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DSRIP and Medicaid:
Payment Reform and Population Health

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- Statewide coalition of over 140 organizations representing the interests of New Yorkers served by the Medicaid program
- Established in 2003 in response to threats to Medicaid at the state and federal levels
- Systems advocacy on behalf of Medicaid beneficiaries is crucially important because of the many competing interests in Albany

Changes to Medicaid in New York

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- ACA Implementation
- Expansion of Medicaid Managed Care, or "Care Management for All"
- Global Medicaid spending cap
- County administration changes and regional planning
- Electronic health records and data sharing between sectors and silos
- Integration of primary and behavioral care
- Attention to social determinants of health such as housing, poverty, education, criminal justice involvement
- Focus on the "Triple Aim" with attention to quality and outcomes as well as payment reform (DSRIP, Health Homes, ACOs, Medicaid Homes)

How Will it Work?

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- The state is overseeing network development of "Performing Provider Systems" with hospitals* in the lead
  - Lead in PPS is responsible for application, regional coordination, community needs assessment, and reporting
  - Assumes risk for the guarantees made in the application
- PPS' will choose between 5-11 projects off of a pre-approved list, and work throughout the network to create innovative strategies and services that fit within the project's goals. Projects must be:
  - Services within project domains must be new and innovative
  - Responsive to community needs assessment
  - Designed to reduce avoidable hospitalizations with measurable targets

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Evaluation of PPS Applications

- Project valuation is determined by:
  - Transformation potential, out of possible score of 60 points, with delivery system integration as highest valuation
    - Includes degree to which racial and ethnic disparities, but not other socio-cultural determinants
  - Number of Medicaid recipients attributed to PPS geographic reach, including historical health care utilization and primary care assignment
  - Quality of application
    - Community needs assessment is an aspect of project valuation; the closer projects match community need, the higher the value of the application

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DSRIP Project Domains

- System Transformation
  - Create integrated delivery system (required)
  - Implementation of care coordination and transitional care programs
  - Connecting systems
- Clinical Improvement
  - Behavioral Health (required)
  - Cardiovascular Health
  - Diabetes Care
  - Asthma
  - HIV
  - Perinatal
  - Palliative and Renal Care
- Population-Wide
  - Promote Mental Health and Prevent Substance Abuse
  - Prevent Chronic Diseases
  - Prevent HIV and STDs
  - Promote Healthy Women, Infants and Children

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DSRIP Project Domains

- Patient and Community Activation for Uninsured, Non-utilizing, and Low-utilizing Populations ("11th Project")
  - Develop practices/programming that promote 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 it serves

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Statewide Payment Reform

- Pay for Planning:
  - Some PPS' received planning grants to engage stakeholders, conduct needs assessment
- Pay for Performance:
  - Payments made to PPS are directly related to outcomes relative to project valuation
  - Performance of all providers within a PPS is translated by lead hospital
- Payment Reform:
  - Success of each PPS is conditional on the success of all PPS'; statewide performance on system metrics
  - Move to a 90% integrated payment system within the 5-year timeframe

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DSRIP Timeline

December 16th: DSRIP Project Plan applications due

December 18th: Applications posted for public comment

January 20: Public comments on applications due

Early February: Independent Assessor recommendations made public

Mid-February: Oversight and Review Panel reviews assessor recommendations, makes final recommendations to the state

Early March: State announces final decisions

April 1st, 2015: DSRIP Year 1 and projects begin

DSRIP Advocate Response and Concerns

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- Accountability:
  - Transparency and accountability built into the proposal
  - Panel reviewing applications and evaluating outcomes includes consumer/ advocate representation
  - Ongoing role must be made for consumer feedback, apart from market-driven demands
- Community-driven systems change
  - Funding must flow to community based providers who are engaged in caring for attributed Medicaid recipients
- Outcome measures clinical in nature
- Medicaid member attribution
  - How it will impact access to services
  - How people will be aware they have been attributed
  - How people will know what their choices and rights are

DSRIP Advocate Response and Concerns

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- Potential to re-silo care system without forming partnerships with local providers who have intimate knowledge of community and social services
- Fragmented service delivery can still exist even with successful vertical and horizontal integration, but integration can also homogenize service delivery
- Changes to managed care networks over time and new incentive-based relationships may shift access and contracting relationships
- Improvements in care delivery will not only meet outcome goals, but could dramatically improve community tenure and well-being

Opportunity for Stakeholders and Consumers

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- Many have participated in provider recommendations, advocating to PPS leaderships, and community needs assessment
- Public comment periods
- Providing linkages and communication to leads and participating providers, agency representatives
- Ensure accessibility in meeting times and language access, providers educations, and education to community members