

## Partnership Solution in Detail

No.	Initiative	Effective Date	Art VII	2013-2014 Impact	2014-2015 Impact	Description
			Yes/No	State	State	
<b>Accelerate MRT</b>						
	PCMH Savings	April 2013	No	\$6.85	\$3.43	Eliminate payments for 2008 PCMH recognized Level 2 providers and reduce payments from \$6 pmpm to \$5 pmpm for 2008 PCMH recognized Level 3 providers. Assumes that some providers will meet 2011 standards to receive incentive payment.
	FIDA Savings from Community DUALS/Administration	January 2014	No	\$6.50	\$27.50	Additional savings associated with enrolling up to 122,000 dual eligible (Medicare/Medicaid) recipients in the FIDA demonstration.
	Stricter Utilization Management by Transportation Manager	March 2013	No	\$6.05	\$6.05	NYC transportation manager will accelerate migration to livery and public transportation at the most appropriate mode of transport. Improved transportation utilization patterns will be implemented for lower performing providers.
	Accelerate MLTC Enrollment	April 2013	No	\$3.25	\$1.25	Accelerate mandatory enrollment from 2,000 enrollees per month to 4,000 enrollees per month. NYC Mandatory enrollment expected to generate -1.3% savings from FFS spend. Saving estimates are offset by \$450,000 for implementation costs.
	Implement Appropriateness Edits on emergency Medicaid Pharmacy Claims	April 2013	No	\$1.80	\$1.80	Implement an edit which will eliminate inappropriate emergency Medicaid pharmacy claims provided to individuals who are eligible for emergency services only (estimated savings are net of OBRA drug rebates).
	Accelerate BHO/IMD	April 2014	Language included 2013-14 Executive Budget	\$0.00	\$12.00	DOH and OMH are exploring options to generate savings which includes converting State-only funding (i.e., supportive housing/State psych inpatient) into Medicaid capitation payments with shift to BHO/HARPS.
<b>Total</b>				<b>\$24.45</b>	<b>\$52.03</b>	
<b>Other Reforms/Savings</b>						
	Managed Care Efficiency Adjustments	July 2013	No	\$25.00	\$25.00	DOH is working with Mercer/3M to identify higher and lower performing health plans on savings aimed at reducing hospital readmissions, emergency department use and other avoidable health care costs.
	Reduce Accounts Receivable Balances	April 2013	No	\$50.00	\$68.00	DOH will work with provider groups to develop a plan to reduce liabilities owed to the State.
	Activating Ordering/Prescribing/Referring/Attending edits	October 2013	No	\$4.25	\$8.50	Savings identified through implementation of ACA requirement that ordering/referring practitioners must be enrolled in Medicaid program for fee-for-service claims payment to be made. Estimate assumes six month transition from April to October 2013 to utilize the new expedited enrollment process and 90% improvement in compliance over current levels.
	Increase manual review of claims	July 2013	No	\$8.25	\$11.01	Improved editing allows better targeting of potential billing errors, fraud, waste and abuse through additional cost effective manual review in fee-for-service, including provider on review, near duplicate, third party zero fill, timely billing, and potential inappropriate combinations of services.
	Basic Benefit Enhancements	October 2013	No	\$5.00	\$10.00	Discontinue coverage for Functional Electrical Stimulators (FES) for Spinal Cord and Head Injury, Cerebral Palsy, and Upper Motor Neuron Disease.
	Gold STAMP Program to Reduce Pressure Ulcers	April 2013	No	\$6.00	\$8.00	Additional Medicaid savings from expanding efforts to reduce pressure ulcers for NH residents.
	Eliminate e-Prescribing Incentive	July 2013	No	\$1.04	\$1.55	To encourage the use of e-prescribing, the NY State legislature authorized the payment of an incentive to eligible providers for each approved ambulatory Medicaid e-prescription plus a maximum of five refills. This proposal will eliminate the e-prescribing incentive payment as it will no longer be required due to sufficient federal incentives, and the State requirement (I-STOP) for providers to adopt e-prescribing in 2014.

### Partnership Solution in Detail

No.	Initiative	Effective Date	Art VII	2013-2014 Impact	2014-2015 Impact	Description
			Yes/No	State	State	
<b>Total</b>				<b>\$99.54</b>	<b>\$132.06</b>	
<b>Delay 2013-14 MRT Investments</b>						
	Additional Supportive Housing	April 2014	No	\$12.50	\$12.50	New York seeks to dedicate \$91.35 million in State Fiscal Year 2013-14 to expand access to supportive housing services. This proposal would: 1) continue \$75 million in MRT dollars to fund various supportive housing initiatives; 2) allocate \$12.5 million in new funds; and 3) designate \$3.85 million to fund new supportive housing initiatives associated with Medicaid savings derived from the closure of hospital and nursing home beds.
	Tobacco Cessation Counseling by Dentists	April 2014	No	\$1.50	\$1.50	This proposal will expand access to tobacco counseling by reimbursing dentists and will provide greater access to effective, high quality smoking cessation treatment for members. Various meta-analyses have found that smoking-interventions delivered by non-physician clinicians are effective in increasing abstinence rates among smokers. Increased abstinence rates are associated with better health and lower cost.
	MLTC Ombudsman	April 2014	No	\$1.50	\$1.50	This proposal will establish a MLTC specific ombudsman effort to provide a resource for consumers and families to help navigate plan benefits, appeal rights, and all other aspects of managed long term care.
	Increase NH Quality Pool	April 2014	No	\$5.00	\$5.00	This proposal increases the 2013 NH Quality Pool from \$50 million to \$60 million. The current quality measures include MDS measures, employee flu immunization, and nursing home staffing.
	Develop Price for Specialty Nursing Homes	April 2014	Yes	\$0.00	\$0.00	This proposal authorizes a pricing methodology to be developed for the operating component of the rate for Specialty nursing homes (i.e., pediatric, AIDS, TBI, behavioral and ventilator nursing homes or units). The new methodology would apply to rates beginning on April 1, 2014. The \$5 million allocated in FY 2015 will help smooth the transition to the new price.
	Health Homes Infrastructure Development and Governance Support Grants	April 2014	Yes	\$15.00	\$15.00	The formula developed by the Commissioner will instruct funds to be distributed to Health Homes based upon a lack of prior access to funding from HEAL and Federal CMA Innovation Grants, as well as geographic and demographic factors.
	Health Home Plus Design targeted at AOT/State Psychiatric Center Discharges	April 2014	No	\$2.02	\$2.02	The Assisted Outpatient Treatment (AOT) is a program for high need/risk individuals with serious mental illness. As evidenced by recent tragic events, the capacity of the AOT program needs to be strengthened. Health Home Plus programs will be embedded in designated health homes to more effectively manage the care of people assigned to AOT. Funds will be used to support patient caseloads, tracking, and other compliance activities, as well as sharing care management records across networks.

### Partnership Solution in Detail

No.	Initiative	Effective Date	Art VII	2013-2014 Impact	2014-2015 Impact	Description
			Yes/No	State	State	
	Integration of Behavioral and Physical Health Clinic Services	April 2014	Yes	\$7.50	\$7.50	This proposal includes funding for two separate initiatives that support the integration of evidence based behavioral and physical health services to Medicaid patients: Service Integration Licensure Pilot Project and the Collaborative Care model. Patients receiving care at Pilot clinics will be able to obtain coordinated physical and behavioral health services whose goal is to improve overall health. The Collaborative Care model will promote, in primary care settings, the detection and treatment of common mental health conditions such as depression. Patients with a mental health condition may not adhere to treatment plans for illness such as diabetes or hypertension. Treating the mental health condition will therefore improve overall patient physical health.
	CSWs to Bill Medicaid	April 2014	Yes	\$1.25	\$1.25	This proposal authorizes Certified Social Workers to bill Medicaid for mental health services to children under 21 and for those requiring such services due to pregnancy or child birth.
	Increased MLTC Rate for Members Relocating from Adult Homes	April 2014	No	\$0.10	\$0.10	Increase the MLTC rate for current residents of adult homes who relocate to more independent living residences.
	Managed Long Term Care Quality Incentive	April 2014	No	\$10.00	\$10.00	This proposal will initiate the Managed Long Term Care Quality Incentive (MLTC QI) in FY 2014. The MLTC QI will use established measures of quality, satisfaction and plan performance to rank plans. A dividend would be paid to plans that have high levels of performance in these areas, with the intention of establishing the MLTC QI as part of the annual rate setting process for MLTC plans.
<b>Total</b>				<b>\$56.37</b>	<b>\$56.37</b>	
<b>TOTAL</b>				<b>\$180.36</b>	<b>\$240.46</b>	