Forum on 1115 Waiver - Lessons Learned from California and What's Ahead in New York

Presenters

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COPE Health Solutions: Your Partner to Improve Growth, Quality and Financial Performance

National tech enabled services firm powering success in risk arrangements for payers and providers – growing membership and premium market share

Deep expertise, experience, proven tools, and processes improve financial performance and quality outcomes for all types of payers and providers, de-risking the roadmap to advanced value-based payment

Mission

Improve Quality and Financial Performance through accelerated value-based care transformation

'Rising Star' in Healthcare Interoperability
'Leader' in Payer Digital Transformation Services
'Leader' in Value Based Care
- Healthcare Digital Services 2022

Vision

Our clients are leaders in adding value for consumers through innovations in population health management, talent development, and alignment of financial incentives

ARC Platform has earned Certified Data Partner designation in the new National Committee for Quality Assurance (NCQA) Data Aggregator Validation program

Values

- Live and work with **integrity**
- Foster **access** to health care
- Assure the highest **quality**
- Support through **teamwork**
- Generate change through **innovation**
- Succeed by taking **initiative**

ARC Platform received KLAS Research recognition for providing analytics and visualizations of population health data

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Our Firm

About Bond

We are a full-service law firm counseling individuals, companies, nonprofits and public sector entities in a wide spectrum of practice areas.

With more than 300 lawyers and 11 offices across New York State as well as offices in Boston; Kansas City; Naples; and Newark we represent clients in:

- real estate development and construction
- health and long term care
- manufacturing
- higher education
- municipalities and school districts

- commercial lending and transactions
- hospitality
- exempt/nonprofit organizations
- agribusiness

Bond: Knowledgeable, Professional and Accessible
Knowledgeable, professional and accessible are three words our clients have frequently used to describe us.

Knowledgeable: *"With Bond, I have real advocacy and competence in front of me"* says one of our C-suite client executives. Our emphasis is on a "one-firm" approach to solving problems with the breadth to put the right team together for our clients.

Professional: *"Bond is as good a firm as any we've dealt with. Their expertise has given us the ability to analyze projects, businesses and situations and make prudent, timely decisions"* according to the president of a real estate development company. We share our clients' passion for their businesses and listen carefully to understand their needs, examine multiple angles and identify strategic solutions.

Accessible: According to the director of human resources of a manufacturing company, *"Bond is very attentive and personable; I feel as if I'm the firm's only client. They always get back to me, regardless of the time of day. I'm never waiting for a response or letter they're preparing, and they ensure I always have the resources I need."* If our clients feel an issue is important to them, it's important to us. We understand that time is critical, especially in today's 24/7 world, and we're there to respond.

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NY Waiver Overview

The History in New York State: Delivery System Reform Incentive Payment Program (DSRIP) – a *5-year program suite implemented c. 2015-2020*

A1. Q: What is the MRT Waiver Amendment?

A: The MRT Waiver Amendment will allow the state over five years to reinvest $8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms to implement an action plan to save and transform the state´s health care system, bend the Medicaid cost curve, and assure access to quality care. The $8 billion reinvestment will be allocated in the following ways:

- **$500 Million for the Interim Access Assurance Fund** - temporary, time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without unproductive disruption

- **$6.42 Billion for Delivery System Reform Incentive Payments (DSRIP)** - including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs

- **$1.08 Billion for other Medicaid Redesign purposes** - this funding will support Health Home Development through a State Plan Amendment, and investments in long term care workforce and enhanced behavioral health services through managed care contract payments

Website excerpt from New York State Department of Health's DSRIP FAQ Web page (https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/dsrip_faq/section2_faqs.htm#:~:text=Q%3A%20What%20is%20DSRIP%3F,Team%20(MRT)%20Waiver%20Amendment.) last accessed October 7, 2024.

The History in New York State: Delivery System Reform Incentive Payment Program (DSRIP) –
A 5-year program suite implemented during 2015-2020

B1. Q: What is DSRIP?

A: The Delivery System Reform Incentive Payment (DSRIP) program is the main mechanism by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment.

DSRIP´s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to $6.42 billion from the MRT Waiver Amendment has been allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health.

B2. Q: What is considered avoidable hospital use?

A: Avoidable hospital use encompasses not only avoidable hospital readmissions, but also inpatient admissions that could have been avoided if the patient had received proper preventive care services. The following four measures will be used to evaluate DSRIP´s success in reducing avoidable hospital use:

1. Potentially Preventable Emergency Room Visits (PPVs),
2. Potentially Preventable Readmissions (PPRs),
3. Prevention Quality Indicators- Adult (PQIs),
4. Prevention Quality Indicators- Pediatric (PDIs).

Website excerpt from New York State Department of Health's DSRIP FAQ Web page
(https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/dsrip_faq/section2_faqs.htm#:~:text=Q%3A%20What%20is%20DSRIP%3F,Team%20(MRT)%20Waiver%20Amendment.)
last accessed October 7, 2024

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NYHER … Building from DSRIP, but Changed

Health

JANUARY 9, 2024 | Albany, NY

Governor Hochul Announces Groundbreaking Medicaid 1115 Waiver Amendment to Enhance New York State's Health Care System

$7.5 Billion Waiver Will Enable New York [...] Health Care System Over the Next Three Yea[...]

Waiver Amendment to Improve Health Equity and Addr[...]

Waiver Will Deliver Critical Support to Address Health-Related So[...] Hospitals, and Address Workforce Shortages

New York Plans to Submit an Amendment to its Demonstration in Early 2024 to [...] Medicaid Eligibility for Children Up to Age Six

FOR IMMEDIATE RELEASE
January 9, 2024

Contact: HHS Press Office
202-690-6343
media@hhs.gov

CMS Approves New York's Groundbreaking Section 1115 Demonstration Amendment to Improve Primary Care, Behavioral Health, and Health Equity

New, innovative efforts will establish base rates for safety net providers, address critical social needs for millions of Medicaid recipients, and grow the health care workforce across the state

Today, as part of the Biden-Harris Administration's efforts to build a health care system that benefits all Americans, the Centers for Medicare & Medicaid Services (CMS) approved an amendment to New York's Medicaid section 1115 demonstration that bundles a series of actions to advance health equity and strengthen access to primary and behavioral health care across the state. CMS' approval allows New York to make large investments in wide-ranging Medicaid initiatives, including establishing sustainable base rates for safety net hospitals that serve the state's most underserved communities; connecting people to critical housing and nutritional support services; enhancing access to coordinated and comprehensive treatment for substance use disorders (SUDs); and making long-term, sustainable investments in the state's health care workforce.

"As the nation's largest insurer, CMS is proud to approve this critical demonstration amendment, which gets to the heart of Medicaid's role as an innovator," said CMS Administrator Chiquita Brooks-LaSure. "The demonstration's initiatives will provide a broad swath of health and social supports to underserved communities, improving their health and quality of life. We encourage other states to follow New York's efforts to address health disparities."

Medicaid section 1115 demonstrations allow CMS to approve innovative projects that promote the objectives of Medicaid, which provides health coverage to millions of low-income adults, children, pregnant people, and people with disabilities.

Credit: Websites of the Centers for Medicare and Medicaid Services and the official Website of New York State Governor Kathy Hochul (both last accessed, October 7, 2024).

The New Chapter Begins

On January 9, 2024, CMS approved a $7.5 billion package for the New York Health Equity Reform (NYHER) 1115 Waiver Amendment that includes nearly $6 billion of federal funding.

The NYHER Amendment will be effective until March 31, 2027, however there is a shared commitment between CMS and the State to extend and/or renew waiver terms beyond 2027.

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 Delivery System Reform Incentive Payment (DSRIP) 1115 waiver program to scale delivery system transformation, improve population health and quality, deepen integration across the delivery system, and advance health-related social need (HRSN) services.

- 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:*

Social Care Networks	Strengthening the Workforce	Population Health

Credit: New York State Department of Health, NYHER Overview slides (https://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/docs/2024-02-16_nyher_overview_slides), last accessed October 7, 2024

HRSN service delivery ecosystem
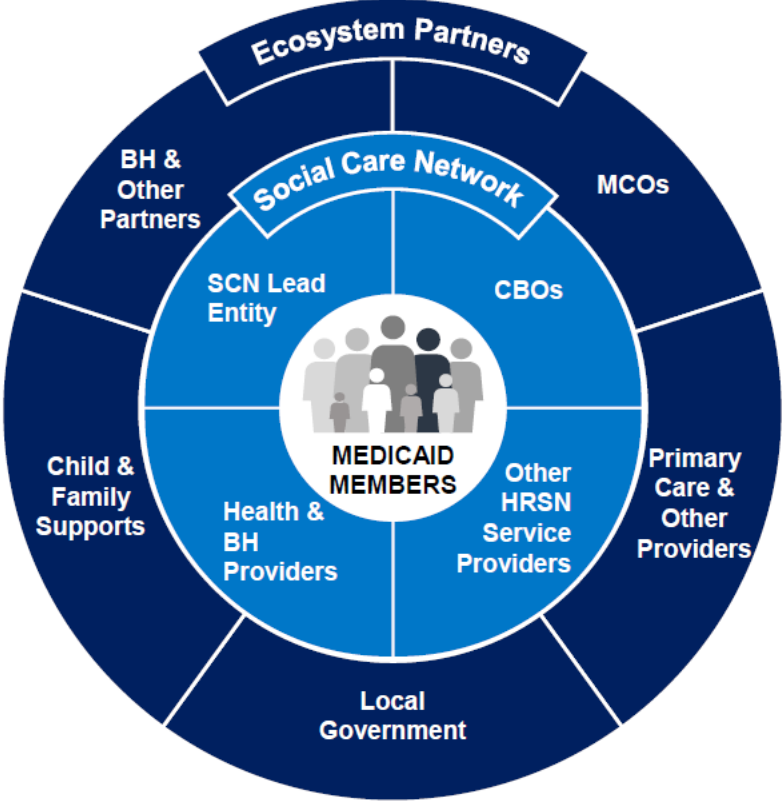
Through NYHER, we will connect the various partners that have critical roles in facilitating access to HRSN services:

Social Care Network

- **SCN Lead Entity:** Coordinate SCN to conduct HRSN screening and deliver services to ensure Member HRSNs are addressed

- **CBOs & Other HRSN Service Providers:** Conduct HRSN screening, navigate Members to HRSN services, and deliver HRSN services

- **Health & Behavioral Health (BH) Providers:** Conduct HRSN screening and navigate Members to HRSN services

Ecosystem Partners

- **MCOs:** Refer Members to SCN and work with SCN to ensure all Members are screened for HRSNs

- **Other Ecosystem Partners:** Refer Members to SCN and coordinate with SCN on service navigation and delivery

Slides 3-8 excerpted from "New York Health Equity Reform: Social Care Networks," delivered by the New York State Department of Health (Bureau of Social Care and Community Supports) to the Medicaid Managed Care Advisory Review Panel during the MMCARP's September 2024 quarterly meeting.

There are nine regional SCN Lead Entities

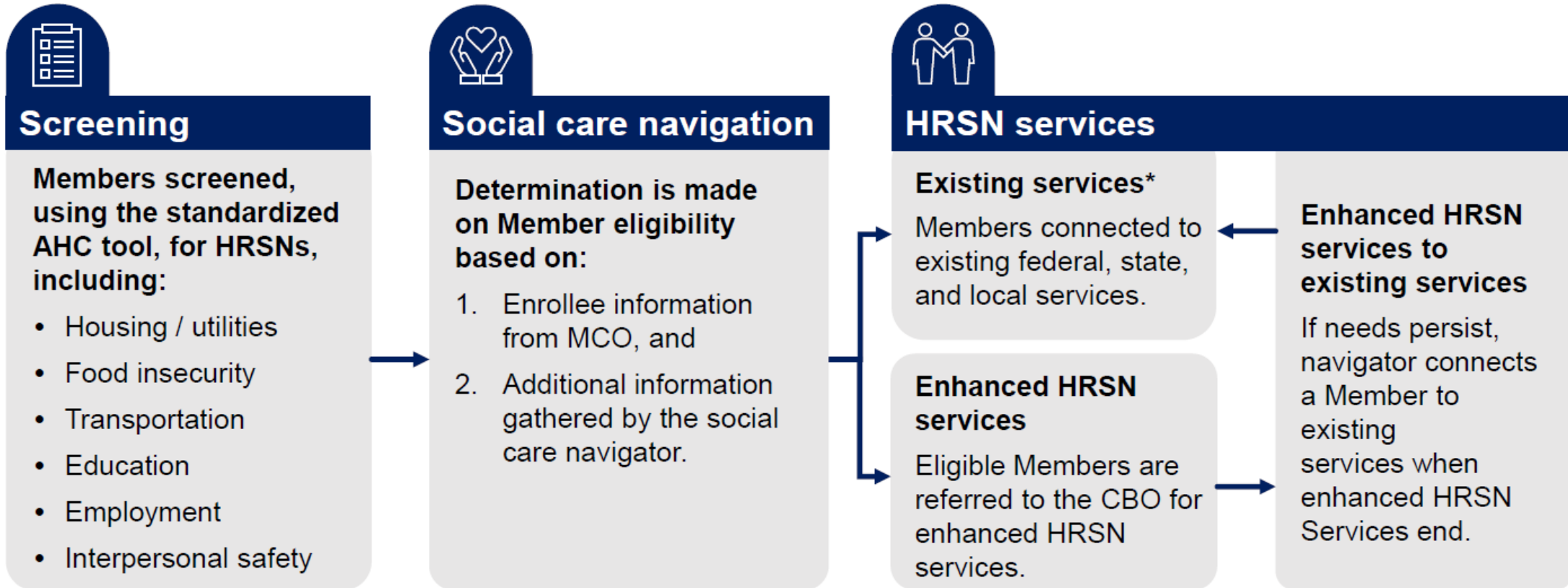| Coverage area	Lead Entity awarded
Southern Tier	Care Compass Collaborative
Finger Lakes	Finger Lakes IPA Inc
Long Island	Health and Welfare Council of Long Island
Capital Region	Healthy Alliance Foundation Inc
Central NY	Healthy Alliance Foundation Inc.
North Country	Healthy Alliance Foundation Inc.
Hudson Valley	Hudson Valley Care Coalition, Inc.
New York City[1]	Public Health Solutions
Staten Island	Staten Island Performing Provider System
Bronx	Somos Healthcare Providers, Inc.
Western NY	Western New York Integrated Care Collaborative Inc.

SOURCE: https://www.governor.ny.gov/news/governor-hochul-announces-500-million-new-social-care-networks-program-deliver-social-services

SCN Lead Entity Roles

To achieve an SCN that screens all Medicaid Members and navigates them to HRSN services, SCN lead entities will:

Form partnerships within the regional ecosystem to screen Medicaid Members for HRSN, navigate to services, and close the loop on referrals

Organize and coordinate a network of CBOs and other partners to deliver HRSN services

Pay HRSN service providers for services delivered

Facilitate data-sharing to support HRSN service navigation and delivery

Establish a leadership team that reflects the unique needs of the region

NEW YORK STATE | Department of Health

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HRSN screening and services: Member Journey

Screening

Members screened, using the standardized AHC tool, for HRSNs, including:

- Housing / utilities
- Food insecurity
- Transportation
- Education
- Employment
- Interpersonal safety

Social care navigation

Determination is made on Member eligibility based on:

1. Enrollee information from MCO, and
2. Additional information gathered by the social care navigator.

HRSN services

Existing services*

Members connected to existing federal, state, and local services.

Enhanced HRSN services

Eligible Members are referred to the CBO for enhanced HRSN services.

Enhanced HRSN services to existing services

If needs persist, navigator connects a Member to existing services when enhanced HRSN Services end.

*Members in Medicaid FFS and others that are not eligible for Enhanced HRSN services will be referred to existing programs.

Populations Eligible for Enhanced HRSN Services

Eligibility Requirements

Members are eligible for enhanced HRSN services if they meet all of the following:

Are Enrolled in Medicaid Managed Care

+

Screen positive for an unmet HRSN

+

Meet criteria for an Enhanced Service Population

Enhanced HRSN Service Populations include:

- Medicaid high utilizers
- Members with serious chronic conditions and enrolled in health homes
- Pregnant persons, up to 12 months postpartum
- Children under the age of 6 who are at risk
- Children under the age of 18 with a chronic condition(s)
- Post-release criminal justice-involved individuals with chronic conditions, substance use disorder (SUD), or chronic Hepatitis-C
- Juvenile justice-involved youth, foster care youth, and those under kinship care who meet specific criteria
- Individuals with SUD
- Individuals with Intellectual or Developmental Disability (I/DD)
- Individuals with a Serious Mental Illness

Defined clinical criteria will determine the specific enhanced HRSN services to which Members may be navigated.

HRSN Funds Flow Overview

Infrastructure funding

Funding to SCNs for operational setup of the program, including build capacity of the Network to deliver HRSN services

PMPM payments

Payment per Member that SCN Lead Entities will use to pay the Network on a FFS basis to deliver HRSN-related services

Fee schedule based payments

Payments from the SCN Lead Entity to providers in the Network for HRSN screening, navigation, and services

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Medi-Cal Overview and Lessons for New York

Medi-Cal is Striving to Improve Care Provided to Members by Enhancing and Integrating Services that Address Health-Related Social Needs

36,391 Medi-Cal Managed Care Plan (MCP) members across California received 80,859 Community Supports services in 2022

Community Supports are services that help address members' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care.

Members do not need to be enrolled in Enhanced Care Management to access Community Supports.

Waiver Initiatives

- Supporting Children & Families
- Dental
- Long-Term Care
- Community Supports
- Enhanced Care Management
- Pop Health Management
- Justice Involved
- Integrated Care for Dual Eligible Members

109,004 Medi-Cal MCP members across California received ECM services in 2022

ECM is a statewide Medi-Cal benefit available to eligible members with complex needs, including:

- Access to a single Lead Care Manager who provides comprehensive care management and coordination support

- Connections to the quality care they need anywhere - at the doctor, the dentist, with a social worker, or at a community center

*Previous waiver name was CalAIM, now titled Medi-Cal Transformation

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Lessons Learned from Medi-Cal: Criteria for Success in NY Waiver HRSN Efforts

The two initiatives have extensive overlapping areas of focus – Medi-Cal wins and shortfalls should be leveraged as insight for success in New York:

Data Access & Sharing

Challenge: California has seen difficulty maintaining multiple portals and logins across CBOs, MCPs & providers, slowing closed-loop referral and outreach efforts – HIE readiness is behind

Opportunity: Connect to SHIN-NY through certified qualified entity (QE)

Member Engagement & Retention

Challenge: Given complexity of target population, HRSN services see low member retention, minimizing care-gap closure and cost-saving benefits of Medi-Cal

Opportunity: Engaging and screening members in-community or at point of care (not just telephonically or via mail) is critical to improving enrollment rates

Cross-Plan Collaboration & Standardization

Challenge: Varying health plan requirements for eligibility, authorizations and enrollment required providers and CBOs to maintain multiple workflows and templates, inhibiting streamlined HRSN services

Opportunity: Local/regional collaboratives will be vital to coordinating implementation & problem-solving at community level; collaboratives should be organized before implementation

Provider/CBO Engagement & Alignment

Challenge:
1) Medi-Cal's broad and evolving initiatives can be difficult for smaller and/or less mature provider groups and CBOs to track and engage
2) Providers have struggled to link Medi-Cal benefits to core business & value-based payment (VBP) arrangements

Opportunity:
1) Proactive provider and CBO education and training initiatives to ensure readiness, buy-in, and appropriate partnership, allowing for robust SCNs and smooth adoption of new HRSN infrastructure
2) Work with plans to better incorporate Waiver benefits into VBP arrangements & incentives (e.g., quality gap closure facilitated by HRSN services).

Medi-Cal's Approach to CBO Engagement: PATH Technical Assistance (TA) Marketplace

Providing Access and Transforming Health (PATH) is a $1.85 Billion Initiative, approved under California's Section 1115 Waiver that provides funding to counties, providers, community-based organizations, and other local entities to expand capacity to implement key Medi-Cal Transformation components, including Enhanced Care Management and Community Supports, statewide.

The PATH Technical Assistance (TA) Marketplace is a component of the PATH initiative that provides funding **to state approved vendors** to help Enhanced Care Management (ECM) and Community Supports (CS) providers build out or reconfigure their programs.

TA PATH's online portal opened for recipients in *February 2023* and as of now, is set to run through 2026
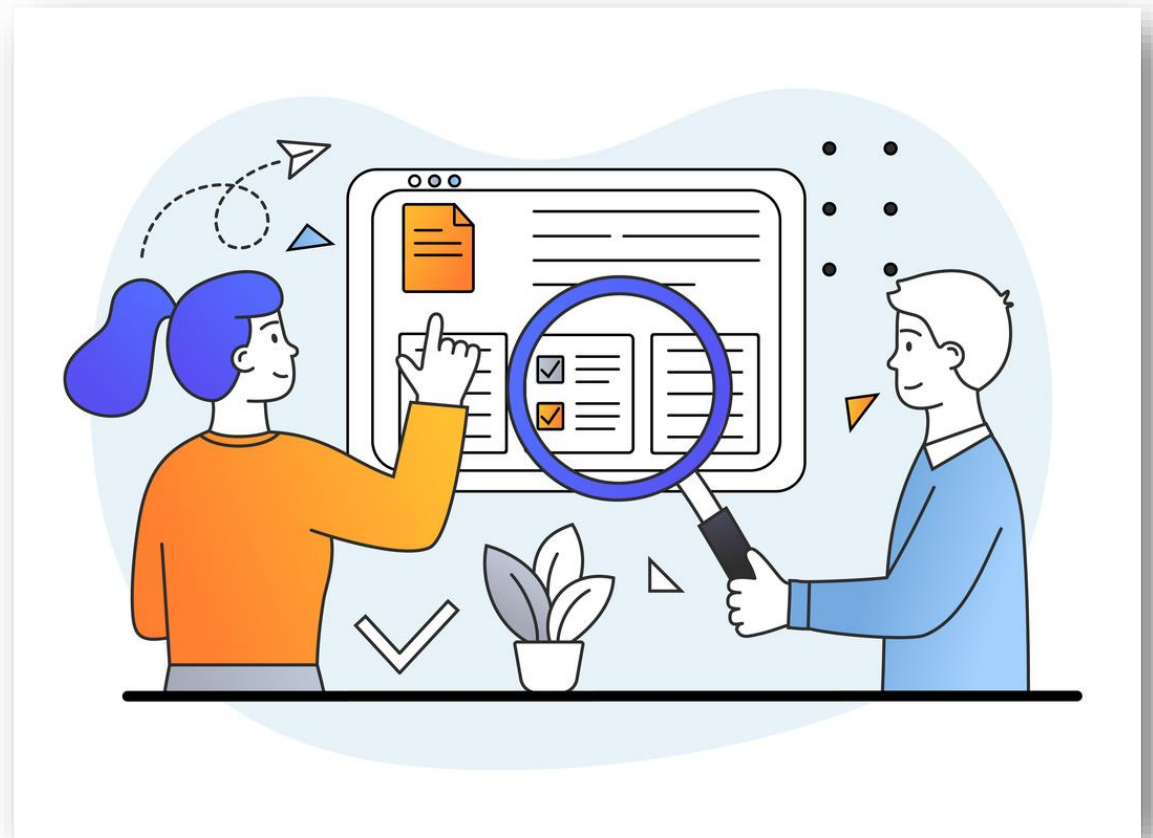
Capacity Building Support Services for SCNs and CBOs

Vendors in the PATH TA Marketplace provide key services to help CBOs and other social service providers improve their internal operations, enhanced care delivery practices, improve patient outcomes and increase direct revenue for services rendered

Building Data Capacity

- Configuration of analytics and data models to meet waiver transformation requirements
- Development of data processes and workflows to make data easy to use & access
- Risk stratification for high-risk member identification, outreach & enrollment
- Self-service tools for in-house analytics, managed care plan reporting & team performance management
- Platform & technology best practices to accelerate member engagement, data aggregation, sharing & improve clinical quality outcomes

HRSN Services Capacity Building

- Assessment of HRSN services offered within service area
- Project plans to develop or reconfigure current HRSN service offerings
- Gap assessments, workflows, training, documentation, staffing, and member engagement strategies for HRSN services

Contracting and Financial Services

- Staffing & financial models
- Payer collaboration & engagement
- Contract term and reimbursement structure advisory
- Billing, reporting & documentation best practices

Capacity Building Support Services for SCNs and CBOs

Vendors in the PATH TA Marketplace provide key services to help CBOs and other social service providers improve their internal operations, enhance care delivery practices, improve patient outcomes, and increase direct revenue for services rendered

Case Management
- Organizational readiness assessment against requirements for success in case management
- Outreach and engagement strategies for members
- Care plan development to support effective engagement of high-needs patient populations
- Strategies and workflows for coordinating across CBOs, BH, and other service providers, including primary care coordination

Promoting Health Equity
- Development and implementation of engagement strategies for marginalized or under served communities and members
- Development of data processes, tools, and dashboards related to health equity, to support identification and engagement with members

Supporting Cross-Sector Partnerships
- Assessment of potential cross-sector partners within service area
- Support engaging with partners and developing shared contracts to increase service offerings
- Development and implementation of shared cared plans with identified partners
- Development of shared team models

Workforce
- Development and implementation of customized competency-based training programs (e.g., care models, member engagement & care coordination)
- Development and implementation of hiring processes, employee engagement and training and performance management tools

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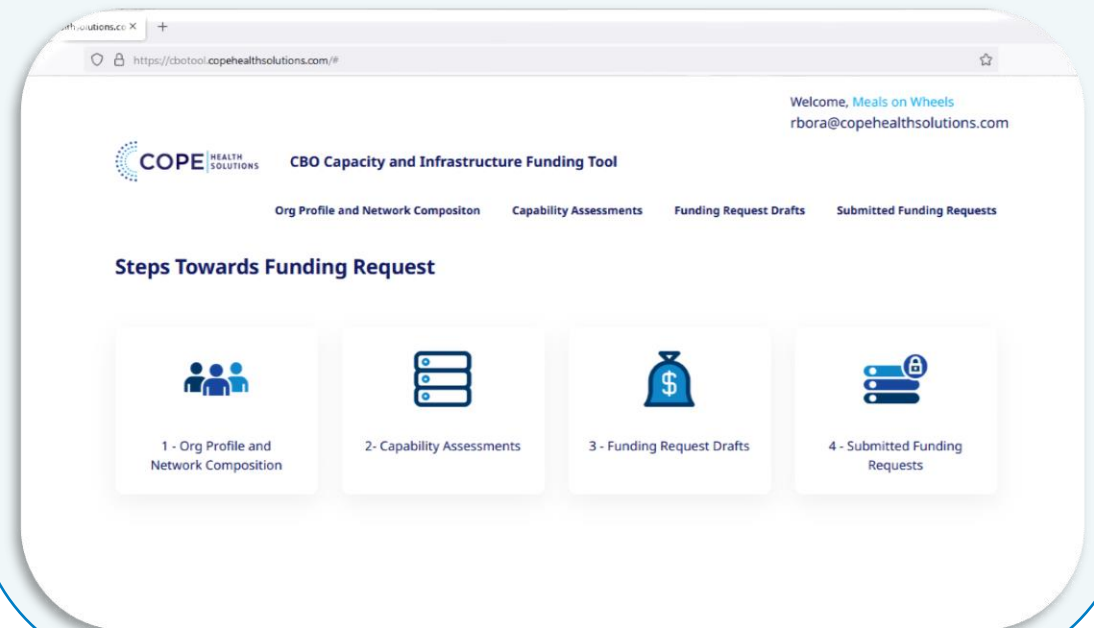BOND SCHOENECK & KING ATTORNEYS

CBO Capacity Building in New York

NYS 1115 Waiver Amendment includes $500M for HRSN Infrastructure investment.

Example infrastructure investments:

1) **Technology:** electronic referrals, shared data platforms, EHR integrations, databases and warehouses, screening and case management platforms, interoperability with State Health Information Network for New York, information security, data analytics, accounting and billing
2) **Development of Business/Operational Practices:** administration of SCNs, procurement, planning, screening and referral processes, workflow development, quality improvement, privacy, member navigation
3) **Workforce Development:** cultural competency training, trauma informed tradition, traditional health worker certification, staff training on new P&Ps
4) **Outreach, education, and stakeholder convening:** design and production of education materials, translations, community input, stakeholder meetings

Unlike the PATH TA Marketplace where CBOs and providers can easily apply for funding and support, infrastructure dollars in NY will flow through SCNs and SCNs will be responsible for determining how to distribute the money.

SCNs will need to develop processes and tools to assess CBO readiness, compare ROI of potential capacity building investments and appropriately distribute and track use of funds.

Panel Presenters
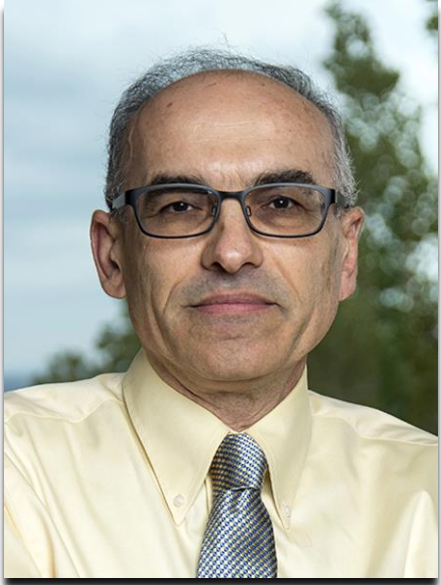
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