Introduction to WNY Integrated Care

WNY Integrated Care COLLABORATIVE

Better Health with Integrated Care.

Integrated Care – Mission and Vision

Mission: Better Health with Integrated Care.

Our service-provider network produces **better health** outcomes and quality of life by providing comprehensive, cost-effective, community-based **integrated care**.

Vision: To represent community-based organizations in providing sustainable, high-quality integrated business models for community-based programs and services proven to address social determinants of health.

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Community Care Hub

Award-winning Business Model

- Better Quality of Life
- Improved Outcomes
- Reduced Healthcare Costs

WNYICC.ORG

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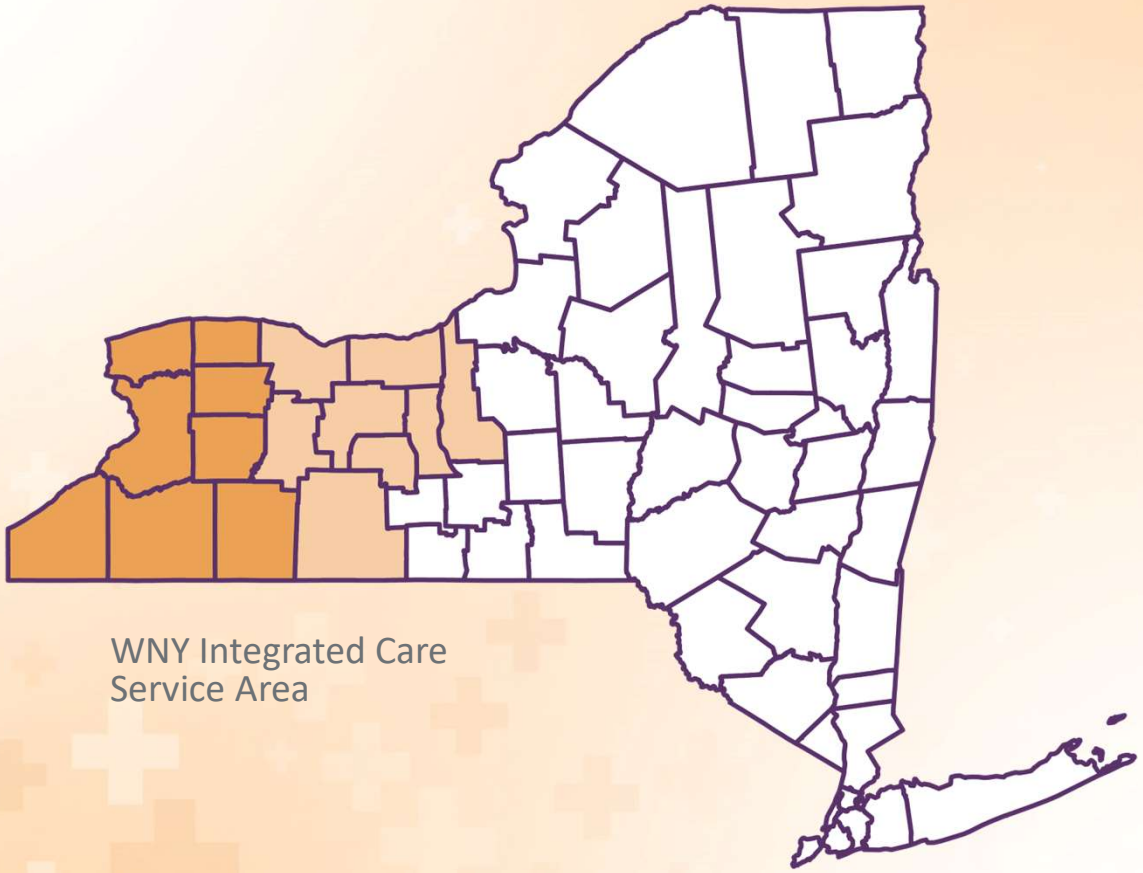
Integrated Care

130+ Network Members

- 9 County-based AAAs
  (Area Agencies on Aging)
- 2 Independent Living Centers
- 3 County-based Health Departments
- 100+ Non-profit CBOs
  (Community-based Organizations)



WNY Integrated Care
Service Area

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Integrated Care's Evolution

1
2014-2015
-2 AAAs and 7 CBOs participated in ACL Business Acumen Learning Collaborative;

2
2016
- Incorporated as 501c3 non-profit corporation with 9 Voting Members

3
2017-2018
- Grant from Health Foundation of Western Central NY
- Hired 1st staff (N. Kmicinski)
- Became Medicare provider
- Executed contract for DPP/DSMES

4
2019-2020
- Contracts for Healthy IDEAS, Community Health Coaching, Meals

5
2021-2022
- 52 Network Members; 75% contracted to provide services.
- Contracts for Falls prevention and Caregiver Support

6
2023-2024
- Awarded John A Hartford Business Innovation Award
- Featured in White House Playbook to Address SDOH
- Awarded 1 of 9 Social Care Networks in NYS 1115 Waiver

7
2025
- Launching Social Care Network in Western NY.
- 120+ Network members and growing

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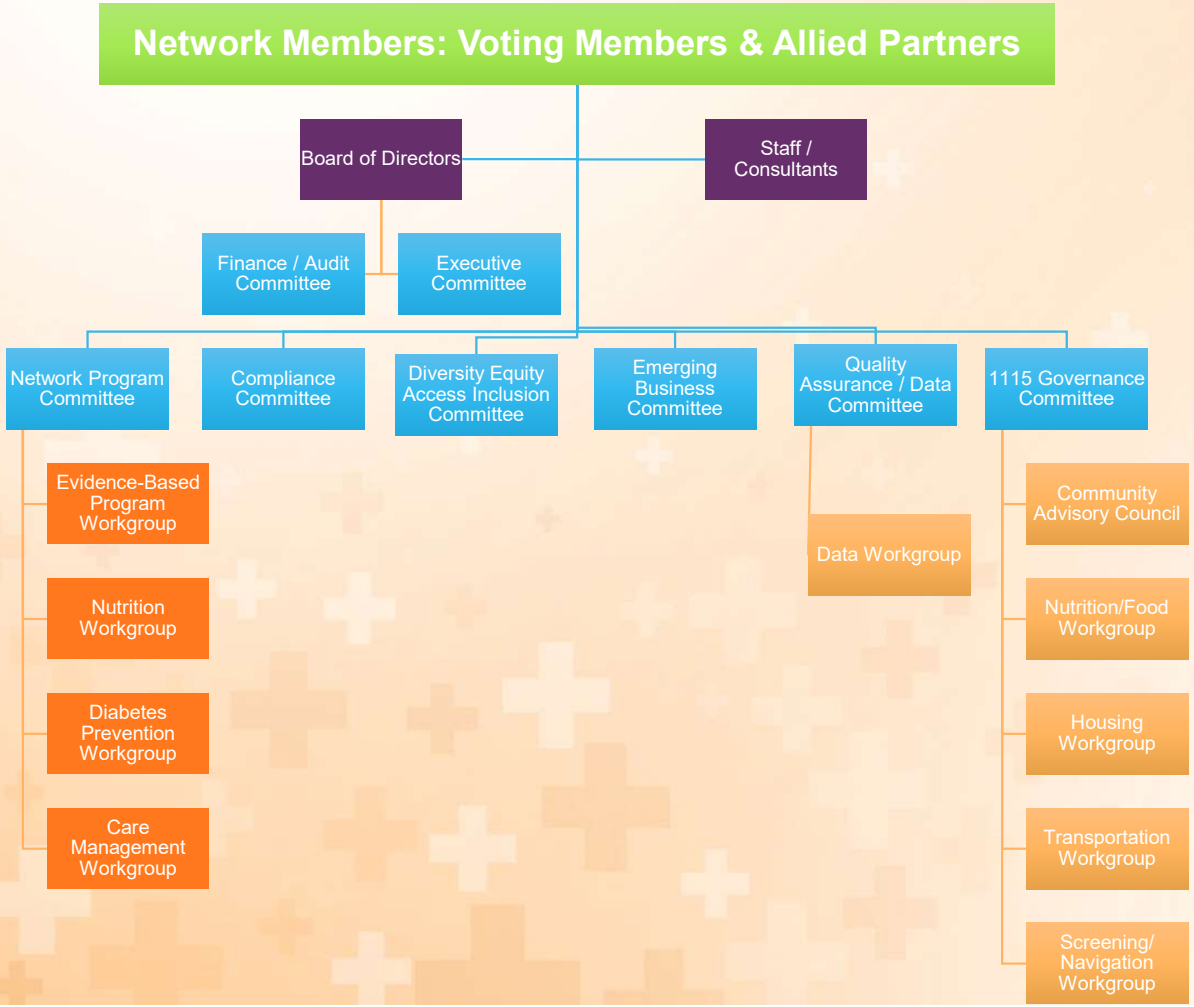
Integrated Care Governance

For a Complete List of our
Network Members please visit our website:
https://www.wnyicc.org/Network-Members



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Integrated Care's Role in the Network

Advocacy	**Administrative Role and Network Strategy**	**Billing and Invoicing**	**Contracting and negotiations with health plans and payers**
Compliance	**Credentialing / Licensing**	**Reporting and data analysis**	**Medicare Supplier / Provider** **Medicaid Supplier**
Network Collaborations and Engagement	**Outreach and Referral Processing**	**Technical Support and Health IT portal**	**Training Academy**

www.wnyicc.org

Integrated Care – Benefits of Network Membership

Advocacy for CBOs and Network Members;
Pulse on national, state, local trends & policies

Strategy development to support Network

Health IT Portal and data reporting

Referrals to Programs

Compliance and Quality Assurance

Regional Coordination & Network Engagement

Free To Join

www.wnyicc.org

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Integrated Care – Benefits of Network Membership

Free trainings through Integrated Care Training Academy

Earned revenue / Sustainability

Billing and Claims Submission

Ability to enter contracts with health care entities

Contracting / Negotiations on behalf of Network

Shared Services

Technical Assistance

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Integrated Care - Programs with Health Plan Contracts

Program
Post-Discharge Meal Delivery Program
Community Health Coaching
Healthy IDEAS
Falls Prevention
Caregiver Support
Diabetes Prevention Program
Diabetes Self-Management Training
Medical Nutrition Therapy
Housing Supports and Navigation
Nutrition & Food Supports
Transportation to HRSN Services
Navigation and Enhanced Social Care Management

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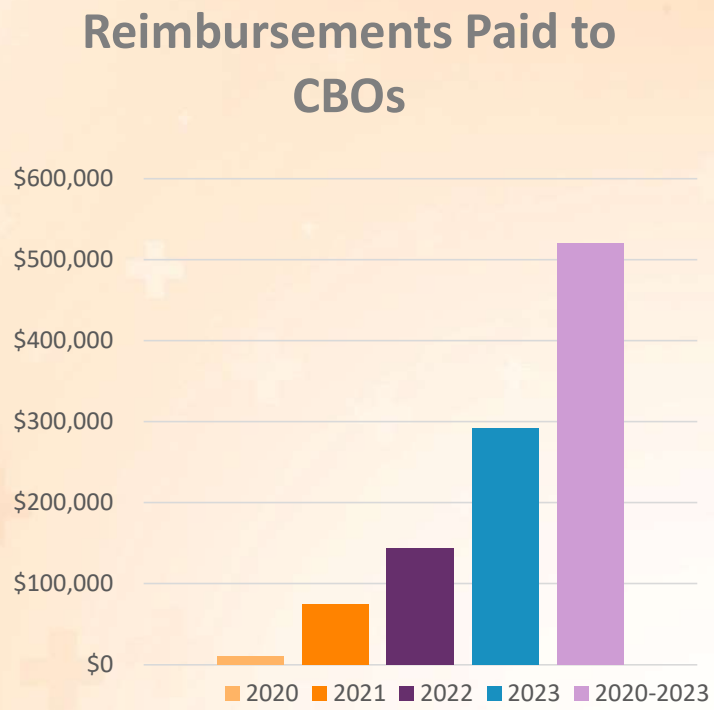
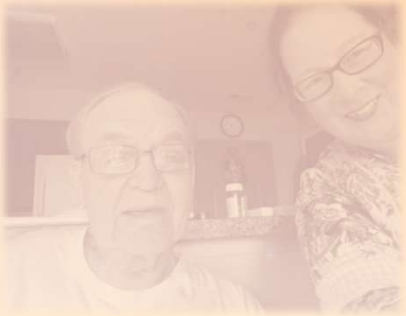
Integrated Care – Reimbursements to Delivery Partners

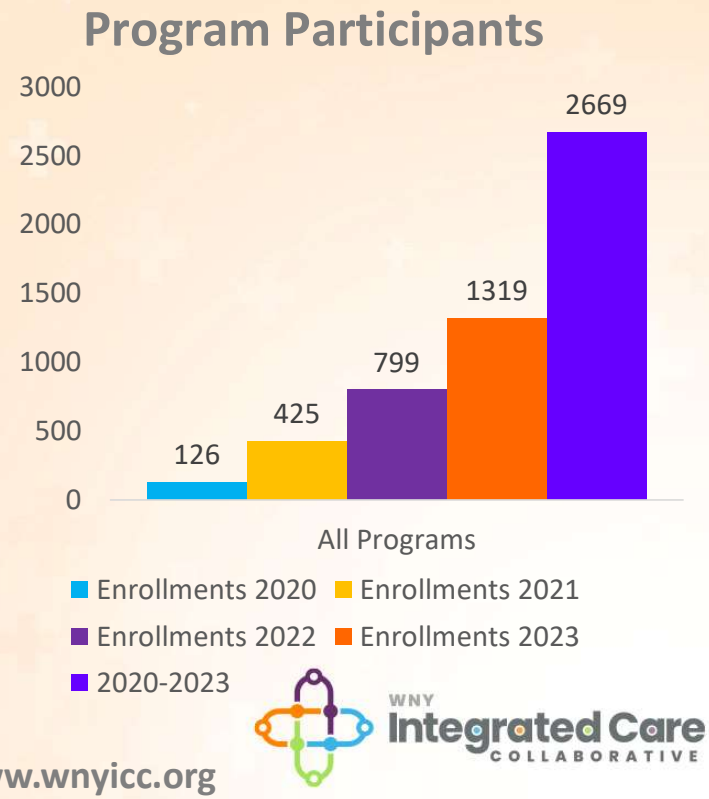
- **97%** of Program Delivery completed by **33** community-based organizations
- **As of Dec 31, 2024**
  - **$**paid out in reimbursements to CBOs



Integrated Care – Program Outcomes

- **Post-Discharge Meals Program**
  - **1795** Participants received meals 2022+2023
  - **46,094** meals delivered
  - **73%** report that receiving the meals helped prevent a re-admission.
- **Medical Nutrition Therapy**
  - **86%** of completers increased vegetable intake.
  - **90%** made changes in eating habits
- **Healthy IDEAS Outcomes**
  - **85%** of participants:PHQ9 or UCLA Loneliness improve score by 15%
  - **76%** of participants increased their physical and/or social activity through the program.
  - **8** referrals per client made to clinical providers: PCP, Mental Health providers or Registered Dietitians.
- **Community Health Coaching**
  - Average **8** Goals/Interventions per participant
  - **75%** High or Medium Priority Needs with goals to resolve
  - **92%** Resolved or In-Progress
- **Falls Prevention Program**
  - Average **40%** reduction in falls risks
  - **33%** assisted with PERS; **55%** developed MyMobility Plan





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Integrated Care – Upcoming Opportunities

NY State Health Equity Medicaid 1115 Waiver – WNY Social Care Network launching January 2025

Data Integration- With Regional Health Information Exchange

Pilots with local clinical provider agencies to provide **Community Health Interventions (CHI), Principal Illness Navigation (PIN) & Care Transitions**

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New York State Health Equity Reform (NYHER) 1115 Medicaid Waiver

Goals of Program:

1. Expand access to high-quality Health Related Social Needs (HRSN) services
2. Enable consistent, timely screening using the Accountable Health Communities (AHC) HRSN Screening Tool and Navigation to HRSN services
3. Create shared end-to-end visibility of the Member journey from HRSN Screening and Navigation through delivery of HRSN services
4. Strengthen collaboration between HRSN service providers and other partners in their regional health ecosystem, including providers, care managers, and health plans

WNY Integrated Care - Social Care Network of Western Region

Lead Entities	Color	Counties
Care Compass Collaborative		Broome, Chenango, Delaware, Otsego, Tioga, Tompkins
Forward Leading IPA		Allegany, Cayuga, Chemung, Genesee, Livingston,Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Health and Welfare Council of Long Island		Nassau, Suffolk
Healthy Alliance Foundation Inc.	1	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, Schoharie
	2	Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego
	3	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, Lewis, St. Lawrence Warren, Washington
Hudson Valley Care Coalition, Inc.		Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Public Health Solutions		Manhattan, Queens, Brooklyn
Staten Island Performing Provider System		Richmond
Somos Healthcare Providers, Inc.		Bronx
Western New York Integrated Care Collaborative Inc.		Cattaraugus, Chautauqua, Erie, Niagara

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WNY Integrated Care – Vision for Social Care Network

Person-centered

- Data-driven & culturally sensitive services to drive health equity and expanded access

Transparent

- Robust governance, oversight, and continuous improvement strategies to drive sustainable change; distribution of funds in a fair, equitable manner.

Community Based Organization-Led

- Empowerment and input from CBOs for scaling of capacity, advocacy & impact

Collaboration

- Seamless access to HRSN & clinical support through collaborations & partnerships; community engagement and input, stakeholder collaboration

Measurable, Data-Driven

- Integrated best-of-industry technology solutions to facilitate connections and measure impact; timely performance tracking and reporting;

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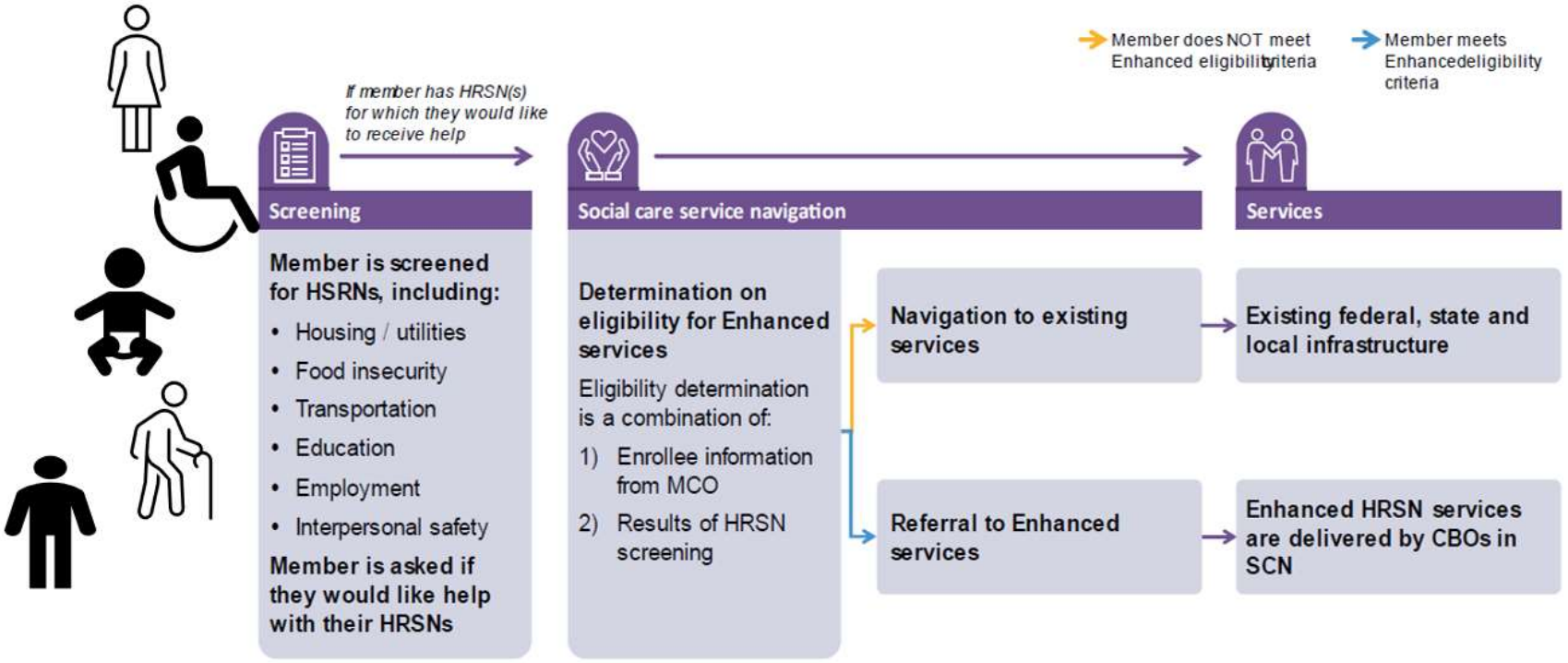
NYHER 1115 Medicaid Waiver

Figure 3: Flow across member journey



NYHER 1115 Medicaid Waiver

Health-Related Social Need Services

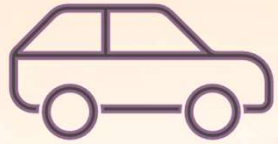
for Eligible Members

Screening to understand Member's unique needs

Care Management To help Member navigate to services

Housing Supports: Rent, Utilities, Home Repairs, Modifications

Nutrition And Food Supports



Transportation

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Integrated Care – More Information

White House

US Playbook for Addressing Social Determinants of Health

U.S. Administration for Community Living

ACL Brief Aug 2023 Innovative Partnership MA Plan and CCH

Western New York Integrated Care Collaborative Addressing Social Determinants of Health: Nutrition and Food Insecurity: A Community Care Hub Innovation Brief

Aging & Disability Business Institute

Building Collaborative Contracts with Health Care: Western New York Integrated Care Collaborative and Independent Health

Sustainability Spotlight: Western New York Integrated Care Collaborative Contracting for Health and Well-Being Coaching

Health Affairs

Improving Health And Well-Being Through Community Care Hubs

Manatt Health

Working With Community Care Hubs to Address Social Drivers of Health: A Playbook for State Medicaid Agencies

Partnership to Align Social Care

Background, Evolution, and Value Proposition of Working with a Local CBO Network Led by a Community Care Hub

WNYICC can be found on a National Registry of Community Care Hubs!

ACL National Registry of Community Care Hubs

WNY Integrated Care COLLABORATIVE

Thank you!

Nikki Kmicinski

Chief Executive Officer

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