
# The 5 Ws of DSRIP

## Broad Overview + Q&A

## January 26, 2016

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# Agenda

1. What?
2. When?
3. Who?
4. hoW?
5. What Now?

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# *What?*

***Acronym Explanation***
***1115 Medicaid Waivers***
***NYS DSRIP***

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## What: Acronym Overview

# *Delivery System Reform Incentive Payment*

*(program)*

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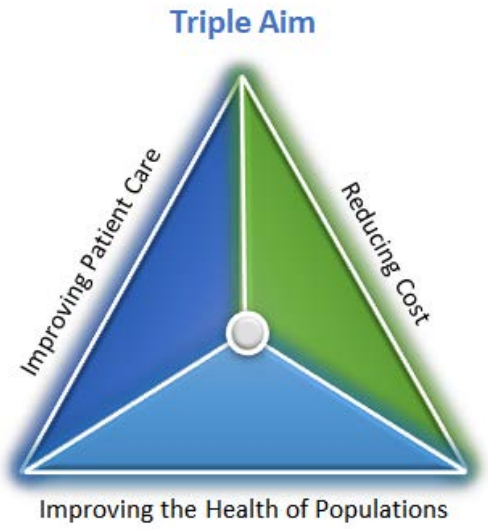
# What: 1115 Medicaid Waivers

***Medicaid 1115 Waivers allow for "experimental, pilot or demonstration projects"***

**Historical Uses:**

- Expansion of coverage
- Changing benefit packages
- Instituting delivery system reform




Source: Kaiser Family Foundation

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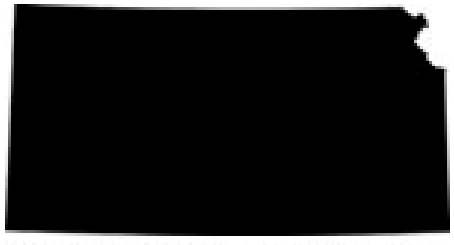
# What: 1115 Medicaid Waivers (continued)

**Previous 1115 Waivers/DSRIP Programs Include:**

***California***

***Texas***

***Massachusetts***



***Kansas***

***New York***

Source: Kaiser Family Foundation

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# What: And now, New York State…

APRIL 14, 2014 | Albany, NY

**Governor Cuomo Announces Final Approval of $8 Billion MRT Waiver to Protect and Transform New Yorks Health Care System**

Source: governor.ny.gov

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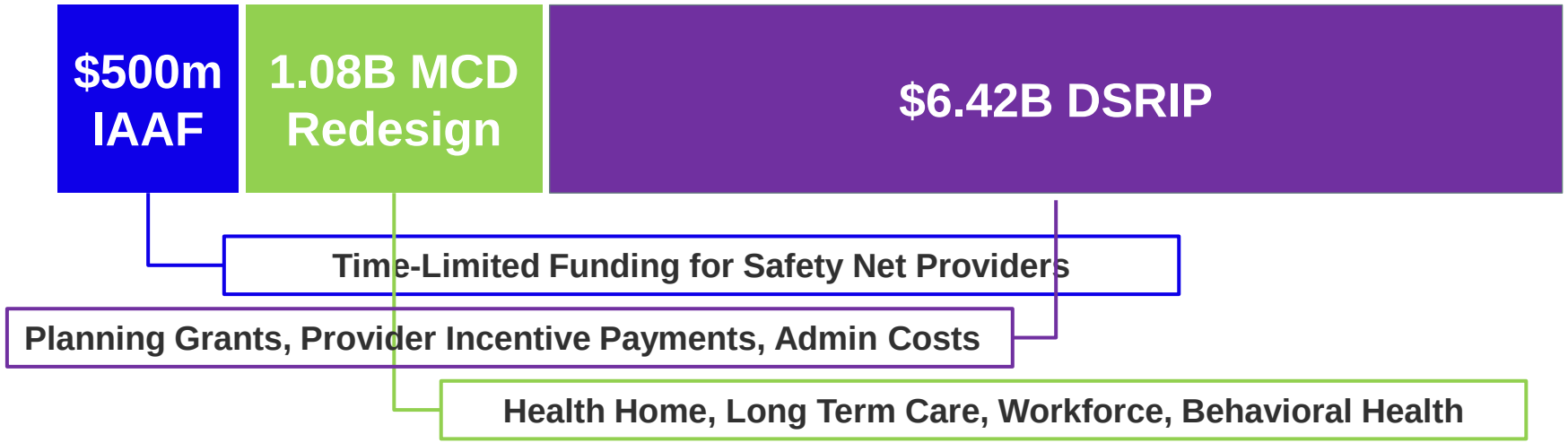
# What: New York State DSRIP

**In 2014, Governor Andrew Cuomo announced that New York State and CMS finalized agreement on the Medicaid Redesign Team Waiver Amendment.**

**This allows NYS to invest $9 Billion in:**

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# What: New York State DSRIP (continued)

***Attribute geographic populations to performing provider systems (PPS) for care management and coordination across the care continuum***

**Specific Goals**

1. Reduce avoidable hospitalizations and emergency department visits by 25% over 5 years
2. Transform the Medicaid delivery system to be value-based
3. Achieve Triple Aim (improved health, improved quality, lower costs)
4. Promote community-level collaboration
5. Improve population health

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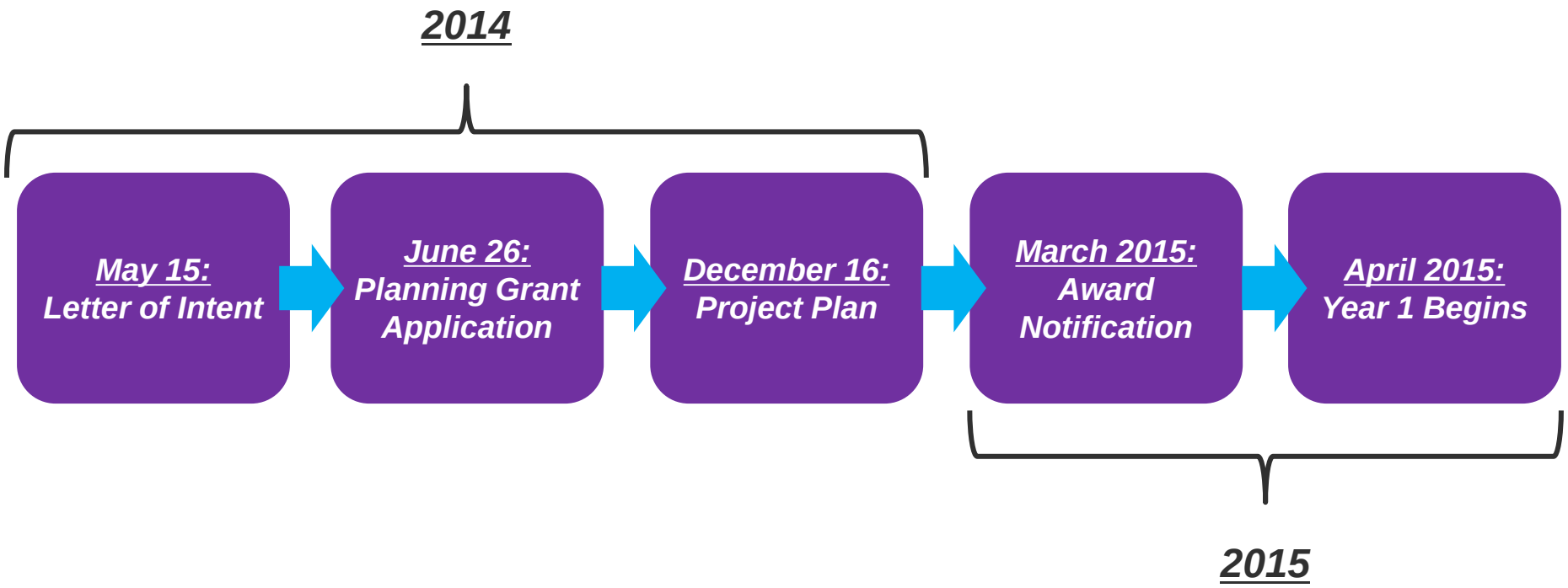
# *When?*

***New York State Timeline***

# When: General NYS DSRIP Timeline



# *Who?*

***Performing Provider Systems (PPS)***
***Project Selection***

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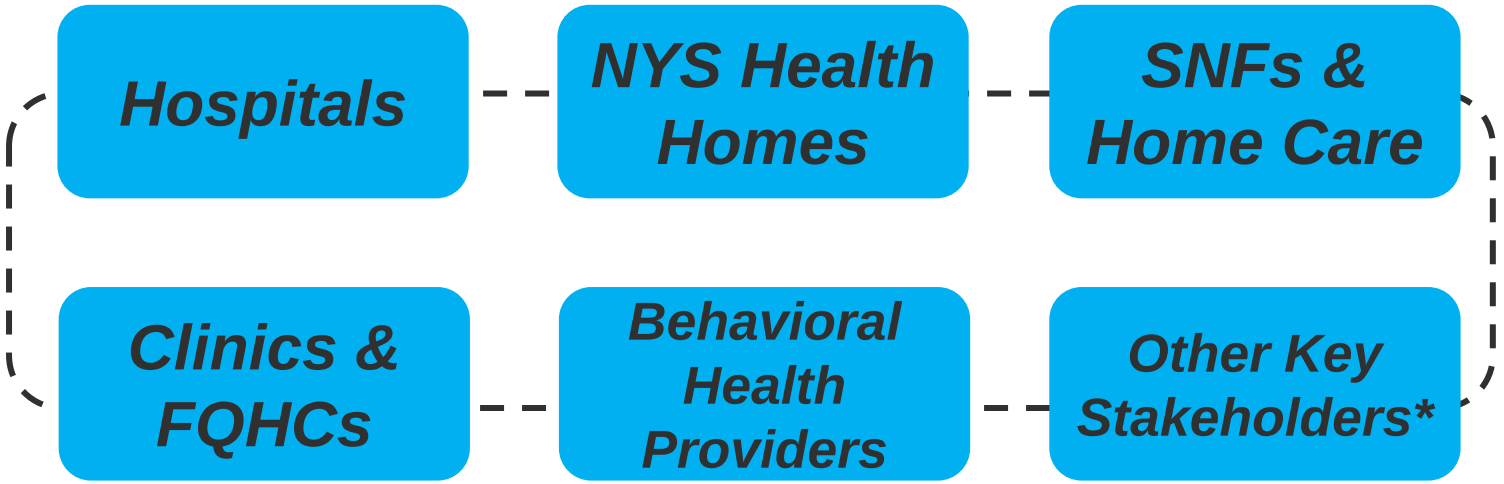
# Who: Performing Provider Systems Form

***Coalitions of major public general hospitals and other safety net providers organized to ensure coordinated care throughout continuum, reduce preventable inpatient and ER volume, expand primary and preventative care, take responsibility for defined populations.***




*Supportive Housing, community groups, etc.

# Who: Performing Provider System Requirements

| Domain | Requirements |
|---|---|
| Community Needs Assessment | *"While the hospital needs assessment can be a good starting point for the community assessment, it will not likely be sufficient."* |
| Project Advisory Council (PAC) | *"PACs will advise emerging PPS on all elements…and should include representatives from each of the partners as well as workers and/or relevant unions."* |
| Governance & Leadership | *"Strategy that ensures that participating providers work together as a "system" and not as a series of loosely aligned providers nominally committed to the goal"* |
| Funds Distribution | *"Strong centralized project control will be encouraged"* |

# Who: Performing Provider Systems

- Adirondack Health Institute
- Advocate Community Partners*
- Albany Medical Center
- Alliance for Better Health care
- Bassett Medical Center
- Bronx-Lebanon Hospital*
- Care Compass Network
- Central New York Care Collaborative
- Finger Lakes Performing Provider System
- Maimonides Medical Center*
- Millennium Collaborative Care
- Mount Sinai PPS*
- NYU Lutheran Medical Center*
- Nassau-Queens PPS*
- NYC H+HC*
- NYP/Queens*
- NYP*
- Refuah community Health Collaborative
- St. Barnabas Health*
- Samaritan Medical Center
- Sisters of Charity Hospital
- SUNY Stony Brook*
- Staten Island*
- Westchester Medical Center*

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# Who: PPSs Must Select Projects to Implement

**PPS must select between 5 – 10 approved interventions:**

***System Transformation (2+)***

***Clinical Improvement (2+)***

***Population-Wide Prevention (1+)***

Source: New York State DSRIP Project Toolkit

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# Who: Selecting Projects (Domain 2)

| A. | Create Integrated Delivery Systems |
|---|---|
| 2.a.i | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management |
| 2.a.ii | Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) |
| 2.a.iii | Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services |
| 2.a.iv | Create a medical village using existing hospital infrastructure |
| 2.a.v | Create a medical village/alternative housing using existing nursing home infrastructure |
| **B.** | **Implementation of Care Coordination and Transitional Care Programs** |
| 2.b.i | Ambulatory Intensive Care Units (ICUs) |
| 2.b.ii | Development of co-located primary care services in the emergency department (ED) |
| 2.b.iii | ED care triage for at-risk populations |
| 2.b.iv | Care transitions intervention model to reduce 30 day readmissions for chronic health conditions |
| 2.b.v | Care transitions intervention for skilled nursing facility (SNF) residents |
| 2.b.vi | Transitional supportive housing services |
| 2.b.vii | Implementing the INTERACT project (inpatient transfer avoidance program for SNF) |
| 2.b.viii | Hospital-Home Care Collaboration Solutions |
| 2.b.ix | Implementation of observational programs in hospitals |
| **C.** | **Connecting Settings** |
| 2.c.i | Development of community-based health navigation services |
| 2.c.ii | Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services |
| **D.** | **Utilizing Patient Activation to Expand Access to Community Based Care for Special Populations** |
| 2.d.i | Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care |

Source: NYS DSRIP Toolkit

# Who: Selecting Projects (Domain 3)

| | |
|---|---|
| **A.** | **Behavioral Health** |
| **3.a.i** | Integration of primary care and behavioral health services |
| **3.a.ii** | Behavioral health community crisis stabilization services |
| **3.a.iii** | Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance |
| **3.a.iv** | Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs |
| **3.a.v** | Behavioral Interventions Paradigm (BIP) in Nursing Homes |
| **B.** | **Cardiovascular Health—Implementation of Million Hearts Campaign** |
| **3.b.i** | Evidence-based strategies for disease management in high risk/affected populations (adult only) |
| **3.b.ii** | Implementation of evidence-based strategies in the community to address chronic disease – primary and secondary prevention projects (adult only) |
| **C** | **Diabetes Care** |
| **3.c.i** | Evidence-based strategies for disease management in high risk/affected populations (adults only) |
| **3.c.ii** | Implementation of evidence-based strategies to address chronic disease – primary and secondary prevention projects (adults only) |
| **D.** | **Asthma** |
| **3.d.i** | Development of evidence-based medication adherence programs (MAP) in community settings– asthma medication |
| **3.d.ii** | Expansion of asthma home-based self-management program |
| **3.d.iii** | Implementation of evidence-based medicine guidelines for asthma management |
| **E.** | **HIV/AIDS** |
| **3.e.i** | Comprehensive Strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations – development of a Center of Excellence for Management of HIV/AIDS |
| **F.** | **Perinatal Care** |
| **3.f.i** | Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership) |
| **G.** | **Palliative Care** |
| **3.g.i** | Integration of palliative care into the PCMH Model |
| **3.g.ii** | Integration of palliative care into nursing homes |
| **H.** | **Renal Care** |
| **3.h.i** | Specialized Medical Home for Chronic Renal Failure |

# Who: Selecting Projects (Domain 4)

| | |
|---|---|
| **A.** | **Promote Mental Health and Prevent Substance Abuse (MHSA)** |
| **4.a.i** | Promote mental, emotional and behavioral (MEB) well-being in communities |
| **4.a.ii** | Prevent Substance Abuse and other Mental Emotional Behavioral Disorders |
| **4.a.iii** | Strengthen Mental Health and Substance Abuse Infrastructure across Systems |
| **B.** | **Prevent Chronic Diseases** |
| **4.b.i.** | Promote tobacco use cessation, especially among low SES populations and those with poor mental health. |
| **4.b.ii** | Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer |
| **C.** | **Prevent HIV and STDs** |
| **4.c.i** | Decrease HIV morbidity |
| **4.c.ii** | Increase early access to, and retention in, HIV care |
| **4.c.iii** | Decrease STD morbidity |
| **4.c.iv** | Decrease HIV and STD disparities |
| **D.** | **Promote Healthy Women, Infants and Children** |
| **4.d.i** | Reduce premature births |

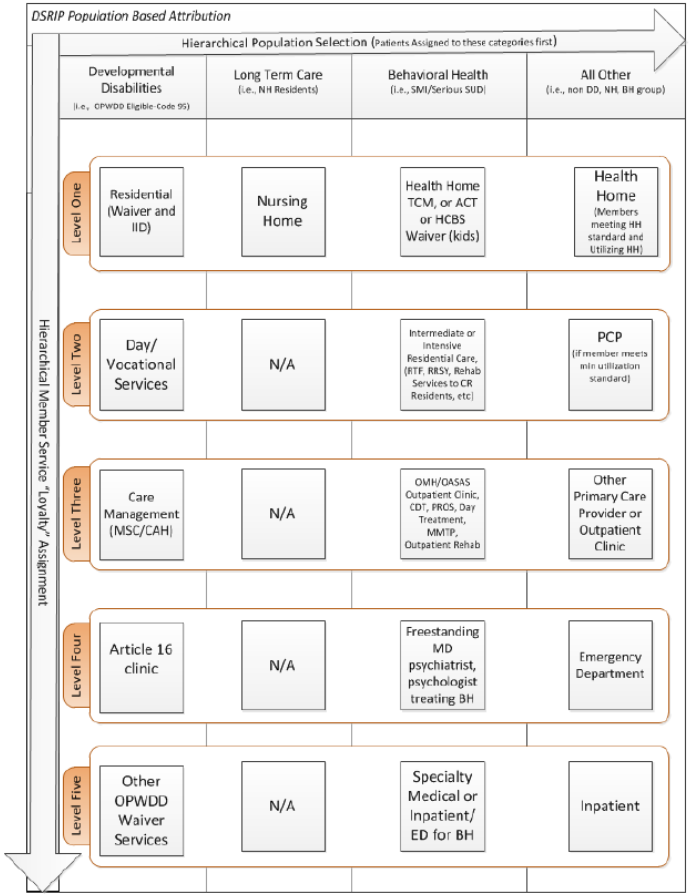
Source: NYS DSRIP Toolkit

# How?

***Attribution***
***Performance Evaluation***
***Payment to PPSs***

# How: Medicaid Beneficiary Attribution

- *Beneficiaries assigned to their most "appropriate" and most "loyal" providers*
- *Providers participating in multiple PPSs had patients split where the majority of their services were provided*
- *Low Utilizing / Uninsured attributed to PPSs with Public Health System Members*




Source: NYS DSRIP Standard Terms & Conditions

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# How: PPS Valuation ($)

## Example PPS project valuation calculation:

| | Index Score | Valuation Benchmark | Attributed Medicaid Beneficiaries | Application Score | DSRIP Months | Max Project Value |
|---|---|---|---|---|---|---|
| Project 1 | 0.93 | $3.24 | 50,000 | 0.85 | 60 | $7,673,660 |
| Project 2 | 0.6 | $3.24 | 50,000 | 0.85 | 60 | $4,957,200 |
| Project 3 | 0.74 | $3.24 | 50,000 | 0.85 | 60 | $6,113,880 |
| Project 4 | 0.23 | $3.24 | 50,000 | 0.85 | 60 | $1,900,260 |
| Project 5 | 0.88 | $3.24 | 50,000 | 0.85 | 60 | $7,270,560 |
| Total | | | | | | $27,925,560 |

Source: NYS DSRIP Standard Terms & Conditions

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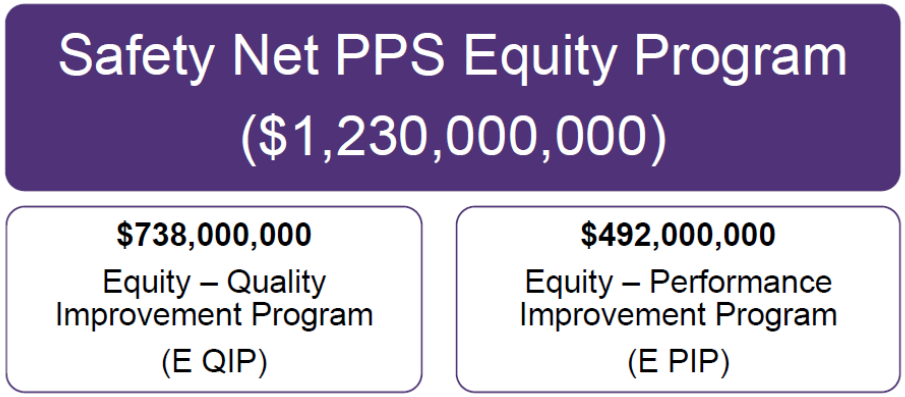
# How: PPS Valuation ($) + Safety Net Equity Funds

- Inequity existed between safety net lead PPS pursuing project 2.d.i and safety net lead PPS who are not approved for project 2.d.i

- "Safety Net PPS Equity Program" was created. This program contains an additional $1.23 billion in potential performance payments to safety net leads not approved for project 2.d.i.




Source: NYS DSRIP Final Valuation Overview

# How: 5-Year Max PPS Valuation ($)

| PPS | Project Valuation | High Performance Program (3%) | Additional HP Program | Equity – Quality Improvement Program (E QIP) | Equity – Performance Improvement Program (E PIP) | Total Valuation |
|---|---|---|---|---|---|---|
| **Publics** | | | | | | |
| Central New York Care Collaborative (CNYCC aka CNY) | $ 158,402,178 | $ 3,695,521 | $ 8,836,732 | $ 86,911,728 | $ 65,183,796 | $ 323,029,955 |
| Millennium Collaborative Care (ECMC) | $ 191,461,931 | $ 5,001,472 | $ 11,959,522 | $ 19,769,602 | $ 14,827,201 | $ 243,019,729 |
| Nassau Queens Performing Provider System, LLC | $ 447,293,833 | $ 8,255,318 | $ 19,740,118 | $ 34,347,048 | $ 25,760,286 | $ 535,396,603 |
| New York City Health and Hospitals-led PPS | $ 1,169,695,304 | $ 13,408,356 | $ 32,062,065 | $ - | $ - | $ 1,215,165,724 |
| Stony Brook University Hospital | $ 181,115,320 | $ 4,200,998 | $ 10,045,427 | $ 58,971,622 | $ 44,228,717 | $ 298,562,084 |
| Westchester Medical Center | $ 264,185,188 | $ 2,871,675 | $ 6,866,752 | $ - | $ - | $ 273,923,615 |
| **Publics Total** | **$ 2,412,153,754** | **$ 37,433,340** | **$ 89,510,616** | **$ 200,000,000** | **$ 150,000,000** | **$ 2,889,097,710** |
| **Safety Nets** | | | | | | |
| Adirondack Health Institute | $ 178,064,187 | $ 4,814,128 | $ 3,837,181 | $ - | $ - | $ 186,715,496 |
| Advocate Community Providers | $ 339,893,561 | $ 38,287,186 | $ 30,517,445 | $ 174,804,392 | $ 116,536,261 | $ 700,038,844 |
| Albany Medical Center Hospital | $ 133,974,888 | $ 4,148,794 | $ 3,306,866 | $ - | $ - | $ 141,430,548 |
| Alliance for Better Health Care, LLC (Ellis) | $ 237,058,615 | $ 7,330,962 | $ 5,843,267 | $ - | $ - | $ 250,232,844 |
| Bronx-Lebanon Hospital Center | $ 72,695,724 | $ 8,443,988 | $ 6,730,423 | $ 39,636,387 | $ 26,424,258 | $ 153,930,779 |
| Finger Lakes PPS | $ 533,867,539 | $ 17,573,436 | $ 14,007,202 | $ - | $ - | $ 565,448,177 |
| Lutheran Medical Center | $ 69,141,892 | $ 6,899,181 | $ 5,499,108 | $ 27,720,214 | $ 18,480,143 | $ 127,740,537 |
| Maimonides Medical Center | $ 219,214,536 | $ 26,970,632 | $ 21,497,395 | $ 132,814,132 | $ 88,542,755 | $ 489,039,450 |
| Mohawk Valley PPS (Bassett) | $ 67,388,793 | $ 2,476,583 | $ 1,974,002 | $ - | $ - | $ 71,839,378 |
| Montefiore Hudson Valley Collaborative | $ 123,099,494 | $ 13,595,859 | $ 10,836,807 | $ 60,923,394 | $ 40,615,596 | $ 249,071,149 |
| Mount Sinai Hospitals Group | $ 138,789,348 | $ 21,944,502 | $ 17,491,234 | $ 127,005,338 | $ 84,670,226 | $ 389,900,648 |
| Refuah Health Center | $ 21,485,426 | $ 2,504,130 | $ 1,995,959 | $ 11,789,444 | $ 7,859,629 | $ 45,634,589 |
| Samaritan Medical Center | $ 73,818,783 | $ 2,361,647 | $ 1,882,391 | $ - | $ - | $ 78,062,821 |
| Sisters of Charity Hospital aka Community Partners of WNY | $ 43,394,151 | $ 5,062,760 | $ 4,035,358 | $ 23,856,680 | $ 15,904,454 | $ 92,253,402 |
| Southern Tier Rural Integrated PPS (United) | $ 213,618,544 | $ 6,077,532 | $ 4,844,199 | $ - | $ - | $ 224,540,275 |
| St. Barnabas Hospital (dba SBH Health System) | $ 170,067,148 | $ 21,219,444 | $ 16,913,314 | $ 105,642,873 | $ 70,428,582 | $ 384,271,362 |
| Staten Island Performing Provider System, LLC | $ 208,954,006 | $ 4,526,254 | $ 3,607,726 | $ - | $ - | $ 217,087,986 |
| The New York and Presbyterian Hospital | $ 48,757,912 | $ 5,328,074 | $ 4,246,831 | $ 23,628,005 | $ 15,752,003 | $ 97,712,825 |
| The New York Hospital Medical Center of Queens | $ 11,604,191 | $ 1,784,890 | $ 1,422,677 | $ 10,179,141 | $ 6,786,094 | $ 31,776,993 |
| **Safety Nets Total** | **$ 2,904,888,738** | **$ 201,349,982** | **$ 160,489,385** | **$ 738,000,000** | **$ 492,000,000** | **$ 4,496,728,105** |
| **Safety Nets + Publics Grand Total** | **$ 5,317,042,492** | **$ 238,783,322** | **$ 250,000,000** | **$ 938,000,000** | **$ 642,000,000** | **$ 7,385,825,815** |

Source: NYS DSRIP Final Valuation Overview

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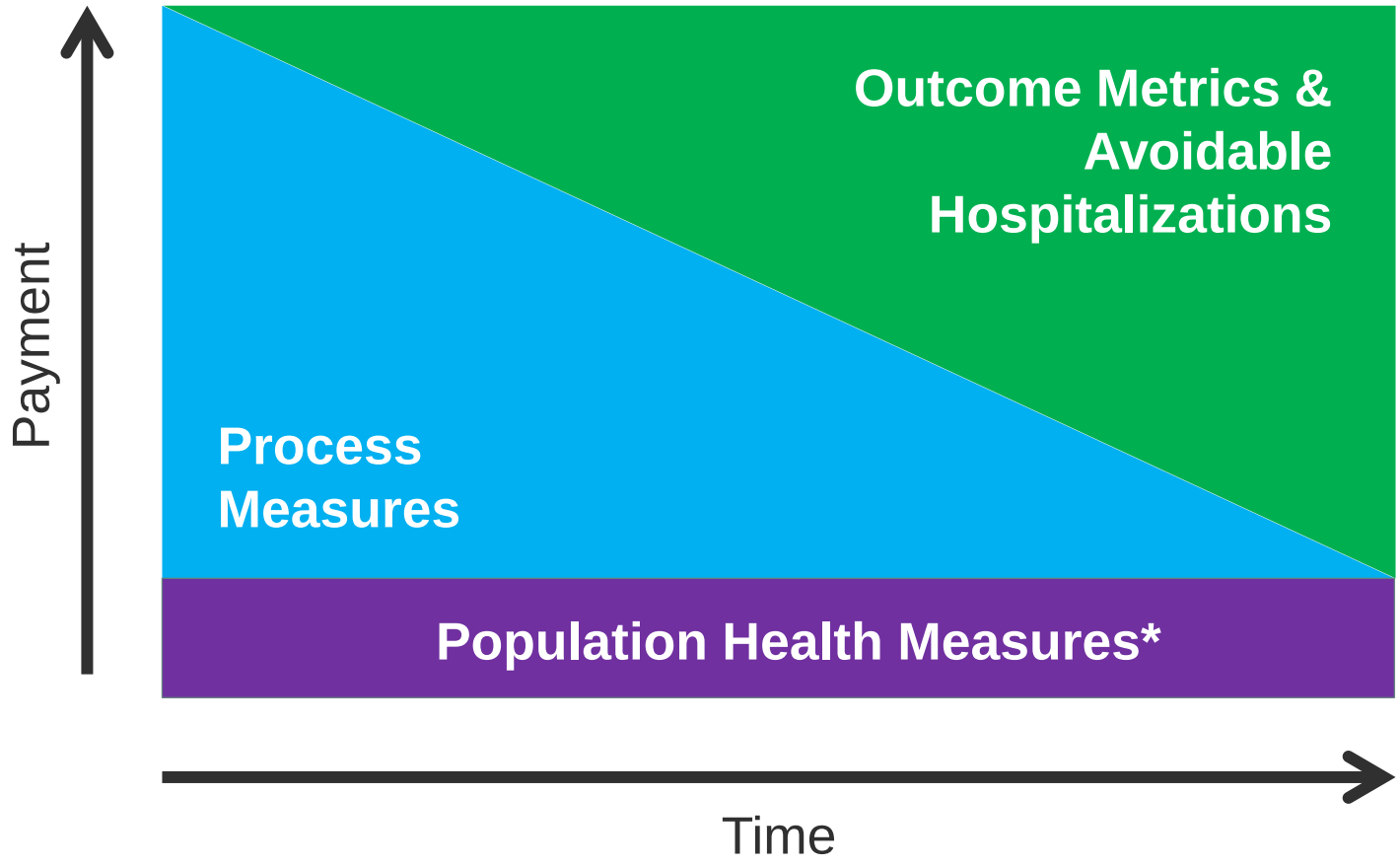
# How: PPS Performance Evaluation & Payment




* Population Health Measures are pay-for-reporting

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# How: PPS Performance Evaluation & Payment

| Metric/Milestone Domains | Performance Payment* | Year 1 (CY 15) | Year 2 (CY 16) | Year 3 (CY 17) | Year 4 (CY 18) | Year 5 (CY 19) |
|---|---|---|---|---|---|---|
| Project progress milestones (Domain 1) | P4R/ P4P | 80% | 60% | 40% | 20% | 0% |
| System Transformation and Financial Stability Milestones (Domain 2) | P4P | 0% | 0% | 20% | 35% | 50% |
| | P4R | 10% | 10% | 5% | 5% | 5% |
| Clinical Improvement Milestones (Domain 3) | P4P | 0% | 15% | 25% | 30% | 35% |
| | P4R | 5% | 10% | 5% | 5% | 5% |
| Population health Outcome Milestones (Domain 4) | P4R | 5% | 5% | 5% | 5% | 5% |

** P4P is pay for performance; P4R is pay for reporting.*

Source: NYS DSRIP Standard Terms & Conditions

# What Now?

***Current Progress***
***Additional Resources***
***Q&A***

# What Now: PPS Current Progress

- **Current DSRIP Period:** Year 1, Quarter 4 (ends 3/31/16)
- **Current Reporting Period:** Year 1, Quarter 3 (ended 12/31/15)
- **Payments Distributed to PPSs:**
  - Implementation Grant
  - DSRIP Year 1 First Payment*
  - DSRIP Year 1 Second Payment*
- **Reporting to Project Advisory and Oversight Panel**: Second round complete week of 1/18/16

*Excludes Safety Net Equity Funds; currently in MMCO negotiations

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# What Now: Additional Resources

- More information on DSRIP, including a copy of the NYP-led PPS's design grant application, are available at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/
- MRT Innovation eXchange (MIX): https://www.ny-mix.org/login
- www.nyp.org/pps
- Email: ppsmembership@nyp.org

# Q&A