



Department of Health

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September 23, 2016

Michele Lawler, MS, RD, Director
Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
Room 5C-26, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Lawler:

This correspondence is to address the requirement of Health Resources and Services Administration (HRSA) to include a copy of a Memorandum of Understanding (MOU) with the State's Medicaid agency in New York's Title V Maternal and Child Health Services Block Grant Application and Annual Report. The New York State Department of Health (Department) is unable to meet this specific requirement due to the fact that the Department is the Medicaid agency in New York State and is also the lead agency for Title V. Although New York is unable to submit the MOU, this correspondence serves to demonstrate the successful partnership that exists between the Department's Office of Health Insurance Programs (OHIP), the organizational unit within the Department that oversees New York's Medicaid program, and the Division of Family Health (Division), the organizational unit within the Department that oversees New York's Title V program.

The following summarizes major ongoing collaborative efforts:

- New York has had a long-standing commitment to ensuring access to reproductive health rights of all adolescents, men and women. OHIP and the Division have worked in tandem to continue to enhance and expand these vital services. Several years ago, the Division worked closely with the OHIP to develop New York's 1115 waiver to create the Family Planning Benefits Program (FPBP) designed to provide family planning services to men and women of childbearing age, with net incomes at or below 223 percent of the federal poverty level. The Division assisted OHIP with outreach and education efforts through development of informational materials, webinars, and for several years has funded FPBP outreach coordinators in critical locations of the state to provide information and assistance to providers regarding the FPBP.
- The Division has been involved in various efforts and discussions related to New York's Medicaid Redesign. One of these efforts includes moving the FPBP to New York State's Medicaid State Plan. The Division partnered with OHIP to develop and implement these changes and, as a result, FPBP now includes a period of presumptive eligibility that will ensure immediate access to family planning services while waiting for final eligibility determination, and eligible individuals are automatically enrolled into FPEP. The Division again worked with OHIP to develop a series of webinars to inform providers regarding the changes in FPBP and to promote outreach to underserved populations.

- The Division is collaborating with OHIP on the Centers for Disease Control and Prevention (CDC) 6/18 initiative that is targeting 6 common and costly health conditions – tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies, and diabetes – and 18 proven specific interventions that formed the starting point of discussions with purchasers, payers, and providers. The focus of this collaborative effort is the promotion of Long Acting Reversible Contraceptives (LARC) for the prevention of unintended pregnancies. This effort includes the development of policies that require Medicaid Managed Care plans to reimburse for immediate postpartum LARC by unbundling payment for LARC insertion from other postpartum services. A related proposal supports reimbursement of LARC to Federally Qualified Health Centers (FQHCs) based on actual acquisition cost. This collaborative effort continues with anticipated implementation later this year. As with all the aforementioned efforts, OHIPs' strength and role is related to their oversight of Medicaid policy and payments, and the Division contributes additional expertise and the ability to reach providers and consumers in the field through stakeholders, advocates and funded programs such as the extensive statewide network of family planning clinics and the system of regionalized obstetrical hospitals supported by the Division.
- An additional Medicaid Redesign proposals pertaining to the maternal and child health population included reducing inappropriate use of services such as non-medically indicated C-section delivery. The Division assisted OHIP in the development of criteria and guidelines for denial of Medicaid payment for non-medically indications C-Sections prior to 39 weeks gestation.
- The Division has a close working relationship with OHIP that oversees NY's Medicaid Prenatal Care program. Staff meeting monthly to provide information and updates. A key collaborative efforts includes quality improvement efforts. The Division provides input into the identification of priority areas for medical record review to assess key aspects of prenatal care delivery.
- The Division oversees the largest School Based Health Center (SBHC) program in the country, providing preventive, acute, chronic disease management, reproductive health and mental health services to approximately 160,000 students annually; SBHC-dental (SBHC-D) programs provide preventive dental services to approximately 63,000 students annually. Effective July 2017, the provision of SBHC and SBHC-D services will be incorporated into the Medicaid Managed Care (MMC) benefit package, and Medicaid Managed Care Plans (MMCPs) will be responsible for reimbursing SBHC sponsor agencies for services provided by SBHCs to MMC enrollees. OHIP in collaboration with the Division has been leading a workgroup of SBHC providers, MMCPs and other key stakeholders to identify and address issues and challenges related to this transition. The goal of this transition is to maintain access to these critical SBHC services while integrating the services into the larger health care delivery system and strengthening the coordination of services to improve quality and effectiveness.
- The Division has been working in close partnership with OHIP to develop a new Health Home benefit to provide enhanced care coordination for Children and Youth with Special Health Care Needs (CYSHCN) pursuant to the Affordable Care Act (ACA). This partnership also includes State Agency partners (the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, and the Office of Children and Family Services) to develop eligibility criteria, the care management model and service delivery system to ensure New York's Health Home for Children provides high quality care management to children with

Medicaid who have complex physical and/or behavioral health conditions under the NYS HH model as tailored to serve the unique needs of children.

- The Division continues to collaborate with OHIP on the implementation of New York's Delivery System Reform Incentive Payment Program (DSRIP). Division participated in reviews on the selection of DSRIP projects pertaining to the maternal and child health population. There are currently four DSRIP projects specifically implementing strategies to increase support for the maternal and child health population and three DSRIP projects implementing strategies to reduce premature births using Community Health Workers (CHWs). The Division has a long-standing CHW program with standardized training for CHWs and supervisors and was able to facilitate access to this training for these DSRIP project CHWs.
- An important component of New York's DSRIP is the development of Value Based Payment (VBP) that means paying for outcomes rather than volume of services provided. In order to develop the measures that will be achieved that will drive payment, OHIP developed Clinical Advisory Groups (CAGS) to ensure the measures reflected quality practice and standard of care. The Medical Director of the Division serves as a member of the CAGs for the Maternity Care Bundle.

These are just major examples of ongoing collaborative efforts between New York's Medicaid and Title V program. There is a tremendous amount of synergy in this work as the majority of the population targeted through New York's Title V program is the Medicaid-eligible population. The Department's goal is to ensure high quality health care and supportive services to all New Yorkers. OHIP leads the way regarding the development of policies and guidance to ensure services are available, and the Division has expertise in the maternal and child health arena, as well as an expansive network of health care and human service providers, stakeholders and advocates to obtain input and to ensure information regarding policies and practices are widely disseminated throughout New York State. The relationship between OHIP and the Division is a strong relationship that serves to enhance the services to all men, women and children across New York State.

Thank you for the opportunity to share this information. Please contact Lauren Tobias, Director Title V NYS, at Lauren.tobias@health.ny.gov, if you have any questions or wish to discuss this further.

Sincerely,



Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs