



BOARD OF DIRECTORS' MEETING

January 18, 2023

7:30 AM

Microsoft Teams

Draft Meeting Minutes

Directors, Officers, and Trustees: David Shippee – Whitney M. Young, Jr. Health Centers (Chair), Bill Duax – Albany Medical Center (Secretary), Joan Hayner (Treasurer), Julie Bazell – Hometown Health Centers, Jeremiah Benoit, MD – Highmark Western and Northeastern NY, Scott Cohen, MD – Bassett Health Care Network, Julie Demaree – St. Mary's Amsterdam, Craig Dreher – Community Care Physicians, Kevin Gallagher, MD – Hudson Headwaters Health Network, Patty Fusco – Fusco Personnel, Inc., Eric Linzer – New York Health Plan Association, Scott Momrow – MVP, Brian Murray, MD – The Medical Societies of the Counties Ulster & Albany, Charles Welge – Albany County Department of Health

Invited Members of the Public: Howie Architzel – Broadview Federal Credit Union, Mackenzie Boushie – Adirondack Medical Center, Scott Guisinger – Price Chopper Supermarkets, Lyndsay Macagg – Community Health Center of the North Country, Justin Miller – University of Vermont Medical Center, Mihir Raval, MD – New York Oncology Hematology, Josh Retell – St. Peter's Health Partners

Trustee Emeritus: Paul Macielak, Esq., Wouter Rietsema, MD

Hixny Staff: Mark McKinney – CEO, Bryan Cudmore – Vice President, Account Management, Debra Hamway – Vice President, Finance, Taiymoor Naqi – Chief Compliance Officer & Vice President, Privacy & Security

Meeting Commenced: 7: 30 AM

I. Welcome & Chairperson Remarks

Mr. Shippee welcomed all to the meeting and introduced new board members Julie Demaree from St. Mary's Amsterdam and Scott Momrow from MVP.

II. Adopt Minutes from November 15, 2023 Board Meeting

A motion to approve the November 15, 2023 Board Meeting minutes was made by Bill Duax and seconded by Patty Fusco. With no further comments, no opposition, and no abstentions, the motion was unanimously approved.

III. Public Meeting

Mark informed those in attendance that the Medicaid 1115 waiver was released by CMS on January 9, 2024. The waiver period officially begins on April 1, 2024 and expires on March 31, 2027. The waiver has the following main components:

- Health related social need services and activities
- Establishment of a Health Equity Regional Organization (HERO)
- Medicaid Hospital Global Budgets
- Workforce Investments
- Alignment to two CMMI (Center for Medicare & Medicaid Innovation) alternative payment models

The waiver focuses on improving health equity by:



- Investing in HRSN via greater integration between primary care providers and community-based organizations (CBOs) with a goal of improved quality and health outcomes
- Improve quality and outcomes of enrollees in geographic areas that have a longstanding history of health disparities and disengagement from the health system, including through an incentive program for safety net providers with exceptional exposure to enrollees with historically worse health outcomes and HRSN challenges
- Focus on integrated primary care, behavioral health (BH), and HRSN with a goal to improve population health and health equity outcomes for high-risk enrollees including kids/youth, pregnant and postpartum individuals, the chronically homeless, and individuals with SUD (substance abuse disorder).
- Workforce investments with a goal of equitable and sustainable access to care in Medicaid
- Develop regionally focused approaches, including new VBP (value-based payment) programs, with a goal of statewide accountability for improving health, outcomes and equity

The total budget for the waiver project is anticipated to be around \$6 billion and it contains a matching portion that the state must meet to receive full funding. The state, as part of that matching component, will create a health equity regional organization (HERO) that will be responsible for bringing the data together to support community needs planning.

The goal of the HRSN and infrastructure initiative is to promote health equity, reduce health disparities and improve quality while also funding the development of social care networks (SCNs). The state will award one lead entity in each of its thirteen regions to be an SCN. The goal of the SCNs will be to create a network of social service providers to deliver HRSN services. Managed care plans will then contract with the SCNs to organize and deliver HRSN services and pay the state set rates for such services.

The waiver is projected to allocate up to \$100 million in workforce development to help bring sustainability to the challenges being felt currently. Two programs will be created to expand and enhance the states workforce – Workforce Investment Organizations (WIOs) and Career Pathways Training (CPT).

In reviewing the thirteen regions designated by the state for the SCNs, there will be crossover between Hixny and HealtheConnections in the North Country Hudson and Mohawk Valleys. This crossover will require additional coordination, however NYeC has been clear that an SCN will be permitted to work with a single QE regardless of region. The overall goal is for the SCNs to create a network of social care providers and community-based organizations.

Overall, the new waiver aligns well with the initiatives we already have in place along with those identified in our 2024 business plan. One of those focus areas was substance use disorder (SUD). The goals of the plan include:

- Advance care coordination, prescription monitoring and quality improvement
- Increase rates of identification, initiation, and engagement in treatment for SUD
- Increase adherence to and retention in treatment
- Reduce overdose deaths, particularly those due to opioids
- Reduce utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medical inappropriate through improved access to other continuum of care services
- Fewer readmissions to the same or higher level of care here the readmission is preventable or medically inappropriate
- Improve access to care for physical health conditional among beneficiaries with SUD



Hixny's emphasis on integrating PSYCKES into the Snapshot application aligns well with these goals and could have a significant impact on Hixny and how information is accessed in support of related activities.

Many of our organizations are engaged with us already in working to send screening and other data necessary for the waiver. Hixny is and the Healthy Alliance are also engaged in exchanging screening and referral data needed to support waiver activities. The Snapshot application displays referral and assessment data allowing providers to collect the assessments and make referrals in that tool if they don't have other means to do so.

NYeC has given each QE funding to begin the process of submitting assessment and referral data to the data lake with a goal of receiving test data by March 31st. The plan is for NYeC to give each QE test data for each of the QEs to consume, test that data and then share it back with the data lake. Each of the QEs will need to get all data that exists out in the community flowing into the data lake. NYeC is planning to build APIs to enable QEs to retrieve data from the data lake to be exchanged with participants.

NYeC is also tasked with taking the information, aggregating it together with clinical information, identity markers (chronic disease, eligibility info, pregnancy) and what the social and referral assessment information looks like. The expectation would then be that they share that information with the SCNs. Another aspect is who the HERO organization will be and how the data gets shared and/or accessed and then brought together. There were many questions and much discussion on the opportunities the 1115 waiver might have for Hixny.

In addition to addressing health equity, the waiver also includes the implementation of the Advancing All-Payer Health Equity Approaches and Development (AHEAD) model in select regions in NYS. The model contains four main sections which are:

- Hospital global budgets
- Primary care transformation strategy
- Health equity approach
- Multi-payer alignment

To be successful, the AHEAD model will require aggregation of data from clinical and social care providers and from claims data. The waiver initially focuses on Brooklyn, Queens, Bronx, and Westchester counties, so Hixny may play a role in this part of the waiver since we have a significant and important footprint in Westchester County. Hixny is well aligned to support this initiative.

A motion to adjourn the public session was made by Paul Macielak and seconded by Wouter Rietsema, MD.

Public Session Adjourned: 8:07 AM

Respectfully Submitted by:

**Linda Mensching-Quinn
Human Resource & Board Relations Administrator**

NEXT MEETING DATE: March 21, 2024 at 7:30 AM