HEALI June 2024 Meeting Notes
June 20th, 2024

1115 Waiver Update

- The goal of the Social Care Network is to build an ecosystem of health and social service providers that put the Medicaid member at the center and provide person-centered care
- HWCLI has been maintain/building relationships with:
    - Health systems: Northwell Health, Catholic Health, Stony Brook Medicine, Mount Sinai, Northwell Health and NUMC
    - FQHCs: Harmony Healthcare Long Island and Sun River Health
    - Health Homes: Northwell, Skyward, Collaborative for Family and Children) IPAs: AHN-RHS
    - Managed Care Organizations: Health First, Fidelis, Anthem, Emblem, United Healthcare, and we are working to connect with Molina
- Long Island's Social Care Network will collectively:
    - Create and maintain a network of care providers (CBOs, MCOs, providers)
    - Screen Medicaid Members using questions from the CMS AHC Screening Tool and key demographic data
    - Refer to navigation and social care services using a shared referral platform
    - Navigate to existing health-related social needs services
- Enhanced HRSN Services for Special Populations
    - Nutrition Services
    - Housing Supports
    - Case Management
    - Transportation
- Social Care Network Infrastructure Funding
    - Long Island to receive $42,179,889 for infrastructure funding, which will go toward:
        - CBO Capacity Building
        - SCN Network Development and Engagement
        - Technology and Data Analytics
        - Contracting and Fiscal Management
- NYSDOH CBO Requirements:
    - Provides screening, navigation or one of the enhanced HRSN services
    - Cover zip codes in Nassau and Suffolk Counties
    - Non-profit with EIN (501c3)
    - Designates contract(s) to engage and be trained on Unite Us
    - Committed to accepting referrals, providing services and collaborating with the SCN and other stakeholders to coordinate HRSN service delivery
- CBO Capacity Building
- Funds flow for screening, navigation & enhanced HRSN services
    - Funding in addition to CBO capacity building dollars
    - Funding flow from MCOs to SCNs to CBOs
        - State templated contracts between MCOs and the SCN
        - Contracts between the SCN and CBOs
    - Bonus performance funding
- SCN Timeline
    - Awards announced in the next few weeks
    - Emily Engel will join us at the July 17th HEALI Meeting
    - SCN contracts and Program Manual anticipated to be released in August
    - CBO assessments and capacity building contracts: Fall

- Training and support: Fall
- HEALI Committees: Fall

Panel Discussion

- Courtney Burke, Senior Consultant, Sachs Policy Group
- Alex Horowitz, Vice President, Technology & Data Strategy, Intrepid Ascent
- Chad Shearer, Senior Vice President for Policy and Program, United Hospital Fund

Question: What do you see as the biggest opportunity about the Social Care Network and what do you hope Social Care Networks build or keep in mind as they design their networks?
Chad Shearer: The biggest opportunity is getting Medicaid members with health-related social needs, the services that will improve their lives and ultimately improve their health. While the enhanced HRSN services are important, the level one navigation may be just as important when we're talking about moving the needle on the population level in terms of disparities. My hope is that the SCNs can meet the Medicaid members where they're at, beyond the billable enhanced services. I hope the collaboration with CBOs, plans, providers, and all other actors can put that Medicaid member in the center and change lives.
Courtney Burke: It's great that HEALI is doing these convenings to share the information and have the repetition. Social needs were never part of the conversation about improving the healthcare system and getting people the services they need up until this waiver. Even though the waiver isn't 5 years, it's one of the biggest things to happen to Medicaid since the ACA. We are finally acknowledging that health is about many other things other than healthcare. The opportunity for the SCNs is to be brought into the fold and make the system work better.
Alex Horowitz: Having regional SCNs that can create local networks that serve the unique needs of the Medicaid population. I hope to see SCNs that look different from each other. I hope they provide services in a unique way that approach health plans and their region in different ways and have a unique impact on their population.

What is the biggest threat to SCN sustainability?
Courtney Burke: The biggest challenge is the timeframe. For those who participated in DSRIP, we had a year 0 and then 5 years after that. This time, we don't have a lot of time to prove the role of SCN. Right now is year zero. It is a huge lift that the SCNs have to do - stand up IT systems, network, governance, etc. All of those things are not small tasks. Sustainability is something SCNs should be thinking about the entire time. SCNs need to show their value to the rest of the system. Hopefully there will be an extension, but by the end partners should see the value.
Alex Horowitz: The timeframe is the biggest threat. The program is starting out with templated contracts with MCOs and SCN and what will make sense in the long-term might look different how the contracts are set up later. It highlights the importance of partnership with MCOs and the SCN.
Chad Shearer: In that timeframe, it will be really hard to know what the long term operating costs are. We probably won't see all the potential savings that may be accruing to the health system in this short period of time. That makes it really hard to figure out from a programmatic perspective how to build the role of the SCN into payment mechanisms when the waiver period ends. There is some hope in the new in lieu of services in the federal Medicaid Managed Care rule as directionally potentially beneficial. What does an alternative payment mechanism look like that supports the whole of this going forward is a huge unknown that will have to be answered at some point during this period.

Question: What are some lessons learned from DSRIP, the Health Home Program, or other states' 1115 waivers?

Alex Horowitz: It's incredibly important to work at the regional level. California is backtracking their statewide approach and they're finding they have to create local differentiations. California has a 5 year program, but the 2 years were a bit wasted with a statewide approach. Housing is going to be a real challenge in New York. In California, it has been a challenge and they had a head start with a pilot. Coordination with counties is critical and can be challenging in New York. The SCNs should think about their strategy for housing.

Courtney Burke: When DSRIP started, people thought it would go on and the funding would continue and obviously that didn't happen. For those who made it stand on its own in perpetuity, you're seeing them again apply for the SCN. It's not guaranteed that the state will get an extension. It's never too early to think about sustainability. Even if you're not certain that you're going to get the SCN, building the partnerships and relationships is really important whether you are running the network or just in the network. Overcommunication is a good thing because you can't assume that everyone in the health ecosystem knows what you're talking about. The populations that are eligible for the enhanced services have traditionally had a lot of difficulty being incorporated into the ecosystem. The degree to which you can build those partnerships and create much stronger linkages there is a tremendous opportunity that will take time.

Chad Shearer: An additional lesson from DSRIP showed that you leave the health plans out at your peril. This time around, they're doing a little better but there is always room for improvement in terms of recognizing that we're a managed care state. The plans are really important for how things are going to get paid for and they can't be left out from the start. Folks at NYS and CMS have learned a lot from other states' waivers that I hope we will see materialize when CMS approves the protocols and implementation plans. North Carolina has a regional approach, though on a much smaller scale. They released an interim report and showed a decrease in ED utilization and inpatient hospitalization after delivering about 200,000 mostly nutrition related services in just a year and 6 months. We'll do more on Long Island alone but it is promising that they could see results in a limited time.

Alex Horowitz: DSRIP was the first of its kind in many ways and it's not surprising there were missteps. Now, we're in an environment where there are a lot of waivers to learn from.

Question: What advice do you have for MCOs, providers, and CBOs participating in the SCN?

Chad Shearer: Everybody has their own individual self-interest and you have to think about that when a new waiver opportunity comes along. If we can set those aside and focus on the collaboration for the benefit of the Medicaid members, those longer term financial aspects will work out.

Courtney Burke: There are also common and overlapping interests. For MCOs, they want their members to have a positive experience, to keep their members, and increase their enrollment. To the degree to which the SCNs can enhance that experience, it will be beneficial to the MCO. Everyone has something to bring to the table and finding out what those are now is really important because it helps avoid the duplication.

Alex Horowitz: For MCOs, it's unlikely that there will be a single method of contracting for all SCNs. The MCOs should partner regionally now to not get in the situation California is in now where they are going back to create regional contracts. Keeping the Medicaid member at the center in the context of what's working in each region and the specializations and different impact the SCNs are showing is the key to success. The MCO can be a great vehicle for communicating lessons learned from one SCN to another. The SCNs can also do that for each other.

Courtney Burke: The claims data is one of the big things that MCOs have, providers have clinical data, the CBOs have health-related social needs data. So everyone has a piece of this and bringing something to the data.

Question: What data do you hope to see from the SCNs to track outcomes, equity, and performance?

Alex Horowitz: I think it's going to be a lot of experimentation in order to try to figure out what data is available in a given region so that you can measure impact. The impact on the population could be reducing the total cost of care, which would be great to partner with the MCOs, get that data from them, and work with them to do it. There's been a lot of focus on the screening data and the states will be collecting that all the way up the chain. The screening data is the bare minimum. It will tell you some things, but not enough about impact. Thinking beyond screening data and how to measure impact. How to collect qualitative data, stories about Medicaid members, stories from CBOs. The qualitative data will be important.

Chad Shearer: I'm excited about the possibility to stratify the screening data and connecting it with baseline health disparity data and utilization data to figure out where we can push the envelope on targeted equity improvements. Use this data to figure out how to get the most bang for our buck with the waiver dollars. The HERO may be able to work with the State to get this data back down to the regions. Not much is known about the HERO at this point.

Courtney Burke: Thinking from the member experience and that data points, referral is obvious. Then does the member get the services and go to the appointment? What does the delivery of that service and did those services make a difference? Qualitative data is important in the short term. The process ends there for the individual, but talking about sustainability, payment is really important. For the CBOs to participate, they have to know they will get paid for those services. Related to the payment and outcomes is sustainability. If we do value based payment in the future, need to know the worth of the member journey along the way and collecting that data to make this successful.

Alex Horowitz: The SCNs are a data hub. SCNs will have to stand up technical infrastructure and analytic capacity to manage and experiment utilizing this data. The data management role is a lesson learned from DSRIP because it's something that the PPS's did not embrace until the end.