

New York State DSRIP Extension Summary Notes

Key terms of the proposed extension

- 4-year extension
 - Continuation of DSRIP for 1 year
 - 3-year renewal
 - Would span from April 1, 2020 through March 31, 2024
- \$8B in funding
 - \$5B for DSRIP Performance
 - \$1B for Workforce Development
 - \$1.5B for Social Determinants of Health
 - \$0.5B for Interim Access Assurance Fund

New structure for organizations participating in DSRIP: the “Value-Driving Entities”

- PPSs will be replaced by “Value-Driving Entities”, or VDEs
- The VDEs will include:
 - Performing Provider Systems (PPS) partners (or a subset of partners)
 - Managed Care Organizations (MCOs)
 - Community-Based Organizations (CBOs)
 - Regional Health Information Organizations (RHIOs)
- VDEs will still have specific areas and have attributed populations
- PPSs are expected to lead VDEs, but will be required to be approved by the state
- The main goal of the VDEs are to implement DSRIP promising practices and ensure they are supported by VBP contracts by the end of the third year of the extension (March 31, 2023)

Activities for VDEs in an extension (essentially the new DSRIP projects)

- DSRIP Promising Practices, as outlined in a report by the United Hospital Fund
 - Expansion of Medication-Assisted Treatment into Primary Care and ED settings
 - Partnerships with the justice system and other cross-sector collaborations
 - Primary care and behavioral health integration
 - Care coordination, care management, and care transitions
 - Expansion of Mobile Crisis Teams and crisis respite services
 - Focus on patients transitioning from Institutions for Mental Diseases to the community
 - Focus on Seriously Mentally Ill/Seriously Emotionally Disturbed populations
 - Addressing Social Determinants of Health through community partnerships
 - Transforming primary care and supporting alternative payment models
- Additional high-need priority areas
 - Reducing maternal mortality
 - Children’s population health
 - Long-term care reform
- Continued investments and improvements
 - Investing in non-clinical workforce (e.g. community health workers, peers, patient navigators)
 - VDEs will partner with regional Centers for Treatment Innovations (COTIs)
 - Creation of Social Determinants of Health networks (SDHN) to deliver social focused interventions linked to VBP
 - Lead entities of the SDHNs would be selected through a competitive process with VDEs/PPSs that are eligible as applicants
 - SDHN leads will create a network of CBOs to address housing, nutrition, transportation, interpersonal safety, and toxic stress
 - State will designate regions and select a single SDHN to organize the CBOs, coordinate a referral network, provide a single point of contracting for VBP SDH arrangements, and assess Medicaid members for state-selected SDH issues and make referrals

Performance measurement

- State proposes creating a much narrower set of performance measures for the extension
- Payment could be based on improvement across the entire measure set, rather than just measures attached to individual projects
- Will also have some process measures to report on, particularly to track MCO, CBO, and RHIO engagement

Analysis

- The State's request for funding is larger than the original DSRIP program and will be one year shorter than the original DSRIP program
- The timing on approving this extension will be tight, with the final submission going to CMS in November and CMS having 120 days to respond. Without the extension, DSRIP will end on March 31, 2020
- Given that PPSs have had limited tools to shift partners towards Value-Based Payment, it may be challenging for VDEs to get specific and often non-clinical services included in VBP contracts.

Key questions

- How will the new VDEs be able to engage in risk contracts or drive them forward with their partners? With MCOs now in the VDEs, will attribution be based on plan-assigned PCP?
- What incentives do the MCOs or RHIOs have to participate?
- Why would a CBO want to participate with a VDE if it doesn't win the bid to become a lead of an SDHN?
- Will dual eligible patients be included in the performance measures in the extension?

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