

Medicaid
Medicaid Matters New York
Matters

Delivery System and Payment
Reform in New York State

Presented by
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Medicaid Matters NY

- Statewide coalition of over 140 organizations representing the interests of New Yorkers served by the Medicaid program
- Established in 2003 in response to threats to Medicaid at the state and federal levels
- Systems advocacy on behalf of Medicaid beneficiaries is crucially important because of the many competing interests in Albany

Medicaid in New York State

- Public insurance coverage for over six million people
 - Low-income families
 - People with long term care needs
- 50% funded federally; 50% funded by state and counties
- Largest piece of the state budget; over \$50 billion annually

Changes to Medicaid in New York

- Expansion of Medicaid Managed Care, or “Care Management for All”
- Major transformation of delivery system
- Global Medicaid spending cap
- Implementation of the *Affordable Care Act*

NYS Department of Health slide – NYS Health Initiatives

PREVENTION AGENDA

Priority Areas:

- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote health women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, health care associated infections

STATE HEALTH INNOVATION PLAN (SHIP)

Pillars and Enablers:

- Improve access to care for all New Yorkers
- Integrate care to address patient needs seamlessly
- Make the cost and quality of care transparent
- Pay for healthcare value, not volume
- Promote population health
- Develop workforce strategy
- Maximize health information technology
- Performance measurement & evaluation

ALIGNMENT:

**Improve Population Health
Transform Health Care Delivery
Eliminate Health Disparities**

MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM

Key Themes:

- Integrate Delivery – create Performing Provider Systems
- Performance-based payments
- Statewide performance matters
- Regulatory relief and capital funding
- Long-term transformation & health system sustainability

POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)

PHIP Regional Contractors:

- Identify, share, disseminate, and help implement best practices and strategies to promote population health
- Support and advance the Prevention Agenda
- Support and advance the SHIP
- Serve as resources to DSRIP Performing Provider Systems

Delivery System Reform Incentive Payment program

- \$8 billion investment over five years
- Medicaid as the vehicle for long-range, far-reaching reforms to the way health care is delivered in New York State
- Goals:
 - Fund projects that will reduce avoidable hospitalizations
 - Promote the *Triple Aim*

Delivery System Reform Incentive Payment program (cont'd)

- Public hospitals and safety net providers eligible for funding as Performing Provider System (PPS)
- Menu of pre-approved project options
- Funding allocated based on project valuation and outcomes

Delivery System Reform Incentive Payment program (cont'd)

- Medicaid members have been attributed to a PPS, based on where they typically use services
- Intent is to promote permanent transformation of delivery system

DSRIP Key Themes

As presented by NYS Medicaid Director, Jason Helgeson:

FIVE KEY THEMES OF DSRIP

1. Collaboration, Collaboration, Collaboration!!!

2. Project Value drives



a) Transformation # and types of projects

b) # of Medicaid members served (attribution)

c) Application Quality

3. Performance Based Payments

4. Statewide Performance Matters

5. Lasting Change

a) Long-Term Transformation

b) Health System Sustainability



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DSRIP Project Domains

Performing Provider Systems have chosen at least five and not more than 11 projects from the following domains:

- System Transformation
- Clinical improvement
- Population-wide
- Patient and Community Activation for Uninsured, Non-utilizing, and Low-utilizing Populations (“11th Project”)

DSRIP as bridge to “the Future State”

Value Based Payment

- Reform the way we pay for health care; emphasize value over volume
- Goal: 80-90% of all payment to providers to be “value based”, beginning with Medicaid
- Details lined out in VBP Roadmap developed with input of VBP Workgroup

DSRIP Community Engagement

MMNY is aiming to capture what is happening across the state to inform statewide policy recommendations.

- How are the PPS doing at engaging the communities they aim to serve?
- Do CBOs feel they are being meaningfully engaged?
- What barriers do CBOs face in being able to more fully participate?

DSRIP Community Engagement (cont'd)

With funding from the NYS Health Foundation and the Health Foundation for Western and Central New York, MMNY work includes:

- Statewide survey of community-based organizations
- Communication, facilitation, capacity building with CBOs across the state
- Local projects in Capital Region and the Southern Tier
- Website enhancements
- Statewide forum in Albany, October 21st

DSRIP community engagement: key themes, from community perspective

- Tremendous leeway = a double-edged sword
- DSRIP is hospital-centric
 - Lack of understanding of community (despite needs assessments)
 - Recreating the work of CBOs inside hospital walls
- CBO capacity to participate
 - Participation with little or no compensation
 - Lack of staff capacity
 - “Initiative fatigue”
- DSRIP sustainability
 - Where is this all going?
 - What is going to stick?

Advocates' perspective on reform

- Medicaid consumer education and awareness
- Applaud the level of transparency and accountability built in, but must be attentive to overwhelming nature of info
- Must always include consumer and community perspectives in every aspect of reform
- Cultural competency; reaching people where they are (not just geography)
- Role and resources of CBOs and safety-net providers
- Social determinants of health
- Payment reform as a culture shift

Advocates' perspective on reform (cont'd)

- Critically important to make sure people understand their rights and choices are intact
 - Role of managed care organizations
 - Importance of knowledge of and availability of assistance services (like the ICAN)

Thank you!

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