The 2023 Medicaid Conference

Charting a Path to Equitable Integration

July 20, 2023

United Hospital Fund

Improving Health Care for Every New Yorker

The 2023 Medicaid Conference Agenda

8:30am	Networking Coffee Hour, sponsored by Acentra Health
9:30am	Welcome
9:45am	State of the State of New York Medicaid Keynote
11:00am	Break
11:15am	Strategies for Providing Substance Use Disorder Treatment and Care to Medicaid Members Panel
12:30pm	Lunch
1:30pm	Challenges in Providing Primary Care to Medicaid Members Panel
2:45pm	An Equitable Model to Integrate Care Keynote
3:30pm	Closing

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Speaker Bios

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@nyamnyc

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The 2023 Medicaid Conference Welcome & Keynote

State of the State of New York Medicaid

9:30-11:00am

- Oxiris Barbot, MD, President and CEO, United Hospital Fund
- Melinda Abrams, MS, Executive Vice President for Programs, The Commonwealth Fund
- Amir Bassiri, MSW, Medicaid Director, New York State Department of Health

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Medicaid in New York 2023 Conference

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Amir Bassiri
Medicaid Director, Office of Health Insurance Programs
New York State Department of Health

July 2023

Today's Agenda

Public Health Emergency (PHE) Unwind

- ❑ Recap/Timeline
- ❑ Unwind Metrics
- ❑ E14 Waivers and Other Member Resources

1115 Update

- ❑ Status of Waiver Negotiations
- ❑ Update on Waiver Components/Framework

2023-2024 Medicaid Budget

- ❑ Budget Highlights and Alignment with 1115
- ❑ Budget Spotlights: Primary/Preventive Care and Behavioral Health Investments

Acronyms to Know

Acronym	Definition
AVS	Asset Verification System
CBOs	Community Based Organizations
CHP	Child Health Plus
CMS	Centers for Medicare and Medicaid Services
CSEU	Child Support Enforcement Unit
DOH	Department of Health
HRA	Human Resource Administration
LDSS	Local Department of Social Services
MAGI	Modified Adjusted Gross Income
MBI-WPD	Medicaid Buy in for Working People with Disabilities
MCO	Managed Care Organization
MMC	Medicaid Managed Care or Mainstream Managed Care
MOE	Maintenance of Effort Period
non-MAGI	Non-Modified Adjusted Gross Income
NYSoH	NY State of Health
PHE	Public Health Emergency
RFI	Request for Information
SHO	State Health Officer
SPA	State Plan Amendment
TPHI	Third Party Health Insurance
WMS	Welfare Management System

PHE Unwind Update

PHE Unwind Update

Recap of Unwind Timeline

As the Public Health Emergency comes to an end, New York is required to begin redetermining Medicaid eligibility. The below outlines the key dates New York is working toward:

	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024
HRA	Renewal packets sent for 6/30/23				HRA new apps return to normal rules* First discontinuances are effective*							Last unwind renewal packets for 5/31/24			Last renewals processed	Last renewals effective
Rest of State LDSS		Renewal packets sent for 6/30/23			Upstate LDSS new apps return to normal rules* First discontinuances are effective*								Last unwind renewal packets for 5/31/24		Last renewals processed	Last renewals effective
NYSOH			Renewal packets sent for 6/30/23		NYSOH new apps return to normal rules* First discontinuances are effective*									Last unwind renewal packets for 5/31/24	Last renewals processed	Last renewals effective

*New applications returning to normal rules and discontinuances started July 2023 and continue throughout

PHE Unwind Update

Current Snapshot of Renewal Rates

DOH is working with CMS to monitor the monthly cohorts going through the unwind. As of June 30, 2023, 72.05% (402,708) of the 558,923 individuals included in the June 2023 cohort have renewed their coverage in NYSOH and at the LDSS. This includes CHP, MA, and EP with June 30th renewal dates.

DOH continues to use strategies to ensure that members keep Medicaid eligibility where possible and provide alternative options for members who do not retain Medicaid eligibility

- Utilizing ex parte for MAGI members
- Minimizing the information beneficiaries must complete
- Accepting beneficiary images of completed paperwork
- Collaborating with the United States Digital Services (USDS) to reduce likelihood of procedural disenrollments
- Utilizing various E14 Waivers

DOH is utilizing E14 Waivers throughout the Unwind

New York has submitted a series of E14 Waivers to:

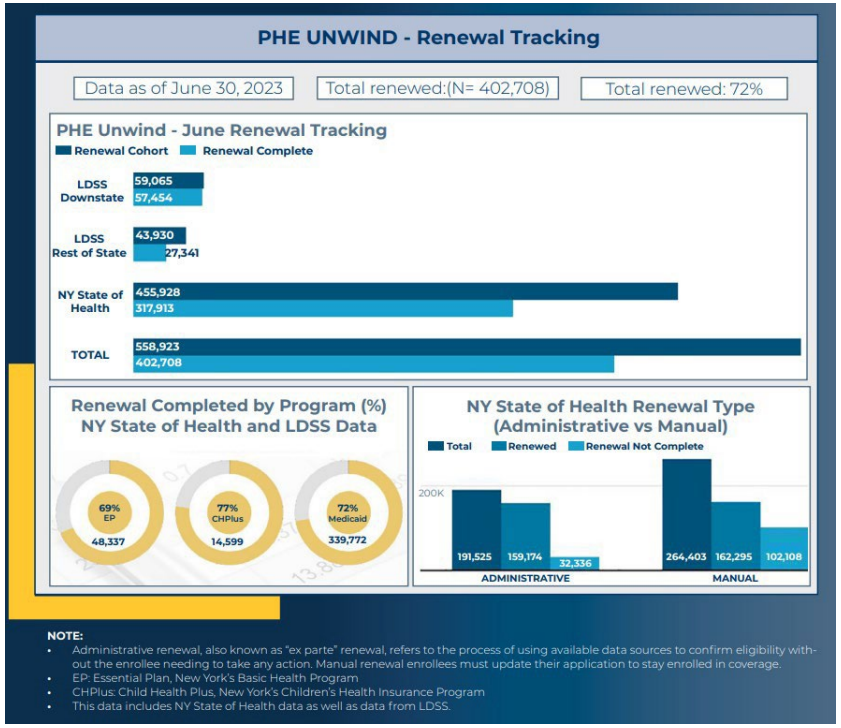
- ✓ Reduce churn during the unwind (reducing the chance of eligible members losing Medicaid for procedural reasons)
- ✓ Allow NY to return to normal operations more seamlessly
- ✓ Allow NY to more efficiently enroll eligible individuals
- ✓ Make keeping Medicaid easier on many members

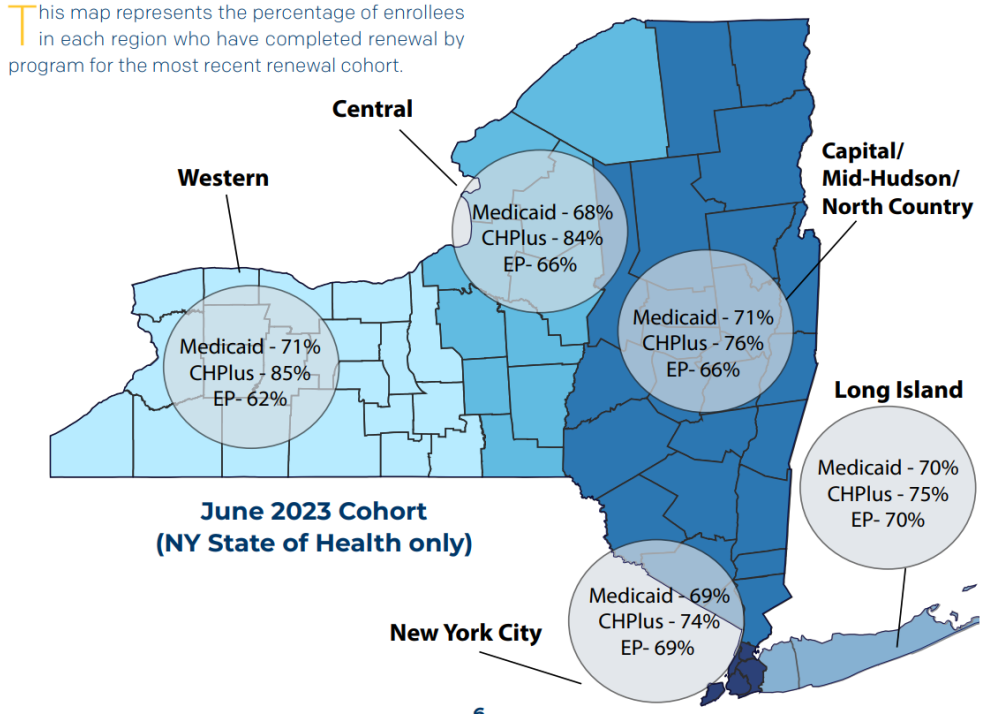
These E14 Waivers are approved by CMS, and DOH will be holding a webinar.

PHE Unwind Update

Renewal Tracking

DOH is tracking member renewals across various metrics, including age, race/ethnicity, preferred written language, and county/region.





https://info.nystateofhealth.ny.gov/PHE-unwind-dashboard

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PHE Unwind Update

Assistors and Member Resources

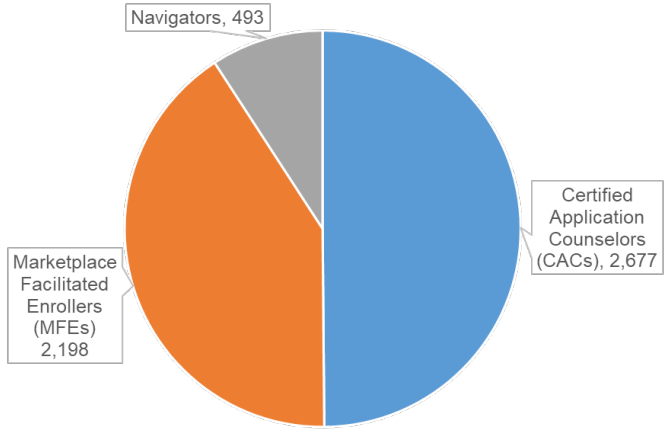
Helping members through the unwind:

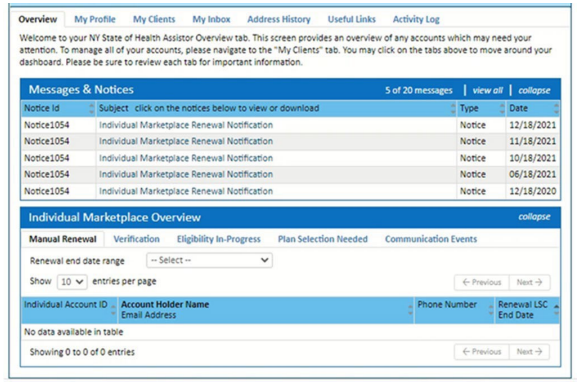
NYS utilizes assistors who are trained to educate and provide enrollment assistance to individuals and families through NY State of Health. There are three kinds of assistors:

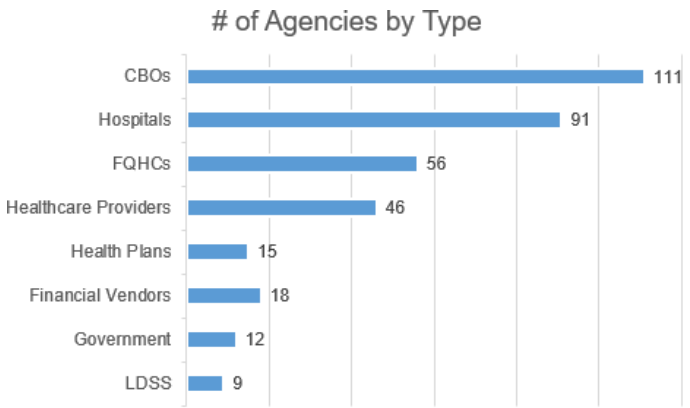
- **Certified Application Counselors (CACs)**
- **Marketplace Facilitated Enrollers (MFEs)**
- **Navigators**

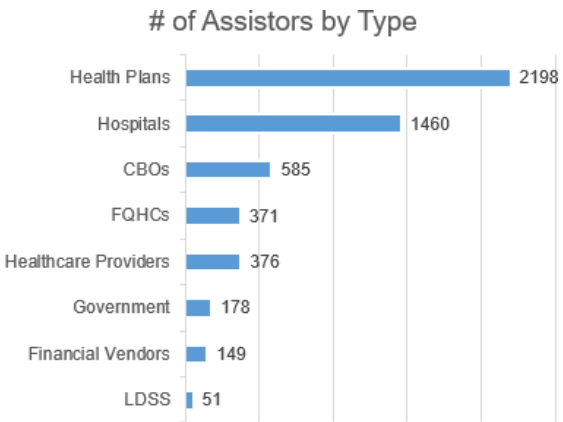
77% of the individuals enrolled through the marketplace had the help of an assistor.

In addition to assistors for NY State of Health, there are resources to support the aged, blind, and disabled population with the submission of applications and renewals to Local Departments of Social Services.









Assistor data as of 6/30/23

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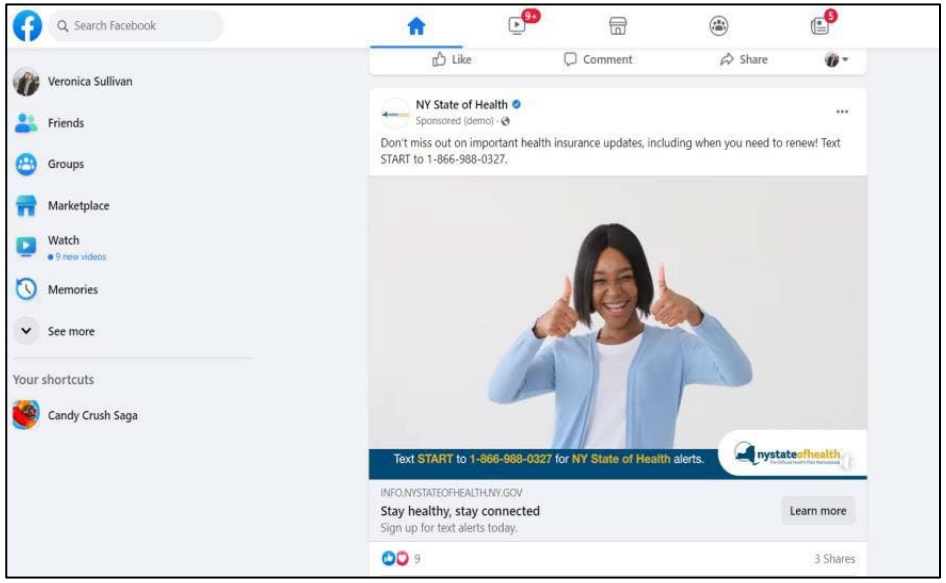
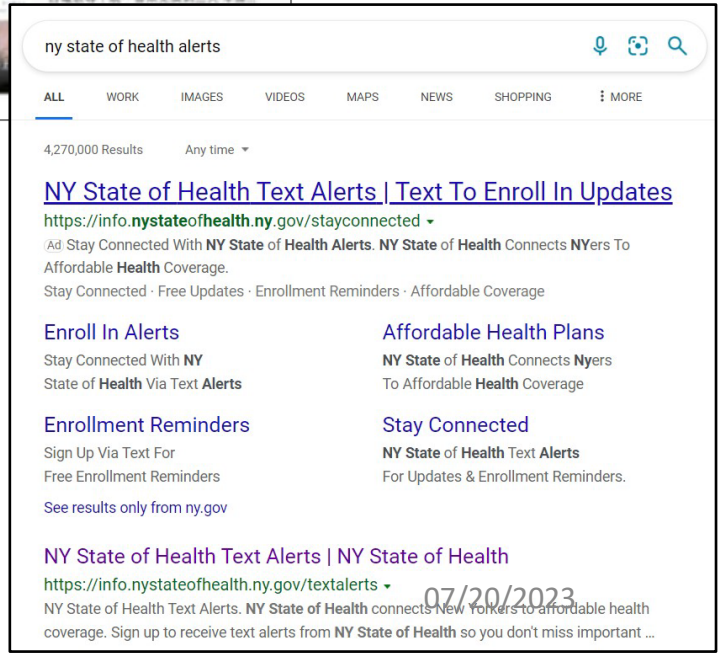
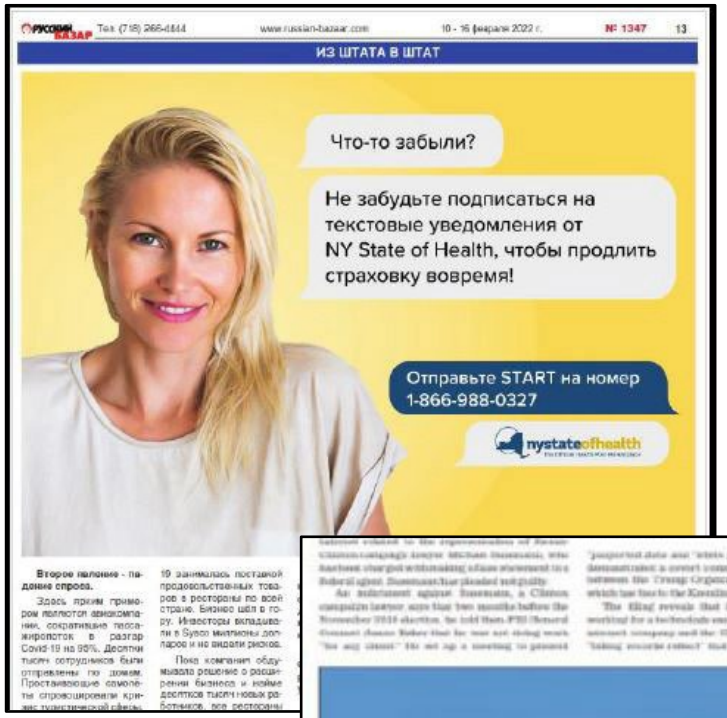
Digital Ad Samples





Print Ad Samples



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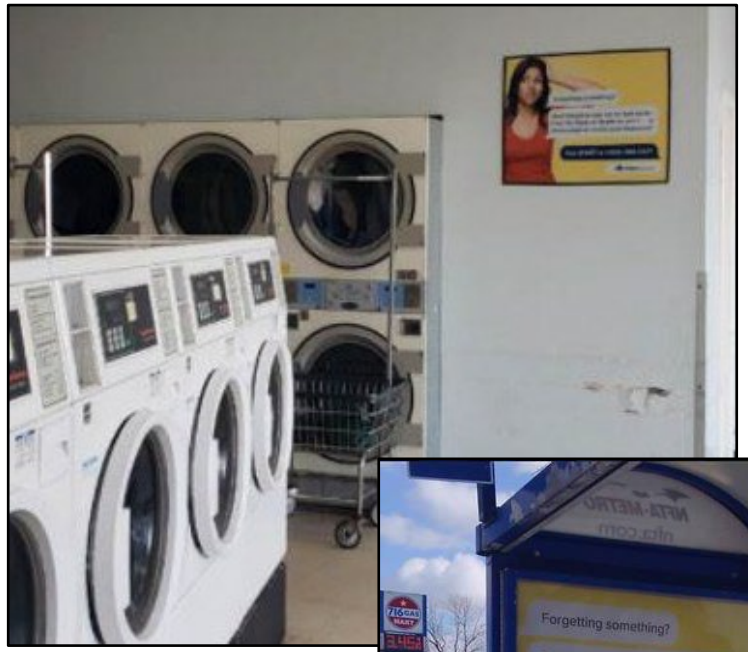
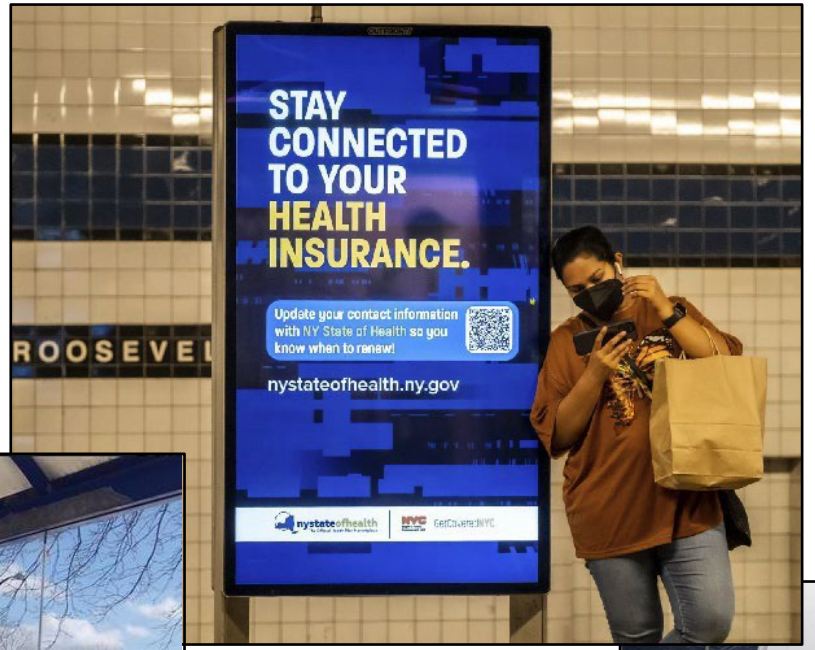
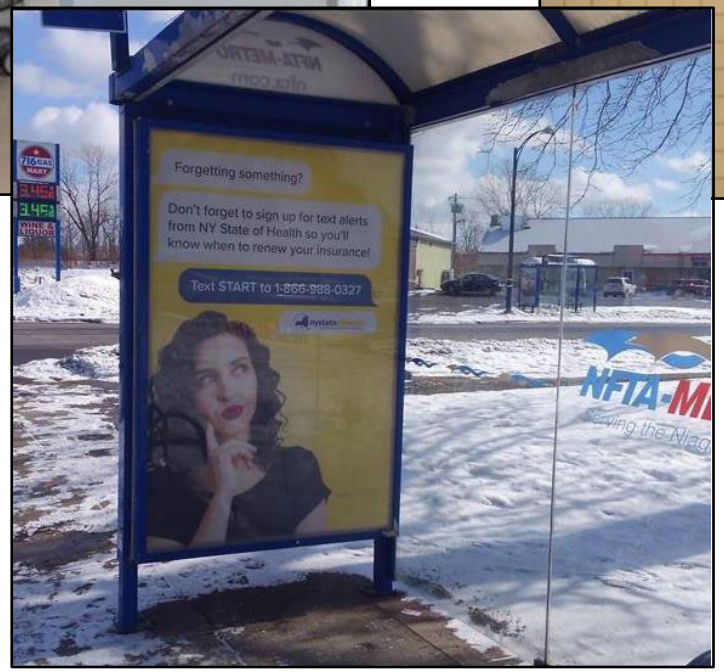
Out-of-Home Ad Samples







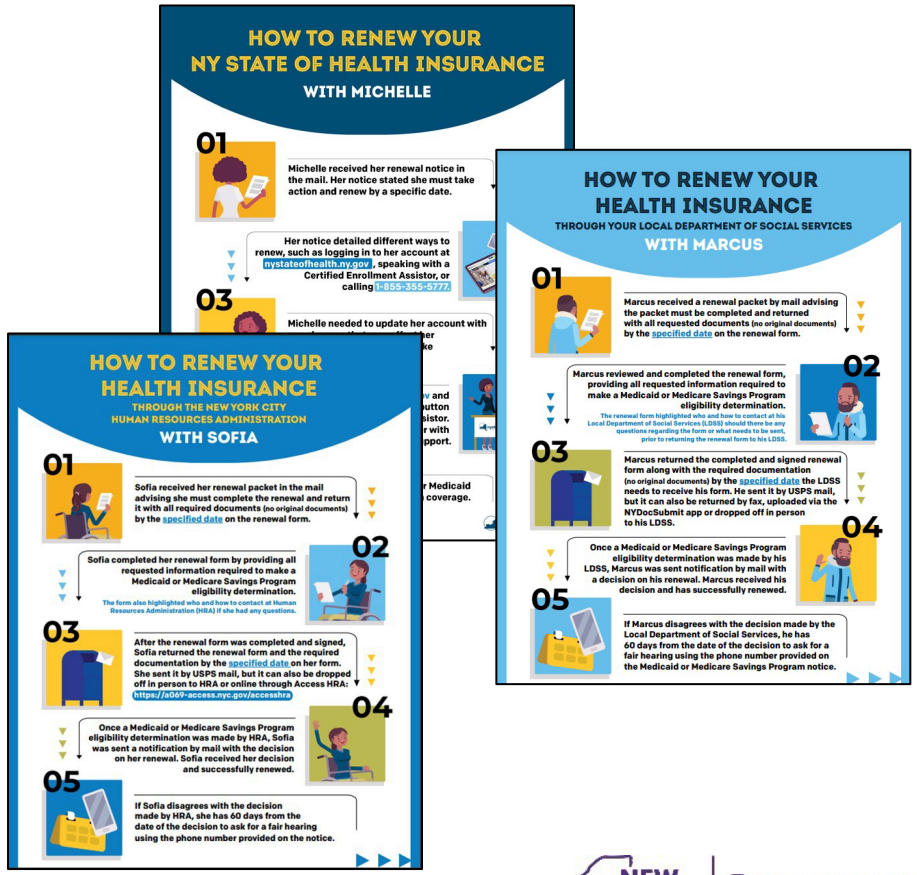
PHE Unwind Update

Other Assistance for Members in the Unwind

New York has also created materials for members to use during the unwind, such as brochures and FAQs. Additionally, a member webinar will be scheduled soon.

How can you help?

- Remind members to update their information, especially their address
- Direct members to resources, like the below FAQs:
- **NYSOH** - https://info.nystateofhealth.ny.gov/frequently-asked-questions-about-renewals
- **NYC HRA** - https://info.nystateofhealth.ny.gov/sites/default/files/PHE%20Tool%20Kit%20-%20FAQs%20for%20LDSS-HRA%20enrollees.pdf
- **LDSS** - https://info.nystateofhealth.ny.gov/sites/default/files/PHE%20Tool%20Kit%20-%20FAQs%20for%20LDSS-HRA%20enrollees.pdf



07/20/2023

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1115 Update

Draft: Subject to CMS Negotiations

1115 Waiver Update

Waiver Recap

New York is in the final stages of negotiating it's 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:

Population Health

Social Care Networks

Strengthening the Workforce

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1115 Waiver Update

Waiver Negotiations

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

- Social Care Networks (SCN) and Health Related Social Needs Services (HRSN)
- Strengthening the Workforce
- Primary Care Delivery System Model
- Stabilizing the Safety Net & Advancing Accountability
-
- Health Equity Regional Organizations (HEROs)
- Targeted In-Reach Services for Criminal Justice-Involved Population
- Digital Health and Telehealth Infrastructure

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1115 Waiver Update

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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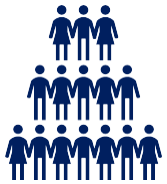

1115 Waiver Update

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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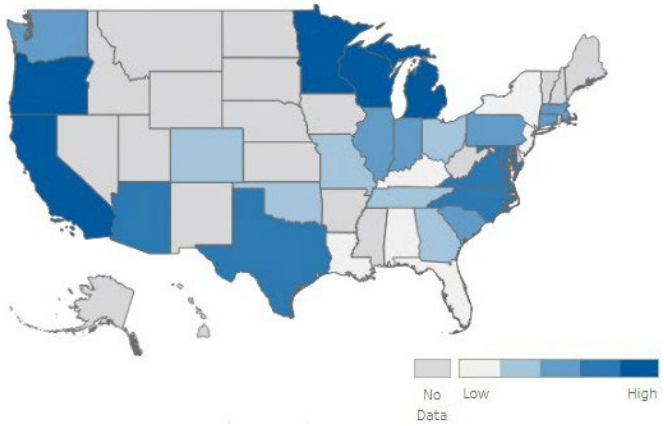
1115 Waiver Update

Importance of Primary Care

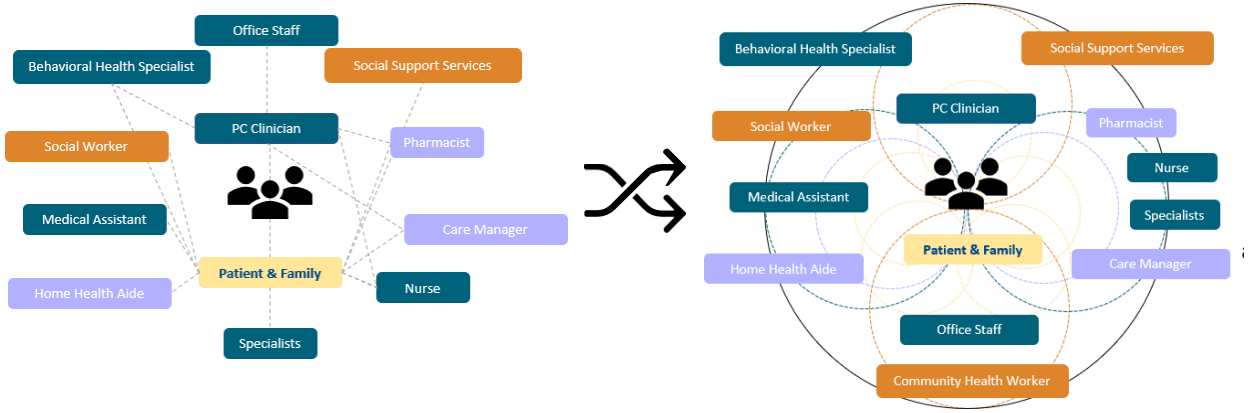
In 2020, the national average of spending on primary care was 12.1%. New York had one of the lowest percentages of spending on primary care where data was available at 8.2%.

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.

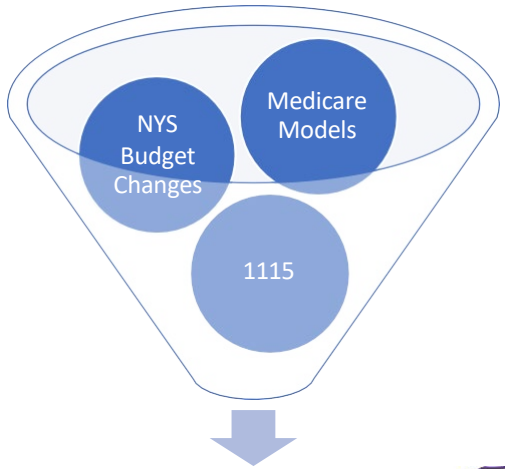
Over the next two sections, you will notice that the waiver and budget will both play roles in improving NYS' primary care system.



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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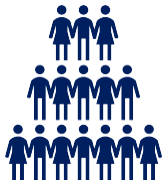

1115 Waiver Update

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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1115 Waiver Update

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 disparities[1]

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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1115 Waiver Update

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, well 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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1115 Waiver Update

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

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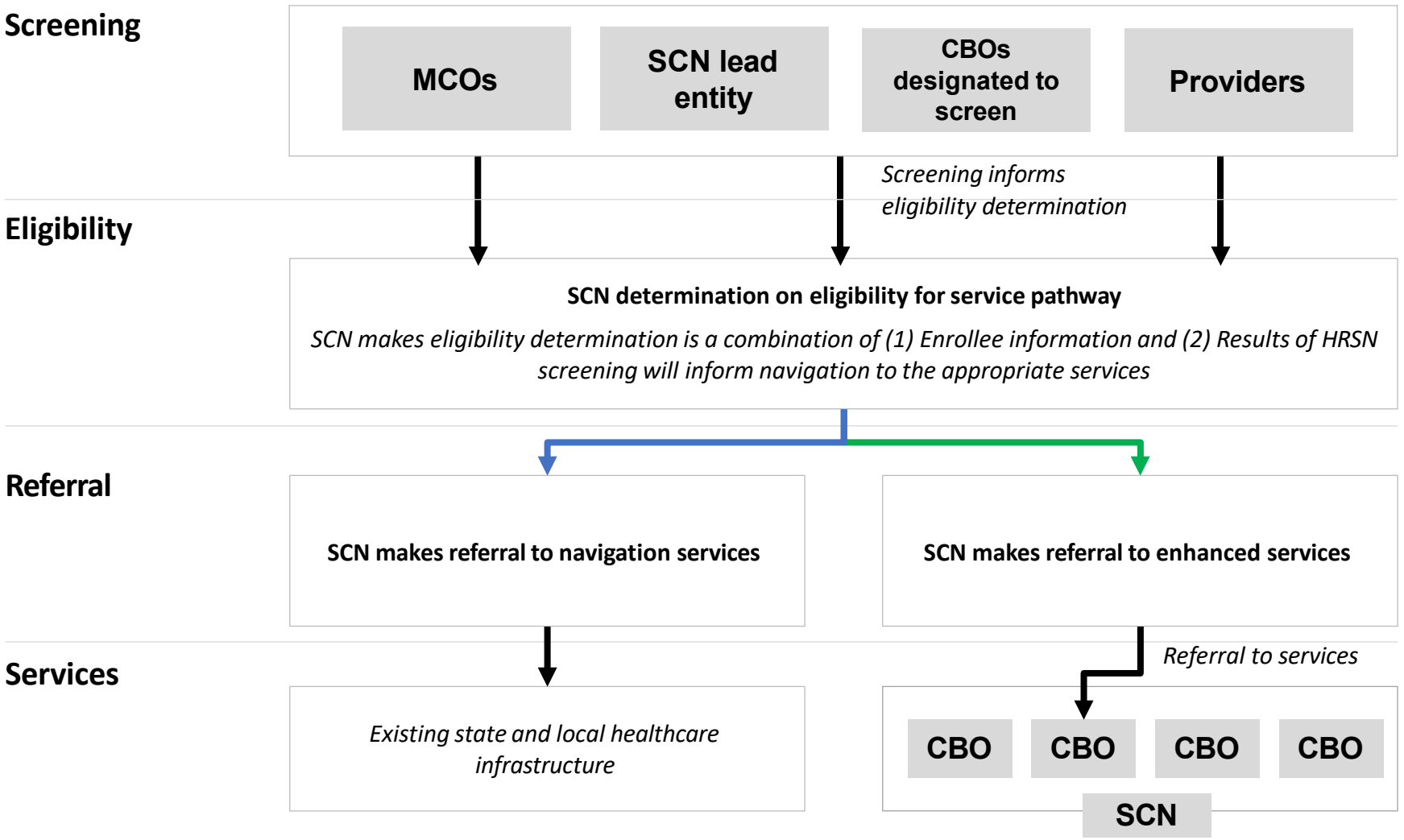
Screening & Referral for HRSN Services



Key

- Navigation to existing services
- Enhanced Services

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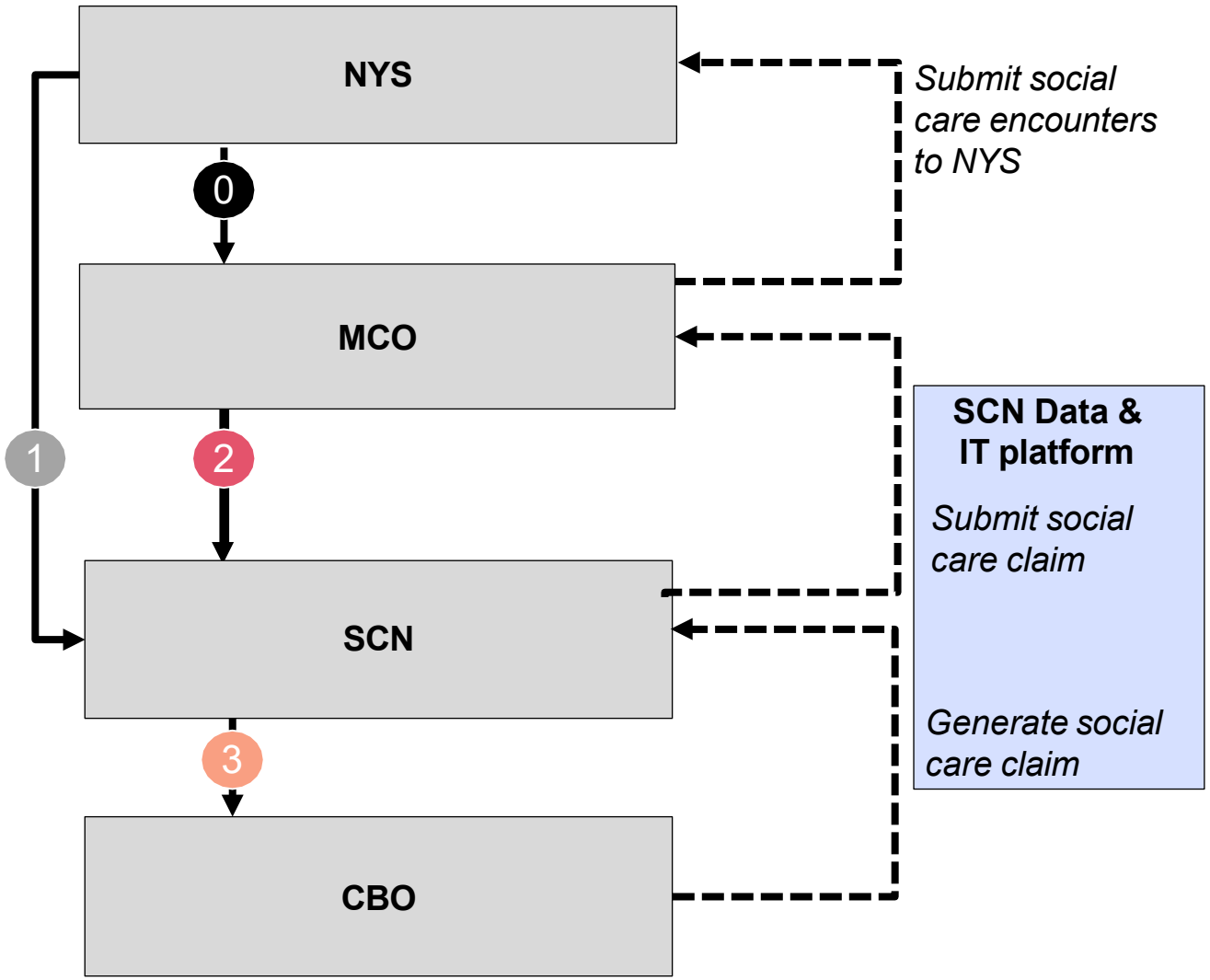
Initial HRSN Funds Flow

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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1115 Waiver Update

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

2023-2024 Budget Update

2023-2024 Budget Update

Overview of Medicaid Spending under the Enacted Budget

- CY 2023 began with approximately 7.8 million individuals enrolled in Medicaid.
- Enrollment is projected to decline in FY 2024 to 6.9 million individuals.
- This is due to the redetermination of eligibility for all Medicaid enrollees (unwind) starting in April 2023 and ending in May 2024.

Summary of Medicaid Spending All Funding Sources

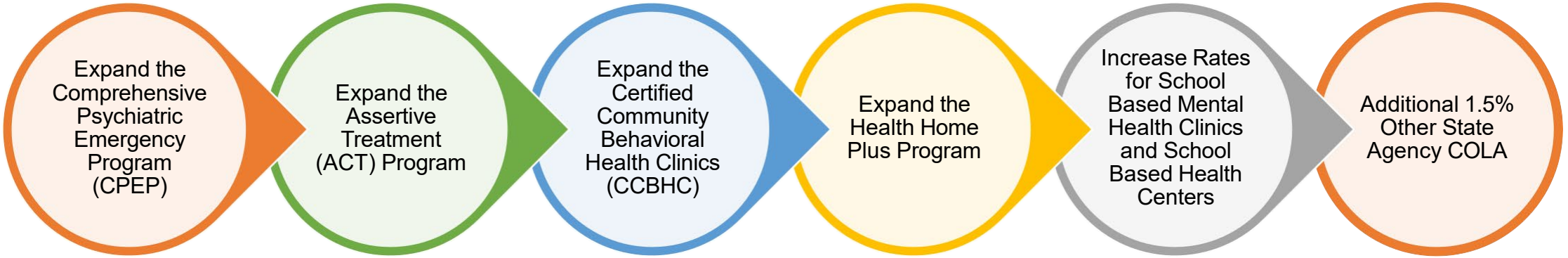
Medicaid Spending ($ in Millions)	FY 2023	FY 2024	Change	
			Dollars	Percent
Total Medicaid*	$98,965	$108,672	$9,707	9.8%
DOH Global Spending Cap**	$26,161	$28,110	$1,949	7.5%

**Includes the Essential Plan.*
***Department of Health (DOH) Medicaid spending not subject to the Global Cap Index includes certain Medicaid spending in other agencies, administrative costs, such as the takeover of local administrative responsibilities, costs related to a portion of the takeover of local government expenses, and costs related to State mandated increases in the minimum wage and other wage enhancements.*

Budget Spotlight

Access to Behavioral Health

The budget demonstrates New York's commitment to enhancing and expanding access to mental health services to ensure people receive the support they need in the most appropriate and effective setting.



And continues to support agencies' responses to the pandemic, combat the opioid epidemic through harm reduction and innovations in treatment and recovery programs, and fund initiatives to ensure access to care and supportive services.

Budget Spotlight

Promoting Primary Care and Preventive Health

The 2023-2024 enacted budget also has wide-ranging investments to promote Primary and Preventive Health that complement the goals of the 1115 Waiver

- Benchmarking primary care reimbursement to 80% of Medicare
- Statewide Expansion and Higher Reimbursement for Doula Services
- Universal Hepatitis C (HCV) Screening
- Increased vaccine administration fees to expand access to children
- Coverage for Adverse Childhood Exposures (ACEs) Screening
- Increased reimbursement for School Based Health Centers
- Investments in Supportive Housing
- Updated Integrated Licensure Standards
- Community Health Workers (CHW) Expansion to serve more populations (including high-risk populations, maternity, children under 21, etc.)
- Expanded Coverage for Nutritionist Services

Questions

The 2023 Medicaid Conference Morning Panel

Strategies for Providing Substance Use Disorder Treatment and Care to Medicaid Members

11:15am-12:30pm

- Ken Shatzkes, PhD, Program Director, Foundation for Opioid Response Efforts (FORE)
- Shonny Capodilupo, LCSW, Senior Director of Behavioral Health Services, Open Door Family Medical Center
- David Collymore, MD, MBA, Chief Medical Officer, Acacia Network
- Daniel Schatz, MD, Medical Director for Substance Use Services, NYC Health + Hospitals

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The 2023 Medicaid Conference Afternoon Panel

Challenges in Providing Primary Care to Medicaid Members

1:30pm-2:45pm

- Alex Brandes, JD, MPH, Director of Medicaid Institute, United Hospital Fund
- Adam Aponte, MD, MS, FAAP, Chief Medical Officer, Boriken Neighborhood Health Center
- Paulo Pina, MD, MPH, FAAP, Network Pediatric Medical Director, Family Health Centers at NYU Langone Health
- Stephanie Wang, MD, FACP, Senior Medical Director of Care Transitions & Population Health, Mount Sinai Morningside and West Hospitals

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The 2023 Medicaid Conference Keynote & Closing

An Equitable Model to Integrate Care

2:45pm-3:45pm

- Kathleen Noonan, JD, President and CEO, Camden Coalition
- Oxiris Barbot, MD, President and CEO, United Hospital Fund
- Dan Brillman, MBA, Co-Founder and CEO, Unite Us

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Strengthening ecosystems and helping people with complex health and social needs

Kathleen Noonan
President & CEO, Camden Coalition

July 20, 2023

Camden Coalition

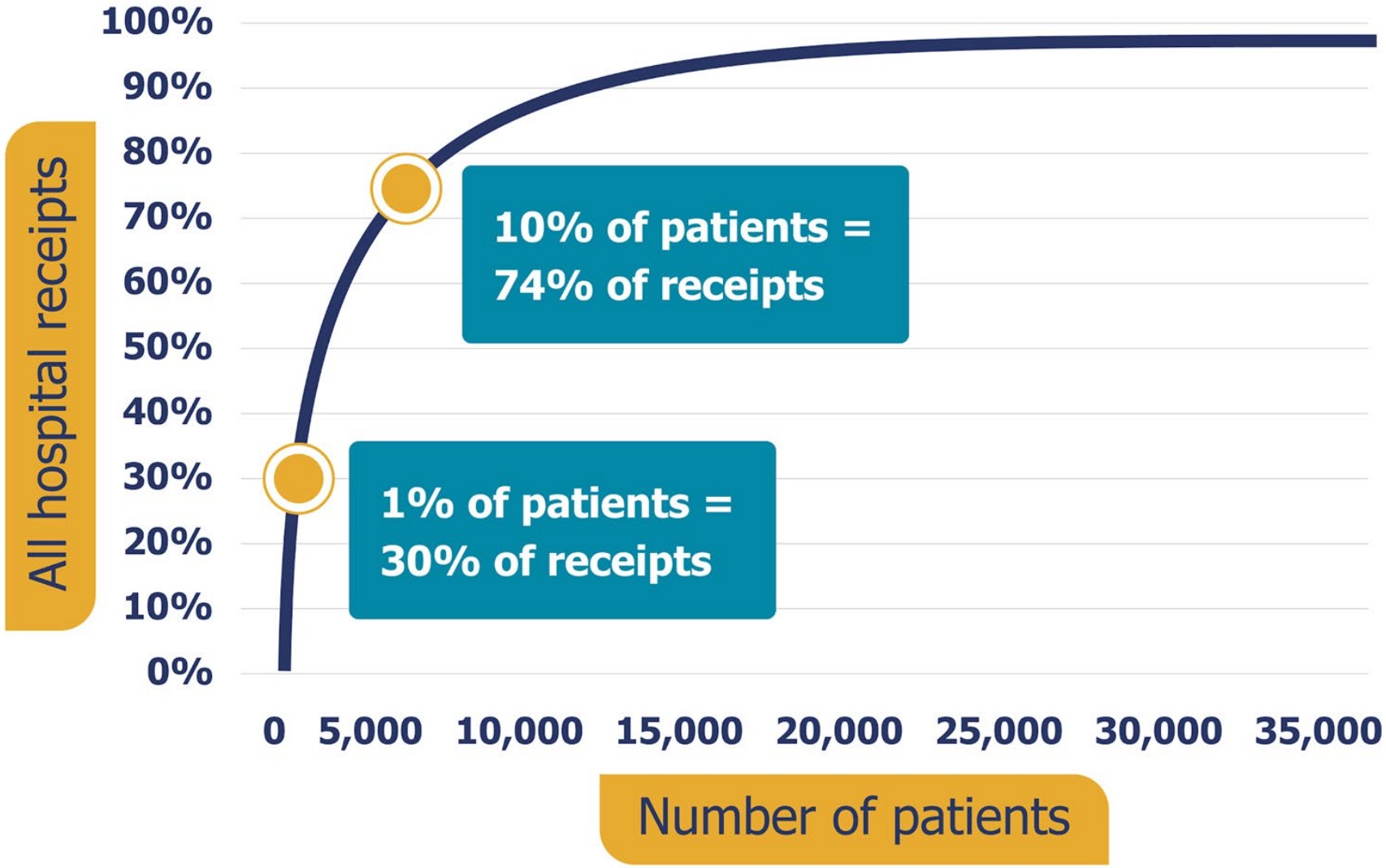
Through trial and error, we have learned:

1. Short-term care management alone cannot remedy lifetimes of complexity and embedded inequities

2. It really does take an ecosystem (teaming and collaboration is key)

3. To truly move the needle, we need to work simultaneously toward individual-level outcomes and ecosystem change metrics

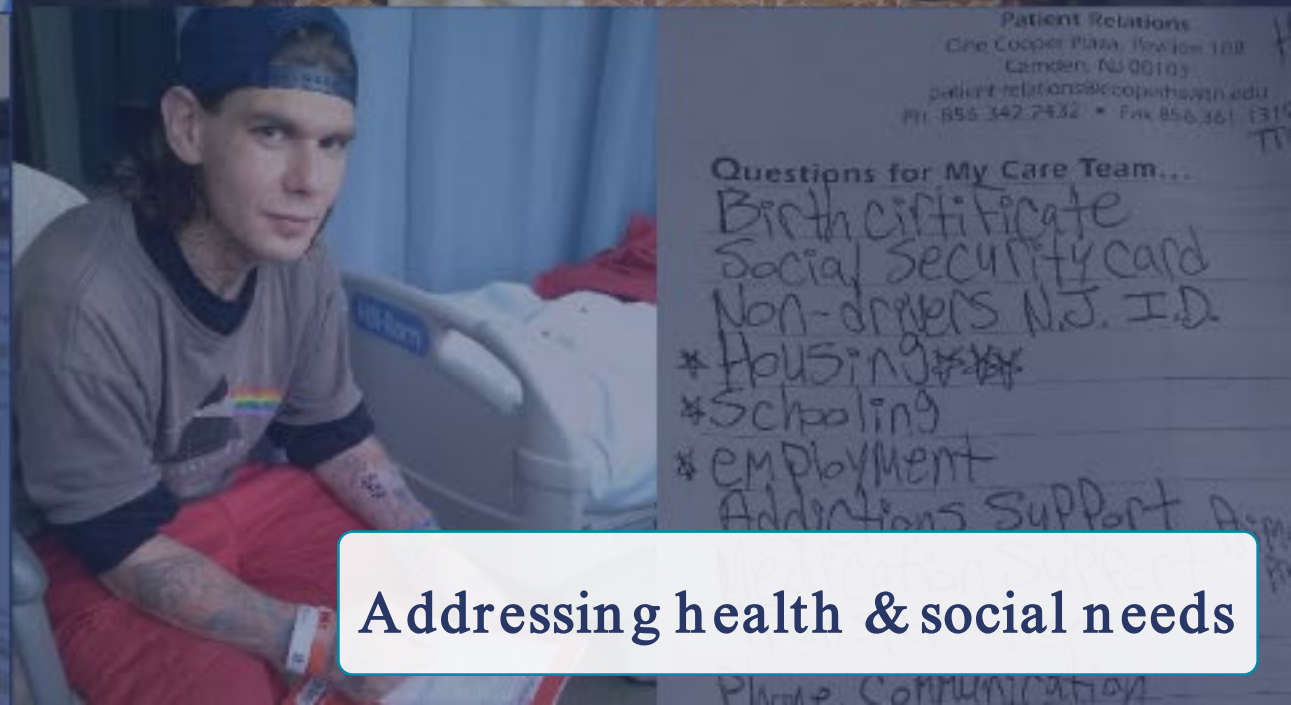
We started in Camden City focused on people who accounted for a disproportionate amount of healthcare.



Bedside engagement

Care team & community visits

Measuring readmissions & connection to care

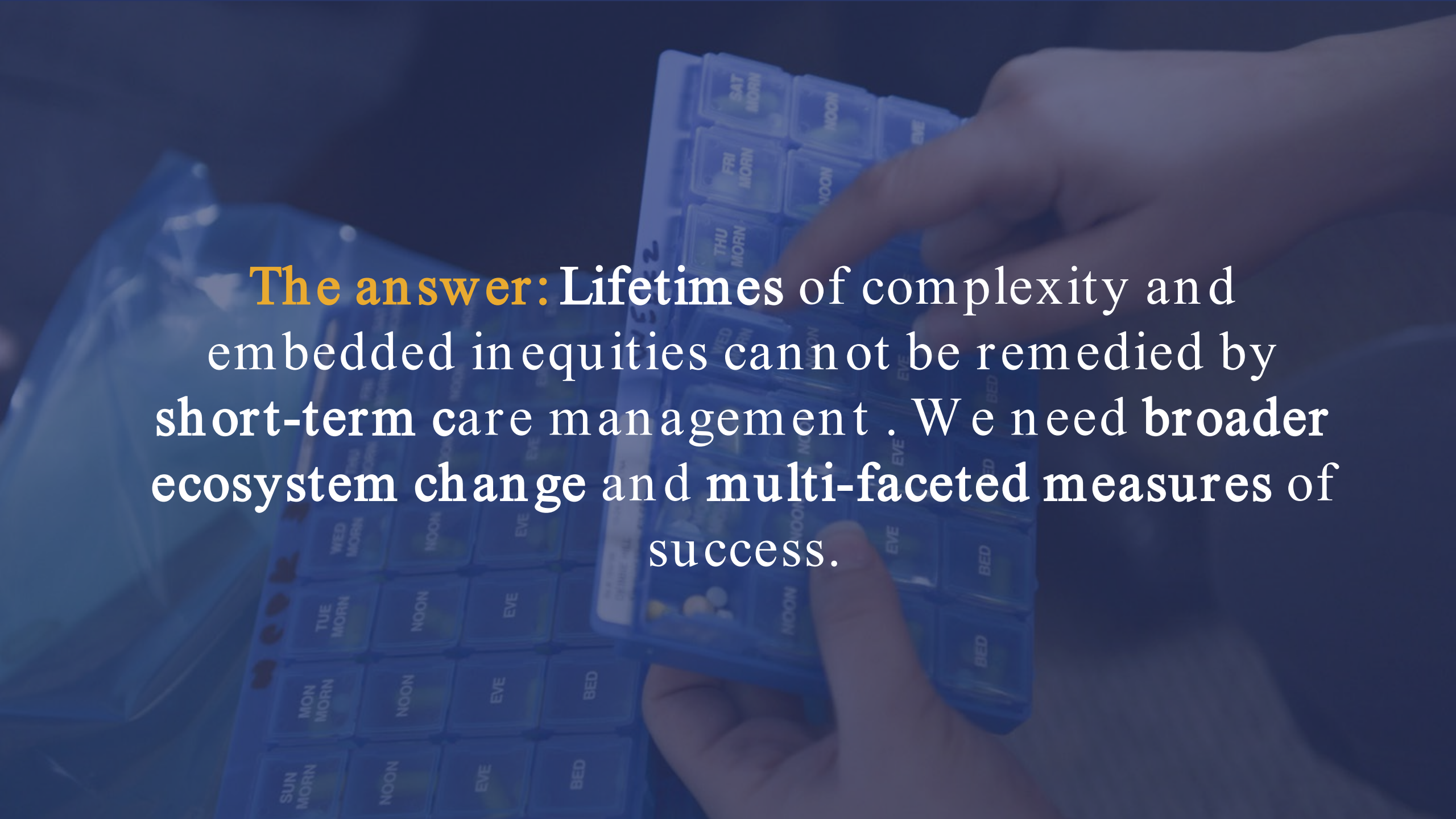


Addressing health & social needs

The people we help are like Charlie…

We wanted to address the fragmentation leading to poor outcomes.

The research question we asked: At 180 days after a hospital discharge, do patients enrolled in the Camden Core Model experience a lower rate of hospital readmissions?



The answer: **Lifetimes** of complexity and embedded inequities cannot be remedied by **short-term c**are management . We need **broader ecosystem change** and **multi-faceted measures** of success.

As we reflected on the results, we asked our Community Advisory Committee what they valued.

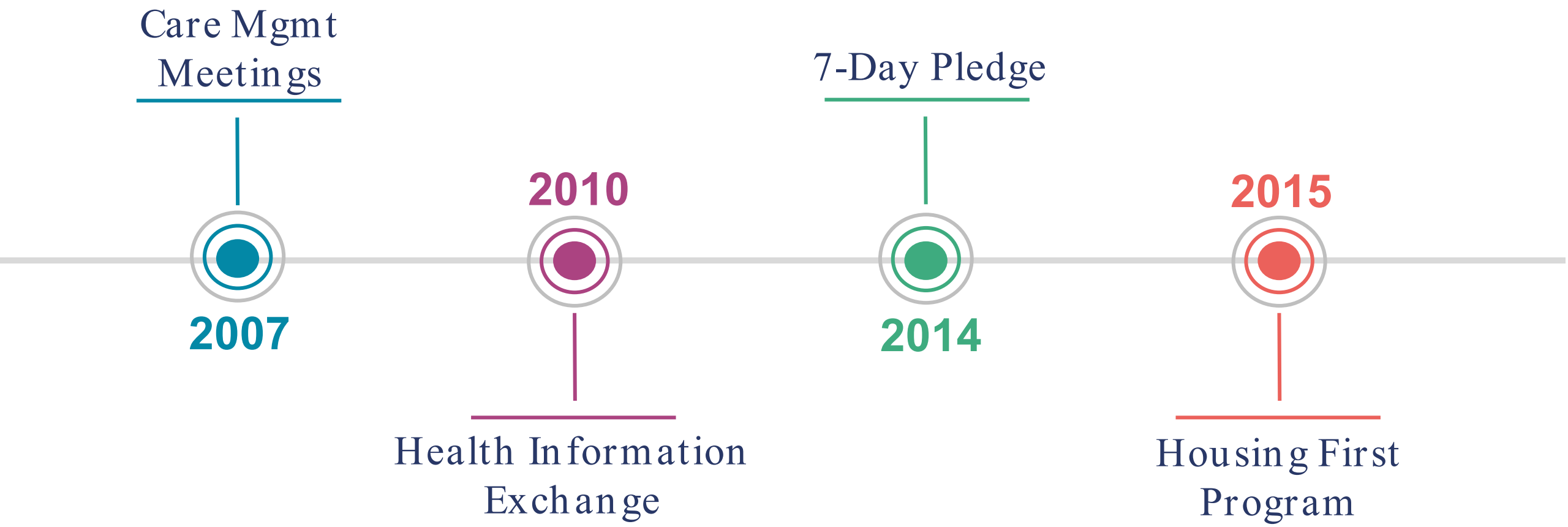
We were obviously asking the wrong question. We need to ask better questions.

Think you measure how much people are involved with their community or their family.

Nothing works overnight; everything is a process. Building people up who have mental health issues, health issues, spiritual issues is a process.

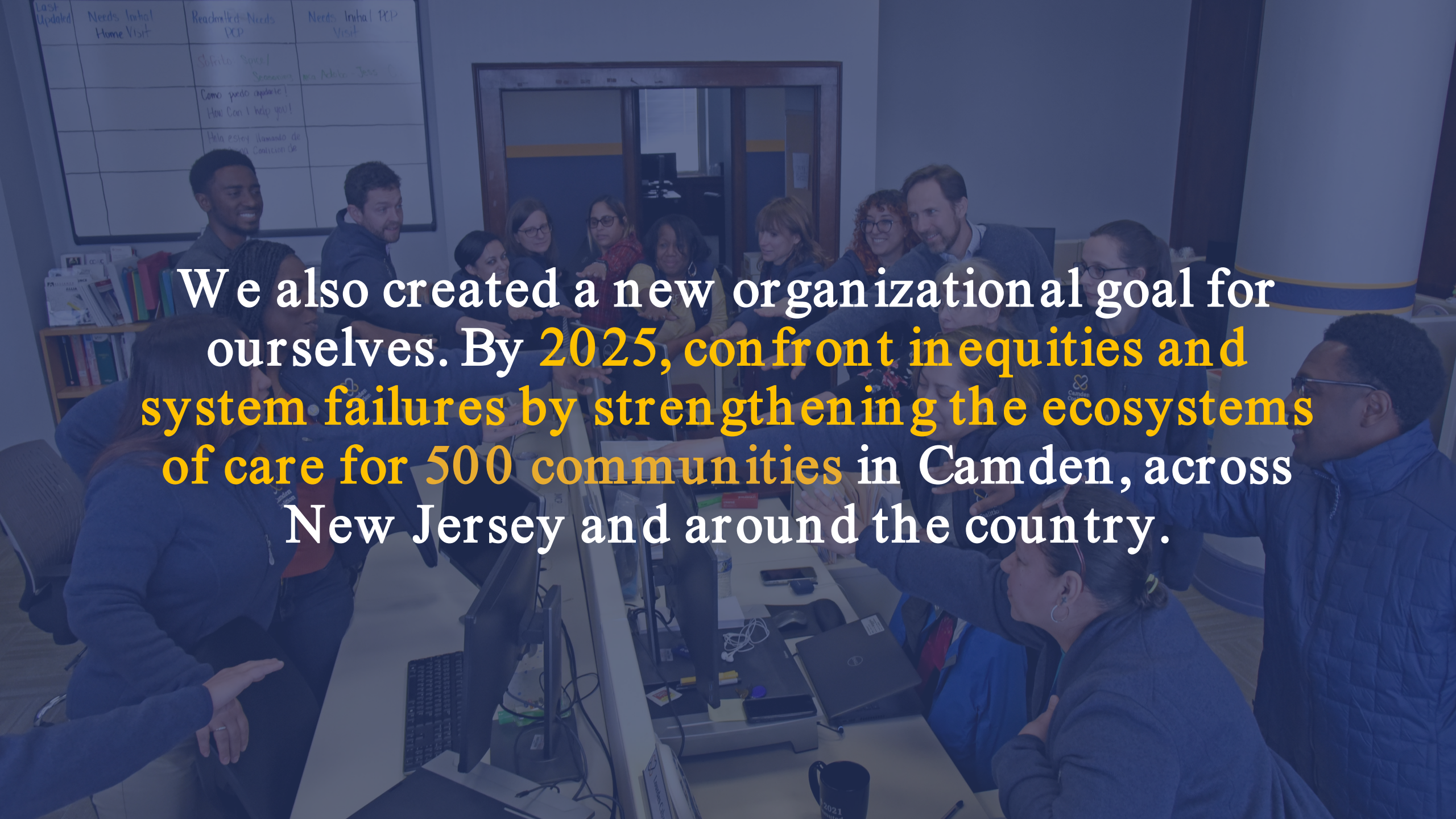
Where do we go from here because they said it is not making a difference, but it is making a difference to us.

We realized we couldn't do it alone. It took stronger partnerships and collaboration.



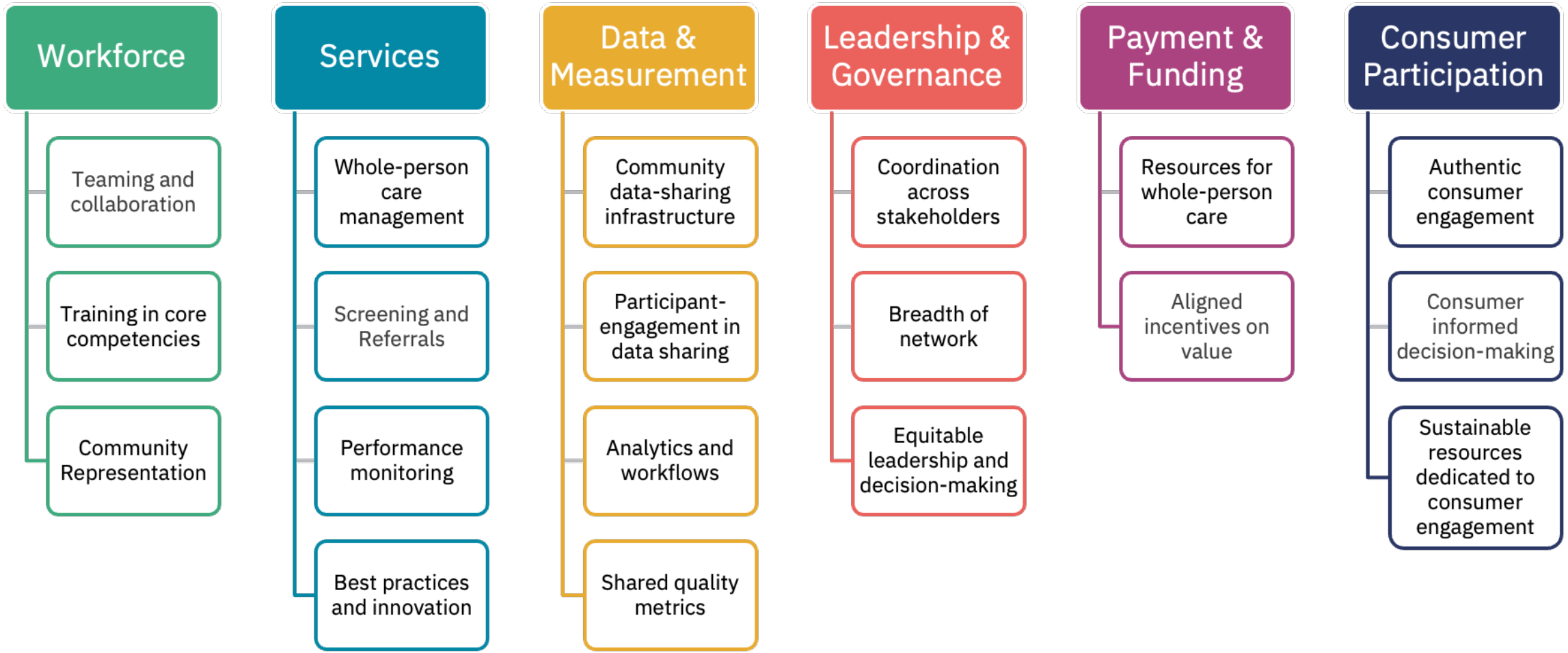
“Ecosystem of care - a local network of organizations, sectors, fields, and/or professions working collectively to address the root causes of poor health among individuals with complex health and social needs.

Charged with marching orders from our CAC, we started to envision an equitable ecosystem of care.

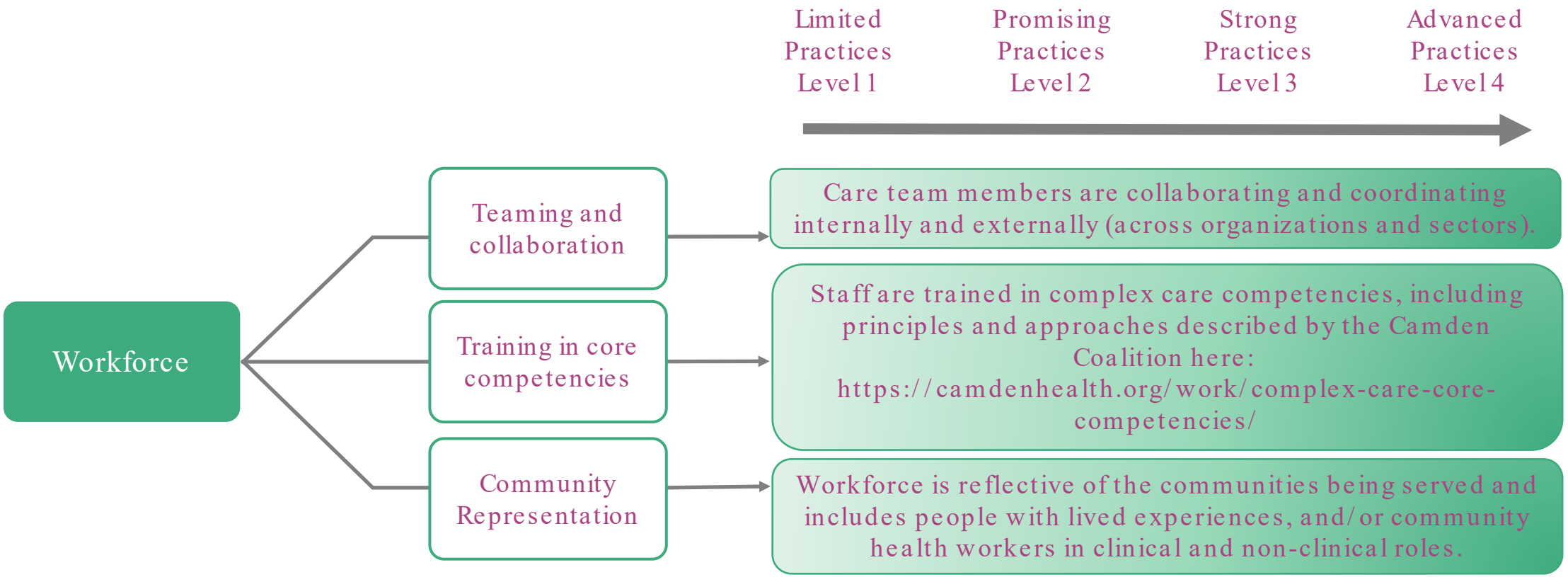


We also created a new organizational goal for ourselves. By 2025, confront inequities and system failures by strengthening the ecosystems of care for 500 communities in Camden, across New Jersey and around the country.

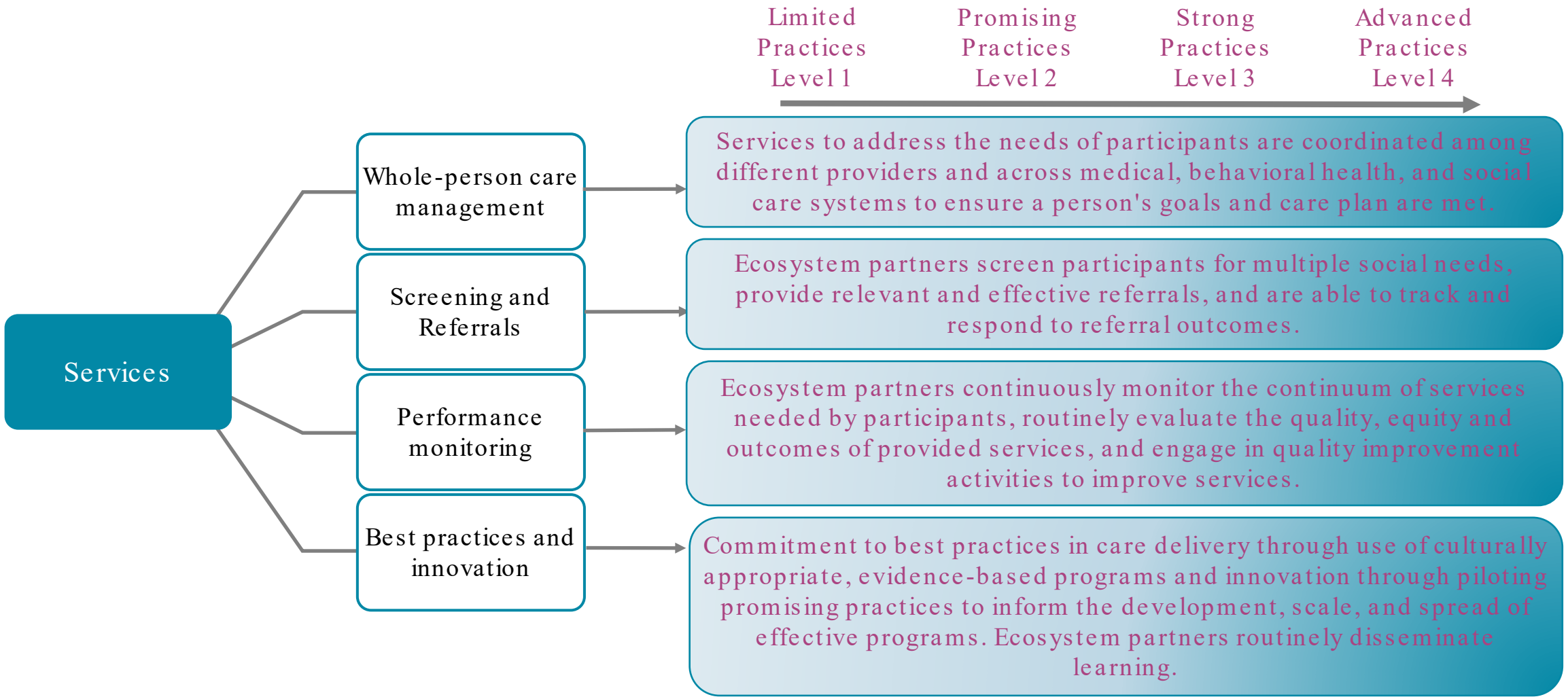
The Coalition's six domains of a strong ecosystem is now a focus of our measurement along with individual metrics.



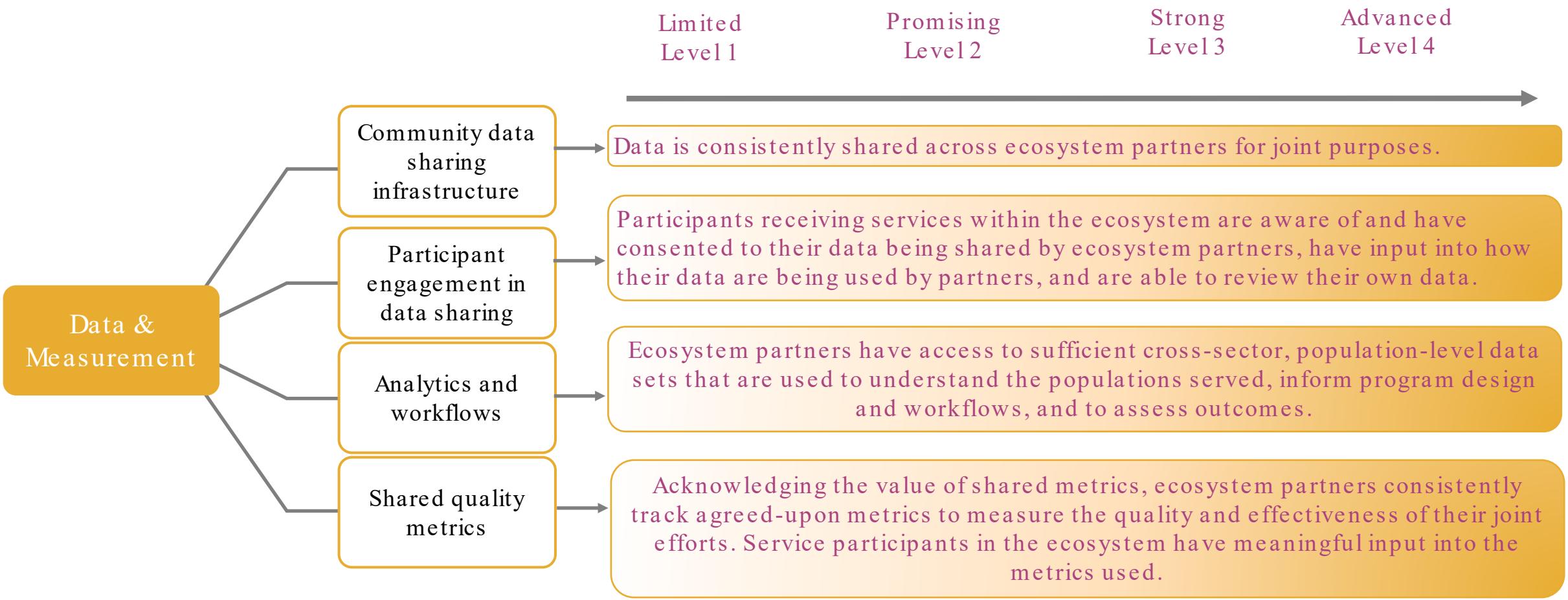
A well-prepared, diverse, interprofessional workforce that is supported to deliver high quality, person-centered care.



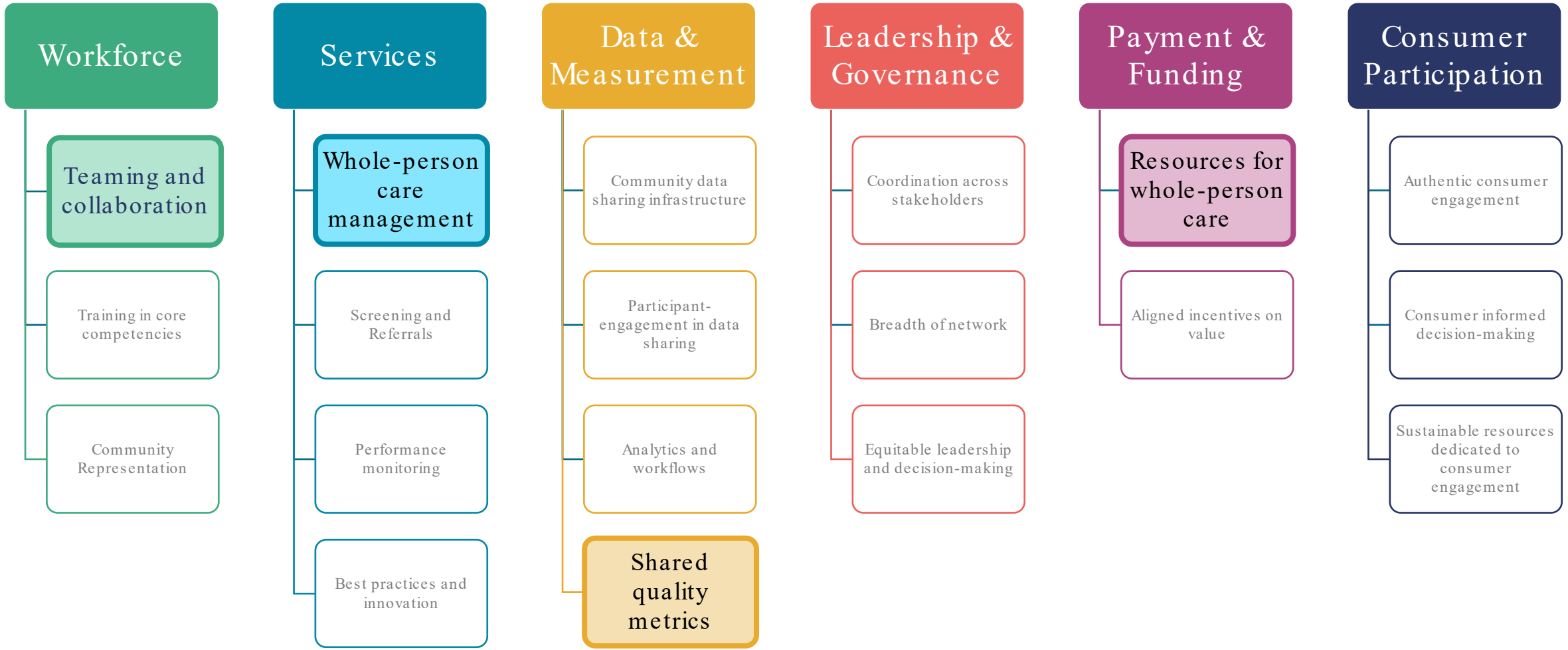
Services for participating population(s) that are accessible and effective.



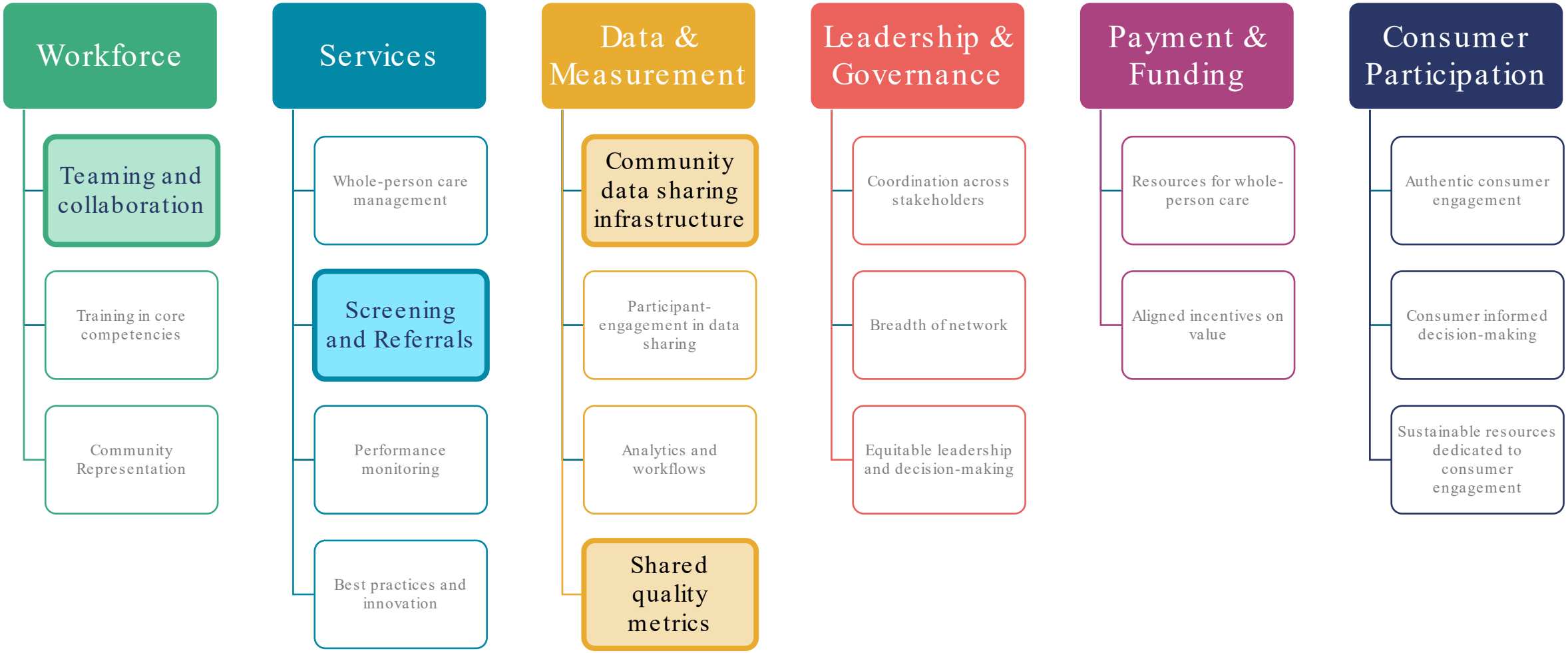
Quantitative and qualitative data to identify and understand participating populations, continuously measure and improve the delivery of care and support.



For example, our Pledge to Connect initiative attempts to strengthen three domains, as well as increase participant's connection to mental health services.

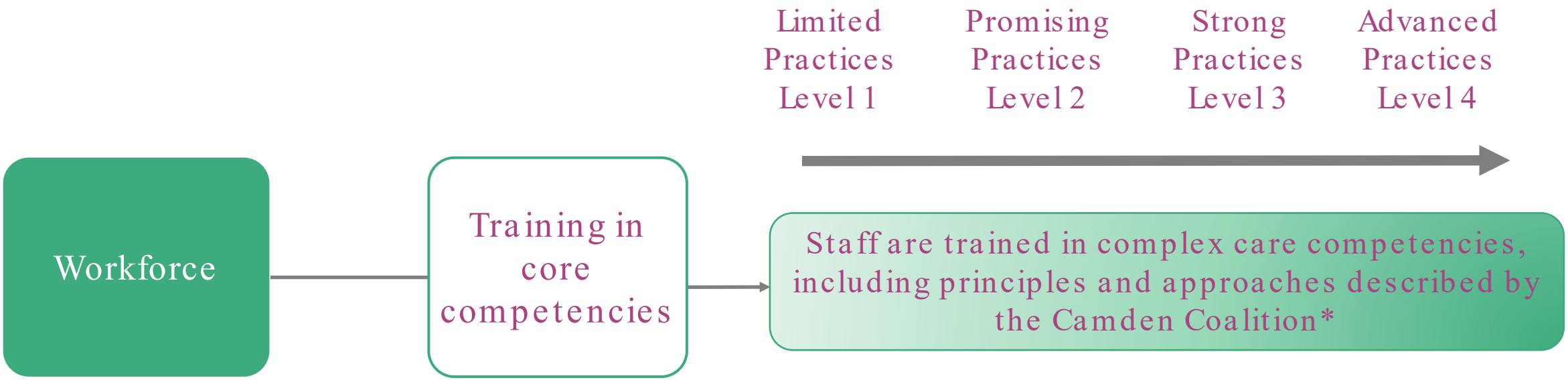


Our Safer Cities work is focused on other ecosystem domains in addition to pre-natal care initiation rate.



We are starting to share this framework with others in communities across the country.

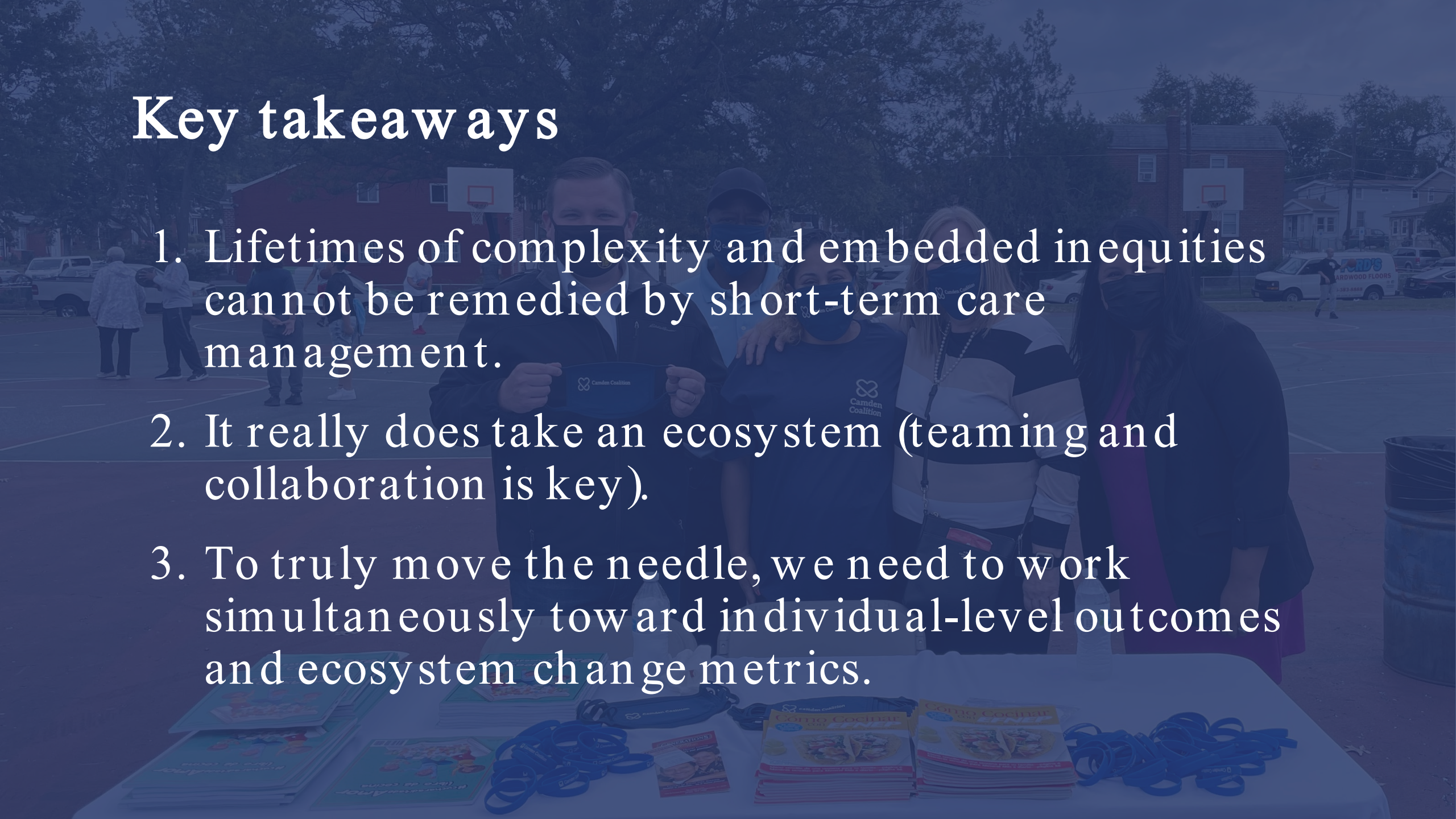
We are also creating a new online curriculum to create a shared framework for complex care.



** The report "Core Competencies for Complex Care Providers" can be found at: camdenhealth.org/core-competencies/*

Key takeaways

1. Lifetimes of complexity and embedded inequities cannot be remedied by short-term care management.
2. It really does take an ecosystem (teaming and collaboration is key).
3. To truly move the needle, we need to work simultaneously toward individual-level outcomes and ecosystem change metrics.



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Elevating behavioral health in whole-person care

Thank you

Kathleen Noonan
knoonan@camdenhealth.org

Camden Coalition

Thank you for attending the 2023 Medicaid Conference!

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The 2023 Medicaid Conference Acknowledgements

This conference was supported by funding from the Commonwealth Fund, Unite Us, Acentra Health, findhelp, NYSTEC, Public Health Solutions, Big Apple Event AV, and the New York Academy of Medicine. All speakers, moderators, and panelists were generous with their time and insights. Many UHF staff persons contributed to the success of the conference, including James Andrews, Catherine Arnst, Emily Arsen, Denise Arzola, Oxiris Barbot, Giovanna Braganza, Alex Brandes, Hillary Brown, Adam Fifield, Joan Guzik, Hollis Holmes, Amy Lin, Susan Olivera, Anna Quinn, Emily Regas, Joey Rodriguez, Sally Rogers, Chad Shearer, Amanda Williams, and Sarah Wylie.

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