



NY 1115 Medicaid Waiver Amendment and Aligned Programs

CMS approved a \$7.5 billion New York 1115 Medicaid Waiver Amendment on January 9, 2024 that runs through March 31, 2027. This amendment does not have a “DSRIP” component and most money flows through the managed care plans



Health-Related Social Needs (HRSN)

HRSN Infrastructure

\$500 million for Social Care Network formation across key domains:

- Technology
- Development of business or operational processes
- Workforce development
- Outreach, education, stakeholder convening

HRSN Services

\$3.173 billion for increased coverage of services that address HRSN:

- Screening, Housing Supports, Case Management, Nutrition Supports, and Transportation



Medicaid Hospital Global Budgets and AHEAD

Transformation Funding and Alignment with AHEAD

\$2.2 billion transformation funding, \$550M annually, for safety net hospitals in Bronx, Brooklyn, Queens and Westchester only

- 3 years of transformation funding to build “custom roadmap”
- Likely 2027 launch of Medicaid, and potentially AHEAD, global budget

AHEAD is limited to Downstate NY, and the transformation funding is limited only to the eligible safety net hospitals



HERO

\$125M for one HERO



Medicaid Provider Rate Increase

Net increase must amount to **\$199,072,015** by 3/31/27



Workforce

Student Loan Repayment: **\$48.30M**
Career Pathways Training: **\$645.75M** through WIOs



Primary Care Delivery System Model, AHEAD and MCP

Enhanced Monthly Payments for PCMH

\$492 million through a State Directed Payment (SDP)

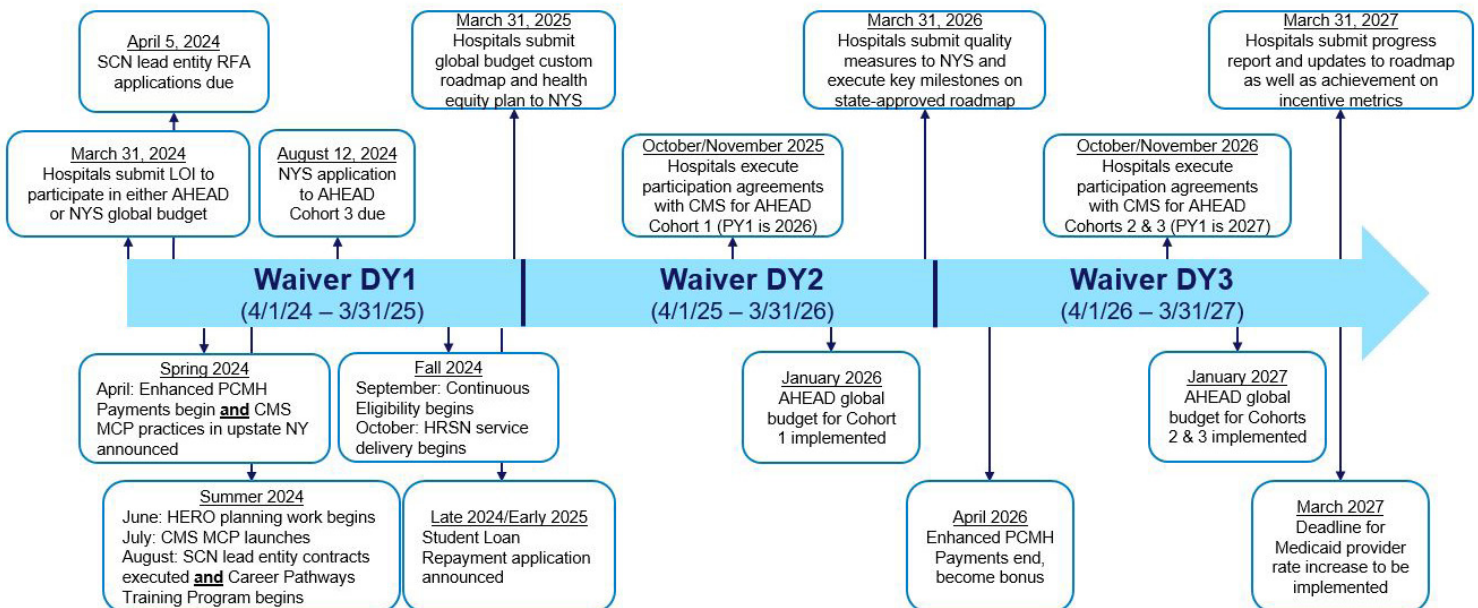
- 2 years of PCMH payment add-on focused on children and VBP transition, after 2 years becomes a bonus
- Existing PCMH payments will not change

Aligned with CMS AHEAD Primary Care and MCP model Enhanced Payments



1332 Waiver Suspends BHP & Extends Essential Plan Forthcoming 1115 Waiver Amendment for Continuous Medicaid/CHP Eligibility Up to 6 Years Old

- 100,000 additional New Yorkers will be eligible for the Essential Plan
- 66,000 (estimated) children will remain enrolled in Medicaid/CHP annually



Success Requirements for New York State Medicaid Waiver and CMS Programs

HRSN Management

- Social Care Network Stand-up, infrastructure build
- CBO readiness assessment and contracting
- Closed loop referral integration with performance reporting and financial modeling
- Global budget hospital, IPA, FQHC, medical group leveraging of HRSN for VBP success

AHEAD & NY State Global Budgets

- Global budget readiness assessment of capabilities, resourcing, capital, and IT
- State required custom roadmap development
- Health equity plan design and implementation
- Network strategy, physician alignment, care model
- Financial modeling for global budget to optimize revenue and understand scenario impacts

VBC Contracting and Performance Including MSSP ACO, ACO REACH

- Strategic & operational alignment across all LOBs and programs
- Maximize payer contract performance
- Improve quality, documentation, total cost of care
- Create a right care, right place, right time network



AHEAD, MCP and NY State Medicaid Primary Care Programs

- Select best fit programs
- Primary care network growth, alignment and panel expansion
- Practice readiness assessment and practice transformation
- Data collection, analysis and reporting
- Care Management, Quality Management, and Credentialing

COPE Health Solutions (CHS) is a national tech-enabled services firm with unparalleled 1115 Medicaid Waiver experience that leverages its deep expertise, proven tools, and processes across key VBP functions for all delivery system stakeholders.

Advisory support

- Gap assessments
- Strategic and operational planning
- VBP cultural, financial and operational transformation
- Payer contracting approach and revenue optimization
- Value-based payment roadmap
- Financial planning and pro formas
- Quality, total cost of care, documentation performance improvement

Implementation

- Physician alignment and network build
- Care model design and Implementation
- Interim management & resourcing
- Contract negotiations
- Workflow redesign
- Provider performance improvement
- PMO services for change management
- Joint operating committee management

Strategic Co-Source

- Co-Manage all or select functions for IPA, CIN, ACO, health plan
- MSO/TPA in a box people, process and technology package
- Implement comprehensive toolkits, templates, platforms, and workflows
- Develop client capabilities under the expertise of accountable leaders and experts
- Transition business operations back to client

Proven platforms and solutions

- Analytics for Risk Contracting (ARC) with Data Analytics as a Service (DaaS)
- ARC integrated Practice Transformation platform for provider performance improvement
- Care Management platform for improving total cost of care and patient engagement with care
- Network optimization analytics for improving access and availability
- Closed Loop Referral platform workflow and data integration

Contact us today to let us know how we can assist you in transitioning to value-based payment