

NYS Delivery System Reform Incentive Payment Program (DSRIP) and NYP PPS Overview

DSRIP Origins

In 2014, New York State and CMS finalized the agreement on the Medicaid Redesign Team Waiver Amendment. This allows NYS to invest \$9 billion in improvements to the Healthcare Delivery System.

NYS DSRIP Goals

The goals for the NYS Delivery System Reform Incentive Payment Program are:

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

The Performing Provider System (PPS)

To achieve the above goals, networks of providers and community-based organizations form Performing Provider Systems (PPSs). Each PPS is assigned a body of Medicaid patients (defined as attributed lives) and is directly responsible for improving their health and well-being through care management and improved care coordination.

PPSs include a broad range of collaborators to strengthen care coordination efforts and address social determinants of health.

The NewYork-Presbyterian Hospital PPS

Of the 25 PPSs across NYS, NewYork-Presbyterian Hospital is one of the lead PPSs.

NYP PPS FACTS

- 90,000 Attributed Medicaid Beneficiaries
- Over 80 collaborators within our PPS
- \$97 million potential over 5 years across 10 projects

NYP PPS DSRIP PROJECTS

System Transformation

- Ambulatory ICU (Adult and Pediatric)
- Integrated Delivery System

Population-Wide Prevention

- Decrease HIV Morbidity
- Tobacco Cessation

Clinical Improvement

- Behavioral Health Crisis Community Stabilization
- Behavioral Health and Primary Care Integration
- Care Transitions to Reduce 30-Day Readmissions
- ED Care Triage
- HIV Center of Excellence
- Integration of Palliative Care into the PCMH

NYP PPS KEY ELEMENTS

Key elements at the heart of the NYP PPS approach to transforming care for our Medicaid patients include:

Patient-Centered Care: Provide quality services in community settings that address the spectrum of patient needs (i.e. clinical, psychosocial, emotional and spiritual).

Health Information Sharing: Facilitate Health Information Exchange to support team-based care among collaborators. The NYP PPS will exchange plans of care, discharge summaries, notifications and other information to help us communicate around shared patients as well as provide better, more coordinated care.

Team-Based Care: Encourage all team members across the spectrum of care to collaborate and create an informed approach to patient health and well-being. In particular, this approach emphasizes the use of interdisciplinary teams across our PPS network to allow for collaborative management of the plan of care.

Collaboration: Develop an integrated delivery system focused on population health where PPS members are utilizing standard care coordination and information sharing systems to effectively coordinate care and de-duplicate efforts.

NYP PPS COLLABORATORS

Many of our collaborators have longstanding partnerships with NYP and have been integral to addressing the community's needs. This is also an opportunity to engage new collaborators who work closely with our patients in efforts to improve care and address the many social determinants of health. Our collaborators include:

- Federally Qualified Health Centers
- Independent Physicians
- Behavioral Health Providers (Mental Health and Substance Use)
- Post-Acute Care Providers
- Community Based Organizations
- Pharmacy Providers

Resources

- **NYP PPS website:** www.nyp.org/pps
- **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/
- **DSRIP Program Group on LinkedIn** – “New York State Delivery System Reform Incentive Payment (DSRIP) Program Group”
- **Email:** ppsmembership@nyp.org

Key Definitions:

- A. *Clinical Improvement (Domain 3) Projects:*** Clinical improvement projects for various chronic illness disease categories
- B. *Delivery System Reform Incentive Payment (DSRIP) Program:*** Provides funding to eligible providers through planning grants, provider incentive payments and payments to fund administrative costs associated with innovative reform projects
- C. *Interim Access Assurance Fund (IAAF):*** Time-limited funding for safety-net hospitals to remain financially viable as they prepare for DSRIP
- D. *Medicaid Redesign:*** Efforts to support ongoing State Medicaid reform initiatives – i.e. health home, long term care, workforce, and supporting transitions of individuals with mental health and substance abuse into Medicaid Managed Care
- E. *Population-Wide Prevention Projects:*** Projects focused on prevention of chronic diseases, HIV/AIDS and health of women and children
- F. *System Transformation (Domain 2) Projects:*** Projects focused on creating an integrated delivery system, implementing care coordination and developing transitional care programs
- G. *Value-based – payments (VBP):*** Payments based on value of care provided instead of number of visits and tests (fee-for-service)
- H. *Waiver:*** Under certain circumstances, allows States to waive government-mandated requirements which pertain to how care is delivered to the Medicaid population. Allows more flexibility in how healthcare is provided.