

Building Blocks for a "Medical Home" for Every Child

The American Academy of Pediatrics
District II, New York State's
Proposal for Universal Health Care for the Children of New York



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



District II (New York State)

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American Academy of Pediatrics
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District II (New York State)

Introduction

Building Blocks for a "Medical Home" for Every Child

The American Academy of Pediatrics District II, New York State's Proposal for Universal Health Care for the Children of New York

The mission of the American Academy of Pediatrics, District II, New York State is to attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults. The more than 5,500 pediatricians across the state believe that implementing high quality universal health care that can provide a "Medical Home" for every child in New York is the way to meet our mission. Over the past six months, the leadership of District II, in partnership with the chairs of the pediatric departments of the academic medical schools in the state, has taken on the task of preparing a detailed proposal to help New York State with its implementation of universal health coverage for children.

As New York moves to develop the key components of universal health care for all children, it is imperative that our statewide system of public, subsidized and private insurance provide appropriate coverage for the health care needs of newborns, infants, children, adolescents and young adults. Since children's health care is directly related to their age and developmental needs, a package of comprehensive benefits focused on age-specific population groups is the only real way to secure quality health care for all children.

New York State's subsidized children's health insurance programs, CHIP A (Medicaid) and CHIP B (SCHIP), currently provide health care for more than 1.6 million children in our state: approximately 1.2 million in Medicaid and approximately 400,000 in Child Health Plus. Designing, implementing and financing universal health care for the children of New York will require a firm commitment to and strong support for a high quality health care delivery system that can provide a "Medical Home" for every child without regard to source of coverage.

The following document describes the work of three AAP, District II Task Forces: Systems Task Force, Benefits Task Force and Finance Task Force. Taken together, the Task Force Reports present a guide to the implementation of universal health care for all children. Using the Task Forces' recommendations, New York State can start today to implement a high quality, universal health care system that will provide a "Medical Home" for every child.

The Academy of Pediatrics, District II, New York State looks forward to working with all stakeholders in children's health including our partners in medicine, government, education, health insurance, child care and parenting groups to assure the highest quality, most accessible health care for all children.

Benefits Task Force Report

As New York moves toward implementation of universal health care for all children, it is imperative that the benefits covered by the public, subsidized and private insurance available across the state address coverage for the special health care needs of newborns, infants, children, adolescents and young adults.

Children's health care needs are directly related to their age and developmental stages. A comprehensive benefits package focused on the unique needs of children at various ages is an effective way to deliver quality health care to all children; minimal health care coverage, health care savings accounts and catastrophic coverage are not effective. The American Academy of Pediatrics (AAP) has developed a proposal for a comprehensive child-focused benefits package that meets the needs of all children. In anticipation of New York State's move toward universal health care for all children, the State should adopt the benefits package developed by the AAP.

American Academy of Pediatrics Benefits Package

The AAP health care benefits package meets the needs of all children. The benefits address medical care, critical care, surgical care, behavioral health services, specialized services and oral health.

Medical Care

- Medical care including: (a) health supervision with preventive care (including immunizations, hearing and vision screening, developmental surveillance, and anticipatory guidance) according to the AAP "Recommendations for Preventive Pediatric Health Care," the most current version of the "Recommended Childhood and Adolescent Immunization Schedule," "Guidelines for Health Supervision III," and "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents," and (b) diagnosis, treatment, and educational counseling of children with acute and chronic conditions, including developmental delays and disabilities, behavioral and emotional problems, and learning disorders
- Pediatric medical subspecialty services
- Family planning and reproductive health services
- Pregnancy services including: (a) genetic counseling and related services as needed, (b) prenatal care, (c) prenatal consultation with a pediatrician, (d) perinatal case management, (e) care of all complications, (f) counseling and services for all pregnancy and fetal management options,

- and (g) care for the pregnancy of a covered dependent of a policyholder; prenatal care should include evaluation of psychological risk factors
- Care of all newborn infants, including: (a) attendance and management at high-risk deliveries or those mandated by hospital regulations, (b) health supervision, (c) treatment of congenital anomalies and other medical and surgical conditions, (d) newborn intensive care services, (e) newborn hearing screening, (f) newborn screening for metabolic and genetic disorders, (g) a follow-up visit in the child's home or in the physician's office within 48 hours of discharge when indicated by the infant's physician, (h) lactation counseling to increase successful breastfeeding initiation and duration, and (i) a reasonable pediatric length of stay to allow for identification of early problems and to ensure that the family is able and prepared to care for the infant at home if the mother has to remain hospitalized because of complications
 - Vision services including screening, examinations, corrective lenses, and access to pediatric ophthalmologists for diagnostic and therapeutic services
 - Audiology services including screening, evaluations, hearing aids, cochlear implants, and recommended therapy
 - Physician-directed, accurate pediatric medical information by telephone, telemedicine, e-mail, and other Internet services for established patients related to pediatric care compliant with regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA [Pub L No. 104-191])
 - Laboratory and pathology services
 - Screening for metabolic and genetic disorders
 - Diagnostic and therapeutic radiology services, including age-appropriate sedation as needed
 - Coverage for prescription drugs determined by pediatric standards of care and not limited to labeled indications only

Critical Care

- Emergency medical and trauma care services specifically for children, including when traveling outside of the coverage network area
- Pediatric inpatient hospital and critical care services
- Emergent and non-emergent transfer/transport to a hospital or health facility, between health facilities, and between home and health facilities when indicated

Pediatric Surgical Care

- Pediatric surgical care including comprehensive repair of congenital anatomic malformations
- Pediatric surgical subspecialty services

- Anesthesia services including monitored anesthesia care and appropriate pain management for acute and chronic pain management

Behavioral Health Services

- Mental health services including: (a) individual, group, and family therapy, (b) psycho-educational testing, (c) evaluation, (d) crisis management, (e) inpatient and day treatment, (f) residential care, and (g) pharmacotherapy; this should also include the following services: the evaluation and treatment of attention-deficit/hyperactivity disorder and other related behavioral disorders and treatment of eating disorders, learning disabilities, and related disorders.
- Services for substance use disorders, including: (a) screening and early intervention, (b) individual, group, and family therapy, (c) psychological testing, (d) crisis management, (e) inpatient and outpatient treatment, and (f) residential care
- Comprehensive medical and psychological evaluation and treatment for suspected child physical, emotional, and sexual abuse and neglect in both inpatient and outpatient settings

Specialized Services for Children with Special Health Care Needs

- Care coordination in the pediatric medical home and comprehensive case management from other community agencies and insurers
- Intermediate or skilled nursing facility care in residential and rehabilitation settings
- Physical, occupational, speech (including speech generation), and respiratory therapy for rehabilitation and habilitation provided in medical centers, private/public-sector offices, schools, residential settings, and the home
- Home health care services including but not limited to physician supervision of care, therapies, private duty nursing, and home health aides
- Nutritional evaluation and counseling services by pediatricians, dietitians, nutritionists, and other therapists for eating disorders (including primary obesity, anorexia, and bulimia) and specific nutritional deficiencies
- Special diets, special infant formulas, nutritional supplements, and delivery (feeding) devices for nutritional support and disease-specific metabolic needs
- Rental or purchase, maintenance, and service of durable medical equipment (see Appendix)
- Disposable medical equipment (see Appendix)
- Respite services for caregivers of children with special health care needs
- Palliative and hospice care for children with terminal illnesses

Pediatric Oral Health

- Preventive and restorative pediatric dental care including fluoride varnish, sealants, and oral surgery, including moderate sedation and general anesthesia
- Functional orthodontia

Interim Proposal: Child Health Plus Benefits

Until the comprehensive AAP proposal is implemented, the Child Health Plus benefit package should continue as the standard for all children's coverage in the state. All health care coverage, public or commercial, should provide, at a minimum, all of the benefits required within Child Health Plus B. This would assure equitable access to comprehensive, child-specific health care services.

Increasing Capacity in Areas of Critical Need

In addition to the specific benefits in the proposed AAP comprehensive benefits package, system capacity and service gaps in two critical areas must be addressed. At present, there are inadequate numbers of mental health and oral health providers for the pediatric and adolescent population

Mental Health

To address the serious lack of children's mental health service providers, New York must implement programs and support activities that will increase the number of trained and skilled providers that can provide these services and will expand school-based mental health programs.

- Provider Capacity
New York can increase capacity by expanding the number and types of providers and practice settings that families can utilize to access necessary services. This can be accomplished by:
 - Encouraging pediatricians to obtain additional training which would allow them to perform behavioral assessments and offer mental health treatment services in their offices.
 - Providing financial incentives such as loan forgiveness to encourage medical students to choose a career in child and adolescent mental health.
 - Increasing the number of school psychologists, social workers and trained counselors within school programs in order to increase capacity in school and child care locations.

- Offering financial incentives for physician-supervised mental health treatment services provided by licensed clinical social workers, licensed psychologists and advanced practice nurses in office settings
- **School Based Mental Health Programs**

Based on the demonstrated gaps that exist between children who need mental health services and children who can and do actually access services, quality school based mental health services must be developed to meet these needs. School based health services programs can provide mental health assessments, treatment, case management, preventive and early intervention services for children in the school setting. These services should be expanded wherever possible to help meet the mental health needs of children and youth. However, school based mental health services must be high quality, must be available to students during and after school, and must connect students to other needed services including primary care services. Passing Timothy's Law began the process of creating equitable coverage. However, the children and families in all geographic areas of New York continue to experience a lack of adequate mental health care.

Oral Health

Adequate and high quality oral health is imperative to assure the health of all children. Recognizing that there is both a shortage of pediatric dentists and a shortage of dentists willing to treat children, New York must create a reimbursement program which will encourage pediatricians to offer dental sealants and varnishes in the primary care setting. An expansion of oral preventative care in the pediatric primary care setting will significantly reduce the occurrence of oral caries in toddlers and young children. At the same time, New York State must design and implement a pediatric dentistry expansion program to create adequate pediatric dental services across the state.

A "Medical Home" for Every Child: Access to Care

Implementing a comprehensive child-specific benefits package is only one step toward assuring a Medical Home for every child. New York must promote the development of a system of care that provides the services required by the insurance package in an easily accessible Medical Home. Families must be able to access this high quality care for their children without traveling hundreds of miles or waiting months for medical attention.

An Investment

As universal health care for children is implemented, an investment must be made in the services that will make high quality comprehensive health care available to all who need it. Bringing an additional 400,000 children into the health care system requires attention to capacity and to the location of services. An investment in primary and preventive health services to keep children healthy is essential. But there must also be an investment in specialty and sub-specialty pediatric care to help children who need a higher level of service access the care they need. Children are worth the investment. Early attention to their health needs is cost-effective.

Appendix

Examples of Durable Medical Equipment Required in Pediatrics

- Equipment necessary to administer aerosolized medications and monitor their effects (nebulizer, spacers for inhalers, peak flow meters)
- Glucometers, insulin pumps
- Breast pumps
- Prostheses/braces
- Electrical and other types of ventilators
- Cardiorespiratory monitors
- Oxygen concentrators
- Pulse oximeters
- Wheelchairs
- Hearing aids

Examples of Disposable Medical Equipment

- Diapers for physically compromised patients
- Urine catheters
- Feeding supplies (tubing, pumps, etc)
- Intravenous line tubing and intravenous catheters
- Ostomy supplies
- Test strips, lancets, and other diabetic supplies

Financing Task Force Report

A “Medical Home” for Every Child

Designing, implementing and financing universal health care for the children of New York will require a firm commitment to and strong support for a high quality health care delivery system that can provide a “Medical Home” for every child.

A “Medical Home” is a place where children regularly get their care. It is an office or clinic where children, parents and pediatricians are partners in assuring high quality, effective health care delivery. A “Medical Home” is a place where children go for their well baby, well child visits, immunizations and acute care. It is the place where children and parents have an ongoing relationship with their pediatrician, who has the time, training and support to perform the recommend developmental assessments. In a “Medical Home” parents and pediatricians can discuss a child’s developmental and social/emotional needs. A “Medical Home” offers a full service high quality health care engagement providing comprehensive, coordinated, compassionate, culturally competent care for children.

Getting to Universal Health Care for Children

Designing and delivering equitable, accessible, high quality universal health care for the 4.8 million children in our state will require additional financial support to secure the preventive, primary, acute, specialty and sub-specialty care that are the core components of a children’s health care system. Our proposed first step, bringing the 400,000 uninsured children under the auspices of CHIP A (Medicaid) and/or CHIP B (SCHIP), requires that the current system commit the resources to assure that the needed improvements in access, quality, financing, enrollment and renewal are available to these children new to the system.

The current children’s subsidized health care system is currently experiencing significant levels of stress attempting to care for the children already enrolled in CHIP A and CHIP B. Private health insurance is also experiencing cost pressures which are impacting the access to and quality of pediatric care. Expanding these programs as we work toward true universal care will further stress an already struggling health care delivery system.

In many parts of the state it is difficult for families on subsidized health care and private insurance to access the specialty and sub specialty care they need for their children. Additional resources and a redirection of existing resources are required to reach the stated goal of high quality, universally available health coverage for all children.

Equitable Financing for an Equitable System of Care

The AAP is proposing equitable financing to create and support an equitable children's health care system.

Children who receive their health care through a state subsidized program may cost more, not less, to serve than children who receive care from the private health insurance programs.

In most cases, low income children have more complex health care needs than middle class and upper income children. And yet, in New York, pediatricians are paid less to care for a low income CHIP A child than they are paid to care for any other child. This inequitable reimbursement creates inequitable access to care. Having a right to care is of no value to a parent if they cannot get the care needed for their child.

The problems of low reimbursement impacting quality of care are not limited to public and subsidized children's health insurance. The private insurance market also undervalues preventive, primary and acute care, and offers inadequate payment to physicians who provide the bulk of health care services to children. Well child and well baby visits are underpaid. Immunization purchase, reimbursement and administration fees are woefully inadequate, and health care anticipatory guidance, assessment of learning difficulties, identification of mental health issues and developmental screenings are all non-reimbursable or under reimbursed. Even acute care for the sick child in the office setting is not adequately reimbursed.

New York pays pediatricians at the lowest rate in the country (we are 50th out of 50 states) for Fee for Service Medicaid. Many special needs or chronically ill children receive their health services through the Fee for Service Medicaid program because that is the only way they can get their special health care needs met. Pediatricians and pediatric sub-specialists who treat these children, providing basic primary and preventive care in the context of more complex medical needs, receive the lowest reimbursement in the country for their work. As a result, New York is unable to recruit and retain a sufficient number of pediatric sub-specialists to meet the needs of our children.

Principles of Universal Care

There are several principles that we believe must guide New York State's move toward universal health care for all children. They include:

- Equity and Fairness, for children and for providers

- Payment that reflects investments in primary, preventive and office based acute care
- A health care system that truly can care for the whole child
- High quality care for every child consistent with best practices and technological advances
- Accessible services, including specialty and sub-specialty care where and when they are needed
- Sufficient payments for case management for pediatricians to provide comprehensive care in a Medical Home for children with chronic illnesses

What We Have Now

Medicaid reimbursement rates are inadequate. They are also unfair.

The current significant differences in payment, low payment for care for low income children, has built and maintained an inequitable health care system. It is indefensible that a pediatrician gets \$30 for a new patient visit for a Medicaid Fee for Service enrolled child, when the median commercial insurance reimbursement for the same visit is \$115.00.

The children of New York deserve better. And they should be getting better health care in a universal health care system which will provide accessible high quality health care for all children and fair and equitable payment for the pediatricians who provide that care.

Making a commitment to universal health care requires that we make a commitment to equitable payment which will produce equitable access.

Children's health care is a good investment. Quality children's health care can prevent the development of chronic or more serious illness and therefore reduce longer term expensive care. And yet, we continue to starve the system to the point where we are negatively impacting access. There are many families across the state unable to access the specialty and sub-specialty care that their children need. Either the services are not available and families have to travel great distances to get the care, or waiting lists are so long that care delayed is really care denied.

A New Direction for Children's Health Care – The Pediatric Medical Home Care Model

High quality health care for children requires that each child have a "Medical Home."

The AAP proposes that New York return to the original concepts of coordinated care, first defined in the PPAC program, (a children's medical care coordination program designed and implemented in the children's Medicaid program in the early 1990's and abandoned with the statewide application of managed care), and design a universal health care system for children that provides a high quality, accessible and equitable "Medical Home" for every child.

Pediatricians are committed to working with the State Health Department and the State Insurance Department to design a Children's Health Care Delivery System that actually coordinates care. A Pediatric Medical Home Care model would be designed that could be implemented across the public, subsidized and private health insurance industry. The model would provide a high quality, accessible "Medical Home" for every child. Using the AAP's proposed children's benefit package as the base line for all children's "Medical Home" services, the Pediatric Medical Home Care model will include all services necessary to deliver appropriate care to children at appropriate times.

The AAP proposes to work with all stakeholders in children's health to design a Pediatric Medical Home Care model that actually coordinates children's health care. With this model, we could bring all children into a higher quality, more accessible health care system that would assure access to high quality preventive, primary, acute, specialty and subspecialty care. Pediatricians would become true care managers, and their payment would reflect their enhanced responsibility.

Pediatricians would provide preventive, primary and acute care, full coverage 24/7, and supervise and manage access to specialty and subspecialty care when needed.

Rates for the new Pediatric Medical Home Care model would be negotiated based on key care management principles and quality measures.

The state would become the honest broker in working with the AAP and the Health Plan Association to create a payment structure that reflects not only the new expectations and quality measures and outcomes, but also recognizes the costs of providing high quality health care to all children. This new model would include measures of quality of care and financial incentives to reflect success in achieving improved processes and outcomes of care, such as high rates of appropriate immunization for children by their second birthday, low rates of emergency room visits and hospitalizations, reduction in the number of missed days of schools for children with asthma or other chronic and manageable diseases, and high rates of anticipatory guidance for adolescents.

The Pediatric Medical Home Care model would be available to the majority of children in public, subsidized and private health insurance programs in the state.

The Pediatric Medical Home Care model would address both developmental and mental health needs of children within the primary care practice when appropriate.

Referral to specialists and sub-specialists would be part of the practice model. However, several core services including specific levels of children's mental health services, specific children's oral health services, and various learning differences assessments could and would be handled within specially trained and staffed practices.

Children's Mental Health Services Within the Children's Medical Home Care Model

Currently there is a shortage of trained medical personnel to provide mental health services to the children in New York State.

To meet the current need, and build capacity into the future, the AAP proposes:

- Creating a new reimbursement mechanism for pediatricians and other primary care professionals to perform behavioral assessments and provide treatment. This would include reimbursement for up to six visits without the assignment of a diagnosis.
- Allowing physicians employing licensed clinical social workers and clinical nurse specialists with psychiatric certification to bill for the services of these mental health professionals if the physician provides on-site supervision.
- Allowing health departments who employ licensed clinical social workers, licensed psychologists, and advanced practice nurses to bill for their services in school-based health centers if a physician provides supervision by phone or beeper.
- Encouraging medical students to choose a career in child and adolescent mental health services using loan forgiveness programs as an incentive.
- Increasing funding for school psychologists, social workers and trained counselors to build in school and child care located children's mental health capacity.

Oral Health Services

Coverage of oral health is imperative to assure the health of all children.

Recognizing that there is a shortage of pediatric dentists, and in fact a shortage of dentists willing to treat children, we propose that New York create a reimbursement program which will encourage trained pediatricians to offer oral health assessments, sealants, varnishes and anticipatory guidance in the primary care setting. This expansion of oral preventative care in the pediatric primary care setting will significantly reduce the occurrence of oral caries in toddlers and young children.

At the same time, we encourage New York to design and implement a pediatric dentistry expansion program to create adequate pediatric dental services across the state.

Health Care Coverage for Medically Complex Children

To meet the needs of high need children, such as those with autism and those with other special health care needs, who now often spend down to Medicaid FFS, we propose two levels of additional support to provide them with the health coverage necessary to address their complex health care needs.

First, for special needs children and/or chronically ill children, the system would operate a **Risk Adjusted Medical Home Care** model. This level of support would assure that high users could get their medical needs met without creating financial burdens on pediatricians or insurers. Many of these children receive a high percentage of their health care in academic medical centers, where the needed specialists and sub-specialists are available. But they often get their primary care and acute care needs met in the pediatrician's office. Payment for care management for these medically complex children would reflect the increased work that would be required. Medically complex children often require extensive and expensive care. But with focused, highly effective medical care management, there is a realistic expectation that costs savings can be achieved by reducing the high number of medical emergencies.

A second level of support, a **State Supported Reinsurance Pool**, would support the small number of chronically ill very high need children, who require extensive and constant care. This pool would cover the health care costs of the most highly complex, high need medically compromised children. Although the number of these children is relatively small, their use of medical services is enormous. Having an insurer of last resort will assure that these very medically needy children will have access to the high cost care that is required to assure them a reasonable quality of life.

The three levels of coverage proposed would provide accessible, high quality care for all children in a “Medical Home” that can and will meet their health care and developmental needs.

New York can and must seize the opportunity to design and implement a health care coverage and health care delivery system that can actually meet the needs of children across our state.

Financing a “Medical Home” for Every Child

The funds to support our approach include:

- Existing and additional Medicaid Funds from the Federal & the State Budgets
- SCHIP funds, existing and additional from the Federal & the State Budgets
- HCRA funds that currently support various children’s health initiatives, with additional funds from cuts in other parts of the HCRA funding formula.
- A new State children’s insurance pool with contributions from employers who do not provide health insurance for their employees’ families and a percentage of proceeds from any not for profit to for profit health insurance conversions.
- Surcharge on excess profits of for profit health insurers
- Exploration of small percentage tax on multi-millionaires to help pay for universal health care for children similar to California Proposition 63.

It is time for New York State to design, implement and support a universal health care system that can and does deliver high quality health care to all the children in our state. The basic building blocks are in place. It will take creativity, motivation and resources to design and deliver a “Medical Home” for every child in New York.

Systems Task Force Report

New York State's subsidized children's health insurance programs, CHIP A (Medicaid) and CHIP B (SCHIP), provide health care for more than 1.6 million children in our state: approximately 1.2 million in Medicaid and approximately 400,000 in Child Health Plus.

The Systems Task Force has developed recommendations for overcoming the barriers currently encountered by the families of more than 400,000 children who are eligible for, but not necessarily enrolled in New York State's subsidized health insurance programs. These recommendations will:

- Address the existing complex re-enrollment process that presents barriers to continuing coverage for children who are already enrolled in these programs
- Expand coverage to vulnerable populations not currently covered or inadequately covered under the present system
- Implement more effective outreach to find and enroll eligible children
- Promote State take over of the Medicaid program
- Enhance cultural sensitivity
- Address access and quality of care issues
- Preserve and expand access to reproductive health care for adolescents
- Enhance access to mental health services within primary care and access to mental health specialty referral for children and adolescents

The principles defined in this document are applicable to all children and adolescents regardless of their insurance coverage. In addition, as program modifications are made, significant effort must be made to disseminate information to all providers and consumers.

Enrollment and Renewal

Simplify enrollment for all children to address the current barriers created by complicated documentation requirements and the burdensome reenrollment processes.

This can be accomplished by:

- Implementing presumptive eligibility for both CHIP A and CHIP B. This would allow children to have immediate access to health care while their eligibility is being determined. Since every child in New York is currently eligible for either CHIP A or CHIP B presumptive eligibility merely facilitates access to services.

- Eliminating all existing documentation requirements that are not required by federal law or regulation for Children’s Medicaid or the federal SCHIP program. Such direct action would keep the program federally compliant, but reduce barriers for children to obtain and keep health insurance.
- Working to repeal recent Federal requirements for original documentation.
- Supporting the design and implementation of simplified renewal and enrollment processes to include:
 - mail in enrollment
 - minimum two year coverage period
 - development and promotion of a provider office-based enrollment process

Expand Coverage for Vulnerable Populations Age 18-21

Children with special health care needs or chronic conditions and young adults “aging out” of the foster care system should be able to continue their Medicaid coverage to age 21.

Children with special health care needs or chronic illness whose needs have been met by Medicaid/Child Health Plus programs should remain within these programs during these crucial transition years.

Adolescents and young adults in foster care often spend many years in the state system and have significant health problems that require comprehensive health care coverage. Many face numerous challenges as they attempt to transfer from foster care to independence. Amending the Federal Medicaid Plan to extend coverage to adolescents/young adults 18-21 years old who are in the state’s foster care system will allow them access to health care which can help them succeed in establishing themselves either in college or in the working world.

State Takeover of Medicaid Costs and Administration

New York is only one of a handful of states who do not have a State administered Medicaid program. State assumption of Medicaid in New York would provide a basis for a more uniform benefit package, a statewide simplified enrollment process, and would help eliminate disparities in coverage and decrease bureaucracy. New York should take steps to become a state administered Medicaid program as soon as possible, but no later than January of 2008.

Expand Outreach and Enrollment Activities

The current Children's Facilitated Enrollment program must include a new outreach component with an effective function that will identify the more than 460,000 children across the state who are eligible for CHIP A and CHIP B, but who are not currently enrolled in either program. In addition to enrolling these children as soon as possible, efforts should be made to ascertain the reason for their not being enrolled in order to identify and eliminate the identified barriers.

Eliminate Cultural and Linguistic Barriers to Care

New York is a state of immigrant families. Eliminating the cultural and language barriers faced by families attempting to access care in the state's health care delivery system will enhance access to and the quality of medical care. This includes addressing language barriers in the enrollment, renewal, office, clinic, emergency room and general hospital setting. In order to insure access to quality translation services, funding must be identified and be readily available to support translation services in all health care delivery settings.

Improve Access to Care and the Quality of Care

Insuring that the children who are enrolled in CHIP A and CHIP B have unhindered access to primary and subspecialty care without financial or geographic barriers is imperative to the creation and maintenance of a "Medical Home." The value of children's health insurance is only as good as its ability to prevent and address illness.

New York's current quality measures provide an opportunity to improve the quality of care for all children. Mandated data-sharing for all insurers (CHIP A & B, and commercial plans) should be established to help communities identify service delivery sites that can be improved and to identify population needs that require special attention. Community and regional planning can and should be based on findings from QI data. Financial incentives must be designed and implemented with a goal of improving quality of care.

Access to Reproductive Health Care Must be Supported

Continued support and expansion of the State Family Planning Benefit program will ensure access to family planning for many disenfranchised populations and will help NY's adolescents and young adults prevent unintended pregnancies.

Similar presumptive and confidential access to family planning services for youth covered by commercial plans should also be established.

Access to Mental Health Services Should be Expanded and Supported

The provision of mental health services within the primary care setting should be used to expand capacity for early identification, diagnosis and treatment of children and adolescents with mental health conditions. In addition, expanded and effective access to mental health specialists should be facilitated via simplification of current referral mechanisms



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