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## 2017 Essential Plan (EP) Annual Report

Last week, the Department of Health posted the [2017 Annual Report of New York's Essential Plan](#). The report briefly summarizes a number of important topics including background, enrollment, costs, and impacts on the financial plan.

Fourteen issuers were certified to offer the Essential Plan for the 2017 coverage year. As of October 2017, 682,532 individuals were enrolled in the Essential Plan through NY State of Health. The income distribution of Essential Plan enrollees was as follows:

- Essential Plan 1 (150-200% of FPL): 298,541
- Essential Plan 2 (138-150% of FPL): 88,701
- Essential Plan 3 (100-138% of FPL): 82,232
- Essential Plan 4 (<100% of FPL): 213,058

According to the report, about 43% of Essential Plan enrollees were lawfully present immigrants who were not eligible for federal financial participation through Medicaid. The most common reason for that is they had been in the country for less than 5 years.

In State Fiscal Year (SFY) 2016-17, Federal funds covered 91% of Essential Plan program costs. This represents a 7% decrease from the previous year, as QHP enrollees transitioned to the Essential Plan. The report projects that State funds will account for 3% of program costs in SFY 2017-18 and consumer premium contributions of less than 1% of costs. It also projects that, in SFY 2017-18 the State Medicaid program will save over \$1 billion from the transition of lawfully residing non-citizens from Medicaid to the Essential Plan.

The report acknowledges that the termination of the federal cost sharing reduction (“CSR”) subsidy will have an impact on Essential Plan financing. On November 21, 2017, CMS informed the Department of Health that they would not be making payment of CSR funds starting with the January-March 2018 calendar quarter – impacting the Trust Fund by approximately \$266

million in that quarter and growing to \$1.1 billion in State Fiscal Year (SFY) 2018-19 and \$1.2 billion in SFY 2019-20.

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## Assembly Announces and Postpones Hearing on CVS Acquisition of Aetna

The NYS Assembly Committees on Insurance and Health announced a [public hearing](#) on the proposed acquisition of Aetna Inc. by CVS Health. Shortly after being announced, the public hearing was postponed. Consequently, the date and location of the public hearing is currently to be determined (“TBD”).

The hearing will examine how the vertical integration of drugstores, pharmacy benefit management companies and health insurers as proposed by the CVS Health and Aetna Inc. merger could impact New Yorkers and the stability of the health care and insurance markets. Specifically, matters to be addressed include the impact on: costs to consumers, the viability and independence of health care providers, the integration of an insurer-pharmacy-health care provider (including “MinuteClinic walk-in clinics”), and New York’s competitive insurance market. This hearing will also explore the role New York’s regulators have in approving or authorizing such a merger.

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## EQUAL Program Funding Announced

The Department of Health recently issued a Dear Administrator Letter ([DAL#: 18-11: Enhancing the Quality of Adult Living \(EQUAL\) Program for SFY 2018-2019](#)) to adult care facility (“ACF”) operators to announce availability of funding (\$6,532,000) under the EQUAL Program. Operators of ACFs who provide services to individuals receiving Supplemental Security Income (SSI) and/or Safety Net benefits (SN) are eligible for these payments to provide quality care and services and improve the physical environment of a facility. EQUAL Funding will be distributed on a per person amount based on the number of SSI and Safety Net residents reported on their 2016 census, with additional funding for facilities with 100 or less beds.

Applications must be electronically submitted via the [Health Commerce System \(HCS\)](#) by **5:00 p.m. on Friday, July 6, 2017**. More information on how to apply, conditions of participation and program certification can be found [here](#).

Note: Operators who do not wish to participate in the EQUAL Program are being requested to complete Section A and Section D and submit their declination of participation through the HCS.

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## February 2018 Medicaid Global Cap Reports

The February 2018 Global Cap Report was recently posted on the on the Medicaid Redesign Team (MRT) [website](#). The 2018 state budget extended the Global Spending Cap through March 2019. Pursuant to legislation, the Global Spending Cap has increased from \$18.6 billion in FY 2017 to \$19.5 billion (including the Essential Program) in FY 2018, an increase of 5.2 percent.

Total State Medicaid expenditures under the Medical Global Spending Cap for FY 2018 through February resulted in total expenditures of \$19.003 billion, which was \$58 million *above* the \$18.945 billion target.

Medicaid spending in major Managed Care categories was \$92 million *over* projections. Mainstream Medicaid Managed Care was \$6 million *over* projections through February. Long Term Managed Care spending was \$86 million *over* projections. Medicaid spending in major fee-for-service categories was \$82 million (1%) *over* projections.

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## Social Determinants of Health Innovation Initiative

The Office of Health Insurance Programs (“OHIP”), Bureau of Social Determinants of Health, has released the application (“[Call for SDH Innovations](#)”) for a new Social Determinants of Health (“SDH”) initiative to identify innovative ideas to effectively address the Social Determinants of Health (“SDH”) for Medicaid members across the state.

The “Call for SDH Innovations” solicits input from interested parties across the state and around the country. Innovations will be reviewed by a team of healthcare experts identified by DOH. While top innovations will receive special recognition, all innovations, with the consent of the submitting organization, will be shared publicly by DOH.

Applications are due by **June 15, 2018 at 5:00 p.m.** The Call for Social Determinants of Health Innovation application is available [here](#).

There is no funding from the State available for this initiative.

The Department of Health will host a Social Determinants of Health Innovation Summit later this year where the applicants with the best solutions can pitch their product or idea to a panel of expert judges and audience members. Winners of each category will receive a “2018 SDH Health Innovation Award.”

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## Legislative Spotlight

The Legislature will be in session on Monday, May 7 through Wednesday, May 9, 2018. The Senate Aging and Finance Committees will meet on Tuesday, May 8. The Assembly Ways and Means Committee will meet on Tuesday, May 8.

Bills of potential interest include:

- [S.225/A.848 \(Golden/Simon\)](#): This bill would create an Alzheimer's disease outreach and education program to promote earlier identification of the disease, increasing public awareness of Alzheimer's disease, and provide information and assistance on where to find community support. This bill is on the Senate Aging Committee agenda.
- [S.3585/A.633 \(Comrie/Dinowitz\)](#): This bill would require the State Office for the Aging to publish a prescription drug guide for seniors regarding the drugs commonly used by people over age 62. This bill is on the Senate Aging Committee agenda.
- [S.7949/A.10069 \(Serino/Abinanti\)](#): This bill would create an Aging in Place Council to provide recommendations for improvements to promote older persons aging in place. This bill is on the Senate Aging Committee agenda.

- [S.3780-B/A.2688-B \(Ranzenhofer/Steck\)](#): This bill would require any solicitation used by a charitable organization to include a statement identifying the website and telephone number of the Attorney General where an individual can receive information on charitable organizations. This bill is on the Senate Finance Committee agenda.
- [A.8788/S.6727 \(Solages/Helming\)](#): This bill would provide Medicaid coverage for lactation support including lactation care and services and breastfeeding equipment without the services being ordered by a physician, registered physician assistant, registered nurse practitioner or licensed midwife. This bill is on the Assembly Ways and Means Committee agenda.

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## Grants/Funding Opportunities

### **Health Workforce Retraining Program/Initiative**

The NYS Department of Health has issued a request for applications (“RFA”) under the Health Workforce Retraining Program/Initiative. The Health Workforce Retraining Initiative supports the training and retraining of health and public health industry workers with the skills necessary in the public health and health care market today.

The RFA solicits applications from organizations proposing to train or retrain health industry workers to obtain new positions, meet the new job requirements of existing positions, or otherwise meet the requirements of the changing public health and health care market and the diversity of the populations seeking health care services.

Up to \$18,320,000 is available under the RFA for a two-year period. Regional funding is available based on the amount available in a region.

Eligible applicants include:

- General Hospitals;
- Long term care facilities;
- Other health care facilities/agencies, including but not limited to: certified home health agencies, licensed home care services agencies, long term health care programs, hospices, ambulatory care facilities, diagnostic and treatment facilities, providers licensed by the Office of Mental Health or the Office of Alcohol and Substance Abuse Services;
- Health care facilities trade associations;
- Labor-management committees;
- Joint labor-management training funds (Taft-Hartley Act); and
- Educational institutions.

Applications must be submitted in [Grants Gateway](#) by 4:00 p.m. on **Friday, June 22, 2018**. The RFA may be viewed [here](#).

### **Empire State Supportive Housing Initiative (ESSHI)**

New York State has issued an inter-agency request for proposals (“RFP”) under the 2018 [Empire State Supportive Housing Initiative](#). This funding will provide service and operating dollars for approximately 1,200 units of permanent Supportive Housing for persons identified as homeless with special needs, conditions or other life challenges. The RFP seeks to award the third year’s commitment to develop 6,000 units over five years. NYS will award service and operating funding for units of housing developed to support the needs of individuals residing in the units.

Up to \$25,000 per unit annually in Services and Operating funding is available through this RFP. Funds may be used for costs associated with:

- Rental subsidies and other occupancy costs;
- Costs associated with services and/or staff that help the eligible target population remain stably housed, including program supervision, housing counselors or specialists, and employment counseling; and
- Services or staff to identify and locate the eligible individuals that need housing
- Core services (including primary and behavioral health) designed to assist eligible families, individuals and young adults to live independently and remain stably housed

Eligible target populations for this program include, among others, Medicaid Redesign Team (MRT) eligible individuals and frail/elderly seniors.

The RFP may be viewed [here](#).

Proposals are due on **Tuesday, June 19, 2018**. A webinar will be held on Tuesday, May 15. Questions regarding the funding are due Tuesday, May 22, with answers being posted on Tuesday, June 6, 2018. Conditional award notifications will be made on August 7, 2018.

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## Upcoming Calendar

<b>Wednesday, May 16, 2018</b>	Public Health and Health Planning Council Joint Meeting of the Public Health Committee and the Ad Hoc Committee to Lead the Prevention Agenda  10:00 a.m. to 2:30 p.m.  New York State Department of Health, 90 Church Street, 4th Floor, Conference Rooms 4A and 4B, New York, NY
<b>Wednesday, May 16, 2018</b>	NYS All Payer Database Stakeholder Forum Meeting  11:00 a.m. to 3:15 p.m.  Empire State Plaza, Concourse, Meeting Room 6, Albany, NY

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