

	<i>Topics to be addressed:</i>	<i>Reform Proposal Themes (Drawn from previously submitted proposals):</i>
<p>October 26-27, 2005 The Need for Reform</p>	<p>The Need for Medicaid Reform and Best Practices</p> <p>Where are the challenges to the System?</p> <ul style="list-style-type: none"> ○ Eligible Populations ○ Acute Care Delivery System ○ Long Term Care Delivery System ○ Quality and Health IT ○ IT, Fraud and Abuse and Financing 	
<p>January 2006 Eligible Populations</p>	<p>Considering fiscal constraints, who should this safety net program serve and why?</p> <ul style="list-style-type: none"> • Children • Parents • Childless Adults • Aging (including Duals) • Disabled (including Duals), persons with mental illness. • AI/AN/NA • Uninsured • What level of flexibility should States have? Who <i>must</i> States cover and who <i>may</i> States cover to receive Federal funding? 	<ul style="list-style-type: none"> • Coordination between programs* as beneficiaries transition between other public or private insurance programs or change eligibility categories within Medicaid. <p>Eligible populations:</p> <ul style="list-style-type: none"> • SSA Disability definition and determination • Income deduction cap • Encouraging/allowing employment • Removing custody relinquishment in order to obtain mental health services
<p>March 2006 Acute and Preventive Care</p>	<p>How do we get the best quality acute and preventive care for our public dollars?</p> <ul style="list-style-type: none"> • How should service delivery occur? (Fee-for-service/Managed Care/Disease Prevention Programs, etc) • What benefits should be provided? • Service Coordination for Dual Eligibles • Pharmacy* • What level of flexibility should States have? What <i>must</i> States provide and what <i>may</i> States provide to receive Federal funding? • Cost sharing requirements? • Health Savings Accounts • Premium Assistance Subsidies • Barriers to MC implementation 	<ul style="list-style-type: none"> • Prescription drug reforms • Preventative health care initiatives* • Managed Care*, and other care delivery strategies • Benefits flexibility • Cost-sharing • Provider payment levels • Health workforce issues*

	<i>Topics to be addressed:</i>	<i>Reform Proposal Themes (Drawn from previously submitted proposals):</i>
May 2006 Long-Term Care	<p>How do we get the best quality long-term care for our public dollars?</p> <ul style="list-style-type: none"> • How should service delivery occur? (institutional versus community based settings) • What benefits should be provided? (Including provision of Targeted Case Management through other State Agencies) • Service Coordination for Dual Eligibles • Pharmacy* • What level of flexibility should States have? What <i>must</i> States provide and what <i>may</i> States provide to receive Federal funding? • Cost sharing requirements? 	<p><u>LTC Delivery</u></p> <ul style="list-style-type: none"> • Consumer direction • Disease management and chronic care • Remove institutional bias, promote HCBS • Money Follows the Person • Real Choice Systems Change • Allow telehealth for home care • Distinguish between (financing and delivery systems) LTC for disabled and elderly • Health workforce issues* <p><u>LTC Financing</u></p> <ul style="list-style-type: none"> • LTC partnership programs • LTC insurance (and markets) • Reverse mortgages • Possible LTC program financed with payroll deductions
July 2006 Improving Quality	<p>What are the tools to making our dollars go farther: How do we improve the infrastructure for quality care?</p> <ul style="list-style-type: none"> • Quality in service delivery and outcomes • Prevention Initiatives* • Information Technology’s role in providing quality care • Health Care Disparities 	<ul style="list-style-type: none"> • Health Information Technology • Coordination between programs* • Quality assurance programs* • Preventative health care initiatives*
September 2006 Systemwide Administration	<p>What are the tools to making our dollars go farther: information technology, Fraud and abuse, and financing</p> <ul style="list-style-type: none"> • Relationship of IT to Fraud and Abuse, Financing for providers, MCOs, and beneficiaries (Administrative claiming, IGTs, Provider Taxes) • Graduate Medical Education/Indirect Medical Education Funding • Relationships with FQHCs and IHS • Disproportionate Share Hospitals (DSH) 	<ul style="list-style-type: none"> • “Systemwide coordination” including coordination between Medicare*, and the rest of the HC system. • Reducing administrative costs • Fraud and Abuse • Judicial reform • Financing issues, including <ol style="list-style-type: none"> 1. State and Federal relationship 2. Flexibility (waiver reform) 3. Separate funding streams by population* • FQHCs
	Vote on Recommendations (November 2006 meeting)	

* Indicates that item may apply to more than one module.