



**Department
of Health**

**Medicaid
Redesign Team**

Supplemental DSRIP Programs

Equity Programs & the Additional High Performance Program (AHPP)

* Update: Subsequent to this webinar, updates were made. Please see red footnotes that describe updated post webinar.

Topics for Today

- 1. *Equity Programs – for both Public & Safety Net PPSs***
 - Equity Infrastructure Program (EIP)*
 - Equity Performance Program (EPP)*
- 2. *Additional High Performance Program (AHPP)***
- 3. *Q & A (Throughout)***

Equity Programs – Infrastructure Program (EIP) & Performance Program (EPP)

- As DSRIP valuation was finalized, it became apparent that inequity exists between SN PPSs pursuing project 2.d.i and SN PPS who are not approved for project 2.d.i., as well as in some Public PPSs
- To mitigate these inequities, the Equity Programs were created. They contain an additional \$1.23 billion in potential performance payments to safety net leads not approved for project 2.d.i.
- **EIP** is paid out to PPSs for participating in select DSRIP activities, while the **EPP** is based on a subset of DSRIP performance metrics

Safety Net Equity Programs (\$1,230,000,000)

\$738,000,000
EIP

\$492,000,000
EPP

Public Equity Programs (\$350,000,000)

\$200,000,000
EIP

\$150,000,000
EPP

Equity Program Roles – EIP & EPP

	EPP	EIP
PPS Role	<p><i>For both programs,</i></p> <ul style="list-style-type: none"> • Receive funds via MCO(s): establish contract vehicle with MCO(s) if not already in place • Distribute funds within PPS, for DSRIP related purposes, without some waiver rules 	
	<ul style="list-style-type: none"> • <i>For EPP</i>, PPS will need to report out on a select group of DSRIP performance measures as criteria to the MCO 	<ul style="list-style-type: none"> • <i>For EIP</i>, PPS will need to report to the MCO on its participation in a set of key initiatives
MCO Role	<p><i>For both programs,</i></p> <ul style="list-style-type: none"> • Establish contract vehicle with PPS(s) if not already in place • Report back to DOH on funds distribution 	
	<ul style="list-style-type: none"> • <i>For EPP</i>, direct funds to PPSs that have met performance measurement criteria 	<ul style="list-style-type: none"> • <i>For EIP</i>, direct funds to PPSs that have met program requirements
DOH Role	<p><i>For both programs,</i></p> <ul style="list-style-type: none"> • Calculate required MCO rate adjustments to fund the performance equity program ✓ • Provide further guidance on how these program dollars can be effectuated • Provide direction on previously communicated funding amounts • Develop reporting guidance for MCO → DOH Reporting 	
	<ul style="list-style-type: none"> • <i>For EPP</i>, provide MCOs with performance measurement results throughout the duration of the DSRIP program 	

EIP Programmatic Description

- EIP payments will be based on the PPS participation in certain activities and the implementation of predetermined key DSRIP initiatives. The initiatives were chosen based on their status as either:
 - Necessary prerequisites to DSRIP project success, and/or
 - High-impact activities that were not included in any DSRIP projects
- DOH will design a simple blueprint for MCOs to capture PPS activity related to the EIP activities
- PPSs will provide the MCOs with evidence of their activities using the DOH established blueprint
 - Once this occurs, MCOs will provide payment to the PPSs on a monthly basis
 - Reporting will occur on a regular (frequency TBD) basis potentially through MAPP; additional guidance will be provided in the near future.*

* Update: Subsequent to this webinar, DOH determined **reporting would not occur in MAPP**. Also, DOH determined **payment and reporting would be required based on the frequency outlined by parties in their contracts**.

EIP Measured Activities

The following list highlights the main initiatives that make up EIP. PPSs must provide evidence of participating in **four** of the nine following activities to receive EIP payment:

EIP Key Activities: Evidence of ...

Participation in IT TOM initiatives

Participation in one of the MAX Series projects

Participation in expanded HH enrolment

EHR implementation investment

Capital spending on primary / behavioral health integration

Participation in a state recognized tobacco cessation program

Participation in state efforts to end HIV/AIDS

Participation in fraud deterrence and surveillance activities

Infrastructure spending related to SHIN-NY / RHIO

EPP Programmatic Description

- EPP payments will be based on PPS performance, using a subset of the existing DSRIP performance metrics. The final metric subset will be chosen based on the following criteria:
 1. Metrics are directly aimed at meeting DSRIP goals
 2. Metrics that are applicable to a significant portion of the PPS population
 3. Metrics that are related to important subpopulations (e.g., children's access to primary care)
 4. Metrics critical to achieving DSRIP goals that carry lower values than other DSRIP measures
 5. Metrics that are in some way connected to Value Based Payment activities.
- Payment will occur on a monthly basis*
- Reporting will occur on a monthly basis potentially through MAPP; additional guidance will be provided in the near future*

* Update: Subsequent to this webinar, DOH determined **reporting would not occur in MAPP**. Also, DOH determined **payment and reporting would be required based on the frequency outlined by parties in their contracts**.

EPP Performance Metrics (Draft list for Consideration)

The following list of relatively lower valued, critical DSRIP measures were chosen from Domains 2 & 3. PPSs should work with their MCOs to identify and choose **six** measures (from the final approved list) that reflect the needs of their specific community and help to support the PPSs' move to Value Based Payments:

EPP Measures – Domain 2

Children's Access to Primary Care - 12 to 19 years
Children's Access to Primary Care - 7 to 11 years
Children's Access to Primary Care - 12 to 24 months
Children's Access to Primary Care - 25 months to 6 years

- Additional Domain 3 measures: added post webinar:
- Controlling High Blood Pressure
 - Diabetes monitoring for persons with schizophrenia
 - Initiation and Engagement in Alcohol and Other Drug Dependence Treatment (IET) within 14 days of substance abuse episode
 - Behavioral Health – follow up after hospitalization for mental illness (7 day)
 - Diabetes screening for persons with schizophrenia or Bipolar Disease who are using Antipsychotic Medication
 - Adherence to anti-psychotic medications for individuals with schizophrenia
 - Behavioral Health – follow up after hospitalization for mental illness (30 day)
 - Follow-up on Alcohol and Other Drug Dependence Treatment (IET) within 44 days of initial engagement

EPP Measures – Domain 3

HComprehensive Diabetes screening – All Three Tests	HPrenatal and Postpartum Care - Timeliness of Prenatal Care
HComprehensive Diabetes Care	HPrenatal and Postpartum Care - Postpartum Visits
Med. Assist. w/ Smoking & Tobacco Use Cessation - Discussed Cessation Medication	Chlamydia Screening (16 – 24 Years)
Med. Assist. w/ Smoking & Tobacco Use Cessation - Discussed Cessation Strategies	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase
Well Care Visits in the first 15 months (5 or more Visits)	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase
HFrequency of Ongoing Prenatal Care (81% or more)	HLead Screening in Children
HChildhood Immunization Status (Combination 3 – 4313314)	

DOH welcomes comments from PPSs and MCOs on the menu of the performance measures that are included above. Any comments related to the design of the EPP are due by October 30th to be included for consideration by the DOH performance measurement steering committee.

PPS Equity Programs – Managed Care Premium Methodology

- Align PPS to participating plans via attribution snapshot ✓
- Limit the number of PPS to participating plan combinations in order to alleviate administrative complexities ✓
- Calculate the PPS Equity per member per month (PMPM) add-on for each participating plan using SFY15-16 projected enrollment ✓
- Validate plan statewide PPS Equity PMPM add-on falls within reasonable range and meets overall premium rate range requirements ✓
- Calculate the gross dollar target for each plan including surplus and applicable taxes
- Calculate administrative adjustment add-on for participating plan
- Include the PPS Equity PMPM add-on on plan-specific Schedule B
- Provide plans with MMCOR and encounter reporting guidance

Additional High Performance Program (AHPP)

- This will provide supplemental high performance funding against the same DSRIP measures already identified for high performance payments
- AHPP payment, if earned, will be on top of the 3% that PPS could originally receive with the waiver High Performance Program alone

Additional High
Performance Program

\$250,000,000

Additional High Performance Program Roles

PPS Role	<ul style="list-style-type: none"> • Receive funds via MCO(s): establish contract vehicle with MCO(s) if not already in place • Distribute funds within PPS, for DSRIP related purposes, without some waiver rules • PPS will need to report out on DSRIP high performance measures as criteria to the MCO, on a monthly basis potentially through MAPP—more guidance to be provided • Report back to MCO on funds distribution*
MCO Role	<ul style="list-style-type: none"> • Establish contract vehicle with PPS(s) if not already in place • Direct funds to PPSs that have met high performance measurement criteria (above) on a monthly basis
DOH Role	<ul style="list-style-type: none"> • Calculate required MCO rate adjustments to fund the additional high performance program • Provide MCOs with high performance measurement results throughout the duration of the DSRIP program • Advise MCOs on which PPSs they should work with

* Update: After this webinar, there was a change to the PPS role. **Once a PPS performs, there is no need to report the funds flow to the MCO.**

Next Steps

Activity	Date
Comments due back from PPS and MCOs on EPP performance measure list.	By Oct 31 th
DOH finalizes EPP and EIP program and issues final measures and guidance (EIP guidance will likely be finalized sooner.	Nov 16 th

Questions?

Comments?

For any further questions, please contact the DSRIP inbox:

dsrip@health.ny.gov