

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

October 19, 2022

Re: New York Medicaid Redesign Team Project Number 11-W-00114/2

To Whom It May Concern:

This testimony is submitted on behalf of Common Ground Health (CGH), Finger Lakes Performing Provider System (FLPPS), and Rochester RHIO (Regional Health Information Organization). CGH is a nonprofit organization serving nine counties in the Finger Lakes Region. Through regional collaboration and partnerships, the organization brings focus to community health issues via data analysis, resident engagement, and solution implementation. FLPPS is a nonprofit provider-led organization supporting partners in the thirteen-county Finger Lakes Region focusing on healthcare delivery system redesign to improve health outcomes through relationship-building, clinical and community integration, program design and implementation, workforce development, and strategic partnerships. Rochester RHIO is a nonprofit organization providing secure, electronic health information exchange that allows for timely access to clinical information and improved decision making in fourteen counties in the Finger Lakes Region. Our region supports that the Waiver seeks to leverage existing SHIN-NY infrastructure for the collection and storage of Social Care Need resources, referrals, and outcomes to ensure that screening and referral processes are interoperable.

CGH, FLPPS, and Rochester RHIO have partnered to lead the regional preparation for, and implementation of, CMS's anticipated approval of New York State's proposed 1115 Waiver Amendment, New York Health Equity Reform (NYHER). We appreciate the opportunity to provide feedback to the Centers for Medicare & Medicaid Services regarding New York State's proposed amendment.

We would like to congratulate the New York State Department of Health (DOH) on their final submission of this 1115 Waiver proposal and thank the Department for reflecting our region's public comments into its submission. The concepts included in the proposal represent a significant shift in upstream care that we believe will result in significant outcome improvements for the Medicaid beneficiaries of New York State. The Finger Lakes Region has had a long-standing history of working together to achieve better outcomes for our neighbors through collaboration, preventative care efforts, and transformative practices. We are confident in our community's ability to carry out the goal and strategies

outlined in the proposal and applaud the State for positioning this Waiver to focus on addressing social care integration with health care, and health equity improvement. With this as our driving philosophy, we would like to provide commentary in three parts to the Centers for Medicare & Medicaid Services (CMS) regarding this proposal.

First, we strongly believe the process to designate geographic regions for NYHER should be as broad and flexible as possible. As DOH and CMS work to settle on geographic boundaries, we believe it is imperative to consider the care networks and referral patterns that are already established. For example, the Finger Lakes Region's clinical and community organization referral patterns are best supported by designating the Finger Lakes Region to include a total of fourteen counties that are currently served by the partnerships in CGH and FLPPS. Establishing a process that defines regions must allow each community to build upon existing robust networks of resources and relationships which will maximize the impact of programmatic implementation of the approved Waiver and reach its stated goals.

Second, we believe a more affirmative position by DOH is needed to require Managed Care Organizations (MCOs), Independent Practice Associations (IPAs), and Accountable Care Organizations (ACOs) to contract directly with non-clinical service providers and community-based organizations (CBOs) via the Social Determinants of Health Networks (SDHNs) to ensure success. The current language in the proposed amendment, "Encouraging engagement", will not be sufficient to ensure the accountability of contracting stakeholders to meaningfully procure social care services with those organizations that already provide such services through a health equity lens, and who will be supported by the SDHN infrastructure and network. Guidelines for contracting must call for utilizing existing and maturing high-performing community service providers, and not encourage replication and/or building of service capacity. The SDHNs should be sufficiently resourced to invest in capacity building, infrastructure development, and adequate staffing for their CBO participants to meet the social needs of the Medicaid beneficiaries. Additionally, regardless of contracting entity, there should be timely access to comprehensive Medicaid claims data (including financial components), transparency in risk adjustment methodologies and shared savings algorithms, and Value Based Payment (VBP) models that account for integrated primary care, behavioral health, and social care services. These guardrails are especially important to ensure safety net providers such as federally qualified health centers (FQHCs) and behavioral health organizations (BHOs) are successful in VBP.

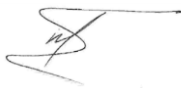
Our third recommendation focuses on the need to include greater emphasis on children and families. Medicaid is the most important and most used health insurance for children and pregnant people in NYS. We strongly believe the State should create intentional inclusion of children and family programming in funding mechanisms and partnerships. Our region, among others in New York State, believes there is a need to provide dedicated funding towards these populations to ensure the Waiver's goals and strategies are achieved. During

the State's public comment period, children were noted as a significant population missing from the draft proposal despite the fact that 60% of children under the age of 3 and 50% of pregnant women in New York State are on Medicaid. We believe that additional focused investment is necessary, particularly to sufficiently include Maternal, Infant, and Child in HERO regional plans. In particular, programs must address the current mental health crisis among children and youth, as well as associated service capacity limitations. Extending Medicaid coverage to later years, such as age six, will have a dramatic impact on the ability to improve physical and mental health outcomes in children and youth. We strongly encourage CMS review and consider the Federal Comment submitted by The Children's Agenda Position Statement, dated 10/12/22.

Our region is mobilized by New York State's 1115 Waiver amendment proposal and is eager to implement once approved. We will continue to plan at the local level, engaging with key stakeholders and partners to ensure the Finger Lakes Region remains prepared.

Thank you for reviewing our testimony and we hope our recommendations are taken under advisement.

Respectfully Submitted,



Wade Norwood
Chief Executive Officer



Carol Tegas
Executive Director



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Chief Executive Officer

