

Shaping New York's Health Care:
Information, Philanthropy, Policy

Blueprint

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Fund Helps Hospitals Reduce Preventable Readmissions

Keeping discharged patients from being unnecessarily readmitted is a win-win situation. For patients and their families, avoiding the physical risks, emotional stress, and financial effects of being readmitted is clearly beneficial. And for hospitals, lower readmission rates can signal improvements in discharge procedures and follow-up care—and avert Medicare's financial penalties for higher-than-expected readmissions among heart attack, heart failure, and pneumonia patients, and, eventually, all patients.

But understanding the specific causes of readmissions among various patient populations—and tailoring strategies to tackle them effectively—is far from simple.

That was the goal when the United Hospital Fund established the Preventable Hospital Readmission Initiative. The two-phase effort was designed to enhance hospitals' ability to probe deeply into their particular readmissions challenges and test new approaches to countering them for high-risk groups. Early indications are that these interventions—whether changing routine practice within a hospital or creating community partnerships that improve post-discharge follow-up—are making a positive difference.

MANY NEEDS, COMMON THEMES

In the Initiative's first phase, the Fund awarded \$20,000 grants to seven hospitals to study selected groups of readmitted patients. Along with chart reviews, in-depth interviews with patients, family caregivers, and primary care physicians revealed significant issues related to communications and patients' understanding of instructions, and the transfer of discharge information to other care settings or community-based physicians. The Fund



SBH Health System's Drs. Manisha Kulshreshtha (left) and Jitendra Barmecha review an enhanced electronic health record.

provided interview tools, conducted webinars, and analyzed each hospital's data.

In the second phase, the Fund and the New York Community Trust each awarded \$50,000 grants to four of the earlier participants—The Brooklyn Hospital Center, St. Luke's-Roosevelt Hospital Center (now Mount Sinai Roosevelt Hospital and Mount Sinai St. Luke's Hospital), New York Methodist Hospital, and SBH Health System—to test a variety of interventions tailored to their Phase One findings, including:

- Providing better information and education for patients and family caregivers—especially leading up to and at the time of discharge;
- Enhancing electronic health records to better share patient information among providers and ensure smoother transitions from hospital to home or another care setting;
- Ensuring that patients understand and adhere to their often complex medication schedules; and
- Facilitating timely post-discharge appointments with patients' primary care physicians.

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Preventable Readmissions *(continued from page 1)*

“Each hospital tested different interventions and observed unique results, yet several big-picture themes emerged in common,” says Hillary Jalon, director of quality improvement at the Fund. “Sustainable results often require multiple—yet aligned—strategies, a clinical ‘champion’ to lead each intervention, ongoing staff training in new protocols and technology, and outreach beyond the hospital to build community partnerships.”

CHARTING A WAY TO BETTER CARE

At SBH Health System in the Bronx, team leaders Jitendra Barmecha, MD, MPH, and Manisha Kulshreshtha, MD, focused, in part, on changes to the hospital’s electronic health record (EHR) system, and other technology, to improve procedures from admission through discharge. In the emergency room, a computer screen pop-up now alerts doctors if a patient was discharged within the past 30 days. New software requiring documentation of medical need is also preventing unnecessary admissions.

When patients do require admission, a new mandatory field in the health record requires information on the patient’s primary care physician, to promote communication with and hand-offs to the community doctors who are critical to keeping patients healthier after discharge. And redesigned discharge instructions give patients and family caregivers information from both physicians and nursing staff in a single place, and highlight medications and post-discharge appointments on the first page to make them easier to find and follow.

“Planning for a smooth discharge must begin at admission,” says Dr. Kulshreshtha, the hospitalist director and medical director of the Department of Care Transitions. “The changes we made to the EHR, and other interventions including improved bedside patient education, were geared toward making this happen. But even what sounds as simple as the addition of an alert or a new field in the record requires a tremendous amount of staff training and many workflow adjustments.” That hard work has begun to pay off, with readmissions dropping 11 percent from 2012 to 2013.

Dr. Barmecha, the hospital’s chief informatics officer, believes that buy-in from top leadership is crucial. “Not long ago, the drive was to get new admissions; now we must do everything we can to prevent readmissions within 30 days,” he says. “That’s a culture change requiring the highest levels of leadership to set the tone and guide the way.”

Better use of technology was also a major focus at New York Methodist Hospital. Staff there intensified efforts to identify, on admission, patients’ primary care physicians. They then used the electronic health record to communicate information on the hospital stay, along with discharge instructions and medication lists, to those community-based doctors within 72 hours—and usually within 24 to 48 hours—of discharge.

PATIENT-CENTERED CHANGE

For other Initiative participants, efforts to reduce readmissions focused on patient-specific issues. Low-income patients, for example, are at particular risk because they may lack access to the basic resources essential to their health: safe housing, nutritious food, medications, and outpatient care. Mount Sinai St. Luke’s and Roosevelt Hospitals, as part of a broader plan to reduce readmissions among heart failure patients, partnered with a local pharmacy to provide low-income patients with a free 45-day supply of medications on discharge. The result was very successful, and staff are now investigating ongoing funding possibilities.

At The Brooklyn Hospital Center, clearer information on medications, improved medication reconciliation, and better follow-up with primary care doctors have reduced readmissions of heart failure and pneumonia patients. Staff are now focusing on translating discharge instructions, and ensuring their cultural appropriateness, for non-English-speakers.

“Reducing readmissions is extremely challenging—there is no easy fix,” says the Fund’s Hillary Jalon. “But these hospitals have learned a great deal about what works and what doesn’t—and will continue to build on that in the months ahead.”

Blueprint

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The United Hospital Fund is a health services research and philanthropic organization whose primary mission is to shape positive change in health care for the people of New York.

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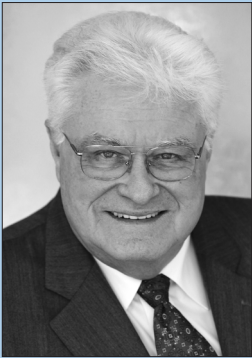
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Dramatic Changes, Critical Questions



New ideas are a New York tradition, but the current scope and pace of health care innovation in our state reach a whole new level. The changes being wrought are

fundamental, transforming how care is delivered, how dollars flow among provider organizations, and how new information technology is being harnessed to support these transitions on patients' behalf.

Reflecting the "triple aim" mantra of national health reform discussions, New York's efforts are on track to achieve substantial progress toward better health, better care, and lower costs within this decade.

MEDICAID REFORMS—AND MORE

Today, the focus of attention for policymakers and providers is on DSRIP, the Delivery System Reform Incentive Payment program, the largest component of New York's \$8 billion federal Medicaid waiver. DSRIP supports the creation of PPSs, Performing Provider Systems, structures that integrate and coordinate care among multiple organizations to achieve specific clinical improvements in individuals' health conditions, and focus on the health of targeted populations. This will enable New York to reinvest Medicaid savings to transform health care delivery.

Additionally, the waiver includes resources to counter short-term financial instability among health care providers that are especially at risk, and to support additional improvements such as retraining for the long-term care workforce.

The long-awaited Medicaid waiver is itself the most recent facet of the Medicaid Redesign Team activity begun under Governor Cuomo in 2011. That work has already capped Medicaid cost growth, simplified the administration of the State's Medicaid program, moved away from fee-for-service Medicaid payments to care management for virtually all beneficiaries, and begun the integration of care, whether delivered by public or private providers of acute, primary, or long-term services.

As sweeping as this Medicaid reform initiative promises to be, the changes don't stop there. A new appropriation in the State budget continues support for the Statewide Health Information Network—New York, or SHIN-NY, the information

This isn't just about numbers. New York's reforms must demonstrate, on the ground, that big change can be sustained.

highway that will connect medical records among providers and give patients access to their medical information. This multi-year effort envisions a free flow of information, limited only by substantial privacy protections, to benefit patients wherever and in whatever circumstances they are.

During the summer ahead, New York will also respond to a federal invitation to request broader support of the State's health care innovation plan, which extends improvements in health care delivery to include multiple insurers. A substantial reshaping of primary care—including the integration into it of behavioral or mental health services, to make primary care more comprehensive and effective—is just a part of this effort.

Also ahead is the continued growth and refinement of New York State of Health, the health insurance exchange established to implement the provisions of ACA, the Affordable Care Act. In its first enrollment cycle, well over 1 million New Yorkers applied for health insurance under the new marketplace, with more than 900,000 actually enrolling in Medicaid or in subsidized private insurance. By any standard, New York has stepped up to the ACA plate, with a performance in the highest rank among states.

ON-THE-GROUND ASSESSMENTS

Even by New York's historical standards of health care leadership, these activities are milestones on an ambitious path toward health care transformation. It is important to remember, however, that the new organizations being created, largely built on contractual relationships, need to function not only conceptually but also in on-the-ground operations. It's a lesson that we all surely saw in the implementation of Obamacare. Now, as we face the next generation of sweeping changes, and the need to fairly assess their impact, we must again be prepared for significant challenges.

This isn't just about numbers on a page. It's about asking, and responding to, the critical questions. Does the system work? Do the emerging organizations advance the highest standard of health care quality? Do they achieve better efficiency in using services? Do they actually, ultimately, make sense to 19 million New Yorkers? Our answers, at the end of this decade, will determine whether our New York standards will once again demonstrate to the nation that big change can be achieved and sustained.

GRANTMAKING

Hospital Volunteers Provide Oasis for Family Caregivers

Nothing could have prepared Linda and Sheldon Horn for the news they received from doctors at Montefiore Medical Center one Monday in February. Sixty-four-year-old Sheldon, who had been feeling flu-like and a little short of breath, was in serious cardiac distress, needed to be placed immediately on a mechanical heart pump, and would need a heart transplant.

Mr. Horn faced difficult and life-threatening procedures. But Mrs. Horn, too—like the 42 million Americans who care for a seriously or chronically ill loved one—was under great stress, as she adjusted to the sudden discovery of her husband’s serious condition, took in a plethora of new and complex medical terms, and helped manage Mr. Horn’s care—all while working full-time as a sales manager. “It was unbelievably hard to hold it all together,” she says.

So when staff from the surgical waiting room at Montefiore’s Moses Campus introduced Mrs. Horn to the Arthur D. Emil Family Caregiver Support Center—a project established in 2011 with a grant from the United Hospital Fund—they were extending her a lifeline.

HELPING CAREGIVERS CARE

“The atmosphere in the Center is so welcoming and supportive, a peaceful place to think and rest,” she says. “The volunteers helped me and my family with practical logistics—like getting a weekly parking pass, finding a nearby hotel room when we got snowed in, and printing out information. But, most important, they also held my hand, and asked about *my* needs. They know that if *you’re* not feeling strong,

it’s impossible to take care of someone else.”

Mrs. Horn’s experience is just the kind of feedback Center Director Randi Kaplan, MSW, likes to hear—and hears often. Since the Center opened, its 14 volunteers have

served more than 3,800 family caregivers. At the heart of the program’s success: careful selection of volunteers, a thorough training program, close supervision by a social worker, and access to information tailored specifically for family caregivers.

“We are very selective in choosing our volunteers,” explains Ms. Kaplan. “We look for individuals who have a palpable level of maturity, who are empathic yet also respectful of personal boundaries.” The volunteers come from culturally diverse backgrounds; most are retired and college-educated, and many have had personal experience as family caregivers.

All volunteers complete a ten-session training program on critical skills: identifying caregivers in need of support, and referring them to a social worker when necessary; understanding the additional challenges for caregivers with limited English proficiency and low socioeconomic status; the role of spirituality and religion; “active listening” techniques; role playing; confidentiality issues; and more.

Another essential part of the training, conducted by United Hospital Fund staff, is mastering the Fund’s Next Step in Care website (www.nextstepincare.org), which provides dozens of easy-to-use guides and checklists to help family caregivers



Program Coordinator Lynette Olmo (right) introduces Linda Horn, wife of a Montefiore patient, to the essentials of “caring for the caregiver” as well as the patient, at the Arthur D. Emil Family Caregiver Support Center.

navigate the health care system, especially as their loved ones move from one care setting to another, a time of increased risk.

BUILDING ON INITIAL SUCCESS

From all indications, the Center’s model is gaining momentum within and outside the hospital. With a new grant from the Fund, Ms. Kaplan and her team are in the process of replicating the program at Montefiore’s Weiler campus. And the hospital recently decided to enlarge the Center’s space at the Moses campus.

Staff are also actively spreading the word about the Center’s approach and impact—participating in a national consortium of seven hospitals that have established similar programs for caregivers, and making a presentation at a recent Greater New York Hospital Association meeting on strategies to engage patients and families.

“As funders, we always look for effective projects that will continue and thrive even when our grant funding ends, and we like to see active plans for promoting innovative models to the broader community,” says Deborah Halper, vice president for education and program initiatives at the Fund. “This project is clearly succeeding on both of these fronts.”

TREND WATCH

Fund Report Documents Insurance Market Shifts

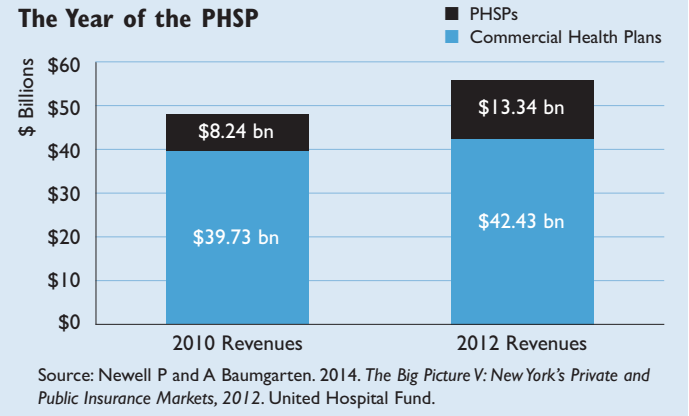
The Affordable Care Act and New York State of Health, the new health insurance exchange, are big stories, but other changes have been occurring in the state's insurance markets too. One major shift, documented in a new Fund report, is the dramatic growth of Prepaid Health Services Plans, or PHSPs—health insurance plans that specialize in public programs like Medicaid and Child Health Plus. The growth in these plans, which are managed care organizations that operate under a special State license, has been across the board—in enrollment, market share, and revenues.

For example, operating revenues—mainly premiums—for New York health plans totaled \$55.8 billion in 2012, a 16

percent increase from 2010. But much of that increase is attributable to PHSPs, which saw revenues jump by over

60 percent during the same period. Some of the PHSP revenue growth is a result of new enrollment, and some comes from prescription drug benefits being moved back into Medicaid managed care—“carving them in” after years of “carving them out.”

Whatever is spurring PHSP growth, it's an important trend to watch in the longer term, says Peter Newell, director of the Fund's Health Insurance Project and co-author of *The Big Picture V*—the most recent in a series of reports on enrollment



and financial results in New York's changing public and private insurance markets. That's because the scope and influence of PHSPs continue to grow, says Mr. Newell. With their mission to serve lower-income New Yorkers, several of these plans began offering coverage both through New York State of Health and off the exchange; others are putting their experience covering individuals with serious medical needs to work in a new State program for New Yorkers dually eligible for Medicaid and Medicare.

Family Caregivers as Partners in Improving Hospital Discharges

A nationally acclaimed model for improving the safety of hospital discharges and preventing avoidable readmissions has formally acknowledged the importance of family caregivers in the process, thanks to United Hospital Fund and colleagues at the Boston University Medical Center.

“Understanding and Enhancing the Role of Family Caregivers in the Re-Engineered Discharge” is now one of seven chapters in the Project RED (Re-Engineered Discharge) toolkit. Some 500 hospitals nationwide are adopting these guidelines to create effective discharges.

“Through our collaborative work with hospitals, we've learned that family

caregivers can play a key role in helping patients discharged from a hospital recover well and avoid rehospitalization,” says Carol Levine, director of the Fund's Families and Health Care Project and an author of the new guidance. “We are delighted to apply our knowledge in a concrete way that can immediately provide practical help to hundreds of hospitals.”

The new chapter helps hospitals build upon family caregivers' knowledge of and relationships with patients to enhance transitions from hospital to home or another care setting. It structures the process into five steps: identifying the family caregiver, assessing her or his needs

for information and support, integrating those needs into the after-hospital care plan, sharing family caregiver information with the next setting of care, and providing phone reinforcement of the discharge plan.

Created by a research group at Boston Medical Center/Boston University School of Medicine, Project RED was launched in 2007. The new chapter is the first addition to the toolkit since that launch.

“This addition will make the toolkit even stronger, filling a gap that we didn't realize existed when we first developed Project RED,” says chapter co-author Brian Jack, MD, principal Project RED investigator and professor and chair of the Department of Family Medicine at Boston University School of Medicine/Boston Medical Center.

The new Project RED tool is available at www.uhfnyc.org/publications/880985.

TRUSTEE TRIBUTE

Trustees' Service and Leadership Honored by Fund

Applauding trustees' extraordinary voluntary leadership and dedication, more than 600 health care, community, and business leaders, colleagues, family members, and friends gathered at the Fund's 24th annual Tribute to Hospital Trustees on May 12. The 28 recipients of this year's Distinguished Trustee Awards were nominated by hospitals throughout New York's five boroughs and in Long Island, Connecticut, and New Jersey.

"All of you feel the pace of change, and the scale of the task with which we are engaged," Fund President Jim Tallon told the luncheon's guests. "We've made a

commitment to not-for-profit and public hospitals, and trustees carry that responsibility for their communities. That commitment—to getting everyone the health care they need, at the highest levels of quality and a cost we can afford—is what we are celebrating today."

Supporting the Fund's work to achieve those goals by accelerating promising health care innovation, the TD Charitable Foundation again provided generous underwriting for the event. Greg Braca, head of U.S. corporate and specialty banking, led a group of TD executives in representing the foundation and bank.

The luncheon was co-chaired by Steven Hochberg and Patricia S. Levinson, themselves former Tribute honorees. Mr. Hochberg is senior vice chairman of Mount Sinai Health System; he formerly chaired the Continuum Health Partners board. Ms. Levinson is vice chairman of the Fund's board and a longtime Mount Sinai trustee. Greater New York Hospital



Top: Luncheon co-chairmen Steven Hochberg and Patricia Levinson. Bottom: TD Bank's Greg Braca and Fund President Jim Tallon.

Association President Ken Raske was the luncheon vice chairman, and GNYHA Ventures President Lee Perlman chaired the luncheon journal.

RECENT GRANTS

THE INSTITUTE FOR FAMILY HEALTH (\$70,000)

To improve care and outcomes for high-need patients by training staff in shared care planning, to coordinate care among patients' multiple providers, expand the Institute's ability to track care through the electronic health record and outside data sources, and disseminate the results to other providers and policymakers.

TOGETHER ON DIABETES—NYC

ISABELLA GERIATRIC CENTER (\$15,000)

ARC XVI FORT WASHINGTON, INC. (\$10,000)

RIVERSTONE SENIOR LIFE SERVICES, INC. (\$10,000)

YM & YWHA OF WASHINGTON HEIGHTS & INWOOD, INC. (\$10,000)

CITY HARVEST (\$10,000)

To continue to build on Together on Diabetes—NYC's successes in helping seniors better understand and manage their diabetes, through partnerships among seniors, health care providers, and community organizations. These latest grants will support the program coordinator/intake and referral position based at Isabella; enhance the capacity of the three senior-serving community partners to provide diabetes-related services, including education and fitness activities; and cover the costs of an interpreter and food for City Harvest's diabetes-friendly cooking and nutrition programs at the community sites.

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Two New York Leaders Elected to Fund Board

Two distinguished leaders in New York's business and public service communities—Michelle A. Adams and Stephen Berger—have been elected to the Fund's board of directors.

The managing director of public affairs at Tishman Speyer, Michelle Adams oversees the real estate investment firm's communications, philanthropy, and government and community relations. From 2002 to 2010 she was executive director of the Association for a Better New York, where she focused on building relationships with city, state, and federal

leaders and increasing the organization's membership base. Previously, Ms. Adams was vice president of corporate affairs for the Grand Central Partnership—where she currently serves on the board of directors—and deputy director of the 14th Street-Union Square BID/LDC.

Stephen Berger is chairman and a founder of Odyssey Investment Partners, LLC, and was general partner of its predecessor firm Odyssey Partners. Previously, he was executive vice president of GE Capital Corporation and, earlier, chairman and CEO of Financial Guaranty Insurance Company. From 1985 to 1990, he was



Michelle A. Adams

executive director of the Port Authority of New York and New Jersey. Mr. Berger chaired the New York State Commission on Health Care Facilities in the 21st Century, which was formed in 2005; was New York State's social services



Stephen Berger

commissioner in 1975–1976; served as executive director of the New York State Emergency Control Board for the City of New York during the city's 1970s fiscal crisis; and was chairman of the United States Railway Association, responsible for Conrail's emergence from bankruptcy. He currently serves on the Fund's Health Policy Forum.

Andrea Cohen Is Fund's New Senior Vice President



Andrea G. Cohen has joined the Fund as its senior vice president for program. An attorney with extensive health care policy experience, Ms. Cohen comes to

the Fund from the Office of the New York City Mayor, where, as director of health services since 2009, she was the lead health policy advisor and the liaison to the city's public hospital system and Department of Health and Mental Hygiene.

Ms. Cohen will shape and direct the Fund's program activities and lead its program staff, and will oversee Fund

grantmaking and conferences.

Before joining the Office of the Mayor, Ms. Cohen served as counsel at Manatt, Phelps & Phillips, LLP, from 2005 to 2009, advising health care clients on legal and policy issues related to public health insurance. Earlier experience included positions with the Medicare Rights Center, the United States Senate's Committee on Finance, and the United States Department of Justice.

Ms. Cohen is a member of the Medicaid and CHIP Payment and Access Commission (MACPAC), which advises Congress and reviews and makes recommendations on Medicaid and Children's Health Insurance Program policies and programs; she was appointed to that post, when the Commission was formed, by the Comptroller General.

"Andy brings to the Fund enormous talent and a strong reputation for professional wisdom and trust," says Fund President Jim Tallon. "I look forward to her contributions in pursuit of the Fund's mission, advancing our current work and creating new opportunities."

Ms. Cohen succeeds David Gould, who had headed the Fund's program division since 1985. Mr. Gould will remain at the Fund, serving as senior advisor.

Save the Date

Gala 2014

October 6

Honoring

Michael A. Stocker, MD

Jennie L. and Richard K. DeScherer

Paul E. Francis



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ON THE CALENDAR

JULY 15

“Collaborating on the Road to Reform,” the Fund’s annual Medicaid conference, with keynotes by New York State Medicaid Director Jason Helgeson and Bruce A. Chernof, president and CEO, The SCAN Foundation. CUNY Graduate School and University Center

OCTOBER 6

United Hospital Fund Gala, honoring Michael A. Stocker, MD, with the Health Care Leadership Award, Jennie L. and Richard K. DeScherer with the Distinguished Community Service Award, and Paul E. Francis with a special tribute. The Waldorf-Astoria

OCTOBER 28

The 25th annual Symposium on Health Care Services in New York: Research and Practice, addressing critical health care delivery issues and current research, practice, and policy advances. CUNY Graduate School and University Center

OFF THE PRESS

The Big Picture V: New York’s Private and Public Insurance Market, 2012 continues the Fund’s series on enrollment and financial trends among the state’s insurance plans, including, in this latest update, the growth of Prepaid Health Services Plans.

Family Caregivers Providing Complex Chronic Care to Their Spouses documents the special

burdens on caregivers of spouses, who are more likely than non-spousal caregivers to perform complex medical/nursing tasks, and less likely to receive help.

Mandatory Managed Long-Term Care in New York’s Medicaid Program: Key Eligibility and Enrollment Issues provides an overview of policy, examines enrollment growth, and discusses

key operational issues in the shift of high-need beneficiaries into managed care. Its accompanying data brief, *Home- and Community-Based Long-Term Care in New York’s Medicaid Program*, analyzes new data on service use and spending related to this policy change.

These Fund reports are available online at www.uhfnyc.org.

ON THE WEB

WWW.UHFNOC.ORG

Access the latest Fund news and publications and in-depth information on the Fund’s research and programs, sign up for e-mail alerts, or make a tax-deductible gift to the Fund.