



**Department  
of Health**

Medicaid  
Redesign Team

# Welcome – All PPS Meeting

Jason Helgeson  
NYS Medicaid Director

September 11, 2017

# DSRIP Year 3 Theme: Design the Platform for Constant Design

# Statewide Accountability Milestones

The STCs identify four measures for which statewide performance is evaluated, beginning in DY3:

Statewide Milestone	Pass Criteria
1. <b>Statewide metrics performance</b>	More metrics are improving on a statewide level than are worsening <sup>1</sup>
2. <b>Success of projects statewide<sup>2</sup></b>	More metrics achieving an award than not
3. <b>Total Medicaid spending<sup>3</sup></b>	1) The growth in the total Medicaid spending is at or below the target trend rate (DY4-5 only) <i>and</i> 2) The growth in statewide total IP & ED spending is at or below the target trend rate (DY3-5)
4. <b>Managed care plan</b>	Achieving VBP roadmap goals related to value-based payment transition

*If the state fails any of the four statewide milestones:*

	DY 3	DY 4	DY 5
<b>Penalty</b>	\$74.09M (5% of funds)	\$131.71M (10% of funds)	\$175.62M (20% of funds)

Notes: 1. Based on previous year and baseline comparisons

2. Based on project-specific and population-wide quality metrics 3. At or below target based on trend rate

# Statewide Milestone #1 Summary

Statewide Milestone #1 is a test of the universal set of statewide delivery system improvement measures<sup>1</sup> consisting of 18 measures; 16 of which have comparable data as of MY2. In MY2, with nine of 16 measures maintaining or improving, the state is on track to pass, as more measures are improving than are worsening.

Statewide Category	Statewide Measure Name	Status MY1 vs MY2	Status MY3 Trend (6 mos.)	Total Performance \$
Potentially Avoidable Services	Potentially Preventable Readmissions (rate per 100,000)	Maintain/Improve	Improving	\$111,472,650
	Potentially Preventable Emergency Room Visits (rate per 100)	Maintain/Improve	Improving	\$111,472,650
	PQI - 90 - Composite of All Measures	Maintain/Improve	Improving	\$111,472,650
	PDI - 90 - Composite of All Pediatric Measures	Maintain/Improve	Worsening	\$111,472,650
Access to Care	Children's Access to Primary Care - 12 to 24 Months	Maintain/Improve	Improving	\$27,868,163
	Children's Access to Primary Care - 25 months to 6 years	Maintain/Improve	Worsening	\$27,868,163
	Adult Access to Preventive or Ambulatory Care – 20 to 44 years	Maintain/Improve	Worsening	\$36,993,372
	Adult Access to Preventive or Ambulatory Care – 45 to 64 years	Maintain/Improve	Worsening	\$37,157,550
	Adult Access to Preventive or Ambulatory Care – 65 and older	Worsen	Worsening	\$37,157,550
	Children's Access to Primary Care - 7 to 11 years	Worsen	Improving	\$27,868,163
	Children's Access to Primary Care - 12 to 19 years	Worsen	Improving	\$27,868,163
Primary Care	Primary Care - Usual Source of Care (C&G CAHPS)	Maintain/Improve	N/A	\$55,736,325
	Primary Care - Length of Relationship (C&G CAHPS)	Worsen	N/A	\$55,736,325
	Percent of PCP (Primary Care Providers) Meeting PCMH or Advance Primary Care Standards	Worsen	N/A	N/A P4R only
Timely Access	Getting Timely Appointments, Care and Information (C&G CAHPS)	Worsen	N/A	\$111,472,650
Care Transitions	Care Coordination (C&G CAHPS)	Worsen	N/A	\$111,472,650
System Integration Meaningful Use Providers	Percent of Eligible Providers Who Have Participating Agreements with Qualified Entities	N/A	N/A	N/A P4R only
	Percent of Eligible Providers Who Are Able to Participate in Bidirectional Exchange	N/A	N/A	N/A P4R only

1. At the close of DY3, the Independent Assessor will determine whether the state has passed this milestone. The milestone will be passed when more metrics are improving on a statewide level than are worsening, as compared to the prior year as well as compared to initial baseline performance.

N/A: Data collection began in MY1 and/or MY2, and therefore, comparative results not available.

# Current Priorities

- Performance, performance, performance!
- The move to VBP
- Innovate!