## **TRIBAL NOTIFICATION: Mailed on June 6, 2012**

NEW YORK state department of HEALTH

Sue Kelly

Executive Deputy Commissioner

Nirav R. Shah, M.D., M.P.H. Commissioner

June 6, 2012

Cayuga Nation Mr. Clinton Halftown Nation Representative P.O. Box 803 Seneca Falls, NY 13148

Dear Mr. Halftown:

In July 1997, New York State received approval from the federal government of its Section 1115 waiver request, known as the Partnership Plan. Approval of this waiver allowed the State to implement a mandatory Medicaid managed care program in counties with sufficient managed care capacity and the infrastructure to manage the education and enrollment processes essential to a mandatory program. In 2006, New York State received federal approval for a second demonstration waiver, the Federal-State Health Reform Partnership (F-SHRP), under which the State implemented a significant restructuring of its health care delivery system.

This letter is to notify you that New York State will request a waiver amendment from the federal government that will allow the state to invest up to \$10 billion in savings generated by the Medicaid Redesign Team (MRT) reforms to implement an action plan to transform the state's health care system. The Medicaid 1115 waiver will enable New York to fully implement the MRT action plan, reinvest in the state's health care infrastructure, and lower costs over the long term. New York State will request that the federal government allow the state to reinvest over a five-year period up to \$10 billion of the \$17.1 billion in federal savings generated by MRT reforms.

Significant federal savings have already been realized through New York's MRT process and substantial savings will also accrue as part of this action plan. The waiver will also allow the state to prepare for implementation of national health care reform as well as effectively bend the cost curve for the state's overall health care system. The MRT action plan and the ACA if implemented in tandem could lead to sweeping changes in health care delivery that will benefit the state's 19 million residents.

New York will pursue an amendment to the state's existing 1115 waiver, the New York Partnership Plan, which has been the primary vehicle used by the state to expand access to managed care. Amending this waiver to facilitate MRT implementation makes sense since the move to "care management for all" is a vital part of the multi-year action plan. The Partnership Plan waiver also has substantial remaining budget neutrality capacity which will be further augmented by the MRT action plan.

Areas of focus in the waiver amendment application would include: Primary Care Expansion, Health Home Development, New Care Models, Expand Vital Access Program/Safety

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Net Provider Program, Public Hospital Innovation: New Models of Care for the Uninsured, Medicaid Supportive Housing Expansion, Managed Long Term Care Preparation Program, Capital Stabilization for Safety Net Hospitals, Hospital Transition, Workforce Training, Public Health Innovation, Regional Health Planning, and MRT and Waiver Implementation Program.

A waiver amendment summary document is attached to this letter. More details are available at the state's MRT waiver website at <a href="http://www.health.nv.gov/health\_care/medicaid/redesign/mrt\_waiver.htm">http://www.health.nv.gov/health\_care/medicaid/redesign/mrt\_waiver.htm</a>. Additionally, you are invited to sign up for an email list serve which will provide updates throughout the waiver public engagement and application process at <a href="http://www.health.nv.gov/health\_care/medicaid/redesign/listserv.htm">http://www.health.nv.gov/health\_care/medicaid/redesign/mrt\_waiver.htm</a>.

As you know, under the State's Section 1115 Demonstration programs, Native Americans with Medicaid coverage may enroll in managed care plans but are not required to do so. Under these amendments to the 1115 waiver, this exemption from mandatory enrollment for Native Americans will be continued. In addition, for Native Americans who choose to enroll in managed care plans, existing policies relating to tribal providers will be continued. We anticipate these changes will have minimal impact on Tribal Nations.

My office has scheduled a conference call to provide an overview of the waiver amendment process and take any questions you may have. The call is scheduled for Monday, June 25 at 1:00 PM. If you would like to participate, please use the following call-in information:

## Call-in #: 1-866-394-2346 Conference Code: 105 726 8043#

If you're not able to participate, or have additional comments, please forward any questions or input regarding this waiver amendment to my office by Friday, July 6. We look forward to your continued collaboration.

Sincerely,



Jason A. Helgerson Medicaid Director Deputy Commissioner Office of Health Insurance Programs

Enclosure

cc: Vennetta Harrison Karina Aguilar