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# DSRIP 2017:
## Lessons Learned and Paving the Way for Success

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Department of Health | Medicaid Redesign Team

# DSRIP 2017: Lessons Learned and Paving the Way for Success

**Moderator: Gregory Allen, MSW**
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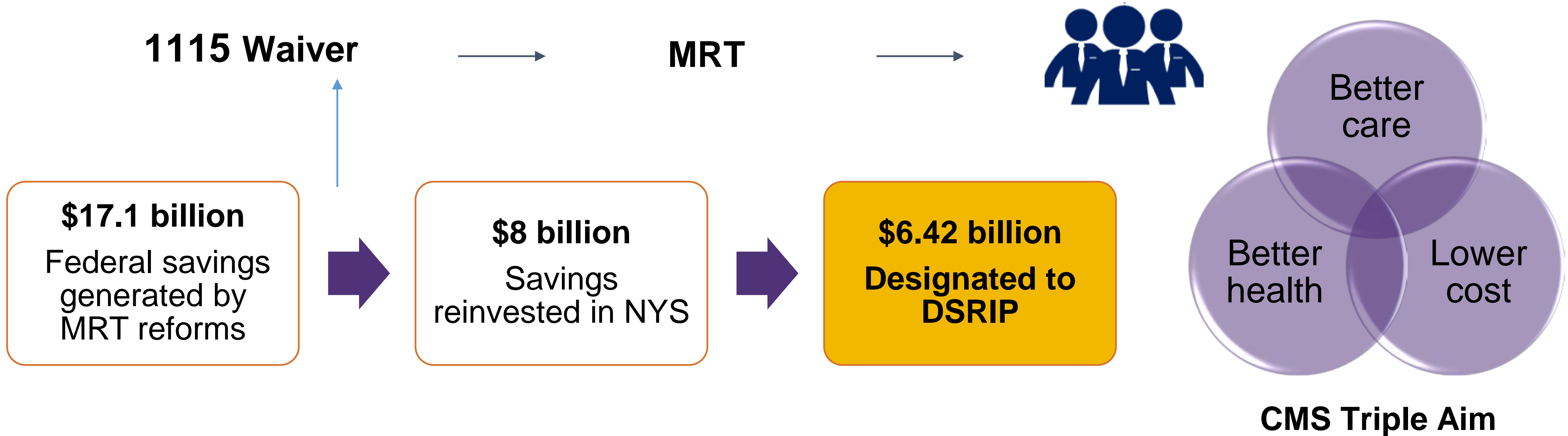
# Opening Remarks

# Recap: The 1115 Waiver

Governor Cuomo created the Medicaid Redesign Team (MRT) to develop reforms to improve health outcomes and further savings. $6.42 billion dollars of savings were reinvested and designated to Delivery System Reform Incentive Payments (DSRIP). The MRT developed a multi-year action plan. We are still implementing that plan today.



# Recap: DSRIP Objectives

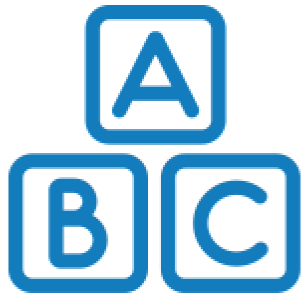
- *DSRIP as a transformation tool*

- DSRIP was built on the Center for Medicare and Medicaid Services (CMS) and State goals in the Triple Aim:
  - ✓ Better care
  - ✓ Better health
  - ✓ Lower costs
- To transform the system, DSRIP will focus on the provision of high quality, integrated primary, specialty and behavioral health care in the community setting with hospitals used primarily for emergent and tertiary level of services
- Its holistic and integrated approach to healthcare transformation is set to have a positive effect on healthcare in New York State (NYS)

*Source: The New York State DSRIP Program. NYSDOH Website. & New York's Pathway to Achieving the Triple Aim. NYSDOH DSRIP Website. Published December 18, 2013.*

# The real goals of DSRIP mean a transformed future system

- We need a future system where we think more broadly, on a community basis, where all of the systems that impact an individual's well being are coordinated.
- We could measure the outcomes that society cares about, moving beyond health care metrics




✓Kindergarten Readiness

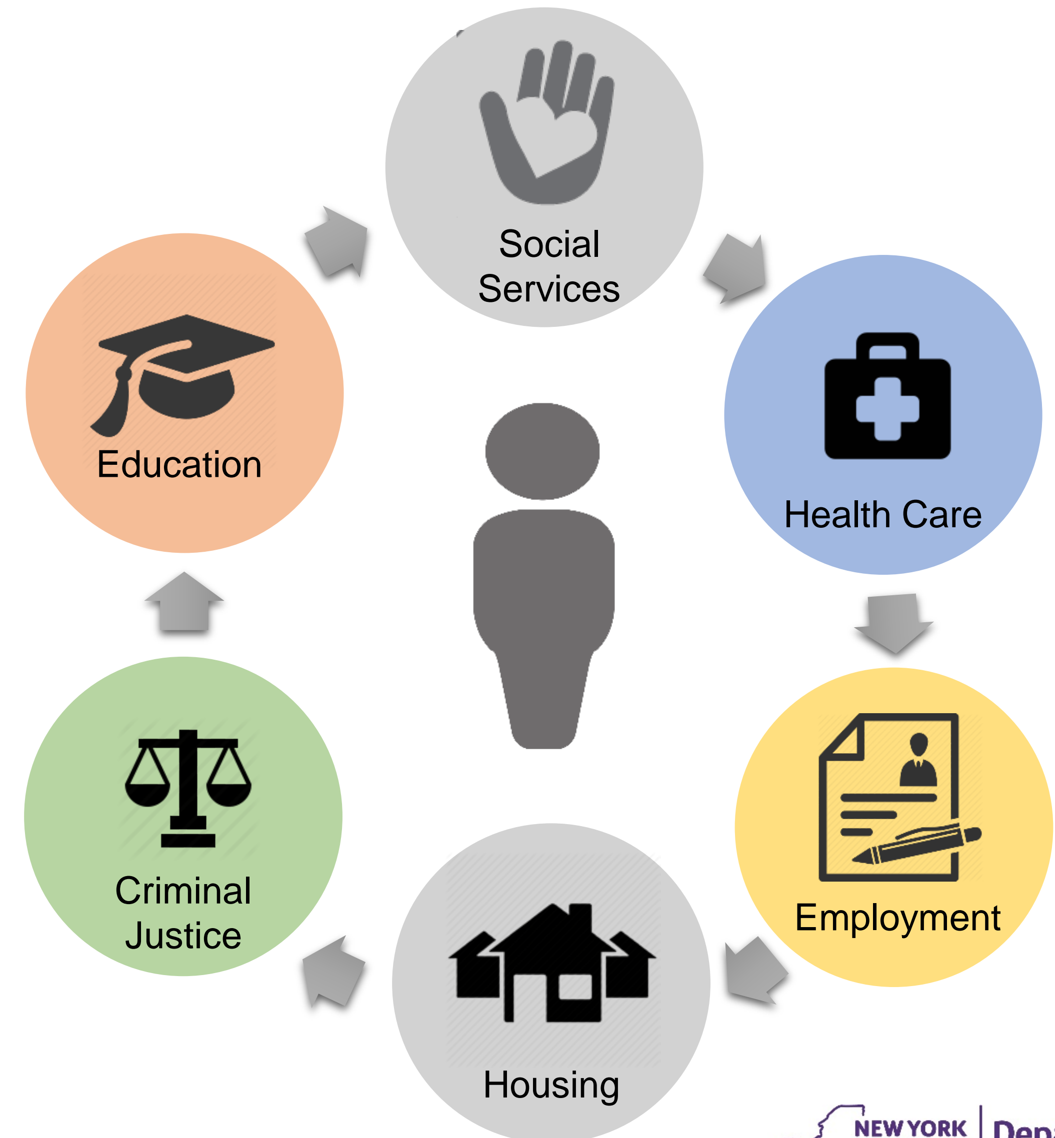
✓Quality of Life

✓Community Happiness

✓Mortality

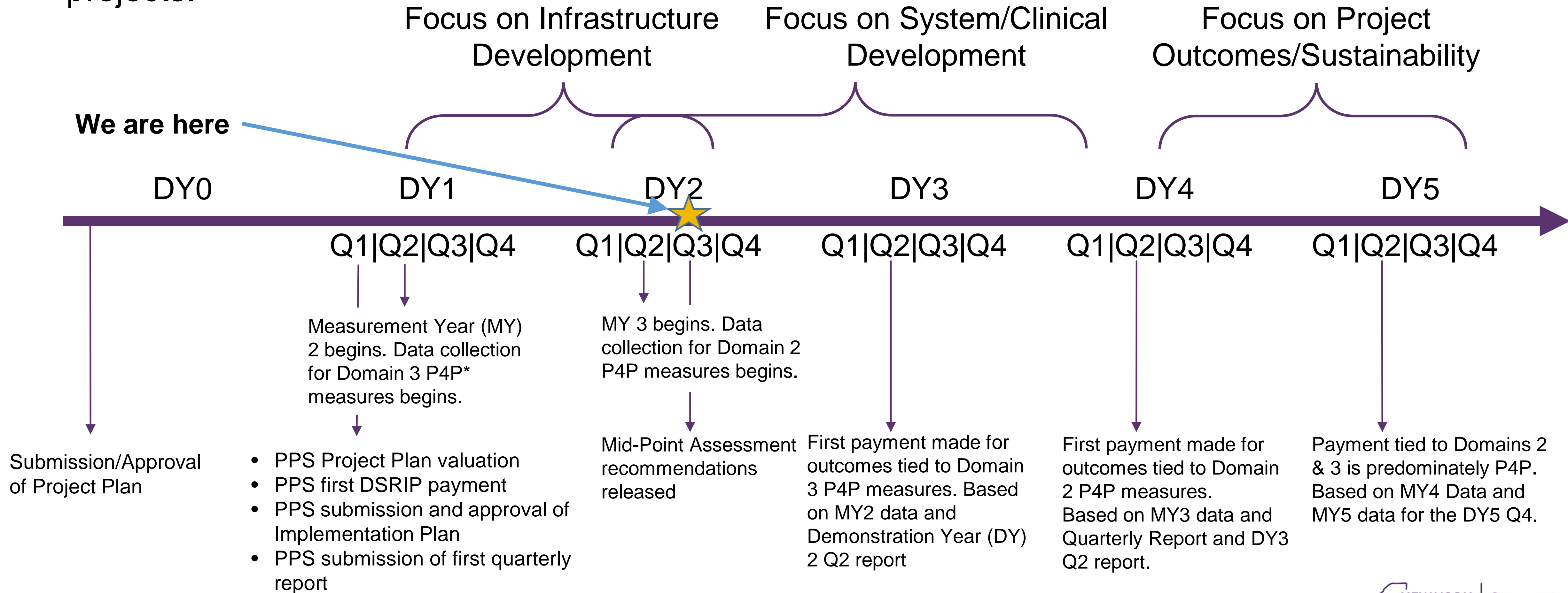
# True System Alignment

- DSRIP and VBP break down siloes within health care and build relationship to other sectors.
- We need to think even more broadly about the systems that serve out communities
- We are working towards developing an ecosystem designed to achieve the most important outcomes to a community.



# Where We are Now: DSRIP Timeline

Performing Provider Systems (PPS) have transitioned from planning to implementing projects.




*Source: Based on Independent Assessor Project Approval and Oversight Panel Presentation. Nov 9 – 10, 2015. NYS DSRIP Website*

** P4P = pay for performance*

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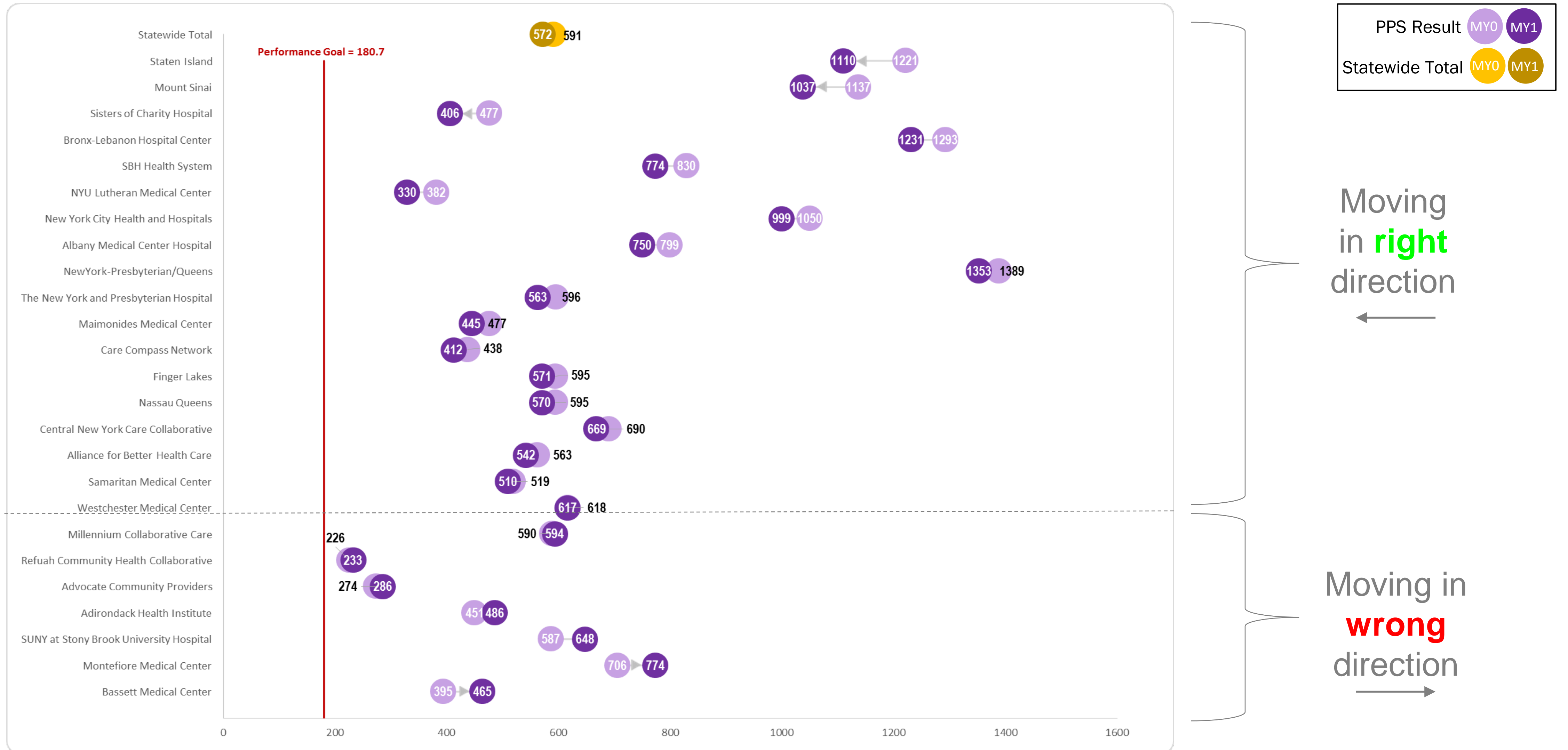
# Where We are Now: DSRIP Performance

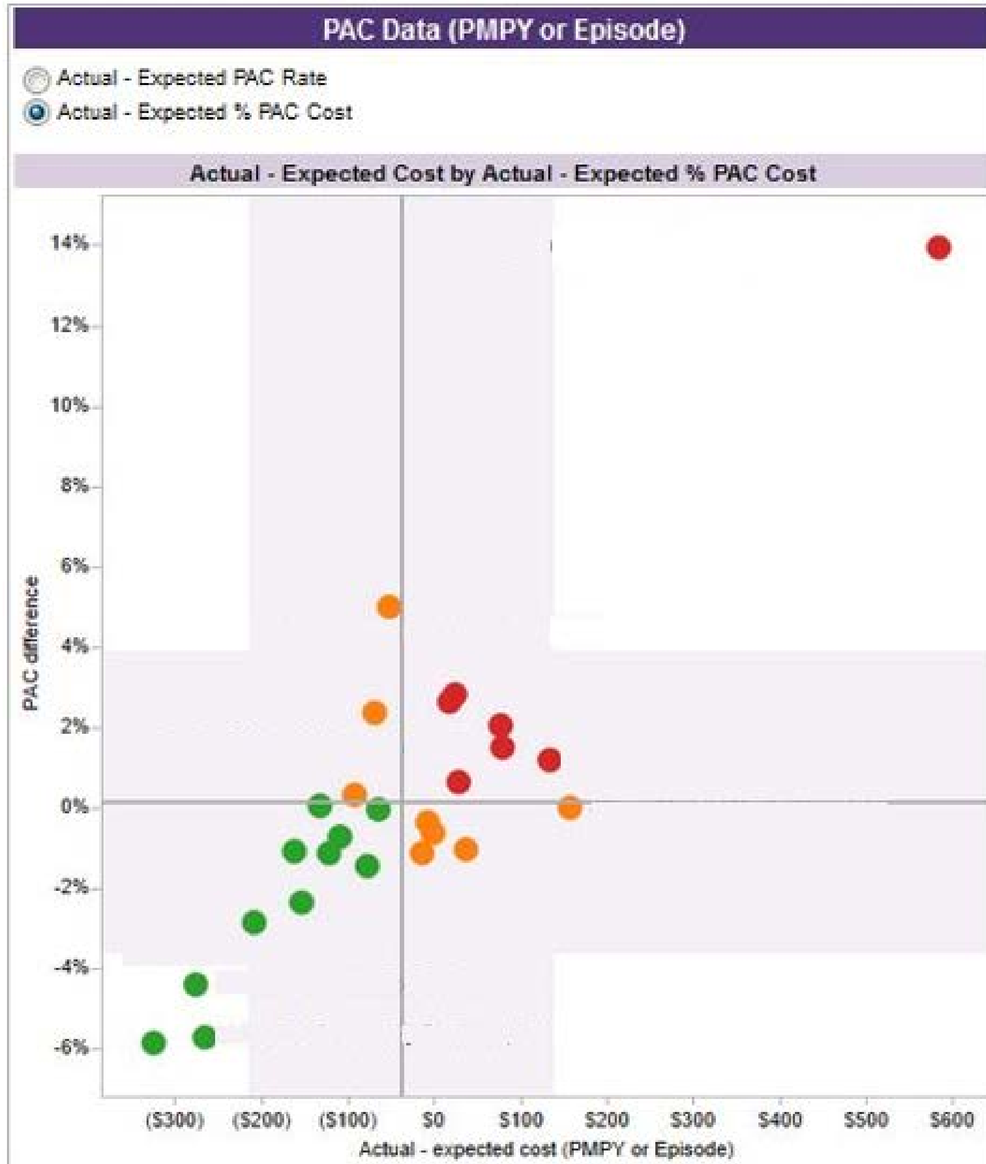
Potentially Preventable Readmissions + Rate of preventable hospital readmissions per 100,000 members in MY0 and MY1




MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.
Data Source: Medicaid Analytics Performance Portal (MAPP) – official MY0 and MY1 Attribution for Performance results.

± A lower rate is desirable

# Opportunities in VBP: Chronic Care




VBP Arrangement
Chronic Bundle
Episode
Chronic bundle
MCO
(All)
Subgroups
(All)
Health Home
(All)
Actual - Expected Costs
($92,280) $371,405
Volume
19 281,222
Fair
Good
Poor

- All PPS average total cost of care and avoidable complication costs
- Difference between lower and higher performing PPS is > $ 500 per member
- Highest performing PPS spend <20% of these costs on complications; lowest >30%.

# Recap: VBP Contracting

In addition to choosing which integrated services to focus on, Managed Care Organizations and contractors can choose different levels of VBP:

| **Level 0 VBP** | **Level 1 VBP*** | **Level 2 VBP** | **Level 3 VBP** (feasible after experience with Level 2; requires mature contractors) |
|---|---|---|---|
| **FFS with bonus and/or withhold based on quality scores** | FFS with upside-only shared savings available when outcome scores are sufficient (For PCMH/IPC, FFS may be complemented with PMPM subsidy) | FFS with risk sharing (upside available when outcome scores are sufficient) | Prospective capitation PMPM or Bundle (with outcome-based component) |
| **FFS Payments** | FFS Payments | FFS Payments | Prospective total budget payments |
| **No Risk Sharing** | ↑ Upside Risk Only | ↑↓ Upside & Downside Risk | ↑↓ Upside & Downside Risk |

**Acronyms:**
FFS – Fee-for-Service
PMPM – Per Member Per Month
PCMH – Patient Centered Medical Home
IPC – Integrated Primary Care
VBP = Value Based Payments

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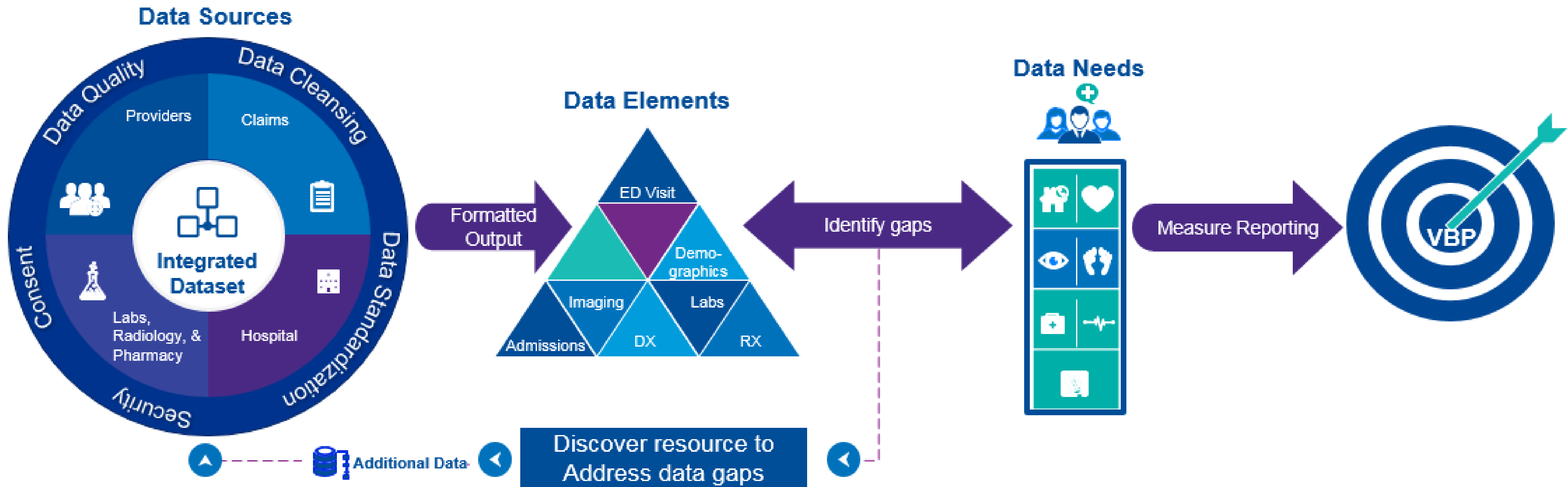
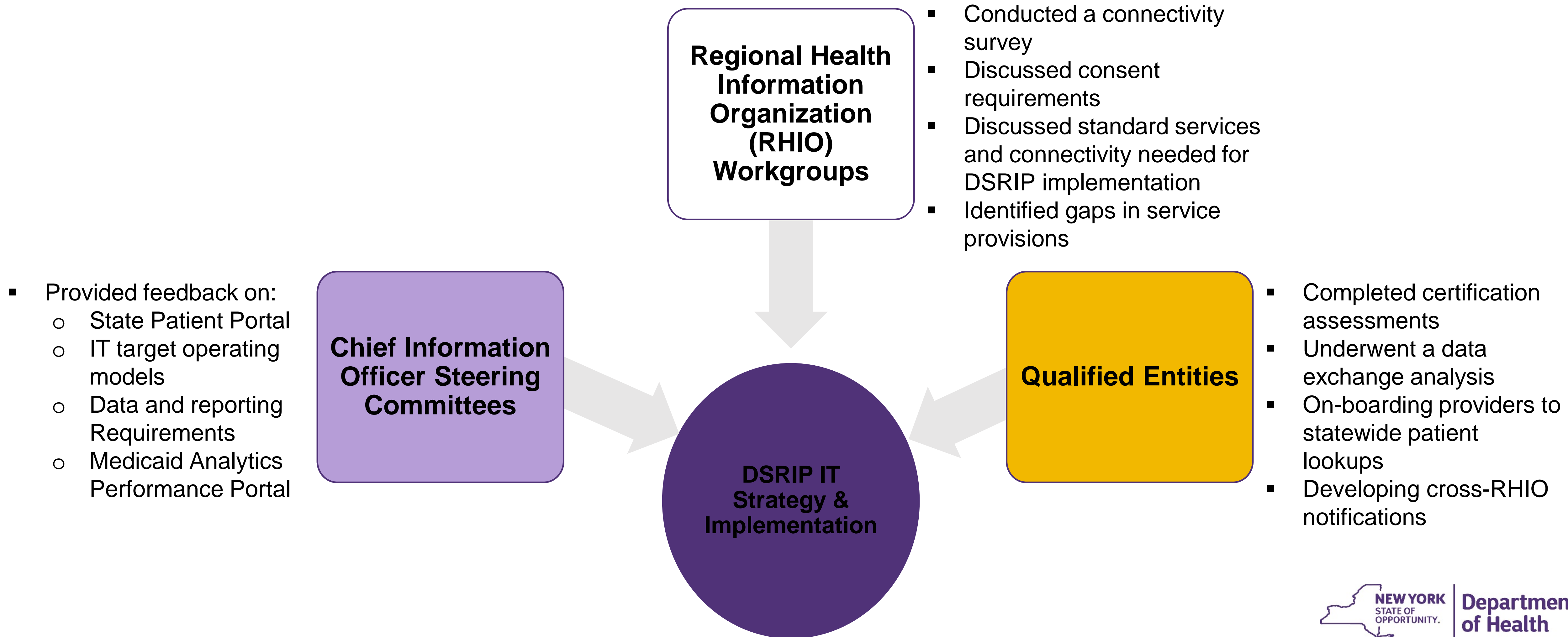
# Timely and Accurate Data is Mission Critical



# What Has Been Done To Date Around Data



# Panel Introduction

# Questions & Answers

## Questions?

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