NEW YORK STATE | Department of Health | Medicaid Redesign Team

DSRIP Update

Managed Care Policy and Planning Meeting

March 10, 2016

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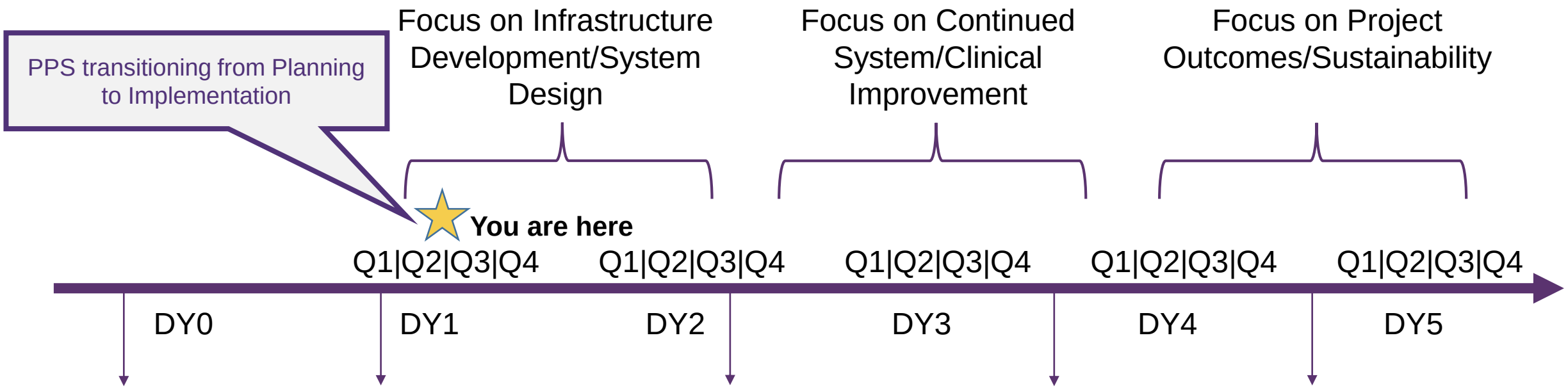
DSRIP Implementation Timeline and Key Benchmarks



Submission/Approval of Project Plan

- PPS Project Plan Valuation
- PPS first DSRIP Payment
- PPS Submission of Implementation Plan and First Quarterly Report

Domain 3: Clinical Improvement P4P Performance Measures begin

Domain 2: System Transformation P4P Performance Measures begin

Domains 2 & 3 are completely P4P

Domain 4: PPS working in collaboration with community and diverse set of service providers to address statewide public health priorities; system improvements and increased quality of care will positively impact health outcomes of total population.

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Opt Out Mailing – The Opt Out process gives Medicaid members the opportunity to opt out of data sharing in DSRIP

Opt-Out Mailing Overview

- In order for the PPS to be effective in designing programs and services that benefit members, the State would like to be able to share member claims and encounter data.
- Members opting in are not required to take any action.
- If members wish to opt out, members may call the Medicaid call center or mail back a signed Opt-Out.
- MCOs assist in explaining DSRIP to their provider networks to ensure providers are engaging with patients in understanding how DOH->PPS data sharing may benefit their patients.
- The DSRIP call center number is 1-855-329-8850

Opt-Out Mailing Status to Date

Phase I mailing asked MCOs to assist in identifying member addresses

Oct 2015 — **Phase I:** 509,000 + letters mailed → **Nov 2015**

Feb 2016 — **Phase II:** ~ 5 million letters underway → **Mar 2016**

- All **eligible** full coverage Medicaid members as of 2/2/16 will receive a letter.
- A number of letters came back as undeliverable.
- **10 MCOs provided assistance** from Phase I in identifying members' addresses to ensure all members have equal opportunity to opt out.
- The State is **analyzing the address update results** that came back from the MCOs and will determine if this is the best path on address clean up going forward. Maximizing **deliverable** mail is goal.
- So far, **over 3 million** Opt-Out letters have been sent in Phase I and Phase II mailings combined.
- After Phase II is concluded in late April, the Opt-Out mailing **will continue monthly** to a smaller degree as newly eligible members come on to the Medicaid rosters.

Data Sharing

- DOH and State Partners are looking at use-case scenarios for data sharing and consent issues among PPS, provider partners (clinical and non-clinical) and MCOs.
- Expectation is some entities and relationships will need to consult their own attorneys to ensure compliance with federal and state laws related to consent.

Public Comment Dates

Public Comment Dates

- Per the CMS requirement affording stakeholders and the public an opportunity to comment on the state's 1115 Waivers, the NYS DOH will hold 2 upcoming Public Comment opportunities.

- Similar to the Public Comment Day offered in January 2015, during the PPS Application phase, this will allow all members of the public to offer feedback and comment on the MRT waiver and DSRIP Program. The January 2015 Public Comment Day was a full day of public comment with the DSRIP Project Approval and Oversight Panel (PAOP) present.

- The PAOP will be present for these upcoming sessions as well.

- The **Downstate** session will be held in early May and the **Upstate** session will be held in June.
- Both sessions are open to the public and both will be webcast live.

- A Sign Language Interpreter can be available upon request.
- Pre-registration is encouraged, and additional information will be sent out soon.

PCMH, TCPI and APC Coordination Efforts

PCMH, TCPI and APC

The three initiatives are aligned in goal and objective but are distinct in structure, method of transformation support, targeted audience, and alignment with alternative payment models

	DSRIP	SIM / APC	TCPI
Focus	Primary care practices participating in PPS provider networks are required to achieve Level 3 PCMH (2014) or APC by March 2018.	Primary care practices	Clinician practices, both primary care and specialty
Source of Funding / Support to Provider	The PPS that the provider is part of and with whom they participate in relevant DSRIP projects.	APC Technical assistance (TA) vendors Practices opting to participate will be provided an initial self-assessment tool to help them understand and document their current competencies and potential areas for development. With this information, practices will be able to select a SIM-funded transformation vendor to assist them.	CMMI funded grantees – • Care Transitions Network for People with Serious Mental Illness • Greater New York City Practice Transformation Network • New York State Practice Transformation Network
Resources / Payment	PC practices are supported by PPSs to reach PCMH or APC designation through TA contracts or centralized resources.	Pays TA vendor to enlist and support on a per-practice basis	Pays TA vendors to enlist and support on a per-provider

The two main objectives are to improve the performance of the state's health care system and prepare the State's clinician practices to participate meaningfully in emerging value-based payment systems.

Coordination Efforts: Basic Principles

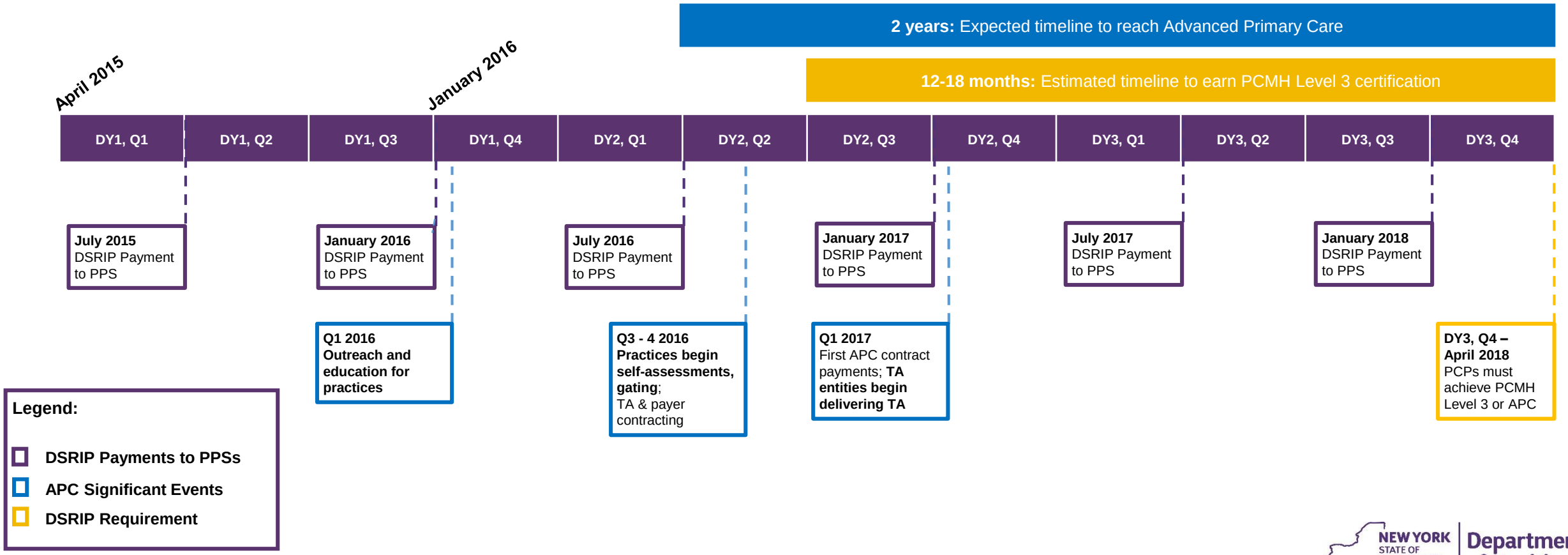
PPSs may not leverage these funding sources if already providing support to a provider for practice transformation TA

- Prevent **duplicate use** of funding
- Programs are **mutually exclusive**
- A practice **cannot be supported for transformation by more than one** of these sources
- Under **DSRIP**, if a provider is part of a PPS's network, they may be able to leverage these other funding sources **as long as the PPS is not simultaneously providing support* to that provider** for practice transformation technical assistance

**Note: Conversations are ongoing to clarify this level of "DSRIP support"*

Coordination Efforts: Timeline

APC is not finalized and, therefore, PPSs should continue to use Level 3 PCMH certification requirements as the target for meeting the DSRIP DY3 Q4 "PCMH level 3 or APC" requirement



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Equity Payments Update

Pairings for both EIP and EPP, for which activities and metrics have been finalized, are complete

Programmatic Development

- The Equity Infrastructure Program's (EIP) **9 activities have been finalized**. PPS will choose 4 activities to participate in annually.
- The Equity Performance Program's (EPP) **25 metrics** (taken from DSRIP) have been finalized. PPS will choose 6 metrics to be measured on.

Contracting

- Equity Program contracting guidelines and guardrails have been released by DOH to the participants.
- Pairings between **MCOs and PPS for EIP have been finalized**.
- Pairings between **MCOs and PPS for EPP are still in development**. Once these are determined, contracts should be quickly finalized.

Flow of Funds

- Payments to MCOs in the form of PMPM rate add-ons began for **EIP in January 2016**.
- **EPP payments** to MCOs, also in the form of PMPM rate add-ons, will begin in **April 2016**.
- Equity Program payments to PPS will only occur **after the contracts are complete** and the first period of **activity/performance has concluded.**

Equity Infrastructure Program – Activities

EIP Key Activities: Evidence of…
Participation in IT TOM initiatives
Participation in one of the MAX Series projects
Participation in expanded HH enrolment
EHR implementation investment
Capital spending on primary / behavioral health integration
Participation in a state recognized tobacco cessation program
Participation in state efforts to end HIV/AIDS
Participation in fraud deterrence and surveillance activities
Infrastructure spending related to SHIN-NY / RHIO

Program size: $938 Million

4 out of 9 activities must be chosen by PPS participating in EIP

Equity Performance Program Measures

EPP Final Measures	
Children's Access to Primary Care – 12 to 24 months	Children's Access to Primary Care – 25 months to 6 years
Children's Access to Primary Care – 7 to 11 years	Children's Access to Primary Care – 12 to 19 years
Prenatal and Postpartum Care – Postpartum Visits	Prenatal and Postpartum Care – Timeliness of Prenatal Care
Frequency of Ongoing Prenatal Care (81% or more)	Childhood Immunization Status (Combination 3 – 4313314)
Follow-up care for Children Prescribed ADHD Medications – Initiation Phase	Follow-up care for Children Prescribed ADHD Medications – Continuation Phase
Lead Screening in Children	Chlamydia Screening (16 – 24 Years)
Med. Assist. w/ Smoking & Tobacco Use Cessation – Discussed Cessation Strategies	Med. Assist. w/ Smoking & Tobacco Use Cessation – Discussed Cessation Medication
Controlling high blood pressure	Comprehensive Diabetes Care
Comprehensive Diabetes screening – All Three Tests	Diabetes screening for persons with schizophrenia
Diabetes monitoring for persons with schizophrenia	Adherence to anti-psychotic medications for individuals with schizophrenia
Behavioral Health – follow up after hospitalization for mental illness (7 day)	Behavioral Health – follow up after hospitalization for mental illness (30 day)
Initiation and Engagement in Alcohol and Other Drug Dependence Treatment (IET) within 14 days of substance abuse episode	Follow-up on Alcohol and Other Drug Dependence Treatment (IET) within 30 days of initial engagement
Well Care Visits in the first 15 months (5 or more Visits)	

Program size: $642 Million
Each PPS participating in EPP must choose 6 out of these 25 measures and at least one measure must be a pay for performance measure in year 2 or 3.

Thank you.

Questions?

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