Proposals to Redesign NYS Medicaid (MRT Meetings Feb 24-25, 2011)

BY PROGRAM AREA / SECTOR

DRAFT - Proposals are neither endorsed nor opposed by the Executive.

Pro-posal #	Page #	Short Title	Program Area / Sector	Proposal Description	State Savings 2011-12
4651	229	Global Spending Cap on Medicaid Expenditures	All Sector Crossover	Limits total Medicaid spending to no greater than four percent annual growth, in essence establishing a global spending cap on Medicaid expenditures.	
67	87	Assist Preservation of Essential Safety-Net Hospitals, Nursing Homes and D&TCs	All Sector Crossover	Provide operational and restructuring assistance to safety net hospitals, nursing homes and clinics to make critical decisions to either close, merge or restructure. Potential sources of assistance are MA, HEAL, etc.	$ -
147	153	Eliminate or modify unnecessary regulations and improvements for capital access	All Sector Crossover	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.	$ -
200	171	Change in scope of practice for mid-level providers to promote efficiency and lower cost	All Sector Crossover	Expand the scope of practice for RNs, LPNs and home health aides to improve access to services and decrease associated costs in delivering services.	$ -
1058	195	Maximize Peer Services	All Sector Crossover	Explore Medicaid reimbursement for peer services such as support, care coaches and recovery coaches.	$ -
1451	206	Establish various MRT workgroups	All Sector Crossover	The MRT will estalish various workgroups to focus discussion on major reform issues.	
141	148	Accelerate State Assumption of Medicaid Program Authorization	Benefits and Coverage	Accelerate State assumption of Medicaid program authorization for Managed Long Term Care.	$ -
18	49	Eliminate spousal refusal.	Eligibility	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.	$ (28.30)
132	137	Expand the Definition of Estate	Eligibility	Expand definition of "estate" to include assets that bypass probate in order to recover more assets from a deceased Medicaid recipient over age 55.	$ (1.10)
133	139	Administrative Renewal for Aged and Permanently Disabled	Eligibility	Allow aged and permanently disabled with fixed incomes to be automatically renewed based on cost of living increases.	$ (0.20)
137	144	Disregard retirement assets such as 401K plans for MBI-WPD	Eligibility	As an incentive to participate in the MBI-WPD program raise the resource standard and disregard retirement accounts.	$ 0.50
150	156	Develop an Automated Exchange/Medicaid Eligibility System	Eligibility	The most important redesign with greatest potential for efficiency will come from creating an automated Exchange/Medicaid eligibility system.	$ -
1029	190	Enrollment and Retention Simplification	Eligibility	Implement several enrollment and retention simplification initiatives.	$ (0.10)
1032	193	Establish a Housing Disregard as Incentive to Join MLTC	Eligibility	Allow nursing home eligibile individuals to receive a disregard of a portion of housing expenses if they join a Managed Long Term Care Plan.	$ -
1116	198	Apply 60 Month Look Back Period to Non-Institutional LTC	Eligibility	Apply the 60 month look back period for transfer of assets to non-institutional long-term care applicants with spousal impoverishment protections.	$ -
154	161	Enhance and improve the State's Medicaid program integrity efforts.	Fraud and Abuse	Enhance and improve the State's Medicaid program integrity efforts through coordination of audit and other fraud, waste and abuse activities and collaboration with other State and Federal entities.	$ (80.30)
13	13	Preschool/School Supportive Health Services Program (SSHSP) Cost Study	FS Clinic & Practitioner	Increase Federal Medicaid Funding by determining actual costs incurred by school districts and counties providing Preschool/School Supportive Health Services (SSHSP).	$ (50.00)
17	47	Reduce fee-for-service dental payment on select procedures	FS Clinic & Practitioner	Fee-for-service dental payments should be reduced to match rates paid by managed care providers on high volume dental procedures.	$ (27.70)
24	54	Payment for Enteral Formula with Medical Necessity Criteria	FS Clinic & Practitioner	This proposal would provide coverage of enteral formula to individuals who cannot obtain nutrition through any other means.	$ (15.40)
26	59	Utilization Controls on Behavioral Health Clinics	FS Clinic & Practitioner	Under this proposal, mental hygiene clinic rates would be lowered at two outlier threshold levels based on the number of clinic visits a given patient receives during a 12 month period.	$ (13.30)

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30	64	Align Payment for Prescription Footwear with Medical Necessity	FS Clinic & Practitioner	This proposal would update the Medicaid footwear benefit coverage criteria and payment methodology, reducing over utilization and administrative burden.	$ (7.35)
31	66	Eliminate worker recruitment and retention	FS Clinic & Practitioner	The Worker Recruitment and Retention add-on to Medicaid rates should be eliminated due to the significant investment in ambulatory care rates through the implementation of APGs.	$ (6.50)
34	68	Establish Utilization Limits for PT, OT, and Speech Therapy/Pathology	FS Clinic & Practitioner	Establish Utilization Limits for Physical Therapy, Occupational Therapy, Speech Therapy and Speech-Language Pathology forpractitioner and clinic.	$ (2.47)
42	74	Limit MA coverage for compression stockings to the MC criteria, coverage during pregnancy.	FS Clinic & Practitioner	This proposal limits Medicaid coverage for stockings to the Medicare criteria and includes coverage during pregnancy.	$ (1.07)
49	76	Reimburse Art 28 clinics for HIV counseling/testing using APGs	FS Clinic & Practitioner	Medicaid will incorporate payment to Article 28 clinics for HIV counseling and testing services into the Ambulatory Patient Group (APG) payment structure.	$ (0.20)
55	80	Increase coverage of tobacco cessation counseling	FS Clinic & Practitioner	Expand existing tobacco cessation counseling coverage in Medicaid to include all women (not only pregnant women) and men.	$ 0.31
70	95	Expand current statewide Patient-Centered Medical Homes (PCMH)	FS Clinic & Practitioner	Expand the current Statewide Patient Centered Medical Home Program (PCMH) to more payers and broader patient participation.	$ 17.41
83	101	Expand SBIRT for alcohol/drug to hospital clinic, DTC and office settings.	FS Clinic & Practitioner	Expand screening, intervention and referral to treatment (SBIRT) for alcohol/drug use beyond the ER setting. Untreated addictions drive up hospital readmissions and over-utilization of ERs.	$ (0.85)
104	121	Increase Enrollee Copayment Amounts for MA FFS and FHP; Require Copayments for CHP	FS Clinic & Practitioner	For Medicaid fee-for-service and Family Health Plus: increase co-pays, add new co-pays, increase annual cap; implement co-pay for CHPlus. Exemptions include: pregnancy; under age 21; nh residents.	$ (7.50)
164	164	Align Medicare Part B clinic coinsurance with Medicaid coverage and rates	FS Clinic & Practitioner	The Medicare Part B coinsurance will not be paid for certain physician services not covered by Medicaid.	$ (8.55)
217	175	Create an office for development of patient-centered primary care initiatives	FS Clinic & Practitioner	Create an office for development of patient-centered primary care initiatives.	$ -
264	180	Apply HCRA Surcharges to Physician Office Based Surgery and Radiology Services	FS Clinic & Practitioner	Implement a broad based and uniform surcharge on surgery and radiology services provided by physicians in office based settings, including non-licensed urgent care centers.	$ (57.80)
990	186	Adjust Reimbursement Rates to Support Efforts to Address Health Disparities	FS Clinic & Practitioner	Explore the establishment of reimbursement rates to support providers' efforts to offer culturally competent care and undertake measures to address health disparities based on race, ethnicity, etc.	$ -
1021	188	Facilitating Co-Located physical health/behavioral health/developmental disabiilty services	FS Clinic & Practitioner	Allow approved DOH, OMH, OASAS and OMRDD facilities to add services licensed by another agency through a streamlined process to facilitate integration of physical, behavioral, and developmental services.	$ -
1434	204	Convert a portion of Family Planning grants to Medicaid rate reimbursement	FS Clinic & Practitioner	Convert a portion of Family Planning grants from 80% state funds to Medicaid reimbursement that would be 90% federally funded.	$ (7.00)
4648	226	Family Planning Benefit Program as a State Plan Service	FS Clinic & Practitioner	Move Family Planning Benefit Program (FPBP) to a State Plan service and auto-enroll post-partum pregnant women into the program, including undocumented immigrants.	$ -
25	57	Remove Physician Component from Ambulatory Patient Group (APG) Base Rates	Hospital	Remove physician related reimbursement from hospital ambulatory patient groups (APGs) payment/rate structure.	$ (14.25)
41	72	Establish the Public Health Services Corps	Hospital	Establish a new program called the Public Health Services Corps.	$ 1.00
54	78	Adjust 340B Drug payment in 340B-eligible clinics via Ambulatory Patient Groups (APGs)	Hospital	Adjust payment downward for 340B Drugs in 340B-eligible clinics, under APGs.	$ (0.25)
60	83	Delink Workers Compensation and No Fault Rates from Medicaid	Hospital	Worker's Compensation and No Fault (WCNF) rates can be delinked from the Medicaid fee-for-serice (FFS) inpatient rates and not receive the benefits of the Medicaid reimbursement cuts enacted in Medicaid.	$ -
82	98	Reduce Reimb. for Hospital Acquired Conditions and Potentially Preventable Conditions	Hospital	Establish a performance-based payment system that reduces hospital reimbursement for Hospital Acquired Consitions and potentially preventable conditions.	$ (2.00)
103	118	Reduce Inappropriate Use of Certain Services	Hospital	This proposal would institute financial disincentives to reduce inappropriate use of cesarean deliveries.	$ (12.10)

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116	128	Accelerate IPRO Review of Medically Managed Detox (Hosp)	Hospital	Refocus Island Peer Review Organization (IPRO) reviews of medically managed withdrawal cases from those based on DRG rates to those using the new per diem billing.	$ (1.14)
129	132	State Authority to Integrate Services/Providers and Minimize Anti-Trust Exposure	Hospital	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.	$ -
131	134	Reform Medical Malpractice and Patient Safety	Hospital	Create a neurologically impaired infant medical indemnity fund and establish a cap on non-economic damages in medical malpractice cases in addition to exploring other alternatives.	$(208.50)
134	141	Audit Cost Reports (rather than certification)	Hospital	The Department of Health (DOH)seeks to contract with independent certified public accounting (CPA) firms licensed in NYS to conduct annual field and desk audits of the Institutional Cost Reports (ICRs).	$ (0.75)
144	150	Eliminate Duplicative Surveillance Activities (Labs/psychiatry)	Hospital	Consolidate duplicative laboratory and hospital psychiatric surveillance currently conducted by DoH. This proposal will be referred to the SAGE Commission process.	
153	159	Develop innovative telemedicine applications by reducing reg. barriers, providing $ incentives	Hospital	Medicaid will promote and enhance coverage of telemedicine by providing payment incentives and reduce coverage barriers.	$ (0.23)
6	7	Reduce MMC and FHP Profit (from 3% to 1%)	Managed Care	Reduce the profit component included in the plan rates from 3% to 1% for the Medicaid and Family Health Plus managed care programs.	$ (94.00)
10	9	Eliminate Direct Marketing of Medicaid Recipients by Medicaid Managed Care Plans	Managed Care	Eliminate funding included in Medicaid and Family Health Plus premiums for direct marketing of Medicaid recipients for Managed Care.	$ (22.50)
89	103	Implement Health Home for High-Cost, High-Need Enrollees	Managed Care	High cost, high need patient management can be addressed through the provision of care coordination (health home) services funded with 90% federal financial participation through the ACA.	$ (33.20)
90	107	Mandatory Enrollment in MLTC Plans/Health Home Conversion	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.	$ (8.33)
93	110	Establish behavioral health organizations to manage carved-out behavioral health services	Managed Care	OMH and OASAS recommend establishment of Behavioral Health Organizations (BHOs) to manage behavioral health services not “covered” under the State’s various Medicaid Managed Care (MMC) plans.	$ (5.00)
101	114	Develop Initiatives to Integrate and Manage Care for Dual Eligibles	Managed Care	The State will develop care models and reimbursement mechanisms for people who are dually eligible for Medicare and Medicaid to address people residing in the community and in nursing homes.	$ -
243	177	Accountable Care Organizations (ACOs)	Managed Care	Explore reimbursement models to implement Accountable Care Organizations (ACOs) for Medicaid beneficiaries. Need guidance from CMS.	$ -
1458	208	Managed Care Population and Benefit Expansion, Access to Services, and Consumer Rights	Managed Care	Omnibus Managed Care initiatives which eliminates many excluded/exempt categories for non-duals,expands the benefit package, promotes access to services, and ensures consumer rights.	$ (10.10)
4647	223	Expand Managed Addiction Treatment Program (MATS)	Managed Care	Expand the New York City Managed Addiction Treatment Program to three times its current size.	$ -
5	1	Reduce and Control Utilization of Certified Home Health Agency Services	Non-Inst. LTC	To control utilization and reduce costs, the proposal will transition long-term CHHA patients to Managed Long Term Care.	$(100.00)
37	70	Eliminate Case Mix Adj for AIDS Nursing Svcs in CHHA and LTHHCP Programs	Non-Inst. LTC	This proposal will eliminate the case mix adjustment factor for AIDS Nursing Services provided by Certified Home Health Agencies and Long Term Home Health Care Programs.	$ (2.01)
61	85	Home Care Worker Parity - CHHA / LTHHCP / MLTC	Non-Inst. LTC	This proposal will significantly help reduce turnover in the home and community based long term care system.	$ -
69	92	Uniform Assessment Tool (UAT) for LTC	Non-Inst. LTC	This proposal will develop and implement a Uniform Assessment Tool (UAT) for long erm care services.	$ 1.85
139	146	Implement the new waiver for LTHHCP	Non-Inst. LTC	This proposal will implement the new enhancements of the LTHHCP waiver, initiating the opportunities for increased Medicaid cost-savings and performance.	$ -
196	169	Supportive Housing Initiative	Non-Inst. LTC	Create a supportive housing interagency work group with a goal of a proposal submitted to the MRT by October 1, 2011.	$ -
209	173	Expand Hospice	Non-Inst. LTC	This proposal will expand hospice:	$ -

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1427	202	Allow consumer direction in MLTC; provide regulatory framework for CDPAP	Non-Inst. LTC	Adds Consumer Directed Personal Assistance Program (CDPAP) services to managed long term care plan packages.	
1462	219	LTC insurance proposals	Non-Inst. LTC	Various proposals to expand use of the Partnership for Long Term Care Insurance Program and other LTC insurance products.	
4652	233	Reform Personal Care Services Program in NYC	Non-Inst. LTC	Reform personal care services program in New York City. There are three major elements of this comprehensive package.	$ (57.00)
14	15	Restructure Reimbursement for Proprietary Nursing Homes	Nursing Homes	Eliminate the "return on" and "return of" equity and residual reimbursement provided in the capital nursing home rate for proprietary nursing homes.	$ (43.50)
21	51	Streamline the Processing of Nursing Home Rate Appeals	Nursing Homes	This proposal would streamline the processing of nursing home rate appeals by prioritizing and amending processing timeframes, authorizing negotiated settlements, and temporarily capping the dollar amount.	$ (20.00)
68	90	Repatriate Individuals in out of state placements	Nursing Homes	This proposal will identify spending on out-of-state placements in nursing homes and seek to repatriate these individuals within 3 years	$ -
102	116	Centralize Responsibility for Medicaid Estate Recovery Process	Nursing Homes	The proposal would give statewide responsibility for making Medicaid recoveries from the estates of deceased recipients, in personal injury actions and in legally responsible relative refusal cases.	$ (39.00)
109	125	Require Hospitals and Nursing Homes to provide Patient Centered Palliative Care	Nursing Homes	Require hospitals and nursing homes to provide access to palliative care and pain management services for people with advanced, life-limiting illnesses and conditions.	$ -
121	130	Better utilize County Nursing Homes	Nursing Homes	This proposal will create a state authority that county nursing homes can join at their option.	$ -
191	166	Decrease the Incidence and Improve Treatment of Pressure Ulcers	Nursing Homes	Decrease the Incidence and Improve Treatment of Pressure Ulcers.	$ 0.35
889	183	Redesign NYS bedhold policy for nursing homes.	Nursing Homes	Redesign the NYS bedhold policy for nursing homes.	$ -
1172	200	Nursing Home Sprinkler Loan Pool	Nursing Homes	The Federal Centers for Medicare and Medicaid Services (CMS) had mandated that by August 13, 2013 all nursing homes/long term care facilities be equipped with a supervised automatic sprinkler system.	
11	11	Bundle Pharmacy into MMC	Pharmacy	Move the NYS Medicaid Pharmacy program under the management of Medicaid Managed Care to leverage additional clinical and fiscal benefits.	$ (50.00)
15	18	Comprehensive fee-for-service pharmacy reform	Pharmacy	Consolidates all pharmacy fee-for-service proposals into one reform package which includes several initiatives that optimize rebate opportunities, reduce waste, rationalize coverage and reimbursement, etc.	$ (89.40)
29	61	Reduce Transportation Costs through Regional Targeted Fee Actions	Transportation	Achieve Medicaid transportation savings through state procured regional management and resulting targeted reimbursement adjustments.	$ (30.50)