Redesigning
THE MEDICAID PROGRAM

NEW YORK
state department of
HEALTH

New York State - Managing High Need Medicaid Patients

MRT Health Disparities Work Group
August 9, 2011

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Division of Financial Planning and Policy

MRT Overview/Charge

- The Team shall engage Medicaid program stakeholders for the purpose of conducting a comprehensive review of and making recommendations regarding the Medicaid program. *(Executive Order #5)*

- The Recommendations shall include specific cost saving and quality improvement measures for redesigning the Medicaid program to meet specific budget reductions for Medicaid spending. *(Executive Order #5)*

MRT Public Feedback Overview

- We have received over 4,000 ideas from New Yorkers on how to reform the Medicaid program.
  - 829 ideas from hearings
  - 2,341 ideas from website
  - 72 ideas from MRT members
  - 660 ideas from public (other ways)
  - 148 ideas from state staff

Global Spending Cap

- Global cap consistent with Governor's Budget to limit total Medicaid spending to no greater than the percent CPI – Medical.
- DOH and DOB will closely monitor program spending on a monthly basis to determine if and where spending is growing above acceptable levels.

Global Spending Cap

- To assist in enforcing the cap, the package recommends the creation of the Voluntary Health Care Cost Containment Initiative.
- Under this initiative, DOH will be given flexibility to implement utilization controls and if necessary, rate reductions to prevent costs exceeding the cap.
- The only flexibility that DOH will not have will be related to eligibility changes.
- DOH will produce monthly reports which will be shared with the Legislature, the MRT and the public.
- DOH and DOB will also meet monthly with relevant legislative committees to keep them informed of progress and any issues that may arise.

Global Spending Cap

- Potential Benefits Include:
  - *Providers would have the freedom to implement their own cost-saving measures that have not already been brought before the Medicaid committee for consideration.*
  - *The proposal provides an incentive for health care providers to work together to find efficiencies and limit spending growth.*

Global Spending Cap

- Opportunities still exist to lower costs and improve quality:
  - *With $1.4B in potentially preventable admissions and readmissions, there are opportunities for the health care delivery system to be more efficient.*

Key Reform Proposals

- Major expansion in use of care management. Within 3 years almost the entire Medicaid population will be enrolled in some kind of care management.
  - *Develop Health Homes per the ACA and take advantage of the 90/10 funding.*
  - *Build off of the success of managed care.*
  - *Add new consumer protections.*
  - *Design special programs for complex populations.*
  - *Patient Centered medical homes (PCMHs) expansion.*

Key Reform Proposals

- Introduces new controls in personal care and home health that will both reign in out of control spending and preserve access to these vital services.
- Reform Medical Malpractice and lower health are costs.
- Introduces further spending and utilization controls in pharmacy and transportation.
- Streamline Regulations and Reduce Burden (e.g., Uniform Assessment Tool for LTC)

Health Homes

CMS Medicaid Director Letter

"The health home service delivery model is an important option for providing a cost-effective, longitudinal "home" to facilitate access to an inter-disciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions."

CMS Medicaid Director Letter

"The goal in building "health homes" will be to expand the traditional medical home models to build linkages to other community and social supports, and to enhance coordination of medical and behavioral health care, in keeping with the needs of persons with multiple chronic illnesses."

State of Medicaid Spending: High Cost Enrollees

Pairs, Triples and HIV/AIDS groups account for 18 percent of member months and 52 percent of spend

Entire Medicaid Clinical Risk Grouping (FFS, Managed Care & Dual-Eligible)	Recipients	Pct Total Member Months	Sum Total Claim Expenditures CY2009	Pct Total Claim Expenditures	Total Claim PMPM
Healthy/Acute	3,603,376	62.45	$ 9,164,421,559.54	19.81	$ 272.49
Minor Chronic	71,971	1.54	$ 455,060,231.31	0.98	$ 549.88
Single Chronic	816,569	16.44	$ 9,114,948,953.60	19.70	$ 1,029.40
Pairs Chronic	**721,655**	**15.32**	**$ 18,153,765,366.16**	**39.24**	**$ 2,200.88**
Triples Chronic	**88,361**	**1.88**	**$ 3,987,101,629.39**	**8.62**	**$ 3,940.70**
Malignancies	27,913	0.53	$ 912,990,577.07	1.97	$ 3,169.31
Catastrophic	34,237	0.71	$ 2,379,368,897.94	5.14	$ 6,244.47
HIV / AIDS	**54,906**	**1.14**	**$ 2,092,172,707.13**	**4.52**	**$ 3,422.09**
Total	**5,418,988**	**100.00**	**$ 46,259,829,922.14**	**100.00**	**$ 858.97**

State of Medicaid Spending: High Cost Enrollees

147,889 Fee-for-Service (FFS)Pairs, Triples and HIV/AIDS Enrollees cost $6.9B in 2009

Clinical Risk Grouping for FFS-Only Non-Dual Eligible Recipients***	Recipients	Pct Total Member Months	Sum Total Claim Expenditures CY2009	Pct Total Claim Expenditures	Total Claim PMPM
Healthy/Acute	685,922	67.02	$ 1,145,627,952.09	9.49	$ 251.84
Minor Chronic	37,866	3.70	$ 292,866,238.28	2.43	$ 772.35
Single Chronic	135,991	13.29	$ 2,299,827,552.72	19.05	$ 1,788.58
Pairs Chronic	**106,050**	**10.36**	**$ 4,422,143,460.78**	**36.64**	**$ 3,840.82**
Triples Chronic	**14,166**	**1.38**	**$ 1,039,970,105.52**	**8.62**	**$ 6,528.78**
Malignancies	5,720	0.56	$ 337,435,792.73	2.80	$ 6,894.61
Catastrophic	10,035	0.98	$ 1,112,572,535.35	9.22	$10,044.17
HIV / AIDS	**27,673**	**2.70**	**$ 1,420,175,935.10**	**11.77**	**$ 4,666.04**
Total	**1,023,423**	**100.00**	**$ 12,070,619,572.57**	**100.00**	**$ 1,510.96**

*** FFS Only Non-Dual Recipients excludes Medicaid recipients with any MMC member months of eligibility during CY2009.

State of Medicaid Spending: High Cost Enrollees

975,000 Patients with Multiple Chronic Illnesses

I/Developmental Disability

- 50K Recipients
- **$6.4B/$10,500 PMPM**

Issues: Very High Cost - Waiver and FFS Expense is Growing Rapidly

Long Term Care

- 200K Recipients
- **$10.5B/$4,500 PMPM**

Issues: High Cost; Lack of Management; High Intensity LTC and IP Services without coordination

Behavioral Health

-400K Recipients

- **$6.3B/$1,400 PMPM**

Issues: High Cost; Socially Unstable, Lack of Services Management; Lack of BH and Physical Health Care Coordination

Chronic Medical

-300K Recipients

- **$2.4B/$695 PMPM**

Issues: High Cost; Lack of Services Management; Lack of Physical Care Coordination

Chronic Illness Demo Patient Population

Prior Diagnostic History
Patients with Risk Scores 50+*
NYC Residents

Percent of Patients with Co-Occurring Condition

		CVD	AMI	Ischemic Heart Dis	CHF	Hyper-tension	Diabetes	Asthma	COPD	Renal Disease	Sickle Cell	Alc/Subst Abuse	Mental Illness	HIV/AIDS
Cereb Vasc Dis	5.0%	**100.0%**	15.0%	49.5%	36.2%	81.6%	51.7%	35.3%	24.8%	13.7%	2.9%	56.4%	62.7%	13.7%
AMI	6.0%	12.5%	**100.0%**	80.9%	53.3%	90.1%	56.6%	40.4%	31.5%	17.4%	2.1%	55.2%	56.2%	13.5%
Ischemic Heart Dis	22.4%	11.1%	21.7%	**100.0%**	45.3%	86.9%	54.0%	42.0%	30.2%	13.2%	2.1%	53.5%	58.4%	14.0%
CHF	16.2%	11.2%	19.8%	62.8%	**100.0%**	89.5%	56.9%	42.7%	34.9%	20.7%	2.7%	48.4%	48.0%	13.4%
Hypertension	50.9%	8.0%	10.6%	38.3%	28.4%	**100.0%**	46.2%	41.0%	25.4%	11.6%	1.8%	63.1%	62.9%	20.0%
Diabetes	29.0%	8.9%	11.7%	41.8%	31.7%	81.3%	**100.0%**	41.2%	23.9%	13.0%	1.4%	55.4%	62.7%	15.6%
Asthma	36.3%	4.9%	6.7%	25.9%	19.0%	57.5%	32.9%	**100.0%**	32.5%	4.3%	2.3%	72.9%	70.0%	29.6%
COPD	20.8%	6.0%	9.1%	32.5%	27.2%	62.2%	33.3%	56.7%	**100.0%**	6.0%	1.7%	74.2%	65.6%	29.9%
Renal Disease	6.3%	10.8%	16.5%	46.7%	52.8%	93.3%	59.6%	24.3%	19.8%	**100.0%**	2.2%	36.6%	37.4%	18.0%
Sickle Cell	2.9%	5.0%	4.2%	15.7%	14.9%	31.3%	14.0%	28.2%	12.3%	4.7%	**100.0%**	48.9%	50.7%	15.0%
Alc/Subst Abuse	72.8%	3.9%	4.5%	16.5%	10.7%	44.1%	22.0%	36.4%	21.2%	3.2%	2.0%	**100.0%**	70.9%	33.4%
Mental Illness	66.2%	4.7%	5.1%	19.7%	11.7%	48.3%	27.4%	38.4%	20.6%	3.6%				

* High Risk of Future Inpatient Admission
Source: NYU Wagner School, NYS OHIP, 2009.

Primary Care Use of High Cost Patients

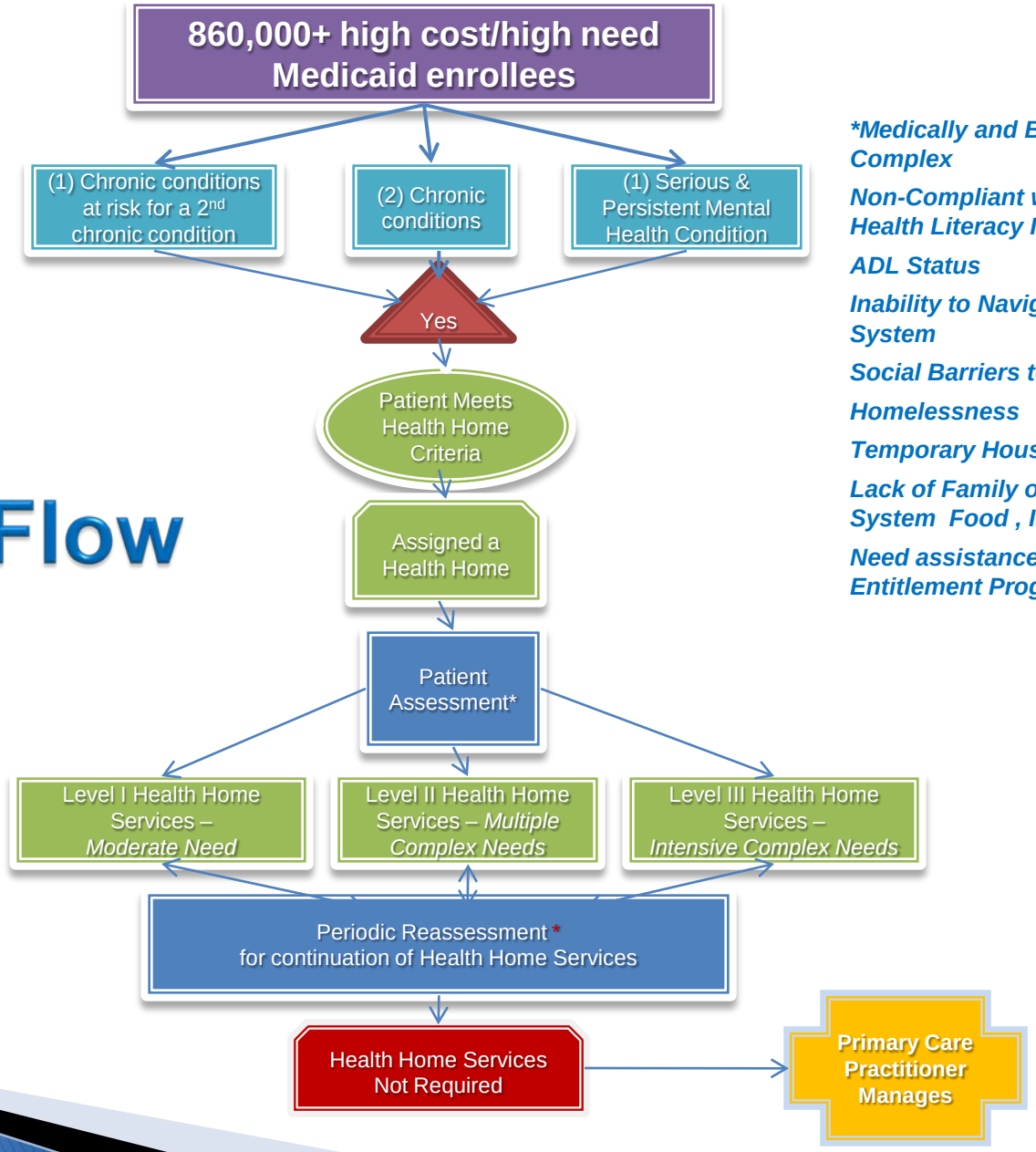
"Medical Home" for Patients with Risk Score ≥50
Based on Prior 2-Years of Ambulatory Use

"Medical Home" Status	All NYS	Number of PC/Spec/OB Providers Touched
Loyal	48.9%	2.80
OPD/Satellite	25.1%	2.97
D&TC	15.0%	2.55
MD	8.8%	2.71
Shopper	18.8%	5.39
Occasional User	13.3%	1.18
No PC/Spec/OB	19.0%	0.00
Total	100.0%	2.54

51%

Source: NYU Wagner School, NYS OHIP, 2009.

Draft Patient Flow



***Medically and Behaviorally Complex**

***Non-Compliant with Treatment Health Literacy Issues**

***ADL Status**

***Inability to Navigate Health Care System**

***Social Barriers to Care**

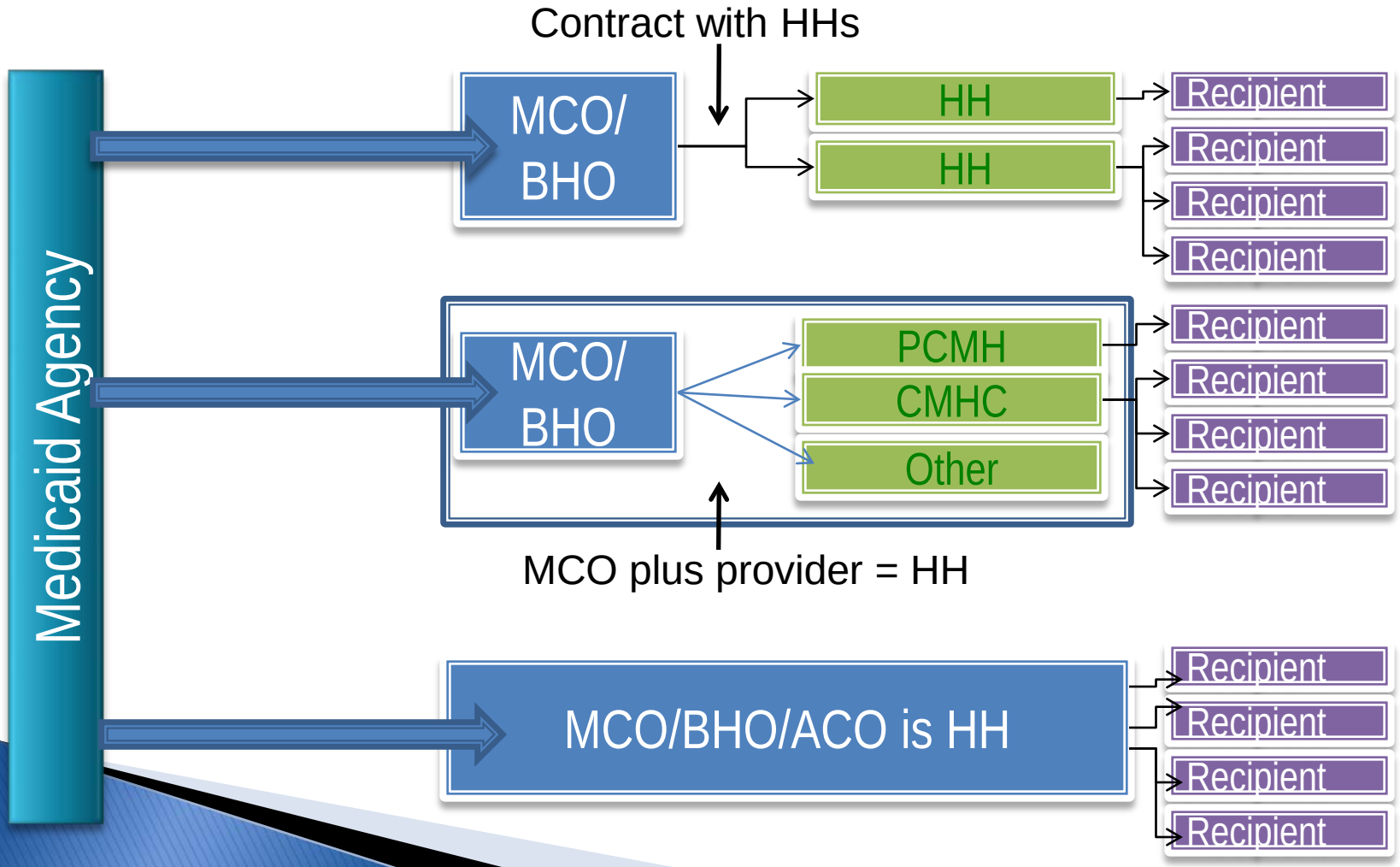
***Homelessness**

***Temporary Housing**

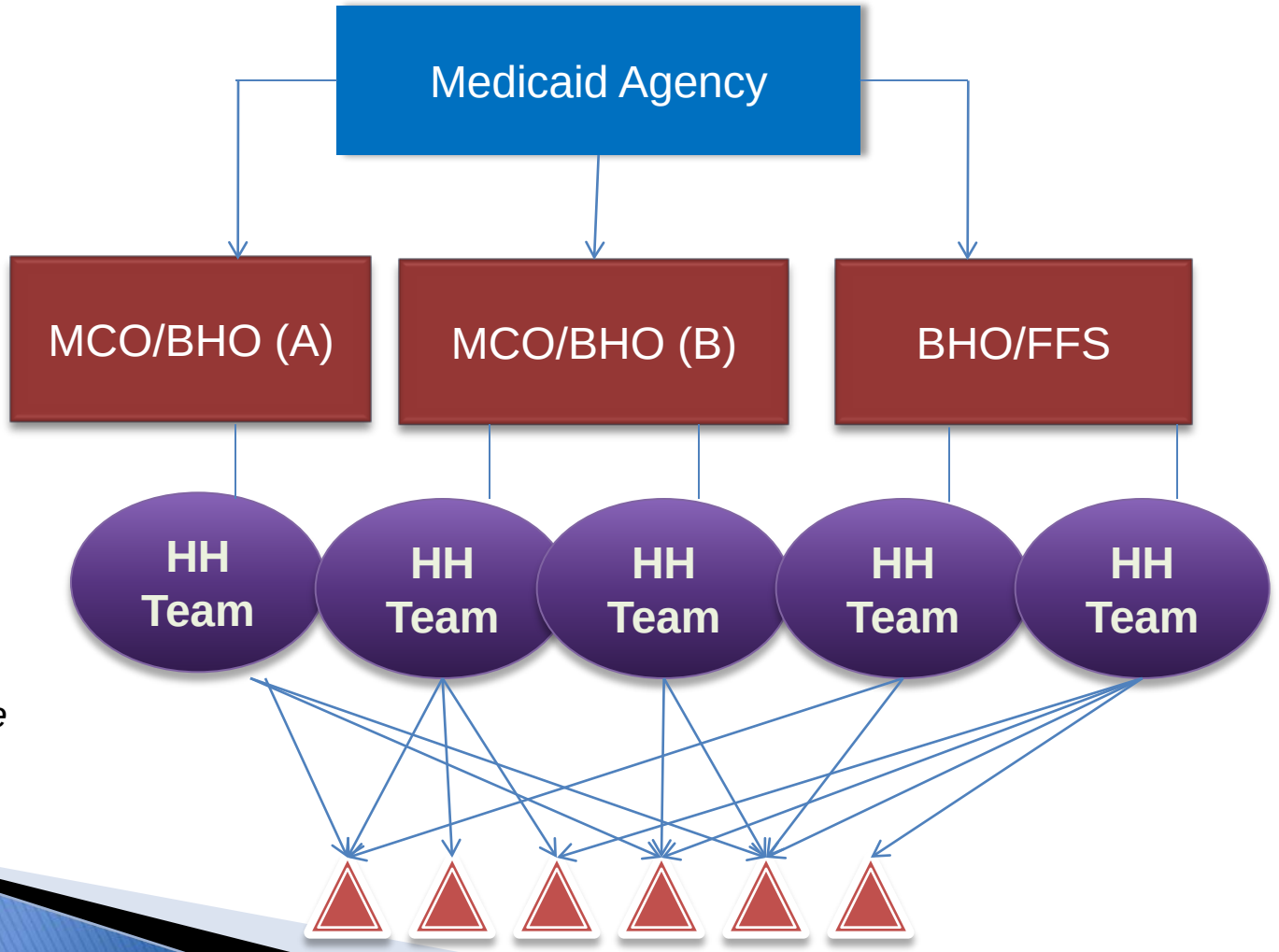
***Lack of Family or Support System Food , Income**

***Need assistance applying for Entitlement Programs**

Examples of Structuring Health Homes (HH) In Managed Care Delivery System



Examples of Structuring Health Homes In Managed Care Delivery System



= *Physical and/or behavioral health care provider*

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Health Disparities Data
New York State, 2007-2009

MRT Health Disparities Work Group
August 9, 2011

Guthrie Birkhead, M.D.

Health Disparities

- Health disparities are differences in health outcomes between groups that reflect social inequalities. Racial/ethnic, socioeconomic, gender, geographic and other disparities in health are both unacceptable and correctable.

Measuring Disparity

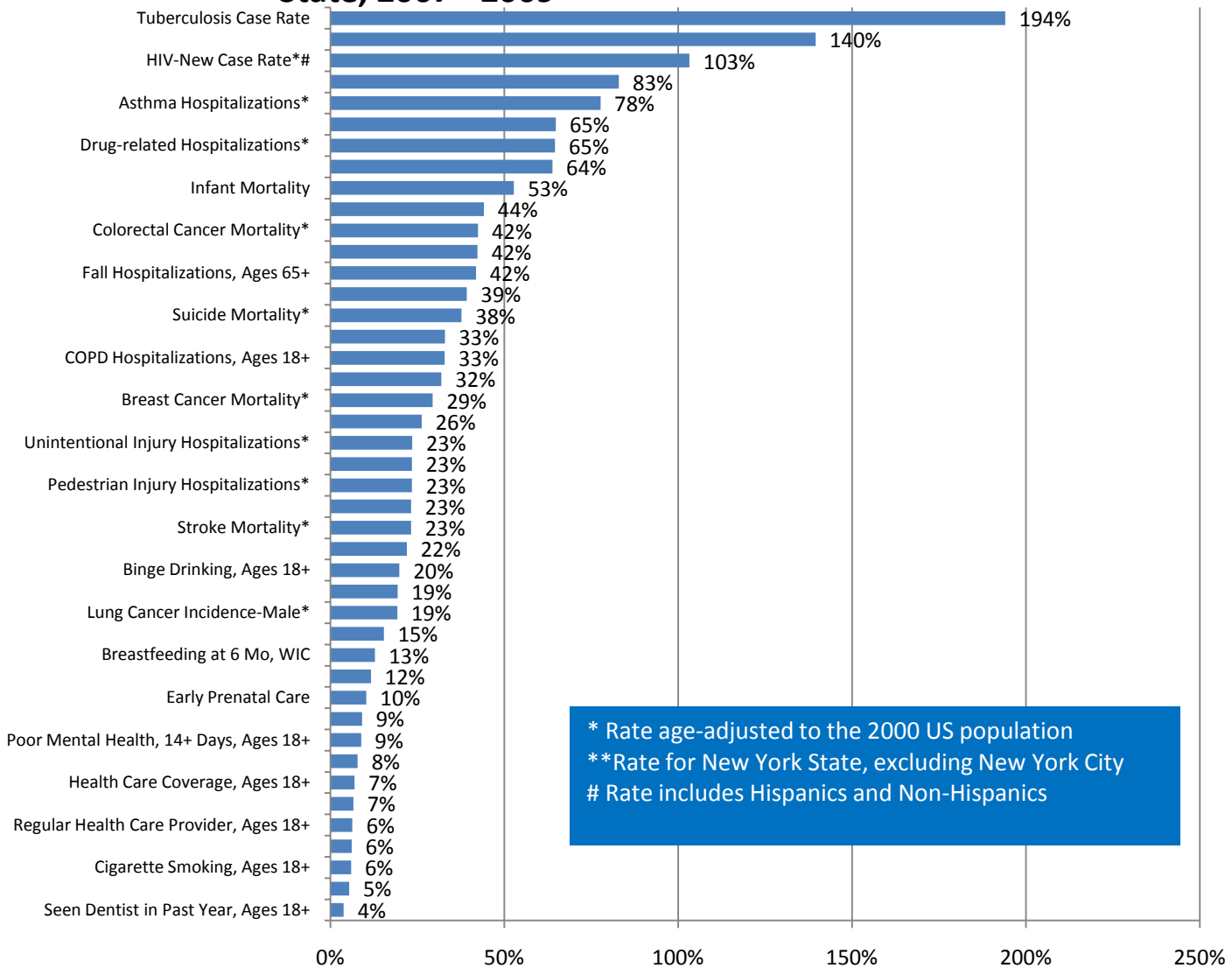
- The Index of Disparity (ID) is defined as the average of the absolute differences between rates for specific groups within a population and the overall population rate.
- Magnitude of Disparity is defined as the total number of excess/shortage of cases resulting from rates among race/ethnic groups that are higher or lower than the best performing group (reference group).

Prevention Agenda
New York State Dept of Health

- Access to quality health care
- Tobacco Use
- Healthy Mothers, Healthy Babies, Healthy Children
- Physical Activity/Nutrition
- Unintentional Injury
- Chronic Disease
- Infectious Disease
- Healthy Environment
- Community Preparedness
- Mental Health and Substance Abuse

Source: http://www.nyhealth.gov/prevention/prevention_agenda/

Index of Disparity for Public Health Priority Areas, New York State, 2007 - 2009



Indicators are based on the most current data available and range between the years 2007 and 2009.

Index of Disparity (ID) Method to Compare/Rank Health Indicators

Example:

- HIV-new Case rate ID = 103%
  The average difference of the HIV-new case rates for individual racial/ethnic groups compared to the NYS rate.
- Infant Mortality rate ID = 53%
  The average difference of the infant mortality rates for individual racial/ethnic groups compared to the NYS rate.
- Interpretation:
  The level of disparity for new cases of HIV among racial/ethnic groups is about twice the level that exists for infant mortality.

10 Largest Disparities* Among Prevention Agenda Indicators

- Tuberculosis Case Rate per 100,000 (ID 194%)
  - White NH 1.2, Black NH 9.8, Asian NH 39.1, Hispanic 13.8
- Gonorrhea Case Rate per 100,000 (ID 140%)
  - White NH 11.8, Black NH 436.7, Asian NH 8.1, Hispanic 61.9
- HIV-New Case Rate per 100,000 (ID 103%)
  - White NH 7.6 , Black NH 71.8, Asian NH 7.1, Hispanic 38.7
- Teen (ages 15-17) Pregnancy Rate per 1,000 (ID 83%)
  - White NH 11.4, Black NH 67.3, Asian NH 9.7, Hispanic 64.3
- Asthma Hospitalization rate per 10,000 (ID 78%)
  - White NH 9.3, Black NH 45.5, Asian NH 7.6, Hispanic 35.4

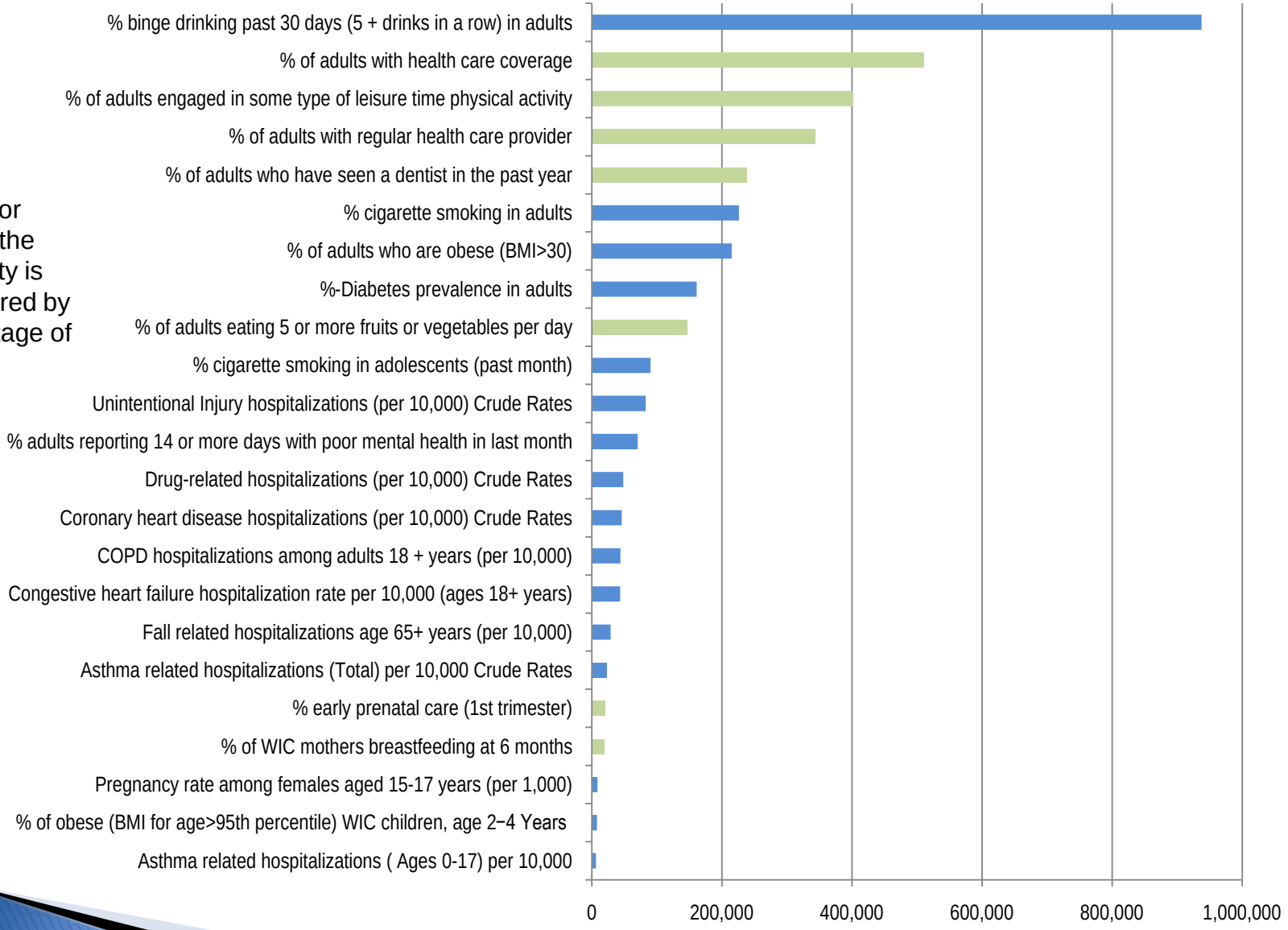
10 Largest Disparities* Among Prevention Agenda Indicators

- Asthma Hospitalization rate per 10,000, ages 0-17 (ID 65%)
  - White NH 10.8, Black NH 58.3, Asian NH 11.4, Hispanic 37.5
- Drug-related hospitalization rate per 10,000 (ID 65%)
  - White NH 21.9, Black NH 58.8, Asian NH 3.1, Hispanic 16.2
- Diabetes Short-term Complications, ages 18+ (ID 64%)
  - White NH 3.5, Black NH 13.5, Asian NH 1.5, Hispanic 5.8
- Infant Mortality Per 1,000 (ID 53%)
  - White NH 4.2, Black NH 11.8, Asian NH 2.5, Hispanic 4.5
- Diabetes Short-Term Complications, Ages 6-17 (ID 44%)
  - White NH 2.5 , Black NH 5.6, Asian NH 0.6, Hispanic 3.3

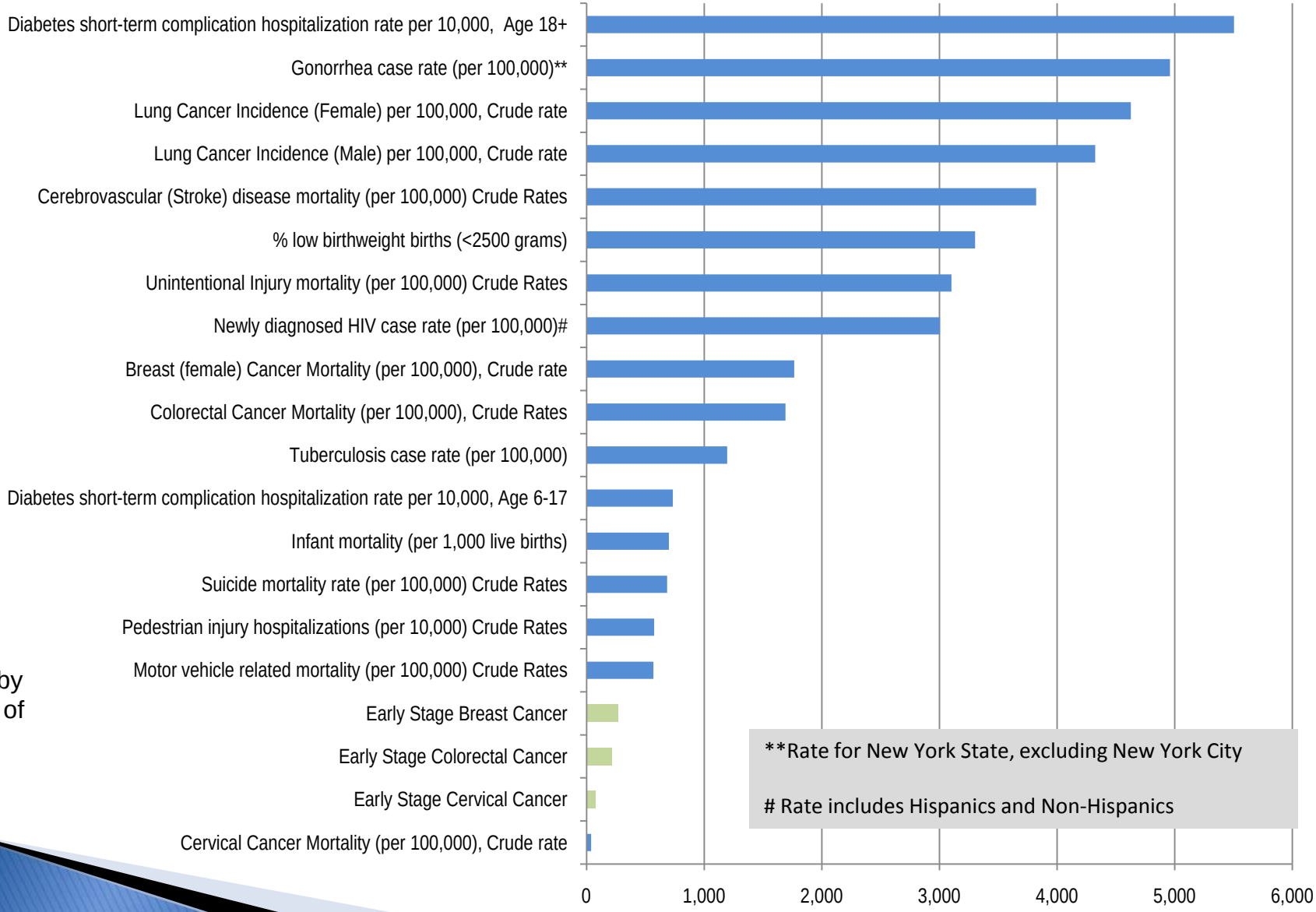
** Based on Index of Disparity (ID)*

Excess/Shortage of Cases Potentially Impacted by Racial/Ethnic Disparities

Indicator where the disparity is measured by a shortage of cases



Excess/Shortage of Cases Potentially Impacted by Racial/Ethnic Disparities



Indicator where the disparity is measured by a shortage of cases

Ten Prevention Agenda Indicators With Largest Number of New Yorkers Potentially Impacted by Race/Ethnic Disparities

If all race/ethnic groups experienced rates equal to the best performing group, NYS would prevent:

- *937,500 adults binge drinking (ID 20%)*
- *510,991 adults without health are coverage (ID 7%)*
- *401,464 adults with no leisure time physical activity (ID 7%)*
- *343,263 adults without a regular health care provider (ID 6%)*
- *237, 800 adults who did not see a dentist in past year (ID 4%)*
- *226,017 adults who smoke (ID 6%)*
- *215,021 adults who are obese (ID 12%)*
- *146,214 adults who do not eat 5+ fruits and veggies per day (ID 8%)*
- *160,953 adults who have diabetes (ID 23%)*
- *90,185 adolescents who smoke (ID 32%)*

Other Factors to Consider when Selecting Priorities

- Overall Scope of the problem
- Severity of condition
- Strategy for success (e.g., evidence-based interventions)
- Resources, infrastructure
- Support from Partners and Community.

Categories For Disparity Analysis

- Access to Care
- Risk Behaviors
- Disease Prevalence
- Hospitalizations
- Mortality

Access to Care: Top 5 Disparities By Disparity Index

- Percent Early Prenatal Care (ID 10%)
  - White NH 80.3%, Black NH 60.6%, Asian NH 70.4%, Hispanic 63.6%
- Percent Early Stage Diagnosis of Cervical Cancer (ID 9%)
  - White NH 45.9%, Black NH 39.2%, Asian NH 47.2%, Hispanic 58.0%
- Percent of Adults with Health Care Coverage (ID 7%)
  - White NH 92.0%, Black NH 86.5%, Hispanic 75.1%
- Percent of Adults with a Regular Health Care Provider (ID 6%)
  - White NH 90.0%, Black NH 89.0%, Hispanic 76.1%
- Percent Early Stage Diagnosis of Breast Cancer (ID 6%)
  - White NH 65.5%, Black NH 55.6%, Asian NH 63.6%, Hispanic 58.0%

** Based on Index of Disparity (ID)*

Access to Care: Top 5 Disparities By Number Impacted

If all race/ethnic groups had rates equal to the best performing group, NYS would prevent:

- 510,991 adults without health care coverage
- 343,263 adults without a regular health care provider
- 237,800 adults who did not see a dentist in past year
- 20,019 women without early prenatal care
- 273 cases of breast cancer not diagnosed at an early stage

Health Behaviors – Top 5 Disparities By Disparity Index

- Teen (ages 15-17) Pregnancy Rate per 1,000 (ID 83%)
  - White NH 11.4, Black NH 67.3, Asian NH 9.7, Hispanic 64.3
- Percent of Smoking in Adolescents (past month) (ID 32%)
  - White NH 14.9%, Black NH 7.7%, Asian NH 9.1%, Hispanic 20.8%
- Percent Binge Drinking among adults (ages 18+) (ID 20%)
  - White NH 17.7%, Black NH 9.8%, Hispanic 18.1%
- Percent of Moms in WIC Breastfeeding at 6 Months (ID 13%)
  - White NH 34.9%, Black NH 39.0%, Asian NH 36.6%, Hispanic 49.2%
- Percent of adults (ages 18+) Eating 5 + Fruits/Veg. per day (ID 8%)
  - White NH 26.9, Black NH 25.5, Hispanic 21.9

** Based on Index of Disparity (ID)*

Health Behaviors – Top 5 Disparities By Number Impacted

If all race/ethnic groups experienced rates equal to the best performing group, NYS would prevent:

- 937,500 adults binge drinking
- 401,464 adults with no leisure time physical activity
- 226,017 adults who smoke
- 146,214 adults who do not eat 5 or more fruits and vegetables per day
- 90,185 adolescents who smoke

Disease Prevalence – Top 5 Disparities by Disparity Index

- Tuberculosis Case Rate per 100,000 (ID 194%)
  - White NH 1.2, Black NH 9.8, Asian NH 39.1, Hispanic 13.8
- Gonorrhea Case Rate per 100,000 (ID 140%)
  - White NH 11.8, Black NH 436.7, Asian NH 8.1, Hispanic 61.9
- HIV-New Case Rate per 100,000 (ID 103%)
  - White NH 7.6 , Black NH 71.8, Asian NH 7.1, Hispanic 38.7
- Lung Cancer Incidence among females (ID 33%)
  - White NH 62.6, Black NH 43.4, Asian NH 31.7, Hispanic 24.8
- Diabetes Prevalence among adults (ID 23%)
  - White NH 7.8%, Black NH 14.0% , Asian NH n/a, Hispanic 8.9%

** Based on Index of Disparity (ID)*

Disease Prevalence – Top 5 Disparities by Number Impacted

If all race/ethnic groups experienced rates equal to the best performing group, NYS would prevent:

- 215,021 adults who are obese
- 160,953 adults who have diabetes
- 70,289 adults with poor mental health
- 7,725 children ages 2-4 who are obese (WIC)
- 4,960 cases of gonorrhea

Hospitalization Rates – Top 5 Disparities by Disparity Index

- Asthma Hospitalization rate per 10,000 (ID 78%)
  - White NH 9.3, Black NH 45.5, Asian NH 7.6, Hispanic 35.4
- Asthma Hospitalization rate (0-17) per 10,000 (ID 65%)
  - White NH 10.8, Black NH 58.3, Asian NH 11.4, Hispanic 37.5
- Drug Related Hospitalization rate per 10,000 (ID 65%)
  - White NH 21.9, Black NH 58.8, Asian NH 3.1, Hispanic 16.2
- Diabetes Short-Term Complications, Ages 18+ (ID 64%)
  - White NH 3.5, Black NH 13.5, Asian NH 1.5, Hispanic 5.8
- Diabetes Short-Term Complications, Ages 6-17 (ID 44%)
  - White NH 2.5, Black NH 5.6, Asian NH 0.6, Hispanic 3.3

** Based on Index of Disparity (ID)*

Hospitalization Rates – Top 5 Disparities by Number Impacted

If all race/ethnic groups experienced rates equal to the best performing group, NYS would prevent:

- 82,511 unintentional injury hospitalizations
- 48,162 drug-related hospitalizations
- 45,869 coronary heart disease hospitalizations
- 43,790 COPD hospitalizations among adults
- 43,316 congestive heart failure hospitalizations among adults

Mortality – Top 5 Disparities by Disparity Index

- Infant Mortality per 1,000 (ID 53%)
  - White NH 4.2, Black NH 11.8, Asian NH 2.5, Hispanic 4.5
- Colorectal Cancer Mortality per 100,000 (ID 42%)
  - White NH 22.8, Black NH 28.4, Asian NH10.0, Hispanic 14.4
- Cervical Cancer Mortality per 100,000 (ID 42%)
  - White NH 1.9, Black NH 5.8, Asian NH 2.2, Hispanic 2.7
- Suicide Mortality per 100,000 (ID 38%)
  - White NH 8.5, Black NH 3.5, Asian NH 4.2, Hispanic 4.2
- Breast Cancer Mortality (Female) per 100,000 (ID 29%)
  - White NH 22.8, Black NH 28.4, Asian NH 10.7, Hispanic 14.4

** Based on Index of Disparity (ID)*

Mortality – Top 5 Disparities by Disparity Index

If all race/ethnic groups experienced rates equal to the best performing group, NYS would prevent:

- 3,822 deaths due to stroke
- 3,103 deaths due to unintentional injury
- 1,765 deaths due to breast cancer
- 1,690 deaths due to colorectal cancer
- 700 infant deaths

ACCESS TO QUALITY HEALTH CARE*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Percent of adults with health care coverage	88.0%	92.0%	86.5%	NA	75.1%	7%
Percent of adults with regular health care provider	86.5%	90.0%	89.0%	NA	76.1%	6%
Percent of adults who have seen a dentist in the past year	74.2%	76.4%	68.8%	NA	73.3%	4%
Early Stage Breast Cancer	63.5%	65.5%	55.6%	63.6%	58.0%	6%
Early Stage Cervical Cancer	46.1%	45.9%	39.2%	47.2%	54.7%	9%
Early Stage Colorectal Cancer	45.0%	45.8%	43.5%	42.6%	40.0%	5%

* Prevention Agenda: www.health.state.ny.us/prevention/prevention_agenda/

Best group

Worst group

TOBACCO USE*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Percent of cigarette smoking in adolescents (past month)	14.8%	14.9%	7.7%	9.10%	20.8%	32%
Percent of cigarette smoking in adults	18.0%	18.2%	19.5%	NA	16.5%	6%
COPD hospitalizations among adults 18 + years (per 10,000)	42.8	38.8	60.2	10.9	39.8	33%
Lung Cancer Incidence (Male) per 100,000**	76	80.9	75.6	51.9	46.9	19%
Lung Cancer Incidence (Female) per 100,000**	54.6	62.6	43.4	31.7	24.8	33%

* Prevention Agenda:
www.health.state.ny.us/prevention/prevention_agenda/

** Rate age-adjusted to the 2000 US population

Best group

Worst group

HEALTHY MOTHERS/HEALTHY BABIES/HEALTHY CHILDREN*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Percent of early prenatal care (1st trimester)	72.0%	80.3%	60.6%	70.4%	63.6%	10%
Percent of low birthweight births (<2500 grams)	8.2%	6.8%	13.0%	7.5%	7.9%	22%
Infant mortality (per 1,000 live births)	5.4	4.2	11.8	2.5	4.5	53%
Pregnancy rate among females aged 15-17 years (per 1,000)	33.3	11.4	67.3	9.7	64.3	83%

* Prevention Agenda: www.health.state.ny.us/prevention/prevention_agenda/

Best group

Worst group

PHYSICAL ACTIVITY/NUTRITION*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Percent of obese (BMI for age>95th percentile) children, age 2−4 Years (WIC) (pre-school)	14.6%	12.3%	12.9%	10.8%	18.1%	19%
Percent of adults who are obese (BMI>30)	24.6%	23.6%	29.1%	NA	27.7%	12%
Percent of adults engaged in some type of leisure time physical activity	73.6%	76.8%	68.8%	NA	67.0%	7%
Percent of adults eating 5 or more fruits or vegetables per day	26.8%	26.9%	25.5%	NA	21.9%	8%
Percent of WIC mothers breastfeeding at 6 months	41.2%	34.9%	39.0%	36.6%	49.2%	13%

* Prevention Agenda: www.health.state.ny.us/prevention/prevention_agenda/

Best group

Worst group

UNINTENTIONAL INJURY*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Unintentional Injury mortality (per 100,000)**	24.1	26.6	19.8	11.4	21	23%
Unintentional Injury hospitalizations (per 10,000)**	64.8	63.3	62.4	26.5	46.1	23%
Motor vehicle related mortality (per 100,000)**	6.1	7.1	4.8	3.6	4.5	26%
Pedestrian injury hospitalizations (per 10,000)**	1.6	1.1	2.4	1.5	1.7	23%
Fall related hospitalizations age 65+ years (per 10,000)	202.6	224.1	104.2	82.3	103.8	42%

* Prevention Agenda:
www.health.state.ny.us/prevention/prevention_agenda/

** Rate age-adjusted to the 2000 US population

Best group

Worst group

Healthy Environment*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Asthma related hospitalizations (Total) per 10,000**	20.6	9.3	45.5	7.6	35.4	78%
Asthma related hospitalizations (Ages 0-17) per 10,000	28.4	10.8	58.3	11.4	37.5	65%

* Prevention Agenda: www.health.state.ny.us/prevention/prevention_agenda/

* Rate age-adjusted to the 2000 US population

Best group

Worst group

Chronic Disease (1)*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Diabetes prevalence in adults	8.9%	7.8%	14.0%	NA	8.9%	23%
Diabetes short-term complication hospitalization rate per 10,000, Age 6-17	3.4	2.5	5.6	0.6	3.3	44%
Diabetes short-term complication hospitalization rate per 10,000, Age 18+	5.6	3.5	13.5	1.5	5.8	64%
Coronary heart disease hospitalizations (per 10,000)**	50.4	45.6	49.3	30.5	45.2	15%
Congestive heart failure hospitalization rate per 10,000 (ages 18+ years)	43	42.1	62	11.6	26.8	39%

* Prevention Agenda:
www.health.state.ny.us/prevention/prevention_agenda/

** Rate age-adjusted to the 2000 US population

Best group

Worst group

Chronic Disease (2)*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Cerebrovascular (Stroke) disease mortality (per 100,000)**	26.4	26.5	30.8	14.8	18	23%
Breast (female) Cancer Mortality (per 100,000)*	22.2	22.8	28.4	10.7	14.4	29%
Cervical Cancer Mortality (per 100,000)**	2.6	1.9	5.8	2.2	2.7	42%
Colorectal Cancer Mortality (per 100,000)**	15.8	22.8	28.4	10	14.4	42%

* Prevention Agenda: www.health.state.ny.us/prevention/prevention_agenda/

** Rate age-adjusted to the 2000 US population

Best group

Worst group

Infectious Disease*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Newly diagnosed HIV case rate (per 100,000)**#	23.2	7.6	71.8	7.1	38.7	103%
Gonorrhea case rate (per 100,000)***	99.1	11.8	436.7	8.1	61.9	140%
Tuberculosis case rate (per 100,000)	6.3	1.2	9.8	39.1	13.8	194%

* Prevention Agenda: www.health.state.ny.us/prevention/prevention_agenda/

* Rate age-adjusted to the 2000 US population
*** Rate for New York State, excluding New York City
# Rate includes Hispanics and Non-Hispanics

Best group

Worst group

Mental Health/Substance Abuse*

Indicators	NYS	White NH	Black NH	Asian NH	Hispanic	Index of Disparity
Suicide mortality rate (per 100,000)**	6.9	8.5	3.5	4.2	4.2	38%
Percent of adults reporting 14 or more days with poor mental health in last month	10.2%	9.8%	10.9%	NA	11.8%	9%
Percent of binge drinking past 30 days (5 + drinks in a row) in adults	16.3%	17.7%	9.8%	NA	18.1%	20%
Drug-related hospitalizations (per 10,000)**	30.2	21.9	58.8	3.1	16.2	65%

* Prevention Agenda:
www.health.state.ny.us/prevention/prevention_agenda/

Best group

Worst group

** Rate age-adjusted to the 2000 US population

Ranking indicators based on the magnitude of racial /ethnic disparity, New York State, 2007-2009*

** Data years varied between 2007-09*

Access to Care

Indicators	Shortage of cases compared to the reference group				
	White NH	Black NH	Asian NH	Hispanic	Total shortage cases
Percent of adults with health care coverage	Ref	-120,218	NA	-390,773	-510,991
Percent of adults with regular health care provider	Ref	-21,858	NA	-321,405	-343,263
Percent of adults who have seen a dentist in the past year	Ref	-166,119	NA	-71,680	-237,800
Early stage breast cancer	Ref	-176	-10	-87	-273
Early stage colorectal cancer	Ref	-31	-133	-50	-214
Early stage cervical cancer	-41	-33	-5	Ref	-78

Reference group is the group with the best statistic

Indicator where the disparity is measured by a shortage of cases

Risk Behaviors (1)

	Excess/shortage of cases compared to the reference group				
Indicators	**White NH**	**Black NH**	**Asian NH**	**Hispanic**	**Total excess/ shortage cases**
Percent of binge drinking past 30 days (5 + drinks in a row) in adults	745,591	Ref	NA	191,918	937,509
Percent of adults engaged in some type of leisure time physical activity	Ref	-174,862	NA	-226,602	-401,464
Percent of cigarette smoking in adults	160,444	65,573	NA	Ref	226,017
Percent of adults eating 5 or more fruits or vegetables per day	Ref	-30,601	NA	-115,613	-146,214

Reference group is the group with the best statistic

Indicator where the disparity is measured by a shortage of cases

Risk Behaviors (2)

	Excess/shortage of cases compared to the reference group				
Indicators	White NH	Black NH	Asian NH	Hispanic	Total excess/ shortage cases
Percent of cigarette smoking in adolescents (past month)	55,486	Ref	1,163	33,536	90,185
Percent of early prenatal care (1st trimester)	Ref	-7,939	-2,078	-10,003	-20,019
Percent of WIC mothers breastfeeding at 6 months	-10,024	-6,005	-2,452	Ref	-18,480
Pregnancy rate among females aged 15-17 years (per 1,000)	374	4,236	Ref	4,035	8,645

Reference group is the group with the best statistic

Indicator where the disparity is measured by a shortage of cases

Prevalence of Conditions and Diseases (1)

	Excess of cases compared to the reference group				
Indicators	White NH	Black NH	Asian NH	Hispanic	Total excess cases
Percent of adults who are obese (BMI>30)	Ref	120,218	NA	94,803	215,021
Percent of diabetes prevalence in adults	Ref	135,518	NA	25,435	160,953
Percent of adults reporting 14 or more days with poor mental health in last month	Ref	24,044	NA	46,245	70,289
Percent of obese (BMI for age>95th percentile) children, age 2−4 Years (WIC)	884	1,039	Ref	5,802	7,725
Gonorrhea case rate (per 100,000)**	326	4,130	Ref	504	4,960

Reference group is the group with the best statistic
***** Rate for NYS, excluding New York City***

Prevalence of Conditions and Diseases (2)

	Excess of cases compared to the reference group				
Indicators	White NH	Black NH	Asian NH	Hispanic	Total excess cases
Lung cancer Incidence (Female) per 100,000, Crude rate	4,218	375	35	Ref	4,628
Lung cancer Incidence (Male) per 100,000, Crude rate	3,853	399	74	Ref	4,325
Percent of low birthweight births (<2500 grams)	Ref	2,498	147	659	3,304
Newly diagnosed HIV case rate (per 100,000)	59	1,919	Ref	1,027	3,005
Tuberculosis case rate (per 100,000)	Ref	255	530	410	1,195

Reference group is the group with the best statistic
***** Rate for NYS, excluding New York City***

Hospitalizations (1)

	Excess of cases compared to the reference group				
Indicators	White NH	Black NH	Asian NH	Hispanic	Total excess cases
Unintentional Injury hospitalizations (per 10,000) Crude Rates	66,141	10,996	Ref	5,374	82,511
Drug-related hospitalizations (per 10,000) Crude Rates	21,422	16,105	Ref	10,635	48,162
Coronary heart disease hospitalizations (per 10,000) Crude Rates	38,732	5,371	Ref	1,766	45,869
COPD hospitalizations among adults 18 + years (per 10,000)	26,332	10,776	Ref	6,682	43,790
Congestive heart failure hospitalization rate per 10,000 (ages 18+ years)	28,785	11,016	Ref	3,515	43,316
Fall related hospitalizations age 65+ years (per 10,000)	27,474	651	Ref	519	28,644

Reference group is the group with the best statistic

Hospitalizations (2)

	Excess of cases compared to the reference group				
Indicators	White NH	Black NH	Asian NH	Hispanic	Total excess cases
Asthma related hospitalizations (Total) per 10,000 Crude Rates	3,747	11,256	Ref	8,219	23,222
Asthma related hospitalizations (Ages 0-17) per 10,000	Ref	3,706	19	2,504	6,228
Diabetes short-term complication hospitalization rate per 10,000, Age 18+	1,888	2,623	Ref	994	5,505
Diabetes short-term complication hospitalization rate per 10,000, Age 6-17	310	265	Ref	159	734
Pedestrian injury hospitalizations (per 10,000) Crude Rates	Ref	374	44	157	575

Reference group is the group with the best statistic

Mortality (1)

	Excess of cases compared to the reference group				
Indicators	White NH	Black NH	Asian NH	Hispanic	Total excess cases
Cerebrovascular (Stroke) disease mortality (per 100,000) Crude Rates	3,332	463	Ref	28	3,822
Unintentional Injury mortality (per 100,000) Crude Rates	2,506	291	Ref	305	3,103
Breast (female) cancer mortality (per 100,000), Crude rate	1,386	323	Ref	57	1,765
Colorectal cancer mortality (per 100,000), Crude Rates	1,469	215	Ref	6	1,690

Reference group is the group with the best statistic

Mortality (2)

	Excess of cases compared to the reference group				
Indicators	White NH	Black NH	Asian NH	Hispanic	Total excess cases
Infant mortality (per 1,000 live births)	206	375	Ref	120	700
Suicide mortality rate (per 100,000) Crude Rates	659	Ref	8	17	684
Motor vehicle related mortality (per 100,000) Crude Rates	498	41	Ref	30	569
Cervical cancer mortality (per 100,000), Crude rate	Ref	43	-3	0	40

Reference group is the group with the best statistic

The Economic Costs of Health Disparities

- Economic impact on individuals and communities
  - *Lost income and labor productivity.*
  - *Greater out-of-pocket health care costs to individuals.*
  - *Lack of access and lower quality care*
- The public cost of disparities.
- The costs of health disparities to business
- Types of costs.
  - *Direct Costs.*
  - *Indirect Costs*

Source: K Suthers, APHA, 2008.

Estimating the Cost of Racial and Ethnic Health Disparities

- Estimated cost burdens of racial and ethnic disparities in a set of preventable diseases including diabetes, hypertension and stroke.
- Excess rates of these diseases among African Americans and Latinos relative to whites will cost the health care system $23.9 billion dollars in 2009.
- Medicare alone will spend an extra $15.6 billion, and private insurers will spend an extra $5.1 billion.
- Over the next decade, the total cost is approximately $337 billion.
- Left unchecked, these annual costs will more than double by 2050 as the representation of Latinos and African Americans among the elderly increases.

Source: T Waidman, Urban Institute 2009. http://www.urban.org/url.cfm?ID=411962

Redesigning
THE MEDICAID PROGRAM

NEW YORK
state department of
HEALTH

Prior MRT Proposals to Redesign NYS Medicaid

MRT Health Disparities Work Group

August 9, 2011

Karen Westervelt

MRT Proposals Applicable to Workgroup

Prior MRT Proposals to Redesign NYS Medicaid

Proposal No.	Short Title	Theme	Proposal Description
55	**Increase coverage of tobacco cessation counseling**	Recalibrate Medicaid Benefits and Reimbursement Rates	Expand existing tobacco cessation counseling coverage in Medicaid to include all women (not only pregnant women) and men.
63	**Reimbursement for dedicated preconception visits**	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish reimbursement for a preconception visit for all women and adolescents.
65	**Eliminate copays for some preventative services**	Recalibrate Medicaid Benefits and Reimbursement Rates	The ACA provides 1% additional Federal Financial Participation (FFP) to states that eliminate copayments for select preventative services. FFP increase partially offsets the copay loss.
73	**Reimburse Local Health Departments for environmental lead investigations for children**	Recalibrate Medicaid Benefits and Reimbursement Rates	Implement Medicaid reimbursement to local health departments for investigation and care coordination services provided to children with elevated blood lead levels.
74	**Increase Medicaid payment for vaccine administration.**	Recalibrate Medicaid Benefits and Reimbursement Rates	Increase Medicaid immunization administration fees for adults.
87	**Reduce Unnecessary Hospitalizations - Community Based Pay for Performance**	Pay Providers Based On Performance	Implement a community based pay for performance (P4P) payment system reform that provides financial incentives to providers to reduce unnecessary hospital admits and readmits thereby lowering cost and improving quality.
99	**Access to services not covered by managed care**	Ensure That Every Medicaid Member is Enrolled in Managed Care	Require that managed care enrollees receive information pertaining to coverage denials and how to access carved out services.

Source: MRT Health Disparities: August 9, 2011

Prior MRT Proposals to Redesign NYS Medicaid

Proposal No.	Short Title	Theme	Proposal Description
108	**Educate and Incentivize Beneficiaries to appropriately use ERs/Urgent Care Centers**	Ensure Consumer Protection and Promote Personal Responsibility	Educate and Incentivize Beneficiaries to appropriately use primary care providers, when Emergency Room/Urgent Care is not warranted.
112	**Use incentives to encourage urgent. care/primary care over Emergency Room**	Ensure Consumer Protection and Promote Personal Responsibility	Create financial incentives including differential copays to encourage Medicaid members to use urgent care/primary care instead of Emergency Room.
119	**Enhance School Based Health Services care to reduce Emergency Room usage**	Empower Patients and Rebalance Service Delivery	Enhance School Based Health Services primary care services to reduce Emergency Room usage.
124	**Create and deploy a permanent, revolving Primary Care Capital Access Fund (PCCAF).**	Empower Patients and Rebalance Service Delivery	Implement a one-time HEAL grant of $31 million to create and deploy a permanent, revolving Primary Care Capital Access Fund (PCCAF).
135	**Flexibility to Convert/Establish Urgent Care Centers**	Eliminate Government Barriers to Quality Improvement and Cost	Support development of urgent care centers by developing a rate of payment for freestanding emergency services clinics.
142	**Eliminate Barriers to Recruiting and Retaining Healthcare Workforce.**	Eliminate Government Barriers to Quality Improvement and Cost	Eliminate barriers to retention and recruitment of needed health care workers, including physicians, nurses, and allied health care professionals.
177	**Reform Delivery and Reimbursement of Medicaid Services to Foster Care Children**	Recalibrate Medicaid Benefits and Reimbursement Rates	Revise Foster care per diem payment method and promote more accountable care delivery.
179	**Establishing reimbursement for services delivered by community health workers.**	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish community health workers as enrolled providers and develop a rate of payment in Medicaid.

Source: MRT Health Disparities: August 9, 2011

Prior MRT Proposals to Redesign NYS Medicaid

Proposal No.	Short Title	Theme	Proposal Description
180	**Ensuring access to effective contraception and other family planning services**	Recalibrate Medicaid Benefits and Reimbursement Rates	Promote access to contraception and family planning services.
181	**Coverage for obesity counseling/diabetes prevention services**	Recalibrate Medicaid Benefits and Reimbursement Rates	Implement Medicaid coverage of CDC-recognized diabetes prevention programs.
205	**Improve access to care by utilizing Mobile Health Clinics**	Empower Patients and Rebalance Service Delivery	Improve access to primary and preventive care via mobile clinics for the purpose of reducing the use of emergency departments for non-emergent care.
244	**Salary Incentives to Residents in Medically Underserved Communities**	Empower Patients and Rebalance Service Delivery	Provide funds to teaching hospitals for enhanced salaries for medical residents who will work in medically under-served NYS communities after training; funded from a redirection of current GME.
251	**Extended coverage of nicotine replacement treatment**	Recalibrate Medicaid Benefits and Reimbursement Rates	Extended coverage of Medicaid coverage of nicotine replacement treatment for persons with serious mental illness (SMI) from 6 months to 12 months - linked to proposal 130.
260	**Permitting continued Medicaid eligibility/coverage for high-risk women following a pregnancy**	Ensure Consumer Protection and Promote Personal Responsibility	Permitting continued Medicaid eligibility/coverage for high-risk women following a pregnancy and case management services. Seeking clarification Is this eligibility expansion or renewal effort?

Source: MRT Health Disparities: August 9, 2011

Other Proposals

Proposal No.	Other Proposals
1	Accelerate MA-eligible pregnant women's enrollment in Medicaid managed care
2	Permit continued MA eligibility/coverage for high risk women following pregnancies, along with enhanced case management services to manage chronic disease and other risk factors and prevent unintended or mis-timed repeat pregnancies
3	Establish reimbursement for services delivered by Community Health Workers
4	Ensure access to effective contraception and other family planning services for all women of reproductive age – Medicaid eligible women as well as women covered by other third party-payers
5	Establish reimbursement for dedicated preconception visits for all women and adolescents of reproductive age, particularly those women and teens with chronic health conditions with high potential for adverse impact on pregnancy
6	Implement Medicaid reimbursement to Local Health Departments for follow-up services provided to children with elevated blood lead levels
7	Implement Medicaid coverage of CDC-recognized diabetes prevention programs
8	Provide Medicaid coverage for smoking cessation counseling for all Medicaid recipients – not only pregnant women, postpartum women and children
9	Provide Medicaid coverage of Nicotine Replacement Therapy for persons with serious mental illness for a period of 12 months, rather than 6 months as is currently available

Source: MRT Health Disparities: August 9, 2011

Other Proposals

Proposal No.	Other Proposals
10	Enhance coordination of medical foods provided to children with special medical needs who are in receipt of both WIC and Medicaid services.
11	**Amend dental care reimbursement as follows:** • Contract with a benefit administrator to create a single unified system for reimbursing dentists with a benefit product similar to an insurance plan with a maximum cap for per capita annual expenditure • Focus on risk based strategies for recall visits instead of routine reimbursement based on a fixed schedule like twice a year examination, oral prophylaxis, x-rays etc. to reduce overutilization of services • Eliminate duplication of services and streamline the claims processing by creating an online verification system to prevent overutilization and abuse
12	HIV Primary Care Program – Transition enhanced Medicaid reimbursement for HIV counseling and testing in the HIV Primary Care Programs from enhanced prices to Ambulatory Patient Groups (APGs)
13	HIV Special Needs Plan Program – Promote and continue ongoing enrollment of persons living with HIV/AIDS in Medicaid managed care plans.
14	AIDS Adult Day Health Care Step Down Model – Create a new Medicaid model of care that is less intensive and is reimbursed at a lower rate than the existing AIDS Adult Day Health Care Program

Source: MRT Health Disparities: August 9, 2011

Other Proposals

Proposal No.	Other Proposals
15	Develop Comprehensive Community Health Teams, combining case management, medical care and mental health
16	Develop Integrated Centers for Care – Medical Homes for Persons with Hepatitis C
17	Submit a 1915i State Plan for Home and Community Based Services and Supports for HIV Medicaid Population
18	Medicaid coverage of breastfeeding education and lactation counseling during pregnancy and in the postpartum period and financial incentives to hospitals that provide breastfeeding support
19	Medicaid coverage of home-based, environmental assessment and intervention for New Yorkers with poorly controlled asthma
20	Medicaid coverage of water fluoridation
21	Medicaid coverage of community health workers for chronic disease prevention and control
22	Expansion of Medicaid-supported community health workers to improve birth outcomes
23	Expansion of Medicaid to cover inter-conceptional care following adverse pregnancy
24	Expand access to coverage for contraception and other family planning services to prevent unintended pregnancies

Source: MRT Health Disparities: August 9, 2011

Other Proposals

Proposal No.	Other Proposals
25	Medicaid coverage of Chronic Diseases Self-Management Programs (CDSMP) for individuals with one or more chronic health conditions
26	Integrating Medicaid Claims Data with Integrated Child Health Data from Public Health
27	Child Health Information Integration (CHI^2) Project: funding to support the integration and analysis of child health data held at NYSDOH to better understand the interrelation of child health problems and to identify health disparities for the benefit of children, families, providers, researchers and public health programs.
28	Continuum of Care Management for Persons with Rare Genetic Disorders

Source: MRT Health Disparities: August 9, 2011