

# Medicaid Redesign Team Proposal Workplan

MRT Proposals Project Management Plan								
Milestones:							State Savings 2011-12 (\$millions)	Information for Team Leads
	Date	Schedule	Budget	Risk	Description			
Key:					✓ = Completed    ⦿ = On Track    ♦ = Caution    ☒ = Alert    ? = Unknown			
MRT# 5					<b>Project Name:</b> Reduce and Control Utilization of Certified Home Health Agency Services <b>Division Lead:</b> DHCF <b>Team Lead:</b> Charles Tobey <b>Add'l Staff:</b> Tim Casey <b>Description:</b> To control utilization and reduce costs, the proposal will transition long-term CHHA patients to Managed Long Term Care.		(100.00)	
					<b>PER-PATIENT SPENDING LIMITS:</b>			
	3/15/11	✓	✓	✓	Request updated CHHA paid claims data for base year (CY 2009)			
	3/22/11	✓	✓	✓	Determine if preliminary caps will be implemented by adjusting provider rates or provider payments.			
	3/30/11	✓	✓	✓	Calculate Provider Caps and interim rate/payment adjustments.			
	4/1/11	✓	✓	✓	Work with BHOFA staff to prepare necessary State Plan Amendment materials.			
	4/1/11	✓	✓	✓	Determine if regulations are needed for Provider Caps - if so, work with legal staff to prepare regs. and determine public notice requirements.			
	4/11/11	✓	✓	✓	10 days after legislation approved: Send Dear Administrator Letter to providers regarding caps (if/when budget approved).			
	4/15/11	✓	✓	✓	Work with DOH Division of Systems and eMedNY staff to determine systems requirements.			
	4/19/11	✓	✓	✓	Submit State Plan Amendment 11-50 to BHOFA for processing to CMS.			
	4/29/11	✓	✓	✓	Contact DOH Managed Care staff to discuss potential issues involving accelerated movement of LT patients from CHHAs to MLTC.			
	5/15/11	✓	✓	✓	Distribute additional data used in calculation of caps to providers via HCS website.			
	5/25/11	✓	✓	✓	Meet with Division of Systems and Medicaid Financial Management to discuss recoupment issues/strategy.			
	7/15/11	⦿	⦿	⦿	When CMS approval is received, implement payment reductions on eMedNY.			
	10/1/11	⦿	⦿	⦿	Perform preliminary reconciliation for 4/1/11-6/30/11 and inform providers of results.			
	1/1/12	⦿	⦿	⦿	Preliminary reconciliation for 4/1/11-9/30/11.			
	4/1/12	⦿	⦿	⦿	Preliminary reconciliation for 4/1/11-12/31/11.			
	7/1/12	⦿	⦿	⦿	Preliminary reconciliation for 4/1/11-3/31/12.			
	10/1/12	⦿	⦿	⦿	Final reconciliation for 4/1/11-3/31/12 - calculate actual savings vs. target.			
					<b>EPISODIC PAYMENT SYSTEM:</b>			
	5/15/11	✓	✓	✓	Work with BHOFA staff to prepare necessary State Plan Amendment materials.			
	6/1/11	⦿	⦿	⦿	Determine if regulations are needed for Provider Caps - if so, work with legal staff to prepare regs. and determine public notice requirements.			
	6/1/11	⦿	⦿	⦿	Submit State Plan Amendment.			
	7/1/11	⦿	⦿	⦿	Determine systems requirements.			