

# NY STATE OF HEALTH HEALTH EQUITY PORTFOLIO

## OVERVIEW

Over the past few years NY State of Health, New York's official Health Plan Marketplace, has laid the groundwork to better understand and address existing health inequities in New York. We believe that grounding our efforts in health equity can help to reduce the number of uninsured New Yorkers, expand access to health care services, and

improve health outcomes for all New Yorkers. Past and current projects include improving data collection and quality so that we can better understand existing inequities in health outcomes as well as incentivizing advancement in Social Determinants of Health (SDOH) and Behavioral Health (BH) screening and interventions.

## AVENUES FOR CHANGE

At NY State of Health, there are multiple avenues for addressing health inequities including the Annual Plan Invitation, the Essential Plan Quality Incentive Pool, the NY State of Health consumer facing application, and systematic Eligibility and Enrollment processes. Each of these opportunities are described in this report.

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## PLAN INVITATION

NY State of Health's annual "Invitation and Requirements for Insurer Certification and Recertification for Participation" (Plan Invitation) lays out the requirements for issuers offering Qualified Health Plans (QHPs), Stand-Alone Dental Plans (SADPs) and Essential Plans (EPs) to be offered on NY's marketplace. Through the Plan Invitation, NY State of Health can shape requirements to include changes to benefit offerings, cost, and quality.

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## ESSENTIAL PLAN QUALITY INCENTIVE POOL

The Quality Incentive Pool (described in further detail in the report) offers bonus points to incentivize providers to focus on health equity related initiatives such as social determinants of health screening, race and ethnicity data completeness, and surveying access to behavioral health care.

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## NY STATE OF HEALTH CONSUMER FACING APPLICATION

Changes to the consumer-facing application, such as how NY State of Health asks consumers about their race and ethnicity, can contribute to health equity efforts.

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## SYSTEMATIC ELIGIBILITY AND ENROLLMENT PROCESSES

Changes to the process for applying and determining eligibility and changes to eligibility levels can increase the number of New Yorkers enrolled and retained in health insurance and reduce gaps in coverage.

# CURRENT HEALTH EQUITY INITIATIVES

The following interventions are currently underway within NY State of Health.

- 1 [Health Equity Workgroup](#)
- 2 [Increasing the Affordability of NY State of Health Insurance Options](#)
- 3 [Eliminating Cost-Sharing for Chronic Conditions](#)
- 4 [Quality Incentive Pool](#)
- 5 [Increased Investments in Behavioral Health](#)
- 6 [Preparing for Climate Change](#)
- 7 [Overdose Prevention Support for Essential Plan Enrollees Pilot Program](#)
- 8 [Reduce Barrier Costs for Pregnant Patients](#)
- 9 [Social Determinants of Health and Behavioral Health Grant Program](#)
- 10 [Monitoring and Understanding Potential Racial and Ethnic Biases in Healthcare Algorithms](#)

# 1

## HEALTH EQUITY WORKGROUP

NY State of Health (NYSOH) convened a workgroup beginning in September 2023 to bring stakeholders together to identify, analyze, understand, and recommend potential strategies to address health inequities in EP and QHPs, and to contribute to ongoing efforts to make New York a more equitable health landscape.

The Health Equity Workgroup contributed to many of the health equity initiatives detailed in this memo. Most significantly, members of the workgroup provided vital context, background, and input for the maternal health interventions and the cost-sharing reduction interventions. The workgroup also championed the changes to the plan invitation to include the Artificial Intelligence (AI) provision.

While we are unable to implement all the initiatives as suggested by the workgroup, their insight has been invaluable in shaping the future of our health equity work. We look forward to continuing to consult this group as we add to our health equity work.

At the outset of the workgroup, members were briefed on the main avenues for change in the marketplace. This added context allowed workgroup members to understand how to effect change within the scope of NY State of Health.

The workgroup began in September 2023 and met a total of 5 times for its first iteration. As of May 2024, the workgroup has completed its first round of meetings and will reconvene on an ad hoc basis.

### MEMBERSHIP

The workgroup is comprised of 15 members, including internal and external experts in maternal health, behavioral health, and quality data as well as providers, advocates, and community health leaders.

NYSOH appointed an expert in health equity, Dr. Michelle Morse, to chair the workgroup. Dr. Michelle Morse is an internal medicine and public health doctor. She serves as the inaugural Chief Medical Officer and Deputy Commissioner for the Center for Health Equity and Community Wellness (CHECW) at the NYC Department of Health and Mental Hygiene (NYCDOHMH) where she leads the agency's work in bridging public health and health care to reduce health inequities, guides CHECW's place-based and cross-cutting health equity programs, and serves as a key liaison to clinicians and clinical leaders across New York City.

This workgroup was inspired by the efforts of the [DC Health Benefit Exchange Authority Social Justice and Health Disparities Working Group](#), which was established in 2021 to study and develop recommendations for actions that may be taken to remedy health inequities and secure a healthier future for the District of Columbia.

# HEALTH EQUITY WORKGROUP MEMBERS

- Dr. Michelle Morse  
*NYC Dept. of Health and Mental Hygiene) – Workgroup Chair*
- Duncan Maru  
*NYC Dept. of Health and Mental Hygiene*
- Elisabeth Benjamin  
*Community Service Society*
- Immanuel Day  
*Jericho Road Community Health Center*
- Joel Dankwa  
*Department of Financial Services*
- Dr. Jonathan Jimenez  
*NYC Health + Hospitals*
- Lauri Cole  
*NYS Council for Community Behavioral Healthcare*
- Dr. Machelles Allen  
*NYC Health + Hospitals*
- Mara McCoy  
*NYS Department of Health; NY State of Health*
- Orlando Reboredo  
*Community Health Care Association of New York State*
- Paloma Luisi  
*NYS Department of Health; Office of Health Services Quality and Analytics*
- Peter Newell  
*United Hospital Fund*
- Tashi Chodon  
*Bronx Community Health Network*
- Tina Kim  
*NYS Department of Health; Office of Health Equity and Human Rights*
- Dr. Torian  
*Easterling Interfaith Medical*

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# INCREASING THE AFFORDABILITY OF NY STATE OF HEALTH INSURANCE OPTIONS

### ELIGIBILITY EXPANSION

NY State of Health is expanding Essential Plan eligibility to 250% of the Federal Poverty Level (FPL), including the Deferred Action for Childhood Arrival Population (2024).

**250%**  
FPL

New York will offer new health insurance subsidies to New Yorkers enrolled in Qualified Health Plans up to 400 percent of FPL to ensure more people have access to affordable insurance coverage (2025).

**400%**  
FPL

### HEALTH INSURANCE SUBSIDIES

### 3

## ELIMINATING COST-SHARING FOR CHRONIC CONDITIONS

### ELIMINATING COST-SHARING FOR DIABETES (EP AND QHP)

All NY State of Health certified QHPs and EP Plans (excluding catastrophic coverage) will eliminate cost-sharing for Diabetes, including (where applicable) deductibles, co-insurance, and co-payment, for medical care, prescription drugs, supplies, diagnostics, and related services for Diabetes. Type 2 Diabetes disproportionately impacts people of color. This proposal is intended to help improve the health of New Yorkers and help to close the health equity gap related to chronic conditions.

#### **COST-SHARING WILL BE ELIMINATED FOR:**

- Office visits
- Laboratory work and testing
- Pharmaceuticals
- Other supplies and services

### ELIMINATING COST-SHARING FOR DEPRESSION AND HYPERTENSION (EP)

New York will also eliminate cost sharing for depression and hypertension in the Essential Plan.

### 4

## QUALITY INCENTIVE POOL QUALITY INCENTIVE POOL BONUS POINTS - 2024

**Questionnaire on Barriers and Interventions in Mental Health & Behavioral Healthcare.** NY State of Health is committed to improving the quality of care and access to services for members with mental and behavioral health needs. As part of this effort, additional measures related to mental health and substance abuse disorders have been incorporated into the EP Quality Incentive for the reporting year 2023 and 2024.

Plans can earn 2.5 bonus points by completing a detailed questionnaire, which looks at barriers to care by identifying the challenges in delivering services to EP members with chronic mental health and behavioral disorders or experiencing an acute episode and plan's work to develop interventions in behavioral health, including outreach efforts, current/ planned interventions to grow the plan's network, and data on other structural issues.

**NY STATE OF HEALTH COLLECTS DATA FROM PLANS ON:**

The numbers of behavioral health providers (existing and new) that are listed, accessed and unavailable, and the total number of members, by category of behavioral health provider and by region

The size of membership by provider, specifically the number of visits by EP enrollees by behavioral health provider type in the past year

Information about credentialing requirements of behavioral health providers

The behavioral health providers leaving the network by category of BH provider and by region

The numbers of behavioral health providers who speak other languages

Prior authorization and current review requests and adverse determination notices

Efforts underway including outreach and education, to increase provider network, and to improve accuracy of provider network data

**Health Disparities Implementation Plan.** In addition to the bonus points available for the Questionnaire on Mental Health and Behavioral Health, plans can earn 2.5 bonus points by achieving 80% completeness in race and ethnicity data and reporting 99% of the member’s cost-sharing tier, also known as the plan category, in the patient-level detail file. Each plan received a Race and Ethnicity Report Card, detailed below, in Spring 2024. Plans will only receive all 2.5 points for their 2023 submission if all inconsistencies identified on this report card have been rectified and the 80% race and ethnicity data completeness target is hit.

**RACE AND ETHNICITY DATA REPORT CARDS**

Having complete race and ethnicity data is critical to being able to measure disparities in care and quality outcomes. For reporting year 2022, the Quality Assurance Reporting Requirements (QARR) set the target at 80% completion for race and ethnicity.

NY State of Health generated Race and Ethnicity Data “Report Cards” that were sent out to each individual plan in April 2024. These report cards compare each individual plan’s current race and ethnicity completeness level against the proposed target and look for inconsistencies in reporting across the Patient Level Detail File and National Committee for Quality Assurance in plan-reported data.

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## INCREASED INVESTMENTS IN BEHAVIORAL HEALTH

Under the newly authorized 1332 Waiver, NY will invest in programming to increase access and retention in behavioral health care.

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## OVERDOSE PREVENTION SUPPORT FOR EP ENROLLEES PILOT PROGRAM

NYSOH is collaborating with the NYS DOH AIDS Institute Office of Drug User Health to pilot a recovery support and harm reduction program (program under development for mid-2025 start date). The program will be piloted at two high performing harm reduction clinics (one in Manhattan and one in Ithaca).

The program will provide financial incentives to Essential Plan enrollees enrolled in treatment at these two harm reduction clinics. They will receive incentives at various points of treatment (e.g. 30 days, 60 days, etc.) to encourage continued program participation. The harm reduction centers will also receive incentives for every client retained at these same benchmarks. Incentives provided to enrollees must be used for SDOH-related services, like transportation tokens, food vouchers, etc., while incentives provided to the agency must be reinvested in the treatment program.

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## PREPARING FOR CLIMATE CHANGE

Asthma affects 14% of New Yorkers and is the reason behind over 100,000 emergency department visits in New York every year. Asthma is also much more prevalent among low-income communities and communities of color. People with asthma are more susceptible to the growing public health risks associated by climate changes such as heat waves and wildfires.

The Essential plan will add coverage in 2025 for the purchase, delivery, and installation of air conditioners for members whom asthma poses a significant medical risk.



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## REDUCE BARRIER COSTS FOR PREGNANT PATIENTS

Even for New Yorkers with robust health insurance coverage, co-pays and other cost-sharing are significant barriers that prevent pregnant and postpartum individuals from getting the care they need. While the approximately 7 million New Yorkers on Medicaid already benefit from low to no cost-sharing, approximately 1.3 million New Yorkers enrolled in the Essential Plan and Qualified Health Plans still face some cost barriers to accessing routine pregnancy-related care.

To further ensure that cost is not a barrier to accessing the care New Yorkers need to have a healthy pregnancy, the State will eliminate cost-sharing for pre-natal and postpartum pregnancy-related care (with the exception of inpatient hospital) in both the Essential Plan (2024) and Qualified Health Plans (2025). The Essential Plan will also add coverage for doula services starting in October 2024.

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## SDOH AND BEHAVIORAL HEALTH GRANT PROGRAM

Complementing New York’s recently approved Medicaid Demonstration waiver, the Essential Plan State Innovation waiver seeks to address social determinants of health through grants in the following focus areas:

Food services, including medically tailored meals, food pharmacies, and personalized coaching

Knowledge sharing, including provider training on mental health services and social determinants of health

Building and training a workforce of Community Health Workers (CHWs)

The waiver seeks to improve behavioral health for Essential Plan enrollees through grants in the following focus areas: behavioral health services, including mobile crisis units, crisis diversion centers, crisis respite centers, and credentialing costs for behavioral health professionals.

## MONITORING AND UNDERSTANDING POTENTIAL RACIAL AND ETHNIC BIASES IN HEALTHCARE

While AI can be a helpful tool in advancing health equity, existing algorithms can contribute to existing health disparities for certain populations based on race, ethnicity, gender, age or other demographic factors. Given that healthcare algorithms used by health plans assess medical necessity or pre-authorization may include racial or ethnic biases, NY State of Health added a requirement to the Plan Year 2025 Plan Invitation for all issuers in the marketplace to develop, implement, and maintain written policies that address, document, and manage AI risks, potential negative impacts, and center a health equity-focused review.

## AREAS OF INTEREST FOR FUTURE CONSIDERATION

The following section details potential interventions for consideration in the future, many of which were suggested by the Health Equity Workgroup.

### MEDICAL DEBT

Data show disparities in medical debt throughout New York State across geographic region, race and ethnicity, income, and other demographic characteristics. The burden of medical debt is associated with poorer physical and mental health and can prevent individuals from receiving the care they need.

To better protect New Yorkers from medical debt, the 2025 Enacted budget updated and expanded New York's hospital financial assistance law. This legislation protects low- and moderate-income New Yorkers from medical debt lawsuits by prohibiting hospitals' ability to sue patients earning less than 400 percent of the Federal Poverty Level (\$120,000 for a family of four). It also expands hospital

financial assistance programs for low-income New Yorkers, limits the size of monthly payments and interest charged for medical debt, prohibits the denial of admission or denial of treatment for services that are reasonably anticipated to be medically necessary because the patient has an unpaid medical bill, and implements other protections to improve access to financial assistance and mitigate the deleterious effects of medical debt on New Yorkers.

The workgroup suggested expanding state premium assistance for low- and moderate-income New Yorkers to help decrease medical debt. This suggestion aligns with some of the initiatives included in the 2025 NY State of Health Plan Invitation.

## COVERAGE EXPANSION

Inadequate health insurance coverage is one of the largest barriers to health care access, particularly for immigrant populations. Lack of insurance coverage negatively impacts health as uninsured adults may delay or forgo needed care.

To address these issues, the workgroup suggested :

- Expanding affordable coverage options to non-citizens.
- Conducting regular, targeted outreach and marketing to build relationships with immigrant populations and combat mistrust of the health care system.

## MONITORING AND UNDERSTANDING POTENTIAL RACIAL AND ETHNIC BIASES IN HEALTHCARE ALGORITHMS

In addition to the changes made to the 2025 Plan Invitation detailed above, **the workgroup suggested:**

- Requiring health plans to conduct annual audit of their clinical decision support tools and algorithms to identify biases in clinical decision making for racial and ethnic minorities. Health plans must submit their findings and corrective action plans as necessary.
- Encouraging transparency from health plans in their use of clinical algorithms.
- Partnering with existing social innovation tools that help connect individuals seeking care with recommended providers (ex: The [IRTH app](#) allows for birthing people who have received pre- or postpartum care to anonymously rate their experience).
- Utilizing AI tools to assist consumers in health plan selection.
- Instituting incentives for issuers eliminating clinical algorithms that misuse race.

## EXPAND ACCESS TO PROVIDERS AND SERVICES

Having insufficient or inadequate provider networks can leave enrollees with limited or no options for care that are close by, affordable, and offer quality care. **To ensure that plans offered through the Marketplace serve the needs of enrollees, the workgroup recommended:**

- Strengthening measures to ensure network adequacy and access to quality services for all plans, with a focus on communities of color where current access metrics are lagging.
- Adding race and ethnicity as an optional field on provider search functions to allow for communities of color to seek racial concordance in their providers.

The IRTH app is intended to serve as a “Yelp-like” platform for the pregnancy and new motherhood journey, made for and by people of color. The app has doctor and hospital reviews for prenatal, birthing, postpartum, and pediatric care.

## MATERNAL HEALTH

The rate of pregnancy-related death is far too high in New York State, especially among racial and ethnic minorities and particularly among Black pregnant persons. To support birthing persons before and after pregnancy, the workgroup recommends:

### DURABLE MEDICAL EQUIPMENT

- Creating a standing order to supply prenatal and postpartum mothers with durable medical equipment (DME), like electronic blood pressure cuffs in 2025, breast pump, and menstruation supplies without prior authorization.
- Supplying or reimbursing Doulas, CHWs, and Home Visit Nurses with postpartum DME.

### HOSPITALS

- Provide training/ education on taking blood pressure and what symptoms mothers should look out for to catch any serious health concerns early after discharge.
- Work with payers to provide postpartum DME packages containing blood pressure cuff, breast pump, and pads before mom leaves the hospital.
- Refer mothers to community resources such as income assistance, housing assistance, food assistance, education and career assistance, insurance and prescription assistance, or other social services as needed to address social determinants of health.

## CONSUMER EXPERIENCE

Learning from consumers is a critical part of improving our service offerings.

### The workgroup recommends:

- Conducting surveys and/ or focus groups to better understand consumer behavior.
  - Survey consumers on their decision-making regarding plan selection and why they choose one plan over another.
  - Conduct focus groups with assistors to learn their perspective on trends in plan selection, as almost 75% of applicants utilize assistors, navigators, or brokers to apply.
- Establishing a consumer advocacy group to provide input on a wide range of issues, including:
  - Patient rights and protections.
  - Healthcare affordability and accessibility.
  - Quality of care and patient safety.
  - Health insurance coverage and transparency.
- Healthcare policy and legislation.
- Medical billing practices and transparency.
- Pharmaceutical pricing and access to medications.
- Healthcare provider accountability and transparency.
- Health information privacy and security.
- Healthcare disparities and equity issues.
- Continuing to conduct secret shopper studies for all Marketplace plan options on an annual basis.
  - Studies should analyze both provider availability and access to timely care.
  - Utilize study results to implement corrective action plans for issuers.
  - Share aggregate scoring and results with the public.

## BEHAVIORAL HEALTH

Following the COVID-19 pandemic, mental health and behavioral health issues are on the rise. Data shows that racial and ethnic minorities and immigrants often have higher behavioral health needs and lower access to quality care.

**To address this growing problem, the workgroup recommends:**

- Improving surveillance, access, and initiation of substance use treatment, and the initiation and engagement of alcohol and other drug dependence treatment.
- Looking at quality and outcomes data to see trends in behavioral health care across different demographic groups and geographic regions.

## TRANSPARENCY IN DATA AND REPORTING

The workgroup recommended increasing data transparency and reporting to help consumers make informed choices when selecting a plan.

**Suggestions include:**

- **Publishing race and ethnicity stratified healthcare quality and outcome measures at a plan/ issuer level.**
- **Transparency around race and ethnicity data collection as well as social determinants of health data and interventions.**
  - **We would provide issuers advance notice of our intent to publish these data and provide an opportunity for review.**
- **Updating the NY consumer guide to include NYSOH quality data as well as information on appeals and complaints and make it available to consumers at the point of enrollment. This could benefit consumers by providing a “one-stop” guide for understanding plan quality.**
- **Increased transparency on network adequacy and how the state reports its plans’ findings.**

# HEALTH EQUITY PORTFOLIO CONCLUSION

NY State of Health is committed to analyzing and addressing racial health disparities in the marketplace and across the State of New York. We intend for the work we have done to date through the 1332 Waiver, Health Equity Workgroup, and other initiatives to be part of a larger effort to improving health outcomes for all New Yorkers. NY State of Health is grateful to all the workgroup members for their input, expertise, and feedback. We look forward to continuing to work together on these important initiatives.