



**Department
of Health**

Medicaid in New York 2023 Conference

United Hospital Fund

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1115 Update

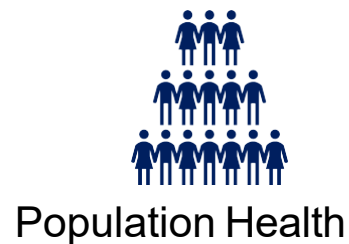
1115 Waiver Update

Waiver Recap

New York is in the final stages of negotiating its New York Health Equity Reform (NYHER) 1115 Waiver Amendment Update with CMS.

Overall Goal: *“To advance health equity, reduce health disparities, and support the delivery of social care.”*

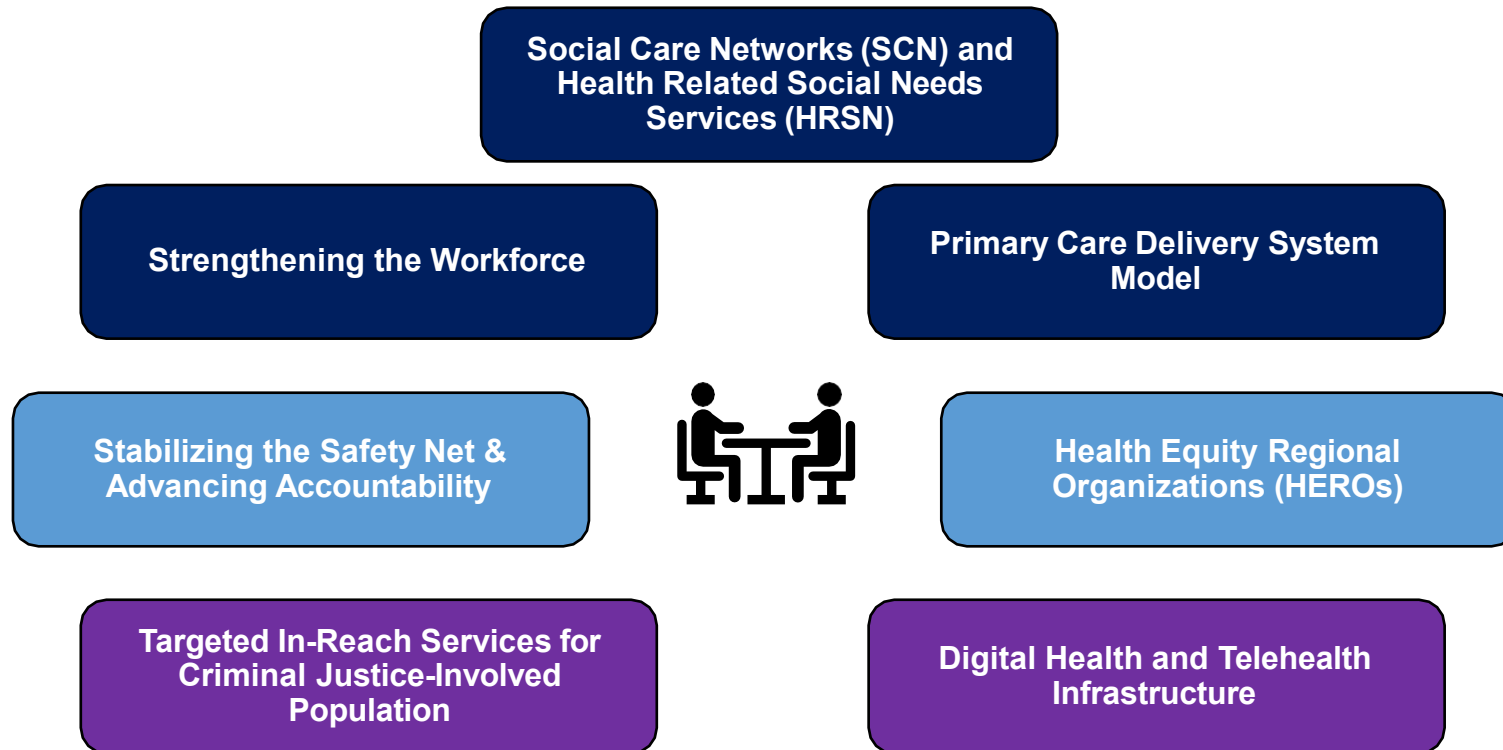
- New York seeks to build on the investments, achievements, and lessons learned from the DSRIP to scale delivery system transformation, improve population health and quality, deepen integration across the delivery system, and advance health-related social need (HRSN) services.
- Importantly, the amendment will allow for the standardization and collection of data that will allow the state to stratify measures to evaluate impacts on underserved communities, enhance Medicaid services to best serve all populations, and implement social risk adjustment.
- This would be achieved through targeted and interconnected investments that will augment each other, be directionally aligned, and be tied to accountability. These investments focus on:



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Waiver Negotiations

DOH is still in negotiations with CMS on the final waiver components included in the amendment.



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Health Equity Regional Organization (HEROs)

- A single statewide independent HERO entity is intended to bring a diverse and comprehensive range of stakeholders together to collaboratively support:



Data Aggregation

- Bring together and distribute information on health outcomes, health care utilization and social care needs to support population health improvement activities under the waiver



Regional Needs

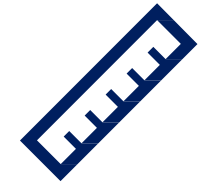
Assessment & Planning

- Work with partners in each region to identify regional health equity goals/priorities, service delivery and workforce related gaps contributing to health disparities, and target health and social needs-related interventions that address regional needs and priorities



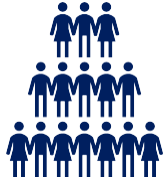
VBP Design & Development

- Work with newly aggregated data and feedback from regional partners to identify VBP goals and models that address the health and social needs of the region and address the most impactful health equity priorities



Program Evaluation

- Perform an ongoing review of waiver programs and access to new services to support continuous improvement in program design and implementation and quantify the impact on underlying regional health equity priorities



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Population Health & Health Equity Improvement Overview



Proposed Goals:

- Build on the achievements, such as PCMH, of the Delivery System Reform Incentive Program (DSRIP);
- Improve population health and health equity, with a particular focus on reducing health disparities for children, pregnant and postpartum individuals, and high-risk adults;
- Further care coordination and the integration of behavioral health, specialty care, and HRSN services; and
- Move toward advanced payment models that leverage multi-payor alignment

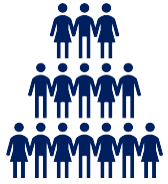


Proposed Components:

- Primary Care Delivery System Model
- Stabilizing Safety Net Providers & Advancing Accountability

Primary care forms the foundation of a high-performing health care system and population health

At a time when Medicare and Medicaid beneficiaries most need accessible, affordable, high-quality primary care to meet their rising needs and coordinate their care journey through increasingly fragmented expensive systems, primary care faces existential challenges to its core functions and modes of operation (NASEM 2021).



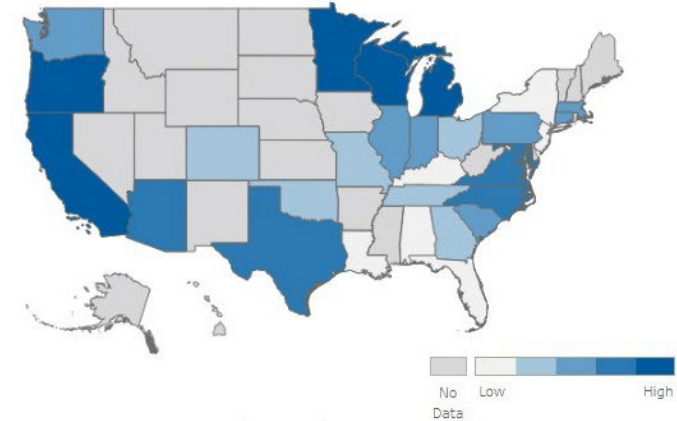
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Importance of Primary Care

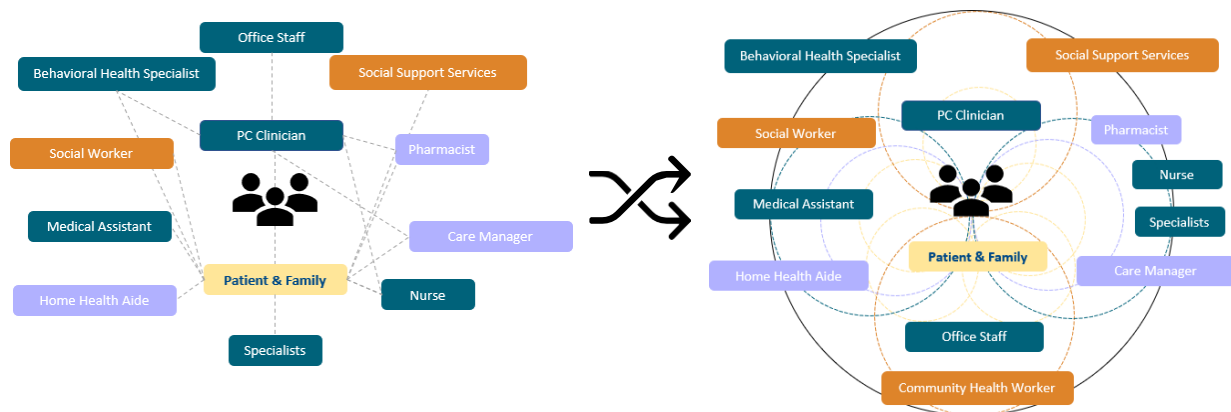
In 2020, the national average of spending on primary care was 12.1%. New York had one of the lowest percentages of spending on primary care where data was available at 8.2%.

Multi-payor models that align payment and quality will contribute to NYS having a more successful primary care system and Making Care Primary (MCP) is one of them.

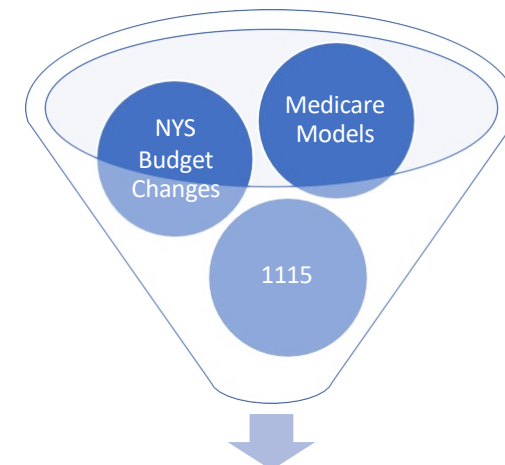
Over the next two sections, you will notice that the waiver and budget will both play roles in improving NYS' primary care system.



<https://www.milbank.org/primary-care-scorecard/>

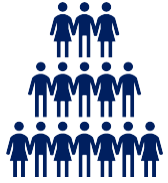


<https://innovation.cms.gov/innovation-models/making-care-primary>



The Future of Primary Care





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Population Health & Health Equity Improvement

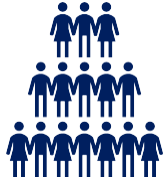
Primary Care Delivery System Model

Multi-Payor Alignment to Advance Primary Care

- New York will implement a statewide approach to advancing primary care that invests in primary care and enables Medicaid primary care providers to move forward advanced VBP arrangements, complementary to those found in upcoming CMMI models
 - This will have a special focus on care for children and moving further towards VBP
- **Eligibility:** All Patient Centered Medical Home (PCMH) primary care practices
- **Structure:**
 - *Years 1-2:* All PCMH practices would receive enhanced PMPMs for their Medicaid Managed Care members
 - *Year 3:* Transition enhanced payments to a bonus payment structure, linking payments to quality and efficiency
- After the current 1115 demonstration period, this funding would be transitioned to an advanced value-based payment model

Making Care Primary (MCP) is a new, voluntary **Medicare** primary care model for which CMS is starting to accept applications. Through MCP, investments in primary care are increased so patients can access more seamless, high-quality, whole-person care.

The 1115 will complement MCP through PCMH investments and aligned quality measures to enable primary care organizations to support multi-payor alignment and provide Medicare and Medicaid beneficiaries with integrated, coordinated, person-centered care that improves population health outcomes.



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Population Health & Health Equity Improvement

Stabilizing Safety Net Providers & Advancing Accountability



Goal: Stabilize and Transform Targeted Voluntary Financially Distressed Hospitals to Advance Health Equity and Improve Population Health in communities with the most evidence of health disparities¹



Potential Structure: Provide incentive funding to stabilize financially distressed safety net hospitals and develop necessary capabilities to participate in advanced VBP arrangements, integration with primary care, behavioral health, and HRSN services

Incentive payments would be tied to transformational activities and quality improvement measures, including those related to health equity

¹) <https://www.countyhealthrankings.org/explore-health-rankings/new-york/data-and-resources>



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Social Care Networks

DOH will award one Social Care Network (SCN) per region (with up to five awards in New York City). Each SCN will be a designated Medicaid provider and serve as the lead entity in their region for:

Next, we'll look at:

Scope of
HRSN
Services

Screening and
Referral
Process Flow

SCN Flow



What lessons learned from DSRIP by stakeholders will help form successful SCNs?



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Social Care Networks HRSN Services

Standardized HRSN Screening

- Screening Medicaid Members using questions from the CMS Accountable Health Communities HRSN Screening Tool and key demographic data

Housing

- Navigation
- Community transitional services
- Rent/utilities
- Pre-tenancy and tenancy sustaining services
- Home remediation and education
- Home accessibility and safety modifications
- Medical respite

Nutrition

- Nutritional counseling and classes
- Home-delivered meals
- Medically tailored meals
- Fruit and vegetable prescription
- Pantry stocking

Transportation

- Reimbursement for public and private transportation to connect to HRSN services and HRSN case management activities

Case Management

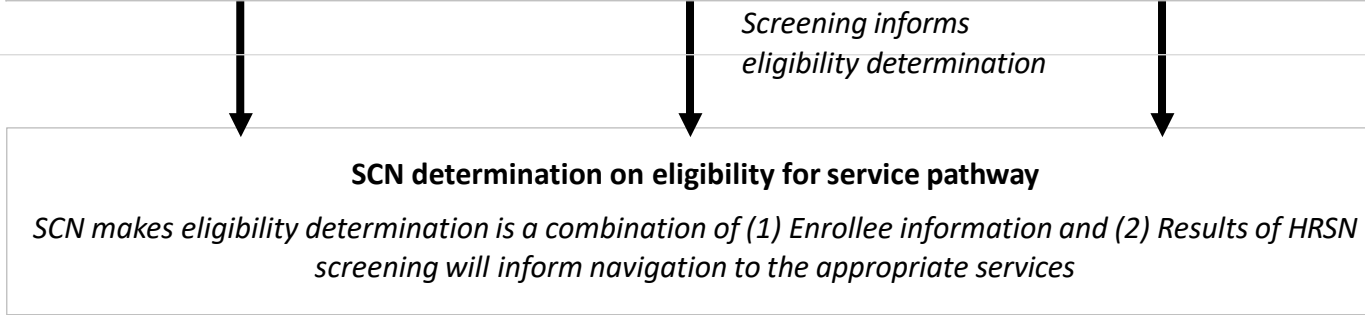
- Case management, outreach, referral management, and education, including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees
- Connection to clinical case management
- Connection to employment, education, childcare, and interpersonal violence resources
- Follow-up after services and linkages

Screening & Referral for HRSN Services

Screening



Eligibility



Referral



Services



Key



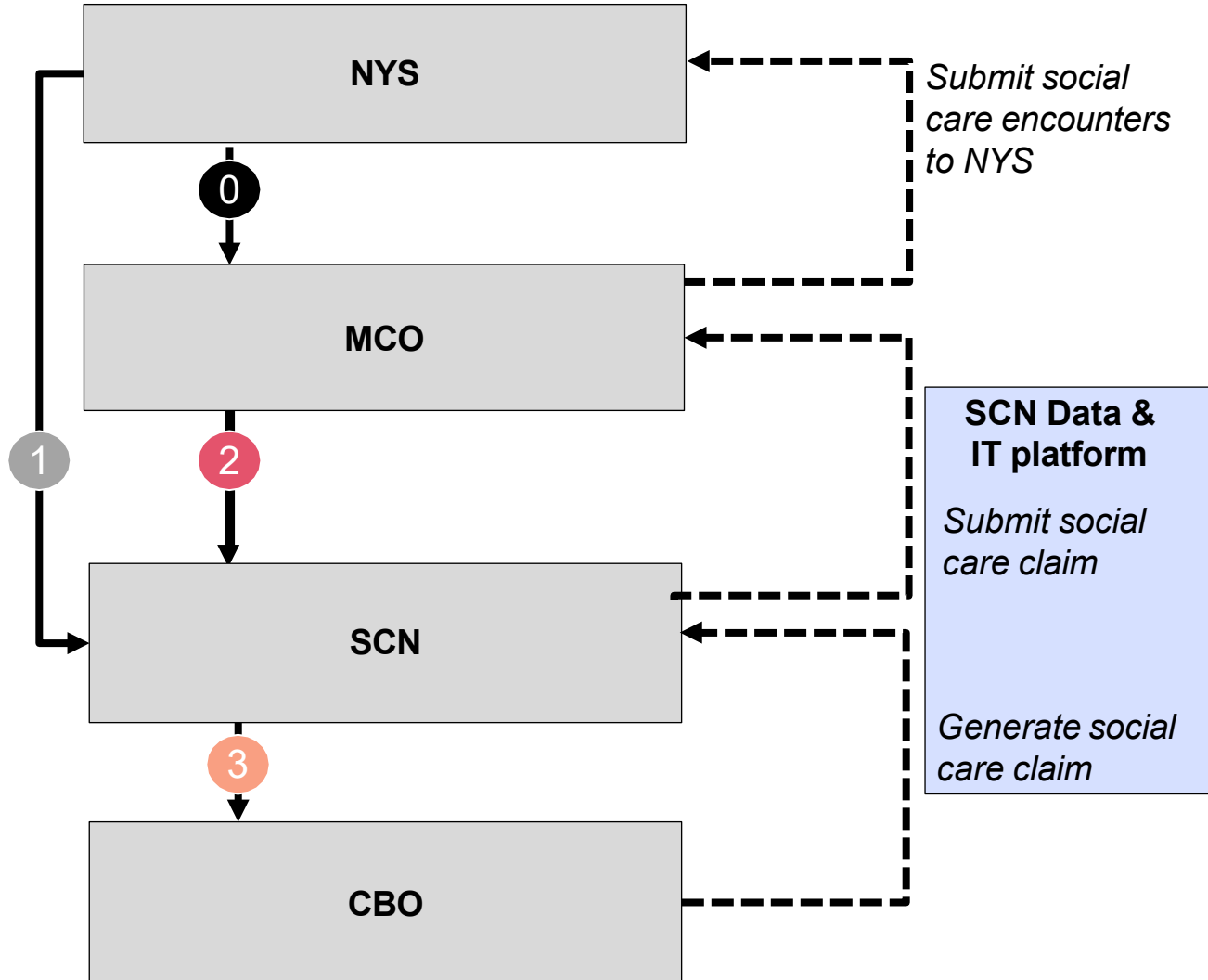
Navigation to existing services



Enhanced Services

Initial HRSN Funds Flow

CBOs that are part of the network will be paid based on a fee schedule for services delivered to members



- 0 State Directed Payments to MCOs
- 1 Infrastructure Funding
- 2 SCN Payments
- 3 Payments per delivered service to CBOs for screening + delivery of HRSN services



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Strengthen the Workforce

The NYHER amendment will invest in workforce initiatives to support advancing health equity and addressing high demand workforce shortages to improve access to and quality of services

Elements:



Career Pathways Training Programs

Development of training programs to support recruitment and career pathways for new and existing health care workers



Loan Forgiveness

Loan forgiveness for primary care physicians, psychiatrists, nurse practitioners, pediatric clinical nurse specialists, and dentists who commit to work for Medicaid-enrolled providers in specified healthcare shortage areas



Workforce Investment Organizations (WIOs)

High-performing Workforce Investment Organizations (WIOs) will manage training programs for incumbent workers and workers newly entering the workforce, with a focus on high-demand direct care titles that provide health, behavioral health, and social care