



**Department
of Health**

Executive Budget 2016-17

Overview of Health Provisions

REFORM THE EARLY INTERVENTION PROGRAM

Health and Mental Hygiene Article VII – Part E

Proposal to Reform the Early Intervention Program (EIP)

- Increase capacity and reduce costs by streamlining the eligibility determination process for infants and toddlers with disabilities and their families
- Improve insurance reimbursement to EIP providers, building on State Fiscal Agent (SFA) reforms
- Increase EI Provider reimbursement rates

REFORM THE EARLY INTERVENTION PROGRAM

Health and Mental Hygiene Article VII – Part E

Proposal to Streamline Eligibility

- Require screening for all children referred with a suspected developmental delay and no diagnosed condition
 - Parent may request full multidisciplinary evaluation
- Abbreviated evaluations for children with diagnosed conditions with a high probability of resulting in developmental delay
 - Use medical and other records to document child's eligibility for the EIP
 - Assessment still conducted of child's development in all five areas
- Establish new screening and abbreviated evaluation rates
 - Existing rates will be used until new rates are issued

REFORM THE EARLY INTERVENTION PROGRAM

Health and Mental Hygiene Article VII – Part E

Proposal to Improve Insurance Reimbursement for Providers

- Require providers to submit claims within 90 days of date of service and enroll in health care clearinghouses
- Require insurers to notify providers if a policy is subject to State insurance law upon receipt of bill or claims
- Deem orders/referrals and IFSPs as meeting medical necessity requirements for evaluations and early intervention services if the policy provides coverage for essential benefits under the Affordable Care Act
- Prohibit insurers from denying reimbursement for services based on location, duration, the fact that the service is not a covered benefit but is an essential benefit, or the provider is not a participating provider in the network

REFORM THE EARLY INTERVENTION PROGRAM

Administrative Action

Proposal to Increase EIP Rates

- Increase all rates by 1%
- Recognize and compensate for increased administrative activities for claiming third party payers

SUPPORT END OF AIDS INITIATIVE

- The Ending the Epidemic Task Force developed recommendations to end the epidemic and delivered the Blueprint to the Governor on April 29, 2015
- **The Goal:** Reduce the number of new HIV infections to just 750 (from an estimated 3,000) by the end of 2020; achieve New York's first ever decrease in HIV prevalence
- **Three Strategies:**
 - Identify persons with HIV who remain undiagnosed and link them to health care
 - Link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission
 - Facilitate access to Pre-Exposure Prophylaxis (PrEP) for persons who engage in high-risk behaviors to keep them HIV negative

SUPPORT END OF AIDS INITIATIVE

- **The Executive Budget proposes:** On World AIDS Day the Governor announced a \$200 million multi-year commitment to support HIV/AIDS efforts, supplementing the \$2.5 billion in public funding that the State currently directs towards addressing the health care needs of those living with the disease

Aid to Localities, Medical Assistance Program:

- \$10 million annual increase for services and expenses associated with ending the epidemic, including expanding the use of pre-exposure prophylaxis, enhancement of targeted prevention activities, support for linkage and retention services and the development of a peer credentialing process

LIMITED SERVICES CLINICS

Health and Mental Hygiene Article VII – Part G

This initiative will authorize retail business operations to operate Limited Services Clinics (LSCs) to provide services and treatments for minor illnesses and injuries and preventive/wellness treatments and services such as immunizations

- **Expand Access** - LSCs will expand access to basic primary care by offering convenience for consumers with extended hours and walk-in visits and will commit to opening locations in medically underserved areas
- **Reduce Costs** - LSCs will be required to accept Medicaid and will help reduce overall costs to the health care system by displacing more expensive visits to emergency rooms for non-emergency services, resulting in savings for consumers and payors
- **Promote Quality** - LSCs will be required to: demonstrate experience and expertise in delivering high quality health care services; attain accreditation and timely report if accreditation is lost; retain a medical director at the corporate level of the retail organization; and meet operational and physical plant standards set forth in regulation

LIMITED SERVICES CLINICS

- **Support Primary Care** - LSCs will be: required to ask if patients have primary care providers and provide a list of local providers to those that do not; prohibited from serving patients that appear for the same issue three times in a year; prohibited from serving children under 24 months of age so that they are seen by pediatricians during that time; and required to share patient information with patients' primary care and other providers by electronic means and participate in the Statewide Health Information Network for New York (SHIN-NY)
- **Inform Consumers** - LSCs will be required to post signage advising patients that prescriptions and over the counter supplies can be purchased from any business and do not have to be purchased on-site

PHYSICIANS EXCESS MEDICAL MALPRACTICE PROGRAM

Health and Mental Hygiene Article VII – Part C

Focus Medical Malpractice Funding:

- The Hospital Excess Liability Pool is currently oversubscribed, which jeopardizes the solvency of the medical malpractice insurance system as a whole
- This proposal would prioritize limited excess medical malpractice funding to provide coverage to high-risk doctors practicing in high risk areas.
- The proposal targets excess medical malpractice subsidies to high risk medical specialties and/or high cost regions of the state while reducing the Physicians Excess Medical Malpractice Program by \$25M (from \$127.4M to \$102.4M)

Extend the Excess Liability Pool:

- The proposal extends the hospital excess liability pool through June, 2017

EXTEND EXPIRING STATUTORY PROVISIONS

Health and Mental Hygiene Article VII Bill – Part D

- **Disproportionate Share/Intergovernmental Transfers (DSH/IGT):** Permanently extends the authority to make DSH/IGT payments to hospitals outside New York City
- **Special Needs Plans:** Permanently extends provisions related to HIV Special Needs Plans
- **Behavioral Rate Protection:** Permanently extends provisions related to behavioral rate protections for providers transitioning to managed care
- **Patient Centered Medical Home:** Permanently extends the Patient Centered Medical Home authorization
- **Temporary Operators of Health Care Facilities:** Permanently extends the authority to appoint temporary operators for certain health care facilities