

List of MRT Proposals for Feb. 24-25 MRT Meetings

#	Proposal Short Title
5	Reduce and Control Utilization of Certified Home Health Agency Services
6	Reduce Medicaid Managed Care and Family Health Plus Profit (from 3% to 1%)
10	Eliminate Direct Marketing of Medicaid Recipients by Medicaid Managed Care Plans
11	Bundle Pharmacy into MMC
13	Preschool/School Supportive Health Services Program (SSHSP) Cost Study
14	Restructure Reimbursement for Proprietary Nursing Homes
15	Comprehensive fee-for-service pharmacy reform
17	Reduce fee-for-service dental payment on select procedures
18	Eliminate spousal refusal.
21	Streamline the Processing of Nursing Home Rate Appeals
24	Payment for Enteral Formula with Medical Necessity Criteria
25	Remove Physician Component from Ambulatory Patient Group (APG) Base Rates
26	Utilization Controls on Behavioral Health Clinics
29	Reduce Transportation Costs through Regional Management Recommended Targeted Fee Actions
30	Align Payment for Prescription Footwear with Medical Necessity
31	Eliminate worker recruitment and retention
34	Establish Utilization Limits for PT, OT, and Speech Therapy/Pathology
37	Eliminate Case Mix Adj for AIDS Nursing Svcs in CHHA and LTHHCP Programs
41	Establish the Public Health Services Corps
42	Limit MA coverage for compression stockings to the MC criteria, include coverage during pregnancy.
49	Reimburse Art 28 clinics for HIV counseling/testing using APGs
54	Adjust 340B Drug payment in 340B-eligible clinics via Ambulatory Patient Groups (APGs)
55	Increase coverage of tobacco cessation counseling
60	Delink Workers Compensation and No Fault Rates from Medicaid
61	Home Care Worker Parity - CHHA / LTHHCP / MLTC
67	Assist Preservation of Essential Safety-Net Hospitals, Nursing Homes and D&TCs
68	Repatriate Individuals in out of state placements
69	Uniform Assessment Tool (UAT) for LTC
70	Expand current statewide Patient-Centered Medical Homes (PCMH)
82	Reduce Reimbursement for Hospital Acquired Conditions and Potentially Preventable Conditions
83	Expand SBIRT for alcohol/drug to hospital clinic, DTC and office settings.
89	Implement Health Home for High-Cost, High-Need Enrollees
90	Mandatory Enrollment in MLTC Plans/Health Home Conversion
93	Establish behavioral health organizations to manage carved-out behavioral health services
101	Develop Initiatives to Integrate and Manage Care for Dual Eligibles
102	Centralize Responsibility for Medicaid Estate Recovery Process
103	Reduce Inappropriate Use of Certain Services
104	Increase Enrollee Copayment Amounts for MA Fee-for-Service and FHP; Require Copayments for CHP
109	Require Hospitals and Nursing Homes to provide Patient Centered Palliative Care
116	Accelerate IPRO Review of Medically Managed Detox (Hosp)
121	Better utilize County Nursing Homes
129	State Authority to Supervise Integration of Health Services and Providers to Minimize Anti-Trust Exposure
131	Reform Medical Malpractice and Patient Safety

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- 132 Expand the Definition of Estate
- 133 Administrative Renewal for Aged and Permanently Disabled
- 134 Audit Cost Reports (rather than certification)
- 137 Disregard retirement assets such as 401K plans for MBI-WPD
- 139 Implement the new waiver for LTHHCP
- 141 Accelerate State Assumption of Medicaid Program Authorization
- 144 Eliminate Duplicative Surveillance Activities (Labs/psychiatry)
- 147 Eliminate or modify unnecessary regulations and improvements for capital access
- 150 Develop an Automated Exchange/Medicaid Eligibility System
- 153 Develop innovative telemedicine applications by reducing regul. barriers and providing \$ incentives
- 154 Enhance and improve the State's Medicaid program integrity efforts.
- 164 Align Medicare Part B clinic coinsurance with Medicaid coverage and rates
- 191 Decrease the Incidence and Improve Treatment of Pressure Ulcers
- 196 Supportive Housing Initiative
- 200 Change in scope of practice for mid-level providers to promote efficiency and lower Medicaid costs.
- 209 Expand Hospice
- 217 Create an office for development of patient-centered primary care initiatives
- 243 Accountable Care Organizations (ACOs)
- 264 Apply HCRA Surcharges to Physician Office Based Surgery and Radiology Services
- 889 Redesign NYS bedhold policy for nursing homes.
- 990 Adjust Reimbursement Rates to Support Efforts to Address Health Disparities
- 1021 Facilitating Co-Located physical health/behavioral health/developmental disability services
- 1029 Enrollment and Retention Simplification
- 1032 Establish a Housing Disregard as Incentive to Join MLTC
- 1058 Maximize Peer Services
- 1116 Apply 60 Month Look Back Period to Non-Institutional LTC
- 1172 Nursing Home Sprinkler Loan Pool
- 1427 Allow consumer direction in MLTC; provide regulatory framework for CDPAP
- 1434 Convert a portion of Family Planning grants to Medicaid rate reimbursement
- 1451 Establish various MRT workgroups
- 1458 Managed Care Population and Benefit Expansion, Access to Services, and Consumer Rights
- 1462 LTC insurance proposals
- 4648 Family Planning Benefit Program as a State Plan Service
- 4647 Expand Managed Addiction Treatment Program (MATS)
- 4651 Global Spending Cap on Medicaid Expenditures
- 4652 Reform Personal Care Services Program in NYC