



**Department  
of Health**

# **Medicaid in New York 2024**

**United Hospital Fund 2024 Conference**

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# NYS Aspiration: Achieve a more equitable and integrated delivery system

## CURRENT CHALLENGES



Fragmented systems that inadequately address social drivers of health



Insufficient workforce to meet care needs



Increasing health disparities for at risk populations



Regional misalignment on objectives and lack of value-based accountability

## OUR FUTURE

Transform delivery and payment to integrate health, behavioral health, and social care

Increase the availability and resiliency of our healthcare workforce

Reduce long-standing racial, disability-related, and socioeconomic health disparities

Increase health equity through measurable improvement of care quality and outcomes



# Building upon New York's 1115 waiver experience

## Inception of Waiver

Since the inception of NYS's Medicaid Redesign Team (MRT) 1115 Waiver in 1997, we have been a leader in innovations to improve access to high-quality coverage and expand coverage.

## DSRIP Accomplishments

- Reduced avoidable hospital utilization.
- Advanced integration of physical and behavioral health care.
- Increased participation in value-based payment arrangements.

## NYHER 1115 Waiver Amendment

On January 9, 2024, CMS approved a \$7.5 billion package, including nearly \$6 billion in federal funding, for the NYHER 1115 Waiver Amendment, which is effective until March 31, 2027.

# NYHER initiatives will work in concert to achieve NYHER's health equity and population health goals



## Social Care Networks

Improve integration across primary care, behavioral health, and social care



## Population Health

Improve health outcomes, advance health equity, and reduce health disparities

Improve financial sustainability and quality of care among safety net hospitals while strengthening primary care leveraging VBP

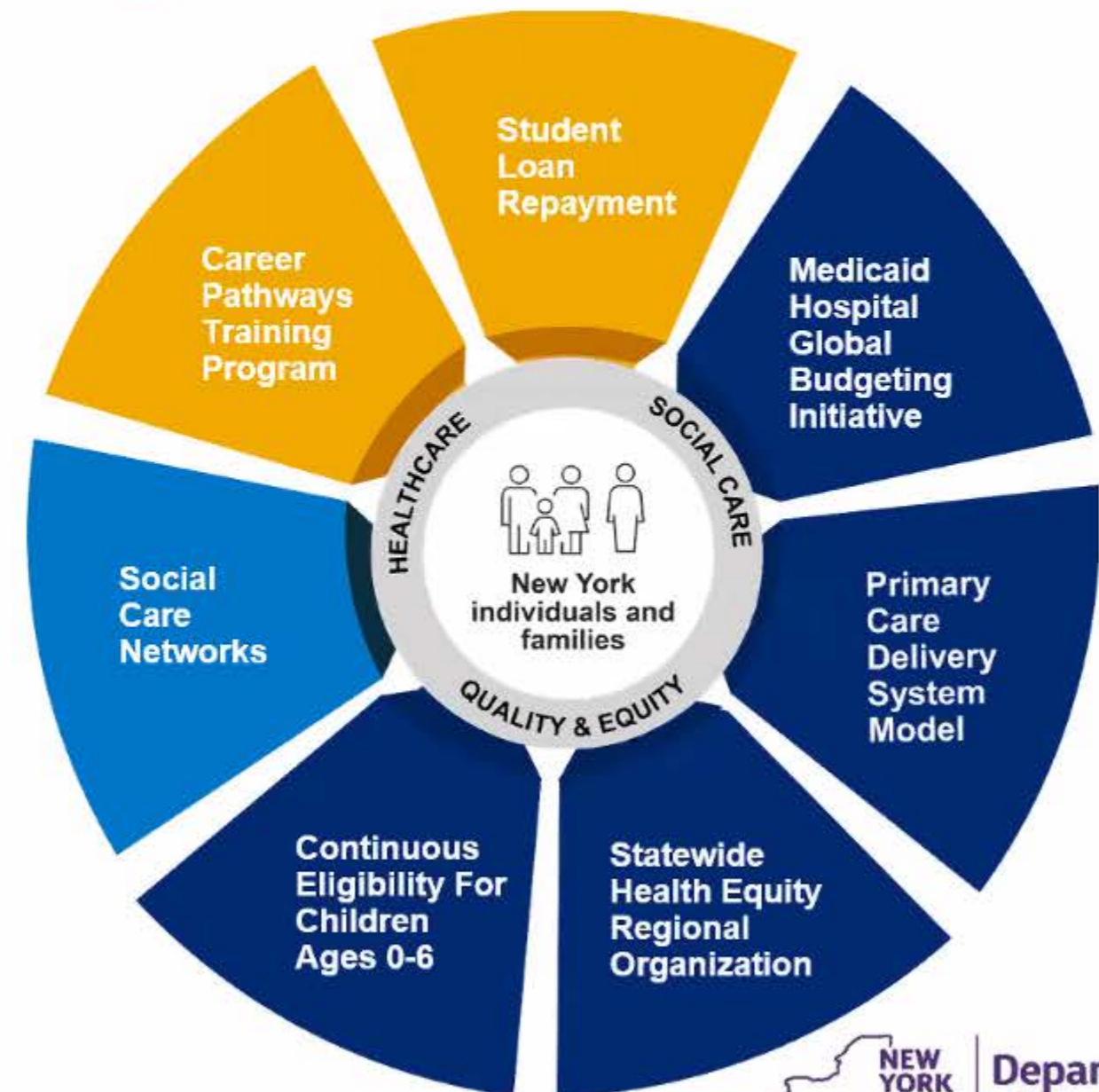
Enable children to remain continuously enrolled in Medicaid and Child Health Plus up to age six



## Strengthening the Workforce

Provide loan repayment for healthcare professionals

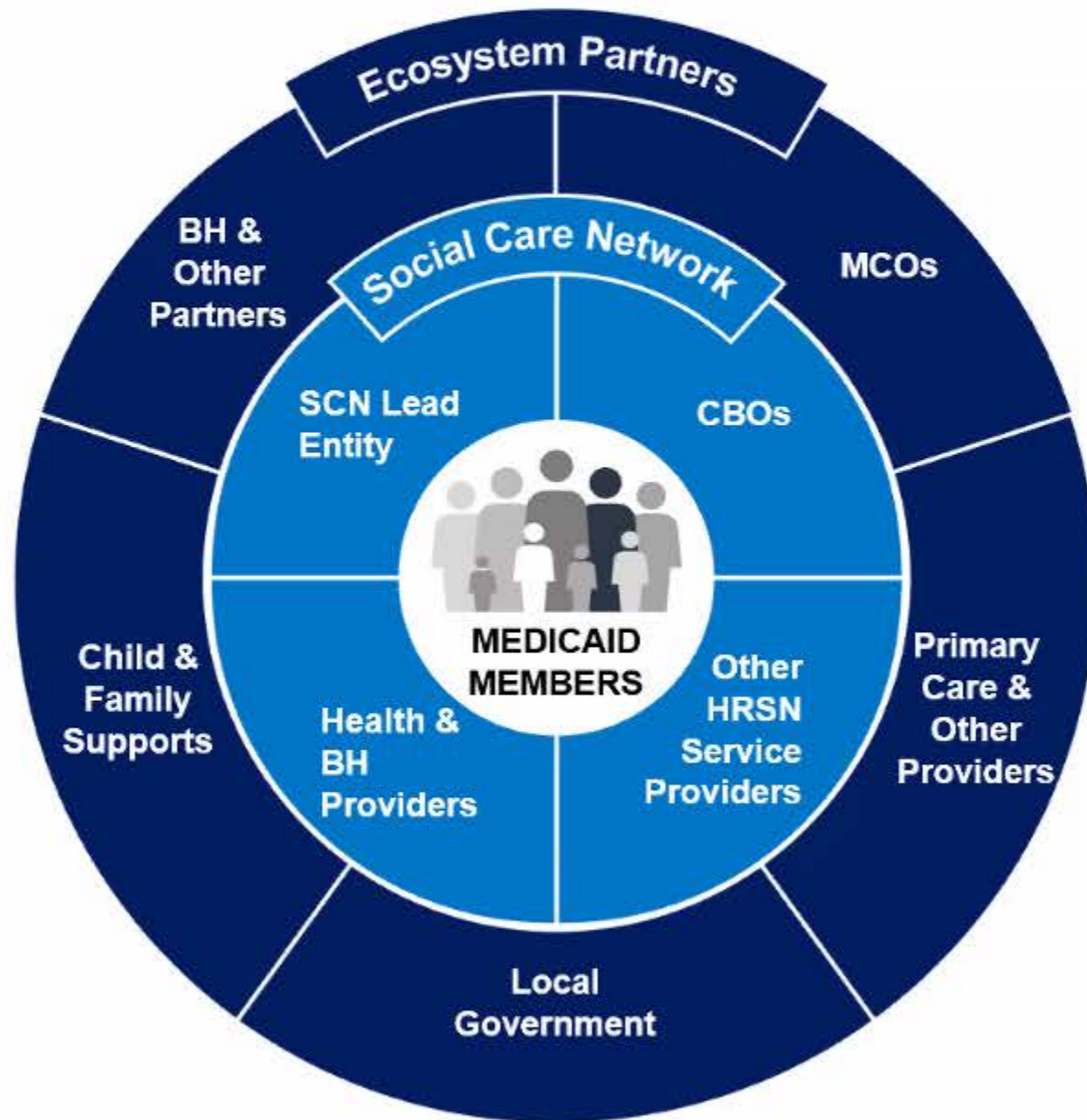
Fund education and participant support services to provide holistic educational and professional placement supports



# Social Care Networks



# 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

# Enhanced HRSN services

The waiver will cover the following HRSN services, which have a demonstrated positive impact on health outcomes, for eligible Medicaid Members:



## Housing Supports

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



## Nutrition

- Nutritional counseling and classes
- Medically tailored or clinically appropriate home-delivered meals
- Food prescriptions
- Fresh produce and nonperishables
- Cooking supplies, (pots, pans, etc.)



## Transportation

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



## Case Management

- Case management, outreach, referral, and education, including linkages to other state and federal programs
- Connection to clinical case management
- Connection to childcare employment, education, interpersonal violence resources





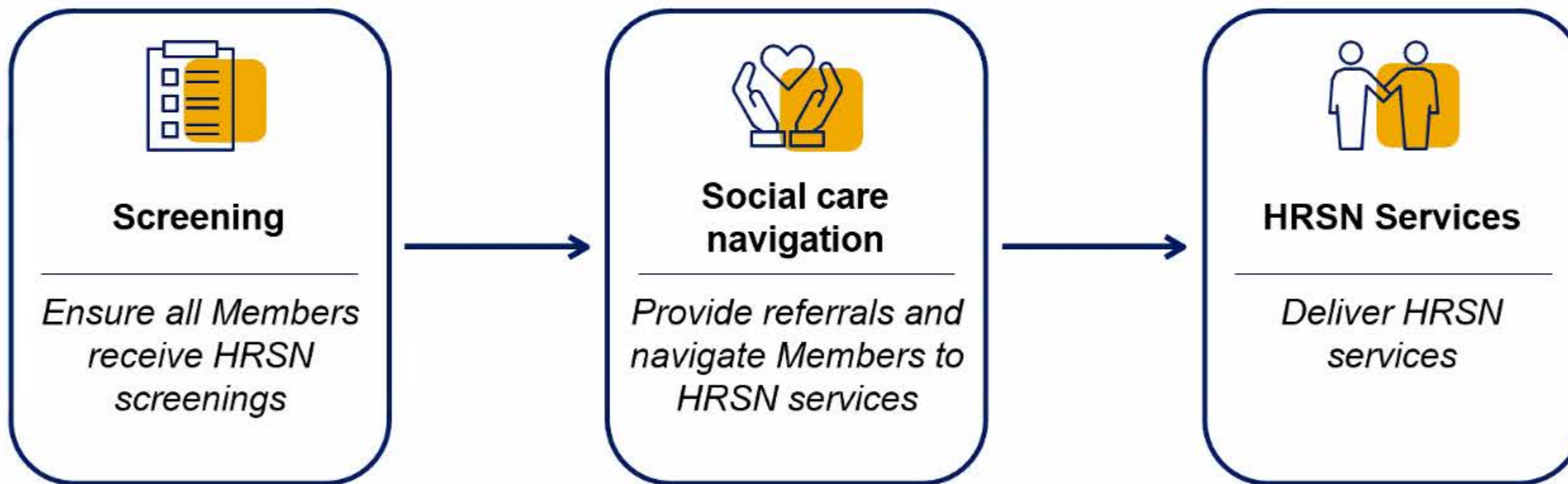
## SCN lead entity roles



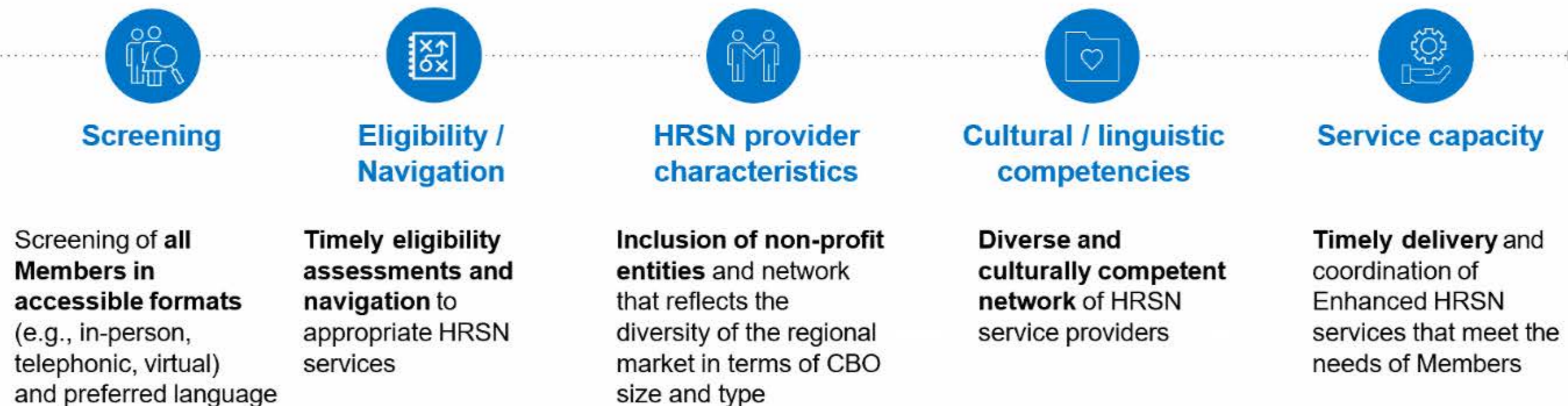


## Medicaid member support from SCNs

**SCNs** will be comprised of CBOs and other health, behavioral health, and social care providers. The SCN will be responsible for the **HRSN service delivery process**, including:



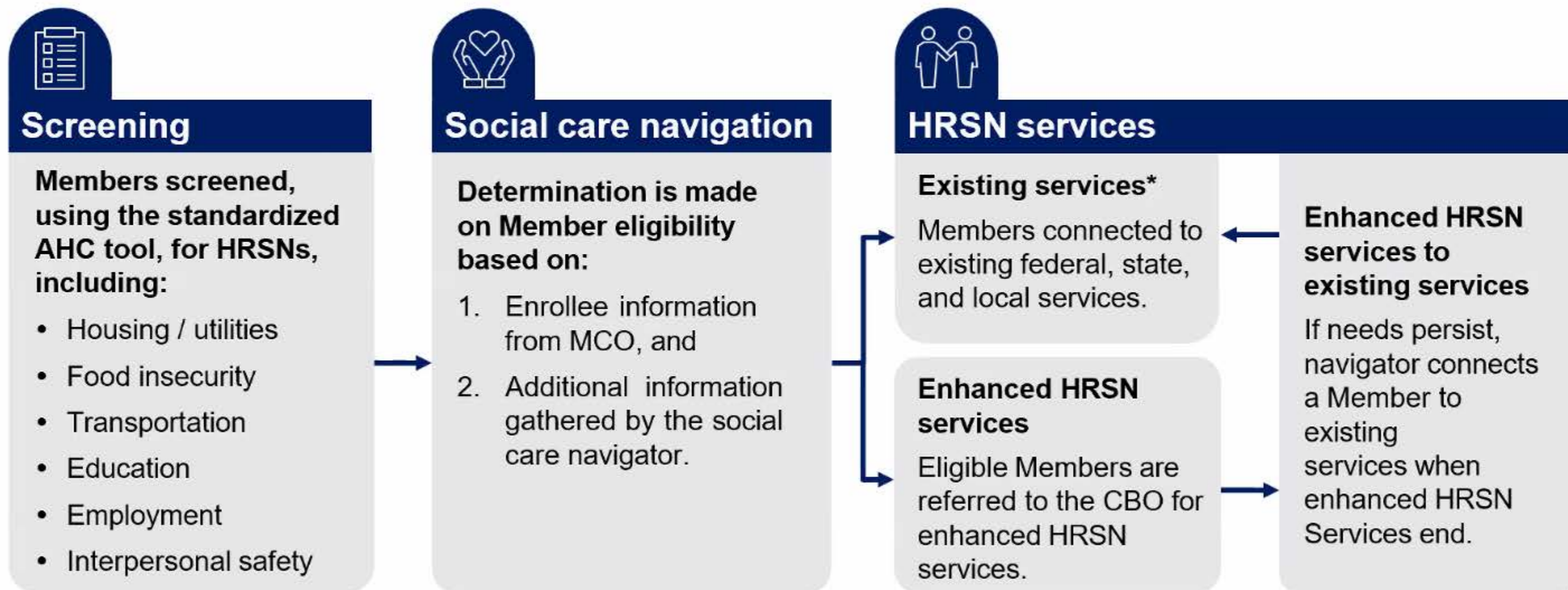
# Member access and network capacity expectations



**SCNs will be expected to drive continuous improvement in member access over time through reporting and monitoring of their networks**



# HRSN screening and services: Member journey



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

# HRSN screening: Reaching members where they are



## Screening by a variety of organizations

Members self-screen

Providers within SCN screen

Providers outside of SCN screen

SCN direct outreach to screen

MCOs screen

## Referral to SCN for screening

Providers refer Members to SCN

HRSN service providers refer Members to SCN

## Successful entry to screening for Members will require:

- **Collaboration** between SCN Lead Entities and existing ecosystem partners that engage with Members
- **Partnerships**, including major hospitals, primary care practices, behavioral health providers, health centers
- **Accessibility for Members** – Screening offered at preferred times, locations, modalities, and in preferred languages from a diverse and culturally competent network
- **Technology infrastructure** providing backbone for transfer of HRSN-related data across the ecosystem

*\*Not all entry points to screening are eligible for payment*



# 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

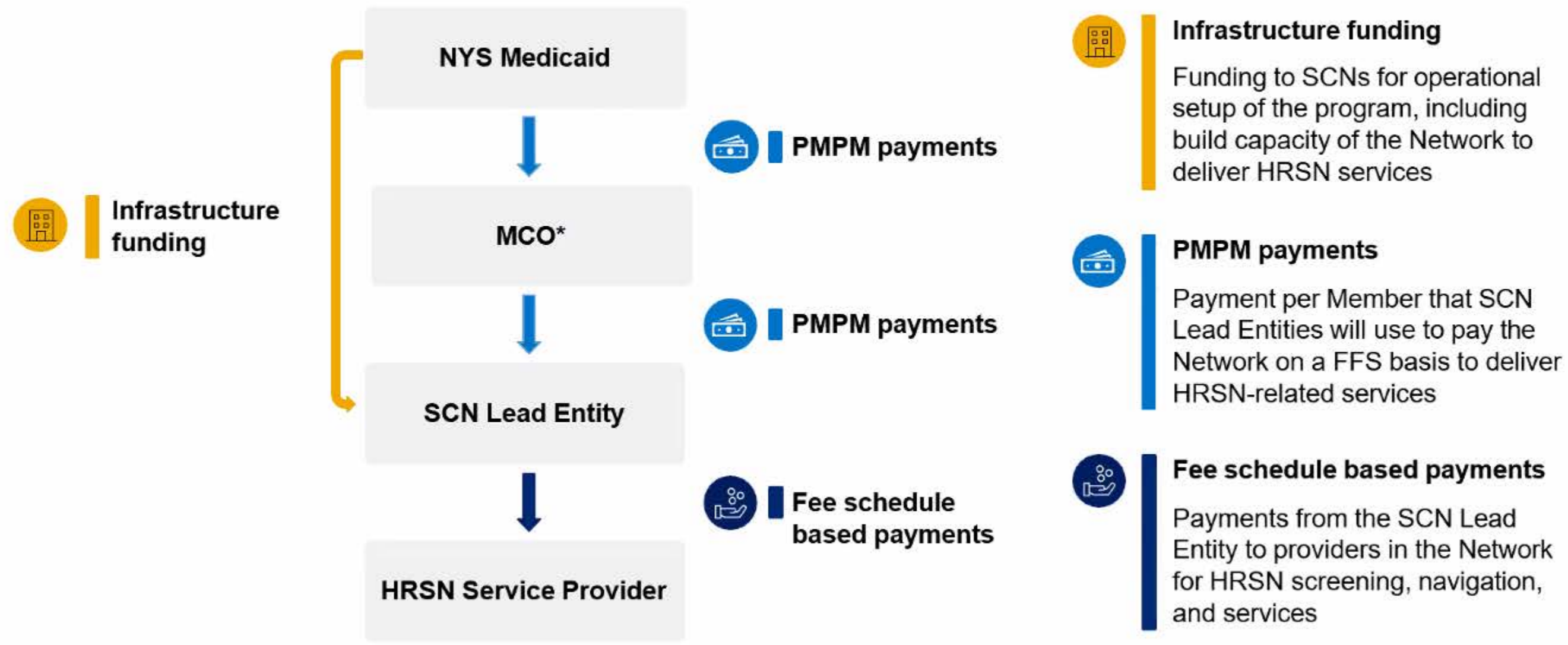
## Enhanced HRSN Service Populations include:

- 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

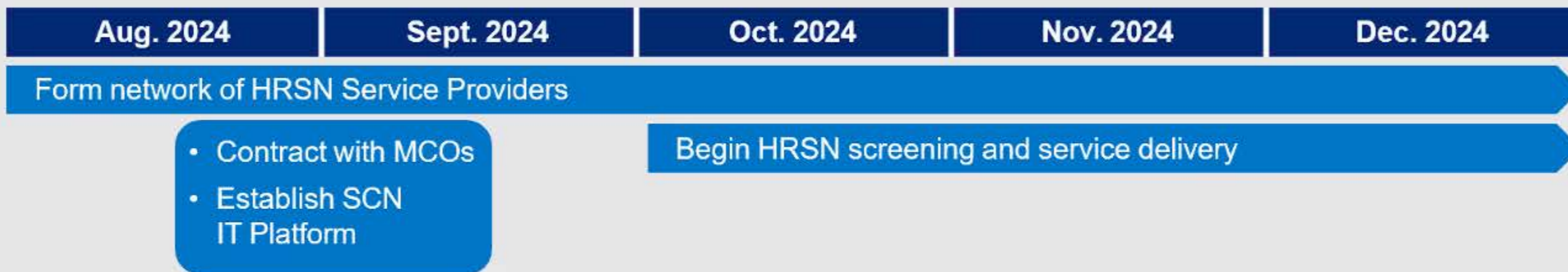


\*The PMPM payments will be made based on member eligibility criteria that includes clinical information from providers.



# SCN engagement and network involvement

## What's Next for SCNs?



## How Ecosystem Partners Can Get Involved



### All Ecosystem Partners

- Get familiar with SCNs working in your regions.
- Work with the SCN lead entity to:
  - Determine how to send a Member to SCN for screening, and/or
  - Establish processes for sharing HRSN screening information with SCN.



### HRSN Service Providers

- Reach out to the SCN lead entity in your region to learn more about how to become part of their network.



# Population Health



# Statewide Health Equity Regional Organization (SHERO)

SHERO is a statewide entity that will advance NYS's health equity and HRSN service delivery goals by:



Bridging public health, social services, and health care.



Facilitating partnerships to address regional health disparities and integrate HRSN services.



Aligning partners across health system transformation efforts within and beyond the waiver.

## SHERO: Regional partnerships

SHERO will convene the following regional stakeholders via **quality and equity learning collaboratives (QuELCs)**:

- MCOs
- SCNs & HRSN providers
- Healthcare and behavioral health providers
- Local government partners
- Consumers
- Other relevant partners

### Key QuELC Activities:

- ✓ Identify HRSN and workforce gaps contributing to regional health disparities
- ✓ Align on overall goals and interventions for reducing health disparities
- ✓ Create regional health equity plans
- ✓ Engage in continuous population health improvement activities
- ✓ Share best practices and lessons with the State to inform further action



## SHERO: Data aggregation and program analysis

SHERO will lay the foundational infrastructure for data-driven practice and policy that can facilitate bridging quality and equity for better health outcomes now and into the future.

### Data Aggregation

- Establish infrastructure to collect and analyze data, including:
  - Health outcomes
  - Health and behavioral health care utilization
  - Social care needs connections
  - Member demographics
- Provide regional information to assess progress on health equity and population health improvement

### Program Analysis

- Evaluate regional health disparities and gaps in workforce and HRSN service delivery
- Monitor waiver programs and access to new services to support continuous improvement in program design and implementation
- Assess the impact of waiver activities on underlying regional health equity priorities

## Advancing Value-Based Payment (VBP)

To achieve lasting health system transformation, NYHER seeks to facilitate the transition to new health equity-driven advanced VBP arrangements through:



**Medicaid Hospital  
Global Budgeting**



**Primary Care Delivery  
System Model**

*NYS plans to align and expand the reach of these VBP initiatives through the Center for Medicare & Medicaid Innovation's (CMMI) All Payer Health Equity Approaches and Development (AHEAD) and Making Care Primary (MCP) models.*



# AHEAD overview

## AHEAD

AHEAD is a voluntary, state-based alternative payment and services delivery model to transform healthcare, advance health equity, and improve population health through a 10-year cooperative agreement with CMMI.

## Components



### Cooperative agreement funding

- Awardees receive up to \$12M in funding
- Supports key pre-implementation activities across target setting, provider transformation, and payer alignment



### Hospital Global Budgets

- Total cost of care model that pays hospitals a prospective set budget
- Provides stable payments for hospitals, constrains costs, and improves population health



### Primary Care AHEAD

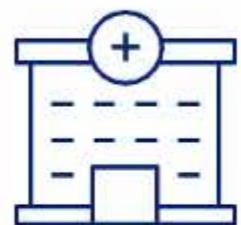
- Funds advanced primary care for participating practices' Medicare FFS beneficiaries
- Aligns with PCMH program
- Prioritizes behavioral health integration, care management, and HRSN

## AHEAD stakeholders in downstate region



### Patients:

- **~7.5M New Yorkers** impacted in the downstate region



### Hospitals:

- 38 potential hospitals
- Stabilizes **~\$9.6B in payments** across the 13 hospitals that have submitted letters of intent for AHEAD participation
- Unlocks **\$2.2B in incentive funding** for transformation among Medicaid-dependent financially distressed hospitals



### Primary care:

- Potential participation from **780 regional primary care practices**, including 114 hospital-affiliated and 126 FQHCs
- Allows **up to \$80M additional investment annually** for eligible primary care for practices' Medicare FFS beneficiaries



### States, payers, and providers:

- Aligns across a set of state accountability targets to manage total cost of care, increase primary care spend, and uphold quality and equity measures





# Hospital Global Budgeting

## NYHER's Medicaid Hospital Global Budgeting

NYHER provides **incentive funding** to stabilize financially distressed, **Medicaid-dependent** safety net hospitals and develop necessary capabilities to:



**Advance health equity**



**Participate in advanced VBP arrangements**



**Deepen integration of primary care, behavioral health, and HRSN services**

## NYHER's Alignment with AHEAD

If CMS selects NYS for participation in AHEAD:

- NYHER incentive funding will **serve as the foundation** to support targeted safety net hospitals' participation in AHEAD.
- NYS will be able to **expand participation** to additional hospitals, beyond those targeted through NYHER.
- AHEAD will **promote alignment of payers** in the State, including Medicaid, Medicare, and commercial payers.

# Hospital Global Budgeting: Participants



NYS has received broad interest from hospitals for participation in the NYHER Medicaid Hospital Global Budgeting and AHEAD.

## Potential Participants



The **initial application** will focus on hospitals located in **downstate counties** with greatest evidence of health disparities:

**Bronx**

**Kings**

**Queens**

**Richmond**

**Westchester**

**13**

Safety net hospitals submitted letters of intent for AHEAD, accounting for 40% of facility spend in the above counties.







**11**

Additional hospitals have expressed interest in participating in AHEAD. NYS will continue to partner with CMMI and consider expanding the AHEAD eligible area post-application, recognizing a region can be expanded post-application but can not be narrowed



# Hospital Global Budgeting: Participant Activities

## Key activities for participating hospitals include:

-  Engage in global budget payment methodology and payment reform
-  Develop a health equity plan
-  Undertake quality improvement activities to address community specific disparities
-  Share patient, quality, equity and/or financial data, to be specified by the State
-  Receive technical assistance and peer-to-peer support
-  Collaborate across diverse AHEAD stakeholders and partners

# Primary Care Delivery System Model

## Goal

Through the Primary Care Delivery System Model initiative, NYS will make statewide investments to advance primary care, enabling providers to move toward advanced VBP arrangements.

## Design

*The initiative will be authorized outside of the 1115 Waiver through a State Directed Payment to incrementally move to VBP models.*

### Enhanced Monthly Payments

- Initially, Patient-Centered Medical Homes (PCMH) will receive **enhanced monthly payments** for Medicaid Managed Care Members.
- This will be in addition to the monthly payments that PCMHs currently receive.



### VBP Transition

- In subsequent years, the initiative will transition to **bonus payments** that are linked to quality and efficiency.
- Then it will move to a **VBP model**.



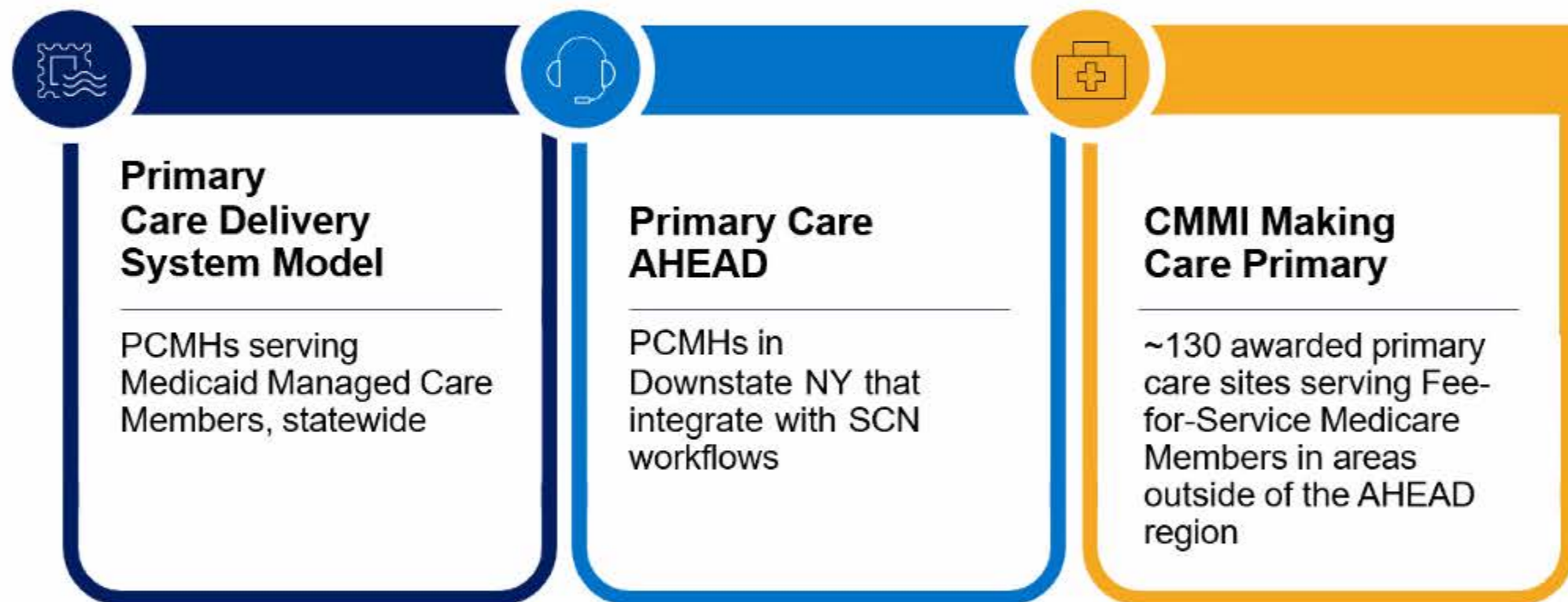
# Primary Care Delivery System: Model Alignment

## Primary Care Models

The Medicaid Primary Care Delivery System reform is designed to align with and complement the CMMI Making Care Primary (MCP) and Primary Care AHEAD models.

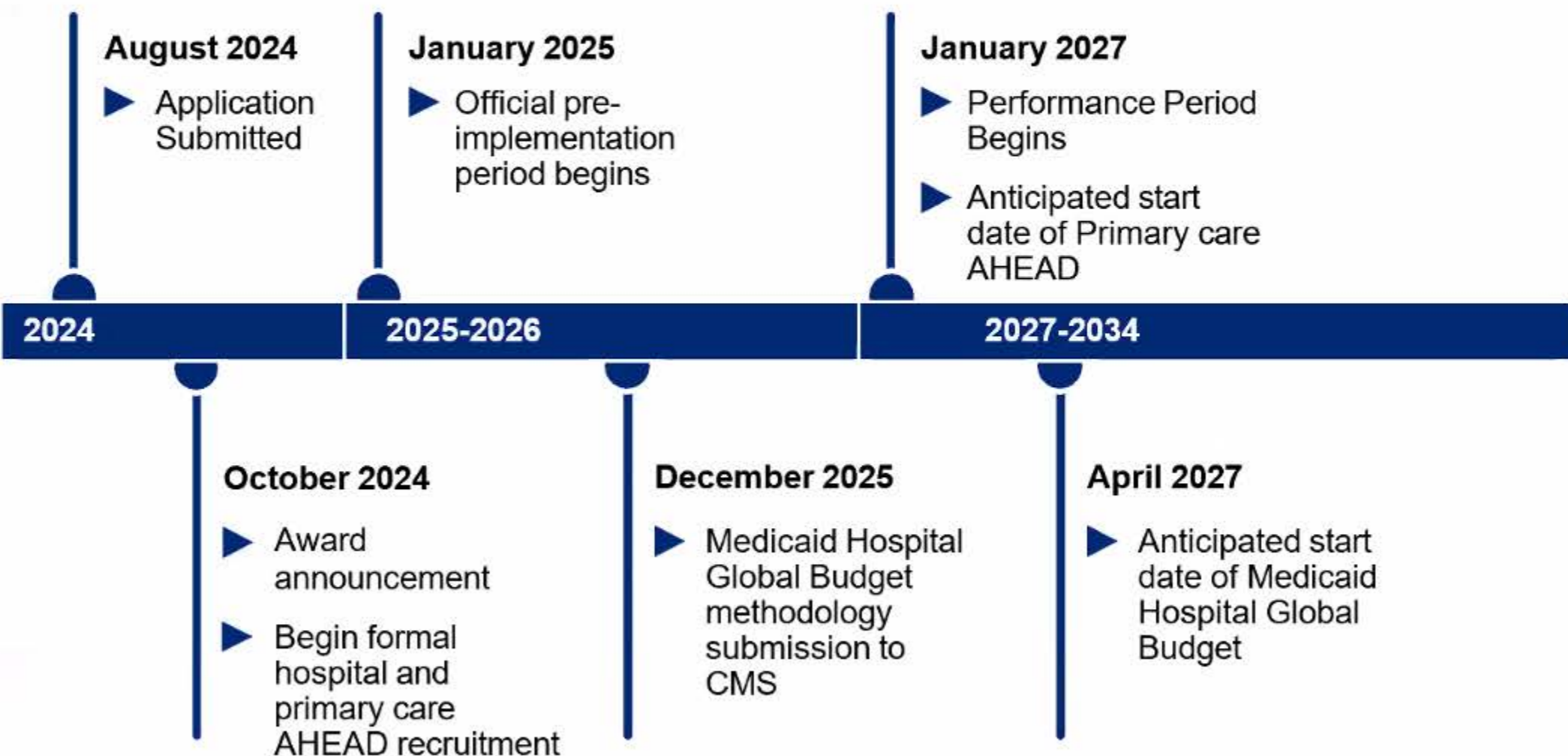
All three initiatives strive to promote population health improvement through increased investments in primary care.

## Target Providers by Model



*While all three initiatives provide increased funding that move toward performance-based and/or prospective payments for primary care practices, there are several key differences in the model design.*

# AHEAD timeline & next steps



The AHEAD is a 10-year model (2025-2034), with the first two years dedicated to planning and pre-implementation activities.

NYS will submit our application to CMMI by **August 12, 2024**.

While the application is undergoing CMS review, NYS will begin preparing for the two-year pre-implementation period.



# Continuous Eligibility for children ages 0-6



On June 10, 2024, NYS submitted an additional 1115 waiver amendment request to CMS to allow children to remain continuously enrolled in Medicaid and Child Health Plus up to age six, even if a child's family income exceeds eligibility limits.

## Continuous Eligibility Goals



Keep young children connected to coverage and care during their formative years.



Reduce disparities in coverage churn rates and promote health equity



Support improved health and social outcomes later in life.

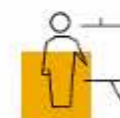


## Next Steps

Review feedback from federal public comment period that recently concluded and work with CMS to finalize amendment process.

Continuous eligibility is proposed to take effect on **January 1, 2025**, pending CMS approval.

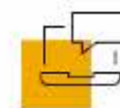
NYS will engage all partners to promote awareness among New Yorkers, including:



Training for application assistors



Notifications for stakeholders through the listservs, emails, and other channels



Notification for Members through eligibility notices and on-screen messaging



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# Strengthen the Workforce



# Career Pathways Training (CPT) Program



To address statewide workforce shortages, the CPT program will fund education and participant support services to provide holistic educational and professional placement supports, organized by two career pipelines:

- New Careers Pipeline
- Career Advancement Pipeline

## Program Benefits

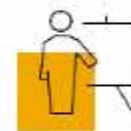
CPT Program participants will receive:



Application and enrollment assistance for training programs



Tuition assistance



Case management and tutoring



Apprenticeship and mentorship opportunities

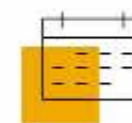
## Who Can Participate



**Career Advancement Pipeline:** health, behavioral health, and social care workers enrolled in training and education programs



**New Careers Pipeline:** individuals who are unemployed or do not work in health, behavioral health, or social care



Participants will make a **three-year commitment** of service, in the new professional title, to **Medicaid providers that serve at least 30 percent Medicaid Members and/or uninsured individuals**

# CPT Program: Eligible Titles

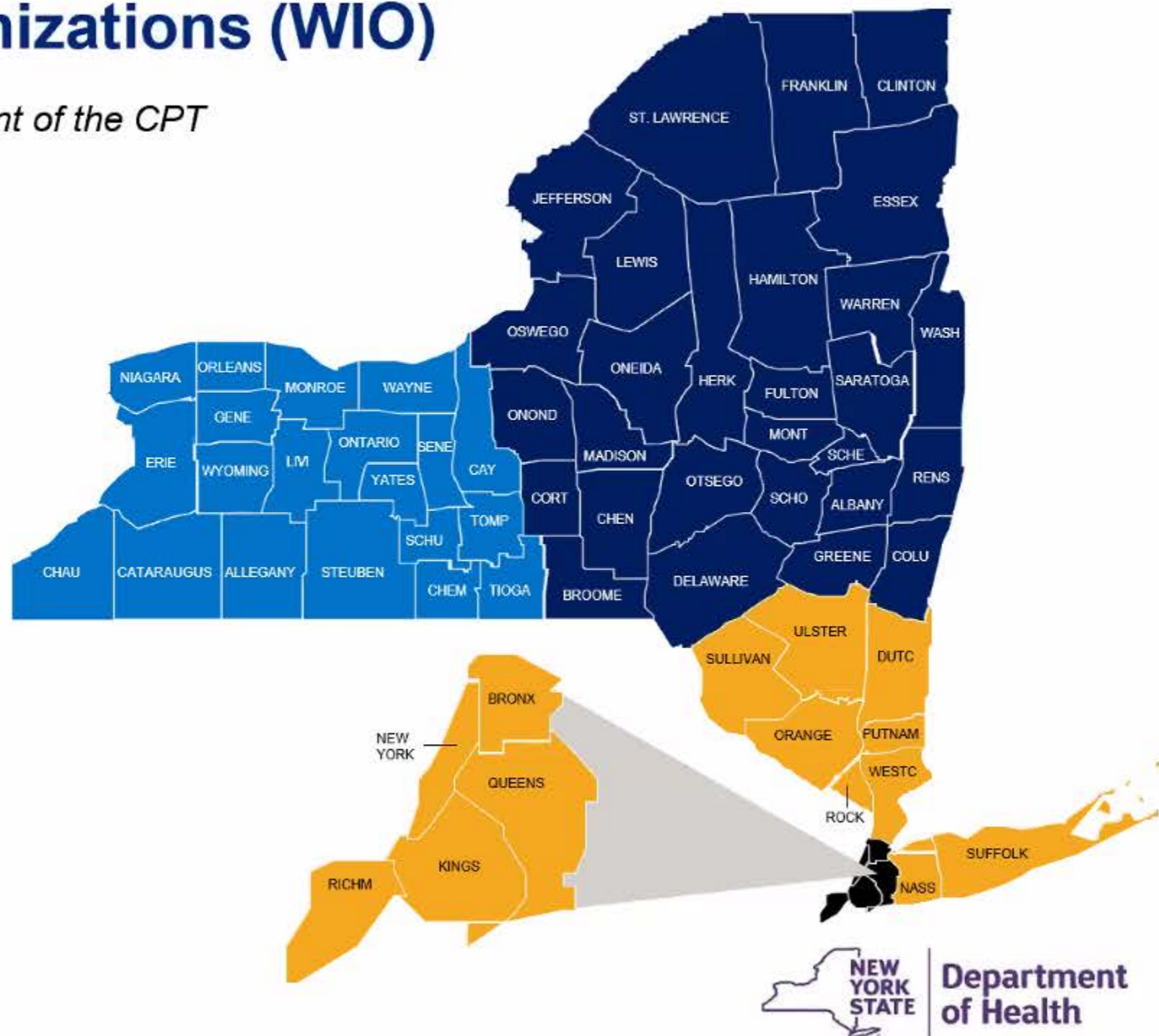
Individuals pursuing careers in the following titles are eligible to participate in the CPT program:

 <b>Nursing</b>	 <b>Professional Technical</b>	 <b>Frontline Public Health Workers</b>
<ul style="list-style-type: none"><li>• Licensed Practical Nurse</li><li>• Associate Registered Nurse</li><li>• Registered Nurse to Bachelor of Science in Nursing</li><li>• Nurse Practitioner</li></ul>	<ul style="list-style-type: none"><li>• Physician Assistant</li><li>• Licensed Mental Health Counselor</li><li>• Master of Social Work</li><li>• Credentialed Alcoholism and Substance Abuse Counselor</li><li>• Certified Pharmacy Technician</li><li>• Certified Medical Assistant</li><li>• Respiratory Therapist</li></ul>	<ul style="list-style-type: none"><li>• Community Health Workers</li><li>• Patient Care Managers</li></ul>



# Workforce Investment Organizations (WIO)

*WIOs will be selected to support regional management of the CPT program, with one WIO per region.*



## WIO Regions

## Counties

### Region 1:

- Hudson Valley
- New York City
- Long Island

Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester, Bronx, Kings, Queens, New York, Richmond, Nassau, Suffolk

### Region 2:

- North Country
- Capital Region
- Southern Tier
- Central New York

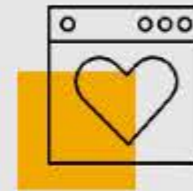
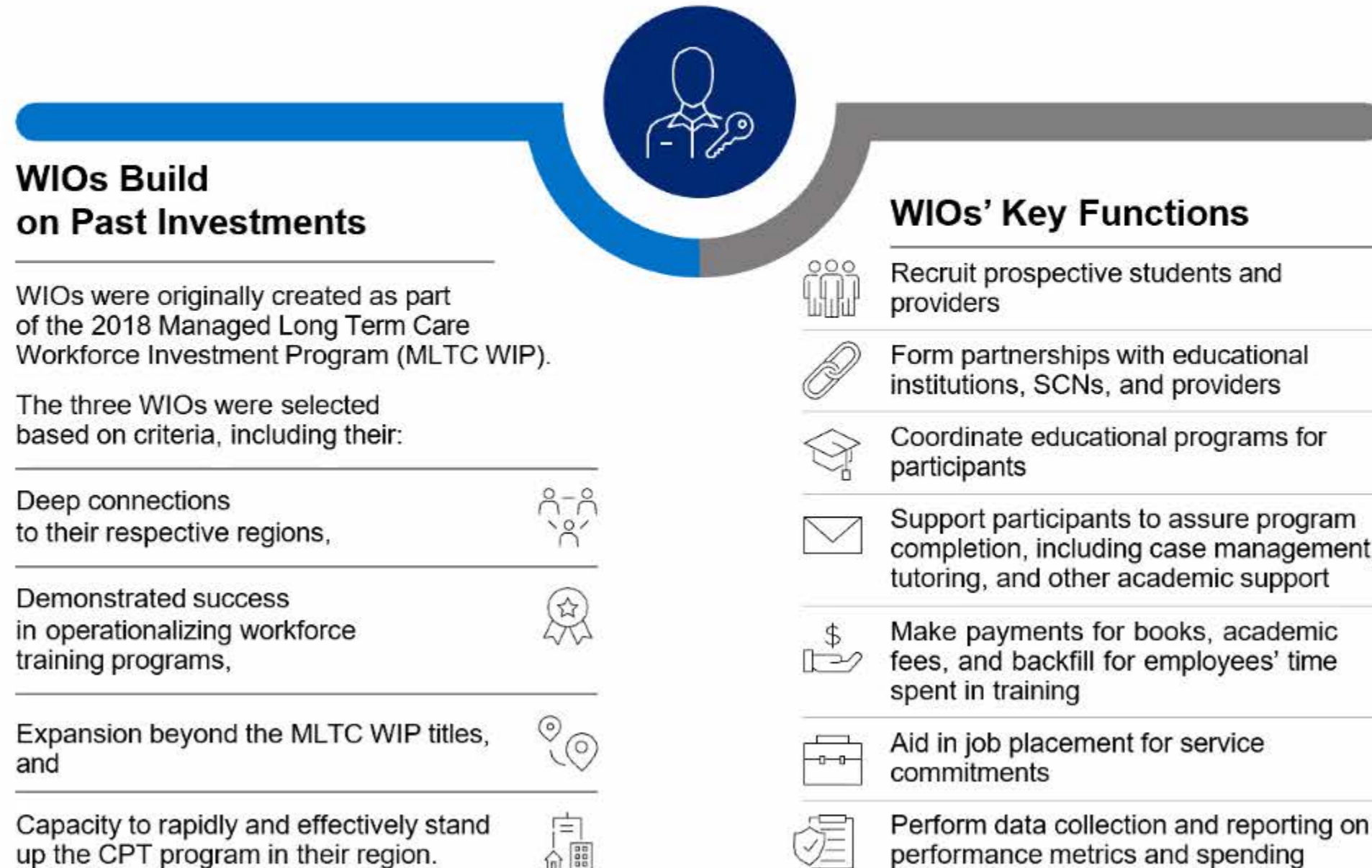
Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, Washington, Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, Schoharie, Broome, Chenango, Delaware, Otsego, Tioga, Tompkins, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego

### Region 3:

- Finger Lakes
- Western New York

Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuler, Seneca, Steuben, Wayne, Wyoming, Yates, Cattaraugus, Chautauqua, Erie, Niagara

# WIO Background and Roles



To find out how you can benefit from our CPT program and to receive more information, reach out to the WIO serving your region!

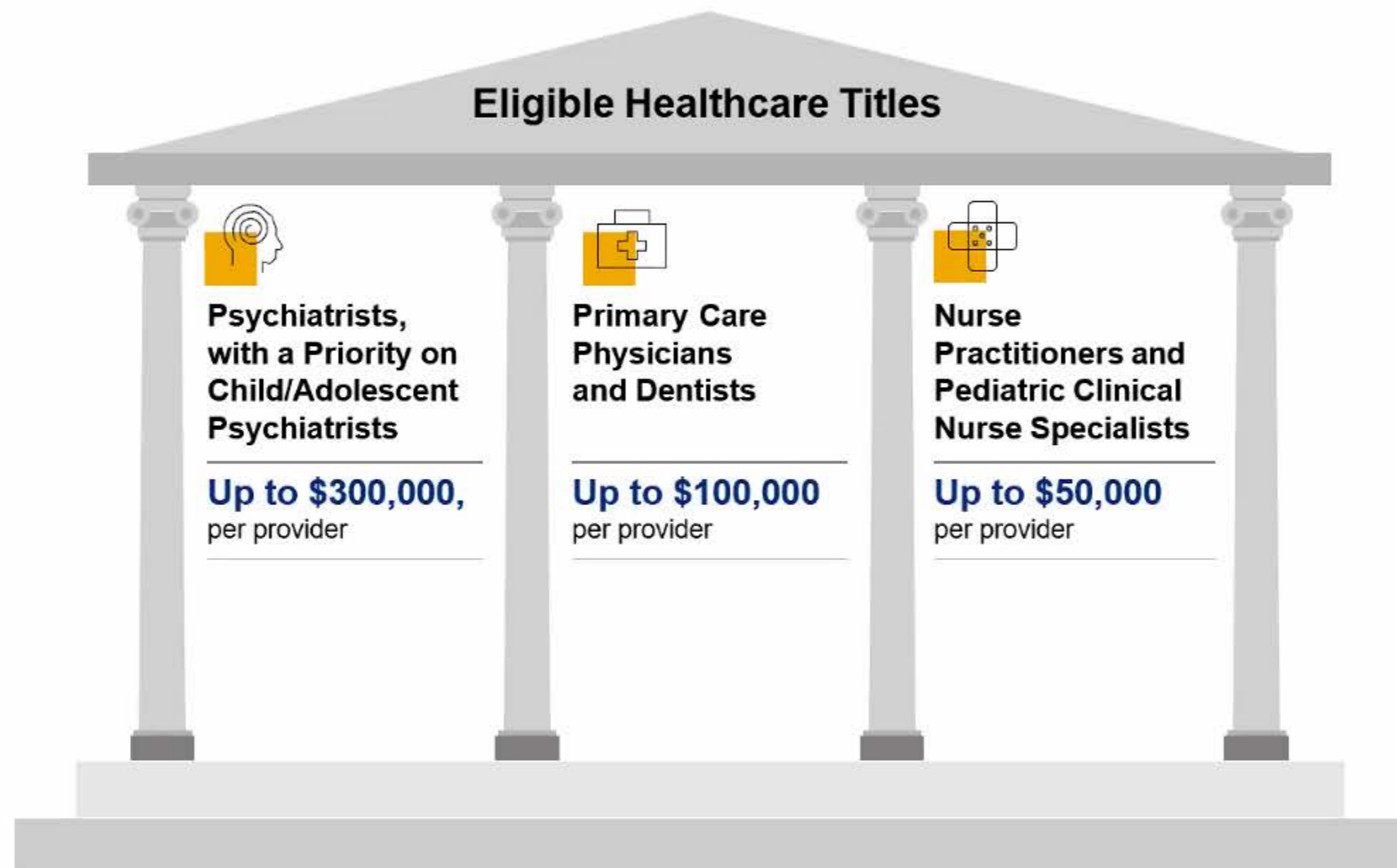


# Student Loan Repayment

To support recruitment and retention of high-demand practitioners, the NYHER amendment includes student loan repayment for specific healthcare professionals.

Awardees must make a **four-year commitment** to maintain a personal practice panel or work at an organization that includes **at least 30 percent Medicaid and/or uninsured Members**.

The award process will consider geographic distribution of applicants, regional need, commitment to working in underserved communities, and linguistic and cultural competency.



# CPT and Student Loan Repayment Timeline & Next Steps



**August 2024**

- ▶ WIOs Selected & CPT program begins



**March 2027**

- ▶ CPT Educational Programming Ends



**January 2025**

- ▶ Student loan applications released



Investments in NYS workforce will strengthen our delivery systems and leverage available resources to build the workforce needed for a 21st century delivery system that reflects the populations it serves and develops the workforce needed to support Medicaid members.

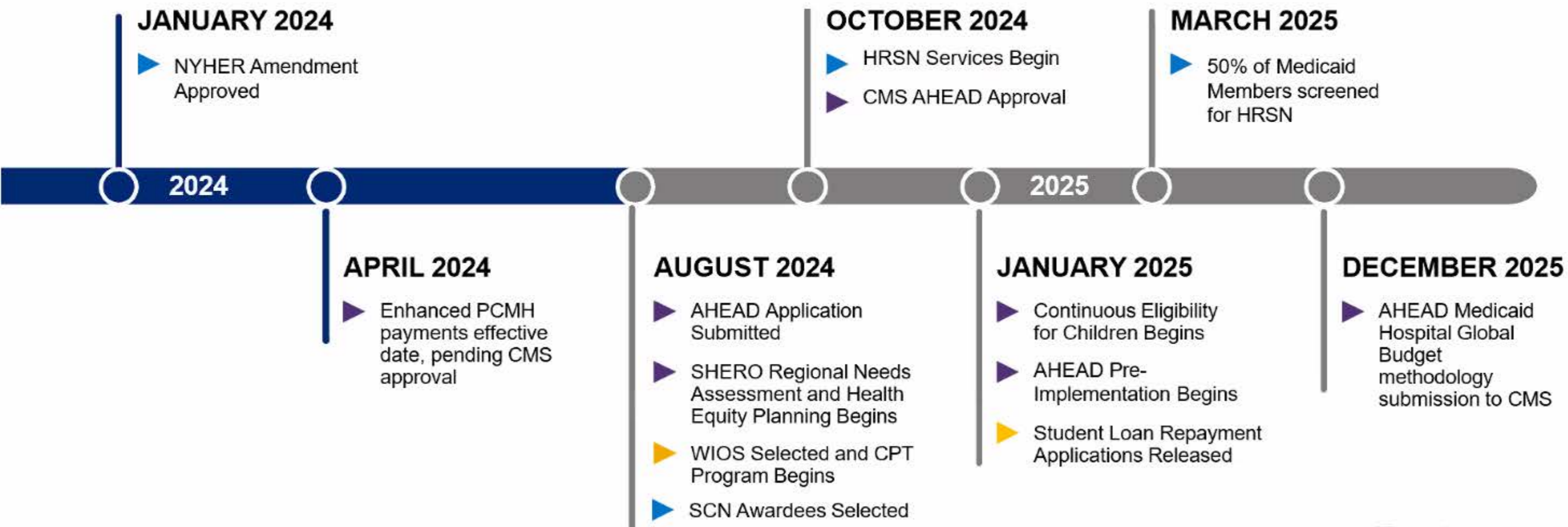




# 2024-2025 NYHER Milestones\*

## Initiative Type:

▶ Social Care Networks ▶ Population Health ▶ Workforce



\*Milestones are subject to change

# Resources



[New York 1115 Waiver Website](#)



[Current Special  
Terms and Conditions](#)



[Continuous Eligibility for Children Ages  
0-4 1115 Amendment Application](#)



[New York Social Care Networks Website](#)



[Subscribe to MRT Listserv](#)

If you have questions regarding New York Health Equity Reform Amendment programs, please contact us at: [NYHER@health.ny.gov](mailto:NYHER@health.ny.gov)



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