

MRT II Executive Summary Scorecard

(State Share -- \$ millions)	FY21	FY22
Medicaid Deficit	\$3,079	\$3,515
Medicaid Savings Target	(\$2,500)	(\$2,722)
FY20 Medicaid Savings Plan	(\$851)	(\$793)
MRT Recommendations	(\$1,649)	(\$2,265)
Hospital Actions	(\$399)	(\$459)
Increase the progressivity of Indigent Care Pool distributions	(\$157)	(\$157)
Strengthen NYC Health + Hospitals	(\$186)	(\$193)
Realize additional savings without impacting core hospital operations	(\$56)	(\$109)
Care Management Actions	(\$43)	(\$70)
Implement Health Home Improvement, Efficiency, Consolidation and Standardization	(\$33)	(\$37)
Promote Further Adoption of Patient-Centered Medical Homes (PCMH)	(\$6)	(\$18)
Promote Effective and Comprehensive Prevention and Management of Chronic Disease	(\$5)	(\$14)
Promote Maternal Health to Reduce Maternal Mortality	\$1	(\$1)
Mainstream Managed Care Actions	(\$41)	(\$8)
Promote Encounter Data Accountability and Partially Restore Mainstream Managed Care (MMC) Quality Incentive Pools	(\$47)	(\$26)
Enact statutory reforms intended to reduce inappropriate payment denials	\$9	\$37
Standardized Medicaid Managed Care Prior Authorization Data Set	(\$0)	(\$1)
Explore new efforts to facilitate Value Based Payment arrangements	\$0	(\$9)
Explore boroughwide or regionwide integrated delivery system and global budget demonstrations for the Bronx and rural areas	\$0	(\$5)
Authorize Electronic Notifications	(\$2)	(\$5)
Long Term Care Actions	(\$715)	(\$1,147)
Promote Encounter Data Accountability and Partially Restore Managed Long Term Care Quality (MLTC) Incentive Pools	(\$67)	(\$55)
Institute an HCBS Eligibility Lookback Period of 60 Months (to be consistent with look-back for nursing homes)	(\$20)	(\$24)
Eliminate Spousal and Legally Responsible Relative Refusal	(\$2)	(\$2)
Change Eligibility Criteria for Personal Care Services and Consumer Directed Personal Assistance Program (CDPAP) and Eligibility Criteria for Enrollment in MLTC Partial Plans	(\$154)	(\$360)
Make Administrative Reforms to the Personal Care Services (PCS) and CDPAS Program	(\$82)	(\$263)
Implement Comprehensive CDPAP Programmatic Reforms and Efficiencies	(\$33)	(\$41)
Provide Integrated Care to Dual Eligible Members	(\$5)	(\$42)
Reform the Fair Hearing Process	(\$0)	(\$1)
Delay Implementation of the Expansion of Community First Choice Option (CFCO) Services	(\$47)	(\$47)
Cap Statewide MLTC Enrollment Growth at a Target Percentage	(\$215)	(\$215)
Enhance Wage Parity Enforcement	\$0	\$0
Issue a Request for Offer for LHCSAs	\$0	\$0
Reduce Workforce Retraining and Retention Funding	(\$45)	(\$45)
Require all UAS Community Health Assessments (CHA) and reassessments to be conducted by an Independent Assessor (IA)	(\$8)	(\$16)
Implement Changes to the Community Spouse Resource Amount	(\$6)	(\$7)
Offer Non-Medicaid Long-Term Care Programs to Encourage Delayed Enrollment in Medicaid including a private pay option for consumers to purchase on NYSoH	\$0	\$0
Reduce Nursing Home Capital Funding	(\$30)	(\$30)
Pharmacy Actions	(\$71)	(\$214)
Fully Carve Out of the Pharmacy Benefit from Managed Care to Fee-for-Service (FFS)	\$11	(\$125)
Reduce Drug Cap Growth By Enhancing Purchasing Power to Lower Drug Costs	(\$46)	(\$43)
Limit Coverage for Over-the-Counter Drugs (OTCs)	(\$14)	(\$19)
Eliminate Prescriber Prevalis	(\$22)	(\$27)
Transportation Actions	(\$94)	(\$244)
Program Integrity	(\$60)	(\$74)
Modernize Regulations Relating to Program Integrity	(\$60)	(\$67)
Modernize Medicaid Third Party Health Insurance	\$0	(\$6)
General Savings	(\$224)	(\$55)
Additional ATB Rate Reduction	(\$219)	(\$50)
Shift Water Fluoridation funding to Capital	(\$5)	(\$5)
Health Information Technology	(\$8)	(\$13)
Expand telehealth services	(\$3)	(\$10)
Modernize Medicaid information technology and expand access to data	(\$5)	(\$3)
Social Determinants of Health	\$4	\$17
Advance Social Determinants of Health (SDH) to Improve Care and Reduce Medicaid Costs	\$4	\$17
Total Spending Reductions	(\$2,500)	(\$3,058)
Remaining Amount to Target	(\$0)	(\$336)