



**Delivery System Reform  
Incentive Payment Program  
(DSRIP) Planning Year 0  
Implementation Updates**

**November 4, 2014**

# **MRT Waiver Amendment: \$8 Billion to New York State**

- **\$500 Million for the Interim Access Assurance Fund (IAAF)** – Time limited funding to ensure current viable Medicaid safety net providers can participate in the DSRIP transformation without unproductive disruption.
- **\$6.42 Billion for Delivery System Reform Incentive Payments (DSRIP)** –Including DSRIP Planning Awards, DSRIP Provider Incentive Payments, DSRIP Administrative costs and DSRIP related Workforce Transformation.
- **\$1.08 Billion for other Medicaid Redesign purposes** –This funding will support Health Home development, and investments in long term care workforce and enhanced behavioral health services, (1915i services).

# DSRIP: Key Concepts

- Transformation of the health care safety net at both the system and State level, focus upon regional collaboration
- Reduce avoidable hospital use and improve other health and public health measures
- Ensure delivery system transformation continues beyond the waiver period through leveraging managed care payment reform
- Near term financial support for vital safety net providers at immediate risk of closure. (Interim Access Assurance Fund)
- Payments are based upon performance on process and outcome milestones

# DSRIP Activities Underway

- The enacted 2014-15 budget allocated \$1.2 billion in DSRIP capital investments. In addition, regulatory relief supports provider collaboration on DSRIP projects.
- Public hospitals and Safety Net/Vital Access Providers (VAP) identified as eligible for five-year funding as part of regional Performing Provider System (PPS). Safety Net appeal process and Safety Net VAP exception process underway.
- Interim Access Assurance Fund (IAAF) awards distributed.
- DSRIP Planning Awards distributed for project planning and Community Needs assessments.
- CMS approved project options (DSRIP toolkit) and other key documents finalized.
- Support Team contractor (KPMG) and Assessor contractor (PSG) commence.
- Launch of DSRIP Network Tool, which is housed in the newly launched Medicaid Analytics Performance Portal (MAPP). PPS's will be able to update their list of partner organizations, which will be used for attribution and valuation in the DSRIP Program.

# DSRIP PERFORMING PROVIDER SYSTEMS (PPS): Local Partnerships to Transform the Delivery System

## Partners should include:

- *Hospitals*
- *Health Homes*
- *Skilled Nursing Facilities*
- *Clinics & FQHCs*
- *Behavioral Health Providers*
- *Home Care Agencies*
- *Other Key Stakeholders*

## Responsibilities must include:



# DSRIP Project Domains

Performing Provider Systems (PPS) will choose **at least five** and **not more than 11 projects** from the following domains:

System Transformation	Clinical Improvement	Population-Wide
Create integrated delivery system (required)	Behavioral health (required)	Promote mental health and prevent substance abuse
Implementation of care coordination & transitional programs	Cardiovascular health	Prevent chronic diseases
Connecting systems	HIV, diabetes, asthma	Prevent HIV and STDs
	Perinatal, palliative, or renal care	Promote healthy women, infants and children

# **New Project: Patient and Community Activation for the Uninsured (UI), Non-utilizing (NU), and Low-utilizing (LU) Medicaid Populations**

- Develop practices/programming that promote patient activation and engagement
- Increase the volume of non-emergency (primary, behavioral & dental) care provided to the UI, NU & LU population
- Form linkages between community-based primary and preventive services as well as other community-based health services to sustain and grow the community and patient activation in the region the PPS serves
- PPS with public hospital system receives preference for this project; high expectations for outreach/engagement

# Examples of Other DSRIP Project Connections to HIV, HCV and STDs

- 2.a.v. Medical village/alternative housing using existing nursing home infrastructure
- 2.b.vi Transitional supportive housing services
- 2.c.i Development of community-based health navigation services
- 2.c.ii Expand use of telemedicine in underserved areas
- 3.a.i Integration of primary and behavioral health services
- 3.a.iv Development of withdrawal management programs
- 3.f.i Increase support programs for maternal/child health (includes high-risk pregnancies)
- 3.a.i Integration of primary care and behavioral health services



# Preliminary HIV Projects

Project Description	Count	PPS Planning Award Applicants 7.14
<p><b><u>Center of Excellence for management of HIV/AIDS</u></b>  <b>Objectives:</b> Reduce transmission of HIV and, therefore, new cases by improving identification of those currently infected with HIV, improving access to effective viral suppressive therapy and implementing evidence based prevention and disease management strategies.</p>	4	LI Jewish Hospital, NY-Presbyterian, SUNY Downstate, Bronx-Lebanon
<p><b><u>Increase early access to, and retention in, HIV care</u></b>  <b>Objectives:</b> Increase the percentage of HIV-infected persons with a known diagnosis who are in care by 9% to 72%            - Increase % of HIV-infected persons with known diagnoses who are virally suppressed to 45%.</p>	6	Albany Med, Lutheran, Woodhull, AmidaCare, SUNY Downstate, Harlem Hospital
<p><b><u>Decrease HIV and STD disparities</u></b>  <b>Objectives:</b> Benchmarks for new infections and viral suppression among non-white racial and ethnic groups and men who have sex with men (MSM).</p>	1	Jacobi
<b>Total # HIV-related projects</b>	<b>11</b>	<b>10 providers (SUNY Downstate has 2 HIV projects)</b>

# HIV Centers of Excellence Project

## **Clinical Improvement Project:**

Comprehensive strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations

### **Model 1: Scatter Site Model**

- Consulting relationship with Centers of Excellence
- Coordination of care with social service & behavioral health
- Training programs for PCPs (e.g., Project Echo, Tele-consulting)

### **Model 2: Development of a Center of Excellence for Management of HIV/AIDS (including HCV)**

- PCMH located in hospital or medical village
- Evidence-based care
- Co-located services

# Build Upon Current Models of Care

**HIV Special Needs Plans (SNPs)** provide an alternative source of managed care to in New York City to PLWHA's and their dependent children. HIV SNP networks are broadly composed, encompassing the full continuum of HIV support services as well as comprehensive health care services.

**Designated AIDS Centers (DAC)** are hospital based medical home programs. DAC standards reflect the evolving system of HIV/AIDS including:

- Priorities of improving early diagnosis and retention in care.
- Increasing focus on managing co-morbidities including mental health, substance abuse, STDs and hepatitis C.
- Expanding the use of health information technology.

**HIV and HCV Primary Care Programs** are located in hospitals, D&TCs, FQHCs and substance abuse based primary care settings.

- Increase timely access to HIV/HCV care, treatment & supportive services
- Active quality programs, consumer advisory committees and submission of annual performance data.

# Community Concerns

- Potential funding flow disruptions to downstream providers
- Outcome measures are only clinical in nature
- DSRIP project valuation includes measures of which projects address racial and ethnic health disparities. Projects should consider other factors as well (sexual orientation, housing status, disability, more)
- Medicaid member attribution is confusing
  - How will member attribution impact access to services
  - How people will be aware they have been attributed
  - How people will know what their choices are rights are

Source: Medicaid Matters: Community Engagement in DSRIP 8/11/14

# DSRIP Project Design Grants: New York City

Provider Name
* AmidaCare, Inc.
AW Medical
Bellevue Hospital Center
Bronx-Lebanon Hospital Center
Coney Island Hospital
Elmhurst Hospital Center (NYC HHC)
Jacobi Medical Center
Kings County Hospital Center
Lutheran Medical Center

Provider Name
Maimonides Medical Center
Mount Sinai Hospitals Group
NYCHHC Harlem Hospital
Richmond Univ Med Center & Staten Island Univ Hospital
SUNY Downstate
The Jamaica Hospital
The New York and Presbyterian Hospital
The New York Hospital Medical Center of Queens
Woodhull Medical and Mental Health Center

\* Announced August 2014 with State conditions for final application structure

## DSRIP Project Design Grants - Rest of State

Region	Provider Name
<b>Capital Region</b>	Albany Medical Center, Columbia Memorial Hospital, Ellis Hospital
<b>Central NY</b>	Auburn Community Hospital, Cortland Regional Medical Center, Faxton St. Luke's Healthcare, St. Josephs Hospital, Upstate University Hospital
<b>Finger Lakes</b>	Finger Lakes PPS
<b>Long Island</b>	Catholic Health Services of Long Island, LI Jewish Medical Center, Nassau University Medical Center, Stony Brook University Hospital
<b>Mid-Hudson</b>	HealthAlliance of the Hudson Valley, HealthAlliance Hospital
<b>Mohawk Valley</b>	Mary Imogene Bassett Hospital
<b>North Country</b>	Adirondack Health Institute
<b>Southern Tier</b>	United Health Services Hospital, Inc.
<b>Tug Hill Seaway</b>	Samaritan Medical Center
<b>Western NY</b>	Catholic Medical Partners-Accountable Care IPA Inc., Erie County Medical Center Corporation, Niagara Falls Memorial Medical Center

# Pay for Performance

DSRIP is a pay-for-performance program based on the project values and meeting specific performance metrics. Payments will be based on both the success of individual PPS and the success of all the PPS projects overall.

1. There are statewide benchmarks the State needs to meet according to federal CMS requirements.
2. There are Statewide composite measures of the success of projects. These measures are project-specific and population-wide quality metrics.
3. Benchmarks include a limit on the growth in statewide total Medicaid spending, and a reduction in statewide total inpatient and emergency room spending.
4. In Year 3, limits will be placed on funding available based upon statewide performance. Provider incentive payments will be subject to reductions.
5. Managed care will move toward a goal of using 90% value-based payment methodologies for managed care payments to providers.

# Key Dates on the Horizon

## 2014

- 9/22/14: Final DSRIP project plan application released
- 10/22/14: Public comments due on draft application
- 12/15/14: DSRIP Applications due; posted for public comment two days later on 12/18/14

## 2015

- 1/20/15: Public Comment on Applications due
- 2/15: Assessor recommendations are made public
- 3/15: DSRIP Oversight and Review Panel accepts assessor recommendations and makes final recommendations to State
- 3/15: DSRIP project plan awards made
- 4/1/15: Year 1 begins



# NYS DSRIP Website

- **Link:**[http://www.health.ny.gov/health\\_care/medicaid/redesign/delivery\\_system\\_reform\\_incentive\\_payment\\_program.htm](http://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm)
- **CMS Official Documents**
- **Interim Access Assurance Fund (IAAF)**
- **Safety Net Definition & Safety Net Provider Lists**
- **DSRIP Frequently Asked Questions (FAQs)**
- **DSRIP Timeline**
- **Emerging Performing Provider Systems (PPS)**
- **Medicaid Analytics Performance Portal (MAPP)**
- **DSRIP Community Needs Assessment**
- **DSRIP Glossary**
- **DSRIP Webinars & Presentations**
- **Stakeholder Engagement**
- **DSRIP Performance Data**
- **DSRIP Evaluation**
- **Contact the DSRIP Team:** [dsrip@health.ny.gov](mailto:dsrip@health.ny.gov).
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# Resources

- Ira Feldman
  - Deputy Director
    - Office of Medicaid Policy and Programs
- AIDS Institute, New York State Department of Health
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  - [Ira.feldman@health.ny.gov](mailto:Ira.feldman@health.ny.gov)

- Jackie Treanor
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