

# Health Pulse

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 @crainshealth 

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## DOH ponders future of its dual eligibles' pilot amid low enrollment

The state Department of Health is weighing whether to extend its unpopular pilot program through 2019 to provide more coordinated care to people enrolled in both Medicare and Medicaid.

The department is asking providers, plans and enrollees for input before it informs CMS of its plans in the fall. In a webinar Friday, the department provided updated enrollment numbers for members in Fully Integrated Duals Advantage (FIDA) program plans through the end of May.

Data show 5,370 beneficiaries have enrolled, while 61,701 have opted out of the program. That sign-up count is down 14% from February, and DOH has indefinitely postponed expansion of the program to Westchester and Suffolk counties.

More demographic information was recently released by the DOH, describing the profile of current FIDA participants. The largest number of FIDA enrollees are in Brooklyn, at 1,620. That membership represents only 3.4% of those who are eligible for FIDA or a Medicaid managed long-term care plan in the borough.

There are 17 health plans still participating in FIDA after [five insurers dropped out](#)  of the program last year. As of May, the Visiting Nurse Service of New York had 1,939 members, and Healthfirst had 1,058 enrollees, but aside from those two plans, sign-ups have been scarce. Six plans have attracted fewer than 50 members, including RiverSpring Health with just seven members.

"The takeaway we've had so far is it's a great program but there's not a lot of people in it," said Mark Kissinger, DOH's director of long-term care, explaining that the patients they signed up "had a good experience."

In New York City and Nassau County, many eligible members have steered clear of the plans because they feared their drugs or doctors wouldn't be covered. The program's benefits include a single card for Medicare and Medicaid benefits and a care manager to develop a personalized care plan and coordinate treatment from various specialists and long-term care providers.

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## PULSE ARCHIVES

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DOH ponders future of its dual eligibles'...

**07/22/16**

Raske is 'apprehensive' that CMS will adopt...

**07/21/16**

In its presentation Friday, DOH said ZIP-codes with large numbers of Russian, Chinese and Spanish speakers reported high opt-out rates. Areas where a high portion of residents were enrolled in a Medicare Advantage plan also reported many opt-outs.

DOH introduced a [number of changes](#)  to the program late last year in an effort to make FIDA more flexible for members, providers and plans. It's too early to say whether those changes have been successful, Kissinger said. Because of the way premiums were designed, FIDA has still saved New York state money, but the savings haven't met expectations because of low enrollment, he added. A four-month advertising campaign will target new members. But Kissinger left the future of FIDA open-ended.

"Now is the time to let us know what people think on whether we should extend the program or not," he said.

Tracking the number of new nurse...

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**07/21/16**

Schools offer new training programs to help...

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## HEALTH PULSE EXTRA

**07/21/16**

Tracking the number of new nurse...

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**07/19/16**

Salary Series: Richmond University Medical...

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**07/14/16**

Keeping New Yorkers out of the emergency room

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## Borrowing ideas from other DSRIP states

New York's \$8 billion DSRIP program has served as a model for other states in pursuing the federal Medicaid waiver. But the state should also take note of new approaches being implemented around the U.S., said Deborah Bachrach, New York's former Medicaid director and a current partner at Manatt Health. For instance, in Washington state, where Bachrach helped design a DSRIP program that's currently pending federal approval, the model helps transition care to settings outside of the hospital, Bachrach said. "Instead of using PPS's, which are hospital-centric, they're framing their DSRIP around accountable communities of health where power is more diffuse," she said. Bachrach added that New York's model reflects the dominance of hospitals in the region. Arizona, one of seven states besides New York that already has an approved DSRIP program, presents another model to consider. Arizona has integrated the agencies overseeing physical and behavioral health, a move Bachrach sees as the next step for New York. Bachrach praised New York's initiatives to integrate behavioral health into managed care plans but questioned why there is still separate government oversight for mental health and disability services.

## City adds health care jobs

New York City private-sector health care and social assistance organizations generated 21,000 new jobs through June, bringing the total to 676,300. While total health care jobs rose 3.2% from the same period last year, gains were uneven across all sectors. Positions in ambulatory care rose by 5.9% in the past year, and home health was the strongest performing subsector in that category, with an 11.5% increase, to 133,700 jobs. Also within ambulatory care, physician office employment shrank by 0.3% to 57,700. Private city hospitals employed 3.7% more people in June 2016 than in the prior year, providing 164,100 jobs. Growth in nursing homes and other residential care facilities grew 1.9%, to 76,200 people in New York City. Health care employment has steadily increased nationwide since the passage of the Affordable Care Act, but a recent Politico article [explored](#) why that might be bad for the broader economy.

## Brooklyn startup turns to Kickstarter to help deaf

Furenexo, [a Brooklyn-based technology startup](#), has launched an \$80,000 [Kickstarter campaign](#) to produce its open-source device called Sound Sense, which helps the deaf and hearing impaired navigate the city more safely. Sound Sense, which costs \$25, has a small microphone connected to a microchip and motor inside of a pocket-sized, 3D printed shell. If a sound above a certain volume is detected, such as a siren, smoke alarm or car horn, the motor starts to vibrate. Furenexo's larger goal is to create a variety of affordable devices that make everyday tasks a little easier for the disabled, said its founder Brian Goral, who previously helped the CIA develop military technology. Future projects will include inventions that use facial recognition technology found in cellphones and computers. These devices would scan a room with a small camera that can analyze facial expressions and help identify who is present. As of Friday, Furenexo has raised just over \$6,000 from 91 backers for the Sound Sense campaign, which ends on Aug. 11.



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## AT A GLANCE

**SUPERBUGS** - The State Department of Health [has convened](#) [↗](#) a special task force to fight the growing threat of drug-resistant bacteria. The initiative follows the discovery of *mcr-1*, a novel drug resistant gene, found in two cases of bacterial infection, including one in New York.

**ZIKA**: The first New York City birth of a baby with Zika-related problems, including a smaller-than-normal head, was [reported Friday](#) [↗](#) New York City Health Commissioner Dr. Mary Bassett called the news “tragic” but “not surprising.” The state Health Department would not disclose at which hospital the baby was born.

**NEW LEASE**: New York Methodist Hospital signed a 10-year, 6,600-square-foot lease at 621 Degraw Street in Gowanus, [reports the](#) [↗](#) [Commercial Observer](#) [↗](#). Asking rent at the property was \$37 per square foot.

**BEST PAID**: Orthopedic surgery topped the list of best paid medical specialties, edging out invasive cardiologists, according to [Modern Healthcare](#) [↗](#), with an average annual salary of \$555,000. Meanwhile, recruitment fees for luring new orthopedists are soaring, the magazine reports.

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