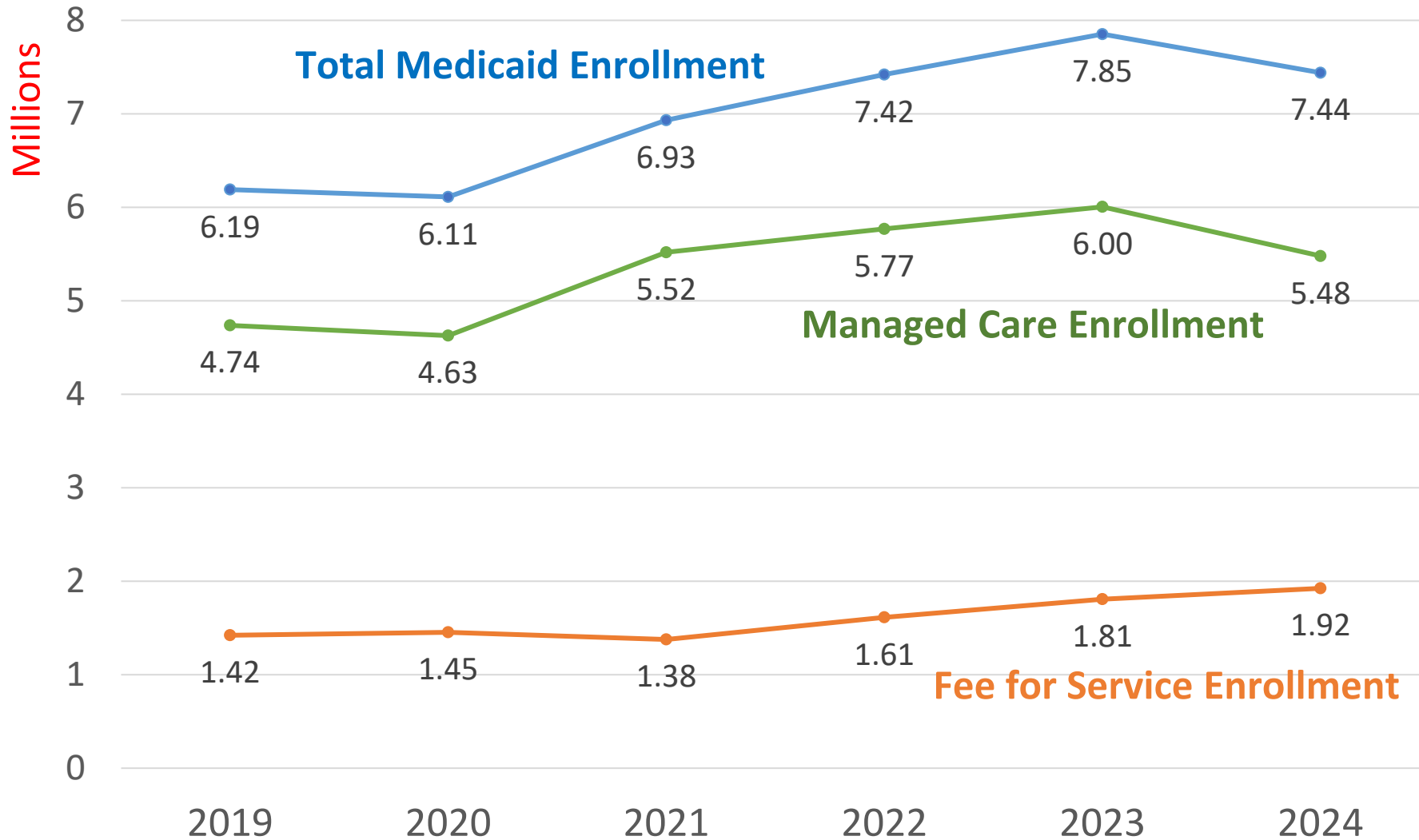
- Medicaid enrollment since 2019, including breakdown of children (18 and under) vs adults (19 and older)

- In total, approximately 7.44 million individuals are enrolled, including more than 2 million children ages 0-18

- An additional 460,000 children receive health insurance through Child Health Plus

\* January 2024 Medicaid enrollment is preliminary (adjusted by a .65% lag factor)

## Medicaid Enrollment 2019 – January 2024



- Medicaid enrollment since 2019, including breakdown of Managed Care enrollment vs Fee for Service enrollment

- Approximately 75% of Medicaid recipients are enrolled in Managed Care plans

\* January 2024 Medicaid enrollment is preliminary (adjusted by a .65% lag factor)

# Medicaid Benefits

February, 2024

# Medicaid Benefits

Depending on eligibility, the following services may be covered for Medicaid members:

- Applied Behavioral Analysis
- Community Health Worker Services
- Consumer Directed Personal Assistance Services
- Dental care
- Doula Care
- Early Intervention Services
- Emergency Services
- Emergency Transportation
- Health Home Care Management
- Home Care
- Immunizations and immunization counseling
- Inpatient Services
- Laboratory
- Long-term care services and supports
- Medical Supplies and Equipment
- Mental health services, including Substance Use Disorder Treatment and medications
- Nursing Home Care
- Nutrition Counseling
- Outpatient Services
- Perinatal Care
- Physician and Clinic Services
- Psychotherapy, Marriage/Family Therapy/Clinical Social Work Services, Mental Health Counseling
- Prescriptions, including some Over-the-Counter medications with a prescription
- Rehabilitative Services including Physical, Occupational and Speech Therapy
- Reproductive Health Services
- School-based Health Center and School-based Mental Health Center services
- School supportive health services
- Screening and diagnostic services
- Telehealth
- Transportation to medical appointments
- Vision Care



# Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefits

- Medicaid also provides comprehensive and preventive health care services for enrolled children under age 21, including covering preventive, dental, mental health, and developmental, and specialty services found to be medically necessary\* to treat, correct or reduce illnesses and conditions
  - Early Periodic Screening: Checking children's health at age-appropriate intervals and providing screening tests (physical, mental, developmental, dental, hearing, vision, and more) to identify potential problems early on
  - Diagnostic: Performing diagnostic tests to follow up when a risk is identified
  - Treatment: Control, correct, or reduce health problems found
- \*Medical necessity determined on case-by-case basis
- [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)

# Perinatal Care

- In addition to the range of benefits listed, Medicaid is intended to support pregnant individuals and/or expecting/new parents who meet certain income requirements through the provision of perinatal care:
  - Comprehensive assessment, referrals, prenatal and postpartum care, labor and delivery, and pregnancy care coordination
  - Doula care (piloted in Buffalo), to be expanded statewide effective March 2024
  - Lactation support
  - Breast pumps
  - Home visits
  - Physician and Midwifery services

# Prescription Drug Coverage

- Prescription drug coverage is provided for Medicaid members via New York's Medicaid pharmacy program, also called NYRx
  - Covers medically necessary FDA approved prescription and non-prescription drugs for Medicaid members
  - Covered prescription drugs are determined by Single Statewide Formulary, which is informed by Drug Utilization Review Board, comprised of pharmacists, qualified experts, and more
  - New Yorkers with questions about what drugs are covered by NYRx or who want more information can email NYRx, call the Medicaid Helpline, or visit a pharmacy

# Recent Initiatives and Reforms in New York Medicaid

# Medicaid Waivers

- **Where possible, NYS has applied for waivers from the Federal government that would enable temporary suspension of certain federal requirements, making it easier to connect New Yorkers in need to Medicaid services**
  - 1915c Children's Waiver – enables NYS to streamline provision of home-based and community-based services for children who would otherwise require institutional care, better supporting children with mental health needs, going beyond traditional medical benefits
  - NYHER (NY Health Equity Reform) 1115 Demonstration Waiver – approved by CMS on Jan 9 2024, allowing NYS to pilot a program through which Medicaid will cover health-related social needs, including housing supports and food supports, for individuals meeting certain qualifying criteria, in addition to conducting social care screenings and making referrals to services for all Medicaid members
  - Other population-specific waivers

# New York Health Equity Reform (NYHER) 1115 Waiver Amendment Update

# Addressing Health Equity

- We know that health disparities, including unequal health outcomes across demographics (race, ethnicity, gender, geography, and more), persist in New York, even among Medicaid members
  - For example, both the maternal mortality and child mortality rates are significantly higher in New York for black children (2.8x) than white children, and black women (~3x) than white women
- To confront these disparities and try to close these gaps, DOH will implement the recently approved New York Health Equity Reform (NYHER) 1115 Waiver initiative

# Waiver Amendment Overview

On January 9, 2024, CMS approved a \$7.5 billion package for the New York Health Equity Reform (NYHER) 1115 Waiver Amendment that includes nearly \$6 billion of federal funding.

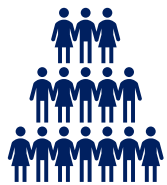
The NYHER Amendment will be effective until March 31, 2027, which aligns with the expiration of New York's underlying 1115 Waiver.

**Overall Goal:** *“To advance health equity, reduce health disparities, and support the delivery of social care.”*

- New York seeks to build on the investments, achievements, and lessons learned from the Delivery System Reform Incentive Payment (DSRIP) 1115 waiver program to scale delivery system transformation, improve population health and quality, deepen integration across the delivery system, and advance health-related social need (HRSN) services.
- This would be achieved through targeted and interconnected investments that will augment each other, be directionally aligned, and be tied to accountability. These investments focus on:







# Population Health & Health Equity Improvement Overview



## Stabilizing Safety Net Providers & Advancing Accountability (\$2.2B)

**Goal:** Stabilize and transform targeted financially distressed voluntary hospitals to advance health equity and improve population health in communities with the most evidence of health disparities. Aligns with the CMMI States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model.

**Structure:** Incentive funding to stabilize Medicaid dependent financially distressed safety net hospitals and develop necessary capabilities to:

- Advance health equity; participate in advanced VBP arrangements; and deepen integration with primary care, behavioral health, and HRSN services

Incentive payments will be tied to transformational activities and quality improvement measures, including those related to health equity

AHEAD is a total cost of care model that seeks to drive state and regional health care transformation and **multi-payer alignment**, with the goal of improving the total health of a state population and lowering costs.



## Primary Care Delivery System Model (\$492M)

**Goal:** Statewide approach to advancing primary care and enable providers to move toward advanced value-based payment (VBP) arrangements. Aligns with the CMMI Making Care Primary (MCP) and primary care investments through the AHEAD model.

- This will have a special focus on care for children and moving further towards VBP
- This initiative will be authorized outside of the 1115 Waiver

**Structure:** Enhanced monthly payments for all Patient-Centered Medical Home (PCMH) primary care practices for their Medicaid Managed Care members for two years

- In subsequent years, payments will transition to a bonus payment structure, linking payments to quality and efficiency, and then to a value-based payment model to align with the CMMI MCP model

MCP is a voluntary **Medicare** primary care model. Through MCP, investments in primary care are increased so patients can access more seamless, high-quality, whole-person care.



# Social Care Networks

## (\$3.4B Services; \$500M Infrastructure)

DOH will award one Social Care Network (SCN) per region (with up to five awards in New York City), with up to 13 SCNs statewide. Each SCN will be a designated Medicaid provider and serve as the lead entity in their region for:

Fiscal Administration

Contracting

Data Collection

Referral Management

CBO Capacity Building

**HRSN Screening and Navigation Services:** *All Medicaid members* will be screened for HRSNs and eligible for navigation to existing federal, state, and local social programs

### Targeted High-Need Populations Eligible for Enhanced HRSN Services

- Medicaid High Utilizers
- Individuals with serious chronic conditions (e.g., two or more chronic conditions, HIV/AIDS) and enrolled in a Health Home
- Individuals with Substance Use Disorder, Serious Mental Illness, or Intellectual and Developmental Disabilities
- Pregnant persons, up to 12 months postpartum
- Children aged 0-6
- Children under 18 with chronic conditions
- Foster care youth, juvenile justice-involved, and those under kinship care
- Post-release criminal justice-involved individuals with serious chronic conditions



Housing  
Supports



Nutrition



HRSN  
Transportation



HRSN Case  
Management

The SCN Request for Applications is available here: [IntelliGrants - Grant Opportunity Portal \(ny.gov\)](https://intelligrants.ny.gov)



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# Sample of NYHER Services

- The range of enhanced “health-related social need services” that will be available under the NYHER waiver in each region and provided by community-based organizations that are part of the Social Care Networks:




Standardized HRSN Screening	Housing	Nutrition	Transportation	Case Management
<ul style="list-style-type: none"> <li>Screening Medicaid Members using questions from the CMS Accountable Health Communities HRSN Screening Tool and key demographic data</li> </ul>	<ul style="list-style-type: none"> <li>Navigation</li> <li>Community transitional services</li> <li>Rent/utilities</li> <li>Pre-tenancy and tenancy sustaining services</li> <li>Home remediation and education</li> <li>Home accessibility and safety modifications</li> <li>Medical respite</li> </ul>	<ul style="list-style-type: none"> <li>Nutritional counseling and classes</li> <li>Home-delivered meals</li> <li>Medically tailored meals</li> <li>Fruit and vegetable prescription</li> <li>Pantry stocking</li> </ul>	<ul style="list-style-type: none"> <li>Reimbursement for HRSN public and private transportation to connect to HRSN services and HRSN case management activities</li> </ul>	<ul style="list-style-type: none"> <li>Case management, outreach, referral management, and education, including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees</li> <li>Connection to clinical case management</li> <li>Connection to employment, education, childcare, and interpersonal violence resources</li> <li>Follow-up after services and linkages</li> </ul>



## Strengthen the Workforce (\$694M)

The NYHER amendment will invest in workforce initiatives to support advancing health equity and addressing high demand workforce shortages to improve access to and quality of services

### Elements:

 <b>Career Pathways Training Programs (\$646M)</b>	 <b>Workforce Investment Organizations (WIOs)</b>	 <b>Student Loan Repayment (\$48M)</b>
<p>Development of training programs to support recruitment and career pathways for new and existing health care workers who commit to work for Medicaid-enrolled providers that serve at least 30% Medicaid and/or uninsured individuals for three years</p>	<p>High-performing Workforce Investment Organizations (WIOs) will manage training programs for incumbent workers and workers newly entering the workforce, with a focus on high-demand direct care titles that provide health, behavioral health, and social care</p>	<p>Loan forgiveness for primary care physicians, psychiatrists, nurse practitioners, pediatric clinical nurse specialists, and dentists who make a four-year commitment to work for Medicaid-enrolled providers that serve at least 30% Medicaid and/or uninsured individuals</p>

## Other Initiatives



### Health Equity Regional Organization (HERO) (\$125M)

A single statewide independent entity that will convene and collaborate with a diverse and comprehensive range of stakeholders to inform the State's plan to reduce health disparities, advance health equity, and support the delivery of HRSN services.

#### Activities include:

- Data Aggregation
- Regional Needs Assessment & Planning
- VBP Design & Development
- Program Evaluation



### 1115 Amendment: Continuous Eligibility for Children Ages Zero to Six

In Spring 2024, New York will submit a new 1115 amendment to request that children can remain continuously enrolled in Medicaid and Child Health Plus up to age six.

#### Goals:

- Prevent gaps in coverage during important developmental years
- Improve outcomes for long-term health and well being

# Existing Challenges, Reforms, and Opportunities for Improvement

# Existing Challenges and Recent Reforms

- In sum, in recent years DOH has made several changes to programs, policies, administration, and outreach to connect more New Yorkers with Medicaid services and strengthen benefits provided:
  - New ways to make application easier (technology, forms, etc)
  - Expanded coverage and new benefits (including Adverse Childhood Experiences Screening and Community Health Worker coverage)
  - Waivers enabling different expansions of services, including home-based services
- As a result of recent and ongoing data analysis and program/policy review, we also know there is more to do
  - Not all eligible New Yorkers receiving Medicaid – goal of closing take-up gap
  - Continue simplifying processes to make program more accessible
  - Address healthcare worker/staffing challenges
  - Advance health equity goals

# Planned Improvements and Opportunities for Reform

- **NYS DOH remains focused on ways we can improve services/service delivery**
- To that end, where possible under Federal rules, DOH is continually working to make Medicaid easier to access and expand range of benefits available to Medicaid members
- Upcoming initiatives include:
  - Statewide doula care coverage coming in March 2024
  - Significant investments to increase availability of Medicaid-covered Mental Health Services in 2024
  - NYHER services/supports to address persistent health disparities, as outlined
  - Continuous eligibility for children ages 0-6



# Contact us:

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



<https://nystateofhealth.ny.gov/>

Call our help line

1.855.355.5777

TTY: 1.800.662.1220

Monday - Friday, 8 a.m. - 8 p.m.

Saturday, 9 a.m. - 1 p.m.

# Resources for Reference and Additional Information

February, 2024

# Resources

- General Medicaid Information: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)
- NYRx, the Medicaid Pharmacy Program: [Medicaid Pharmacy Program \(NYRx\)](#)
- NYHER Waiver Information: [New York 1115 Medicaid Waiver Information Page \(ny.gov\)](#)
- Medicaid Budget Initiatives: [MRT Budget Information \(ny.gov\)](#)
- [Children's Behavioral Health Redesign](#)



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# Resources: Medicaid Providers

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

- Monthly newsletter providing policy guidance and reminders
- Subscribe to receive a notification when a new issue is published and to receive other important Medicaid Program Information by request to [medicaidupdate@health.ny.gov](mailto:medicaidupdate@health.ny.gov).

**eMedNY** [eMedNY Homepage](#)

- Policy manuals and billing guidelines for Medicaid providers.
- Training Materials
- Guidance and forms for Provider Enrollment
- Subscribe to the eMedNY List Serv: [LISTSERV \(emedny.org\)](https://listserve.emedny.org)

**Provider Enrollment Application and Guidance** [Provider Enrollment \(emedny.org\)](https://emedny.org)