

The October 5 meeting of the full MRT was informational – workgroup recommendations were made but no action was taken.

Otherwise, the meeting was essentially a series of presentations from various Department of Health staff and MRT members on the status of the implementation of Phase I proposals, the global spending cap and progress reports from the ten workgroups. There was no discussion of additional cuts to the Medicaid program for FY 2012-13.

Medicaid Director Jason Helgerson provided an overview of the 78 Phase I MRT proposals that were enacted through last year's budget. These initial proposals were estimated to save the state \$2.2 billion in FY 2011-12, and Helgerson reported that the state is realizing these savings. Actual savings achieved to date is \$596.35 million with the remaining savings to be achieved as various initiatives take effect throughout the year. The implementation of Phase I proposals has required significant state staff time to meet the deadlines but all reports are that the state is on track to meet the "live" dates for these initiatives. Director Helgerson noted that the Medicaid Redesign process had fostered renewed collaboration between the Department of Health and the Centers for Medicare & Medicaid Services. CMS has appointed a special lead assistant to help the Department of Health with MRT implementation. To date, the DOH has received approval for 20 State Plan Amendments (SPAs) related to MRT proposals. There are an additional 32 SPAs related to MRT that DOH is submitting to CMS.

DOH then provided an update on the global spending cap for total Medicaid spending. This past year's budget set a cap of \$15.3 billion for state dollars to be spent on Medicaid with DOH and the Division of Budget monitoring spending on a monthly basis. The budget language gave DOH and DOB the authority, with input from the Legislature, to develop a reduction plan should spending exceed the cap. Although Medicaid enrollment numbers have climbed over the past year, the state spending remains under the global cap. The materials linked above provide some interesting charts on the spending of each health care sector.

DOH then provided a demonstration of new technology it has been using to monitor the progress of MRT initiatives. This technology, Salient Management Company's Medicaid Visual Data Mining system, allows DOH to track and analyze Medicaid spending in great detail. Commissioner Shah noted the value of this type of technology in developing health policy.

The remainder of the meeting included brief updates on the progress of various MRT workgroups. The workgroups will be providing formal recommendations in the coming weeks but today's meeting was a general overview of each group's directives and progress. This [chart](#) provides the recommendations process timeline for each subgroup.

The next full meeting of the MRT will be held on November 1, 2011 at the New York Academy of Medicine. This meeting will be open to the public and the members of the MRT will be formally voting on recommendations from the following workgroups: Program Streamlining and State/Local Responsibilities; Managed Long Term Care Implementation and Waiver Redesign; Behavioral Health Reform; and Health Disparities. The final full MRT meeting of 2011 will be held in Albany on December 1, 2011. The meeting will be open to the public and the MRT members will vote on the remaining workgroup recommendations. These workgroups include: Basic Benefit Review; Payment Reform and Quality Measurement; Workforce Flexibility and Change of Scope of Practice; Affordable Housing; and Medical Malpractice Reform. It should be noted that the workgroup Health Systems Redesign: Brooklyn is a special workgroup that will make recommendations directly to Commissioner Shah. The goal of the MRT is to have final recommendations to deliver to Governor Cuomo by December 31 of this year. This will allow the Governor to incorporate accepted recommendations into his Executive Budget proposal.