DSRIP Update

Managed Care Policy and Planning Monthly Meeting

Dianne Kiernan DSRIP Deputy Director
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Agenda

- Overall Implementation Timeline and Key Benchmarks
- Current Highlights
- Midpoint Assessment Timeline, Events, Recommendations
- VBP – Changes to Milestone Due Dates
- Behavior Health Integration within Project 3ai Model 2
- MCP DSRIP Dashboard Access Status
- MCP Rosters of PPS Attributed Members – Update
- Outstanding and Upcoming

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DSRIP Implementation Timeline and Key Benchmarks

We are here, approaching final midpoint assessment activities.

Focus on Infrastructure Development/System Design

Focus on Continued System/Clinical Improvement

Focus on Project Outcomes/Sustainability

DSRIP Midpoint

Q1|Q2|Q3|Q4   Q1|Q2|Q3|Q4   Q1|Q2|Q3|Q4   Q1|Q2|Q3|Q4   Q1|Q2|Q3|Q4

DY0   DY1   DY2   DY3   DY4   DY5

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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DSRIP Timelines

Relating Demonstration Years, Payments, Quarterly Reporting Periods and Measurement Years

DSRIP is at this point in DY, payment cycle, quarterly reporting, MY and EPP.
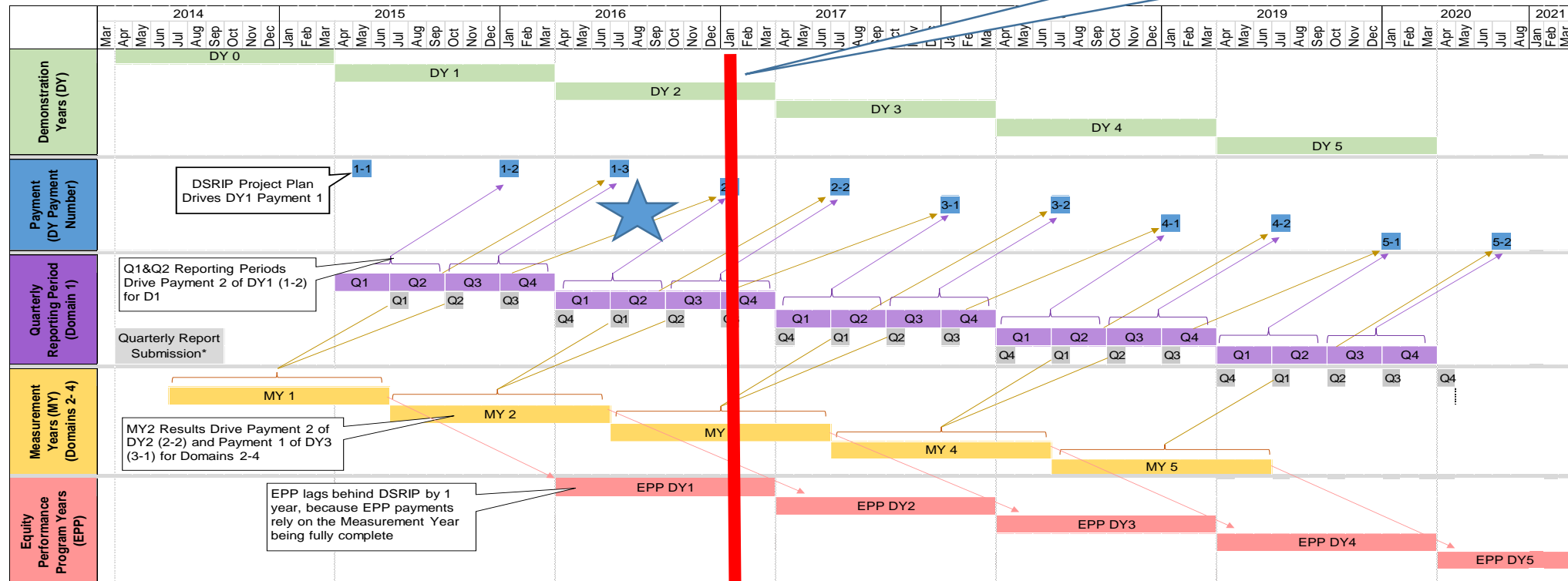
* Quarterly reports are generally due on the last day of the month following the close of the quarter

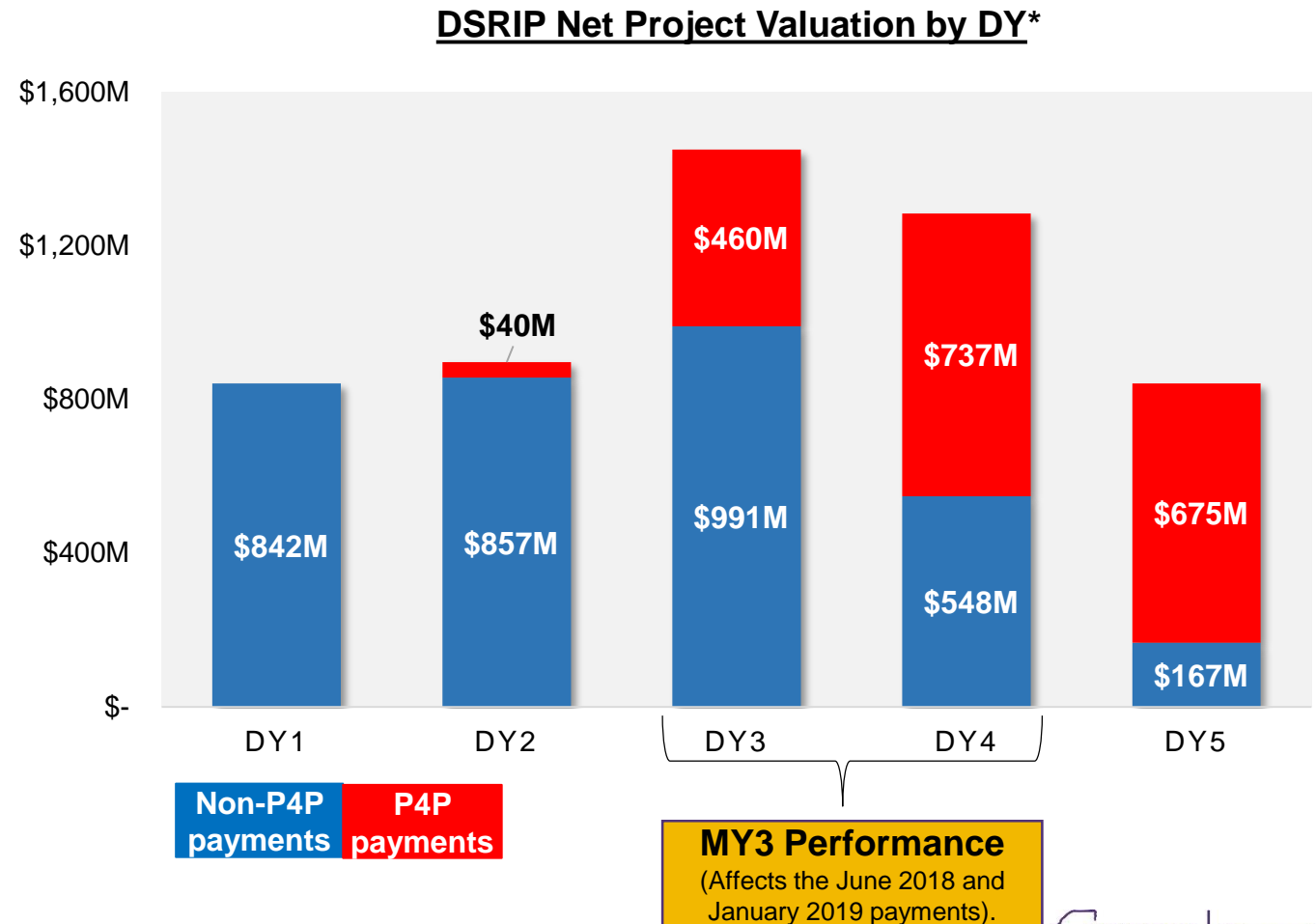PPS earned **99.40%** or $1,200,707,468.30 of all available funds for DSRIP Year 1.

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Current Highlights -DSRIP through DY2, Q2

- Through the first year of DSRIP, PPS have been successful in completing the required organizational milestones across areas such as Governance, Cultural Competency and Health Literacy, Financial Sustainability, and Workforce.

- PPS efforts are shifting from establishing the organizational infrastructure to support DSRIP efforts to the implementation of DSRIP projects and a focus on impacting the quality improvement metrics.

- Funding for DSRIP is now shifting from Pay for Reporting (P4R) to Pay for Performance (P4P).

- **Program is now in Measurement Year 3. Meeting Performance Metrics are critical.**

38% of available P4P dollars are tied to performance in MY3.

- Performance results from MY3 affect $729M in net project valuation**.
  - o MY3 P4P payments are split between payments in DY3 (payment 2 - $392M) and DY4 (payment 1 - $337M).

- All unearned dollars tied to MY3 performance results will roll in to the High Performance Fund (HPF) in MY4.
  - o Unearned dollars will be available to all PPSs who meet HP targets.

DSRIP Net Project Valuation by DY*

Legend: Non-P4P payments (blue) | P4P payments (red)

- DY1: $842M (Non-P4P)
- DY2: $857M (Non-P4P), $40M (P4P)
- DY3: $991M (Non-P4P), $460M (P4P)
- DY4: $548M (Non-P4P), $737M (P4P)
- DY5: $167M (Non-P4P), $675M (P4P)

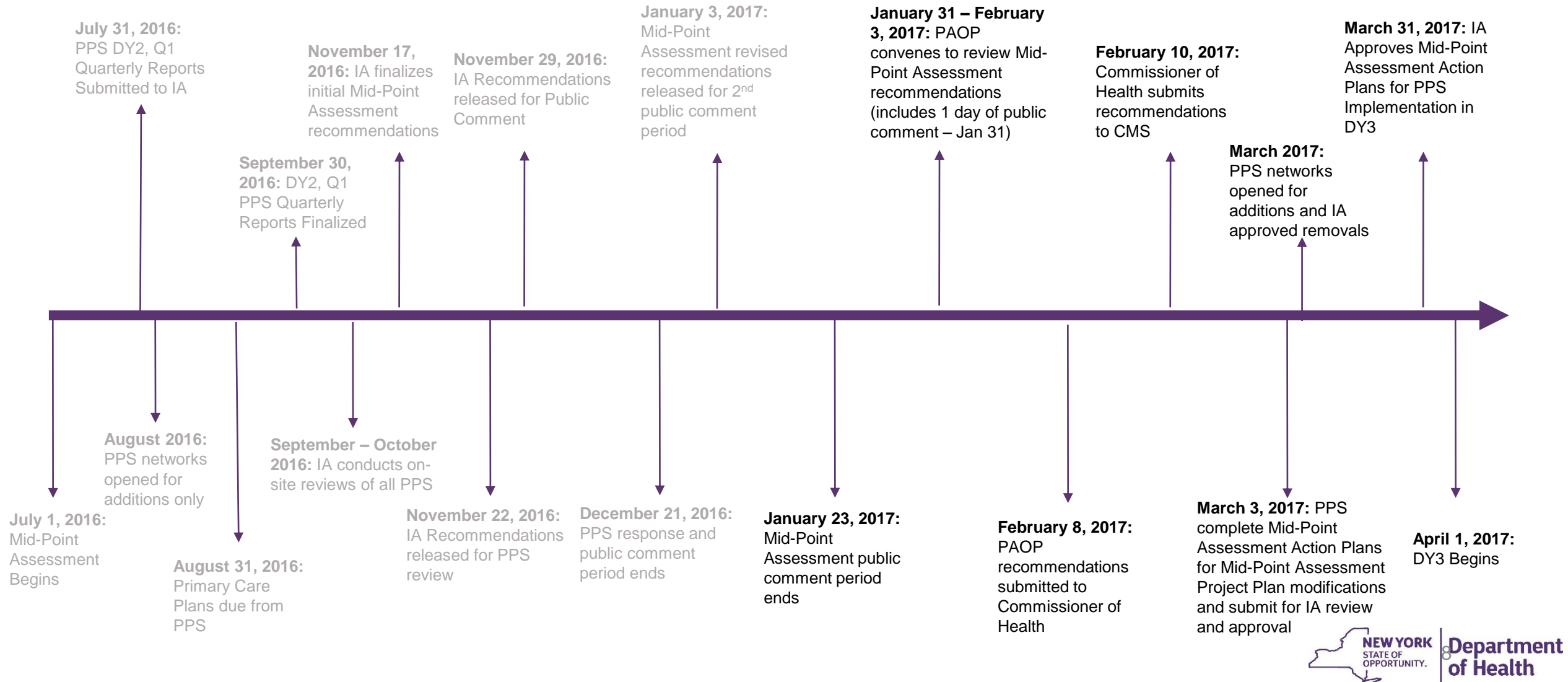**MY3 Performance** (Affects the June 2018 and January 2019 payments).

*Source: Achievement Value Guide for PPSs: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/webinars_presentations.htm
** These number reflect the movement of PQI/PQI P4P dollars to P4R in MY2 and MY3.*

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Current Highlights continued…

- PPS DY2 Q2 Quarterly Reports (activities ended Sept 30, 2016) have been reviewed by IA.

- Results have been communicated to PPS, appeal window is open, and payments will be distributed by end of this month. This will be the first payment of DY2.

- PPS DY2 Q3 Quarterly reports are due January 31 to report activities ended Dec 31, 2016

- Community Based Organization (CBO) Planning Grant RFA # DOH01-CBOPGR-2017 in combined region covering both the Hudson Valley and Long Island areas has been reissued. Applications due into Grants Gateway by February 10, 2017 4:00 pm.   Any questions can be sent to OHIPContracts@health.ny.gov.

- Last month, CMS approved the MRT Demonstration Plan extension through March 31, 2021

DSRIP Midpoint Assessment Timeline

July 31, 2016: PPS DY2, Q1 Quarterly Reports Submitted to IA

September 30, 2016: DY2, Q1 PPS Quarterly Reports Finalized

November 17, 2016: IA finalizes initial Mid-Point Assessment recommendations

November 29, 2016: IA Recommendations released for Public Comment

January 3, 2017: Mid-Point Assessment revised recommendations released for 2nd public comment period

January 31 – February 3, 2017: PAOP convenes to review Mid-Point Assessment recommendations (includes 1 day of public comment – Jan 31)

February 10, 2017: Commissioner of Health submits recommendations to CMS

March 2017: PPS networks opened for additions and IA approved removals

March 31, 2017: IA Approves Mid-Point Assessment Action Plans for PPS Implementation in DY3

July 1, 2016: Mid-Point Assessment Begins

August 2016: PPS networks opened for additions only

August 31, 2016: Primary Care Plans due from PPS

September – October 2016: IA conducts on-site reviews of all PPS

November 22, 2016: IA Recommendations released for PPS review

December 21, 2016: PPS response and public comment period ends

January 23, 2017: Mid-Point Assessment public comment period ends

February 8, 2017: PAOP recommendations submitted to Commissioner of Health

March 3, 2017: PPS complete Mid-Point Assessment Action Plans for Mid-Point Assessment Project Plan modifications and submit for IA review and approval

April 1, 2017: DY3 Begins

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Midpoint Assessment Events

- January 3 - PPS received *Final* IA recommendations which are open for public comment until January 23

- January 31 through February 3 - Public meeting of all IA DSRIP Mid Point Assessment recommendations to PAOP

- February 2017 - Review and approval by Commissioner of DOH and CMS

- March 2017 - Mid Point PPS Action Plans

- April 2017 – Starts Demonstration Year 3

Midpoint Assessment Results

- At this time, the Independent Assessor found no evidence requiring major systemic changes, such as the discontinuation or merging of PPS, to the 25 PPS.

- The IA recommendations were focused on organizational and project improvements the PPS should make to improve the likelihood for the successful implementation of the DSRIP project plan.

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Midpoint Assessment Results

PPS Organizational Themes

- Governance – Many PPS have developed efficient and effective governance structures to implement the DSRIP initiative. A small group of PPS must focus on the challenges related to the implementation of a HUB model. Also, a small number of PPS should governing processes with their the Board of Directors and/or management of the PMO offices to assure PPS and project priorities are addressed.

- Financial Sustainability and VBP – The Independent Assessor is recommending that over two thirds of the PPS implement MPA Action Plans related to Financial Stability/Sustainability and VBP for its provider network. Generally, the IA found that many PPS have not focused on detailed arrangements for sustainability. Furthermore, the PPS needs to work to educate their partners as to their role with VBP in NY Medicaid.

- Partner Engagement – Most PPS need to focus their attention and funding to engage key partners. A majority of the PPS are behind on their Partner Engagement goals at this point in DSRIP.

- Funds Flow – The PMO and Hospitals have received over 70% of DSRIP funds to date across all PPS. PPS will need to fund their network partners at a meaningful level going forward. The PPS must execute their plans for contracts with their downstream partners to ensure that they maximize engagement across the networks as soon as possible.

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Midpoint Assessment Results

PPS Project Themes

- 2.b.iii - ED care triage for at-risk populations
  - A number of PPS indicated issues implementing 2.b.ii. Some examples of the recommendations for 2.b.ii include,
    - The IA recommends that the PPS create a plan to continue to educate patients regarding ED use and alternative sites of care in order to successfully continue to engage patients.

- 3.a.i - Integration of primary care and behavioral health services
  - Project 3.a.i is one of the most important projects in DSRIP thus it is critical that the project is implemented successfully. Some examples of the recommendations for 3.a.i include,
    - The Independent Assessor notes that the PPS has marked milestones related to EHR operability as on hold. The Independent Assessor recommends the PPS develop a plan to address interoperability requirements.
    - The IA recommends the PPS develop a plan to address the workforce challenges with licensed behavioral health specialists and care coordinators.
    - The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments.

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Changes to PPS VBP Milestones due dates

Milestone #4:
Administer VBP survey / needs assessment to organization

Milestone #5:
Develop VBP support implementation plan

Milestone #6:
Engage partners for VBP education and training

Milestones #7-8:
Unique milestones based on the VBP support implementation plan

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Milestone #4: PPSs will need to administer a survey to their members to identify opportunities to support the transition to VBP

- Several PPSs have already administered a survey to their providers; however, a template is in development for those who have not.

- Whether PPSs use the template or their own survey, the following elements should be assessed:

  ➢ Current state of contracting

  ➢ Current resources for care coordination

  ➢ Knowledge areas for additional education

  ➢ Assessment of technology and analytic resources

Milestone #5: Each PPS will then submit a document detailing how they will support the adoption of VBP as part of their plan for ongoing sustainability

- These VBP support implementation plans should directly reference information collected through surveys, and should focus on specific, measureable activities and dates.

- The implementation plan should address activities aimed at supporting both providers and community-based organizations.

- Within the implementation plan, the following potential activities should be addressed (if the PPS does not plan to implement such activities this decision should be supported through survey data):

  ➢ Education/training sessions to meet identified needs from provider survey, such as contracting/risk sharing arrangements, VBP data and analytics and performance measurement, etc.

  ➢ Provide analytic reports or access to PPS analytic environment and resources specifically focused on fostering relationships between various providers/community based organizations who may have the potential to collaborate to deliver higher value care.

  ➢ Collect feedback on emerging trends, challenges and issues with the transition to VBP from among their network of providers and community based organizations and raise these with the Department or relevant stakeholders.

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Milestone 6: Develop annual schedule of partner engagement sessions on VBP for particular provider categories

- PPS to implement topic sessions based on survey to help PPS partners further understand aspects of VBP.

- PPS should specify targeted sessions for the following partner categories:
  - Primary care providers/practices
  - Behavioral Health providers – Mental Health and Substance Use Disorder
  - CBOs focused on Social Determinants

- A minimum of two sessions for each provider category per DSRIP year commencing DY3 through DY5

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Summary of VBP Milestones and Progress Reporting in DSRIP

Updated DSRIP AV Guide VBP P4R Milestones:

Current		New		
Milestone	**Date**	**Milestone**	**Date**	**Reporting Criteria (@ Milestone Completion) Developed with Independent Assessor**
Baseline assessment of revenue linked to VBP	DY2Q2	Develop a Value Based Payments Needs Assessment ("VNA")	DY2Q4	Administer VBP activity survey to network
Finalize plan toward 90% VBP network	TBD	Develop an implementation plan geared towards addressing the needs identified within your VNA.	DY3Q1	Submit VBP support implementation plan
Put Level 1 VBP arrangement in place	TBD	Develop partner engagement schedule for partners for VBP education and training	DY3Q1	*Initial Milestone Completion:* Submit VBP education/training schedule *Ongoing Reporting:* Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports
50% of care cost level 1 VBPs; 30% cost level 2 VBPs	TBD	Unique milestone based upon implementation plan	TBD	TBD – Will be determined by PPS and IA once milestone is defined
90% VBPs in level 2 VBPs or higher	TBD	Unique milestone based upon implementation plan	TBD	TBD – Will be determined by PPS and IA once milestone is defined

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Project 3ai- Behavioral Health Integration

- PPS and Health Plan combined Medical Directors meeting Dec 21

- Project 3ai **Model 2-** Primary Care integrating into a Behavioral Health Site

- Discussed wavier request from the 16 hour practice Model Contract requirement

Managed Care Designated Primary Care Provider (PCP)

- General Requirements
  - A Managed Care Designated PCP must practice a minimum of sixteen (16) hours a week at each primary care site.
  - Source is Model Contract
    - http://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf
- Primary and preventive services provided at a Behavioral Health Integrated Licensed Clinic (article 31 or 32 facility) can be reimbursed by the Plan without the practitioner being the member's PCP, *as long as the clinic/practitioner billing for primary and preventive services is credentialed and contracted with the plan*

Shortage Area Exception - Waiver of Minimum Hours

- PCPs who are practicing in Shortage Areas (areas that are defined by the DOH as areas in need of Medicaid primary care physicians) may be excluded from the 16-hour requirement.

- Under unique circumstances the State will waive the 16-hour requirement for a primary care provider (PCP) working with a Medicaid managed care plan.

- Per the Model Contract, **the Contractor (plan) submits the request** for the Shortage Area Exception.
    - To request a formal waiver, the plan submits the request for the Shortage Area Exception to:
        - Medical Director, Office of Health Insurance Programs

        One Commerce Plaza, Suite 720

        Albany, NY 12237

- The following information must be provided in the letter:
    - Primary Provider's Name
    - License Number
    - Current Address requested for exception
    - Current office hours

- In addition, the request for a waiver should affirm the following information:
    - The PCP is available at least eight (8) hours/week;
    - The PCP is participating in a Health Professional Shortage Area (HPSA) or other similarly determined shortage area;
    - The PCP is able to fulfill the responsibilities of a PCP; and
    - The waiver request must demonstrate there are systems in place to guarantee continuity of care and meet all access and availability standards (24-hr/7 day week coverage, appointment availability, etc.).

Sources: Provider Network Data System dictionary - https://www.health.ny.gov/health_care/managed_care/docs/dictionary.pdf
Model Contract http://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf

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MCP DSRIP Dashboard Access Status

- 13 mainstream Managed Care Plans with all products have approved documents through the Privacy Office

- 5 remain outstanding DEAAs with Privacy Office

Affinity Health Plan
Amerigroup
Amida Care
CDPHP
Crystal Run *newly added
Emblem pending security documentation
Excellus BCBS initial communication started
Fidelis Care NY
Health Now New York
HealthFirst
Independent Health initial communication started
Metroplus
MVP Health Plan
Today's Options of New York, Inc
United Healthcare
VNSNY Choice
WellCare
YourCare Health Plan

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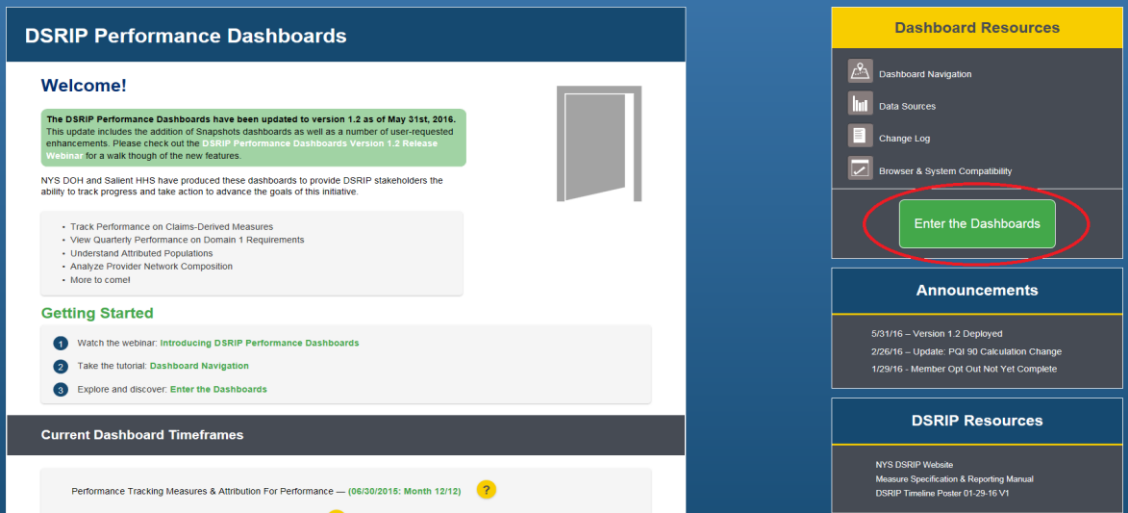
MCP Rosters of PPS Attributed Members

- MCP rosters of members by PPS were queued for <u>Dec 7</u> release to MCOs with identified users. *UPDATE: roster on hold pending data testing and Division of Systems release

- Reflecting most updated PPS Attribution period 4/1/15-3/31/16

- This roster is separate from and processed differently than the 834 enrollment files.

- DOH will work with MCP DEAA Gatekeepers to establish users to connect to a Secure File Transfer server

- If your MCP has not yet completed the DEAA you must do so prior to establishing your server connection.

Reminder: The DSRIP Dashboards have PPS Members who have opted out included in aggregate but not the drill down. The MCP Member Rosters will include *all* current members and their currently attributed PPS.

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Outstanding and Upcoming

- Consent and Data Sharing Guidance
    - Pending Division of Legal Affairs and Division of Systems responses

- Salient MAPP Dashboards
    - Performance Measures
    - Trending MY2 results
    - Changes to Measures
    - PPS view of performance by Plan members and Plan PCPs

    - Showcase of PPS data analytics and performance driven workflow

For questions regarding DSRIP or the DSRIP Performance Dashboards, please contact the DSRIP team at: DSRIP@health.ny.gov

For questions regarding the DEAA or Privacy regulations, please contact the Privacy office at: doh.sm.Medicaid.Data.Exchange@health.ny.gov.

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