

Proposals to Redesign NYS Medicaid

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 - This table is a draft summary extract of each proposal - Title and Proposal Description columns are abbreviated. Full one page descriptions of each proposal are being finalized.

PRELIMINARY DRAFT - Preliminary Proposal List and Savings - Proposals are neither endorsed nor opposed by the Executive.

Proposal #	Short Title	Theme	Proposal Description	State Savings 2011-2012	Timeframe
1	Increase the Health Facility Cash Assessment Rates	Recalibrate Medicaid Benefits and Reimbursement Rates	Increases health facility cash assessment percentages (additional revenue to fiscal plan) for hospital inpatient, nursing home, & home care services. These increases are not Medicaid reimbursable.	(\$305)	Short Term
2	Reduce and Control Utilization of Personal Care Services	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate Level I personal care services and implement provider-specific aggregate annual per patient spending limits that are at approximately the 2006 per recipient spending level.	(\$150)	Short Term
3	HCRA Streamlining	Recalibrate Medicaid Benefits and Reimbursement Rates	Imposes a uniform surcharge for both Medicaid and private payers; eliminates hospital based physician surcharge; and clarifies other administrative complexities.	(\$125)	Short Term
4	Eliminate 2011 Trend Factor (1.7%)	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate the 1.7% 2011 trend (inflation) factor for Hospital Inpatient & Outpatient, Nursing Home, Home Care, & Personal Care Services as of 4/1/2011.	(\$102)	Short Term
5	Reduce and Control Utilization of Certified Home Health Agency Services	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal will implement provider-specific aggregate annual per patient spending limits on CHHA (Certified Home Health Agencies) services that are at approximately the 2006 per recipient spending level.	(\$100)	Short Term
6	Reduce MC / FHP Profit (from 3% to 1%)	Recalibrate Medicaid Benefits and Reimbursement Rates	Reduce the underwriting gain used in calculating premium rates from 3% to 1.0% for the Medicaid and Family Health Plus managed care programs.	(\$94)	Short Term
7	Elimination of the Personal Care Benefit for Persons who are not NH Certifiable	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate the Personal Care benefit for persons who are not Nursing Home eligible.	(\$90)	Short Term
8	Eliminate Managed Care, Family Health Plus and Child Health Plus Premium (1.7%)	Recalibrate Medicaid Benefits and Reimbursement Rates	Reduce the projected increase to Managed Care rates by 1.7% as of 4/1/2011.	(\$84)	Short Term
9	Eliminate All Targeted Case Management for MC Enrollees	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate Medicaid coverage for Targeted Case Management Services for recipients that are in Medicaid Managed Care Plans.	(\$58)	Short Term
10	Eliminate Direct Marketing of Medicaid Recipients and Facilitated Enrollment activities by Medicaid Managed Care	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate funding included in Medicaid and FHPlus premiums for direct marketing of Medicaid recipients and facilitated enrollment activities for Managed Care in all counties.	(\$57)	Short Term
11	Bundle Pharmacy into Medicaid Managed Care	Recalibrate Medicaid Benefits and Reimbursement Rates	Move the NYS Medicaid Pharmacy program under the management of Medicaid Managed Care to leverage additional clinical and fiscal benefits.	(\$50)	Short Term
12	Reduce/Redirect Indirect Medical Education (IME) Payments	Recalibrate Medicaid Benefits and Reimbursement Rates	Reduce IME teaching factor from 4.2% to 3.0%, bringing it closer to empirical value of 1.2%, & providing fiscal plan relief while redirecting funds to health home (18M 11/12, 80M 12/13, 108M 13/14).	(\$50)	Short Term
13	School Supportive Health Services Program (SSHSP) Cost Study	Recalibrate Medicaid Benefits and Reimbursement Rates	Increase Federal Medicaid Funding by determining actual costs incurred by school districts and counties providing School Supportive Health Services.	(\$50)	Short Term
14	Restructure Reimbursement for Proprietary Nursing Homes	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate the "return on" and "return of" equity and residual reimbursement provided in the capital nursing home rate for proprietary nursing homes.	(\$44)	Short Term
15	Rebuild NY Preferred Drug List	Recalibrate Medicaid Benefits and Reimbursement Rates	Change the way the preferred drug list is developed, in order to increase savings.	(\$38)	Short Term
16	Implement Pricing Reimbursement Methodology for NHs	Recalibrate Medicaid Benefits and Reimbursement Rates	Implement a Statewide pricing methodology for nursing homes, adjusted for differences in labor costs and case mix and includes multi-year transition pool to smooth impacts.	(\$38)	Short Term
17	Select reductions in fee-for-service dental payment	Recalibrate Medicaid Benefits and Reimbursement Rates	Fee-for-service dental payments will be reduced to match rates paid by managed care providers on high volume dental procedures.	(\$30)	Short Term
18	Eliminate spousal refusal.	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate the loophole that allows legally responsible relatives (spouse, parent) to refuse to financially support them in order for the other relative (spouse, child) to obtain Medicaid.	(\$28)	Short Term
19	Eliminate D&TC Bad Debt and Charity Care	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminating the DTC indigent care pool and the HCRA funds will produce additional HCRA revenue which can be redirected to other purposes.	(\$27)	Short Term
20	Eliminate State Grant Payments to Major Academic Hospitals	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate state only grant payments to major academic hospitals.	(\$25)	Short Term

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Proposal #	Short Title	Theme	Proposal Description	State Savings 2011-2012	Timeframe
21	Streamline the Processing of Nursing Home Rate Appeals	Recalibrate Medicaid Benefits and Reimbursement Rates	Continue the cap on the annual \$ amount of rate appeals to be processed; permanently authorize the Department to prioritize and streamline appeals processing by entering into negotiated settlements.	(\$20)	Short Term
22	Pay Ambulette Dialysis Equivalent Rate to Adult Day Health Care	Recalibrate Medicaid Benefits and Reimbursement Rates	Adjust reimbursement fee for ambulette transportation to/from dialysis treatment to the fee paid for adult day health care ambulette transportation.	(\$18)	Short Term
23	Coverage for Dental Prosthetic Appliances	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate or limit coverage of dentures for adults.	(\$16)	Short Term
24	Payment for Enteral Formula with Medical Necessity Criteria	Recalibrate Medicaid Benefits and Reimbursement Rates	Limit coverage of enteral formula to individuals who cannot obtain nutrition through any other means.	(\$15)	Short Term
25	APG base rate withhold for physicians carve out	Recalibrate Medicaid Benefits and Reimbursement Rates	Remove physician-related reimbursement from hospital APG payment rate structure.	(\$15)	Short Term
26	Utilization Controls on Behavioral Health Clinics	Recalibrate Medicaid Benefits and Reimbursement Rates	Reduce payment for excessive clinic utilization by establishing two outlier threshold visit levels upon which payments are reduced by a fixed percentage.	(\$13)	Short Term
27	Eliminate Empire Clinical Research Investigator Program (ECRIP) Funding	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate funding for the Empire Clinical Research Investigator Program.	(\$9)	Short Term
28	Implement a Voluntary Mail Order Program	Recalibrate Medicaid Benefits and Reimbursement Rates	Create a mail order pharmacy benefit for maintenance drugs, to take advantage of higher discounts.	(\$8)	Short Term
29	Accelerate Transportation Manager Contracts	Recalibrate Medicaid Benefits and Reimbursement Rates	Accelerate DOH's procurement of regional transportation management contracts in the Hudson Valley, NYC, and other related common medical marketing areas using authority provided by 2010-11 budget.	(\$8)	Short Term
30	Align Payment for Prescription Footwear with Medical Necessity	Recalibrate Medicaid Benefits and Reimbursement Rates	Revise the Medicaid footwear benefit coverage criteria and payment methodology, reducing over utilization and administrative burden.	(\$7)	Short Term
31	Eliminate worker recruitment and retention	Recalibrate Medicaid Benefits and Reimbursement Rates	The Worker Recruitment and Retention add-on to Medicaid rates will be eliminated due to the significant investment in ambulatory care rates through the implementation of APGs.	(\$7)	Short Term
32	Prior Authorization for Exempt Drug Classes	Recalibrate Medicaid Benefits and Reimbursement Rates	Allow prior authorization under the Preferred Drug Program (PDP) for the following drug classes: anti-depressants, atypical anti-psychotics, anti-retrovirals and immunosuppressants.	(\$6)	Short Term
33	Chemical Dependence Inpatient Rehabilitation (IPR) Redesign to Enhance FFP	Recalibrate Medicaid Benefits and Reimbursement Rates	Move inpatient rehabilitation services from fee-for-service to managed care to lower rates and to allow the State to pursue increased federal funding for these services.	(\$5)	Short Term
34	Establish Utilization Limits for PT, OT, and Speech Therapy/Pathology	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish Utilization Limits for Physical Therapy, Occupational Therapy, Speech Therapy and Speech Language Pathology.	(\$5)	Short Term
35	Prescription Limitation to 5/month	Recalibrate Medicaid Benefits and Reimbursement Rates	Limit the number of brand name prescriptions that a beneficiary could receive to five (5) per month.	(\$4)	Short Term
36	Contract Dental Management Vendor for FFS & MMC	Recalibrate Medicaid Benefits and Reimbursement Rates	Centralize all dental and orthodontic benefit administration for all Medicaid beneficiaries with a dental benefits management vendor.	(\$3)	Short Term
37	Eliminate Case Mix Adjustment for AIDS Nursing Services in Certain Long Term Care Settings	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate CMI adjustment for AIDS Nursing Services in the Certified Home Health Agency and Long Term Home Health Care Program.	(\$3)	Short Term
38	Remove Transportation as a Covered Benefit from Managed Care Plans	Recalibrate Medicaid Benefits and Reimbursement Rates	Carveout transportation from the Medicaid managed care organization benefit package, to reduce costs and medical provider administrative burdens through state transportation management initiatives.	(\$3)	Short Term
39	Comprehensive Hemophilia Treatment Centers w/factor programs	Recalibrate Medicaid Benefits and Reimbursement Rates	Obtain blood factor products from Hemophilia Treatment Centers (HTCs), so that Medicaid can access 340B rates.	(\$3)	Short Term
40	Allow LPNs to do assessments in LTC settings	Recalibrate Medicaid Benefits and Reimbursement Rates	Modify the education law to would allow LPNs to do assessments on resident conditions.	(\$3)	Short Term

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41	Eliminate and Reprogram Area Health Education Center (AHEC) Funding	Recalibrate Medicaid Benefits and Reimbursement Rates	Reprogram current Area Health Education Center Funding (AHEC) funding for a new Public Health Services Corp. initiative.	(\$2)	Short Term
42	Limit Medicaid coverage for compression stockings	Recalibrate Medicaid Benefits and Reimbursement Rates	Limits Medicaid coverage for stockings to the Medicare criteria and includes coverage during pregnancy.	(\$2)	Short Term
43	Eliminate Part D Drug Wrap in Medicaid	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate Medicaid coverage and reimbursement of drugs that are available to Medicaid/Medicare dual eligible beneficiaries through their Medicare Part D plans.	(\$1)	Short Term
44	Limit Payment for Podiatry to Qualified Medicare Beneficiaries (QMBs) and Recipients under 21	Recalibrate Medicaid Benefits and Reimbursement Rates	Limit reimbursement for podiatry to Qualified Medicare Beneficiaries (QMB) and recipients under 21.	(\$1)	Short Term
45	Discontinue HIV Specialty Pharmacy Reimbursement	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate the HIV Specialty Pharmacy designation and the associated higher reimbursement rate.	(\$1)	Short Term
46	Reimburse for Observation Services in Hospital	Recalibrate Medicaid Benefits and Reimbursement Rates	Reimburse for Observation Services in Hospital, may result in decreased inpatient admission.	(\$1)	Short Term
47	Allow Denials for Clinical Drug Review Program	Recalibrate Medicaid Benefits and Reimbursement Rates	Amend existing legislation to allow Clinical Drug Review Program (CDRP) prior authorization requests to be denied when clinical criteria are not met.	(\$1)	Short Term
48	Enhance NYS Leverage for Direct Supplemental Rebates	Recalibrate Medicaid Benefits and Reimbursement Rates	Allow the Commissioner of Health more flexibility when directly negotiating with drug manufacturers in seeking higher supplemental rebates.	(\$1)	Short Term
49	Reimburse Art 28 clinics for HIV counseling/testing using APGs	Recalibrate Medicaid Benefits and Reimbursement Rates	Incorporate Medicaid payment to Article 28 clinics for HIV counseling and testing services into the Ambulatory Patient Group(APG) payment structure.	(\$1)	Short Term
50	Create a new Medicaid model of care for the existing AIDS Adult Day Health Care program	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish and pay for a less-intensive AIDS adult day health care service which would be reimbursed at a lower rate than is currently being paid.	(\$1)	Short Term
51	Limit Coverage of Eyeglass Replacement	Recalibrate Medicaid Benefits and Reimbursement Rates	Limit eyeglass replacement once every 24 months.	(\$1)	Short Term
52	Tightening The Early Refill Process	Recalibrate Medicaid Benefits and Reimbursement Rates	Tighten up requirements for obtaining authorization to fill a prescription when it is denied because it has been "refilled too soon."	(\$1)	Short Term
53	Revise Inpatient Detox Reimbursement to Incentivize Step-Down Care	Recalibrate Medicaid Benefits and Reimbursement Rates	Change reimbursement for medically managed withdrawal (detoxification) to incentivize shorter lengths of stay.	(\$1)	Short Term
54	Adjust 340B Drug payment in 340B-eligible clinics via APGs	Recalibrate Medicaid Benefits and Reimbursement Rates	Adjust payment downward for 340B Drugs in 340B-eligible clinics, under APGs.	(\$0)	Short Term
55	Increase coverage of tobacco cessation counseling	Recalibrate Medicaid Benefits and Reimbursement Rates	Expand existing tobacco cessation counseling coverage in Medicaid to include all women (not only pregnant women) and men.	(\$0)	Short Term
56	Amend Nursing Home Transition Diversion Waiver to Replace Aggregate Cap with Individual Cap	Recalibrate Medicaid Benefits and Reimbursement Rates	Changes waiver structure to move from aggregate cap to individual cap.	(\$0)	Short Term
57	Limit opioids to a four prescription fill limit every thirty days.	Recalibrate Medicaid Benefits and Reimbursement Rates	Limit opioid prescriptions to a four prescriptions fill limit every thirty days for Medicaid beneficiaries.	(\$0)	Short Term
58	Designate Preferred Status for Therapeutic Classes	Recalibrate Medicaid Benefits and Reimbursement Rates	Accelerate the collection of supplemental rebates by allowing the Commissioner of Health to designate certain drugs/therapeutic classes as preferred until the Pharmacy and Therapeutics Committee may review.	(\$0)	Short Term
59	Clinical Advisory Committee on Health & Emerging Technologies (CACHET)	Recalibrate Medicaid Benefits and Reimbursement Rates	Create a group of clinical experts to review current Medicaid benefits and technology coverage policies.	\$0	Short Term
60	Delink Workers Compensation and No Fault Rates from Medicaid	Recalibrate Medicaid Benefits and Reimbursement Rates	Delink Worker's Compensation and No Fault (WCNF) rates from the Medicaid fee-for-service (FFS) inpatient rates.	\$0	Short Term

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61	Home Care Worker Parity - For Certain Long Term Care Settings	Recalibrate Medicaid Benefits and Reimbursement Rates	Require as a condition of provider enrollment in the Medicaid program that all Certified Home Health Agencies, Long Term Home Health Care Programs, and MLTC to comply with any local living wage law.	\$0	Short Term
62	IDA Financing	Recalibrate Medicaid Benefits and Reimbursement Rates	Propose legislation to allow Industrial Development Agencies to provide financing for health care facilities, including hospitals, nursing homes, assisted living, retirement communities and Continuing Care Retirement Communities (CCRCs).	\$0	Short Term
63	Reimbursement for dedicated preconception visits	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish reimbursement for a preconception visit for all women and adolescents.	\$0	Short Term
64	Provide direct reimbursement for NPs and PAs in clinics.	Recalibrate Medicaid Benefits and Reimbursement Rates	Provide direct reimbursement for Nurse Practitioners and Physician Assistants in clinics.	\$0	Short Term
65	Eliminate copays for some preventative services	Recalibrate Medicaid Benefits and Reimbursement Rates	The ACA provides 1% additional Federal Financial Participation (FFP) to states that eliminate copayments for select preventative services. FFP increase partially offsets the copay loss.	\$1	Short Term
66	Revise Indigent Care Pool Distributions to align with Federal Reform	Recalibrate Medicaid Benefits and Reimbursement Rates	Reduce payment & revise Indigent Care methodology consistent with Federal reform. Option for safety net hospital pool under consideration.	\$140	Short Term
67	Assist preservation of essential Safety-net Hospitals	Recalibrate Medicaid Benefits and Reimbursement Rates	Provide operational and restructuring assistance to safety net hospitals to make critical decisions to either close, merge or restructure.	TBD	Short Term
68	Repatriate Individuals in out of state placements	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal will identify spending on out-of-state placements and seek to repatriate these individuals.	TBD	Short Term
69	Uniform Assessment Tool (UAT) for LTC	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal will implement a Uniform Assessment Tool (UAT) for long term care.	TBD	Short Term
70	Expand current statewide Patient Centered Medical Homes-PCMH	Recalibrate Medicaid Benefits and Reimbursement Rates	Expand the current Statewide Patient Centered Medical Home Program (PCMH) to more payers and broader patient participation.	TBD	Short Term
71	Address several issues related to unused medications	Recalibrate Medicaid Benefits and Reimbursement Rates	Ensure the appropriate disposal and/or return of unused medications by long term care facilities and require that unused medications be credited back to the Medicaid program.	TBD	Short Term
72	Provide Capital Reimbursement for Facilities at End of Useful Life	Recalibrate Medicaid Benefits and Reimbursement Rates	Effective 4/1/09, current law allows the capital rate for proprietary NHs at the end of their useful lives to be adjusted to reflect projects that protect safety of patients or convert beds to an alternative LTC use	TBD	Short Term
73	Reimburse Local Health Departments for environmental lead investigations for children	Recalibrate Medicaid Benefits and Reimbursement Rates	Implement Medicaid reimbursement to local health departments for investigation and care coordination services provided to children with elevated blood lead levels.	TBD	Short Term
74	Increase Medicaid payment for vaccine administration.	Recalibrate Medicaid Benefits and Reimbursement Rates	Increase Medicaid immunization administration fees for adults.	TBD	Short Term
75	Evaluate reimbursement for patients with needs inconsistent with the billed level of care.	Recalibrate Medicaid Benefits and Reimbursement Rates	Use evidence-based utilization reviews to identify patients whose needs do not support the billed level of care.	TBD	Short Term
76	Develop less intensive reimbursement model for HIV TCM	Recalibrate Medicaid Benefits and Reimbursement Rates	Cover low intensity HIV Targeted Case Management in Medicaid.	TBD	Short Term
77	Provide Additional Financial Assistance to Financially Unstable NHs	Recalibrate Medicaid Benefits and Reimbursement Rates	Provide additional funds for financially unstable nursing homes that is based on more current operating losses and require submission of restructuring plans to achieve financial stability.	TBD	Short Term
78	Hospital/Nursing Home Closure/Conversion Incentive Program	Recalibrate Medicaid Benefits and Reimbursement Rates	Make supplemental funds available on a short-term basis to assist the receiving hospital/nursing home when an area hospital/nursing home closes or consolidates.	TBD	Short Term
79	Implement Episodic Pricing for Certified Home Health Agencies	Recalibrate Medicaid Benefits and Reimbursement Rates	Implement a CHHA Episodic Pricing methodology (which is similar to the Medicare Pricing Model) and is based upon 60-day episodes of care and adjusts for case mix and labor costs.	TBD	Short Term
80	Reassess Prescription Drug Purchasing Policies	Recalibrate Medicaid Benefits and Reimbursement Rates	Require the State to reassess prescription drug purchasing and to achieve additional savings by obtaining better supplemental rebates on drug purchases.	TBD	Short Term

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81	Implement Statewide Program to Encourage NHs to Refinance Mortgages	Recalibrate Medicaid Benefits and Reimbursement Rates	Reduce nursing home capital costs by encouraging the refinancing of mortgages.	TBD	Short Term
82	Reduce Reimbursement for Potentially Preventable Conditions	Pay Providers Based On Performance	Establish a performance based payment system that reduces hospital reimbursement for potentially preventable conditions (such as bed sores and hospital acquired pneumonia).	(\$2)	Short Term
83	Require Screening Brief Intervention Referral and Treatment (SBIRT) in primary care and ER	Pay Providers Based On Performance	Provide screening, intervention and referral to treatment (SBIRT) for alcohol/drug use in primary care and ER.	(\$2)	Short Term
84	Pay on P4P basis (LTC)	Pay Providers Based On Performance	This proposal will pay nursing homes and other institutions on a Pay for Performance basis. This may include community based and/or provider specific performance measures.	\$0	Short Term
85	Pay providers on Pay for Performance (P4P) basis (Ambulatory Care)	Pay Providers Based On Performance	Pay providers on Pay for Performance (P4P) basis (Ambulatory Care). May include community based and/or provider specific performance measures.	\$0	Short Term
86	Pay on P4P basis (Behavioral H/IDD)	Pay Providers Based On Performance	Pay providers on Pay for Performance (P4P) basis (Behavioral Health). May include community based and/or provider specific performance measures.	\$0	Short Term
87	Reduce Unnecessary Hospitalizations - Community Based Pay for Performance	Pay Providers Based On Performance	Implement a community based pay for performance (P4P) payment system reform that provides financial incentives to providers to reduce unnecessary hospital admits and readmits thereby lowering cost and improving quality.	\$0	Short Term
88	Incentivize providers to screen for BH issues in children	Pay Providers Based On Performance	Pay performance incentives for primary care screening for developmental and mental health problems in children.	TBD	Short Term
89	Health homes for high cost/high need enrollees	Ensure That Every Medicaid Member is Enrolled in Managed Care	Address High cost, high need patient management through the provision of care coordination (health home) services funded with 90% federal financial participation through the ACA.	(\$42)	Short Term
90	Mandatory Enrollment in MLTC Plans/Health Home Conversion	Ensure That Every Medicaid Member is Enrolled in Managed Care	Transition Medicaid recipients age 21 and older in need of community-based long term care services into Managed Long Term Care (MLTC) plans.	(\$16)	Short Term
91	Carve In for Behavioral Health Services into Managed Care	Ensure That Every Medicaid Member is Enrolled in Managed Care	Change the Medicaid managed care benefit package to expand the scope of behavioral health services provided by plans to their members.	(\$9)	Short Term
92	Allow Restricted Recipient Program in Managed Care	Ensure That Every Medicaid Member is Enrolled in Managed Care	Authorize the Department of Health (DOH) to allow recipients in the Recipient Restriction Program (RRP) to enroll in Medicaid Managed Care.	(\$8)	Short Term
93	Implement Regional Behavioral Health Organizations	Ensure That Every Medicaid Member is Enrolled in Managed Care	Contract with regional Behavioral Health Organizations to manage the behavioral health benefit for Medicaid members.	(\$5)	Short Term
94	Increase HIV related utilization Reviews	Ensure That Every Medicaid Member is Enrolled in Managed Care	Increase utilization reviews for HIV inpatient services, outpatient services provided in hospitals and community health centers, and other HIV-related services.	(\$4)	Short Term
95	Include Personal Care Benefit in Managed Care	Ensure That Every Medicaid Member is Enrolled in Managed Care	Require Medicaid managed care plans to cover personal care services in the benefit package.	(\$2)	Short Term
96	Expand Managed Care Enrollment	Ensure That Every Medicaid Member is Enrolled in Managed Care	Authorize the Department of Health (DOH) to enroll additional non-dually eligible Medicaid recipients into mainstream Medicaid managed care programs.	(\$1)	Short Term
97	Assigning Primary Care Providers to Medicaid Enrollees	Ensure That Every Medicaid Member is Enrolled in Managed Care	Assign Primary Care Providers to Medicaid Enrollees.	(\$1)	Short Term
98	Streamline Managed care enrollment eligibility process	Ensure That Every Medicaid Member is Enrolled in Managed Care	Mandate selection of a Medicaid Managed Care plan as a condition of eligibility for Medicaid.	(\$0)	Short Term
99	Access to services not covered by managed care	Ensure That Every Medicaid Member is Enrolled in Managed Care	Require that managed care enrollees receive information pertaining to coverage denials and how to access carved out services.	\$0	Short Term
100	Enroll Non-dual eligible nursing home residents into Medicaid managed care	Ensure That Every Medicaid Member is Enrolled in Managed Care	Require enrollment of all non-dual eligible nursing residents into Medicaid managed care plans which would capitate the full range of health care services, including both acute and long term care services.	TBD	Short Term

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101	Develop Initiatives for People with Medicare and Medicaid	Ensure That Every Medicaid Member is Enrolled in Managed Care	Develop revised reimbursement mechanisms for people who are dually eligible for Medicare and Medicaid.	TBD	Short Term
102	Centralize Responsibility for Medicaid Estate Recovery Process	Ensure Consumer Protection and Promote Personal Responsibility	Authorize statewide responsibility for making Medicaid recoveries from the estates of deceased recipients, in personal injury actions and in legally responsible relative refusal cases.	(\$39)	Short Term
103	Reduce Inappropriate Use of Certain Services	Ensure Consumer Protection and Promote Personal Responsibility	Institute financial disincentives to reduce inappropriate use of C-sections, Coronary Artery Bypass Grafts (CABG) and Percutaneous Coronary Intervention (PCI).	(\$18)	Short Term
104	Increase Enrollee Copayment Amounts	Ensure Consumer Protection and Promote Personal Responsibility	Increase the enrollee copayment amount, services that co-pays apply to, and the annual co-pay capped amount.	(\$6)	Short Term
105	Consolidate patient visits	Ensure Consumer Protection and Promote Personal Responsibility	Eliminate payment for separate reimbursement where patient care can take place in one visit.	(\$2)	Short Term
106	Guidelines for Medicaid Reform	Ensure Consumer Protection and Promote Personal Responsibility	Develop Guiding Principles for Medicaid Redesign.	\$0	Short Term
107	Medicaid patient co-pay tax deduction or credit	Ensure Consumer Protection and Promote Personal Responsibility	Allow relatives (e.g., adult children) of Medicaid nursing home recipients to contribute toward the cost of their care in return for a tax credit/deduction.	\$0	Short Term
108	Educate and Incentivize Beneficiaries to appropriately use ERs/Urgent Care Centers	Ensure Consumer Protection and Promote Personal Responsibility	Educate and Incentivize Beneficiaries to appropriately use primary care providers, when Emergency Room/Urgent Care is not warranted.	TBD	Short Term
109	Patient Centered Palliative Care	Ensure Consumer Protection and Promote Personal Responsibility	Assure access to palliative care and pain management services for people with advanced, life-limiting illnesses and conditions.	TBD	Short Term
110	Promote the sugar sweetened beverage tax	Ensure Consumer Protection and Promote Personal Responsibility	Create a consumer tax on all sugar sweetened beverages purchased in NYS; use revenue to fund various health initiatives.	TBD	Short Term
111	Limit divestment and encourage private LTC insurance	Ensure Consumer Protection and Promote Personal Responsibility	This proposal will create additional plan options for the Partnership for LTC insurance program.	TBD	Short Term
112	Use incentives to encourage urgent. care/primary care over Emergency Room	Ensure Consumer Protection and Promote Personal Responsibility	Create financial incentives including differential copays to encourage Medicaid members to use urgent care/primary care instead of Emergency Room.	TBD	Short Term
113	Allow Nursing Homes to Intercept SSI Checks for Long Term NH Stays	Ensure Consumer Protection and Promote Personal Responsibility	Encourage nursing home to become representative for resident in order to intercept the Supplemental Security Income (SSI) payment in certain cases.	TBD	Short Term
114	Expand public outreach for the Partnership for Long Term Care	Ensure Consumer Protection and Promote Personal Responsibility	Create a fund to support marketing of Partnership for LTC Insurance	TBD	Short Term
115	Nursing/patient direction of HH and PC aides to assist w/ nursing care	Empower Patients and Rebalance Service Delivery	Permit nurses/patients (under their scope of practice/practice exemption) to orient/direct HHAs and PC workers to provide "nursing care" as nurses/patients are allowed with family members' and aides in the consumer directed program.	(\$20)	Short Term
116	Accelerate IPRO Review of Medically Managed Detox (Hosp) and including Ambulatory Reviews	Empower Patients and Rebalance Service Delivery	Refocus Island Peer Review Organization (IPRO) reviews of medically managed withdrawal cases based on DRG rates and ambulatory visits based on the new APG billing procedures.	(\$2)	Short Term
117	Review Coler & Goldwater Memorial Hospital Rates	Empower Patients and Rebalance Service Delivery	Reduce reimbursement to Coler-Goldwater Specialty Hospital from current per diem to facility's alternate level of care payment for patients with HIV for whom a lower level of care is more appropriate.	(\$1)	Short Term
118	Establish a new home and community-based 1915(c) Medicaid Waiver	Empower Patients and Rebalance Service Delivery	Consolidate Long Term Home Health Care Program and Nursing Home Transition Diversion into one comprehensive waiver.	(\$1)	Short Term
119	Enhance School Based Health Services care to reduce Emergency Room usage	Empower Patients and Rebalance Service Delivery	Enhance School Based Health Services primary care services to reduce Emergency Room usage.	\$0	Short Term
120	Move people out of OMH institutions	Empower Patients and Rebalance Service Delivery	Establish regional forums to bring mental health agencies and housing agencies together to discuss how to give participants appropriate levels of care.	\$0	Short Term

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Proposal #	Short Title	Theme	Proposal Description	State Savings 2011-2012	Timeframe
121	County/State Nursing Home Governance Flexibility	Empower Patients and Rebalance Service Delivery	Create a public authority that State or County nursing homes can join.	\$0	Short Term
122	Seek Federal Recognition under ACAs Balancing Incentive Payments Program	Empower Patients and Rebalance Service Delivery	Seek recognition under ACA's Balancing Incentive Payments Program. States who effectively expand the delivery of care via home and community based services are eligible for a 2% increase in FMAP.	\$0	Short Term
123	Streamline ALP admission process	Empower Patients and Rebalance Service Delivery	Streamline ALP admission process by amending State Law.	\$0	Short Term
124	Create and deploy a permanent, revolving Primary Care Capital Access Fund (PCCAF).	Empower Patients and Rebalance Service Delivery	Implement a one-time HEAL grant of \$31 million to create and deploy a permanent, revolving Primary Care Capital Access Fund (PCCAF).	\$0	Short Term
125	Bonus for high volume Medicaid physicians	Empower Patients and Rebalance Service Delivery	Pay a bonus to Medicaid Primary Care Physicians doing a higher volume of care to Medicaid patients to assure continued access to primary care services after implementation of any across the board cut.	\$2	Short Term
126	Bed Exchange Proposal	Empower Patients and Rebalance Service Delivery	Provide hospitals with financial incentives to voluntarily reduce staffed bed capacity and redirect Medicaid resources to expand outpatient/ambulatory surgery capacity.	\$8	Short Term
127	Revise Transitional Care Unit Policy	Empower Patients and Rebalance Service Delivery	Revise Transitional Care Unit policy to allow greater use of these units.	TBD	Short Term
128	Allow Long Term Home Health Care Providers to offer Hospice	Empower Patients and Rebalance Service Delivery	This proposal will seek federal approval to allow Long Term Home Health Care Programs to offer hospice services without requiring that patients disenroll from Long Term Home Health Care Program.	TBD	Short Term
129	Use State's Authority to Supervise Integration of Health Services and Providers to Minimize Anti-Trust Exposure	Empower Patients and Rebalance Service Delivery	State supervision of implementation of Health system reform strategies, (such as medical homes and accountable care organizations), that seek to improve quality, efficiency, and outcomes through increased coordination and integration.	TBD	Short Term
130	Allow Nurse Practitioners to sign Medical Evaluations for ACF/AL admissions	Empower Patients and Rebalance Service Delivery	Amend the Social Services Law to allow nurse practitioners to sign Medical Evaluations for ACF residents.	TBD	Short Term
131	Medical Malpractice Reform and Patient Safety	Eliminate Government Barriers to Quality Improvement and Cost	Create a neurological infant medical indemnity fund, cap non-economic damages in addition to exploring alternatives such as disclosure and early settlement and judge directed negotiations.	(\$234)	Short Term
132	Expand the Definition of Estate	Eliminate Government Barriers to Quality Improvement and Cost	Expand definition of "estate" to include assets that bypass probate in order to recover more assets from a deceased Medicaid recipient over age 55.	(\$1)	Short Term
133	Administrative Renewal for Aged and Permanently Disabled	Eliminate Government Barriers to Quality Improvement and Cost	Allow aged and permanently disabled with fixed incomes to be automatically renewed based on cost of living increases.	(\$0)	Short Term
134	Audit of Cost Reports (rather than certification)	Eliminate Government Barriers to Quality Improvement and Cost	Contract with independent certified public accounting (CPA) firms licensed in NYS to conduct annual field and desk audits of the Institutional Cost Reports (ICRs).	\$0	Short Term
135	Flexibility to Convert/Establish Urgent Care Centers	Eliminate Government Barriers to Quality Improvement and Cost	Support development of urgent care centers by developing a rate of payment for freestanding emergency services clinics.	\$0	Short Term
136	Eliminate 60/30 Day Notice Requirement	Eliminate Government Barriers to Quality Improvement and Cost	Eliminate the current requirement to provide 60 day or 30 day notice to providers of the proposed Medicaid rates for a future period.	\$0	Short Term
137	Disregard retirement assets such as 401K plans for MBI-WPD	Eliminate Government Barriers to Quality Improvement and Cost	As an incentive to participate in the MBI-WPD program raise the resource standard and disregard retirement accounts.	\$0	Short Term
138	Eliminate restrictions on nursing practice in Adult Care Facilities	Eliminate Government Barriers to Quality Improvement and Cost	Eliminate the restrictions on nurses' ability to function consistent with their scope of practice in adult homes, rather than requiring other nurses (not practicing in the adult home) to perform these basic duties.	\$0	Short Term
139	Implement the new waiver for Long Term Home Health Care Program	Eliminate Government Barriers to Quality Improvement and Cost	Implement the new enhancements of the Long Term Home Health Care Program waiver, initiating the opportunities for increased Medicaid cost-savings and performance.	\$0	Short Term
140	Fast Track Eligibility for Long-term Care	Eliminate Government Barriers to Quality Improvement and Cost	Utilize electronic verification of resources instead of presumptive eligibility.	\$2	Short Term

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Proposal #	Short Title	Theme	Proposal Description	State Savings 2011-2012	Timeframe
141	State Assumption of Medicaid Administration	Eliminate Government Barriers to Quality Improvement and Cost	Centralizing administration of Medicaid to improve efficiency, uniformity, and cost savings in program administration.	TBD	Short Term
142	Eliminate Barriers to Recruiting and Retaining Healthcare Workforce.	Eliminate Government Barriers to Quality Improvement and Cost	Eliminate barriers to retention and recruitment of needed health care workers, including physicians, nurses, and allied health care professionals.	TBD	Short Term
143	Continue improvements in State CON Program	Eliminate Government Barriers to Quality Improvement and Cost	Department will pursue alternative approaches to architectural reviews and pre and post opening surveys - this will also be referred to the SAGE Commission process.	TBD	Short Term
144	Eliminate Duplicative Surveillance Activities (Labs/psychiatry)	Eliminate Government Barriers to Quality Improvement and Cost	Consolidate duplicative laboratory and hospital psychiatric surveillance currently conducted by Doha. This proposal will be referred to the SAGE Commission process.	TBD	Short Term
145	Explore incentives for private, for-profit hospitals to enter NY	Eliminate Government Barriers to Quality Improvement and Cost	Explore incentives/regulatory or statutory relief for publically traded or for profit companies to assist in management of targeted provider restructuring, such as safety net hospitals.	TBD	Short Term
146	Distinct parts for Nursing Homes	Eliminate Government Barriers to Quality Improvement and Cost	Eliminate the requirement that every nursing home bed in the State be a certified Medicaid bed.	TBD	Short Term
147	Collaborate to eliminate/modify unnecessary regulations	Eliminate Government Barriers to Quality Improvement and Cost	There are a number of suggested initiatives that require both statutory and regulatory actions to reduce burdens on hospitals and other health care facilities and expand access to capital.	TBD	Short Term
148	Reduce or eliminate the local County share of the Medicaid program	Eliminate Government Barriers to Quality Improvement and Cost	Explore methods to reduce the local share contribution in Medicaid.	TBD	Short Term
149	Eliminate the need for a Certified Home Health Agency in the Assisted Living Program	Eliminate Government Barriers to Quality Improvement and Cost	Eliminate the requirement for a CHHA or Long Term Home Health Care Program to perform an assessment of the Assisted Living Program participants.	TBD	Short Term
150	Automate Eligibility Determinations and Verification	Eliminate Government Barriers to Quality Improvement and Cost	Automate eligibility determinations and verifications.	TBD	Short Term
151	Extension of Medication Aides into Nursing Homes	Eliminate Government Barriers to Quality Improvement and Cost	Permitting Medication Aides to administer medication in nursing homes under the appropriate supervision of medical and nursing staff.	TBD	Short Term
152	Eliminate Private Right of Action for Nursing Homes	Eliminate Government Barriers to Quality Improvement and Cost	Repeal 2801d of the Public Health Law which allows individuals to bring a private right of action against nursing homes.	TBD	Short Term
153	Develop innovative telemedicine applications by reducing regulatory barriers and providing payment incentives	Eliminate Government Barriers to Quality Improvement and Cost	Provide payment incentives and reduce coverage barriers to promote and enhance coverage of telemedicine and telehealth/telehome monitoring services by providing payment incentives and reduce coverage barriers.	TBD	Short Term
154	Require Providers to Reconcile Exception & Conflict Reports Statewide	Eliminate Fraud and Abuse	Requires that all CHHAs and Personal Care providers statewide utilize a point of service verification vendor, and provide exception and conflict report data to the OMIG, which includes the identity of individual providers.	(\$23)	Short Term
155	Mandate Participation in the OMIG Cardswipe Program for all Pharmacies.	Eliminate Fraud and Abuse	Requires all pharmacies billing Medicaid to participate in the OMIG Cardswipe Program (landline).	(\$13)	Short Term
156	Medicare Coordination of Benefits with Provider Submitted Duplicate Claims	Eliminate Fraud and Abuse	This proposal would require the OMIG to review claims approved and paid by Medicare for dual eligible recipients, which are also submitted to Medicaid for payment, and refine existing edit logic to prevent such duplication.	(\$10)	Short Term
157	Require Medicare Enrollment for All Ordering Physicians of Home Health Services	Eliminate Fraud and Abuse	Require that physicians who order services for dually eligible individuals be enrolled in both Medicare and Medicaid consistent with Medicare Provider Enrollment, Chain and Ownership System (PECOS) requirements.	(\$8)	Short Term
158	Requires use of BNE's online Dr. Shopper Program to curb prescription abuse	Eliminate Fraud and Abuse	Requiring that prescribers access BNE's online Dr. Shopper Program before issuing prescriptions for controlled substances.	(\$8)	Short Term
159	Each of the Medicaid agencies provides the OMIG with a list of providers which may need closer audit scrutiny	Eliminate Fraud and Abuse	Each of the Medicaid agencies provides the OMIG with a list of providers which may need closer audit scrutiny.	(\$5)	Short Term
160	Expand the OMIG Restricted Recipient Program	Eliminate Fraud and Abuse	Automatic mandatory restriction utilizing revised criteria for recipients without existing full clinical reviews by the State Medical Review Team.	(\$2)	Short Term

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161	Other Pharmacy Actions (Restock / Re-dispense, Narcotics Database, ID or Sign for Pharm.)	Eliminate Fraud and Abuse	Require the identification and signature for home delivery and receipt of prescriptions at pharmacies; requires pharmacies to restock and re-dispense returned medications from nursing homes.	(\$2)	Short Term
162	Eliminate Medicaid Payments for Medicare Part B Co-insurance	Better Align Medicaid with Medicare and ACA	Medicaid will no longer reimburse physicians the Medicare Part B coinsurance amount for patients that have both Medicare and Medicaid coverage.	(\$42)	Short Term
163	Seek Demonstration Funding to shift volume State Psych Hospitals to Voluntary Hospitals	Better Align Medicaid with Medicare and ACA	Apply for federal demo funds to shift some of the 4,000 inpatient mental health recipients from State Hospitals (Institutions for Mental Diseases) to voluntary hospitals.	(\$10)	Short Term
164	Align Medicare Part B coinsurance with Medicaid coverage	Better Align Medicaid with Medicare and ACA	Eliminate Payments to Practitioners for Medicare Part B coinsurance for non-reimbursable Medicaid services.	(\$5)	Short Term
165	Eliminate Funding for Part D Education and Outreach	Better Align Medicaid with Medicare and ACA	Eliminate State funding for Medicare Part D education and outreach.	(\$1)	Short Term
166	Dispense prescriptions for shorter durations in LTC facilities	Better Align Medicaid with Medicare and ACA	Require long term care (LTC) pharmacies to dispense medications in quantities less than 30 days to prevent waste associated with patient discharges, death or changes in medication.	(\$1)	Short Term
167	Allow Administrative Renewals in the Medicare Savings Program	Better Align Medicaid with Medicare and ACA	New York has maximized enrollment in MSP. A remaining option is to allow administrative renewals.	(\$0)	Short Term
168	ACA Implementation- Enact New York Health Insurance Exchange and Consolidate Regulation	Better Align Medicaid with Medicare and ACA	Authorize a New York Health Benefits Exchange in 2011 as a first step in implementing Affordable Care Act.	\$0	Short Term
169	Assess Large Employers for Failing to Offer Affordable Coverage (Medicaid Dumping Fine)	Better Align Medicaid with Medicare and ACA	Assess a financial penalty on employers who do not offer affordable health insurance to their workers and whose workers are enrolled in Medicaid/Family Health Plus.	TBD	Short Term
170	Change reimburse to pay for needs-based elder care	Recalibrate Medicaid Benefits and Reimbursement Rates	Create a payment reform work group composed of people with financial expertise in the provision of elder services.	\$0	Long Term
171	Reduce Medicaid Reimbursement by 4% for All Services	Recalibrate Medicaid Benefits and Reimbursement Rates	Across the board 4% cut.	\$0	Long Term
172	Sole-source contract for eyeglasses	Recalibrate Medicaid Benefits and Reimbursement Rates	Medicaid will enter into a sole-source contract for the fabrication of eyeglasses for NYC recipients.	TBD	Long Term
173	Impose Moratorium on Medicaid Rate Cuts	Recalibrate Medicaid Benefits and Reimbursement Rates	Impose Moratorium on Medicaid Rate Cuts	TBD	Long Term
174	Federal Medicare reimbursement change	Recalibrate Medicaid Benefits and Reimbursement Rates	Advocate for Federal reimbursement change.	TBD	Long Term
175	Cost screens for OASAS inpatient rehabilitation programs	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish more detailed cost screens for chemical dependence inpatient rehabilitation programs. Currently, inpatient rehabilitation providers are reimbursed on a cost-based rate. These rates vary greatly and it is proposed	TBD	Long Term
176	Site-specific Cost reporting	Recalibrate Medicaid Benefits and Reimbursement Rates	Require all cost reports to be filed with site specific cost and unit detail.	TBD	Long Term
177	Reform Delivery and Reimbursement of Medicaid Services to Foster Care Children	Recalibrate Medicaid Benefits and Reimbursement Rates	Revise Foster care per diem payment method and promote more accountable care delivery.	TBD	Long Term
178	Reduce Spending & Phase-out Long Term Home Health Care Program	Recalibrate Medicaid Benefits and Reimbursement Rates	Phase out Long Term Home Health Care in counties with sufficient managed care term care capacity.	TBD	Long Term
179	Establishing reimbursement for services delivered by community health workers.	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish community health workers as enrolled providers and develop a rate of payment in Medicaid.	TBD	Long Term
180	Ensuring access to effective contraception and other family planning services	Recalibrate Medicaid Benefits and Reimbursement Rates	Promote access to contraception and family planning services.	TBD	Long Term

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181	Coverage for obesity counseling/diabetes prevention services	Recalibrate Medicaid Benefits and Reimbursement Rates	Implement Medicaid coverage of CDC-recognized diabetes prevention programs.	TBD	Long Term
182	Enhance coordination of benefits between Medicaid and the Women, Infants, and Children (WIC) Program.	Recalibrate Medicaid Benefits and Reimbursement Rates	Require Medicaid members to utilize WIC benefits prior to using Medicaid paid services.	TBD	Long Term
183	Submit a 1915i State Plan for home and community-based services and supports for HIV Medicaid population.	Recalibrate Medicaid Benefits and Reimbursement Rates	Apply for a 1915(i) state plan amendment to include wrap-around support services to HIV-infected Medicaid recipients who are at risk of progressing to nursing home eligible status.	TBD	Long Term
184	Urge Congress to enact a single payer national health care system (H.R. 676)	Recalibrate Medicaid Benefits and Reimbursement Rates	Advocate for a single payer system of care.	TBD	Long Term
185	Prepaid Medicaid Services	Recalibrate Medicaid Benefits and Reimbursement Rates	Pre-purchasing of services for Medicaid.	TBD	Long Term
186	Create and Enhanced Case Mix Adjustment for High Cost Patients with Complex Needs	Recalibrate Medicaid Benefits and Reimbursement Rates	Create an enhanced CMI for high cost complex hard to place patients who are presently in more expensive care settings.	TBD	Long Term
187	Incentivize to Promote Innovation and Reform	Recalibrate Medicaid Benefits and Reimbursement Rates	Reimbursement innovation will reduce costs by changing incentives to increase the efficiency of care delivery and the cost-effectiveness of the health care workforce.	TBD	Long Term
188	Revise Transitional Care Units (TCU's)	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate the authorization for the operation of TCU's in the state.	TBD	Long Term
189	Modernize Insurance Law Coverage of Home Care	Recalibrate Medicaid Benefits and Reimbursement Rates	Modernize the insurance coverage benefit for home care to improve access to private coverage and reduce dependence on Medicaid.	TBD	Long Term
190	Convert Fee-for-Service Long Term Home Health Care Program to a Case Payment Based Methodology	Recalibrate Medicaid Benefits and Reimbursement Rates	Convert Fee-for-Service Long Term Home Health Care Program Reimbursement to a Case Payment Based Methodology	TBD	Long Term
191	Decrease the Incidence and Improve Treatment of Pressure Ulcers	Pay Providers Based On Performance	Decrease the Incidence and Improve Treatment of Pressure Ulcers through provider collaboration models.	TBD	Long Term
192	Consolidate Low-income Health Insurance Programs	Ensure That Every Medicaid Member is Enrolled in Managed Care	Consolidate and administer all NYS health coverage programs for low-income individuals and families on a statewide basis, under one banner (e.g. Empire State Care).	TBD	Long Term
193	Phase out of Healthy NY	Ensure That Every Medicaid Member is Enrolled in Managed Care	Terminate Healthy NY once insurance is available through the Exchange (2014). If done sooner for savings in 2012-13, 170,000 lose coverage with no alternative.	TBD	Long Term
194	Capitation Partnership	Ensure That Every Medicaid Member is Enrolled in Managed Care	Explore utility of partial and global capitation payment models in maintaining or reducing health care costs while improving patient care coordination.	TBD	Long Term
195	Coordinate Services for Public Assistance	Ensure Consumer Protection and Promote Personal Responsibility	Coordinate Services for Public Assistance - reaching out for more information - may be referred to SAGE.	TBD	Long Term
196	Supportive Housing Initiative	Ensure Consumer Protection and Promote Personal Responsibility	Establish a supportive housing program to prevent inappropriate nursing home placement.	TBD	Long Term
197	Reduce regional and provider variation in service efficiency and quality in the arena of Cardiac Surgery and	Ensure Consumer Protection and Promote Personal Responsibility	Reduce regional and provider variation in service efficiency and quality in the arena of Cardiac Surgery and Percutaneous Coronary Intervention (PCI).	TBD	Long Term
198	Review limitations on use of bedrails in LTC facilities	Ensure Consumer Protection and Promote Personal Responsibility	Evaluate Policies on bedrails and restraints.	TBD	Long Term
199	More marketing of programs such as premium assistance and MBI-WPD.	Ensure Consumer Protection and Promote Personal Responsibility	Implement a marketing campaign for premium assistance and MBI-WDP.	TBD	Long Term
200	Change in scope of practice for mid-level providers to promote efficiency lower Medicaid costs.	Empower Patients and Rebalance Service Delivery	Need to more broadly define scope of practice for mid level practitioners and create expanded access to peer based services.	\$0	Long Term

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201	NH/ALP 6,000 Program Elimination	Empower Patients and Rebalance Service Delivery	Repeal authorization for additional 6000 Assisted Living Program (ALP) beds.	\$0	Long Term
202	Expand Assisted Living Options for Medicaid-Eligible Individuals	Empower Patients and Rebalance Service Delivery	Expand options for Medicaid-eligible individuals to receive assisted living services, preventing nursing home placement at a greater cost to Medicaid.	\$3	Long Term
203	Facilitate Enrollment In Federal CLASS ACT	Empower Patients and Rebalance Service Delivery	Promote and facilitate enrollment in the Community Living Assistance Services and Supports (CLASS ACT)	TBD	Long Term
204	Re-establish the BH Housing Shortage Workgroup	Empower Patients and Rebalance Service Delivery	Re-establish a multi-stakeholder housing workgroup to make recommendations on housing shortages that impact patients with mental health, chemical dependency or developmental disabilities.	TBD	Long Term
205	Improve access to care by utilizing Mobile Health Clinics	Empower Patients and Rebalance Service Delivery	Improve access to primary and preventive care via mobile clinics for the purpose of reducing the use of emergency departments for non-emergent care.	TBD	Long Term
206	Evaluation of Best Practices in Existing LTC Programs	Empower Patients and Rebalance Service Delivery	Evaluate the existing programs for managing patients in the community to determine best practices.	TBD	Long Term
207	Establish the Center for Health System Innovation within the Dept of Health	Empower Patients and Rebalance Service Delivery	Referred to SAGE Commission for further development.	TBD	Long Term
208	Accelerate State takeover of administration of Medicaid long-term care programs.	Empower Patients and Rebalance Service Delivery	Centralize administration of waiver and other LTC programs which would lead to greater accountability and consistency of service authorization.	TBD	Long Term
209	Expand Hospice	Empower Patients and Rebalance Service Delivery	Explore options for expanding hospice in all appropriate settings.	TBD	Long Term
210	Allow Nursing Homes to resize or develop non institutional alternatives with funding for transition	Empower Patients and Rebalance Service Delivery	The State to provide financial incentive and offset revenue loss to allow for the elimination of nursing home beds while providing individuals the ability to live in a less restrictive environment.	TBD	Long Term
211	Amend patient discharge regulations	Empower Patients and Rebalance Service Delivery	Amend existing regulations to allow nursing homes to discharge residents for the non- payment of the Net Amount Monthly Income (NAMI) and/or failure to provide funds to cover Medicare co-insurance expenses.	TBD	Long Term
212	Include Medicaid in Health Information Exchange (HIE)	Empower Patients and Rebalance Service Delivery	Support policy and technical solutions for health information exchange	TBD	Long Term
213	Enhance support for family and other "informal" care givers	Empower Patients and Rebalance Service Delivery	Evaluate support option for family/informal care givers.	TBD	Long Term
214	Downsize Nursing Homes through Incentives and Residential alternatives	Empower Patients and Rebalance Service Delivery	Downsize Nursing Homes through Incentives and Residential alternatives	TBD	Long Term
215	Enhance Nursing Home Care Coordination	Empower Patients and Rebalance Service Delivery	Require NHs and MLTC plans in areas where they are available to enter into contractual arrangements to evaluate all potential admissions and to provide care coordination to all residents.	TBD	Long Term
216	Expand Nursing Home Diversion to Long Term Home Health Care Program	Empower Patients and Rebalance Service Delivery	Enhance enforcement of section 367-c of the social services law, which diverts nursing home-eligible patients to home care.	TBD	Long Term
217	Create an office for development of patient-centered primary care initiatives	Eliminate Government Barriers to Quality Improvement and Cost	Create an office for development of patient-centered primary care initiatives. Reinvest cost from other less critical functions into this office. Refer to SAGE process.	\$0	Long Term
218	State Take Over and Enforce the Collection of NAMI	Eliminate Government Barriers to Quality Improvement and Cost	State Take Over and Enforce the Collection of NAMI Presently facilities are forced to collect Net Available Monthly Income (NAMI) debt.	\$0	Long Term
219	Advocate Changes to Federal EMTALA Rules	Eliminate Government Barriers to Quality Improvement and Cost	Reforming the Emergency Medical Treatment And Labor Act (EMTALA) will decrease unnecessary emergency department care for patients whose conditions are not emergent, increasing efficiency and reducing costs.	TBD	Long Term
220	Revise NH and HC Documentation Requirements	Eliminate Government Barriers to Quality Improvement and Cost	Evaluate current document requirements to eliminate and/or streamline.	TBD	Long Term

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221	Administrative Simplification	Eliminate Government Barriers to Quality Improvement and Cost	This proposal will be referred to the SAGE Commission.	TBD	Long Term
222	Healthcare Information Technology Funding	Eliminate Government Barriers to Quality Improvement and Cost	Pursue HIT Funding in consultation with Stakeholders.	TBD	Long Term
223	Consolidate and create ONE agency who will regulate and oversee ALL Long Term Care needs.	Eliminate Government Barriers to Quality Improvement and Cost	Create one agency for regulation and surveillance of Long Term Care. This proposal will be referred to the SAGE Commission.	TBD	Long Term
224	Allow Electronic Fund Payments (EFT) in Medicaid	Eliminate Government Barriers to Quality Improvement and Cost	Allow EFT transfers to improve provider cash flow.	TBD	Long Term
225	Create an All Payer Claims System (expanded SPARCS system)	Eliminate Government Barriers to Quality Improvement and Cost	Expand the State's data collection process to include all services from all payers.	TBD	Long Term
226	Establish a Rate Setting Advisory Commission	Eliminate Government Barriers to Quality Improvement and Cost	This proposal will be referred to the SAGE Commission.	TBD	Long Term
227	Consolidate Oversight of Health Coverage	Eliminate Government Barriers to Quality Improvement and Cost	This proposal will be referred to the SAGE Commission Process.	TBD	Long Term
228	Adjust cost compared to Similar States	Eliminate Government Barriers to Quality Improvement and Cost	Compare NYS payments to other State's and make changes as appropriate.	TBD	Long Term
229	Assisted Living facility discharge policy change	Eliminate Government Barriers to Quality Improvement and Cost	Eliminate the ability of Adult Care Facilities to be able to discharge a resident due to their inability to pay.	TBD	Long Term
230	Support affordable legislation that supports affordable, comprehensive LTC insurance products	Eliminate Government Barriers to Quality Improvement and Cost	Enhance existing NYS Tax credit for the purchase of certain long term care insurance policies.	TBD	Long Term
231	Medical Savings Account (MSA)	Eliminate Government Barriers to Quality Improvement and Cost	Establish Medical Savings account demonstration program for Long Term Care.	TBD	Long Term
232	Allow IRA, 401K etc. withdrawals without penalty for LTC payments	Eliminate Government Barriers to Quality Improvement and Cost	Provide additional options for individual financing of LTC services and supports.	TBD	Long Term
233	Create incentive to access home equity as a means to purchase LTC insurance	Eliminate Government Barriers to Quality Improvement and Cost	Create incentive to access home equity as a means to purchase LTC insurance	TBD	Long Term
234	Allow public company's to operate of NHS	Eliminate Government Barriers to Quality Improvement and Cost	Allow publicly traded companies (PTCs) to operate facilities in NYS.	TBD	Long Term
235	Streamline Quality Reporting	Eliminate Government Barriers to Quality Improvement and Cost	Quality reporting brings associated costs to the state and hospitals. In order to allow the state to focus on collecting data for the most critical quality and patient safety issues, the state should:	TBD	Long Term
236	Reorganize ACF/AL survey process to focus on poor performing facilities and "look-alikes"	Eliminate Government Barriers to Quality Improvement and Cost	Reorganize Adult Care Facility and Assisted Living Survey process	TBD	Long Term
237	More Efficient Home Health Aide Orientation	Eliminate Government Barriers to Quality Improvement and Cost	Reform the state's supervision and orientation regulations for home health aides and personal care workers.	TBD	Long Term
238	Provide Better Audit Coordination	Eliminate Fraud and Abuse	OMIG will lead and effort to coordinate in State Audits of the Medicaid Program.	TBD	Long Term
239	Expedite Medicaid billing	Eliminate Fraud and Abuse	Align Medicaid's claiming limit with Medicare's rule - 1 year rule (Medicare) versus 90 day (Medicaid).	TBD	Long Term
240	Audit to confirm consistency for supply and medication claims	Eliminate Fraud and Abuse	Develop audit capabilities to ensure that there is consistency between diagnoses recorded in medical records / claims submitted by providers	TBD	Long Term

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241	ACA Implementation - Basic Health Plan/Public Option	Better Align Medicaid with Medicare and ACA	Adopt the Basic Health Plan option in the Affordable Care Act (ACA). Include a public option as a health insurance choice in the Exchange.	TBD	Long Term
242	Explore different payment models	Recalibrate Medicaid Benefits and Reimbursement Rates	Explore incentive based payments such as global budgets, bundled payments, and an expansion to selective contracting.	TBD	Long /Short Term
243	Implement Accountable Care Organizations (ACOs) for Medicaid	Ensure That Every Medicaid Member is Enrolled in Managed Care	Explore reimbursement models to implement Accountable Care Organizations (ACOs) for Medicaid beneficiaries. Need guidance from CMS.	TBD	Long /Short Term
244	Salary Incentives to Residents in Medically Underserved Communities	Empower Patients and Rebalance Service Delivery	Provide funds to teaching hospitals for enhanced salaries for medical residents who will work in medically under-served NYS communities after training; funded from a redirection of current GME.	\$0	Long /Short Term
245	Eliminate Optional Services Unless Enrolled in a Medical Home	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate Optional Services Unless Enrolled in a Medical Home.	TBD	Concerns - Under Review
246	Limit OTC products	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal would limit coverage for non-prescription, Over-the-Counter (OTC) drugs.	TBD	Concerns - Under Review
247	Allow only Physicians to Bill for Injectibles	Recalibrate Medicaid Benefits and Reimbursement Rates	Allow only Physicians to Bill for Injectibles - access concerns exist.	TBD	Concerns - Under Review
248	Adopt VA drug formulary	Recalibrate Medicaid Benefits and Reimbursement Rates	Adopt VA drug formulary for Medicaid - VA has closed formulary and Medicaid can not limit drug access in this way.	TBD	Concerns - Under Review
249	County leaders should be allowed to set the breadth of the Medicaid program	Recalibrate Medicaid Benefits and Reimbursement Rates	Give counties the ability to define to what services their Medicaid population would be eligible to receive.	TBD	Concerns - Under Review
250	Require Medicaid Enrollees to obtain a doctors order for Over the Counter (OTC) drugs	Recalibrate Medicaid Benefits and Reimbursement Rates	Require Medicaid Enrollees to obtain a doctors order for Over the Counter (OTC) drugs - fiscal order is already required for OTCs.	TBD	Concerns - Under Review
251	Extended coverage of nicotine replacement treatment	Recalibrate Medicaid Benefits and Reimbursement Rates	Extended coverage of Medicaid coverage of nicotine replacement treatment for persons with serious mental illness (SMI) from 6 months to 12 months - linked to proposal 130.	TBD	Concerns - Under Review
252	Medicaid should be a Federal Benefit	Recalibrate Medicaid Benefits and Reimbursement Rates	Relieve states from financial burden by having Medicaid become a Federal benefit.	TBD	Concerns - Under Review
253	Allow use of non-enrolled providers and reimburse up to the FFS rate.	Recalibrate Medicaid Benefits and Reimbursement Rates	Allow use of non-enrolled providers and reimburse up to the FFS rate.	TBD	Concerns - Under Review
254	Pool drug & supply purchasing contracts	Recalibrate Medicaid Benefits and Reimbursement Rates	Pool non-Medicaid purchasing for state owned facilities - not a Medicaid proposal.	TBD	Concerns - Under Review
255	Expand the exclusion list of drugs carved out of the nursing home rate.	Recalibrate Medicaid Benefits and Reimbursement Rates	Expand the exclusion list of drugs carved out of the nursing home rate. This proposal is in the process of being implemented.	TBD	Concerns - Under Review
256	Return of For-Profit Health Plan profits	Ensure That Every Medicaid Member is Enrolled in Managed Care	Require For Profit Health Plans to return Medicaid profits back to the community.	TBD	Concerns - Under Review
257	Revenue suggestions	Ensure Consumer Protection and Promote Personal Responsibility	Revenue suggestions - seeking clarity on this proposal.	TBD	Concerns - Under Review
258	Utilize sustainable energy technology	Ensure Consumer Protection and Promote Personal Responsibility	Utilize sustainable energy technology	TBD	Concerns - Under Review
259	Standardize look back periods in LTC	Ensure Consumer Protection and Promote Personal Responsibility	The look back periods are standardized. Need more information.	TBD	Concerns - Under Review
260	Permitting continued Medicaid eligibility/coverage for high-risk women following a pregnancy	Ensure Consumer Protection and Promote Personal Responsibility	Permitting continued Medicaid eligibility/coverage for high-risk women following a pregnancy and case management services. Seeking clarification Is this eligibility expansion or renewal effort?	TBD	Concerns - Under Review

Proposals to Redesign NYS Medicaid

- All savings and spending estimates are preliminary and many are being refined or revised.
 - This table is a draft summary extract of each proposal - Title and Proposal Description columns are abbreviated. Full one page descriptions of each proposal are being finalized.

PRELIMINARY DRAFT - Preliminary Proposal List and Savings - Proposals are neither endorsed nor opposed by the Executive.

Proposal #	Short Title	Theme	Proposal Description	State Savings 2011-2012	Timeframe
261	Cap hospital executive salaries included in cost reports for Indigent Care	Empower Patients and Rebalance Service Delivery	Exclude a certain portion of executive salary from indigent care calculation. Concerns exist with this proposal since indigent care reform will need conform with Federal reform.	TBD	Concerns - Under Review
262	Maximize Medicare utilization to reduce Medicaid cost	Empower Patients and Rebalance Service Delivery	Maximize Medicare utilization to reduce Medicaid cost - seeking more detail.	TBD	Concerns - Under Review
263	Involvement of Unions in MRT	Empower Patients and Rebalance Service Delivery	Involvement of Unions in MRT	TBD	Concerns - Under Review
264	Apply HCRA Surcharges to Office Based Surgery	Eliminate Government Barriers to Quality Improvement and Cost	Broaden the HCRA surcharge to include accredited office based surgery practices in addition to requiring all insurers to pay a facility fee to these practices	TBD	Concerns - Under Review
265	Eliminate the resource test for SSI disabled individuals, except for those seeking NH level of care	Eliminate Government Barriers to Quality Improvement and Cost	Not viable. Federal rules require rules be consistent across category, thus they cannot vary by service. The resource test cannot be eliminated for a subset of the SSI-related population (non-LTC).	TBD	Concerns - Under Review
266	Extend MBI-WPD so that individuals can participate beyond 65th birthday.	Eliminate Government Barriers to Quality Improvement and Cost	Not Viable - the age limit is a federal law.	TBD	Concerns - Under Review
267	Allow OPWDD disability determinations to be used for Medicaid eligibility	Eliminate Government Barriers to Quality Improvement and Cost	The NYSDOH Disability Review Team currently determines disability for OPWDD consumers. Disability determinations for Medicaid must be consistent with Social Security Administration's (SSA's) disability guidelines.	TBD	Concerns - Under Review
268	Allow OPWDD Revenue Support Field Offices to administer Medicaid (eligibility) for I/DD Population	Eliminate Government Barriers to Quality Improvement and Cost	Allowing OPWDD's Revenue Support Field Offices to administer Medicaid for the developmentally disabled population is contrary to State takeover of the administration of the Medicaid program.	TBD	Concerns - Under Review
269	Home Care Regulatory Relief	Eliminate Government Barriers to Quality Improvement and Cost	Provide for regulatory relief to reduce state and provider costs and to permit improved, more efficient functioning of the system.	TBD	Concerns - Under Review
270	Improve eMedNY	Eliminate Fraud and Abuse	Improve eMedNY - seeking clarification	TBD	Concerns - Under Review
271	Come down on Medicaid Fraud/Abuse	Eliminate Fraud and Abuse	Come down on Medicaid Fraud/Abuse - More specific proposals exists in this area.	TBD	Concerns - Under Review
272	Implement biometric IDs for Medicaid enrollees.	Eliminate Fraud and Abuse	Implement biometric IDs for Medicaid enrollees. Potential legal issues.	TBD	Concerns - Under Review
273	Drug Testing	Eliminate Fraud and Abuse	Drug Testing of Medicaid Recipients - potential legal issues.	TBD	Concerns - Under Review
274	Criminal Penalty for Prohibitive Asset Transfer	Eliminate Fraud and Abuse	State cannot change the Medicaid transfer of asset rule (other than by applying it to home care and personal care) without jeopardizing Federal financial participation.	TBD	Concerns - Under Review