

March 22, 2010

Honorable David Paterson
Office of the Governor
State Capitol
Albany, NY 12224

Democratic Conference Leader John L. Sampson
409 Legislative Office Building
Albany, NY 12247

Assembly Speaker Sheldon Silver
932 Legislative Office Building
Albany, NY 12248

CC: Members of the New York State Legislature

Re: New York State Medicaid Managed Care Advisory Review
Panel

Dear Governor Paterson, Senator Sampson, and Speaker Silver:

We are all members of the New York State Medicaid Managed Care Advisory Review Panel (MMCARP) and write to respectfully urge that you reconsider and/or reject the proposal in the Executive Budget which calls for the elimination of this advisory entity for the reasons described below.

First, the MMCARP plays an important role in convening key stakeholders to monitor the performance of our State's Medicaid Managed Care, Family Health Plus, HIV Special Needs Plans and Dual Eligible programs which, in total provide health care to more than 3 million New Yorkers. To briefly summarize, the Medicaid Managed Care Advisory Review Panel was created by the Legislature and the Governor of the State when Medicaid Managed Care was first authorized. Pursuant to N.Y. Soc. Servs. L. §364-jj, the panel is charged with:

- Determining whether there is sufficient plan participation in program;
- Reviewing the enrollment phase-in schedule;
- Assessing marketing and enrollment strategies and the public education campaign;
- Evaluating the adequacy of provider capacity and monitoring access to plan practitioners;
- Examining cost implications of the inclusion or exclusion of certain Medicaid populations;
- And other issues as appropriate.

Since the statute's enactment in 1996, the MMCARP has performed an important function collaboratively working with numerous state officials as millions of Medicaid beneficiaries have enrolled into health plans on both a mandatory and voluntary basis. Issues that we have monitored and commented upon include: plan enrollment and market abuses, corrections, and improvements; robust quality assurance and patient satisfaction programs; county by county

implementation of mandatory enrollment of the community Medicaid and SSI beneficiaries; the implementation of various exemptions and exclusion of special populations; the capacity of primary care providers, dentists and other medical specialists to serve the enrolled population and so forth. In addition, the panel has provided a venue for State staff to share information about plan transactions (particularly market exits) so that providers and consumer advocates can work with their constituencies to support State efforts to ease these transitions.

Second, we believe that the MMCARP plays a crucial role in the State's compliance with federal guidelines concerning consumer engagement. In numerous submissions to the Centers for Medicare and Medicaid Services, the State repeatedly refers to MMCARP's role in bringing the input and collaboration of key stakeholders and consumers into the Section 1115 and F-SHRP waiver programs. To eliminate the MMCARP would remove the primary public input procedure that the State has historically cited in its applications and renewals of waivers that result in billions of federal funds to our State. The importance of the MMCARP in this regard is specifically recognized in Attachment A of the CMS Special Terms and Conditions to the F-SHRP waiver, the CMS Special Terms and Conditions of the Section 1115 Waiver, and has been repeatedly referenced in each of the State's requests for extensions (*see, e.g.*, NYS Request for Extension of Section 1115 Waiver Application, dated march 31, 2009 at 24).

We appreciate that the State has limited resources in these fiscally distressed times. However, as we move forward with federal health reform, we believe that the MMCARP has a the potential to play an on-going and important role in blending and simplifying programs, in accordance with applicable federal rules, that will eventually see that all New Yorkers have health insurance coverage.

We hope very much that you will seriously consider this request.

Very truly yours,

Elisabeth Benjamin
Vice President
Health Initiatives
Community Service Society

Kathryn Haslanger
Sr. Vice President
Visiting Nurse Services

Diane K Spicer
Staff Attorney, Health Law Unit
The Legal Aid Society

Frederick B. Cohen

David P. Rosen
President and CEO
MediSys Health Network

Patricia Wang
Chief Executive Officer
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Trilby DeJung
Health Law Attorney
Empire Justice Center

Gail L. Smith
Chief Customer Officer
MetroPlus Health Plan