

## Proposals Approved by the NYS Medicaid Redesign Team Feb 24, 2011

Pro-posal #	Short Title	Theme	Proposal Description	State Savings 2011-12
5	Reduce and Control Utilization of Certified Home Health Agency Services	Recalibrate Medicaid Benefits and Reimbursement Rates	To control utilization and reduce costs, the proposal will transition long-term CHHA patients to Managed Long Term Care.	\$ (100.00)
6	Reduce MMC and FHP Profit (from 3% to 1%)	Recalibrate Medicaid Benefits and Reimbursement Rates	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	Eliminate Direct Marketing of Medicaid Recipients by Medicaid Managed Care Plans	Recalibrate Medicaid Benefits and Reimbursement Rates	Eliminate funding included in Medicaid and Family Health Plus premiums for direct marketing of Medicaid recipients for Managed Care.	\$ (22.50)
11	Bundle Pharmacy into MMC	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.	\$ (50.00)
13	Preschool/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 Preschool/School Supportive Health Services (SSHSP).	\$ (50.00)
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.	\$ (43.50)
15	Comprehensive fee-for-service pharmacy reform	Recalibrate Medicaid Benefits and Reimbursement Rates	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)
17	Reduce fee-for-service dental payment on select procedures	Recalibrate Medicaid Benefits and Reimbursement Rates	Fee-for-service dental payments should be reduced to match rates paid by managed care providers on high volume dental procedures.	\$ (27.70)
18	Eliminate spousal refusal.	Ensure Consumer Protection and Promote Personal Responsibility	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)
21	Streamline the Processing of Nursing Home Rate Appeals	Recalibrate Medicaid Benefits and Reimbursement Rates	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)
24	Payment for Enteral Formula with Medical Necessity Criteria	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal would provide coverage of enteral formula to individuals who cannot obtain nutrition through any other means.	\$ (15.40)
25	Remove Physician Component from Ambulatory Patient Group (APG) Base Rates	Recalibrate Medicaid Benefits and Reimbursement Rates	Remove physician related reimbursement from hospital ambulatory patient groups (APGs) payment/rate structure.	\$ (14.25)
26	Utilization Controls on Behavioral Health Clinics	Eliminate Fraud and Abuse	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)
29	Reduce Transportation Costs through Regional Targeted Fee Actions	Recalibrate Medicaid Benefits and Reimbursement Rates	Achieve Medicaid transportation savings through state procured regional management and resulting targeted reimbursement adjustments.	\$ (30.50)
30	Align Payment for Prescription Footwear with Medical Necessity	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal would update the Medicaid footwear benefit coverage criteria and payment methodology, reducing over utilization and administrative burden.	\$ (7.35)
31	Eliminate worker recruitment and retention	Recalibrate Medicaid Benefits and Reimbursement Rates	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	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 for practitioner and clinic.	\$ (2.47)
37	Eliminate Case Mix Adj for AIDS Nursing Svcs in CHHA and LTHHCP Programs	Recalibrate Medicaid Benefits and Reimbursement Rates	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)
41	Establish the Public Health Services Corps	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish a new program called the Public Health Services Corps.	\$ 1.00

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42	Limit MA coverage for compression stockings to the MC criteria, coverage during pregnancy.	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal limits Medicaid coverage for stockings to the Medicare criteria and includes coverage during pregnancy.	\$ (1.07)
49	Reimburse Art 28 clinics for HIV counseling/testing using APGs	Recalibrate Medicaid Benefits and Reimbursement Rates	Medicaid will incorporate payment to Article 28 clinics for HIV counseling and testing services into the Ambulatory Patient Group (APG) payment structure.	\$ (0.20)
54	Adjust 340B Drug payment in 340B-eligible clinics via Ambulatory Patient Groups (APGs)	Recalibrate Medicaid Benefits and Reimbursement Rates	Adjust payment downward for 340B Drugs in 340B-eligible clinics, under APGs.	\$ (0.25)
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.	\$ 0.31
60	Delink Workers Compensation and No Fault Rates from Medicaid	Recalibrate Medicaid Benefits and Reimbursement Rates	Worker's Compensation and No Fault (WCNF) rates can be delinked from the Medicaid fee-for-service (FFS) inpatient rates and not receive the benefits of the Medicaid reimbursement cuts enacted in Medicaid.	\$ -
61	Home Care Worker Parity - CHHA / LTHHCP / MLTC	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal will significantly help reduce turnover in the home and community based long term care system.	\$ -
67	Assist Preservation of Essential Safety-Net Hospitals, Nursing Homes and D&TCs	Recalibrate Medicaid Benefits and Reimbursement Rates	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.	\$ -
68	Repatriate Individuals in out of state placements	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal will identify spending on out-of-state placements in nursing homes and seek to repatriate these individuals within 3 years	\$ -
69	Uniform Assessment Tool (UAT) for LTC	Recalibrate Medicaid Benefits and Reimbursement Rates	This proposal will develop and implement a Uniform Assessment Tool (UAT) for long term care services.	\$ 1.85
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.	\$ 17.41
82	Reduce Reimb. for Hospital Acquired Conditions and Potentially Preventable Conditions	Recalibrate Medicaid Benefits and Reimbursement Rates	Establish a performance-based payment system that reduces hospital reimbursement for Hospital Acquired Conditions and potentially preventable conditions.	\$ (2.00)
83	Expand SBIRT for alcohol/drug to hospital clinic, DTC and office settings.	Recalibrate Medicaid Benefits and Reimbursement Rates	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)
89	Implement Health Home for High-Cost, High-Need Enrollees	Ensure That Every Medicaid Member is Enrolled in Care Management	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	Mandatory Enrollment in MLTC Plans/Health Home Conversion	Ensure That Every Medicaid Member is Enrolled in Care Management	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	Establish behavioral health organizations to manage carved-out behavioral health services	Ensure That Every Medicaid Member is Enrolled in Care Management	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	Develop Initiatives to Integrate and Manage Care for Dual Eligibles	Ensure That Every Medicaid Member is Enrolled in Care Management	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.	\$ -
102	Centralize Responsibility for Medicaid Estate Recovery Process	Ensure Consumer Protection and Promote Personal Responsibility	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)
103	Reduce Inappropriate Use of Certain Services	Ensure Consumer Protection and Promote Personal Responsibility	This proposal would institute financial disincentives to reduce inappropriate use of cesarean deliveries.	\$ (12.10)
104	Increase Enrollee Copayment Amounts for MA FFS and FHP; Require Copayments for CHP	Ensure Consumer Protection and Promote Personal Responsibility	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)
109	Require Hospitals and Nursing Homes to provide Patient Centered Palliative Care	Empower Patients and Rebalance Service Delivery	Require hospitals and nursing homes to provide access to palliative care and pain management services for people with advanced, life-limiting illnesses and conditions.	\$ -
116	Accelerate IPRO Review of Medically Managed Detox (Hosp)	Empower Patients and Rebalance Service Delivery	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)

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121	Better utilize County Nursing Homes	Empower Patients and Rebalance Service Delivery	This proposal will create a state authority that county nursing homes can join at their option.	\$ -
129	State Authority to Integrate Services/Providers and Minimize Anti-Trust Exposure	Empower Patients and Rebalance Service Delivery	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	Reform Medical Malpractice and Patient Safety	Eliminate Government Barriers to Quality Improvement and Cost	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)
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.	\$ (1.10)
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.	\$ (0.20)
134	Audit Cost Reports (rather than certification)	Eliminate Government Barriers to Quality Improvement and Cost	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)
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.	\$ 0.50
139	Implement the new waiver for LTHHCP	Eliminate Government Barriers to Quality Improvement and Cost	This proposal will implement the new enhancements of the LTHHCP waiver, initiating the opportunities for increased Medicaid cost-savings and performance.	\$ -
141	Accelerate State Assumption of Medicaid Program Authorization	Eliminate Government Barriers to Quality Improvement and Cost	Accelerate State assumption of Medicaid program authorization for Managed Long Term Care.	\$ -
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 DoH. This proposal will be referred to the SAGE Commission process.	
147	Eliminate or modify unnecessary regulations and improvements for capital access	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.	\$ -
150	Develop an Automated Exchange/Medicaid Eligibility System	Eliminate Government Barriers to Quality Improvement and Cost	The most important redesign with greatest potential for efficiency will come from creating an automated Exchange/Medicaid eligibility system.	\$ -
153	Develop innovative telemedicine applications by reducing reg. barriers, providing \$ incentives	Eliminate Government Barriers to Quality Improvement and Cost	Medicaid will promote and enhance coverage of telemedicine by providing payment incentives and reduce coverage barriers.	\$ (0.23)
154	Enhance and improve the State's Medicaid program integrity efforts.	Eliminate 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)
164	Align Medicare Part B clinic coinsurance with Medicaid coverage and rates	Better Align Medicaid with Medicare and ACA	The Medicare Part B coinsurance will not be paid for certain physician services not covered by Medicaid.	\$ (8.55)
191	Decrease the Incidence and Improve Treatment of Pressure Ulcers	Ensure Consumer Protection and Promote Personal Responsibility	Decrease the Incidence and Improve Treatment of Pressure Ulcers.	\$ 0.35
196	Supportive Housing Initiative	Ensure Consumer Protection and Promote Personal Responsibility	Create a supportive housing interagency work group with a goal of a proposal submitted to the MRT by October 1, 2011.	\$ -
200	Change in scope of practice for mid-level providers to promote efficiency and lower cost	Empower Patients and Rebalance Service Delivery	Expand the scope of practice for RNs, LPNs and home health aides to improve access to services and decrease associated costs in delivering services.	\$ -
209	Expand Hospice	Empower Patients and Rebalance Service Delivery	This proposal will expand hospice:	\$ -
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.	\$ -
243	Accountable Care Organizations (ACOs)	Ensure That Every Medicaid Member is Enrolled in Care Management	Explore reimbursement models to implement Accountable Care Organizations (ACOs) for Medicaid beneficiaries. Need guidance from CMS.	\$ -

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264	Apply HCRA Surcharges to Physician Office Based Surgery and Radiology Services	Eliminate Government Barriers to Quality Improvement and Cost	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)
889	Redesign NYS bedhold policy for nursing homes.	Recalibrate Medicaid Benefits and Reimbursement Rates	Redesign the NYS bedhold policy for nursing homes.	\$ -
990	Adjust Reimbursement Rates to Support Efforts to Address Health Disparities	Empower Patients and Rebalance Service Delivery	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	Facilitating Co-Located physical health/behavioral health/developmental disability services	Eliminate Government Barriers to Quality Improvement and Cost	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.	\$ -
1029	Enrollment and Retention Simplification	Eliminate Government Barriers to Quality Improvement and Cost	Implement several enrollment and retention simplification initiatives.	\$ (0.10)
1032	Establish a Housing Disregard as Incentive to Join MLTC	Ensure That Every Medicaid Member is Enrolled in Care Management	Allow nursing home eligible individuals to receive a disregard of a portion of housing expenses if they join a Managed Long Term Care Plan.	\$ -
1058	Maximize Peer Services	Recalibrate Medicaid Benefits and Reimbursement Rates	Explore Medicaid reimbursement for peer services such as support, care coaches and recovery coaches.	\$ -
1116	Apply 60 Month Look Back Period to Non-Institutional LTC	Ensure Consumer Protection and Promote Personal Responsibility	Apply the 60 month look back period for transfer of assets to non-institutional long-term care applicants with spousal impoverishment protections.	\$ -
1172	Nursing Home Sprinkler Loan Pool	Recalibrate Medicaid Benefits and Reimbursement Rates	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.	
1427	Allow consumer direction in MLTC; provide regulatory framework for CDPAP	Ensure Consumer Protection and Promote Personal Responsibility	Adds Consumer Directed Personal Assistance Program (CDPAP) services to managed long term care plan packages.	
1434	Convert a portion of Family Planning grants to Medicaid rate reimbursement	Recalibrate Medicaid Benefits and Reimbursement Rates	Convert a portion of Family Planning grants from 80% state funds to Medicaid reimbursement that would be 90% federally funded.	\$ (7.00)
1451	Establish various MRT workgroups	Recalibrate Medicaid Benefits and Reimbursement Rates	The MRT will establish various workgroups to focus discussion on major reform issues.	
1458	Managed Care Population and Benefit Expansion, Access to Services, and Consumer Rights	Ensure That Every Medicaid Member is Enrolled in Care Management	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)
1462	LTC insurance proposals	Ensure Consumer Protection and Promote Personal Responsibility	Various proposals to expand use of the Partnership for Long Term Care Insurance Program and other LTC insurance products.	
4647	Expand Managed Addiction Treatment Program (MATS)	Recalibrate Medicaid Benefits and Reimbursement Rates	Expand the New York City Managed Addiction Treatment Program to three times its current size.	\$ -
4648	Family Planning Benefit Program as a State Plan Service	Recalibrate Medicaid Benefits and Reimbursement Rates	Move Family Planning Benefit Program (FPBP) to a State Plan service and auto-enroll post-partum pregnant women into the program, including undocumented immigrants.	\$ -
4651	Global Spending Cap on Medicaid Expenditures	Recalibrate Medicaid Benefits and Reimbursement Rates	Limits total Medicaid spending to no greater than four percent annual growth, in essence establishing a global spending cap on Medicaid expenditures.	
4652	Reform Personal Care Services Program in NYC	Recalibrate Medicaid Benefits and Reimbursement Rates	Reform personal care services program in New York City. There are three major elements of this comprehensive package.	\$ (57.00)