

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 lines that recede into the distance, creating a sense of depth.

*Redesign Medicaid in New York State*

# MRT Waiver Amendment: Stakeholder Update 2.0

**December 18, 2013**

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NYS Department of Health



# Overview

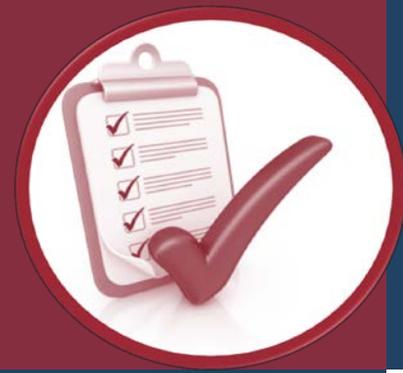
- MRT Waiver Amendment - Overview
- CMS Feedback
- MRT Current Strategy
- MRT DSRIP Proposal
- Next Steps
- Q&A

# MRT Waiver Amendment Overview

- The next step to implementing the MRT Action Plan relies on a 1115 waiver amendment agreement with the Centers for Medicare and Medicaid Services (CMS).
- In August 2012, New York submitted the MRT Waiver Amendment Proposal to CMS for approval that would allow us to reinvest \$10 billion in MRT generated federal savings back into New York's health care delivery system over five years.
- The amendment is essential to both fully implement the MRT action plan as well as prepare for ACA implementation.

# MRT Waiver Amendment Overview

- The amendment, which requires federal approval, is a unique opportunity to address the underlying challenges facing NYS health care delivery:
  - ✓ *Lack of primary care;*
  - ✓ *Weak health care safety net;*
  - ✓ *Imbalance in institutional versus community-based services*
  - ✓ *Health disparities; and*
  - ✓ *Transition challenges to managed care.*



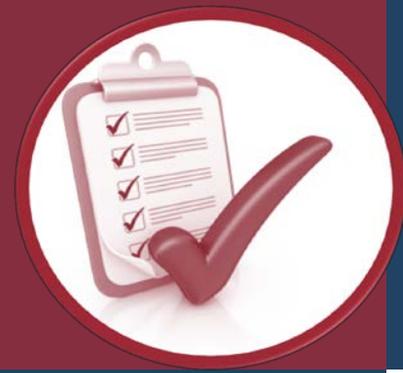
# CMS Feedback

# CMS Feedback

- MRT Waiver Reinvestment Strategies determined “unfundable”
  - ✓ *Capital;*
  - ✓ *Rental subsidies;*
  - ✓ *Regional Planning;*
  - ✓ *Evaluation; and*
  - ✓ *Health Information Technology (HIT).*

# MRT Waiver Amendment: Current Strategy

- New York is moving forward with a three-part approach:
  - ✓ ***State Plan Amendment*** (\$525mm/5yrs)
  - ✓ ***Managed Care Contract Payments*** (\$2.1bn/5yrs)
  - ✓ ***Delivery System Reform Incentive Payment (DSRIP) Plan*** (\$7.375bn/5yrs)
- Total Waiver Proposal asks for \$10 billion over five years
- Our aim is to stay true to the original goals of the MRT Waiver Amendment, while making our proposal consistent with CMS feedback on what can be approved.



# MRT DSRIP Proposal (December 2013)

# DSRIP Key Components

- Key focus on reducing inappropriate hospitalizations.
- Statewide initiative open to a wide array of safety-net providers.
- Payments are performance-based.
- Providers will choose from a menu of CMS-approved programs.
- Key theme – communities of providers will be encouraged to work together to develop DSRIP project proposals.

# DSRIP Eligible Providers

DSRIP Eligible Providers fall into one of two distinct categories:

- **Major Public General Hospitals**

- ✓ Hospitals owned or operated by the State University of New York; by those owned or operated by New York City Health and Hospitals Corporation; those owned or operated by public benefit corporation in Erie, Nassau and Westchester counties.

- **Safety Net Providers**

- ✓ Includes hospitals, nursing homes, clinics including FQHCs, behavioral health providers, home care agencies:
  - *Eligible providers will be defined by specific criteria that are currently under development and may vary across different regions of the state.*

# DSRIP Focus Areas

New York's DSRIP plan includes 25 programs which are divided into three focus areas:

- ✓ *Hospital Transition / Public Hospital Innovation / Primary Care Expansion / Vital Access Providers (VAP)*
- ✓ *Long Term Care Transformation*
- ✓ *Public Health Innovation*

Through innovations in these three focus areas, the statewide DSRIP plan is designed to reduce avoidable hospitalizations by 25% over five years.

# DSRIP Performance Measures

- The following four measures will be used to overall evaluate DSRIP's success in reducing avoidable hospital use:
  - ✓ *Potentially Preventable Emergency Room Visits (PPVs).*
  - ✓ *Potentially Preventable Readmissions (PPRs).*
  - ✓ *Prevention Quality Indicators- Adult (PQIs).*
  - ✓ *Prevention Quality Indicators- Pediatric (PDIs).*

# DSRIP Programs

The 25 programs contained within each of the three focus areas constitute a “menu” from which eligible safety net providers will be able to choose.

Each program has the following components specifically tied to the goal of reducing avoidable hospitalizations:

- ✓ *Process measures;*
- ✓ *Outcome measures;*
- ✓ *Avoidable hospitalization measures;*
- ✓ *Measures of overall system change (eg. reduction in inpatient, increases in primary care)*
- ✓ *Financial sustainability metrics to assess long-term viability.*

# DSRIP Project Specific Outcome Measures

- Will be selected from measures currently collected by the Department including:
  - ✓ *QARR (HEDIS/CAPHS).*
  - ✓ *Public Health Data/Vital Statistics/NYS Community Health Indicator Reports (CHIRS) .*
  - ✓ *BRFSS Data.*
  - ✓ *Statewide Planning and Research Cooperative System (SPARCS).*

# Focus Area #1: Hospital Transition / Public Hospital Innovation / Vital Access Provider (VAP) / Primary Care Expansion

Program Numbers	Program Descriptions
1.01	Implementation of evidence based best practices for disease management in medical practice (Cardiovascular Disease / Diabetes / Renal) to reduce avoidable hospitalizations
1.02	Implementation of care coordination and transitional care for hospitals to reduce avoidable hospital admissions
1.03	Create Integrated Delivery Systems that are focused on Evidence Based Medicine / Population Health Management to reduce avoidable hospitalizations
1.04	Expand access to primary care and support services (based on assessment) to reduce avoidable hospitalizations
1.05	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services as a means to reduce avoidable hospitalizations
1.06	Increase certification of primary care practitioners with PCMH certification to reduce avoidable hospitalizations
1.07	Integration of behavioral health into primary care setting to reduce avoidable hospitalizations
1.08	Development of community-based health navigation services to reduce avoidable hospitalizations

# Focus Area #1: Hospital Transition / Public Hospital Innovation / Vital Access Provider (VAP) / Primary Care Expansion (continued...)

Program Numbers	Program Descriptions (Continued)
1.09	Increase access to specialty care (including mental health) to reduce avoidable hospitalizations
1.10	Development of co-located primary care services in ED to reduce avoidable hospitalizations
1.11	Comprehensive strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations
1.12	Create a bed buy-back program for hospitals to reduce avoidable hospitalizations
1.13	Implementation of observational program in hospitals to reduce avoidable hospitalizations
1.14	Expansion of palliative care programs to reduce avoidable hospitalizations
1.15	Development of evidence-based medication adherence programs in hospitals to reduce avoidable hospitalizations
1.16	Development of ambulatory detox capabilities within communities to reduce avoidable hospitalizations

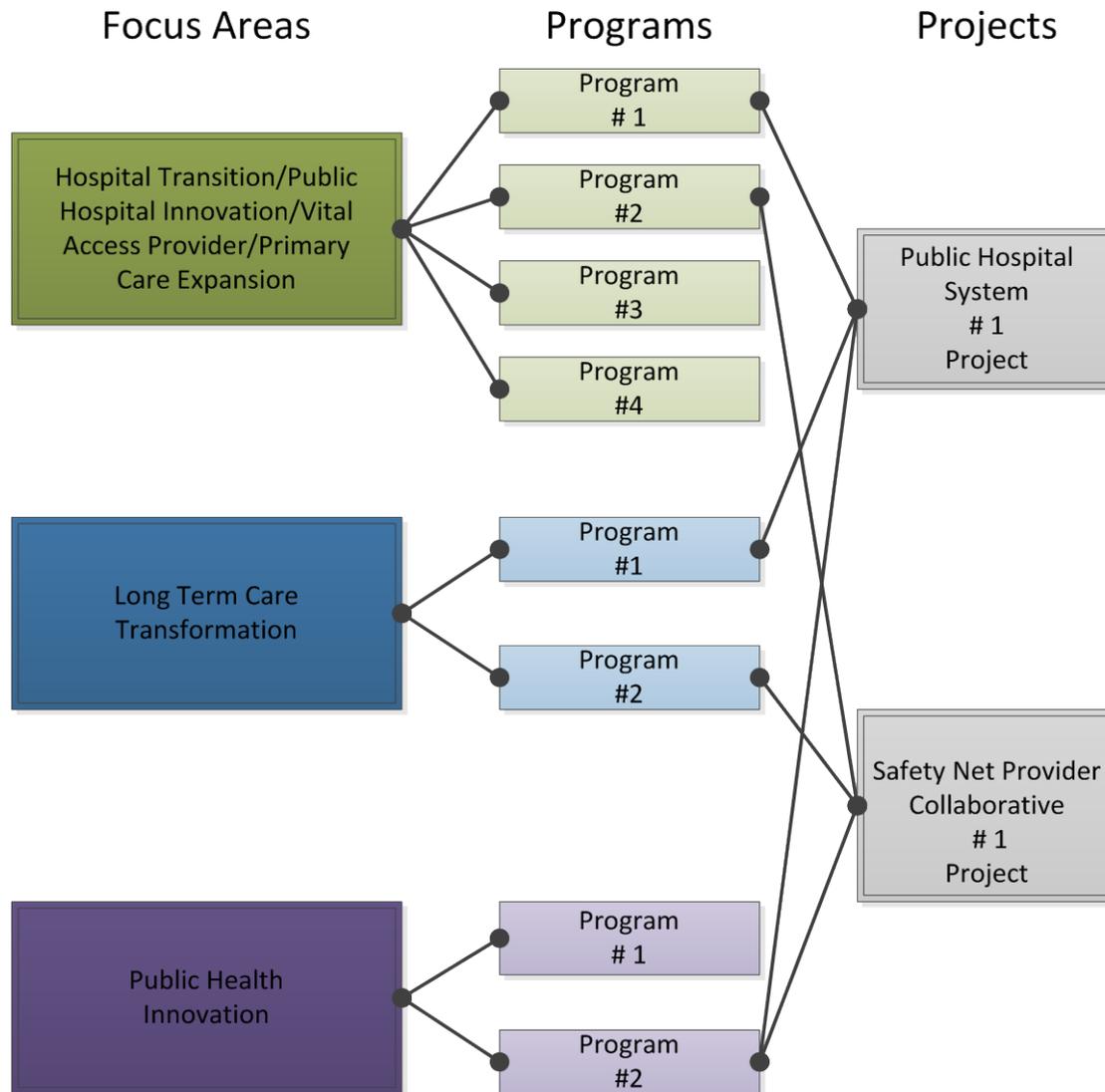
# Focus Area #2: Long Term Care Transformation

Program Numbers	Program Descriptions
2.01	Development of inpatient transfer avoidance program for skilled nursing facilities to reduce avoidable hospitalizations
2.02	Expand pressure ulcer prevention program to reduce avoidable hospitalizations
2.03	Implement medication error prevention program to reduce avoidable hospitalizations
2.04	Create a bed buy-back program for nursing homes to reduce avoidable hospitalizations

# Focus Area #3: Public Health Innovation

Program Numbers	Program Descriptions
3.01	Increase support programs for maternal & child health (including high risk pregnancies) to reduce avoidable hospital use (Example: Nurse-Family Partnership)
3.02	Implementation of programs to reduce health care acquired infections to decrease avoidable hospitalizations
3.03	Development of community-based strategies to improve cancer screening to reduce avoidable hospitalizations
3.04	Expansion of asthma home-based self-management program/evidence based medicine guidelines for asthma management to reduce avoidable hospitalizations
3.05	Expansion of home visits to prevent childhood lead poisoning to reduce avoidable hospitalizations

# Program and Project Flow



# DSRIP Project Plan Requirements

## The project must be:

- A new initiative for the provider;
- Substantially different from other initiatives funded by CMS, although it may build on or augment such an initiative;
- Documented to address one or more significant issues within the provider's service area and be based on a detailed analysis using objective data sources;

# DSRIP Project Plan Requirements

(continued)

- A substantial, transformative change for the provider;
- Demonstrative of a commitment to life-cycle change and a willingness to commit sufficient organizational resources to ensuring project success; and
- Developed in concert, whenever possible, with other providers in the service area with special attention paid to coordination with Health Homes actively working within their area.

# DSRIP Project Plan Submission Requirements

- ❑ Eligible providers wishing to participate in DSRIP will submit a completed application to the state by the specified deadline. A template is currently being developed.

A complete submission will include:

- **DSRIP Face Sheet**
- **Project Application**
  - ✓ Provider Demographic
  - ✓ Identification of Provider Overarching Goal
  - ✓ Identification of Provider Programs to Meet Identified Goal
  - ✓ Performance Assessment
  - ✓ Work Plan Development
  - ✓ Establishment of Milestones and Metrics
  - ✓ Sustainability of the project goals

# DSRIP Project Review and Approval Process

## 1. Provider Submits Application

- Eligible providers wishing to participate in DSRIP will submit a completed application to the state by the specified deadline.

## 2. State Reviews Submission

- State will initiate a preliminary review of all applications using a checklist to ensure the applications are complete and meet the requirement.

## 3. Notification of Application Status

- After preliminary review, the provider will be notified by the state on any deficiencies in the submission. Provider will have 20 days to resubmit a revised proposal.

# DSRIP Project Review and Approval Process

## 4. Final Review

- Original(if deemed complete) or the revised submission (addressing deficiencies) will undergo a final review by a panel from NYS & outside non-conflicted independent health care research entities

## 5. Review Panel

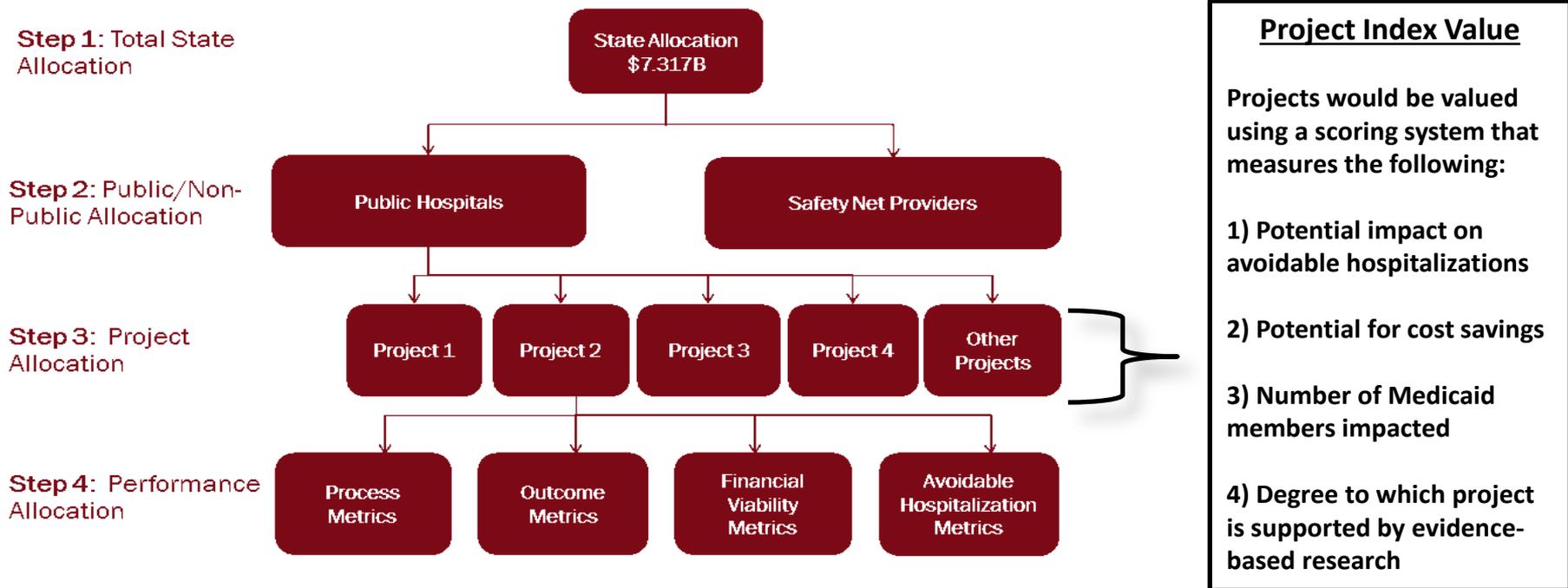
- Panel will undergo training and use a standardized review tool that will be developed to provide an objective scoring for each project. The review tool used by the panel will be published prior to the project submission date to assist providers in developing their submission

## 6. Final Notification

- Providers will be notified of the review outcome. Providers who have projects accepted will be required to submit an expanded project plan to the state within 30 days. Approval of project plan will be required to start project implementation.

# DSRIP Program Valuation & Funding Allocation Method

Funding will be allocated to each project based on the projects relative weight that has been derived from the project's index value.



# DSRIP Funding Distribution Stages

(under discussion)

DSRIP payments for each provider are contingent on them meeting program and project metrics and milestones defined in the DSRIP Plan and consistent with the valuation process

DSRIP Funding Distribution Stages	Year 2	Year 3	Year 4	Year 5
1. Project Process Metrics (Includes Infrastructure and Project Design and Management)	70%	60%	30%	5%
2. Project Specific Outcomes Metrics (Includes quality improvement, chronic disease mgmt. and population health)	10%	15%	25%	25%
3. Provider Financial Viability Metrics (If applicable, if not applicable to a given provider, this percentage will get moved equally to the other three categories)	15%	15%	15%	15%
4. Avoidable Hospitalizations	5%	10%	30%	55%
Total	100%	100%	100%	100%

# DSRIP Learning Collaborative

The Learning Collaborative will be developed to assist participants to:

- ✓ *Share development data, challenges, solutions, strategies;*
- ✓ *Collaborate on shared abilities and identify best practices;*
- ✓ *Provide updates on DSRIP projects;*
- ✓ *Share FAQs; and*
- ✓ *Encourage the principles of continuous quality improvement/rapid cycle improvements.*

# Next Steps

- DSRIP documents & this power point are available on MRT website:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/](http://www.health.ny.gov/health_care/medicaid/redesign/)
- Send comments to [MRTwaiver@health.state.ny.us](mailto:MRTwaiver@health.state.ny.us) by January 15, 2014.
- Lots of work to do!
- We are making progress!



Questions?



# Contact Information

**We want to hear from you!**

***MRT website:***

[http://www.health.ny.gov/health\\_care/medicaid/redesign/](http://www.health.ny.gov/health_care/medicaid/redesign/)

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