**Table 2: Rank Ordering of Proposals**

| Proposal Description | Composite Rank | Individual Rankings | | | | |
|---|---|---|---|---|---|---|
| | | Cost Year 1 | Cost Years 2 and 3 | Quality | Efficiency | Overall Impact |
| 89. Address Health homes for high cost/high need enrollees | 1 | 15 | 2 | 1 | 1 | 1 |
| 131. Reform Medical Malpractice and Patient Safety | 2 | 6 | 6 | 9 | 5 | 4 |
| 11. Bundle Pharmacy into MMC | 3 | 12 | 12 | 10 | 10 | 6 |
| 155. Mandate Participation in the OMIG Cardswipe Program for all Pharmacies. | 4 | 25 | 14 | 20 | 9 | 13 |
| 90. Mandatory Enrollment in MLTC Plans/Health Home Conversion | 5 | 23 | 13 | 15 | 14 | 18 |
| 69. Uniform Assessment Tool (UAT) for LTC | 6 | 41 | 39 | 4 | 2 | 2 |
| 6. Reduce MC / FHP Profit (from 3% to 1%) | 7 | 3 | 10 | 38 | 23 | 25 |
| 66. Revise Indigent Care Pool Distributions to align with Federal Reform | 8 | 5 | 5 | 25 | 36 | 30 |
| 8. Reduce MC / FHP / CHP trend factor (1.7%) | 9 | 2 | 3 | 41 | 35 | 23 |
| 92. Allow Restricted Recipient Program in Managed Care | 10 | 31 | 20 | 11 | 15 | 17 |
| 243  Accountable Care Organizations (ACOs) | 11 | 44 | 44 | 2 | 3 | 3 |
| 18. Eliminate spousal refusal. | 12 | 17 | 16 | 30 | 22 | 22 |

**Notes**

For each proposal, the five metrics (Cost Year 1, Cost Years 2 and 3, Quality, Efficiency and Overall Impact) were standardized taking into consideration both the mean and variation.  A score is calculated for each metric, and then ranked from 1 (highest) to 49 (lowest).    A composite rank is also computed which is the average score across the five metrics and then ranked 1 to 49.

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|---|---|---|---|---|---|---|
| | | Cost Year 1 | Cost Years 2 and 3 | Quality | Efficiency | Overall Impact |
| 5. Reduce and Control Utilization of CHHA Services | 13 | 7 | 8 | 35 | 30 | 37 |
| 70. Expand Current Statewide Patient-Centered Medical Homes (PCMH) | 14 | 43 | 45 | 3 | 4 | 5 |
| 98. Streamline Managed Care Enrollment Eligibility Process | 15 | 33 | 40 | 8 | 6 | 9 |
| 97. Assign Medicaid Enrollees to Primary Care Providers | 16 | 32 | 37 | 7 | 12 | 10 |
| 4. Eliminate 2011 Trend Factor (1.7%) | 17 | 1 | 1 | 46 | 45 | 33 |
| 15. Rebuild NY Preferred Drug List | 18 | 21 | 23 | 26 | 20 | 20 |
| 12. Reduce/Redirect Indirect Medical Education (IME) Payments | 19 | 8 | 7 | 31 | 41 | 38 |
| 22. Establish New Ambulette Dialysis Transportation Fee | 20 | 22 | 26 | 33 | 13 | 15 |
| 79. Implement Episodic Pricing for Certified Home Health Agencies | 21 | 35 | 29 | 18 | 8 | 12 |
| 1. Increase the Health Facility Cash Assessment Rates | 22 | 4 | 4 | 36 | 46 | 36 |
| 32. Prior Authorization for Exempt Drug Classes | 23 | 29 | 28 | 17 | 17 | 14 |

**Notes**

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2/23/2011

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|---|---|---|---|---|---|---|
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| 25. Remove Physician Component from Ambulatory Patient Group (APG) Base Rate | 24 | 19 | 25 | 28 | 26 | 21 |
| 2. Reduce and Control Utilization of Personal Care Services | 25 | 10 | 11 | 39 | 38 | 44 |
| 3. HCRA Streamlining | 26 | 9 | 9 | 40 | 44 | 42 |
| 14. Restructure Reimbursement for Proprietary Nursing Homes | 27 | 14 | 18 | 42 | 32 | 28 |
| 16. Implement Pricing Reimbursement Methodology for NHs | 28 | 18 | 17 | 29 | 34 | 39 |
| 87. Reduce Unnecessary Hospitalizations - Geographic Community Based Pay for Performance | 29 | 30 | 34 | 16 | 27 | 29 |
| 101. Develop Initiatives for People with Medicare and Medicaid | 30 | 45 | 46 | 6 | 11 | 8 |
| 57. Limit Opioids to a Four Prescription Fill Limit Every Thirty Days. | 31 | 39 | 42 | 13 | 18 | 16 |
| 10. Eliminate Direct Marketing of Medicaid Recipients and Facilitated Enrollment Activities by Medicaid Managed Care | 32 | 13 | 19 | 43 | 40 | 45 |
| 196 Supportive Housing Initiative | 33 | 47 | 48 | 5 | 7 | 7 |
| 162. Eliminate Medicaid Payments for Medicare Part B Co-insurance | 34 | 20 | 21 | 37 | 42 | 41 |
| 7. Elimination of the Personal Care Benefit for Persons who are not NH Certifiable | 35 | 11 | 15 | 45 | 47 | 47 |
| 96. Expand Managed Care Enrollment | 36 | 36 | 33 | 22 | 24 | 31 |

**Notes**

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|---|---|---|---|---|---|---|
| | | Cost Year 1 | Cost Years 2 and 3 | Quality | Efficiency | Overall Impact |
| 95. Include Personal Care Benefit in Managed Care | 37 | 38 | 41 | 21 | 21 | 26 |
| 43. Eliminate Part D Drug Wrap in Medicaid | 38 | 34 | 36 | 27 | 25 | 24 |
| 93. Implement Regional BHOs for Behavioral Health Organization | 39 | 40 | 35 | 19 | 29 | 27 |
| 26. Utilization Controls on Behavioral Health Clinics | 40 | 28 | 31 | 32 | 31 | 40 |
| 111. Limit Divestment and Encourage Private LTC Insurance | 41 | 42 | 43 | 23 | 16 | 11 |
| 17. Reduce Fee-For-Service Dental Payment on Select Procedures | 42 | 24 | 24 | 47 | 39 | 43 |
| 67. Assist Preservation of Essential Safety-Net Hospitals, Nursing Homes and D&TCs | 43 | 46 | 47 | 12 | 19 | 19 |
| 35. Prescription Limitation to 5/month | 44 | 37 | 30 | 34 | 37 | 34 |
| 9. Eliminate All Targeted Case Management for Managed Care Enrollees | 45 | 26 | 27 | 44 | 43 | 46 |
| 91. Carve In for Behavioral Health Services into Managed Care | 46 | 49 | 38 | 24 | 28 | 35 |
| 19. Eliminate D&TC Bad Debt and Charity Care | 47 | 16 | 22 | 48 | 49 | 49 |
| 61. Home Care Worker Parity - CHHA / LTHHCP / MLTC | 48 | 48 | 49 | 14 | 33 | 32 |
| 23. Coverage for Dental Prosthetic Appliances | 49 | 27 | 32 | 49 | 48 | 48 |

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