



# An Introduction to Care Compass & 1115 Waivers

September 2023

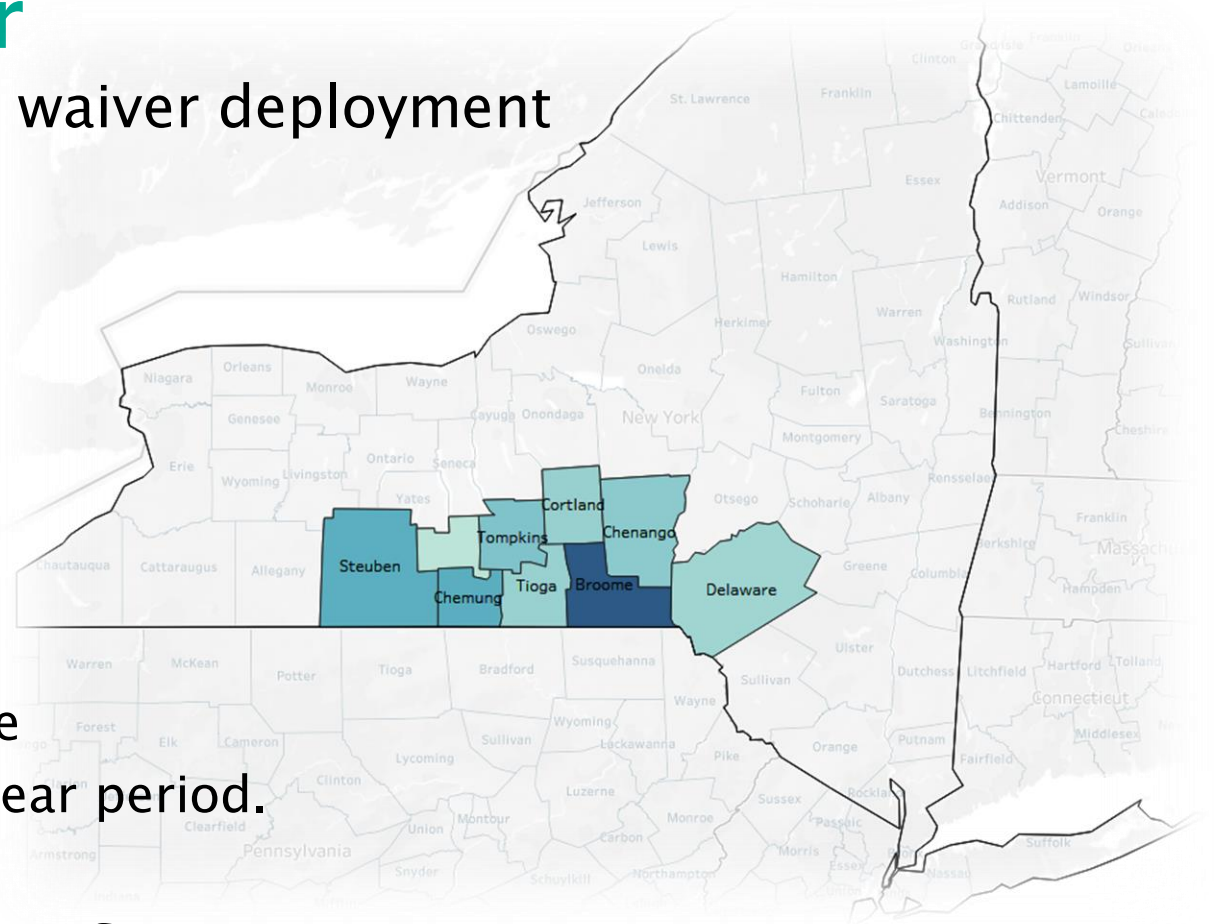


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# About CCN and 1115 Waiver

CCN was formed to support the initial 1115 waiver deployment in the Southern Tier of NYS, comprised of:

- Over 125 engaged CBOs
- Large geography spanning 1/8<sup>th</sup> of NYS
- 220K total Medicaid members
- Why DSRIP? NYS Medicaid results were low but cost was high.
- DSRIP was an \$8B waiver that established baseline metrics and sought to improve them over a five-year period.



## In DSRIP 1.0 CCN was a NYS High Performing PPS

- **Overall ranked #3 PPS** on dollars earned per attributed member
- **DSRIP year 4 CCN was #1 PPS in NYS**, improving 54% of claims based measures from prior year baselines



# MY4 Performance at a Glance – Claims Based Measures


|   | PPS# |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                    |
|---|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
|   | 21   | 23  | 14  | 1   | 22  | 13  | 24  | 9   | 11  | 19  | 2   | 4   | 5   | 8   | 17  | 7   | 12  | 10  | 6   | 16  | 18  | 3   | 20  | 15  | 25  | # PPS that met AIT |
| Adult Access to Preventive or Ambulatory Care - 45 to 64 years      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 4                  |
| Adult Access to Preventive or Ambulatory Care - 65 and older        |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 4                  |
| Children's Access to Primary Care - 7 to 11 years                   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 4                  |
| Diabetes Monitoring for People with Diabetes and Schizophrenia      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 4                  |
| Prevention Quality Indicator # 8 (Heart Failure Admission Rate) +/- |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 4                  |
| Potentially Avoidable Emergency Room Visits +/-                     |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 3                  |
| # of measures that met annual target                                | 15   | 16  | 16  | 16  | 14  | 15  | 14  | 14  | 10  | 14  | 11  | 10  | 11  | 9   | 13  | 12  | 12  | 10  | 11  | 8   | 8   | 6   | 5   | 4   | 4   |                    |
| # measures PPS required to report on                                | 28   | 30  | 30  | 33  | 29  | 32  | 30  | 30  | 24  | 33  | 29  | 26  | 29  | 24  | 34  | 33  | 34  | 29  | 34  | 29  | 29  | 28  | 25  | 33  | 33  |                    |
| % of measures that met annual target                                | 54%  | 53% | 53% | 48% | 48% | 47% | 47% | 47% | 42% | 42% | 38% | 38% | 38% | 38% | 38% | 36% | 35% | 34% | 32% | 28% | 28% | 21% | 20% | 12% | 12% |                    |

## Care Compass Network

- 15 of 28 MY4 Measures hit (54%)
- RANKED #1

### LEGEND

 Met Annual Improvement Target
  Improved but did not meet AIT
  Regressed/worsened
  Measure is not applicable to PPS

 Rates may not be stable due to small denominators (<30)

# New Proposed 1115 Waiver

The new 1115 waiver has been evolving the past few years.

- Initial draft of \$17B released in 2022, however the updated version submitted to CMS in the spring of 2023 for **\$13B**
- Seeks to integrate health equity, social care services / SDOH, and improve healthcare quality
- Seeks to operate in roughly 9 regions
- From a CBO/SDOH/Social Care Network perspective the waiver will focus on
  - **Standardized Health Related Social Need Screenings**
  - **Housing**
  - **Nutrition**
  - **Transportation**
  - **Case Management**
- Unlike the prior slide the current waiver is in a design stage, so specific measurements, targets, performance regions, etc. are not yet known.



# 1115 Waiver Updates

Sept 2023

# Key Takeaway 1: *NYS Appears to be Reaching the Finish Line*



<https://uhfnyc.org/events/event/2023-medicaid-conference/>

## Medicaid in New York 2023 Conference

United Hospital Fund

**Amir Bassiri**

Medicaid Director, Office of Health Insurance Programs

New York State Department of Health

July 2023

# Key Takeaway 1: NYS Appears to be Reaching the Finish Line

*Draft: Subject to CMS Negotiations*

## 1115 Waiver Update

### Waiver Recap

*We are expecting that the approval will come later in the fall...*

*Fundamentally the core premise of the waiver has not changed...*

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

07/20/2023



Department  
of Health



# Key Takeaway 1: NYS Appears to be Reaching the Finish Line



**Department  
of Health**

Request for Proposals

RFP # - 20338

Consulting Services for  
New York State's Health Insurance Programs and Waiver Initiatives

Issued: July 26, 2023

The purpose of this RFP is to solicit proposals from advisory firms experienced in providing advisory services to states or large municipalities on an as-needed basis. At the time of the release of this RFP, actual assignments to be performed have not been identified, but the Department is anticipating the annual contractual spending for each of the following Components:

| Component  | Anticipated Annual Contractual Spending<br>Per Component* |
|--|---|
| I. Financial Advisory and FFS Rate Development Services  | \$8,500,000   |
| II. Technical and Data Services                          | \$10,000,000  |
| III. 1115 Waiver Design and Implementation Advisory      | \$52,000,000  |
| IV. Financially Distressed Provider Technical Assistance | \$10,000,000  |
| V. Business Process Improvement Consulting               | \$19,500,000  |



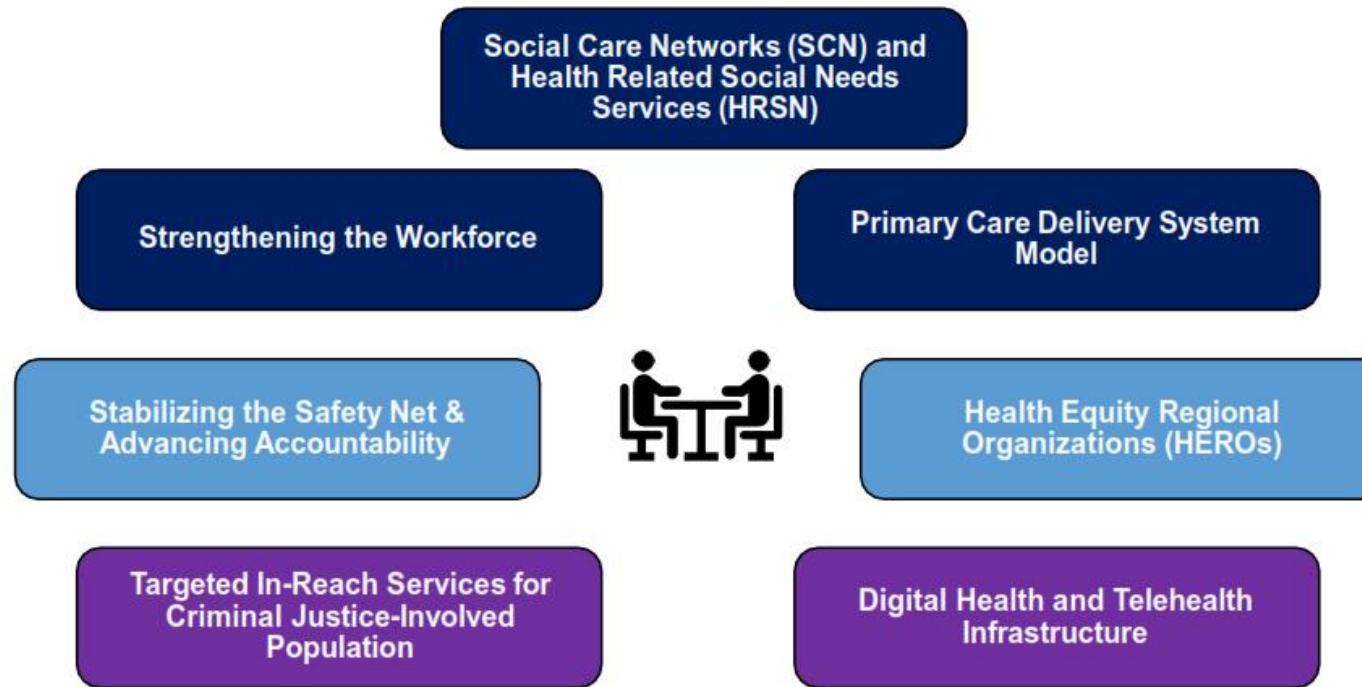
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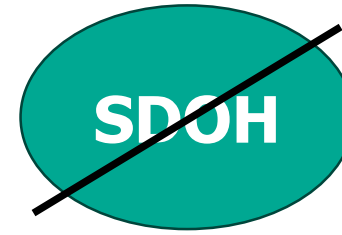
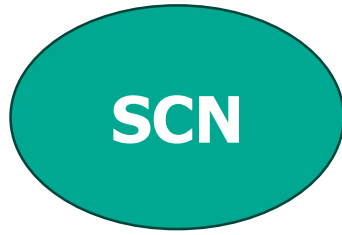
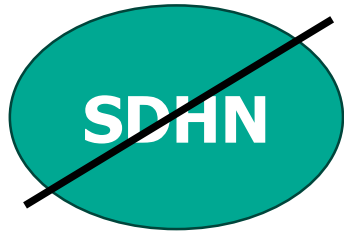
**1115 Waiver  
Update**

**Waiver Negotiations**

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



## Key Takeaway 2: 1115 Waiver Terminology Updates



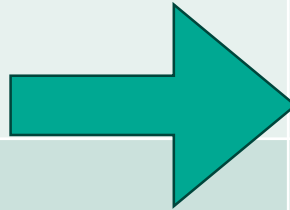
### **Social Determinants of Health (SDH) and Community Based Organizations (CBOs)**

Social determinants of health (SDH) are defined as the conditions in which people are born, live, grow, work, and age. These conditions can affect a wide range of health risks and outcomes. The five key domains of SDH include economic stability, education, social and community context, health and health care, and neighborhood and built environment. Health related social needs (HRSN) are an individual's unmet, adverse social conditions that contribute to poor health. These needs, including food insecurity, housing instability, unemployment, lack of education, lack of access to transportation, stress and social isolation, can drive health disparities and increase health care spending.

The purpose of this page is to provide information about SDH and HRSN initiatives as it relates to the New York State Medicaid program. The Bureau's goal is to support health systems and community-based organizations in integrating health and human services to improve health outcomes. Please feel free to contact the Bureau of Social Care and Community Supports at [SDH@health.ny.gov](mailto:SDH@health.ny.gov) with any questions.

## Key Takeaway 2: 1115 Waiver Terminology Updates

| Detail                         | DSRIP 1.0                                   | Pending 1115 Waiver ( <u>estimates!</u> )              |
|--------------------------------|---|--|
| Term                           | Five Years (04/2015 – 03/2020)              | <b>Tentatively 3.5 years (??? – 03/2027)</b>           |
| Lead Entity Type               | Performing Provider System (“PPS”)          | <b>Social Care Network (“SCN”)</b>                     |
| Care Compass Organizing Agency | Care Compass Network                        | <b>Care Compass Supporting IPA</b>                     |
| Contract Master Agreement      | Partner Agreement                           | <b>Performance Network Participation Agreement</b>     |
| SOW                            | Appendix C                                  | <b>Ancillary Addenda(s)</b>                            |
| Billing                        | PPS Generated Attestations                  | <b>Standardized Billing Codes / Rates for Services</b> |
| CBO Criteria                   | Low Threshold / No Risk                     | <b>Low Threshold / No Risk</b>                         |
| Innovation                     | CCN and partners create innovation programs | <b>DOH defined</b>                                     |
| DOH Measurements               | Projects / Speed & Scale                    | <b>Screening Volume</b>                                |
| DOH Measurements               | Reduce PPR/PPV by 25%                       | <b>Service Value</b>                                   |

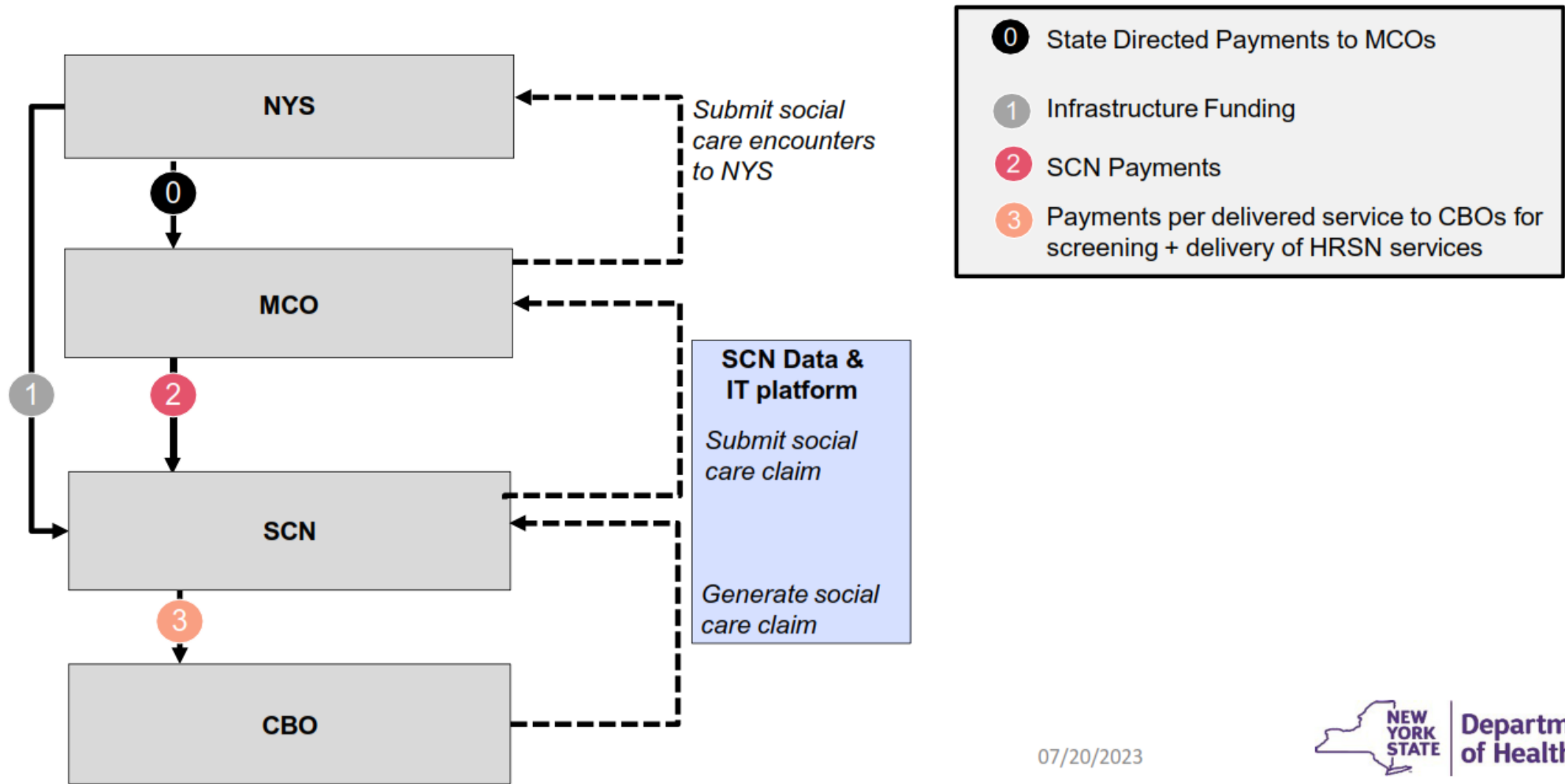


# Key Takeaway 3: *NYS to Provide CBOs \$\$ for Social Needs Assessments*

*Draft: Subject to CMS Negotiations*

## Initial HRSN Funds Flow

CBOs that are part of the network will be paid based on a fee schedule for services delivered to members

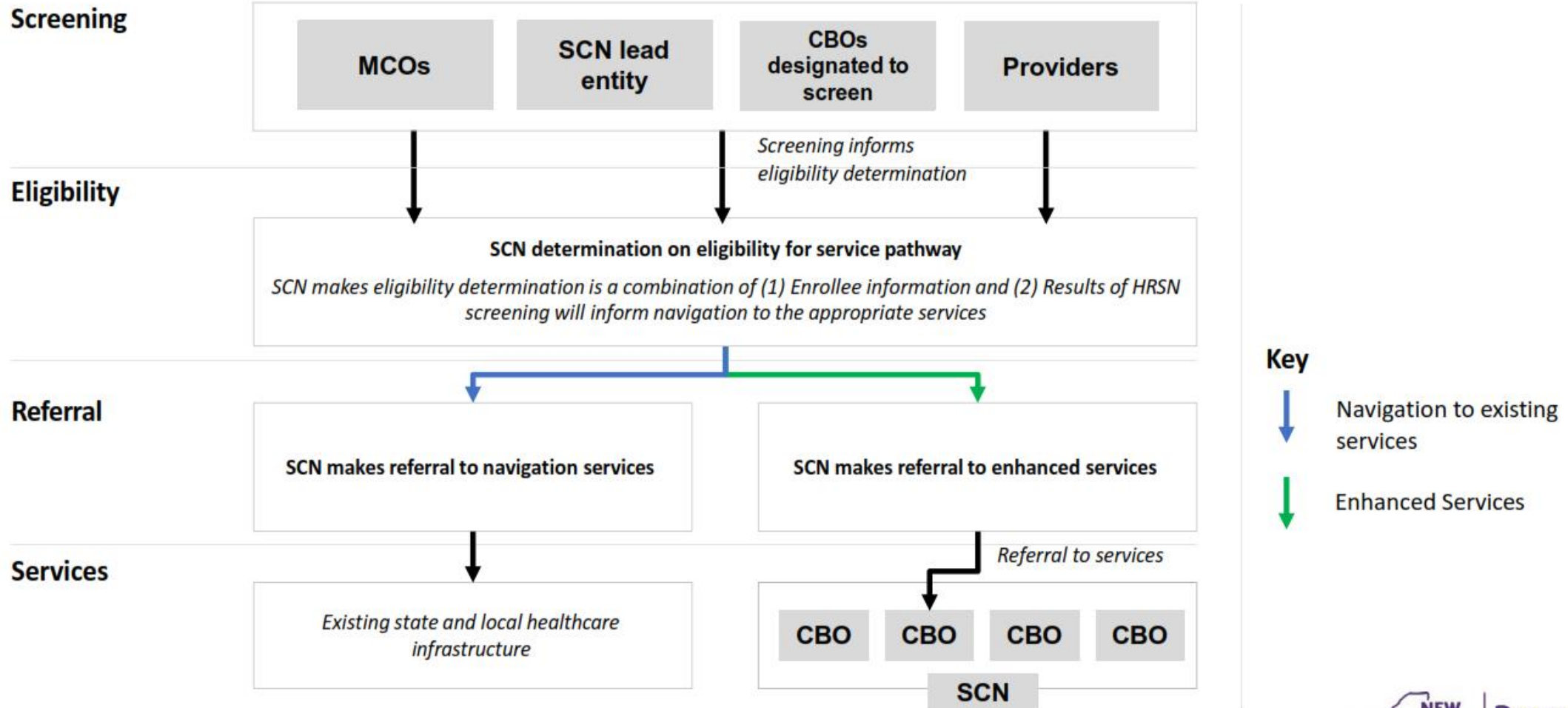




# Key Takeaway 4: SCNs a Clearinghouse for Needs Assessments

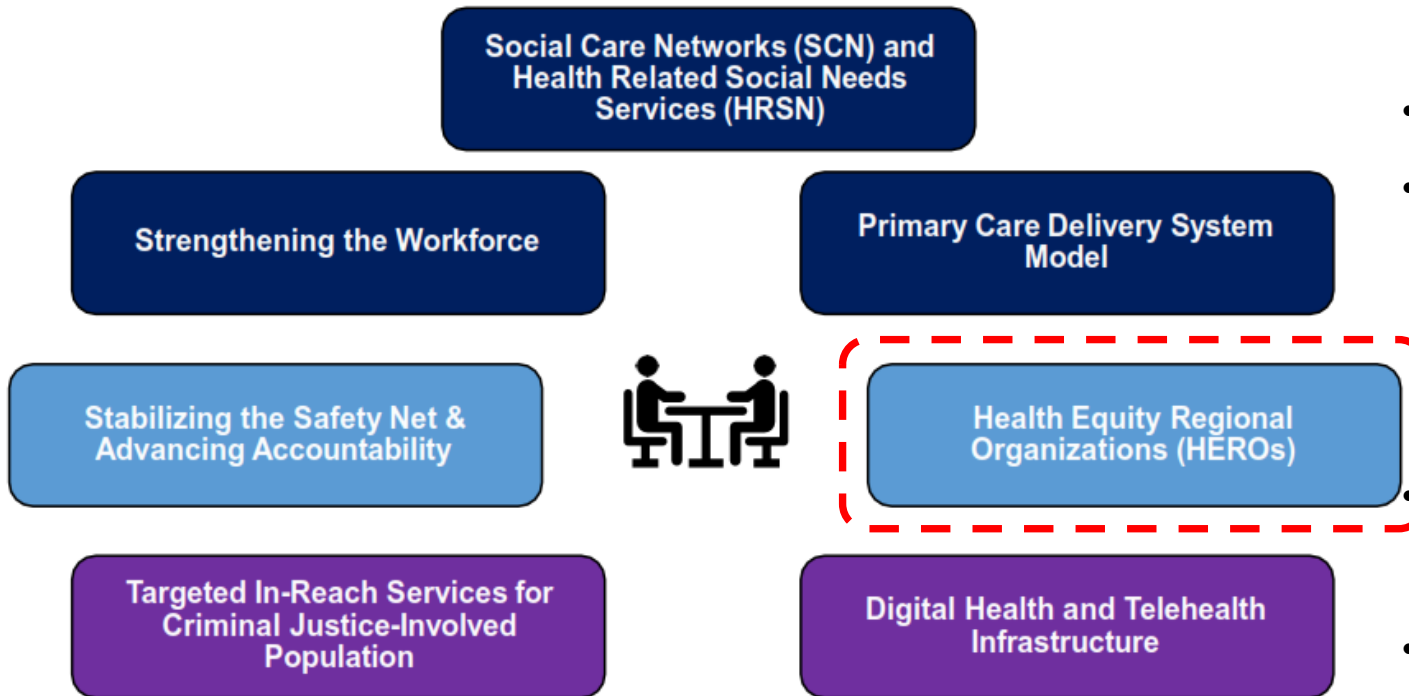
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## Screening & Referral for HRSN Services



07/20/2023

## Key Takeaway 5: The HEROs are Back, Maybe...



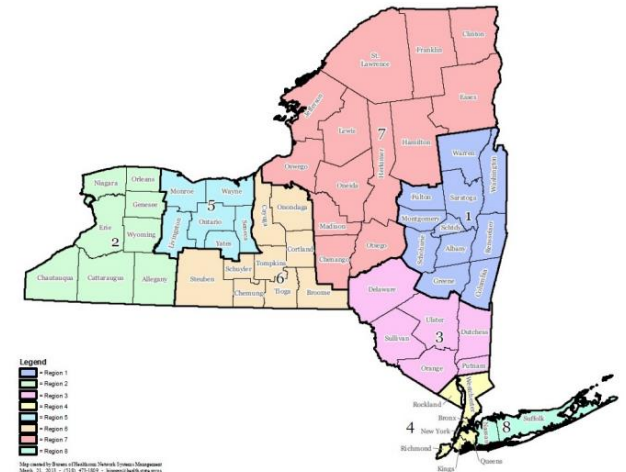
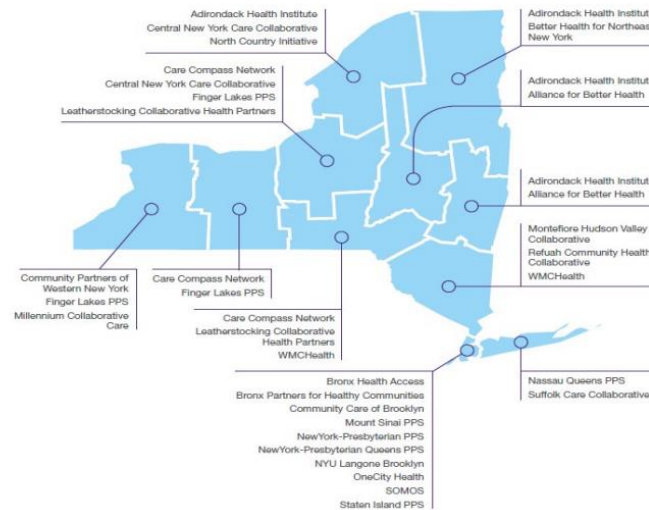
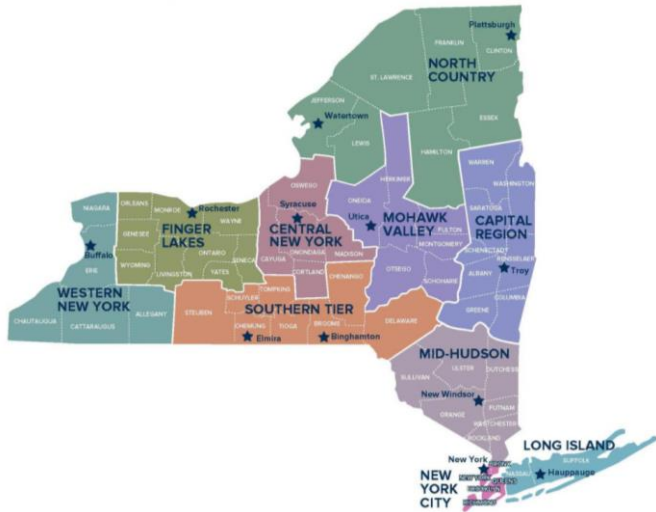
The new envisioned HERO, should it be approved, would involve:

- A singular statewide HERO, with sub-regional focuses
- Regions can retain their priorities
- The statewide entity with oversight that can hold MCOs, plans, networks, providers accountable to address health equity needs in each region
- Work with regional parties to design VBP opportunities, as early as year 1
- Work with partners in each region to identify regional health equity goals/priorities
- Work to identify VBP goals and models that address health and social needs
- Perform ongoing review of waiver programs

# Key Takeaway 6: Regions Have Still Not Been Defined

***“NYS appreciates these comments and has decided not to finalize the regions at this time. We will take more time to consider the best way to define the regions and will share further information closer to implementation. We do agree that CBOs who operate in more than one geographic area will not be limited to participation in only one SDHN.”*** - NYS comments after receiving public comment to the Draft Waiver. This version was included in the submission to CMS, **v May 2023**

???



## Key Takeaway 7: Time is Getting Shorter

Since the waiver clock is ticking, time is no longer our friend. The longer NYS takes to negotiate the waiver with CMS, the more likely it becomes that:

- NYS will get less total money from CMS.
- Less time will be available to implement required elements, meaning quicker deadlines. This might make it difficult for everyone to participate given potential 'ramp up' timeframes to be ready for the waiver.
- If less time is available, NYS may need to concede 'innovation' models and accept a more rigid framework that is less flexible for regional innovation. This could mean more pre-populated panels of projects would be the main component of the waiver.
- A waiver approval is more difficult to obtain, as it nears closer and closer to an election cycle.
- Less demonstration time means less time to achieve outcomes. Will this impact sustainability?
- More likely that NYS would push for an extension.



## Key Takeaway 8: Care Compass is Ready for the Waiver

**NYS Approved IPA** The Care Compass Supporting IPA was approved in December 2022 by NYS as a Social Care IPA. In July 2023 the IPA Board of Directors approved the Participation Agreement to join the IPA.

**Community Centric Model** Care Compass remains community centric at the core of program development and deployment. CBO advisors remain in place to help advise on new programs, regional advocacy, & health equity into the work we do.

**VBP Experience** Care Compass is currently engaged in multiple VBP programs whereby the model of the SCN is being piloted. Our differentiation from other CBO IPAs across the state is that while we operate on a regional level, we are being very targeted in how we deploy innovative solutions locally.

**Data Exchange with MCOs** Care Compass is now in data agreements with health systems and MCOs. This increase in data sharing has allowed the CCN Analytics function to better support programs and is helping refine intervention models.

**Retained 'DSRIP Staff'** CCN has retained staff and key advisors that both wrote and managed the DSRIP 1.0 waiver and are ready to re-engage with NYS on this next iteration of the waiver.

**Certified Infrastructure** Care Compass maintains highly sophisticated IT infrastructure certified by leading firms and NYS DOH.

## Key Takeaway 9: Now is the Time to Get Connected!

Find ways to stay connected to hear more as it comes out and share your input/Q's...

- Have thoughts after this meeting? Share your ideas and questions on our website [www.care-compass.org](http://www.care-compass.org) at any time.
- Let us know if you're interested to hear more about the Open Network.
- If you're a member of the Open Network, sign-up for the CCN newsletter. This will be a central way for CCN to communicate 1115 Waiver updates.