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)**	**($2,264)**
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	**($108)**	**($63)**
Promote Encounter Data Accountability and Partially Restore of Managed Care Quality Incentive Pools	($114)	($81)
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	**($647)**	**($1092)**
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 Prevails	($22)	($27)
Transportation Actions	**($93)**	**($243)**
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	**($2500)**	**($3057)**
Remaining Amount to Target	**$0**	**($335)**