

Moving Ahead: Exploring New York's Forthcoming 1115 Waiver

December 19, 2023

1. Reimbursement for providers? Documentation for providers what is required.

There will likely be several potential reimbursement changes and opportunities for providers through the AHEAD global budgeting, AHEAD primary care, Waiver primary care and Waiver SDoH programs.

We will know more about the specifics of each the Waiver reimbursement impacts once the Standard Terms and Conditions (STCs) and Program Funding Mechanics (PFM) are released post final Waiver approval.

For AHEAD we expect to better understand the details of required documentation and submissions for the primary care program sometime in 2024 depending on when the State applies, however the details on the global budgeting program will likely take more time to be clarified.

2. CalAIM offers 14 Community Support Services. Will NY be offering the same? If so, will providers be contracting with Managed Care Plans?

It is likely that the NY Waiver's SDoH program will focus on overlapping areas with the areas covered by the CalAIM Community Support Services, particularly housing, food, transportation and care management related services.

3. How can this be easily incorporated into existing practice? 2. How do we minimize barriers? 3. How can we incorporate local food effectively?

As the Waiver STCs are released, as well as more information on AHEAD global budgeting, we will be preparing detailed best practices on workflow and revenue cycle integration for the various programs for different provider and community based organization types so that the new funding and requirements can be integrated as much as possible into core managed care workflows and either into existing practices or informing redesign of existing practices as applicable.

4. What do we know about the eligibility criteria for the Social Care Network leads in NYS?; What do we know about NYS' desired metrics to demonstrate improved HRSN outcomes?; What do we know about reimbursement for HRSN interventions?

This will all be much clearer after the STCs are released.

5. How will the Community Care Hubs be financed?

There are a number of definitions and interpretations for Community Care Hubs. If you are referencing what the State and CMS have been calling Social Care Networks in recent drafts we will have more clarity on that funding when the STCs are released.

6. How would the State help provider group in the VBP roadmap?

We hope to help the State understand the value of reinvigorating the VBP roadmap and potentially the Innovator program as a high value opportunity to help achieve the Waiver and AHEAD goals. It is not currently clear how the State plans to support providers in engaging in advanced value based payment relationships beyond what we know about AHEAD global budgeting for hospitals.

7. How do you see BHCC IPAs fitting in with this transformation? Many could play a large role with the waiver, perhaps as SCN leads, especially since they serve thousands of patients with SDOH needs, and since they already focus on Social Care needs

Once the STCs come out and there is more detailed definition to funding mechanisms and definitions for the various programs this question will be easier to answer.

8. Will there be instructions/training on how to form the Social Care Networks? Will there be assistance for the SCNs with MOUs for partners? Will there be instructions/training on how the SCNs will partner with the MCOs? Will there ultimately be incentives for MCOs, health systems, Physician groups to partner with SCNs and understand their value in reducing health care costs? What kind of evaluation will be conducted to prove the value of the SCNs?

It is likely that the State will engage an outside party to provide some level of technical assistance. Our firms are also experienced and equipped to provide technical assistance and training for potential Social Care Networks.

9. How do you see the various Provider Payment models affecting the provider practices interaction with the Social Care Networks within a region?

This will be much clearer once the STCs are released.

10. We are seeing shortages in PCPs in NYC, especially in a reduction of GME programs for primary care/family medicine residency - do you anticipate the 1115 waiver to prioritize primary care and prevent PCP shortages?

The Waiver and AHEAD both prioritize primary care transformation, however it is unclear that either program will have significant components related to training and recruiting primary care. It is important for providers, IPAs (community Clinical Integrated Networks) and health systems to consider how they can expand primary care access through greater use of advanced practioners including NPs and PAs, as well as broader team based care models that are supported by proven workforce recruitment, training and retention programs.

11. There was reference the payment model (risk) could be like ACO Reach. Will the state or CMS offer something to help protect the downside risk for providers like they do for ACO Reach?

Apologize for any confusion on that, the point being made was that ACO REACH has many areas of alignment with the NY Waiver and AHEAD, for instance the equity reporting requirement and ability to capture upside savings. The payment models for AHEAD and the Waiver will be different than ACO REACH.