

# Billions of Dollars for Health Related Social Needs

*How Can Community Based Organizations Get Involved in New York State's 1115 Medicaid Waiver Amendment?*



November 20, 2024

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# Today's Agenda

**Today's Speakers – G. Oberfield (Bond)**

**Introduction and Description of the 1115 Waiver – G. Oberfield (Bond)**

**Infrastructure Readiness – J. Miller (Bonadio)**

- **Compliance Programs – P. Mayer (Bonadio)**
- **HIPAA, HITECH, Cybersecurity – B. Agostinelli (FoxPointe) and C. Salone (FoxPointe)**
- **Cost Structure and Return on Investment – J. Miller (Bonadio)**
- **Fee-for-Service Growth for Community Based Organizations – R. Tabora (Bond)**
- **The Importance of Data Analysis – J. Miller (Bonadio)**

**Panel Discussion on Strategic Positioning – R. Bearden (Bond)**

**Questions and Closing Remarks – G. Oberfield (Bond)**

- **Questions from the Audience**
- **Action Steps**
- **Adjourn**

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# Presenters

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# Introduction and Description of the 1115 Waiver

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# There are nine regional SCN Lead Entities

Coverage area	Lead Entity awarded
<b>Southern Tier</b>	<u>Care Compass Collaborative</u>
<b>Finger Lakes</b>	<u>Finger Lakes IPA Inc</u>
<b>Long Island</b>	<u>Health and Welfare Council of Long Island</u>
<b>Capital Region</b>	<u>Healthy Alliance Foundation Inc</u>
<b>Central NY</b>	<u>Healthy Alliance Foundation Inc.</u>
<b>North Country</b>	<u>Healthy Alliance Foundation Inc.</u>
<b>Hudson Valley</b>	<u>Hudson Valley Care Coalition, Inc.</u>
<b>New York City<sup>1</sup></b>	<u>Public Health Solutions</u>
<b>Staten Island</b>	<u>Staten Island Performing Provider System</u>
<b>Bronx</b>	<u>Somos Healthcare Providers, Inc.</u>
<b>Western NY</b>	<u>Western New York Integrated Care Collaborative Inc.</u>



SOURCE: <https://www.governor.ny.gov/news/governor-hochul-announces-500-million-new-social-care-networks-program-deliver-social-services>

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# SCN Lead Entity Roles



SOURCE: <https://www.governor.ny.gov/news/governor-hochul-announces-500-million-new-social-care-networks-program-deliver-social-services>



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# Populations Eligible for Enhanced HRSN Services

## Eligibility Requirements

Members are eligible for enhanced HRSN services if they meet all of the following:

Are Enrolled in Medicaid Managed Care



Screen positive for an unmet HRSN



Meet criteria for an Enhanced Service Population

## Enhanced HRSN Service Populations include:

- Medicaid high utilizers
- Members with serious chronic conditions and enrolled in health homes
- Pregnant persons, up to 12 months postpartum
- Children under the age of 6 who are at risk
- Children under the age of 18 with a chronic condition(s)
- Post-release criminal justice-involved individuals with chronic conditions, substance use disorder (SUD), or chronic Hepatitis-C
- Juvenile justice-involved youth, foster care youth, and those under kinship care who meet specific criteria
- Individuals with SUD
- Individuals with Intellectual or Developmental Disability (I/DD)
- Individuals with a Serious Mental Illness

Defined clinical criteria will determine the specific enhanced HRSN services to which Members may be navigated.

SOURCE: <https://www.governor.ny.gov/news/governor-hochul-announces-500-million-new-social-care-networks-program-deliver-social-services>

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# KEY QUESTIONS & CONCEPTS

- What Is a Community Based Organization for the Purposes of the Waiver?
  - Is it defined in the RFA materials?
  - Is there a more practical application?
  - Later – a discussion on ‘categories’ led by FoxPointe
- Financial Transformation
  - And how the Waiver shifts funding mechanisms from grants to fee-for-service
- An Integration Focus
  - How CBOs will integrate care addressing social determinants of health into care delivery models



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# Infrastructure Readiness

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# Capacity Considerations

## Data and Analytics

Building Data Capacity that includes data processes and workflows, creation of analytics, and data models



## Revenue Cycle and Contracting

Contracting / Payor Collaboration and engagement  
Billing, reporting, and documentation

## Regulatory and Compliance

Compliance Program in line with HIPAA / HITECH  
Cybersecurity Program that includes risk assessments and testing

## Cost Structure

Understand direct and indirect costs aligning them with services provided under the waiver  
Consider how to structure costs to accommodate both fixed and variable expenses

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# Compliance Programs

Paul Mayer, Executive Vice President

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# Amendments to New York State Social Service Law Section 363-d

- Part of Laws of 2020
- Effective 4/2020
- Fines and penalties effective 1/1/2021 for not having an effective Compliance Program
  - \$5,000/mo. up to 12 months for first offense
  - \$10,000/mo. up to 12 months thereafter

# 18 NYCRR Part 521

- Key dates:
  - First implemented: 2009
  - Finalized and Effective: **12/28/2022**
  - Enforcement: **3/28/2023**

# Required Elements

1. Written Policies and Procedures and Standards of Conduct
2. Compliance Officer
3. Compliance Committee
4. Training and Education
5. Lines of Communication
6. Discipline
7. Auditing and Monitoring

# Significant Changes

1. Required Providers - increased Medicaid revenue threshold for “Substantial portion of business operations” to \$1,000,000 (from \$500,000)
2. Compliance Program documentation retention period
3. Defined “Affected Individuals”
4. Increased Compliance Program applicability to specific risk areas to be addressed
5. Addressed Compliance Officer reporting requirements; requires Compliance Committee and Charter
6. Risk Assessment and Annual Work Plan
7. Training requirements (Topics, Training Plan, Deficit Reduction Act training: fraud, abuse, waste, and Whistleblower statutes)
8. Compliance Program, Policies & Procedures and Standards of Conduct to be reviewed annually
9. Includes detailed Self-Disclosure Program
10. Extensive requirements for Managed Care Organizations

# What We Have Learned from Health Homes and Care Coordination Organizations

- Contractual obligations
  - Read your contracts
- Compliance Program may be “required”
  - If you reach financial levels
- Auditing and Monitoring of records and claims
  - May be required from your SCN lead
  - Required under compliance program regulations
- OMIG audit activity will eventually take place
  - Overpayments identified



# Compliance Programs

- SAFE
  - Scalable
  - Affordable
  - Feasible
  - Enforceable
  - Effective
- Compliance Program should be effective for your organization
  - Implement based on contractual and regulatory requirements
  - Maintain documentation for six years to prove effectiveness
- Even if not a “required” provider, still could be subject to OMIG audit activity.



# FoxPointe Solutions

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## Cybersecurity Expectations for CBOs

Brandon Agostinelli, CISA, Director  
Christopher Salone, CISA, Director

November 2024

# Cybersecurity for CBOs

Cyber compliance will depend on size and complexity. Define your tier.

- Category 1 CBOs: Non-profit, non-Medicaid billing organizations that provide social and human services, such as housing, food banks, and religious organizations.
- Category 2 CBOs: Non-profit organizations that bill Medicaid but provide non-clinical services, like transportation and care coordination.
- Category 3 CBOs: Non-profit organizations that bill Medicaid and provide clinical or clinical support services, licensed by relevant state health agencies



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# General Cybersecurity Protocols for All Categories

- **Data Encryption:** Encrypt sensitive data both at rest and in transit to protect it from unauthorized access.
- **Access Controls:** Implement strict access controls, including role-based access, to ensure that only authorized personnel can access sensitive information.
- **Multi-Factor Authentication (MFA):** Use MFA to add an extra layer of security for accessing systems and data.
- **Regular Security Assessments:** Conduct regular security audits and risk assessments to identify and mitigate vulnerabilities.
- **Incident Response Plan:** Develop and maintain an incident response plan to quickly address and mitigate the impact of any security breaches.
- **Appointing a qualified individual to oversee your program.**



# Category 1 - CBOs (Non-Medicaid Billing, Non-Clinical Services)

- Basic Cyber Hygiene: Ensure that all systems are updated with the latest security patches and antivirus software.
- Employee Training: Provide regular cybersecurity training to staff to recognize phishing attempts and other common threats.



## Category 2 - CBOs (Medicaid Billing, Non-Clinical Services)

- Enhanced Data Protection: Implement more advanced data protection measures, such as intrusion detection systems (IDS) and data loss prevention (DLP) tools.
- Compliance with HIPAA: Ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) for any health-related data handled.



## Category 3 - CBOs (Medicaid Billing, Clinical Services)

- **Advanced Security Measures:** Deploy advanced security measures like endpoint detection and response (EDR) and security information and event management (SIEM) systems.
- **Regular Penetration Testing:** Conduct regular penetration testing to identify and address potential security weaknesses.
- **Comprehensive Compliance:** Maintain comprehensive compliance with HIPAA and other relevant healthcare regulations (HITRUST, NY SHIELD, etc.), ensuring that all clinical data is securely managed and protected.



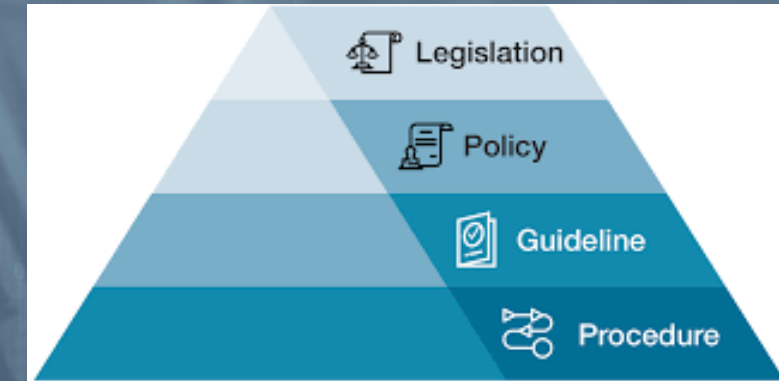
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# Your Assurance Framework

## Policy Framework

- Five Key Areas
  - Policy: What does it cover
  - Purpose: What are you accomplishing
  - Scope: What does it cover
  - Audit: Who will measure the controls and when
  - Sanction (can be its own policy)
- Reasonable to your organization
  - Complexity
  - Regulatory
  - Vertical





# Your Assurance Framework

## Risk Assessment as a Key Control

- Must be an accurate and thorough assessment of all protected data, no matter where it is interacted with
- Identify the following:
  - Purpose of the assessment.
  - Scope of the assessment.
  - Assumptions and constraints associated with the assessment.
  - Sources of information to be used as inputs to the assessment.
  - Risk model/framework and analytic approaches (NIST SP800-30r1, NIST CSF, CIS, Regulatory Specific) to be employed during the assessment.
  - Repeated annually and at any material change



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# Data Protection Tools

- Acceptable Use
  - What can users do?
  - What shouldn't they do?
  - Must be acknowledged annually.



# Data Protection Tools

- Data Inventory, Retention, and Destruction
  - Who, What, How is information protected.
  - Data governance documented in policies.
  - Ensure organizational applicability, and meeting laws and standards.
  - Electronic and hardcopy documents.
- Audit all file locations, File shares, Applications, Portable devices (BYOD Too!), Third Parties
- Interview SMEs
- Interview IT
- Cross reference data type to Laws and Retention



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# Data Protection Tools

- Documented Vendor Management Program
  - VM Policy
  - Vendor Risk Ranking
  - Roles and Responsibilities
  - Acceptable third-party assessments
- Risk Assessments
- Appropriate vendor contract language
- Onboarding and Annual Due Diligence Audits
- Service Level Agreement Compliance

**Fourth parties too!**



# Data Protection Tools

- Incident Response Plan
  - Have a documented plan
  - Use experts when in doubt
  - Have an Attorney available
  - Test the plan at least annually
  - Require third parties to have a plan
  - Breach reporting should be included in your annual IRP testing



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# Cost Structure

Jonathan Miller, CPA, Partner

November 20, 2024

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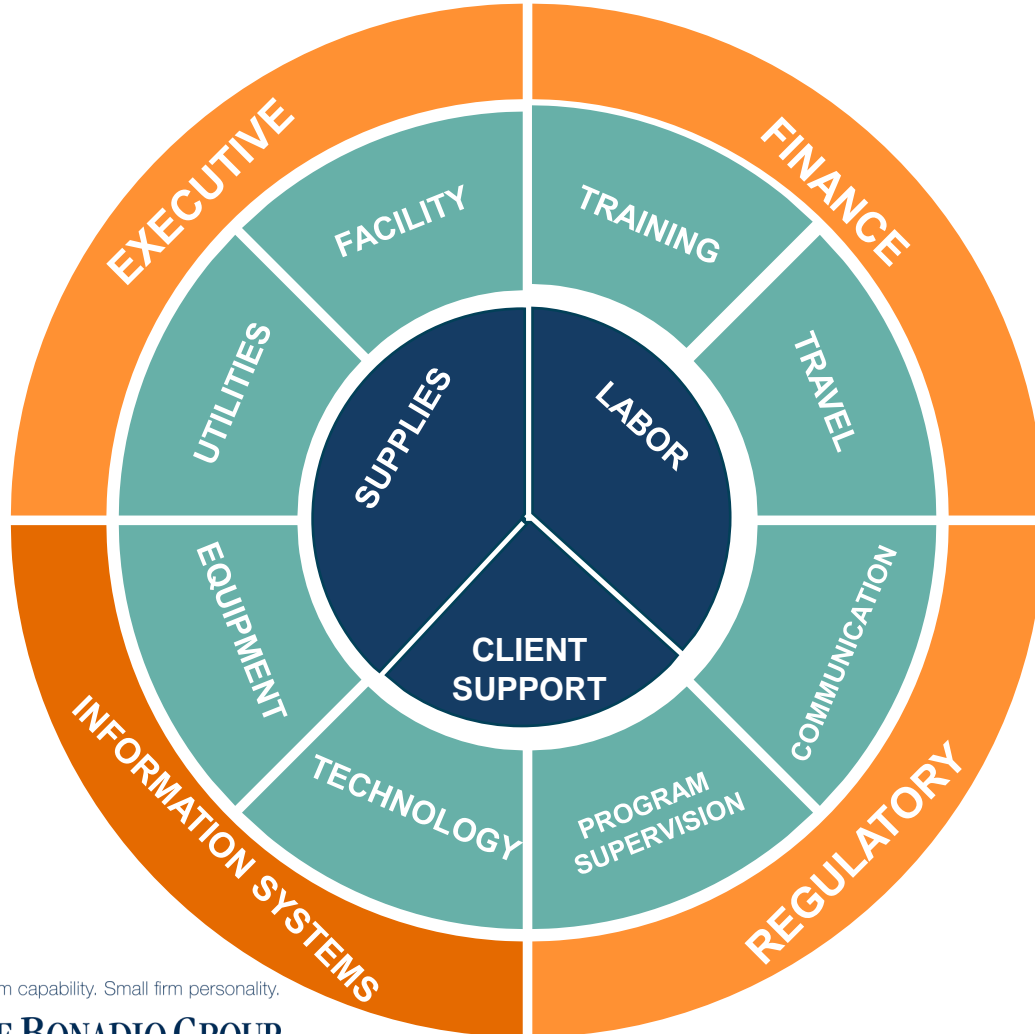
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# Cost Structure

Need to Understand Your Cost Structure



## General and Administrative

Expenses necessary for the overall functioning and management of an organization but not directly tied to specific programs or services. These costs support the infrastructure and operational backbone, enabling the organization to run efficiently and maintain compliance, governance, and strategic oversight.

## Indirect Program Costs

Expenses that support program activities but cannot be directly attributed to a single program or service. These costs help sustain multiple programs by providing necessary resources, infrastructure, and support functions that enable program delivery.

## Direct Costs

Expenses that can be specifically attributed to a single program or service within an organization. These costs are directly tied to the delivery of services, making them essential to achieving program goals and measurable outcomes.

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# Optimizing Cost Drivers

Key Strategies to Control Costs and Enhance Program Efficiency

## Enhance Cost Accounting

Need to understand where the cost resides and what its driver is.



## Benchmarking

Compare costs with industry standards.



## Regular Cost Reviews

Keep spending aligned with program goals through periodic assessments.



## Efficiency Metrics

Track key metrics like cost per client and productivity..



## Technology for Cost Tracking

Leverage software to gain real-time expense insights.



## Cross-Functional Collaboration

Collaborate across departments for innovative cost solutions.



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# Maximizing Value within Budget Constraints

Aligning costs with client outcomes and reimbursement limits for sustainable impact.



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# Fee-for-Service Growth for Community Based Organizations



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# Data and Analytics

Owning your data and results.

You want to be in a position you are in control of your data and your narrative.



## Set Key Performance Indicators (KPIs)

Identify measurable indicators aligned with program goals, such as client satisfaction, service utilization, and health outcomes.



## Implement Outcome Tracking Systems

Use software or dashboards to track outcomes in real-time.



## Analyze Data for Continuous Improvement

Review data regularly to identify trends, strengths, and areas for improvement.



## Report Impact and ROI

Document and share outcome data with stakeholders to demonstrate the program's value.

# Panel Discussion

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# Questions / Closing Remarks

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# Questions from the Audience?

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# ACTION STEPS



- Accessing technical assistance
- Understanding performance metrics
- Exploring partnerships (including with payors)

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