

A red-tinted image of the Statue of Liberty's head and crown, positioned in the upper right corner of the slide. The background of the slide features a grid of red lines.

Redesign Medicaid in New York State

**Delivery System Reform Incentive Payment
(DSRIP) Program and Health Homes**

September 10th, 2014, 1:30-3:00PM

Greg Allen, Policy Director

Office of Health Insurance Programs



A Quick Review of DSRIP Key Points

NYS DSRIP Plan: Key Components

- ❑ Key focus on reducing avoidable hospital use by 25% over five years.
- ❑ Statewide initiative open to large public hospitals and a wide array of safety-net providers.
- ❑ This is an incentive program!
 - ❑ *Payments are based on performance on process and outcome milestones from projects selected from CMS approved Project List*
- ❑ *Key theme is collaboration!* Communities of eligible providers will be required to form Performing Provider Systems to develop DSRIP project proposals.
- ❑ **We are all in this together!** The State also has metrics that must be met in order to keep full DSRIP funding.



DSRIP Program Principles

Patient-Centered

- Improving patient care & experience through a more efficient, patient-centered and coordinated system.

Transparent

- Decision making process takes place in the public eye and that processes are clear and aligned across providers.

Collaborative

- Collaborative process reflects the needs of the communities and inputs of stakeholders.

Accountable

- Providers are held to common performance standards, deliverables and timelines.

Value Driven

- Focus on increasing value to patients, community, payers and other stakeholders.

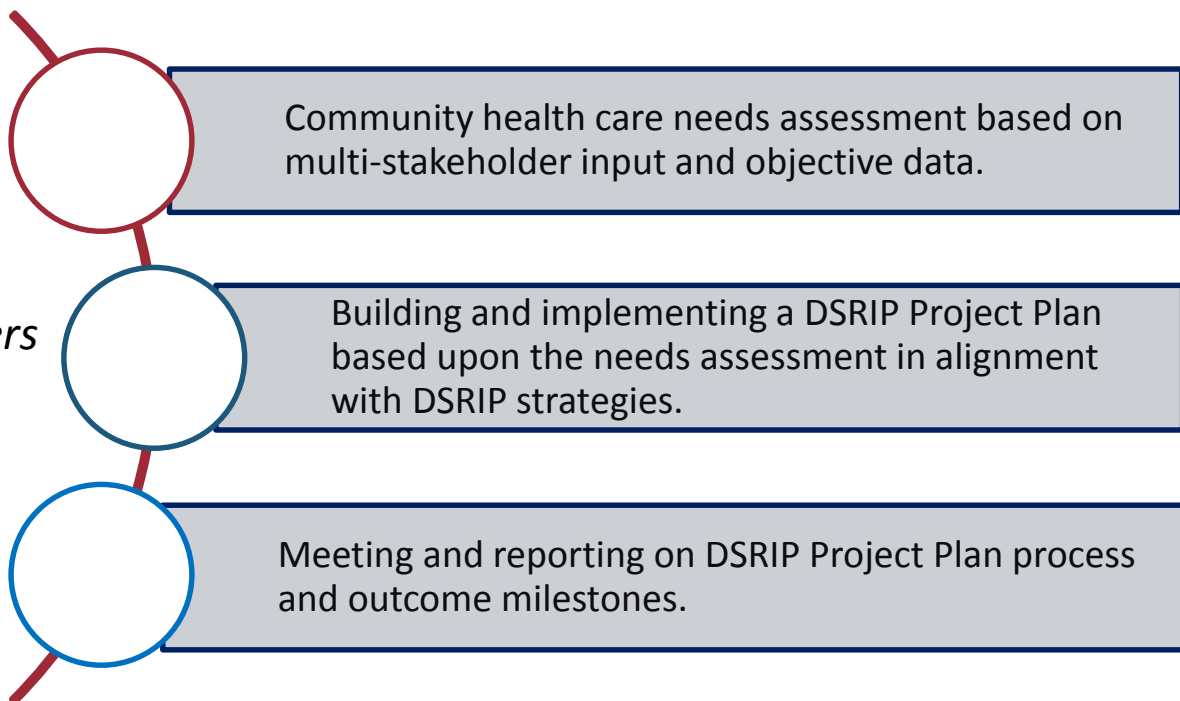
Better care, less cost

Performing Provider Systems (PPS) – Structured to Transform the Delivery System

PPSs should include:

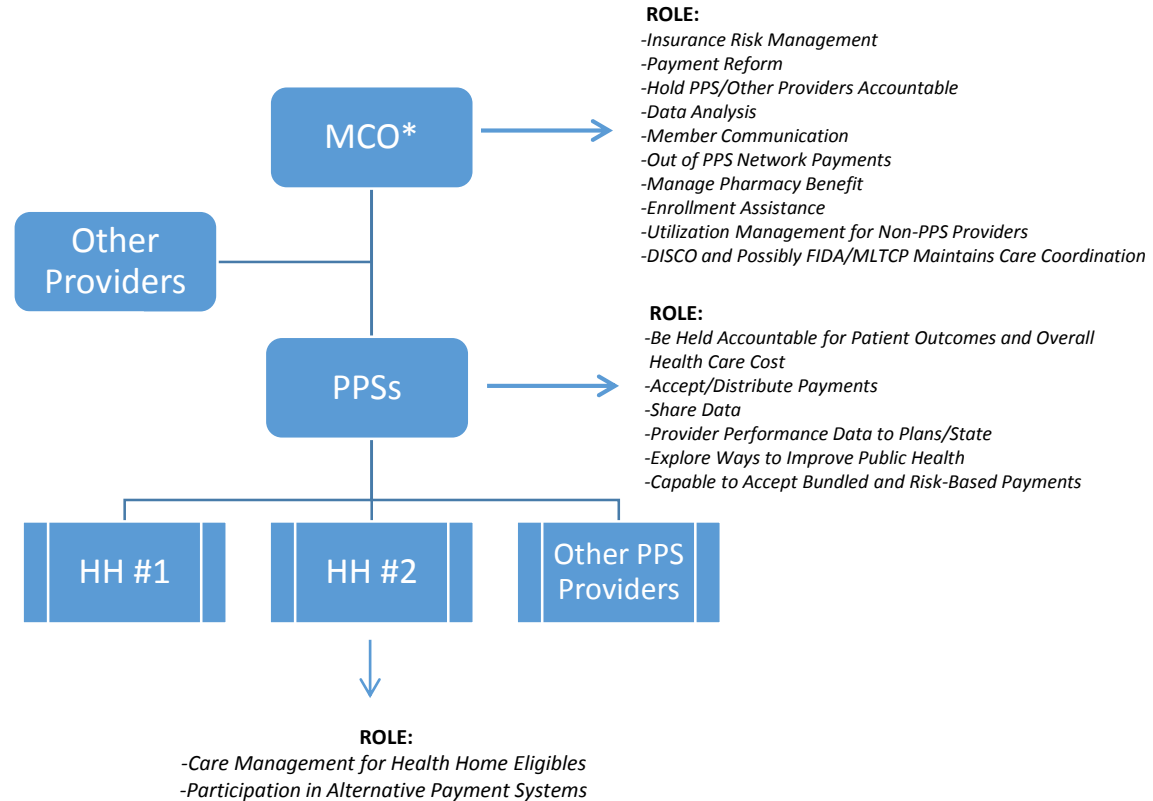
- ❑ *Hospitals*
- ❑ *Health Homes*
- ❑ *Skilled Nursing Facilities*
- ❑ *Clinics & FQHCs*
- ❑ *Behavioral Health Providers*
- ❑ *Home Care Agencies*
- ❑ *Primary Care Providers*
- ❑ *Other key stakeholders*

Responsibilities must include:



Five Years in the Future

How The Pieces Fit Together: MCO, PPS & HH



*Mainstream, MLTC, FIDA, HARP & DISCO



Why are Health Homes so integral to DSRIP?

- ❑ The majority of Medicaid members at highest risk for avoidable hospital use are those persons eligible for Health Home care management.
- ❑ 59% of hospital readmissions in NYS are related to chronic medical conditions in persons with a Substance Use Disorder or Chronic Mental Health Diagnosis.
- ❑ Transforming the system will require the care management in Health Homes combined with a redesign of the health care delivery system to ensure access to primary/preventive healthcare services and to supportive social services.



Health Homes Show Early Promise in Reducing Avoidable Hospital Services

Health Home Performance: Use of Inpatient and ED Down, Primary Care Up



MRT 89: Health Home

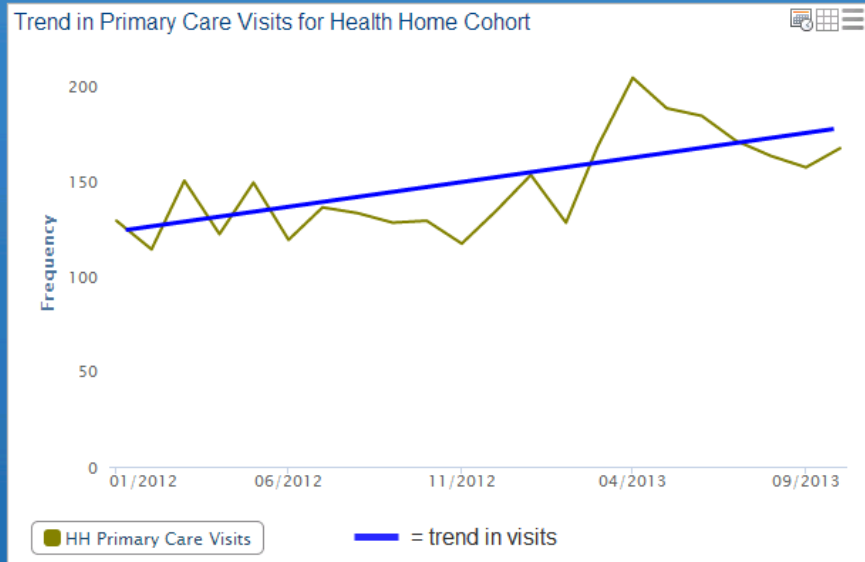
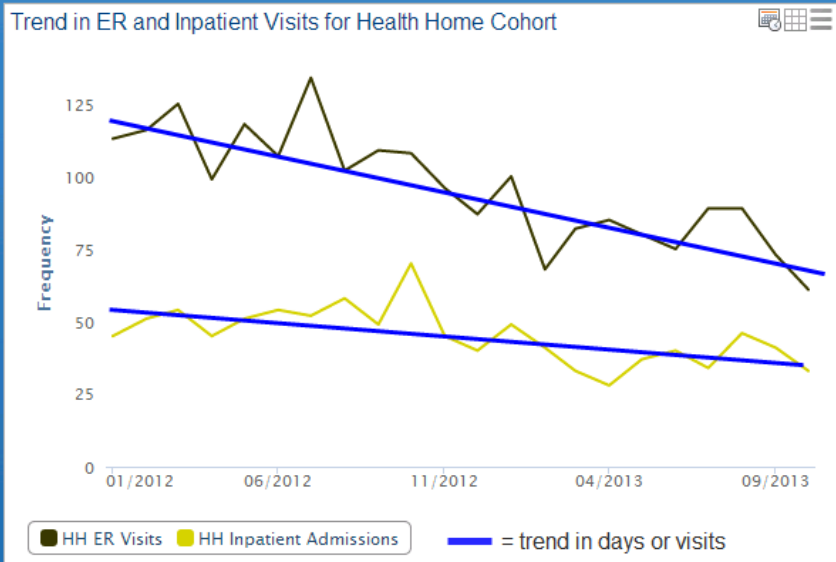
[View Info](#)



Health Home Name
All Members

HH MC Plan Name
All Members

Impact of Health Home on Service Utilization:
Cohort of Members Enrolled from 11/2012 - 12/2013 with Prior Medicaid Enrollment and No Prior Case Management





Health Homes are a key structural component of DSRIP...

- ❑ Performing Provider Systems cannot implement the changes required in DSRIP without including the care management of Health Homes.
- ❑ A number of DSRIP projects in Domain 2, System Transformation, require inclusion of Health Homes as part of the transformation.
- ❑ Project 2.a.i, Create Integrated Delivery System (IDS) specifically encourages Health Homes to consider evolving into IDS, in concert with other providers.



A number of the DSRIP projects specifically include Health Home care management

The following are examples:

▣ Domain 2:

- ▣ 2.a.i Create Integrated Delivery Systems that are focused on evidence-Based Medicine/Population Health
- ▣ 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.b.i Ambulatory Intensive Care Units (ICUs)
- ▣ 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

▣ Domain 3:

- ▣ 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

The following are examples:

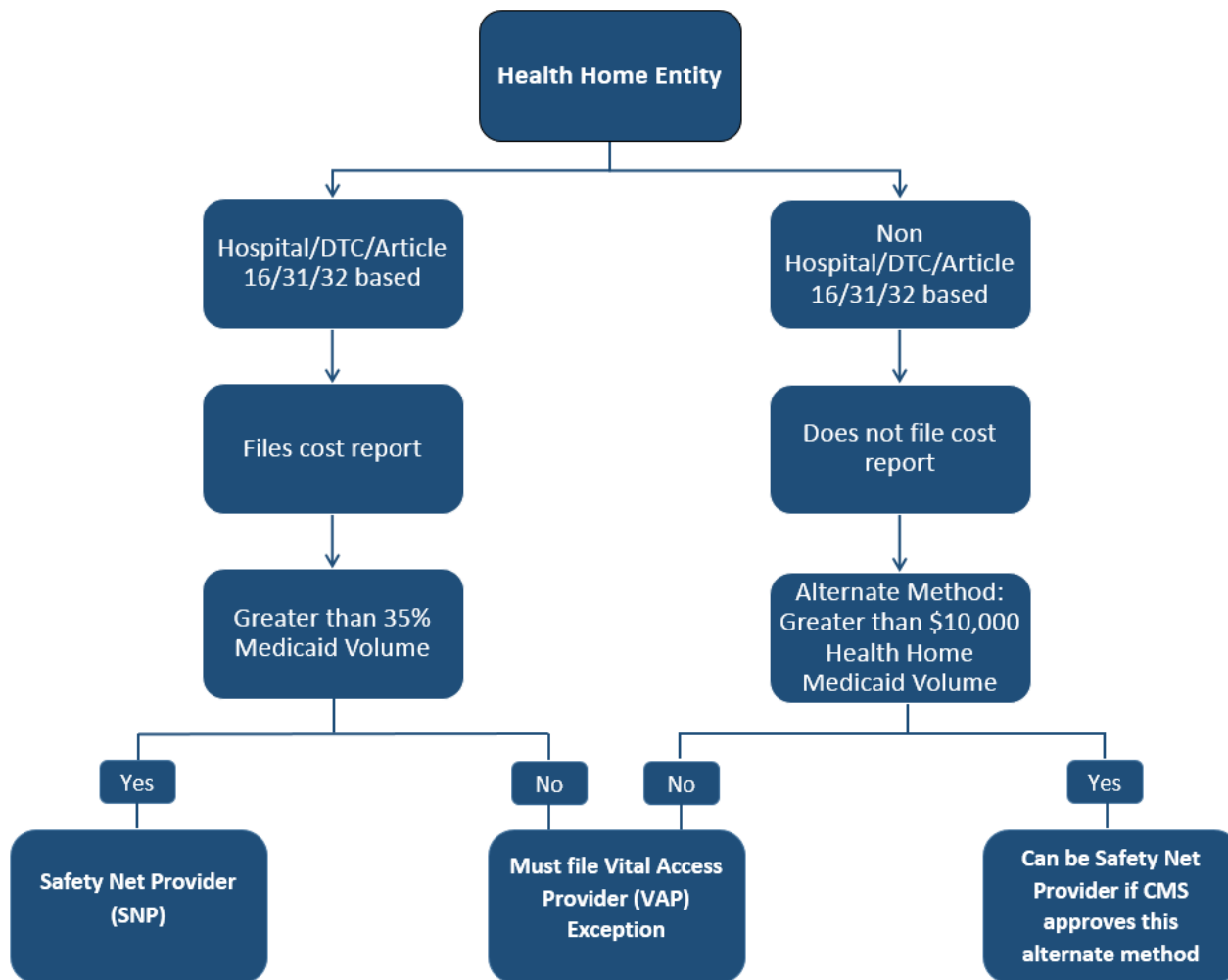
❑ Domain 2:

- ❑ 2.b.iii ED care triage for at-risk populations
- ❑ 2.b.vi Transitional supportive housing services
- ❑ 2.b.ix Implementation of observational programs in hospitals
- ❑ 2.c.i Development of community-based health navigation services

❑ Domain 3

- ❑ 3.a.ii Behavioral health community crisis stabilization services
- ❑ 3.b.i Evidence-based strategies for disease management in high risk/affected populations. (adult only) (cardiovascular health)

Health Home Safety Net Provider





Health Homes have a specific path identified in the Special Terms and conditions to obtain safety net status

DSRIP Special Terms and Conditions

Vital Access Provider Exception:

- ❑ **Vital Access Provider Exception:** The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.
- ❑ Included in the exceptions:
 - ❑ **Any state-designated health home or group of health homes.**



Special Terms and Conditions definition of Safety Net provider: applicability to downstream providers

DSRIP Special Terms and Conditions:

- Non-hospital based providers, not participating as part of a state-designated health home, must have at least 35 percent of all patient volume in their primary lines of business and must be associated with Medicaid, uninsured and Dual Eligible individuals.



How does the state determine who meets safety net definition?

- ❑ The Department has developed methodologies for each of a variety of providers to establish safety net status.
- ❑ Those providers determined by these methodologies to be safety net providers have been posted on the DSRIP website with the methodology used for the determination:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip_safety_net_definition.htm

A second pathway has been developed and is pending CMS approval...

Alternate Safety Net Provider Definitions being proposed to CMS:

- ❑ If an entity has received \$10,000 in annual Medicaid payments, they can be considered eligible as a safety net provider.
- ❑ Recognizes the mix of services some Health Homes and Downstream care management providers supply to Medicaid members, many of which are currently not covered by Medicaid.
- ❑ Included in the list of potentially eligible entities:
 - ❑ **Lead Health Home**
 - ❑ **Downstream Care Management Providers**

What if the state does not identify a provider as a safety net provider?

- ❑ Within a state defined category, if a provider was not identified as a safety net provider, the entity had the opportunity to appeal and provide data to support that it meets the safety net definition.
- ❑ A provider who cannot supply the necessary data could apply for a Vital Access Provider Exception with the appropriate supporting information.
- ❑ A pathway is under discussion with CMS for providers who are not current Medicaid providers but who will be based on implementation of new Medicaid Managed Care products and services.



A downstream provider who does not meet safety net provider criteria could apply under “Vital Access Provider Exception”

DSRIP Special Terms and Conditions:

- ❑ Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. An allowed reason for granting an exception is:
 - ❑ **A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.**



DSRIP Incentive Payments

- ❑ Providers who are participating in the Performing Provider System and who are designated as public hospitals or safety net providers are eligible to share in **95%** of the incentive payments earned when the PPS meets its required process or outcome metrics.
- ❑ Providers who are participating in the Performing Provider System and who are NOT designated as public hospitals or safety net providers are only eligible to share together **a total of 5%** of the incentive payments earned when the PPS meets its required process or outcome metrics.
- ❑ This is a condition of the DSRIP Special Terms and Conditions negotiated with CMS and will not be changed.



To summarize...

- ❑ DSRIP is about health care system transformation with the ultimate goal of creating a financially stable system that meets the needs of its specific community as measured, in part, by a reduction of 25% in avoidable hospital use at the end of five years.
- ❑ Health Homes are critical to this transformation as they are providing care management services to the population of Medicaid members who are driving more than 50% of this avoidable use.



Further...

- ❑ For Performing Provider Systems, it is extremely important that they identify the Health Homes in their regions and ensure they are participants in the PPS project plan.
- ❑ Health Homes and their key contacts can be found at the following DOH website:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm

Department of Health

Information for a Healthy New York

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Medicaid

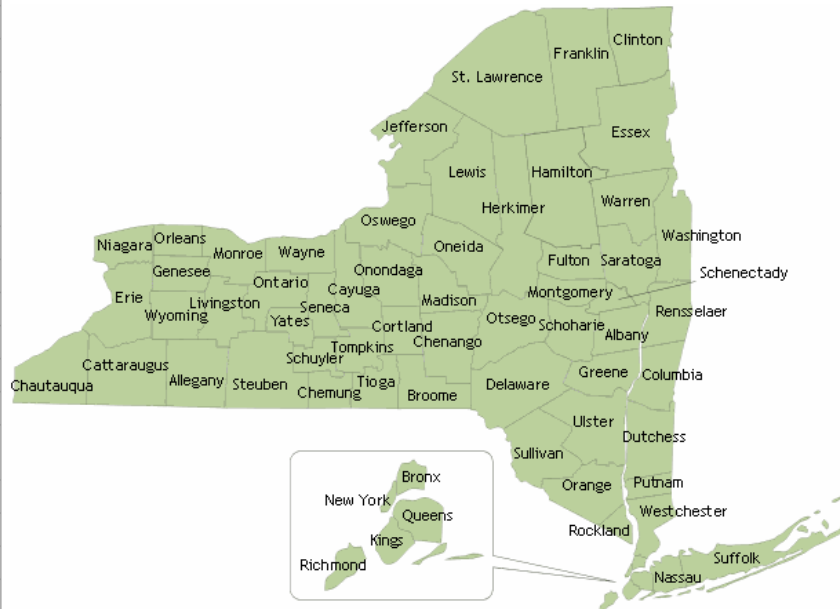
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Health Homes by County

Counties

To find a Health Home that serves your county, select a county from the map below, or from a [list of health homes for counties in New York State](#).



http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/contact_information/



Questions?



Useful Contact Information

- Visit the Health Home website:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes”
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Call the Health Home Provider Support Line: 518-473-5569



We want to hear from you!

DSRIP e-mail:

dsrip@health.ny.gov

1115 waiver e-mail:

1115waivers@health.state.ny.us

E-mail Health Homes:

https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

Subscribe to the MRT listserv:

http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm

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