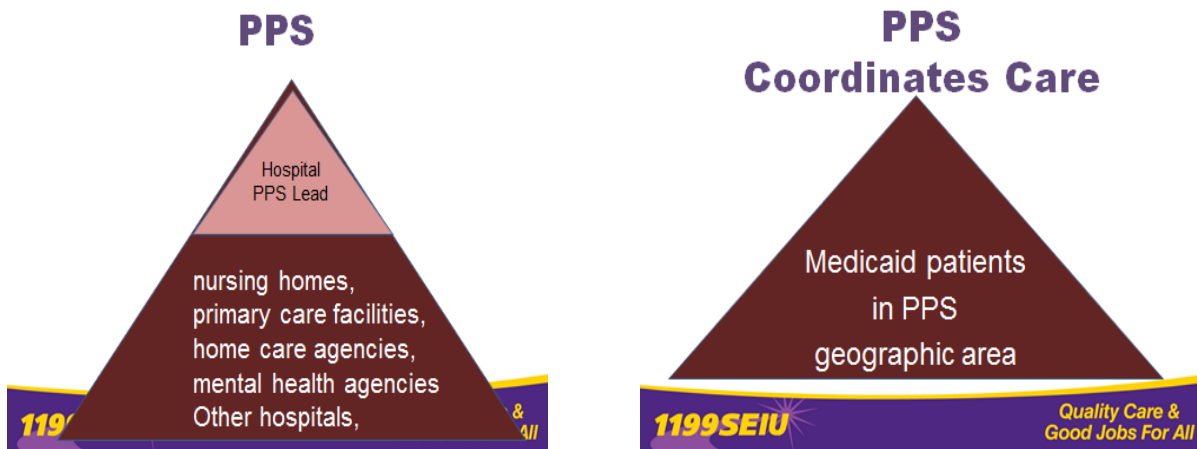


DSRIP Basics: Delivery System Reform Incentive Program

DSRIP is a new New York State Department of Health Medicaid Waiver program funded by the Federal government. It seeks to transform the delivery of healthcare to encourage more preventive and primary care use by Medicaid recipients to improve their health. The entire state must reach performance goals to continue to receive payments. Health care providers will find new and innovative ways to improve the community's health.

Delivery System Reform Incentive Program -- DSRIP: \$6 to 8 Billion to NYS over 5 years to transform the health care delivery system.

PPS - Performing Provider System –a network of community based providers led by a PPS Lead Hospital. The PPS will be responsible for the health outcomes of the Medicaid population in a defined geographic area. Some PPSs have over 200 health care organizations as members.



DSRIP Project Advisory Committees (PAC): the governing committee on which every organization in the PPS is represented. Worker representation required for organizations of 50 or more workers.

DSRIP Timeline: Applications due December 22, 2014. Selected PPS will receive funding to begin work on April 1, 2015 for 5 years. 16 PPSs have been approved by DOH to receive planning grants that will allow them to submit applications.

DSRIP measure of success: 25% reduction in **avoidable** hospital use (admissions and ER visits) in 5 years by developing primary, preventive and other community based care for Medicaid members to decrease unnecessary hospitalization by addressing health care needs sooner and addressing them earlier.

DSRIP Definitions

(Excerpted from DOH Frequently Asked Questions

https://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrrip_faq.pdf)

DSRIP – Delivery System Reform Incentive Payment

PPS – Performing Provider System. Performing Provider Systems are providers that form partnerships and collaborate in a DSRIP Project Plan

PAC – Project Advisory Committee. The PAC will advise emerging Performing Provider Systems on all elements of their DSRIP Project Plans and should include representation from each of the emerging PPS partners as well as workers and/or relevant unions. The PACs are a requirement for the DSRIP Design Grant application and are expected to be in place over the duration of the DSRIP program. The PAC should be involved in the various facets of developing a PPS' DSRIP Project Plan and then engaged in the implementation and oversight of the Project Plan. PACs should meet no less than once a month during the DSRIP planning phase and no less than once a quarter during the implementation and oversight phases.

DSRIP Project Plan. The overall plan that a performing provider system submits to the state. The project plan is composed of at least 5 projects, but no more than 11 projects, based upon projects chosen from a predetermined list from the DSRIP Project Toolkit.

CNA – Community Needs Assessment. Each project a Performing Provider System selects must be responsive to a thorough community needs assessment that ties to the DSRIP goals of system transformation and reducing avoidable hospital use, including emergency department and inpatient. The community assessment must not be done as a hospital-centric assessment, but as a total community service provider assessment. Performing Provider Systems will need to complete a current community health assessment including population demographics, types and numbers of medical, behavioral health and community service providers and services, cost profile, designation as Health Professional Shortage Area, mortality and morbidity statistics, and health disparities. From this information, emerging PPS will need to choose critical issues causing poor performance, which they will align with their chosen DSRIP projects. These critical issues will need to be supported/defended in the application by an assessment of patient co-morbidities, patient characteristics, social system support, system capacity for primary care and disease management, and institutional issues such as finances, confounders to health care system improvement including fragmentation of services, competition, and assessment of regional planning issues.

Attribution. Member attribution refers to how Medicaid beneficiaries are assigned to Performing Provider Systems. Members are assigned to a given PPS using geography, patient visit information, and health plan PCP assignment. Additionally, patient visit information is used to establish a “loyalty” pattern based on where most of the member’s services are rendered.

DSRIP Project Valuation

The maximum valuation for a project will be calculated based on the projects chosen, the external valuation benchmark, the application score and the number of Medicaid beneficiaries attributed to each project. The maximum application value represents the highest possible financial allocation a Performing Provider System can receive for their plan over the duration of their participation in the DSRIP program.

Process Milestone

A process milestone is a milestone that denotes changes that are being made to the system such as training programs, realignment of clinics, adoption of appropriate EHRs, creating patient registries, etc.

Outcome Milestone

An outcome milestone is evidence of an actual change in the health care system such as improved control of diabetes or blood pressure or reduction in avoidable hospital use.

Project 2.d.i, or the “eleventh project”

This new Domain 2 project was created with the goal of incorporating uninsured (UI) members into DSRIP, and ensuring that the UI population along with the non-utilizing (NU) and low-utilizing (LU) members gain access to and utilize the benefits associated with DSRIP PPS projects. This project focuses on increasing patient and community activation related to health care, paired with increased resources that can help the UI, NU, and LU better access particularly primary and preventative services. Major public hospitals have the right of first refusal in taking on the additional 11th project. If the public chooses to pursue the 11th project, no other PPS in that county may pursue it.

Avoidable hospital use measures:

- PPV** - Potentially Preventable Emergency Room Visits
- PPR** - Potentially Preventable Readmissions
- PQI** - Prevention Quality Indicators - Adult
- PDI** - Prevention Quality Indicators - Pediatric