



Department
of Health

State of the State of New York Medicaid

“Investing in Equity and Collaboration”

United Hospital Fund: 2022 Medicaid Conference

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New York State Department of Health

July 2022

Agenda

Current State of New York Medicaid

- Program Overview
- Program Updates and Upcoming Coverage Expansion

1115 Health Equity Waiver Amendment

- 1115 Waiver Overview
- Waiver Feedback and Public Comments
- 1115 Waiver Path Forward

Public Health Emergency Impacts

- PHE Winddown Path Forward

Q & A

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Current State of New York Medicaid

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NY Medicaid Overview

Partnership Plan

Managed Care has grown from <1 million members in 1997 to 5.8 million members in 2022

DSRIP Waiver

In 2014, NY received \$8B in DSRIP funding when managed care was ~\$50B

Health Equity Waiver

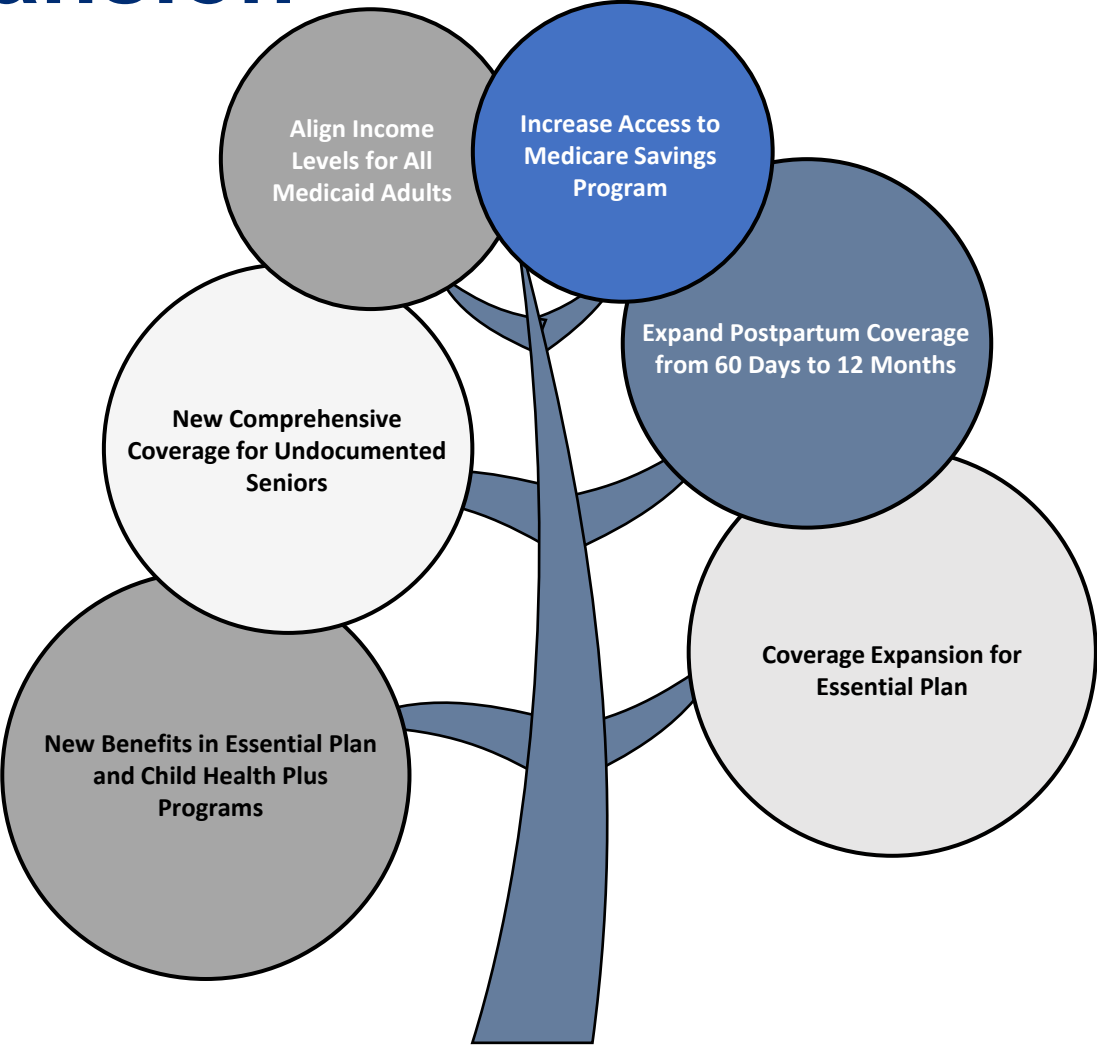
Today, NY is applying to receive \$13B in funding when managed care is ~\$70B

Total NY Medicaid Spending			
Year	FY21	FY22	FY23
NY Medicaid <i>All Funds*</i>	\$75.2B	\$83.8B	\$92.7B

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**Medicaid All Funds includes EP state share, but does not include EP federal share*

Commitment to Health Equity and Continued Coverage Expansion



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Aligns Income Levels For All Adults

- Increases income level from approximately 87% FPL to 138% FPL to preserve coverage when individuals turn 65
- Impacted categories:
 - Aged, Blind, Disabled
 - Low-income families
 - Other Medically Needy
- Increase in resource levels based on existing statutory scheme – 150% of income
- 1/1/23 implementation

Increases Access to Medicare

- Medicare Savings Program (MSP) Expansion
 - Aligns QMB coverage with new Medicaid income eligibility level of 138% FPL
 - Eliminates SLMB
 - Increases QI coverage to 186% FPL
- Improves access to Medicare for more than 100,000 New Yorkers
- 1/1/23 implementation

MSP Benefit Levels	Current Eligibility	New Eligibility	Coverage
Qualified Medicare Beneficiaries (QMB)	<=100% FPL	<=138% FPL	Medicare Part A premium (hospital) as well as the Part B premium (outpatient services), deductibles and coinsurances.
Specified Low-Income Beneficiaries (SLMB)	>100-<120% FPL	ELIMINATED	Medicare Part B premium
Qualified Individuals (QI)	≥120-≤135% FPL	138-186% FPL	

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66,000 additional seniors will qualify for Low-Income Subsidy (LIS) Extra Help and have reduced prescription drug costs because MSP is being expanded to 186% FPL.



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New Comprehensive Coverage for Undocumented Seniors

- State-funded Medicaid expansion to undocumented individuals aged 65 and over
 - Medicaid coverage provided through Medicaid Managed Care(MMC) plans which covers nearly 6 million New Yorkers today
- 3/1/23 anticipated implementation

Advancing Maternal Health

- Updated NYS Medicaid Perinatal Care Standards and recommendations of the NYS Taskforce on Maternal Mortality and Disparate Racial Outcomes
- Investments in strategies that improve access to and quality of NYS maternal health care and experience of care
 - ✓ **Nutrition services** – reimburse Registered Dietitians to provide services to pregnant persons
 - ✓ Care coordination and peer support services - reimburse for Community Health Workers (**CHWs**) and Patient Family Navigators (**PFNs**) services for maternal health population
 - ✓ Higher reimbursement for **midwifery services**
 - ✓ New **Value Based Payment (VBP) arrangement** for labor and delivery hospitals to **reduce costs associated with Cesarean deliveries and poor birth outcomes**
- Expanding Post-Partum coverage in Medicaid and CHP from 60 days to 12 months (regardless of an individual’s immigration status)

Medicaid Update | June 2022

Medicaid Perinatal Care Standards

This policy outlines the New York State Medicaid Perinatal Care Standards, effective August 1, 2022, for New York State (NYS) Medicaid fee-for-service (FFS) and October 1, 2022, for Medicaid Managed Care (MMC) Plans [inclusive of Mainstream MMC Plans, HIV (Human Immunodeficiency Virus) Special Needs Plans (SNPs), as well as Health and Recovery Plans (HARPs)]. The former Medicaid Prenatal Care Standards have been updated and incorporated into this policy, and the 2022 Perinatal Care Standards replace the previously published New York State Prenatal Care Standards in full.

This policy is applicable to all Medicaid perinatal care providers who provide prenatal/antepartum care, intrapartum care, and/or postpartum care. This includes medical care facilities or public or private not-for-profit agencies or organizations, physicians, licensed nurse practitioners, and licensed midwives practicing on an individual or group basis, and managed care plans that contract with these providers.

[Expand All](#) [Collapse All](#)

+ [Provider Practice Guiding Principles](#)

+ [Principal Maternal Care Provider Training and Credentials](#)

+ [Access to Care](#)

+ [Presumptive Eligibility / Medicaid Coverage](#)

+ [Comprehensive Prenatal Care Risk Assessment](#)

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New Benefits in Essential Plan and CHPlus

- Adds Community Based Long Term Services and Supports to EP
 - Phase 1 for adults at or below 138% FPL (by 1/1/23)
 - Phase 2 for adults above 138% FPL to 200% FPL (by 1/1/25)
- Expands CHPlus Benefit to include Critical Mental Health services
- Eliminates \$9 Family Premium Contribution
- Subject to Federal Approval
 - Adds pregnancy and postpartum coverage
 - Member Choice to remain in EP rather than transfer to Medicaid
 - 12 months postpartum
 - Newborn deeming to Medicaid

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Investments Recognizing Disparities in Access and Reimbursement

Global Cap Growth

- New inflation metric will accurately capture Medicaid program changes (enrollment, utilization and service costs) and increase allowable Medicaid spending by over \$6 billion (gross) over the next three years

1% Across the Board

- Multi-year investment operating rates to respond to market needs and compete in the labor market to attract qualified workers

Investing In Primary Care

- Increasing Medicaid fee-for-service physician reimbursement rates for Evaluation & Management and Medicine codes to 70% of current Medicare reimbursement rates

Medicaid Patient Access and Developer Portals

- Creates an access point that can be used by mHealth developers to enable members to access their own Medicaid claims and provider data through mHealth (smartphone) applications

Health Equity 1115 Waiver Amendment

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New York State's 1115 Waiver

- The **NYS Medicaid Redesign Team (MRT) Waiver** (formerly the Partnership Plan) has been in effect since 1997
- New York's 1115 MRT Waiver was last renewed on April 1, 2022, and is effective through March 31, 2027
- ***The goals of the larger MRT Waiver are as follows:***
 - ✓ Improve access to health care for the Medicaid population
 - ✓ Improve the quality of health services delivered
 - ✓ Expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies

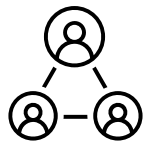
DSRIP Succeeded In the Shift to VBP

VBP Arrangement Type	VBP Roadmap Target	April 2020 Result	Target Achieved
Level 1 or higher (fully & not full capitated combined)	≥ 80%	86%	✓
Level 2 or higher (fully capitated only)	≥ 35%	56%	✓
Level 2 or higher (partially capitated only)	≥ 15%	18%	✓

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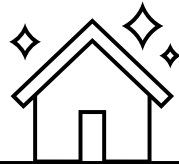
1115 Health Equity Waiver Amendment Overview

New York State is seeking **\$13.52 billion over five years** to fund a new 1115 Waiver amendment that addresses health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic



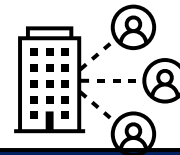
Goal #1

- Health Equity-Focused System Redesign



Goal #2

- Developing and Strengthening Supportive Housing Services



Goal #3

- System Redesign and Workforce Capacity



Goal #4

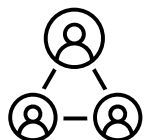
- Digital Health and Telehealth Infrastructure

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1115 Health Equity Waiver Amendment Overview



Goal #1

- System Redesign and Workforce Capacity

Goal #2

- Developing and Strengthening Supportive Housing Services



Health Equity Regional Organizations (HEROs) - \$325 Million

- HEROs are regional, mission-based entities composed of a coalition of stakeholders with two critical roles: Develop annual regional plans and serve as hubs for regional collaboration

Social Determinants of Health Networks (SDHNs) - \$585 Million

- SDNHs are coordinated networks of physical and behavioral health and social care enabled by improved technology and data collection

Advanced VBP Arrangements - \$7 Billion

- Based on input from HERO and SDHN regional plans and data collection, DOH will enter into advanced VBP arrangements targeted at health equity-related measures

Access for Criminal Justice-Involved Populations - \$745 Million

- Targeted in-reach services for incarcerated individuals 30 days prior to release to ensure engagement in services upon release and assist with the successful transition to community life.

Investing in Supportive Housing Services - \$1.57 Billion

- SDHNs and Supportive Housing Stakeholders will implement initiatives to encourage coordinated and targeted efforts to connect high Medicaid utilizers with housing and services such as medical respite, community transitional services, tenancy supports, and improved referral and coordination

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1115 Health Equity Waiver Amendment Overview



Goal #3

- Health Equity-Focused System Redesign

COVID-19 Unwind Quality Restoration Pool - \$1.5 Billion

- A VBP Quality Incentive pool available to financially distressed safety net hospitals and nursing homes to engage in VBP arrangements, with a focus on *quality improvement, advancing health equity, and expanding workforce capacity*

Develop a Strong and Well-trained Workforce - \$1.5 Billion

- Funding to address long-standing workforce shortages that were exacerbated by the COVID-19 pandemic, including emphasis on recruitment and retention activities, development and strengthening of career pathways, workforce training initiatives, expansion of community health workforce and standardization of occupations and job training

Goal #4

- Digital Health and Telehealth Infrastructure

Equitable Access to Telehealth Services for Members and Providers - \$300 Million

- An initiative to expand access to Digital and Telehealth Services by provisioning IT and training support to providers, as well as investments in infrastructure to improve patient access, including telehealth kiosks in homeless shelters, community health worker training to assist members utilizing telehealth services, and providing tablets for providers and enrollees who lack access to technology necessary to participate in telehealth

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Summary of 1115 Health Equity Waiver Amendment Public Comments

- **Opportunities for Feedback**

- Two public hearings held on May 3, 2022, and May 10, 2022
- Written comments submitted through May 21, 2022

- **Comments Received:**

	# Organizations	# Comments
Written Comments: 355 Comment Letters and Emails	325	1,550
Testimony During Hearings: 75 Comments Received on May 3 & 10	71	239
Total:	396	1,789

Most Frequent 1115 Health Equity Waiver Amendment Public Comment Themes

In addition to overwhelming support for the waiver amendment, the top themes of feedback included:



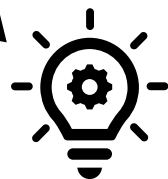
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Sampling of Anticipated Waiver Updates Resulting from Public Comments

Emphasize the importance of workforce development and sufficient funding



*Commit to a long term, sustainable approach for SDHNs, including additional funding to **enable consistency** in screenings and data, clinical **feedback loop**, and incentives and standards for **adoption***



HEROs should not hinder existing VBP arraignments or progress in addressing SDH and health equity needs



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Sampling of Anticipated Waiver Updates Resulting from Public Comments

Renew emphasis on reproductive health and additional community-based programs such as violence prevention



Commit to innovative design of interventions for specific populations, recognizing this is a managed care vehicle



1115 Health Equity Waiver Amendment Next Steps

Activity	Date
Review Public Comments and Finalize Application	May-August 2022
Target Date for Formal Submission of Amendment Application to CMS	By September 1, 2022
Federal Public Comment Period	September 16-October 17, 2022
CMS & New York Negotiate Terms of Amendment	Beginning Mid-October 2022
Target Implementation Date	January 1, 2023

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Impact of Public Health Emergency on NYS Medicaid

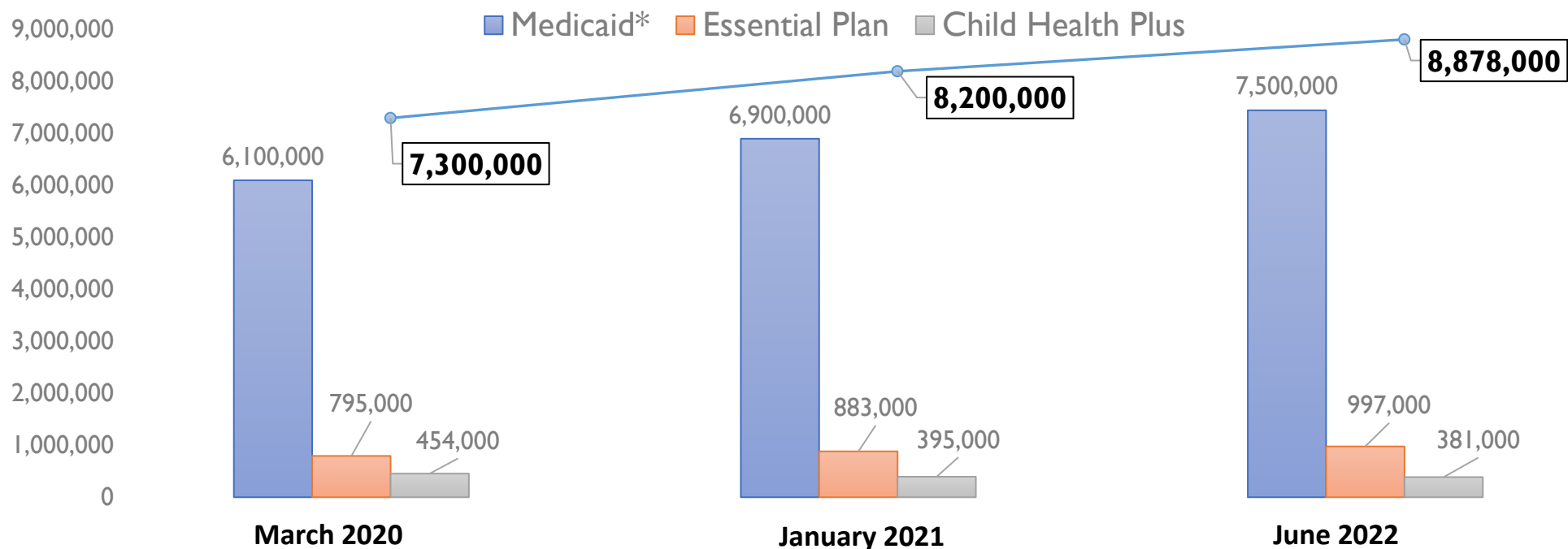
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COVID-19 Public Health Emergency

- The Public Health Emergency as declared under section 319 of the Public Health Service Act by the Secretary of Health and Human Services, currently remains in effect
 - Current renewal effective 7/15/22
 - Commitment to providing states with 60 days notice prior to termination and allow states 14 months to redetermine eligibility
- In addition to the PHE, federal legislation has provided support, including:
 - Families First Coronavirus Response Act (FFCRA)
 - American Rescue Plan Act (ARPA)
 - Home and Community Based Service Provisions
 - Increase Premium Tax Credits
- New York has adopted over 100 PHE flexibilities, cutting across multiple agencies

Impact of PHE Provisions on Public Health Insurance

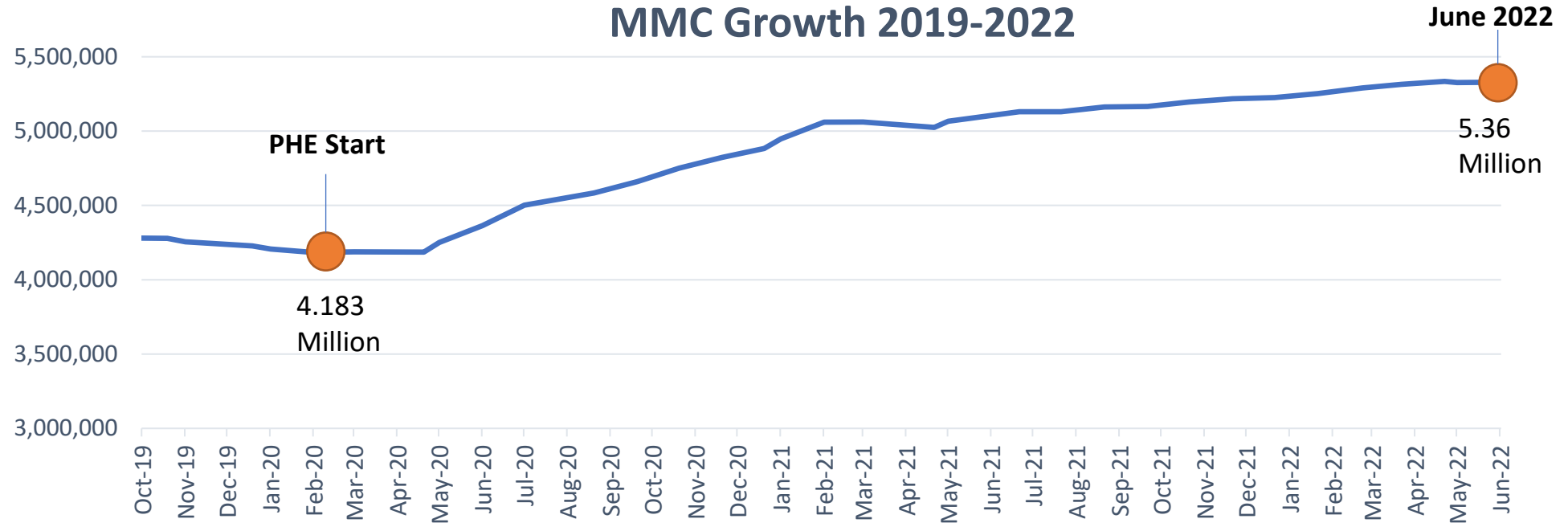
As of April 2022, nearly 9 million New Yorkers – approaching 50% of the State’s population - are enrolled in Medicaid, Child Health Plus, and the Essential Plan



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Impact of PHE Provisions

Since the PHE began, Mainstream Managed Care alone has grown by over 1 Million members



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Achieving an Equitable PHE Unwind

New York State has a strong foundation of coverage:

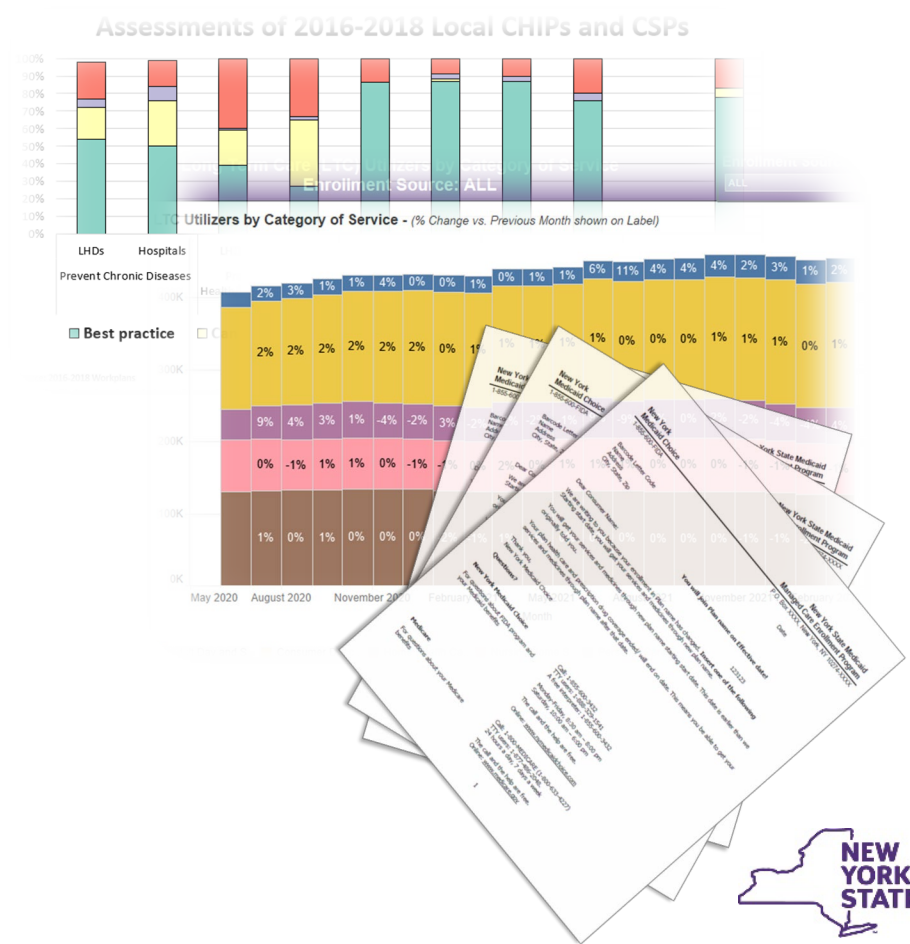
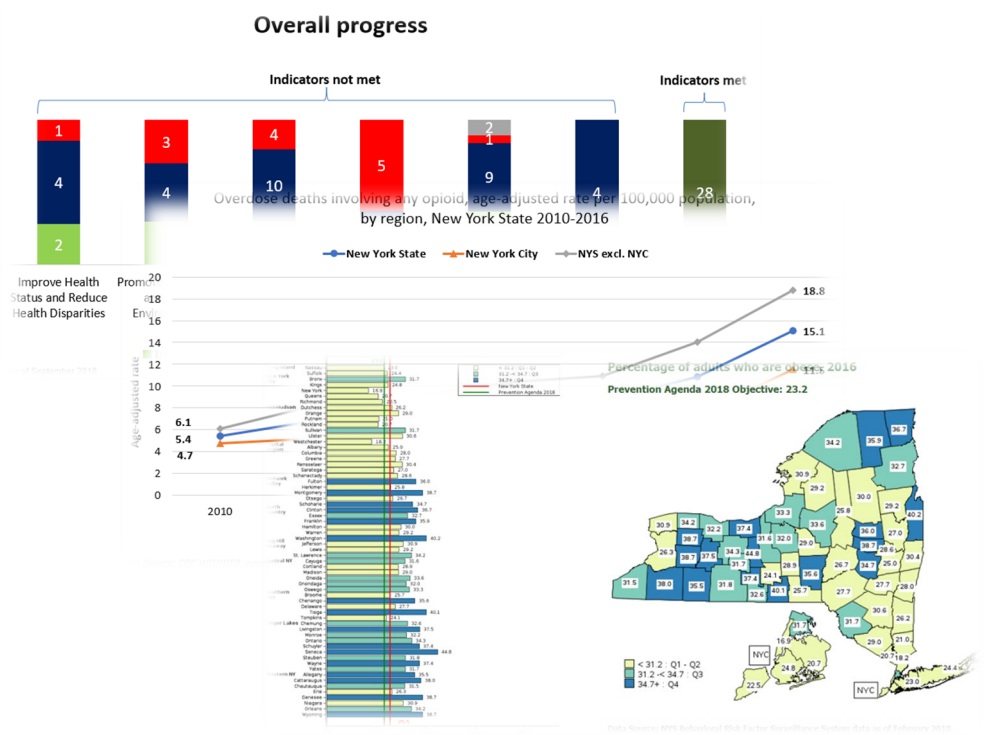
- Early Medicaid expansion state
- Expansive Child Health Plus program: eligibility to 400% FPL regardless of immigration status and buy-in option for higher income families
- Streamlined access to public and private coverage to 1 in 3 New Yorkers through NY State of Health
- Adopted a Basic Health Program – 1 of 2 states in the U.S. – to extend affordable coverage to individuals to 200% FPL

Challenges to Winding Down Coverage Changes

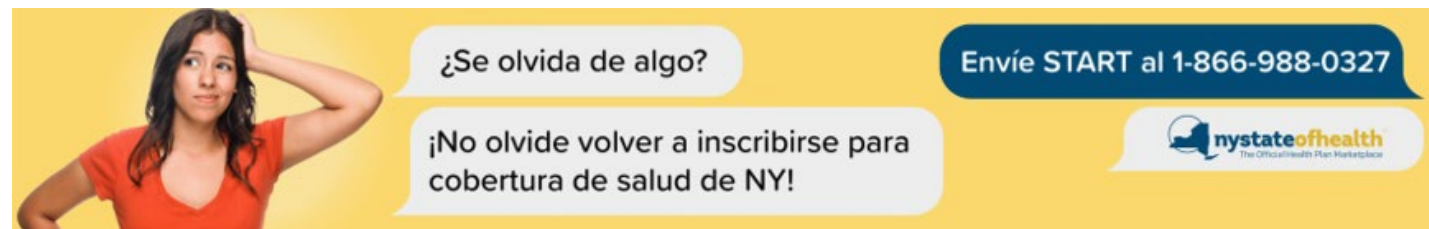
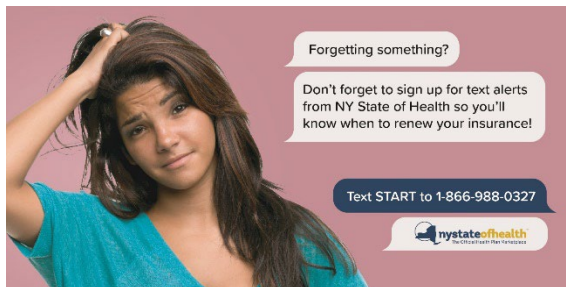
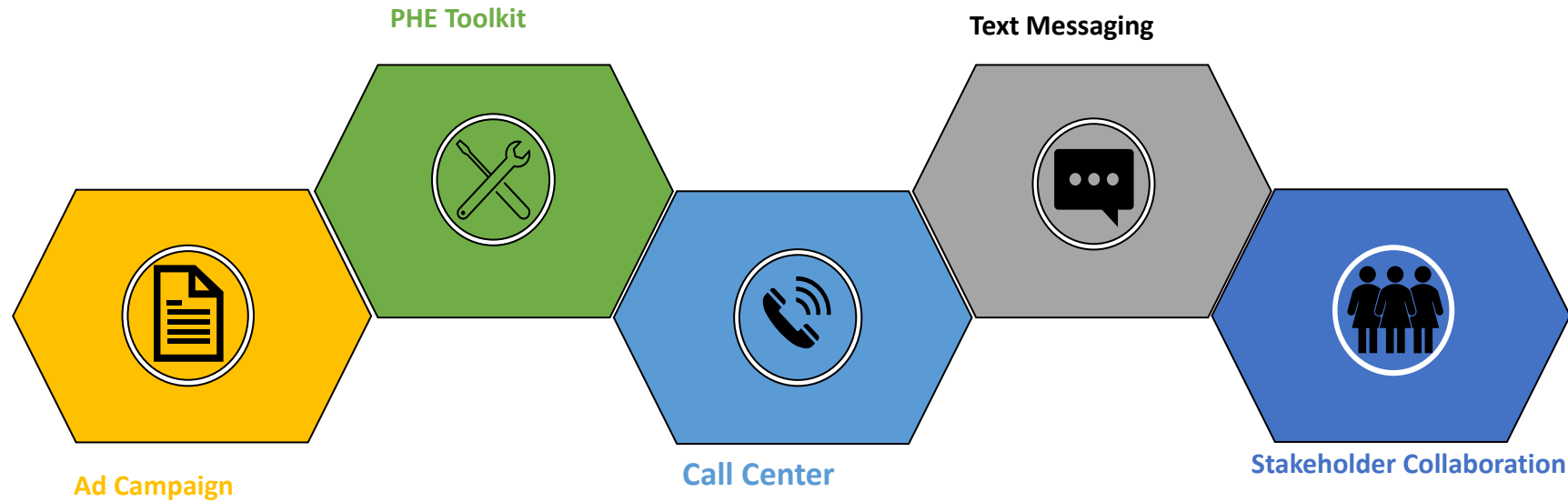
- Federal guidance allows states 14 months to redetermine eligibility with 60 days advanced notice
- In New York this means:
 - Renewing eligibility for 8.8 million people
 - 1.4 million new enrollees have never renewed coverage
 - 7.4 million have not renewed their coverage in more than 2 years
- Restarting the required eligibility and enrollment processes will take time and resources:
 - Consumer notices
 - Updating eligibility and enrollment systems
 - NY State of Health Customer Service Center and Local Districts will increase staff based on anticipated volume increases
- Public education and outreach campaign

Commitment to Transparency During the Unwind

As New York prepares and implements the PHE wind-down, the Department is committed to keeping stakeholders informed



Ongoing Efforts to Prepare for PHE Winddown



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<https://info.nystateofhealth.ny.gov/PHE-tool-kit>

<https://info.nystateofhealth.ny.gov/COVID-19-Changes>

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