

# The Future of Medicaid in New York State...

New York Academy of Medicine

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# Major Reforms

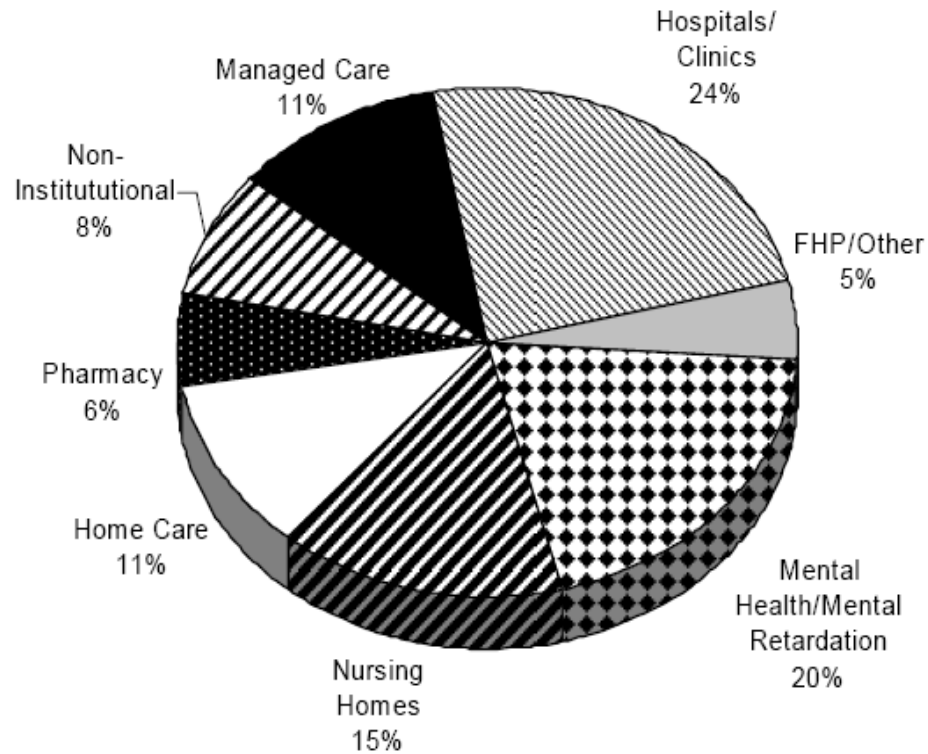
- 1980's:
  - move towards managed care
  - first expansions for children, pregnant women
  - traditional cost containment
  - Medicaid maximization
- 1990's:
  - managed care mandate
  - failure of managed care special needs plans
  - Medicaid maximization
    - HCRA

# Major Reforms

- 2000 - 06:
  - Family Health Plus
  - Local Share Cap
  - Medicaid maximization
  - SSI mandate
  - Berger Commission
- 2007:
  - Major insurance expansion for children
  - High cost case initiative established

# NYS Medicaid Today

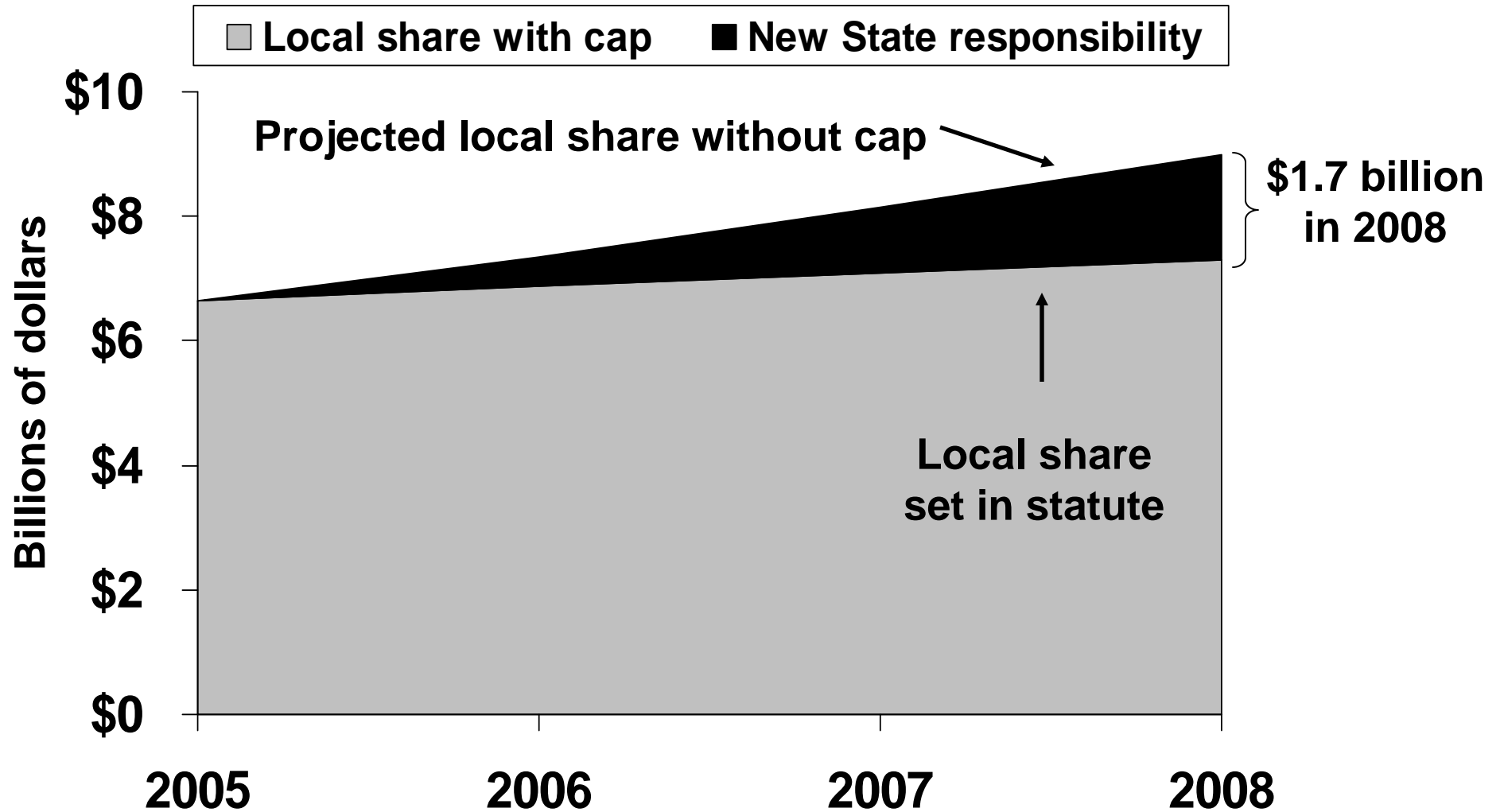
Spending by Category  
2007-08 Medicaid - \$47.8 Billion (All Sources)



# Enrollment/Uninsured

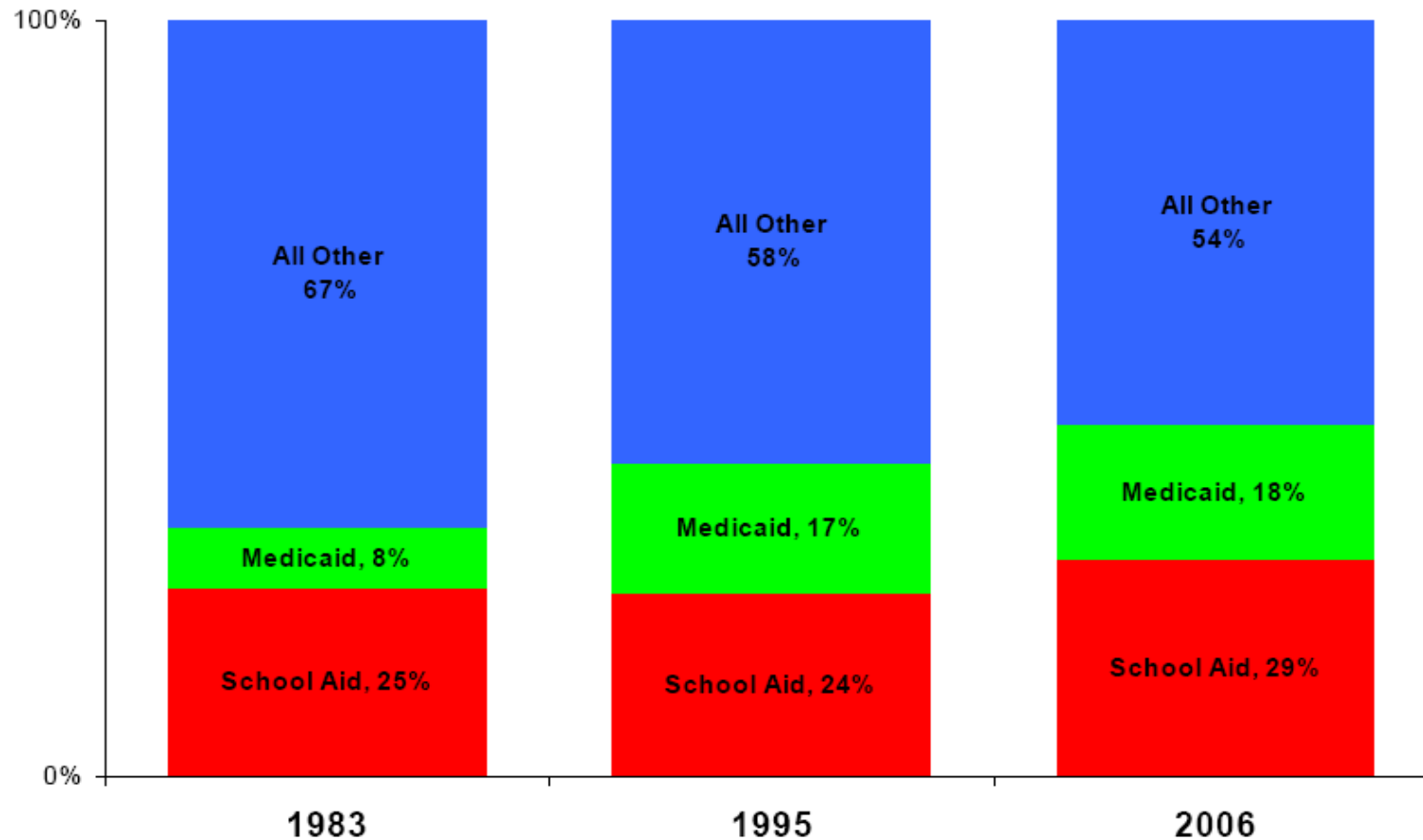
- 4.1 million Medicaid beneficiaries (DOH, June 2007)
- 2.2 million New Yorkers uninsured (UHF Data)
  - 900,000 eligible for a public program but not enrolled

# Fiscal Impact of Local Share Cap



Source: New York State Association of Counties.

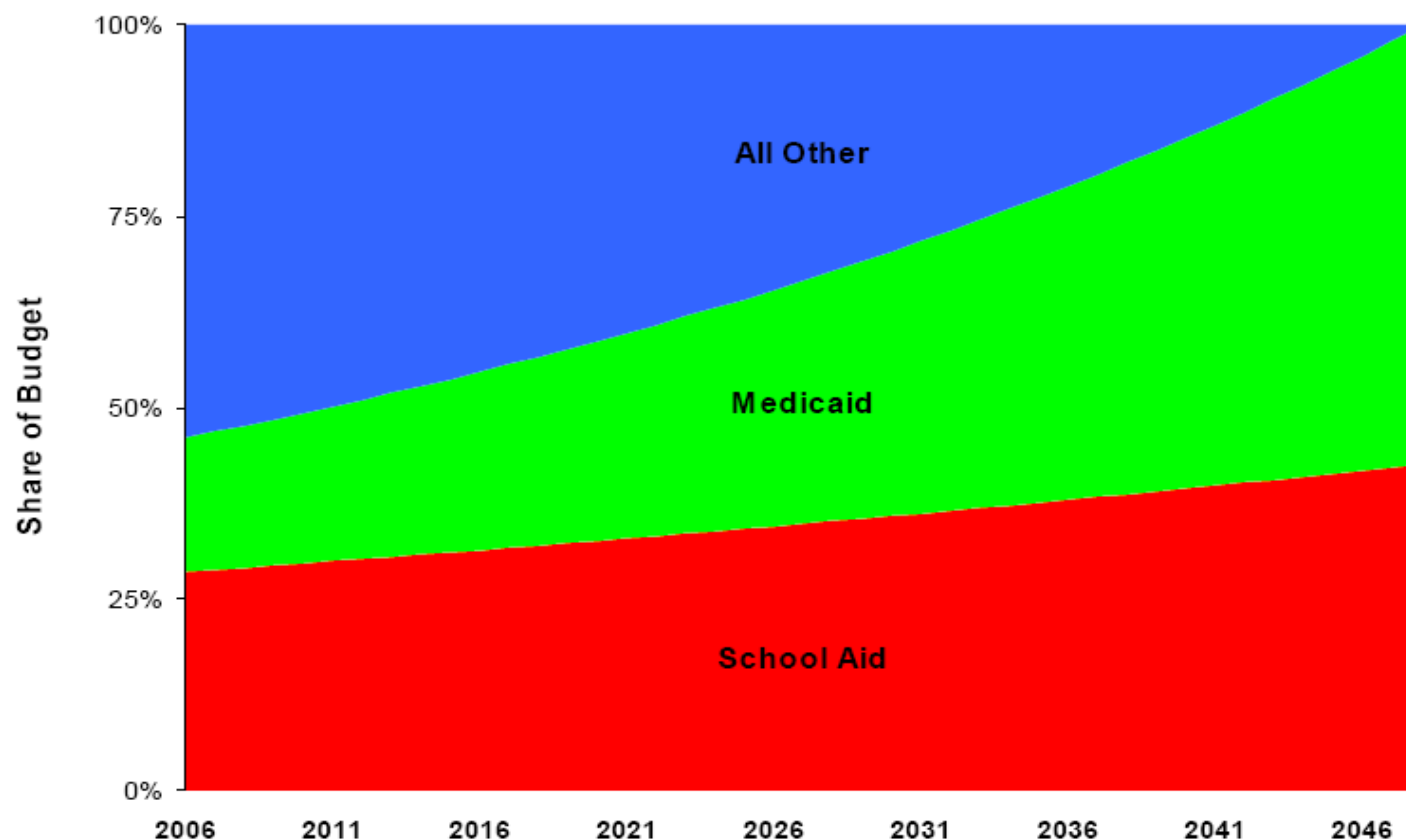
## General Fund Spending Shares 1983 to 2006



- Over the past 20 years, School Aid and Medicaid have increased from 33 percent to 47 percent of the overall General Fund budget.

# General Fund Spending Shares<sup>(1)</sup>

## Long-Term Growth Trend, 2006 to 2046



- Over the next 40 years, left unchecked, they would consume the entire budget.

<sup>(1)</sup> Assumes historical growth rate of roughly 8 percent for Medicaid, 6 percent for School Aid, and 5 percent for revenues.

New York Times October 18, 1981

## ELDERLY AND DISABLED GIVEN MOST OF MEDICAID

AP

A state study shows that most of the Medicaid money spent in New York City goes to the elderly or disabled, according to the state's Social Services Commissioner.

The Commissioner, Barbara B. Blum, said at a news conference this week that the study showed that 36 percent of the funds went to provide nursing home care for less than 4 percent of all Medicaid recipients in the city.

New York Times June 24, 1984

## LEADERS REACH MEDICAID PACT IN ALBANY TALKS

By EDWARD A. GARGAN

Under the legislation, hospitals, groups of doctors or neighborhood health-care facilities would submit a proposal to the state to be declared a comprehensive service plan. For its part, the state would agree to pay each group a fixed annual sum for a patient's complete care. The groups could have hundreds or thousands of patients.

"In some respects this is the most significant restructuring of the Medicaid program since it began 18 years ago," said Mr. Tallon, "because it represents the first significant effort to change the way in which Medicaid services are delivered as opposed to just cutting back on eligibility or cutting back on services."

"By caring for a patient on an ongoing basis," said Ilene Margolin, an aide to Mr. Cuomo, "it will improve the quality of care while ultimately reducing that patient's medical costs."

# Opportunities/Questions

- Medicaid as the leader – reimbursement, IT & EHR, quality and patient safety
- The nexus of public health/health outcomes and Medicaid
- Provider incentives and high cost cases
- Opportunities from the local share cap
- Managed care and long term care
- The nonprofit provider in the 21<sup>st</sup> century