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## Op-Ed: As New York advances a new Medicaid pilot program, here's what success looks like

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Bloomberg

The state's 1115 Medicaid waiver program has the opportunity to be a national example for successfully implementing social care services into Medicaid, write health care attorney Brett Friedman of Ropes & Gray and Unite Us director Meredith Little.

This month, New York state is kicking off its \$7.5 billion pilot demonstration that expands non-medical Medicaid-funded services across the state to respond to the needs of vulnerable New Yorkers.

This new initiative is a product of a federally approved Medicaid 1115 Demonstration Waiver that allows not-for-profit Community-Based Organizations (CBOs) to extend vital health-related social needs (HRSN) services such as food, transportation, and housing assistance to New Yorkers who are most in need, and receive reimbursement for these services.

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State 1115 Medicaid waivers focused on HRSNs approved in recent years, particularly those in North Carolina, Oregon, and now New York, offer the prospect of stable funding streams to strengthen the capacity of these essential CBOs and integrate them as a lasting benefit within the Medicaid managed care program, contracted networks and care models. More than just dependable revenue streams for CBOs, they represent a lifeline for individuals and families by giving states and the federal government the opportunity to pioneer innovative approaches to delivering integrated medical, behavioral, and social care services and addressing whole person care.

New York has the opportunity to be a national example for successfully implementing social care services into its Medicaid program. Unlike many other states' programs, which are narrower in scope, New York's is a statewide initiative and covers a broad list of vulnerable populations and benefits. The initial pilot demonstration will run for approximately three years to provide a runway to implement and test the effectiveness of the waiver that aims to reduce health disparities in underserved communities across the state.

Whether you are an individual who will benefit from the program or a taxpayer who wants to be sure that non-medical interventions related to housing, food, transportation and enhanced care management are being optimized to improve

health outcomes *and* drive cost savings, this is a process worth paying attention to.

So, what will success look like?

One way to look at the demonstration's potential is to observe success stories in other HRSN 1115 waiver states. [North Carolina's Healthy Opportunities Pilot \(HOP\)](#) used a first-of-its-kind focused trial to demonstrate the efficacy of collaboration among CBOs, health plans, and providers by leveraging shared technology and secure information exchange to coordinate and pay for select non-medical services for high-needs Medicaid enrollees.

Since the pilot launched in North Carolina two years ago, independent evaluations released in April by the University of North Carolina (UNC) found that enrollment in the program reduced emergency department utilization and inpatient hospitalizations. Additionally, the program has lowered Medicaid spending on average by \$85 per month per enrolled patient. Moreover, nearly \$90M has been distributed to community-based organizations who have delivered more than [455,000 services](#) to Medicaid members since the program's inception. In New York, we might measure success using metrics such as rate of screening for unmet social needs, emergency department utilization and in-patient admissions, and impact on total cost of care for Medicaid beneficiaries.

By giving states and the federal government the opportunity to pioneer innovative approaches to caring for the underserved, these types of Medicaid waivers augment the capacity of organizations and providers that are already serving communities and create a lifeline for individuals and families in need. However, these benefits also come with additional oversight to ensure populations are served while costs remain low. The waivers mandate the federal Centers for Medicare & Medicaid Services (CMS) and state Medicaid agencies to conduct rigorous evaluations of state-specific programs that are aimed at better serving their populations in order to inform better federal policies.

For CMS to effectively assess the impact of these types of waiver demonstrations, including healthcare outcomes and costs, it requires regular reporting using comprehensive metrics. States are responsible for gathering standardized data to determine the long-term viability of these programs, which must be "budget neutral" to the federal government under federal law.

By deploying secure referral and payment technology that collects structured data, New York can enhance its data collection on HRSN utilization. This improved data collection will enable New York's Medicaid program to analyze key health equity metrics more effectively, including demographic data that can identify opportunities to better support underserved populations.

With a statewide uniform program, we will have the necessary data to evaluate success and promote a healthier, more resilient New York. With nine Social Care Networks being established across the state, these coordinated care networks can begin serving New Yorkers on an extraordinary scale. Supported by a robust technology infrastructure that leverages data for meaningful outcomes, this new integrated system of care offers the chance to measure true impact. This evidence-based approach holds the promise to transform Medicaid nationwide and enhance the health of the entire population.

*Brett Friedman is a healthcare attorney and partner in the New York City office of Ropes & Gray. Meredith Little is the Medicaid Strategic Director for the East Region at the health care technology company Unite Us.*

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