UHF Annual Medicaid Conference
July 2019

Donna Frescatore,
NYS Medicaid Director
Now and the Year Ahead
Coverage in New York
Statewide Medicaid Enrollment (CY 2003-2018)

<table>
<thead>
<tr>
<th>Year</th>
<th># of Recipients</th>
</tr>
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<tbody>
<tr>
<td>2003</td>
<td>4,264,164</td>
</tr>
<tr>
<td>2004</td>
<td>4,553,994</td>
</tr>
<tr>
<td>2005</td>
<td>4,741,517</td>
</tr>
<tr>
<td>2006</td>
<td>4,740,923</td>
</tr>
<tr>
<td>2007</td>
<td>4,640,284</td>
</tr>
<tr>
<td>2008</td>
<td>4,677,475</td>
</tr>
<tr>
<td>2009</td>
<td>4,928,512</td>
</tr>
<tr>
<td>2010</td>
<td>5,220,229</td>
</tr>
<tr>
<td>2011</td>
<td>5,402,884</td>
</tr>
<tr>
<td>2012</td>
<td>5,608,315</td>
</tr>
<tr>
<td>2013</td>
<td>5,810,244</td>
</tr>
<tr>
<td>2014</td>
<td>6,332,283</td>
</tr>
<tr>
<td>2015</td>
<td>6,707,199</td>
</tr>
<tr>
<td>2016</td>
<td>6,667,857</td>
</tr>
<tr>
<td>2017</td>
<td>6,597,329</td>
</tr>
<tr>
<td>2018</td>
<td>6,587,800</td>
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</tbody>
</table>
2019 NY State of Health Enrollment

Total Enrollment: 4.7 million

- Medicaid: 3,288,000 (69%)
- Essential Plan: 790,000 (17%)
- Child Health Plus: 418,000 (9%)
- Qualified Health Plan: 272,000 (6%)
NY’s Uninsured Rate Reaches Historic Low

NY’s uninsured rate has reached the lowest point ever recorded in 2018.

More than 4.7 million people are enrolled in Marketplace programs, which corresponds to the latest decline in New York’s uninsured rate.

NY has reduced the number of uninsured people since 2010, including nearly one million since the Marketplace opened in 2013.

Nearly a quarter of New Yorkers now get their health insurance through NY State of Health.
Enrollment Highlights

• In 2019, enrollment increased by 435,000 across all programs – from 4.3 million at the end of Jan 2018 to over 4.7 million at the end of Jan 2019

• Essential Plan and Qualified Health enrollment exceed 1 million (1,062,025)

• 86 percent of enrollees were returning from 2018 and 14 percent were new in 2019

• Positive messages:
  o Broad choice of plans
  o 95 percent of NYSOH enrollees saw no change in the cost of coverage compared to 2018
  o “You Deserve Affordable Health Care” advertising campaign
  o Outreach – over 300 community events statewide and nearly 4 million emails
Essential Plan

**THE ESSENTIAL PLAN BY THE NUMBERS**

- **790,152** The number of New Yorkers enrolled in the Essential Plan (EP) as of January 2019.

- **$20 or $0** The monthly cost of enrolling in the EP.

- **$1,485** The average amount enrollees save annually by being enrolled in EP instead of QHPs.

- **92%** The share of individuals determined eligible for EP who enroll in coverage.
Remaining Uninsured

• 1.1 million uninsured New Yorkers, comprised of:
  o Medicaid/Child Health Plus eligible
  o Essential Plan/Qualified Health Plan eligible
  o Undocumented immigrants – ineligible for coverage

• Populations/areas with higher uninsured rates include:
  o Moderate income (200-400% FPL)
  o Hispanic/Latino
  o Non-citizens
  o Certain NYS counties
New York’s Commitment to Coverage

Federal Actions

- Codified provisions of the Affordable Care Act in NYS
- Codified NY State of Health Marketplace
- Extend Open Enrollment Periods
- Message NY State of Health is “open for business” despite federal messaging/proposals
- Maintain a robust choice of affordable health plan options
- Maintain commitment to outreach and assistance
Multiplatform Strategy

• Television
  • Engaging, custom content to extend the reach of the campaign

• Digital
  • Deliver targeted messaging to audiences

• Radio
  • Raise awareness of NY State of Health (e.g., navigator live interviews)

• Events
  • Engage the community at local level (e.g., Cinco de Mayo, COPA, Supermarkets)
Waivers and State Plan Amendments
1115 Demonstration Waiver- The Basics

- Grants flexibility to states for innovative projects that advance the objectives of Title XIX of the Medicaid program by waiving certain compliance requirements of federal Medicaid laws
- Can be approved for up to five years and the State may request subsequent extensions
- Special Terms and Conditions (STCs) outline the agreement between the State and the Centers for Medicare and Medicaid Services (CMS)
- Quarterly and annual reports are required and an Independent Evaluation is completed at the end of a Demonstration program
- Federal Medicaid expenditures with the Waiver cannot be more than federal expenditure without the Waiver during the course of the Demonstration
New York State’s 1115 Waiver

• The **NYS Medicaid Redesign Team (MRT) Waiver** (formerly the Partnership Plan) has been in operation since 1997

• Renewed on December 6, 2016 effective through March 31, 2021

• Goals:
  - Improve access to health care for the Medicaid population;
  - Improve the quality of health services delivered; and
  - Expand coverage with resources generated through managed care efficiencies to additional low-income New Yorkers
1115 MRT Waiver Programs

- **Medicaid Managed Care:**
  - Provides comprehensive health care services (including all benefits available through the Medicaid State Plan) to low-income, uninsured individuals
  - Provides an opportunity for enrollees to select a Managed Care Organization (MCO) whose focus is on preventive health care
  - Programs include:
    - Mainstream Medicaid Managed Care (MMMC)
    - Health and Recovery Plans (HARPs) and Home and Community Based Services (HCBS)
    - Managed Long Term Care (MLTC) and Long Term Services and Supports (LTSS)

- **Delivery System Reform Incentive Payment (DSRIP) program:**
  - Provides incentives for Medicaid providers to create and sustain an integrated, high performance health care delivery system that can effectively meet the needs of Medicaid beneficiaries and low income uninsured individuals in their local communities
  - Improves quality of care, improving health outcomes & reducing costs (CMS Triple Aim)
Waiver Amendments in Progress…

• Managed Care Nursing Home Benefit
• Children’s waiver
• DSRIP extension request (beyond March 2020)
• Criminal Justice
  o Provide Medicaid services to certain higher-risk incarcerated individuals during the 30-day period prior to release
• 1115 MRT Waiver Renewal
  o MRT Waiver authority expires March 31, 2021
  o Submit renewal application to CMS by September 30, 2020
The Delivery System Reform Incentive Payment Program (DSRIP)
Delivery System Reform Incentive Payment (DSRIP): The Basics

• $6.42 Billion investment under MRT Section 1115 Waiver
• Unprecedented Delivery System Reform
• 25 Provider Performing Systems (PPS) across the State
• Meets the Needs of Local Communities
• Overall Goal: Reduce Avoidable Hospital Use by 25 percent over years
DSRIP: Where Are We Now?

Focus:
- **Infrastructure Development**
  - April 2014 - March 2015: DYO
  - April 2015 - March 2016: DY1
- **System/Clinical Development**
  - April 2016 - March 2017: DY2
  - April 2017 - March 2018: DY3
- **Project Outcomes & Sustainability**
  - April 2018 - March 2019: DY4
  - April 2019 - March 2020: DY5

We Are Here
Reductions in Preventable Hospital Use

**Preventable Readmissions**
(per 100,000 Medicaid members)

- 2014-2015: 678.7
- 2018-2019: 560.9

All PPS rate change since baseline: **-18%**

**Preventable ED Visits**
(per 100 Medicaid members)

- 2014-2015: 37.8
- 2018-2019: 37.4

All PPS rate change since baseline: **-1%**

**Preventable ED Visits**
(BH Population)
(per 100 Medicaid members)


All PPS rate change since baseline: **-2%**

Data Source: All PPS rate

Department of Health
DSRIP Stories of Meaningful Change in Patient Health
July 2019

DSRIP Promising Practices: Strategies for Meaningful Change for New York Medicaid

Nathan Myers
Gregory C. Burke
Misha Sharp
Matlin Gilman
Chad Shearer
United Hospital Fund

Funded by the New York State Department of Health
DSRIP Renewal Process and Timeline

- **DSRIP Renewal Concept Paper - Public Comment and CMS**
  - Summer 2019

- **First Public Notice - Tribal Notice**
  - September 16, 2019

- **Draft Waiver Proposal to CMS**
  - September 30, 2019

- **Official Waiver Proposal to CMS**
  - November 29, 2019
The Move to Value Based Payments
Payment Reform: Moving Towards Value Based Payments

- By DSRIP Year 5 (2020), all Managed Care Organizations must employ payment methods that reward value over volume for at least 80 percent of their provider payments.
- The VBP Roadmap outlines how NYS aims to achieve this goal and establishes standards and guidelines for VBP contracts between MCOs and providers.
- If Roadmap goals are not met, overall DSRIP dollars from CMS to NYS will be significantly reduced.
VBP: Timeline and Key Milestones

**VBP Pilots**

**New York State (NYS) Payment Reform**

Towards 80% of Provider Payments based on Value

Today

<table>
<thead>
<tr>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2017</td>
<td>April 2018</td>
<td>April 2019</td>
<td>April 2020</td>
</tr>
<tr>
<td>Performing Provider Systems (PPS) requested to submit growth plan outlining path to 80-90% VBP</td>
<td>&gt; 10% of total Managed Care Organization (MCO) expenditure in Level 1 VBP or above</td>
<td>&gt; 50% of total MCO expenditure in Level 1 VBP or above. &gt; 15% of total payments contracted in Level 2 or higher *</td>
<td>80% of total MCO expenditure in Level 1 VBP or above &gt; 35% of total payments contracted in Level 2 or higher *</td>
</tr>
</tbody>
</table>
Key Aspects of VBP Arrangements

VBP contracts are defined by a common set of core components:

- Arrangement Type
- Level of Risk
- Quality Measures
- Social Determinants of Health Intervention
- Attribution Methodology & Member Volume
- Target Budget Setting and/or Shared Savings/Risk
VBP: Current Status

- $13.9 B in VBP Arrangements
- 62.6 percent of expenditures in Level 1 or Higher

* Total Medical Expenses for period 4/1/18-12/31/18
* Reflects exclusions specified in the Roadmap associated with e.g., Financially Challenged Providers; High Cost Specialty Drugs, Transplant Drugs, Certain Emergency services as well as the spending for various Supplemental programs (i.e., QIP, EIP, EPP, AHPP).
VBP In Action
Tackling the Social Determinants of Health

Partnering with non-profits, faith-based groups & providers to address:

- Homelessness
- Hunger
- Education
- Employment
- Transportation
- Health literacy

HIGHER QUALITY OF CARE

= LOWER COST OF CARE

CDPHP, St. Catherine’s team up to house the homeless
Stable housing leads to better health, Albany insurer says
Overview of Cityblock-EmblemHealth Partnership

EmblemHealth and Cityblock share strong mission alignment and, through this innovative payer-provider partnership, have the potential to truly transform care for Emblem members with the most complex needs and begin the process of breaking the cycle of poverty and ill-health endemic in so many communities today.

- Cityblock is a risk-bearing provider in Emblem’s network
- Together, we identify high-need, high-cost Emblem members in Brooklyn, with a focus on Medicaid and Duals, that could benefit from integrated primary, behavioral and social care
- Members are offered Cityblock’s personalized services, including access to a care team led by a Community Health Partner hired from the community
- Members are at the center—our care teams support and wrap around relationships with non-Cityblock providers (e.g., PCPs) or care managers where they exist
- Our first Neighborhood Hub is co-located at an existing AdvantageCare Physicians (ACPNY) site in the Crown Heights neighborhood of central Brooklyn
- Our technology platform interfaces with Emblem’s EHR, allowing for robust data sharing to improve member experience and track clinical, quality, and cost performance
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
<td>Quality of care</td>
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<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip code / geography</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## Health Outcomes
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
Healthy Homes VBP Pilot

• The Pilot aims to address the social determinants of health key areas related to health and healthcare, neighborhood and environment, and economic stability
• Focused on individuals with asthma and is designed to reduce adverse health outcomes including hospitalizations and emergency department (ED) visits related to asthma and resulting from unintentional household injury.

VBP/SDH Intervention:
• The Healthy Homes intervention engages Medicaid members between ages 0 to 17 who have persistent asthma that is not well controlled.
• Participating Medicaid members will be enrolled in a healthy homes intervention that integrates residential energy efficiency measures, asthma trigger reduction and home-injury prevention measures, with home-based asthma services.

VBP Arrangement Information:
• **MCO & Provider:** Empire HealthPlus and Chinese American IPA (CAIPA)
• **Arrangement Type:** Total Cost of Care for the General Population
• **Risk Level:** 2

*This is a joint effort between the Department of Health (NYSDOH) and the New York State Energy Research and Development Authority (NYSERDA).*
VBP in MLTC

VBP/SDH Intervention:

- Using data from UAS-NY, health plan identifies members who are homeless or at high risk for being homeless. These identified individuals are referred to the contracted CBO for a complete screening of SDH needs to ascertain their true housing status.
- Members who are found to be homeless are referred to downstream CBO partners for supportive housing.
- Those who are at risk for homeless due to limited economic resources, mental illness, and/or behavioral health issues are referred to appropriate community resources and Behavioral Health services.

VBP Arrangement Information:

- **MCO & Provider:** VillageCareMAX and Premier
- **Arrangement Type:** Total Cost of Care for the General Population
- **Risk Level:** 2
• Focused on improving outcomes and access to services for children in the First 1000 Days of life

• Emphasis on what is doable in the near-term

• Affordable

• Implementable through Medicaid levers

• Pilots currently in various phases of implementation
Centering Pregnancy Pilots

• Pilot project in the neighborhoods/communities of poorest birth outcomes to encourage obstetrical providers serving Medicaid patients to adopt the Centering Pregnancy group–based model of prenatal care, which is an evidence-based model that has shown dramatic improvements in birth–related outcomes and reductions in associated disparities
  
  o Designed to enhance pregnancy outcomes through a combination of prenatal education and social support to improve both maternal and neonatal outcomes
  
  o Centering Healthcare Institute (CHI) will provide both training workshops for providers as well as on–going implementation support and technical assistance
  
  o 18 Pilot sites are expanding the Centering Pregnancy Model in Phase 1, which started June 30, and 5 potential Pilot sites have been identified thus far for Phase 2, as new sites for Centering Pregnancy, to start in Fall 2019
Integrating Coverage for Persons Dually Eligible for Medicare and Medicaid
New York State Duals Enrollees

- Comprise 15 percent of the Medicaid population
- Account for 36 percent of Medicaid spending

<table>
<thead>
<tr>
<th></th>
<th>Medicaid Enrollees</th>
<th>Total Enrollee Percentage</th>
<th>Total Medicaid Spending Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Dual</td>
<td>5,224,479</td>
<td>85%</td>
<td>63.6%</td>
</tr>
<tr>
<td>Dual</td>
<td>921,524</td>
<td>15%</td>
<td>36.4%</td>
</tr>
<tr>
<td>Total</td>
<td>6,146,092</td>
<td>100%</td>
<td>100.0%</td>
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Where are Duals Enrolled Today?

TOTAL ENROLLEES AS OF JUNE 2018*

- **MLTC Partial Capitation**
- **Medicaid Advantage Plus**
- **FIDA**
- **FIDA-IDD**
- **PACE**
- **Mainstream**
- **Medicaid Advantage**
- **FFS Medicaid Full Dual**

*Does not include FFS Partial Duals
# New York’s Current Duals Programs

<table>
<thead>
<tr>
<th>Integrated Plans</th>
<th>Least to Most Integrated</th>
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</thead>
<tbody>
<tr>
<td>Medicaid Fee-for-Service (FFS)</td>
<td>None</td>
</tr>
<tr>
<td>Partial Managed Long Term Care (MLTC)</td>
<td>None</td>
</tr>
<tr>
<td>Medicaid Advantage (MA)</td>
<td>Some</td>
</tr>
<tr>
<td>Medicaid Advantage Plus (MAP)</td>
<td>More</td>
</tr>
<tr>
<td>Programs of All-Inclusive Care for the Elderly (PACE)</td>
<td>Most</td>
</tr>
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</table>
Medicaid Member’s Transition Today

- Medicaid Member
- Becomes Medicare eligible. Does not need Long Term Services and Supports (LTSS)*
- Medicare FFS or Medicare Advantage
  Medicaid FFS or Medicaid Advantage
- Needs LTSS for more than 120 continuous days
- Medicare FFS or Medicare Advantage
  Medicaid MAP, PACE, MLTC Partial

*LTSS includes nursing, personal care, home care, consumer directed personal assistance, adult day health care, private duty nursing
Vision for Medicare Medicaid Integrations: Plan enrollment evolves with member care needs

- Continuity of care from same providers
- Integrated customer service
- Aligned enrollment dates
- Single process for grievances and appeals
- Consumer-friendly marketing and materials
Questions?

• Additional information available at:
  • www.health.ny.gov/dsrip
  • www.health.ny.gov/vbp

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