



The NYS Council appreciates the thoroughness with which the Legislature and the state agencies are approaching policy decisions regarding Medicaid managed Care, and we look forward to the required report that will (hopefully) offer objective data analysis to support potential policy changes going forward. The enacted budget language relating to the Report reflects some of the major concerns the NYS Council has been raising for almost a decade regarding health plans, inside and outside the Medicaid managed care program. The required focus on enforcement is a welcomed addition, as is the focus on Person Centered care, network adequacy, and integrated management.

While the budget language necessitates what this report will include, it does not outline the research methodology to be utilized by the identified contractor. The NYS Council urges DOH to require the contractor to include stakeholders in its report development at every stage, from design of a research methodology, to conceptualization of the data field, to the collection of primary and secondary data. This should include a briefing for stakeholders once the consultant has made its' recommendations.

Each indicator impacting this report—from the type and extent of the data collected to the impact of potential policy changes on consumers and providers - involves the experiences of advocates and Medicaid members that have been overlooked in the oversight of managed care.

For example, the NYS Council is so concerned about the current and potential enforcement of performance metrics in contracts, that we took on a 15-month full court advocacy press in which we hired legal counsel and issued some 20+ FOILs, seeking information regarding MCO performance around required MCO expenditures targets. We received precious little information, however the information we did receive made clear that the state had failed to enforce certain contract requirements on MCO's. For this and countless other reasons, we made a request that behavioral health services be carved out of Medicaid managed care due to the state's ongoing failure to properly oversee the carve in. Ultimately, we supported the Governor's budget proposal to procure the entire Medicaid benefit competitively. We perceived that this policy would enhance the structure and mechanisms by which the state may uphold its obligation to protect the care of Medicaid members, which it is not currently achieving.

If there have been subsequent conversations between state agencies and the Department regarding whether to procure the HARP benefits without the corresponding mainstream behavioral health benefits, we have not had an opportunity to formally weigh in on this. We

feel it is critically important for the state to maintain the priorities we have upheld since the carve-in to include: the state must hold managed care organizations to a contractual standard of integrated care, parity between health and behavioral health, and expenditure of the vast majority of the care premium on actual services.

We commend the budget language's emphasis that this report must include an analysis on the current state of access to care and potential disruptions to access if procurement or other policy changes are implemented. We urge you to ensure the report makes earnest recommendations regarding surveillance and enforcement of access provisions that are inclusive of the priorities of statewide Medicaid members and the providers that serve them.

The NYS Council respectfully requests the DOH include these expectations in their contract with the external consultant that will advise the State on a direction forward in managed care. We look forward to continuing to work with the state to design a Medicaid system that reflects the needs of all New Yorkers, particularly people with community behavioral health needs.

Thank you for your consideration of our perspectives, and our accompanying requests.

For more information about the NYS Council, please contact Lauri Cole at 518 461-8200 at your convenience.