Current Status of Feb. 9, 2011 Proposals

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

Pro-posal #	Feb 24th Status	Short Title	Proposal Description
1	Not Reform	Increase the Health Facility Cash Assessment 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.
2	Merged with 4652	Reduce and Control Utilization of Personal Care Services	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.
3	Long Term	HCRA Streamlining	Imposes a uniform surcharge for both Medicaid and private payers; eliminates hospital based physician surcharge; and clarifies other administrative complexities.
4	Not Reform but Savings Inc.	Eliminate 2011 Trend Factor (1.7%)	Eliminate the 1.7% 2011 trend (inflation) factor for Hospital Inpatient & Outpatient, Nursing Home, Home Care, & Personal Care Services as of 4/1/2011.
5	Still in Package	Reduce and Control Utilization of Certified Home Health Agency Services	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.
6	Not Reform, but Savings Included	Reduce MC / FHP Profit (from 3% to 1%)	Reduce the underwriting gain used in calculating premium rates from 3% to 1.0% for the Medicaid and Family Health Plus managed care programs.
7	Merged with 2	Elimination of the Personal Care Benefit for Persons who are not NH Certifiable	Eliminate the Personal Care benefit for persons who are not Nursing Home eligible.
8	Not Reform but Savings Inc.	Eliminate Managed Care, Family Health Plus and Child Health Plus Premium (1.7%)	Reduce the projected increase to Managed Care rates by 1.7% as of 4/1/2011.
9	Merged with 89	Eliminate All Targeted Case Management for MC Enrollees	Eliminate Medicaid coverage for Targeted Case Management Services for recipients that are in Medicaid Managed Care Plans.
10	Still in Package	Eliminate Direct Marketing of Medicaid Recipients and Facilitated Enrollment activities by Medicaid Managed Care	Eliminate funding included in Medicaid and FHPlus premiums for direct marketing of Medicaid recipients and facilitated enrollment activities for Managed Care in all counties.
11	Still in Package	Bundle Pharmacy into Medicaid Managed Care	Move the NYS Medicaid Pharmacy program under the management of Medicaid Managed Care to leverage additional clinical and fiscal benefits.
12	Not Reform	Reduce/Redirect Indirect Medical Education (IME) Payments	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).
13	Still in Package	School Supportive Health Services Program (SSHSP) Cost Study	Increase Federal Medicaid Funding by determining actual costs incurred by school districts and counties providing School Supportive Health Services.
14	Still in Package	Restructure Reimbursement for Proprietary Nursing Homes	Eliminate the “return on” and “return of” equity and residual reimbursement provided in the capital nursing home rate for proprietary nursing homes.
15	Still in Package	Rebuild NY Preferred Drug List **(Expanded in New Package to Comprehensive FFS Reforms)**	Change the way the preferred drug list is developed, in order to increase savings.
16	Not Reform	Implement Pricing Reimbursement Methodology for NHs	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.
17	Still in Package	Select reductions in fee-for-service dental payment	Fee-for-service dental payments will be reduced to match rates paid by managed care providers on high volume dental procedures.
18	Still in Package	Eliminate spousal refusal.	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.
19	Long Term	Eliminate D&TC Bad Debt and Charity Care	Eliminating the DTC indigent care pool and the HCRA funds will produce additional HCRA revenue which can be redirected to other purposes.
20	Not Reform	Eliminate State Grant Payments to Major Academic Hospitals	Eliminate state only grant payments to major academic hospitals.
21	Still in Package	Streamline the Processing of Nursing Home Rate Appeals	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.
22	Merge with 29	Pay Ambulette Dialysis Equivalent Rate to Adult Day Health Care	Adjust reimbursement fee for ambulette transportation to/from dialysis treatment to the fee paid for adult day health care ambulette transportation.

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23	Not Reform	Coverage for Dental Prosthetic Appliances	Eliminate or limit coverage of dentures for adults.
24	Still in Package	Payment for Enteral Formula with Medical Necessity Criteria	Limit coverage of enteral formula to individuals who cannot obtain nutrition through any other means.
25	Still in Package	APG base rate withhold for physicians carve out	Remove physician-related reimbursement from hospital APG payment rate structure.
26	Still in Package	Utilization Controls on Behavioral Health Clinics	Reduce payment for excessive clinic utilization by establishing two outlier threshold visit levels upon which payments are reduced by a fixed percentage.
27	Long Term	Eliminate Empire Clinical Research Investigator Program (ECRIP) Funding	Eliminate funding for the Empire Clinical Research Investigator Program.
28	Merged with 15	Implement a Voluntary Mail Order Program	Create a mail order pharmacy benefit for maintenance drugs, to take advantage of higher discounts.
29	Still in Package	Accelerate Transportation Manager Contracts **(In New Package Comprehensive Transportation Reforms)**	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.
30	Still in Package	Align Payment for Prescription Footwear with Medical Necessity	Revise the Medicaid footwear benefit coverage criteria and payment methodology, reducing over utilization and administrative burden.
31	Still in Package	Eliminate worker recruitment and retention	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.
32	Merged with 15	Prior Authorization for Exempt Drug Classes	Allow prior authorization under the Preferred Drug Program (PDP) for the following drug classes: anti-depressants, atypical anti-psychotics, anti-retrovirals and immunosuppressants.
33	Long Term	Chemical Dependence Inpatient Rehabilitation (IPR) Redesign to Enhance FFP	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.
34	Still in Package	Establish Utilization Limits for PT, OT, and Speech Therapy/Pathology	Establish Utilization Limits for Physical Therapy, Occupational Therapy, Speech Therapy and Speech Language Pathology.
35	Dropped	Prescription Limitation to 5/month	Limit the number of brand name prescriptions that a beneficiary could receive to five (5) per month.
36	Long Term	Contract Dental Management Vendor for FFS & MMC	Centralize all dental and orthodontic benefit administration for all Medicaid beneficiaries with a dental benefits management vendor.
37	Still in Package	Eliminate Case Mix Adjustment for AIDS Nursing Services in Certain Long Term Care Settings	Eliminate CMI adjustment for AIDS Nursing Services in the Certified Home Health Agency and Long Term Home Health Care Program.
38	Merge with 29	Remove Transportation as a Covered Benefit from Managed Care Plans	Carveout transportation from the Medicaid managed care organization benefit package, to reduce costs and medical provider administrative burdens through state transportation management initiatives.
39	Not Viable	Comprehensive Hemophilia Treatment Centers w/factor programs	Obtain blood factor products from Hemophilia Treatment Centers (HTCs), so that Medicaid can access 340B rates.
40	Merge with 200	Allow LPNs to do assessments in LTC settings	Modify the education law to would allow LPNs to do assessments on resident conditions.
41	Still in Package	Eliminate and Reprogram Area Health Education Center (AHEC) Funding	Reprogram current Area Health Education Center Funding (AHEC) funding for a new Public Health Services Corp. initiative.
42	Still in Package	Limit Medicaid coverage for compression stockings	Limits Medicaid coverage for stockings to the Medicare criteria and includes coverage during pregnancy.
43	Merged with 15	Eliminate Part D Drug Wrap in Medicaid	Eliminate Medicaid coverage and reimbursement of drugs that are available to Medicaid/Medicare dual eligible beneficiaries through their Medicare Part D plans.
44	Not Reform	Limit Payment for Podiatry to Qualified Medicare Beneficiaries (QMBs) and Recipients under 21	Limit reimbursement for podiatry to Qualified Medicare Beneficiaries (QMB) and recipients under 21.
45	Not Reform	Discontinue HIV Specialty Pharmacy Reimbursement	Eliminate the HIV Specialty Pharmacy designation and the associated higher reimbursement rate.
46	Merge with 147	Reimburse for Observation Services in Hospital	Reimburse for Observation Services in Hospital, may result in decreased inpatient admission.

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47	Merged with 15	Allow Denials for Clinical Drug Review Program	Amend existing legislation to allow Clinical Drug Review Program (CDRP) prior authorization requests to be denied when clinical criteria are not met.
48	Merged with 15	Enhance NYS Leverage for Direct Supplemental Rebates	Allow the Commissioner of Health more flexibility when directly negotiating with drug manufacturers in seeking higher supplemental rebates.
49	Still in Package	Reimburse Art 28 clinics for HIV counseling/testing using APGs	Incorporate Medicaid payment to Article 28 clinics for HIV counseling and testing services into the Ambulatory Patient Group(APG) payment structure.
50	Long-term	Create a new Medicaid model of care for the existing AIDS Adult Day Health Care program	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.
51	Not Reform	Limit Coverage of Eyeglass Replacement	Limit eyeglass replacement once every 24 months.
52	Merged with 15	Tightening The Early Refill Process	Tighten up requirements for obtaining authorization to fill a prescription when it is denied because it has been “refilled too soon.”
53	Long Term	Revise Inpatient Detox Reimbursement to Incentivize Step-Down Care	Change reimbursement for medically managed withdrawal (detoxification) to incentivize shorter lengths of stay.
54	Still in Package	Adjust 340B Drug payment in 340B-eligible clinics via APGs	Adjust payment downward for 340B Drugs in 340B-eligible clinics, under APGs.
55	Still in Package	Increase coverage of tobacco cessation counseling	Expand existing tobacco cessation counseling coverage in Medicaid to include all women (not only pregnant women) and men.
56	Merge with 1451	Amend Nursing Home Transition Diversion Waiver to Replace Aggregate Cap with Individual Cap	Changes waiver structure to move from aggregate cap to individual cap.
57	Merged with 15	Limit opioids to a four prescription fill limit every thirty days.	Limit opioid prescriptions to a four prescriptions fill limit every thirty days for Medicaid beneficiaries.
58	Merged with 15	Designate Preferred Status for Therapeutic Classes	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.
59	Merge with 1451	Clinical Advisory Committee on Health & Emerging Technologies (CACHET)	Create a group of clinical experts to review current Medicaid benefits and technology coverage policies.
60	Still in Package	Delink Workers Compensation and No Fault Rates from Medicaid	Delink Worker's Compensation and No Fault (WCNF) rates from the Medicaid fee-for-service (FFS) inpatient rates.
61	Still in Package	Home Care Worker Parity - For Certain Long Term Care Settings	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.
62	Merge with 147	IDA Financing	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).
63	Long Term	Reimbursement for dedicated preconception visits	Establish reimbursement for a preconception visit for all women and adolescents.
64	Long Term	Provide direct reimbursement for NPs and PAs in clinics.	Provide direct reimbursement for Nurse Practitioners and Physician Assistants in clinics.
65	Merge with 104	Eliminate copays for some preventative services	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.
66	Not Reform	Revise Indigent Care Pool Distributions to align with Federal Reform	Reduce payment & revise Indigent Care methodology consistent with Federal reform. Option for safety net hospital pool under consideration.
67	Still in Package	Assist preservation of essential Safety-net Hospitals	Provide operational and restructuring assistance to safety net hospitals to make critical decisions to either close, merge or restructure.
68	Still in Package	Repatriate Individuals in out of state placements	This proposal will identify spending on out-of-state placements and seek to repatriate these individuals.
69	Still in Package	Uniform Assessment Tool (UAT) for LTC	This proposal will implement a Uniform Assessment Tool (UAT) for long term care.
70	Still in Package	Expand current statewide Patient Centered Medical Homes-PCMH	Expand the current Statewide Patient Centered Medical Home Program (PCMH) to more payers and broader patient participation.

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71	Merged with Proposal 15	Address several issues related to unused medications	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.
72	Merged with 14	Provide Capital Reimbursement for Facilities at End of Useful Life	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
73	Long Term	Reimburse Local Health Departments for environmental lead investigations for children	Implement Medicaid reimbursement to local health departments for investigation and care coordination services provided to children with elevated blood lead levels.
74	Long Term	Increase Medicaid payment for vaccine administration.	Increase Medicaid immunization administration fees for adults.
75	Merged with 154	Evaluate reimbursement for patients with needs inconsistent with the billed level of care.	Use evidence-based utilization reviews to identify patients whose needs do not support the billed level of care.
76	Merged with 89	Develop less intensive reimbursement model for HIV TCM	Cover low intensity HIV Targeted Case Management in Medicaid.
77	Merged with 67	Provide Additional Financial Assistance to Financially Unstable NHs	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.
78	Merged with 67	Hospital/Nursing Home Closure/Conversion Incentive Program	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.
79	Merged with 5	Implement Episodic Pricing for Certified Home Health Agencies	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.
80	Merged with 15	Reassess Prescription Drug Purchasing Policies	Require the State to reassess prescription drug purchasing and to achieve additional savings by obtaining better supplemental rebates on drug purchases.
81	Long Term	Implement Statewide Program to Encourage NHs to Refinance Mortgages	Reduce nursing home capital costs by encouraging the refinancing of mortgages.
82	Still in Package	Reduce Reimbursement for Potentially Preventable Conditions	Establish a performance based payment system that reduces hospital reimbursement for potentially preventable conditions (such as bed sores and hospital acquired pneumonia).
83	Still in Package	Require Screening Brief Intervention Referral and Treatment (SBIRT) in primary care and ER	Provide screening, intervention and referral to treatment (SBIRT) for alcohol/drug use in primary care and ER.
84	Long Term	Pay on P4P basis (LTC)	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.
85	Long Term	Pay providers on Pay for Performance (P4P) basis (Ambulatory Care)	Pay providers on Pay for Performance (P4P) basis (Ambulatory Care). May include community based and/or provider specific performance measures.
86	Long Term	Pay on P4P basis (Behavioral H/IDD)	Pay providers on Pay for Performance (P4P) basis (Behavioral Health). May include community based and/or provider specific performance measures.
87	Long Term	Reduce Unnecessary Hospitalizations - Community Based Pay for 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.
88	Long Term	Incentivize providers to screen for BH issues in children	Pay performance incentives for primary care screening for developmental and mental health problems in children.
89	Still in Package	Health homes for high cost/high need enrollees	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.
90	Still in Package	Mandatory Enrollment in MLTC Plans/Health Home Conversion	Transition Medicaid recipients age 21 and older in need of community-based long term care services into Managed Long Term Care (MLTC) plans.
91	Long Term	Carve In for Behavioral Health Services into Managed Care	Change the Medicaid managed care benefit package to expand the scope of behavioral health services provided by plans to their members.
92	Merged with 1458	Allow Restricted Recipient Program in Managed Care	Authorize the Department of Health (DOH) to allow recipients in the Recipient Restriction Program (RRP) to enroll in Medicaid Managed Care.
93	Still in Package	Implement Regional Behavioral Health Organizations	Contract with regional Behavioral Health Organizations to manage the behavioral health benefit for Medicaid members.
94	Merged with 154	Increase HIV related utilization Reviews	Increase utilization reviews for HIV inpatient services, outpatient services provided in hospitals and community health centers, and other HIV-related services.

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95	Merged with 1458	Include Personal Care Benefit in Managed Care	Require Medicaid managed care plans to cover personal care services in the benefit package.
96	Merged with 1458	Expand Managed Care Enrollment	Authorize the Department of Health (DOH) to enroll additional non-dually eligible Medicaid recipients into mainstream Medicaid managed care programs.
97	Merged with 70	Assigning Primary Care Providers to Medicaid Enrollees	Assign Primary Care Providers to Medicaid Enrollees.
98	Merged with 1458	Streamline Managed care enrollment eligibility process	Mandate selection of a Medicaid Managed Care plan as a condition of eligibility for Medicaid.
99	Merged with 1458	Access to services not covered by managed care	Require that managed care enrollees receive information pertaining to coverage denials and how to access carved out services.
100	Merged with 1458	Enroll Non-dual eligible nursing home residents into Medicaid 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.
101	Still in Package	Develop Initiatives for People with Medicare and Medicaid	Develop revised reimbursement mechanisms for people who are dually eligible for Medicare and Medicaid.
102	Still in Package	Centralize Responsibility for Medicaid Estate Recovery Process	Authorize statewide responsibility for making Medicaid recoveries from the estates of deceased recipients, in personal injury actions and in legally responsible relative refusal cases.
103	Still in Package	Reduce Inappropriate Use of Certain Services	Institute financial disincentives to reduce inappropriate use of C-sections, Coronary Artery Bypass Grafts (CABG) and Percutaneous Coronary Intervention (PCI).
104	Still in Package	Increase Enrollee Copayment Amounts	Increase the enrollee copayment amount, services that co-pays apply to, and the annual co-pay capped amount.
105	Not Viable	Consolidate patient visits	Eliminate payment for separate reimbursement where patient care can take place in one visit.
106	Merged with 89	Guidelines for Medicaid Reform	Develop Guiding Principles for Medicaid Redesign.
107	Long Term	Medicaid patient co-pay tax deduction or credit	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.
108	Merged with 104	Educate and Incentivize Beneficiaries to appropriately use ERs/Urgent Care Centers	Educate and Incentivize Beneficiaries to appropriately use primary care providers, when Emergency Room/Urgent Care is not warranted.
109	Still in Package	Patient Centered Palliative Care	Assure access to palliative care and pain management services for people with advanced, life-limiting illnesses and conditions.
110	Long Term	Promote the sugar sweetened beverage tax	Create a consumer tax on all sugar sweetened beverages purchased in NYS; use revenue to fund various health initiatives.
111	Merged with 1462	Limit divestment and encourage private LTC insurance	This proposal will create additional plan options for the Partnership for LTC insurance program.
112	Merged with 104	Use incentives to encourage urgent. care/primary care over Emergency Room	Create financial incentives including differential copays to encourage Medicaid members to use urgent care/primary care instead of Emergency Room.
113	Not Viable	Allow Nursing Homes to Intercept SSI Checks for Long Term NH Stays	Encourage nursing home to become representative for resident in order to intercept the Supplemental Security Income (SSI) payment in certain cases.
114	Merged with 1462	Expand public outreach for the Partnership for Long Term Care	Create a fund to support marketing of Partnership for LTC Insurance
115	Merge with 200	Nursing/patient direction of HH and PC aides to assist w/ nursing care	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.
116	Still in Package	Accelerate IPRO Review of Medically Managed Detox (Hosp) and including Ambulatory Reviews	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.
117	Long Term	Review Coler & Goldwater Memorial Hospital Rates	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.
118	Merged with 1451	Establish a new home and community-based 1915(c) Medicaid Waiver	Consolidate Long Term Home Health Care Program and Nursing Home Transition Diversion into one comprehensive waiver.

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119	Long Term	Enhance School Based Health Services care to reduce Emergency Room usage	Enhance School Based Health Services primary care services to reduce Emergency Room usage.
120	Long Term	Move people out of OMH institutions	Establish regional forums to bring mental health agencies and housing agencies together to discuss how to give participants appropriate levels of care.
121	Still in Package	County/State Nursing Home Governance Flexibility	Create a public authority that State or County nursing homes can join.
122	Long Term	Seek Federal Recognition under ACAs Balancing Incentive Payments Program	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.
123	Long Term	Streamline ALP admission process	Streamline ALP admission process by amending State Law.
124	Long Term	Create and deploy a permanent, revolving Primary Care Capital Access Fund (PCCAF).	Implement a one-time HEAL grant of $31 million to create and deploy a permanent, revolving Primary Care Capital Access Fund (PCCAF).
125	Long Term	Bonus for high volume Medicaid physicians	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.
126	Merged with 67	Bed Exchange Proposal	Provide hospitals with financial incentives to voluntarily reduce staffed bed capacity and redirect Medicaid resources to expand outpatient/ambulatory surgery capacity.
127	Long Term	Revise Transitional Care Unit Policy	Revise Transitional Care Unit policy to allow greater use of these units.
128	Long Term	Allow Long Term Home Health Care Providers to offer Hospice	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.
129	Still in Package	Use State's Authority to Supervise Integration of Health Services and Providers to Minimize Anti-Trust Exposure	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.
130	Merge with 200	Allow Nurse Practitioners to sign Medical Evaluations for ACF/AL admissions	Amend the Social Services Law to allow nurse practitioners to sign Medical Evaluations for ACF residents.
131	Still in Package	Medical Malpractice Reform and Patient Safety	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.
132	Still in Package	Expand the Definition of Estate	Expand definition of "estate" to include assets that bypass probate in order to recover more assets from a deceased Medicaid recipient over age 55.
133	Still in Package	Administrative Renewal for Aged and Permanently Disabled	Allow aged and permanently disabled with fixed incomes to be automatically renewed based on cost of living increases.
134	Still in Package	Audit of Cost Reports (rather than certification)	Contract with independent certified public accounting (CPA) firms licensed in NYS to conduct annual field and desk audits of the Institutional Cost Reports (ICRs).
135	Long Term	Flexibility to Convert/Establish Urgent Care Centers	Support development of urgent care centers by developing a rate of payment for freestanding emergency services clinics.
136	Long Term	Eliminate 60/30 Day Notice Requirement	Eliminate the current requirement to provide 60 day or 30 day notice to providers of the proposed Medicaid rates for a future period.
137	Still in Package	Disregard retirement assets such as 401K plans for MBI-WPD	As an incentive to participate in the MBI-WPD program raise the resource standard and disregard retirement accounts.
138	Merge with 200	Eliminate restrictions on nursing practice in Adult Care Facilities	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.
139	Still in Package	Implement the new waiver for Long Term Home Health Care Program	Implement the new enhancements of the Long Term Home Health Care Program waiver, initiating the opportunities for increased Medicaid cost-savings and performance.
140	Long Term	Fast Track Eligibility for Long-term Care	Utilize electronic verification of resources instead of presumptive eligibility.
141	Still in Package	State Assumption of Medicaid Administration	Centralizing administration of Medicaid to improve efficiency, uniformity, and cost savings in program administration.
142	Long Term	Eliminate Barriers to Recruiting and Retaining Healthcare Workforce.	Eliminate barriers to retention and recruitment of needed health care workers, including physicians, nurses, and allied health care professionals.

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143	Long Term	Continue improvements in State CON Program	Department will pursue alternatives approaches to architectural reviews and pre and post opening surveys - this will proposal will also be referred to the SAGE Commission process.
144	Still in Package	Eliminate Duplicative Surveillance Activities (Labs/psychiatry)	Consolidate duplicative laboratory and hospital psychiatric surveillance currently conducted by Doha. This proposal will be referred to the SAGE Commission process.
145	Long Term	Explore incentives for private, for-profit hospitals to enter NY	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.
146	Not Viable	Distinct parts for Nursing Homes	Eliminate the requirement that every nursing home bed in the State be a certified Medicaid bed.
147	Still in Package	Collaborate to eliminate/modify unnecessary regulations	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.
148	Long Term	Reduce or eliminate the local County share of the Medicaid program	Explore methods to reduce the local share contribution in Medicaid.
149	Long Term	Eliminate the need for a Certified Home Health Agency in the Assisted Living Program	Eliminate the requirement for a CHHA or Long Term Home Health Care Program to perform an assessment of the Assisted Living Program participants.
150	Still in Package	Automate Eligibility Determinations and Verification	Automate eligibility determinations and verifications.
151	Merge with 200	Extension of Medication Aides into Nursing Homes	Permitting Medication Aides to administer medication in nursing homes under the appropriate supervision of medical and nursing staff.
152	Long Term	Eliminate Private Right of Action for Nursing Homes	Repeal 2801d of the Public Health Law which allows individuals to bring a private right of action against nursing homes.
153	Still in Package	Develop innovative telemedicine applications by reducing regulatory barriers and providing payment incentives	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.
154	Still in Package	Require Providers to Reconcile Exception & Conflict Reports Statewide	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.
155	Merged with 154	Mandate Participation in the OMIG Cardswipe Program for all Pharmacies.	Requires all pharmacies billing Medicaid to participate in the OMIG Cardswipe Program (landline).
156	Merged with 154	Medicare Coordination of Benefits with Provider Submitted Duplicate Claims	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.
157	Merged with 154	Require Medicare Enrollment for All Ordering Physicians of Home Health Services	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.
158	Long Term	Requires use of BNE's online Dr. Shopper Program to curb prescription abuse	Requiring that prescribers access BNE's on line Dr. Shopper Program before issuing prescriptions for controlled substances.
159	Long Term	Each of the Medicaid agencies provides the OMIG with a list of providers which may need closer audit scrutiny	Each of the Medicaid agencies provides the OMIG with a list of providers which may need closer audit scrutiny.
160	Merged with 154	Expand the OMIG Restricted Recipient Program	Automatic mandatory restriction utilizing revised criteria for recipients without existing full clinical reviews by the State Medical Review Team.
161	Merged with 154	Other Pharmacy Actions (Restock / Re-dispense, Narcotics Database, ID or Sign for Pharm.)	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.
162	Not Reform	Eliminate Medicaid Payments for Medicare Part B Co-insurance	Medicaid will no longer reimburse physicians the Medicare Part B coinsurance amount for patients that have both Medicare and Medicaid coverage.
163	Long Term	Seek Demonstration Funding to shift volume State Psych Hospitals to Voluntary Hospitals	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.
164	Still in Package	Align Medicare Part B coinsurance with Medicaid coverage	Eliminate Payments to Practitioners for Medicare Part B coinsurance for non-reimbursable Medicaid services.
165	Not Viable	Eliminate Funding for Part D Education and Outreach	Eliminate State funding for Medicare Part D education and outreach.
166	Merged with 15	Dispense prescriptions for shorter durations in LTC facilities	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.

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167	Merge with 1029	Allow Administrative Renewals in the Medicare Savings Program	New York has maximized enrollment in MSP. A remaining option is to allow administrative renewals.
168	Long Term	ACA Implementation- Enact New York Health Insurance Exchange and Consolidate Regulation	Authorize a New York Health Benefits Exchange in 2011 as a first step in implementing Affordable Care Act.
169	Long Term	Assess Large Employers for Failing to Offer Affordable Coverage (Medicaid Dumping Fine)	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.
170	Merge with MRT 935	Change reimburse to pay for needs-based elder care	Create a payment reform work group composed of people with financial expertise in the provision of elder services.
171	Long Term	Reduce Medicaid Reimbursement by 4% for All Services	Across the board 4% cut.
172	Not Needed	Sole-source contract for eyeglasses	Medicaid will enter into a sole-source contract for the fabrication of eyeglasses for NYC recipients.
173	Long Term	Impose Moratorium on Medicaid Rate Cuts	Impose Moratorium on Medicaid Rate Cuts
174	Not Viable	Federal Medicare reimbursement change	Advocate for Federal reimbursement change.
175	Long Term	Cost screens for OASAS inpatient rehabilitation programs	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
176	Long Term	Site-specific Cost reporting	Require all cost reports to be filed with site specific cost and unit detail.
177	Merged with 90	Reform Delivery and Reimbursement of Medicaid Services to Foster Care Children	Revise Foster care per diem payment method and promote more accountable care delivery.
178	Long Term	Reduce Spending & Phase-out Long Term Home Health Care Program	Phase out Long Term Home Health Care in counties with sufficient managed care term care capacity.
179	Long Term	Establishing reimbursement for services delivered by community health workers.	Establish community health workers as enrolled providers and develop a rate of payment in Medicaid.
180	Long Term	Ensuring access to effective contraception and other family planning services	Promote access to contraception and family planning services.
181	Long Term	Coverage for obesity counseling/diabetes prevention services	Implement Medicaid coverage of CDC-recognized diabetes prevention programs.
182	Long Term	Enhance coordination of benefits between Medicaid and the Women, Infants, and Children (WIC) Program.	Require Medicaid members to utilize WIC benefits prior to using Medicaid paid services.
183	Long Term	Submit a 1915i State Plan for home and community-based services and supports for HIV Medicaid population.	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.
184	Long Term	Urge Congress to enact a single payer national health care system (H.R. 676)	Advocate for a single payer system of care.
185	Long Term	Prepaid Medicaid Services	Pre-purchasing of services for Medicaid.
186	Long Term	Create and Enhanced Case Mix Adjustment for High Cost Patients with Complex Needs	Create an enhanced CMI for high cost complex hard to place patients who are presently in more expensive care settings.
187	Long Term	Incentivize to Promote Innovation and Reform	Reimbursement innovation will reduce costs by changing incentives to increase the efficiency of care delivery and the cost-effectiveness of the health care workforce.
188	Long Term	Revise Transitional Care Units (TCU's)	Eliminate the authorization for the operation of TCU's in the state.
189	Not Viable	Modernize Insurance Law Coverage of Home Care	Modernize the insurance coverage benefit for home care to improve access to private coverage and reduce dependence on Medicaid.
190	Long Term	Convert Fee-for-Service Long Term Home Health Care Program to a Case Payment Based Methodology	Convert Fee-for-Service Long Term Home Health Care Program Reimbursement to a Case Payment Based Methodology

Pro-posal #	Feb 24th Status	Short Title	Proposal Description
191	Still in Package	Decrease the Incidence and Improve Treatment of Pressure Ulcers	Decrease the Incidence and Improve Treatment of Pressure Ulcers through provider collaboration models.
192	Long Term	Consolidate Low-income Health Insurance Programs	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).
193	Long Term	Phase out of Healthy NY	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.
194	Long Term	Capitation Partnership	Explore utility of partial and global capitation payment models in maintaining or reducing health care costs while improving patient care coordination.
195	Long Term	Coordinate Services for Public Assistance	Coordinate Services for Public Assistance - reaching out for more information - may be referred to SAGE.
196	Still in Package	Supportive Housing Initiative	Establish a supportive housing program to prevent inappropriate nursing home placement.
197	Long Term	Reduce regional and provider variation in service efficiency and quality in the arena of Cardiac Surgery and	Reduce regional and provider variation in service efficiency and quality in the arena of Cardiac Surgery and Percutaneous Coronary Intervention (PCI).
198	Not Viable	Review limitations on use of bedrails in LTC facilities	Evaluate Policies on bedrails and restraints.
199	Long Term	More marketing of programs such as premium assistance and MBI-WPD.	Implement a marketing campaign for premium assistance and MBI-WDP.
200	Still in Package	Change in scope of practice for mid-level providers to promote efficiency lower Medicaid costs.	Need to more broadly define scope of practice for mid level practitioners and create expanded access to peer based services.
201	Long Term	NH/ALP 6,000 Program Elimination	Repeal authorization for additional 6000 Assisted Living Program (ALP) beds.
202	Long Term	Expand Assisted Living Options for Medicaid-Eligible Individuals	Expand options for Medicaid-eligible individuals to receive assisted living services, preventing nursing home placement at a greater cost to Medicaid.
203	Long Term	Facilitate Enrollment In Federal CLASS ACT	Promote and facilitate enrollment in the Community Living Assistance Services and Supports (CLASS ACT)
204	Merge with 196	Re-establish the BH Housing Shortage Workgroup	Re-establish a multi-stakeholder housing workgroup to make recommendations on housing shortages that impact patients with mental health, chemical dependency or developmental disabilities.
205	Long Term	Improve access to care by utilizing Mobile Health Clinics	Improve access to primary and preventive care via mobile clinics for the purpose of reducing the use of emergency departments for non-emergent care.
206	Long Term	Evaluation of Best Practices in Existing LTC Programs	Evaluate the existing programs for managing patients in the community to determine best practices.
207	Long Term	Establish the Center for Health System Innovation within the Dept of Health	Referred to SAGE Commission for further development.
208	Long Term	Accelerate State takeover of administration of Medicaid long-term care programs.	Centralize administration of waiver and other LTC programs which would lead to greater accountability and consistency of service authorization.
209	Still in Package	Expand Hospice	Explore options for expanding hospice in all appropriate settings.
210	Long Term	Allow Nursing Homes to resize or develop non institutional alternatives with funding for transition	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.
211	Not Viable	Amend patient discharge regulations	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.
212	Long Term	Include Medicaid in Health Information Exchange (HIE)	Support policy and technical solutions for health information exchange
213	Merge with 1058	Enhance support for family and other "informal" care givers	Evaluate support option for family/informal care givers.
214	Long Term	Downsize Nursing Homes through Incentives and Residential alternatives	Downsize Nursing Homes through Incentives and Residential alternatives

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215	Long Term	Enhance Nursing Home Care Coordination	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.
216	Long Term	Expand Nursing Home Diversion to Long Term Home Health Care Program	Enhance enforcement of section 367-c of the social services law, which diverts nursing home-eligible patients to home care.
217	Still in Package	Create an office for development of patient-centered primary care initiatives	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.
218	Long Term	State Take Over and Enforce the Collection of NAMI	State Take Over and Enforce the Collection of NAMI Presently facilities are forced to collect Net Available Monthly Income (NAMI) debt.
219	Long Term	Advocate Changes to Federal EMTALA Rules	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.
220	Long Term	Revise NH and HC Documentation Requirements	Evaluate current document requirements to eliminate and/or streamline.
221	Long Term	Administrative Simplification	This proposal will be referred to the SAGE Commission.
222	Long Term	Healthcare Information Technology Funding	Pursue HIT Funding in consultation with Stakeholders.
223	Long Term	Consolidate and create ONE agency who will regulate and oversee ALL Long Term Care needs.	Create one agency for regulation and surveillance of Long Term Care. This proposal will be referred to the SAGE Commission.
224	Long Term	Allow Electronic Fund Payments (EFT) in Medicaid	Allow EFT transfers to improve provider cash flow.
225	Long Term	Create an All Payer Claims System (expanded SPARCS system)	Expand the State's data collection process to include all services from all payers.
226	Long Term	Establish a Rate Setting Advisory Commission	This proposal will be referred to the SAGE Commission.
227	Long Term	Consolidate Oversight of Health Coverage	This proposal will be referred to the SAGE Commission Process.
228	Long Term	Adjust cost compared to Similar States	Compare NYS payments to other State's and make changes as appropriate.
229	Long Term	Assisted Living facility discharge policy change	Eliminate the ability of Adult Care Facilities to be able to discharge a resident due to their inability to pay.
230	Merged with 1462	Support affordable legislation that supports affordable, comprehensive LTC insurance products	Enhance existing NYS Tax credit for the purchase of certain long term care insurance policies.
231	Merged with 1462	Medical Savings Account (MSA)	Establish Medical Savings account demonstration program for Long Term Care.
232	Merged with 1462	Allow IRA, 401K etc. withdrawals without penalty for LTC payments	Provide additional options for individual financing of LTC services and supports.
233	Merged with 1462	Create incentive to access home equity as a means to purchase LTC insurance	Create incentive to access home equity as a means to purchase LTC insurance
234	Long Term	Allow public company's to operate of NHs	Allow publicly traded companies (PTCs) to operate facilities in NYS.
235	Long Term	Streamline Quality Reporting	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:
236	Long Term	Reorganize ACF/AL survey process to focus on poor performing facilities and “look-alikes”	Reorganize Adult Care Facility and Assisted Living Survey process
237	Long Term	More Efficient Home Health Aide Orientation	Reform the state’s supervision and orientation regulations for home health aides and personal care workers.
238	Merged with 154	Provide Better Audit Coordination	OMIG will lead and effort to coordinate in State Audits of the Medicaid Program.

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239	Long Term	Expedite Medicaid billing	Align Medicaid's claiming limit with Medicare's rule - 1 year rule (Medicare) versus 90 day (Medicaid).
240	Long Term	Audit to confirm consistency for supply and medication claims	Develop audit capabilities to ensure that there is consistency between diagnoses recorded in medical records / claims submitted by providers
241	Long Term	ACA Implementation - Basic Health Plan/Public Option	Adopt the Basic Health Plan option in the Affordable Care Act (ACA). Include a public option as a health insurance choice in the Exchange.
242	Long Term	Explore different payment models	Explore incentive based payments such as global budgets, bundled payments, and an expansion to selective contracting.
243	Still in Package	Implement Accountable Care Organizations (ACOs) for Medicaid	Explore reimbursement models to implement Accountable Care Organizations (ACOs) for Medicaid beneficiaries. Need guidance from CMS.
244	Long Term	Salary Incentives to Residents in Medically Underserved Communities	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.
245	Not Viable	Eliminate Optional Services Unless Enrolled in a Medical Home	Eliminate Optional Services Unless Enrolled in a Medical Home.
246	Not Viable	Limit OTC products	This proposal would limit coverage for non-prescription, Over-the-Counter (OTC) drugs.
247	Not Viable	Allow only Physicians to Bill for Injectibles	Allow only Physicians to Bill for Injectibles - access concerns exist.
248	Not Viable	Adopt VA drug formulary	Adopt VA drug formulary for Medicaid - VA has closed formulary and Medicaid can not limit drug access in this way.
249	Not Viable	County leaders should be allowed to set the breadth of the Medicaid program	Give counties the ability to define to what services their Medicaid population would be eligible to receive.
250	Not Viable	Require Medicaid Enrollees to obtain a doctors order for Over the Counter (OTC) drugs	Require Medicaid Enrollees to obtain a doctors order for Over the Counter (OTC) drugs - fiscal order is already required for OTCs.
251	Merged with 55	Extended coverage of nicotine replacement treatment	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.
252	Not Viable	Medicaid should be a Federal Benefit	Relieve states from financial burden by having Medicaid become a Federal benefit.
253	Long Term	Allow use of non-enrolled providers and reimburse up to the FFS rate.	Allow use of non-enrolled providers and reimburse up to the FFS rate.
254	Not Viable	Pool drug & supply purchasing contracts	Pool non-Medicaid purchasing for state owned facilities - not a Medicaid proposal.
255	Not Viable	Expand the exclusion list of drugs carved out of the nursing home rate.	Expand the exclusion list of drugs carved out of the nursing home rate. This proposal is in the process of being implemented.
256	Not Viable	Return of For-Profit Health Plan profits	Require For Profit Health Plans to return Medicaid profits back to the community.
257	Not Viable	Revenue suggestions	Revenue suggestions - seeking clarity on this proposal.
258	Not Viable	Utilize sustainable energy technology	Utilize sustainable energy technology
259	Not Viable	Standardize look back periods in LTC	The look back periods are standardized. Need more information.
260	Long Term	Permitting continued Medicaid eligibility/coverage for high-risk women following a pregnancy	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?
261	Not Viable	Cap hospital executive salaries included in cost reports for Indigent Care	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.
262	Not Viable	Maximize Medicare utilization to reduce Medicaid cost	Maximize Medicare utilization to reduce Medicaid cost - seeking more detail.

Pro-posal #	Feb 24th Status	Short Title	Proposal Description
263	Done	Involvement of Unions in MRT	Involvement of Unions in MRT
264	Still in Package	Apply HCRA Surcharges to Office Based Surgery	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
265	Not Viable	Eliminate the resource test for SSI disabled individuals, except for those seeking NH level of care	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).
266	Not Viable	Extend MBI-WPD so that individuals can participate beyond 65th birthday.	Not Viable - the age limit is a federal law.
267	Long Term	Allow OPWDD disability determinations to be used for Medicaid eligibility	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.
268	Long Term	Allow OPWDD Revenue Support Field Offices to administer Medicaid (eligibility) for I/DD Population	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.
269	Long Term	Home Care Regulatory Relief	Provide for regulatory relief to reduce state and provider costs and to permit improved, more efficient functioning of the system.
270	Long Term	Improve eMedNY	Improve eMedNY - seeking clarification
271	Merge with 154	Come down on Medicaid Fraud/Abuse	Come down on Medicaid Fraud/Abuse - More specific proposals exists in this area.
272	Not Viable	Implement biometric IDs for Medicaid enrollees.	Implement biometric IDs for Medicaid enrollees. Potential legal issues.
273	Not Viable	Drug Testing	Drug Testing of Medicaid Recipients - potential legal issues.
274	Not Viable	Criminal Penalty for Prohibitive Asset Transfer	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.