

MRT Waiver Summary

On Monday, August 6th, NYS Governor Andrew Cuomo and NYS Health Commissioner Nirav Shah, MD announced that New York State has submitted a \$10 billion "MRT Waiver" application to the Centers for Medicare & Medicaid Services (CMS). The State hopes that CMS will make a decision on the Waiver by December. The purpose of the Waiver is to continue to implement the initiatives proposed by Medicaid Redesign Team (MRT) by reinvesting part of the \$17.1 billion that New York will save the federal government over the next five years in health system reforms.

With 2.3 million New York residents lacking access to primary care, we are very pleased that the Waiver makes substantial investments in primary care and other initiatives that support patient-centered health care. Here is a summary of each of the Waiver "buckets":

Investing in Primary Care (\$1.25B/5 years)

- Providing technical assistance to achieve integrated systems of care, grow the use of health information technology, better utilize data, and integrate behavioral health;
- Increase primary care provider capacity through capital investment (including debt relief and a revolving capital fund), operating assistance (including resources to co-locate primary care services in emergency departments, integrate behavioral health services and support telemedicine expansion), HIT assistance.

Health Home Development Fund (\$525M/5 years)

- Member engagement via a public education program;
- Workforce training and retention to increase the number of care managers;
- Achieving clinical connectivity via health information technology, including developing the use of a statewide health home provider portal, working with RHIOs and the New York e-Health Collaborative, developing a quality data center and utilization dashboard on the Health Home portal;
- Supporting joint governance, including supporting regional collaboration models.

New Care Models (\$375M/5 years)

- A competitive bid process to solicit ideas for new models (Year 1);
- Grant funding would be provided to successful models, with proof of concept to follow (Years 2 & 3);
- Formal program review in Years 4 & 5;
- Models may include peer services, collaborative care transition improvement, patient navigation and transition assistance, enhancing intensive residential services for substance use disorders.

Expanding Vital Access/Safety Net Programs (\$1B/5 years)

- Safety Net Provider Program: Short term funding (up to 3 years) to achieve facility closures, mergers, integration or reconfiguration;
- Vital Access Provider Program: Up to 5 year financial support to ensure financial stability and advance care reforms;
- Will be open to certain defined eligible providers, based on facility financial viability, community service needs, quality care improvements, and health equity considerations.

Public Hospital Innovation (\$1.5B/5 years)

- For HHC and other public hospitals, including those in City boroughs;
- HHC has own set of specific proposals, including funds for care coordination and management (including ED, inpatient, home care case management), primary care expansion;
- Other public hospitals will be eligible for funding for care coordination and primary care expansion.

Supportive Housing Expansion (\$750M/5 years)

- Capital expansion program (\$75M annually) to create 600 new units annually;
- \$75M annually for supportive housing services including crisis management, care management, relapse management, counseling, landlord-tenant mediation, and linking to community services.

Long Term Care Transformation & Transition to Managed Care (\$839.1M/5 years)

- Nursing home transition funding to address capital investments and needs;
- Capital funding for assisted living programs (\$50M years 1-2 and \$25M in year 3);
- Expanding NYConnects;
- Quality improvement program – State plans to contract with an outside vendor (\$3M/year/5years) to monitor plan behavior and networks;
- HIT support for system integration (\$25M in Year 1, \$50M in Year 2, \$37.5M in Years 3-5)
- Ombudsman program.

Capital Stabilization for Safety Net Hospitals (\$1.7B/5 years)

- Technical assistance to safety net hospital boards (\$10M/year) for hiring of consultants and planners to transition business models;
- Transitional capital (\$125.2M/year) for HIT and other capital investments to transitions systems and update infrastructure;
- Balance Sheet restructuring (\$209M/year), including debt relief for hospitals undergoing transformation, downsizing.

Hospital Transition (\$520M/5 years)

- Purpose is to transform hospitals into effective “outcome based” integrated delivery systems to encourage economies of scale, a focus on quality/outcomes, operational flexibility, progressive governance, HIT structures, and a fully integrated provider network;
- Funding can be used for independent strategic planners to help with network development, expanding access to primary care, participating in Health Homes, and a commitment to HIT.

Workforce (\$500M/5 years)

- Health Workforce Retraining Initiative (HWRI) to focus on PCMH and Health Home needs, long term care services, cultural competence, interdisciplinary education and training, promoting labor-management partnerships, and building career ladders;
- Recruitment and retention incentives for underserved areas, including expanding Doctors Across New York and Primary Care Service Corps, building a Health Workforce Data Repository, and creating regional health workforce information centers.

Public Health Innovation (\$395.3M/5 years)

- Nurse Family Partnership Program expansion;
- Asthma Home-Based Services expansion;
- Diabetes Prevention and Quality Improvement;
- Lead poisoning Prevention;
- Water Fluoridation;
- Healthcare Acquired Infections and Prevention of Sepsis.

Regional Health Planning (\$125M/5years)

- Work with PHHPC to define regions (application identifies ten possible regions) and determine models for regional planning;
- Functions still to be determined;
- Data analysis must support planning activities.

Waiver Evaluation and Program Implementation (\$500M/5 years)

- Evaluations will track the success (or lack thereof) of waiver initiatives, including program monitoring, policy development and analysis, data analytics and creation of systems to track, monitor and post results. The application identified specific evaluations of current MRT initiatives and Waiver proposals and also identifies metrics to be used;
- The Application also describes a comprehensive system of performance measurement that it is developing to apply to the entire health care system (not just government health insurance programs).