



Department
of Health

UHF Annual Medicaid Conference July 2019

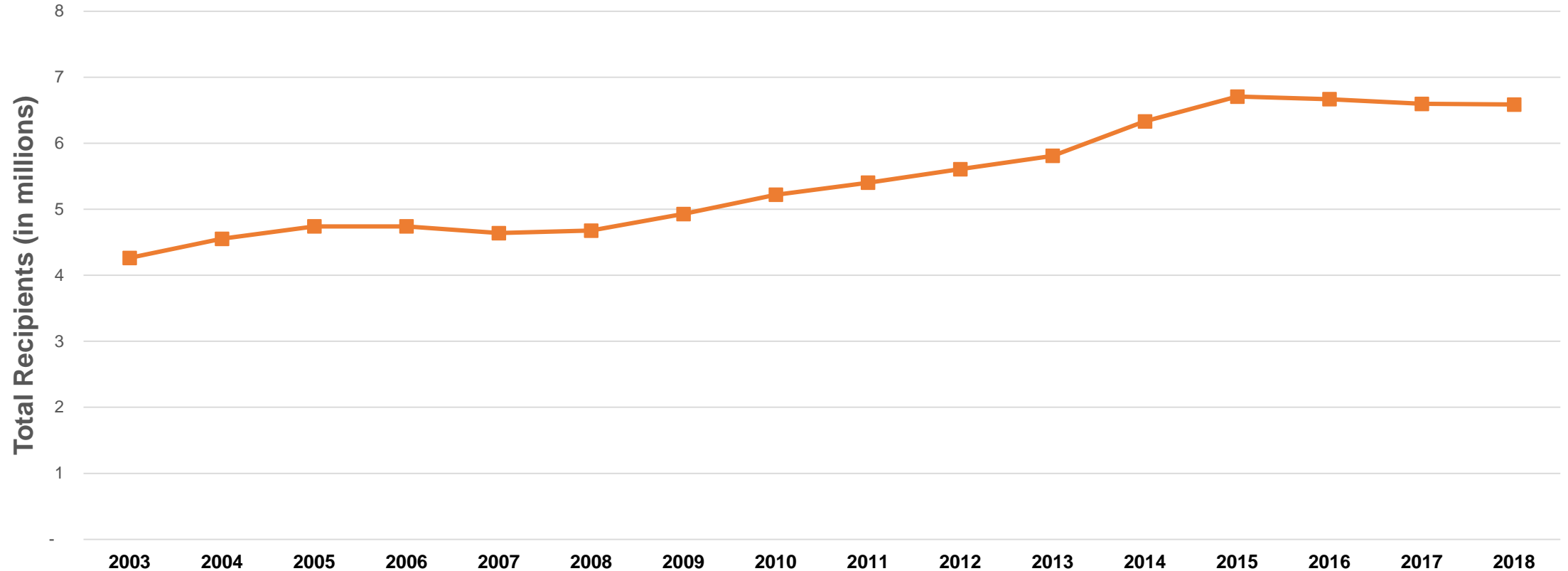
Donna Frescatore,
NYS Medicaid Director

July 18, 2019

Now and the Year Ahead

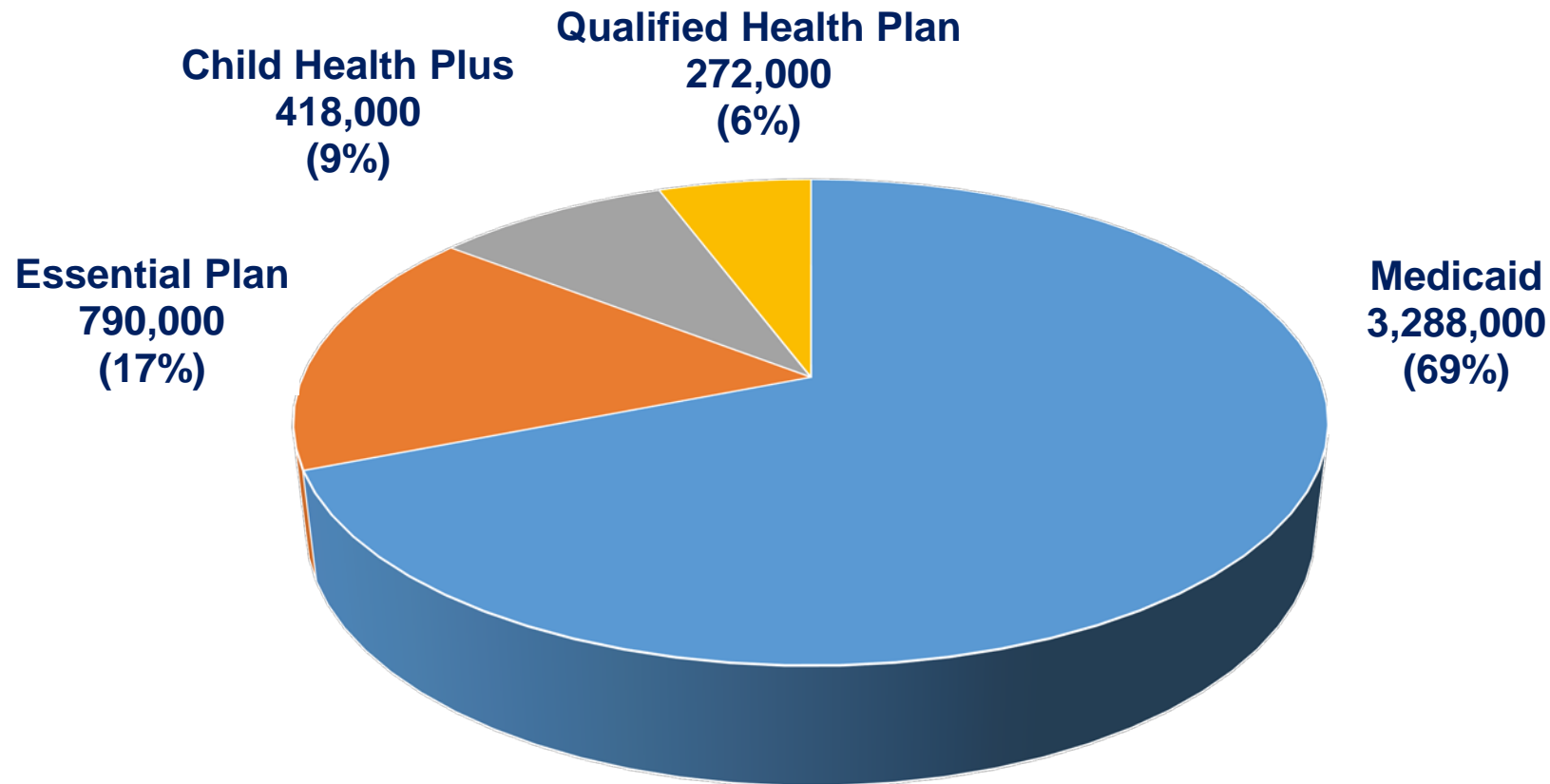
Coverage in New York

Statewide Medicaid Enrollment (CY 2003-2018)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
# of Recipients	4,264,164	4,553,994	4,741,517	4,740,923	4,640,284	4,677,475	4,928,512	5,220,229	5,402,884	5,608,315	5,810,244	6,332,283	6,707,199	6,667,857	6,597,329	6,587,800

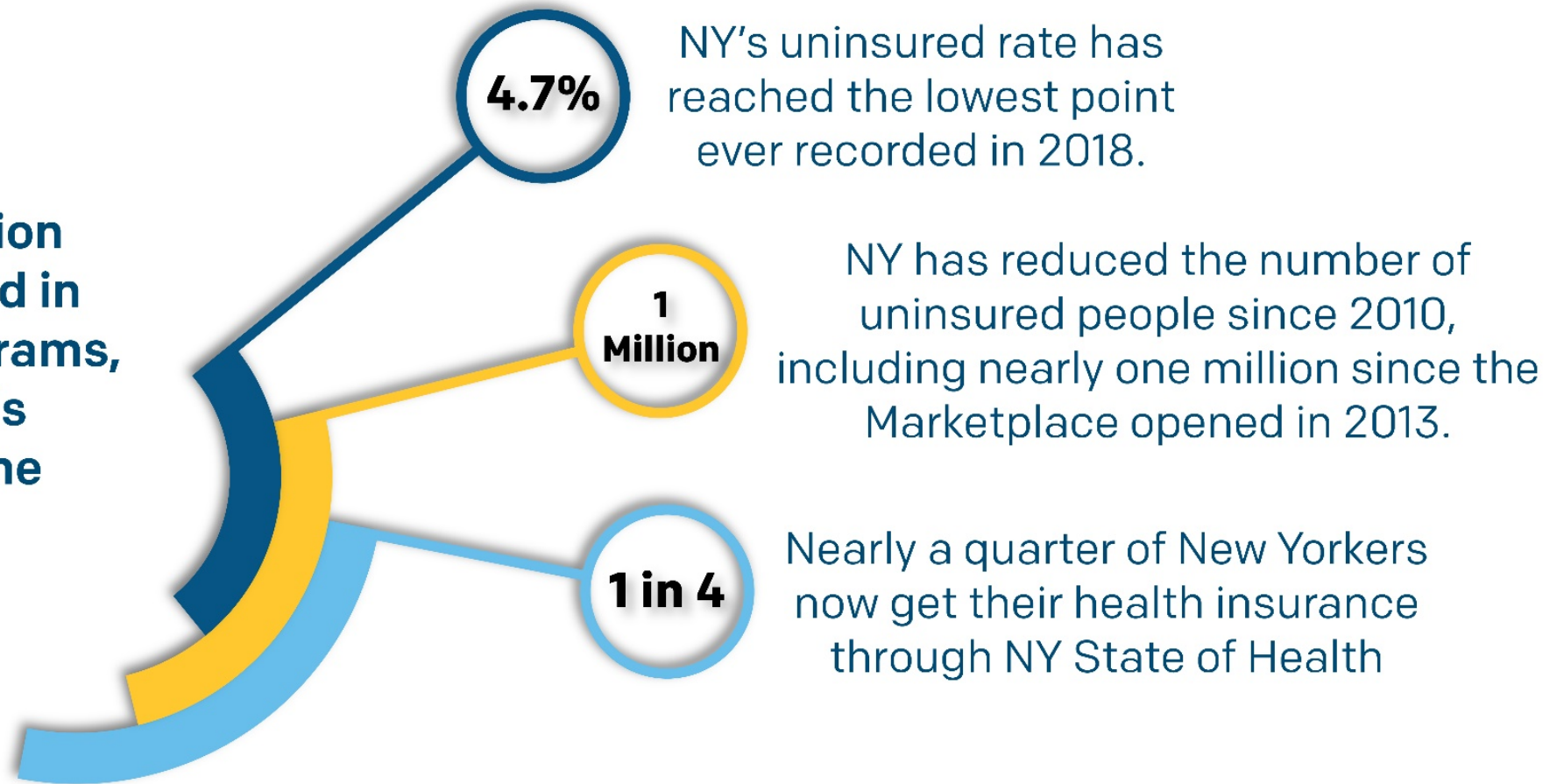
2019 NY State of Health Enrollment



Total Enrollment: 4.7 million

NY's Uninsured Rate Reaches Historic Low

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



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:
 - Broad choice of plans
 - 95 percent of NYSOH enrollees saw no change in the cost of coverage compared to 2018
 - “You Deserve Affordable Health Care” advertising campaign
 - 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.

The monthly cost of enrolling in the EP.

\$20 or \$0

\$1,485

The average amount enrollees save annually by being enrolled in EP instead of QHPs.

The share of individuals determined eligible for EP who enroll in coverage.

92%

Remaining Uninsured

- 1.1 million uninsured New Yorkers, comprised of:
 - Medicaid/Child Health Plus eligible
 - Essential Plan/Qualified Health Plan eligible
 - Undocumented immigrants – ineligible for coverage
- Populations/areas with higher uninsured rates include:
 - Moderate income (200-400% FPL)
 - Hispanic/Latino
 - Non-citizens
 - 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...

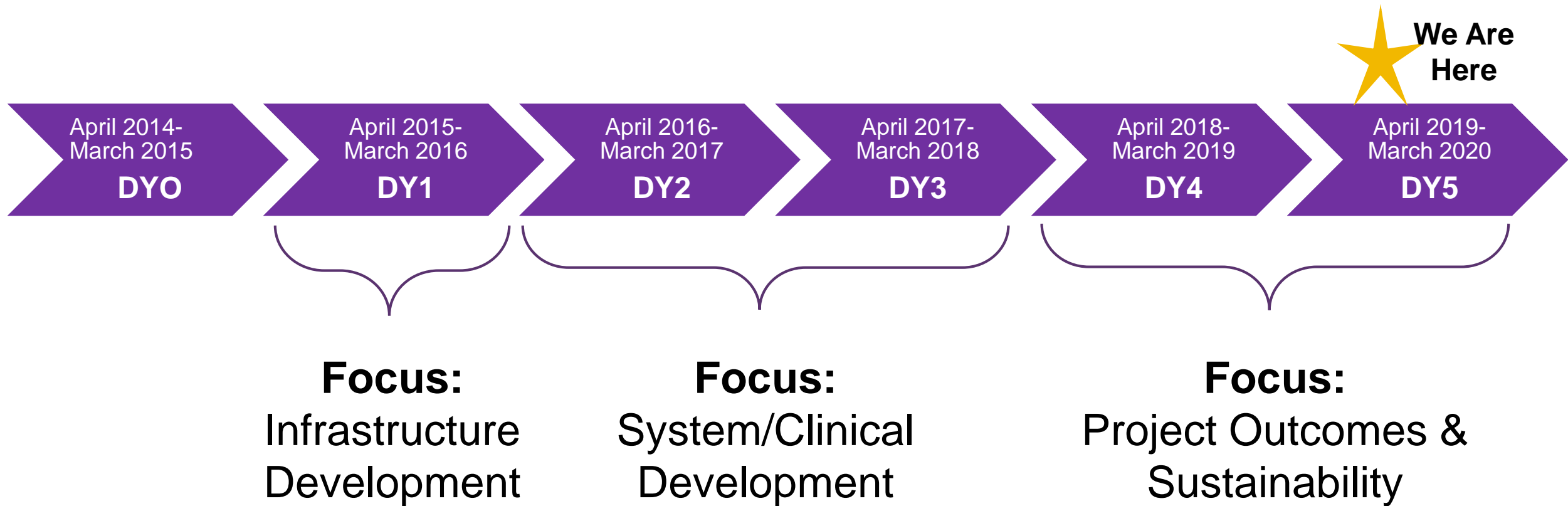
- Managed Care Nursing Home Benefit
- Children's waiver
- DSRIP extension request (beyond March 2020)
- Criminal Justice
 - Provide Medicaid services to certain higher-risk incarcerated individuals during the 30-day period prior to release
- 1115 MRT Waiver Renewal
 - MRT Waiver authority expires March 31, 2021
 - 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?



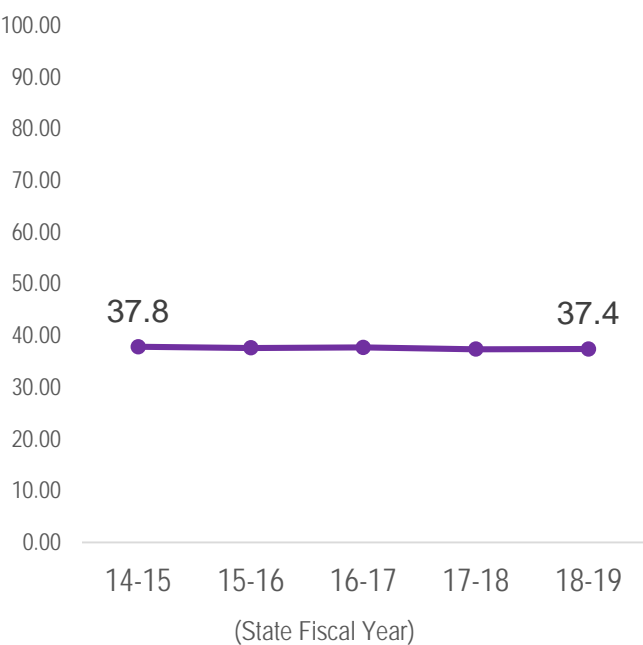
Reductions in Preventable Hospital Use

Preventable Readmissions
(per 100,000 Medicaid members)



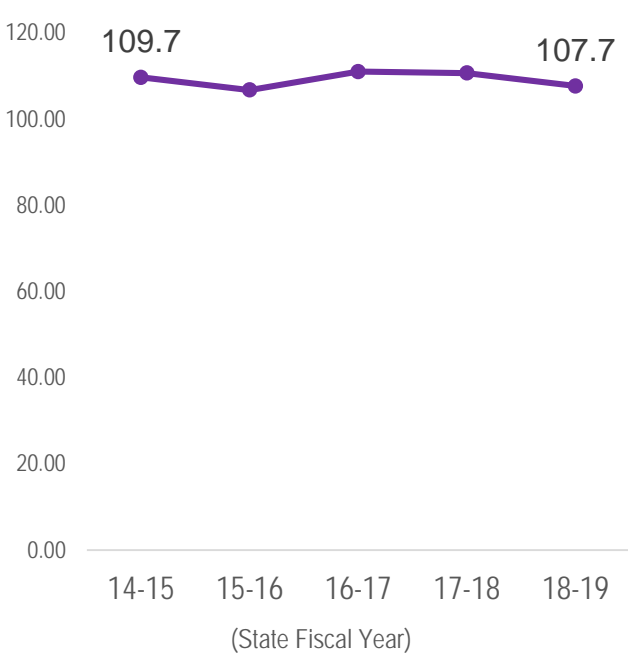
All PPS rate change since baseline: **-18%**

Preventable ED Visits
(per 100 Medicaid members)



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

DSRIP Stories of Meaningful Change in Patient Health



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Medicaid
Redesign Team



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July 2019

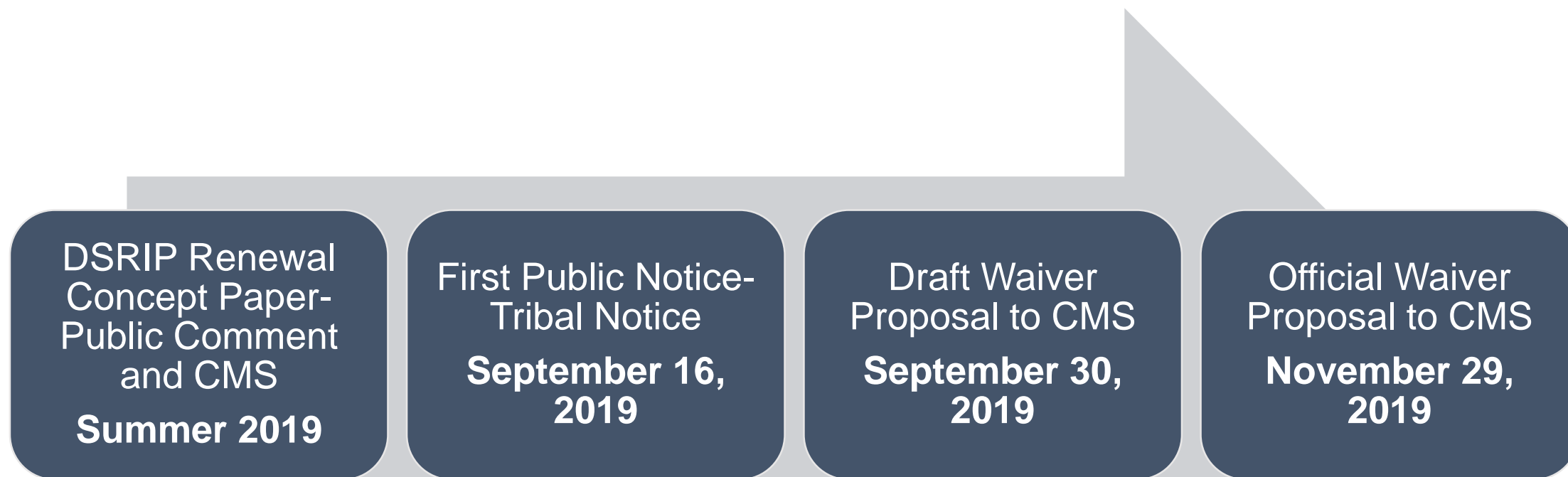


DSRIP Promising Practices: Strategies for Meaningful Change for New York Medicaid

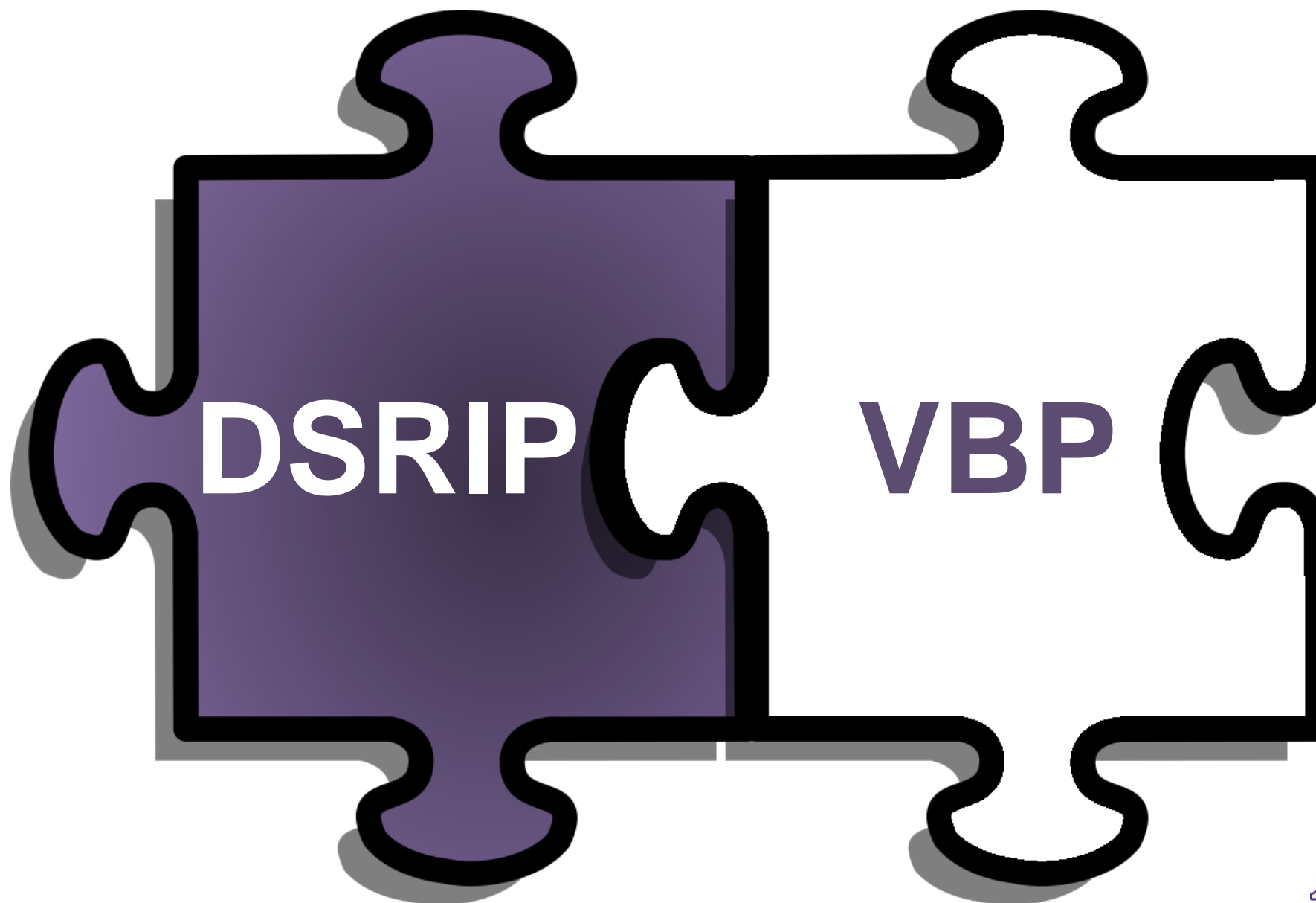
Nathan Myers
Gregory C. Burke
Misha Sharp
Matlin Gilman
Chad Shearer
UNITED HOSPITAL FUND

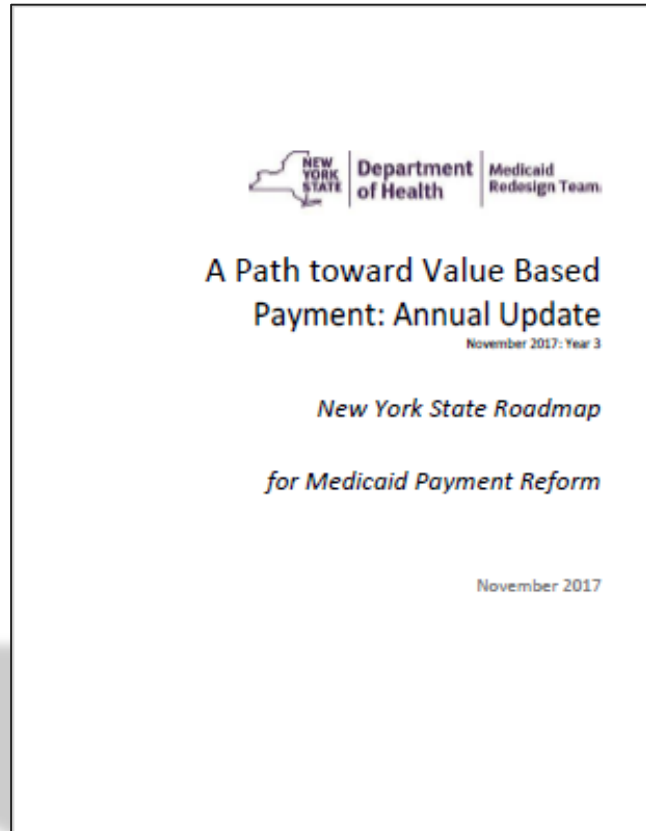
FUNDED BY THE NEW YORK STATE DEPARTMENT OF HEALTH

DSRIP Renewal Process and Timeline



The Move to Value Based Payments

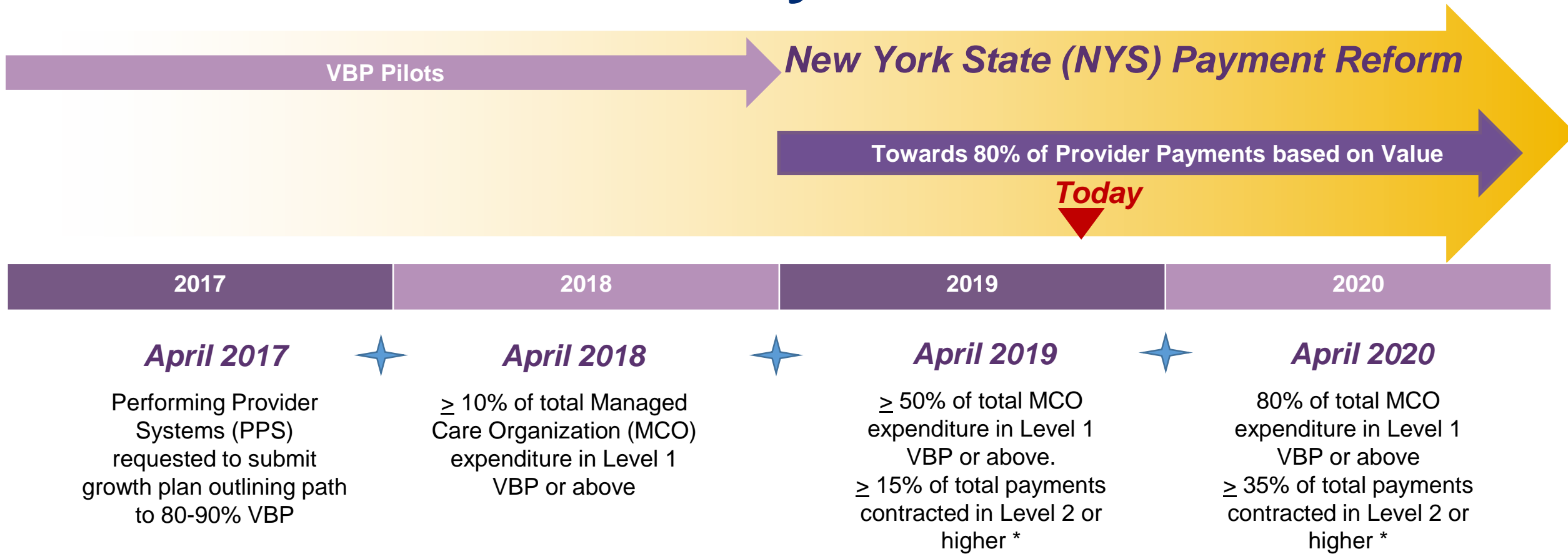




Payment Reform: Moving Towards Value Based Payments

- 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



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

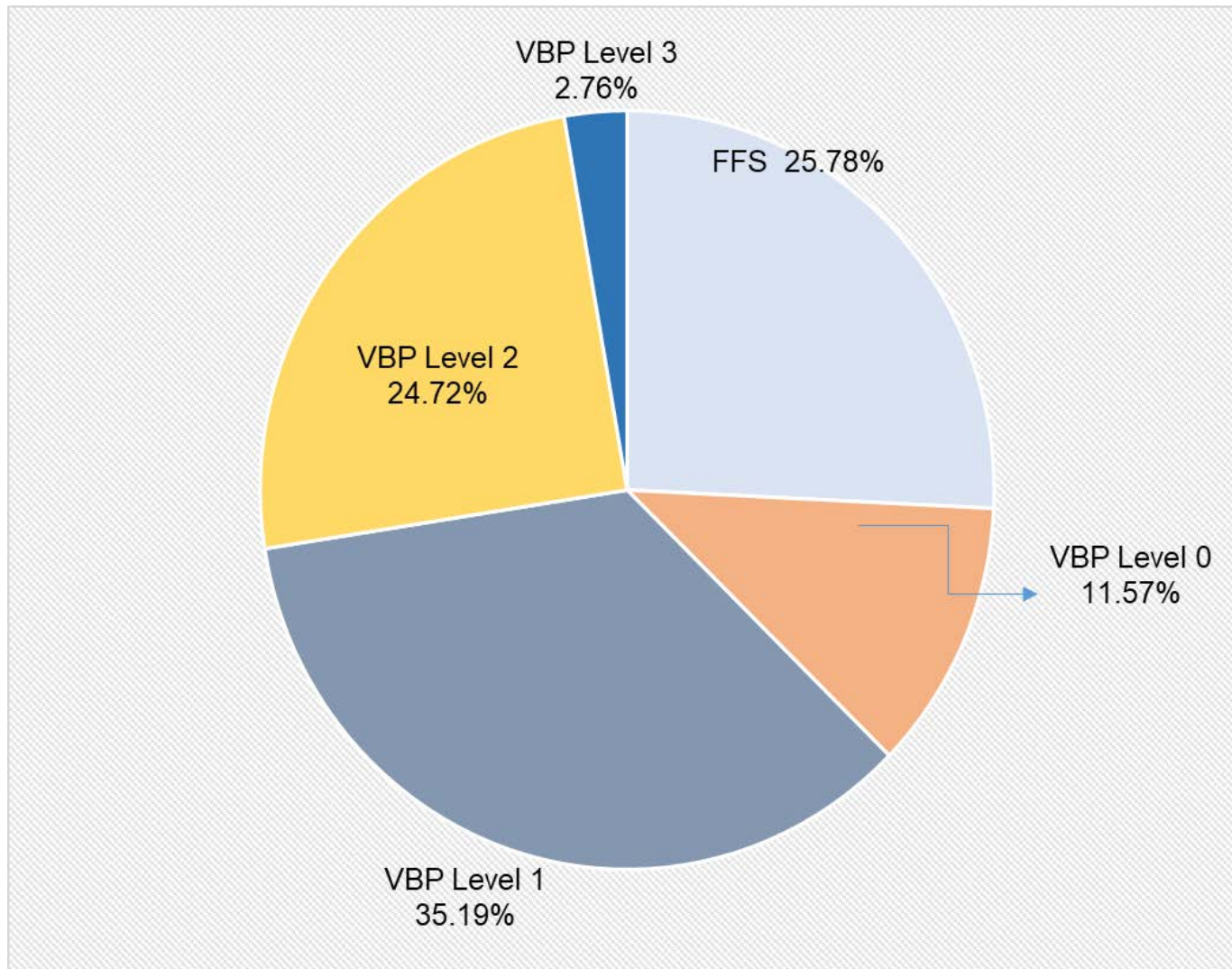
Target Budget Setting and/or Shared Savings/Risk



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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

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**

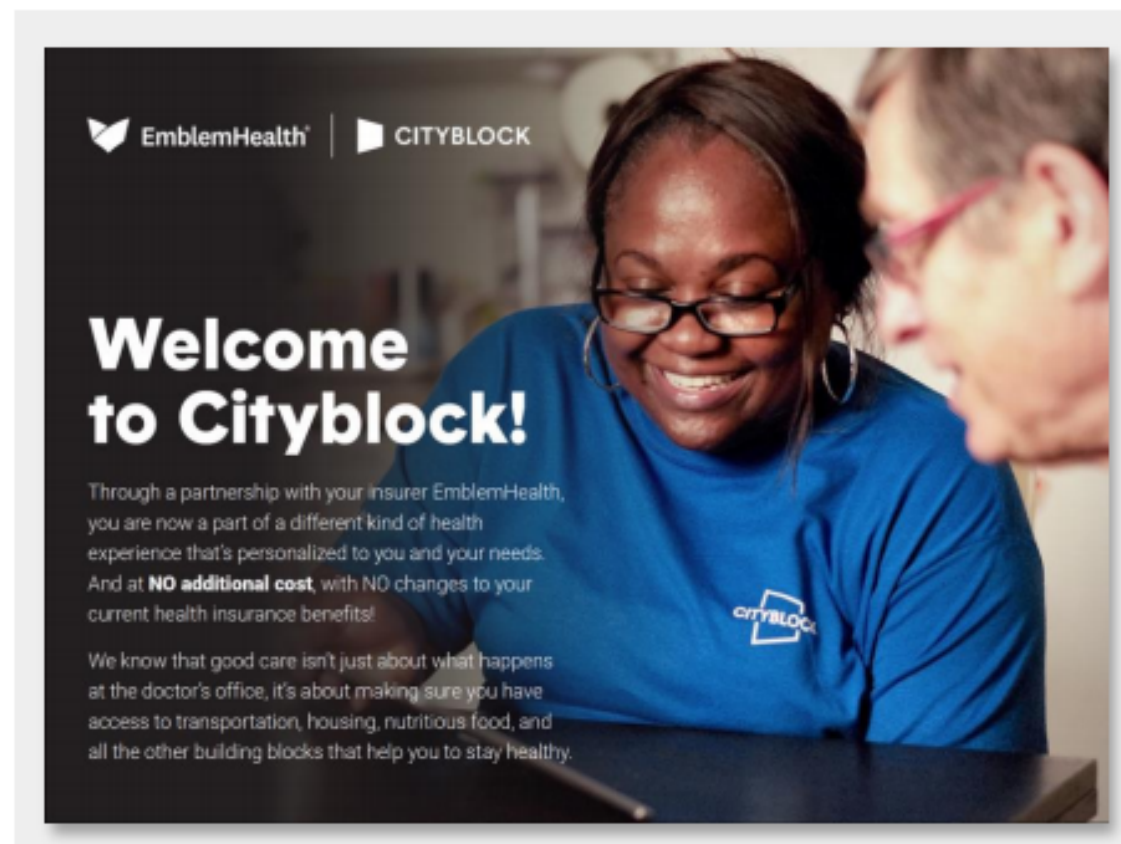
CDPHP, St. Catherine's team up to house the homeless
Stable housing leads to better health, Albany insurer says

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

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

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
 - Designed to enhance pregnancy outcomes through a combination of prenatal education and social support to improve both maternal and neonatal outcomes
 - Centering Healthcare Institute (CHI) will provide both training workshops for providers as well as on-going implementation support and technical assistance
 - 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

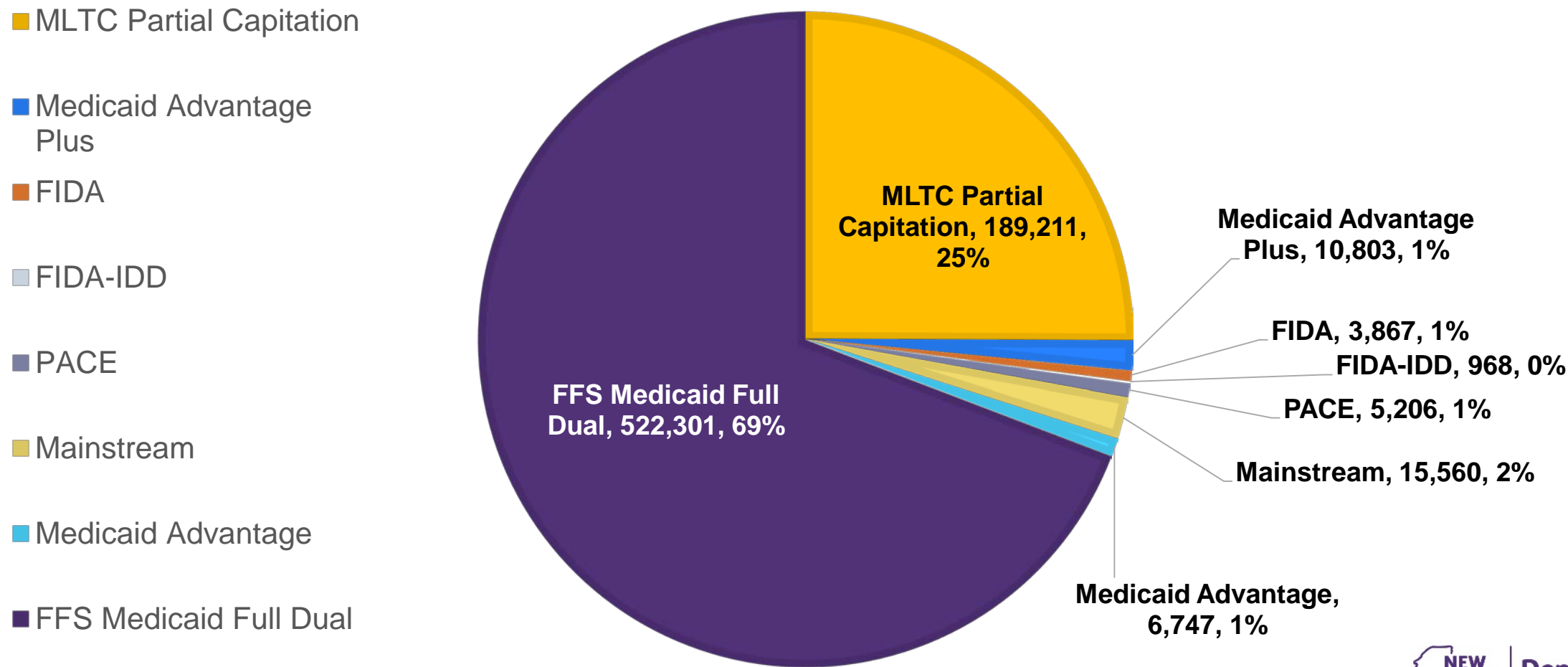
- Comprise 15 percent of the Medicaid population
- Account for 36 percent of Medicaid spending

December 2017 NY Duals Enrollees

	Medicaid Enrollees	Total Enrollee Percentage	Total Medicaid Spending Percentage
Non-Dual	5,224,479	85%	63.6%
Dual	921,524	15%	36.4%
Total	6,146,092	100%	100.0%

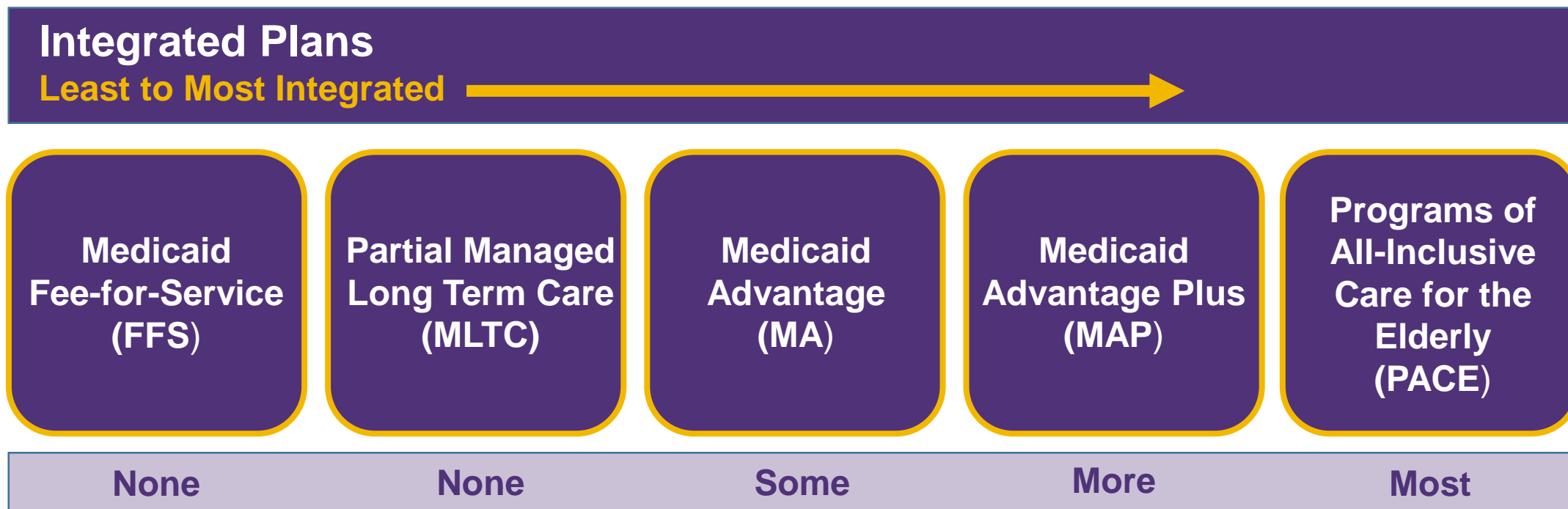
Where are Duals Enrolled Today?

TOTAL ENROLLEES AS OF JUNE 2018*

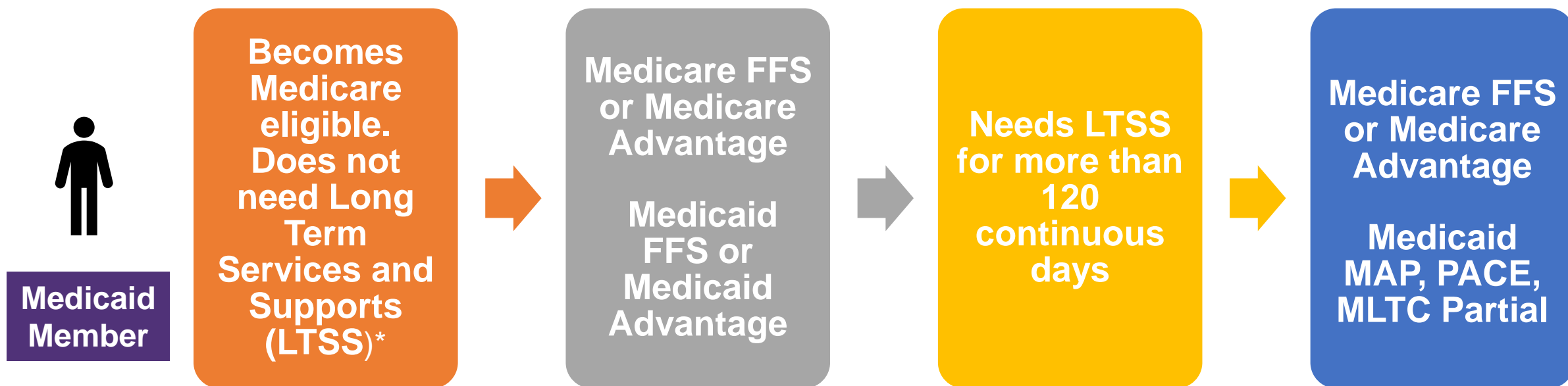


*Does not include FFS Partial Duals

New York's Current Duals Programs



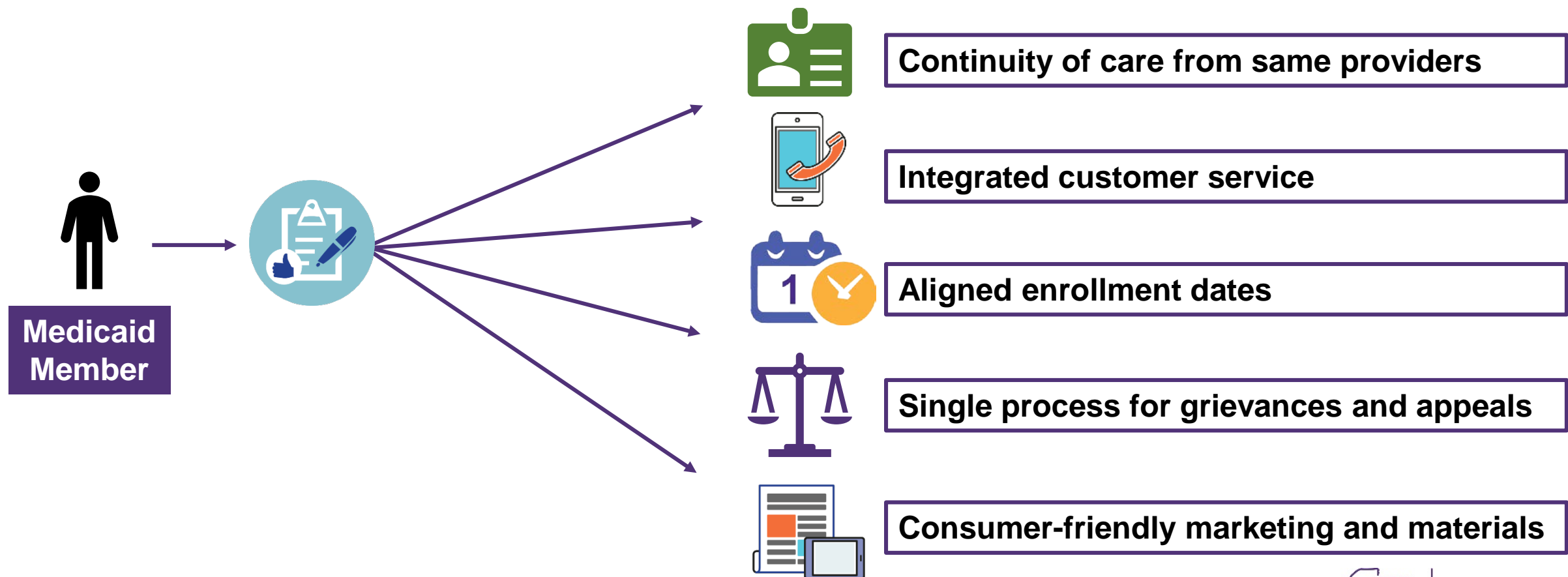
Medicaid Member's Transition Today



*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



Questions?

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



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