

UNITED SPINAL^{NOW}

Understanding Medicaid

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My name is José Hernandez and I am the newest addition to the United Spinal Association's family. I sustained a spinal cord injury nearly 22 years ago due to a diving accident at the tender age of 15 years. At a young age, I realized how important it was for me to advocate for myself and one of my passions has always been to understand the Medicaid system.

In 2011 Gov. Andrew Cuomo established The Medicaid Redesign Team (MRT) to save New York state millions by overhauling a dated Medicaid system by handing over control of the Medicaid dollars to Managed Long-Term Care (MLTC) companies to administer and coordinate patient services.

Although the MRT helped lower the state share by \$2.2 billion in its first year, it came at a cost to patients. Patients were required to choose MLTC's and if they didn't, one would be chosen for them. This left many patients without a primary care physician or looking for a new one because their current physician was not in the MLTC network.

The way MLTC's cut cost was by negotiating contracts with various hospitals and doctors to ensure an acceptable reimbursement rate. Hospitals, doctors and services who don't agree with the rate are considered out-of-network and aren't covered under that MLTC. Patients should do their research before choosing an MLTC plan to ensure that their hospital, doctors and services are all in network so they don't experience an interruption in their health care plan.

Another major flaw of the Medicaid redesign is the way Medicaid dollars are allocated to the MLTC's. Under the current system, the MLTC's receive \$5,000 per month for each patient that is enrolled in their plan. For low need cases this reimbursement rate is fine.

An example of a low need case would be the elderly lady who only receives four hours per day of home care and visits the doctor maybe twice a month. For other patients who have high-need, this reimbursement rate is insufficient.

For high need patients that require 24-hour assistance the cost would start at \$12,768 per month in just home care. This doesn't include doctors' visits, supplies, durable medical equipment (hospital beds, wheelchairs, shower chairs, etc.) or medication.

Some MLTC's have turned away high need patients because they would lose more than \$6,000 per month on each case.

They can supplement some of these losses by using the unused money left over from their low need patients however this is very difficult to do if you are an MLTC who has more high need cases than low need cases.

Although the Medicaid redesign team was an excellent idea to modernize an already aging Medicaid system and change numerous policies that have led to runaway growth, it came at cost to patients and MLTC's.

Many MLTC's have pushed to separate high need patients into its own separate category so they can decrease the losses they have seen growing over the years. If things don't change MLTC's could start turning away high need patients.