



**Department  
of Health**

Office of  
Health Insurance  
Programs

# State of the Medicaid Program Past, Present, and Future

United Hospital Fund's 2016 Medicaid Conference  
July 14, 2016

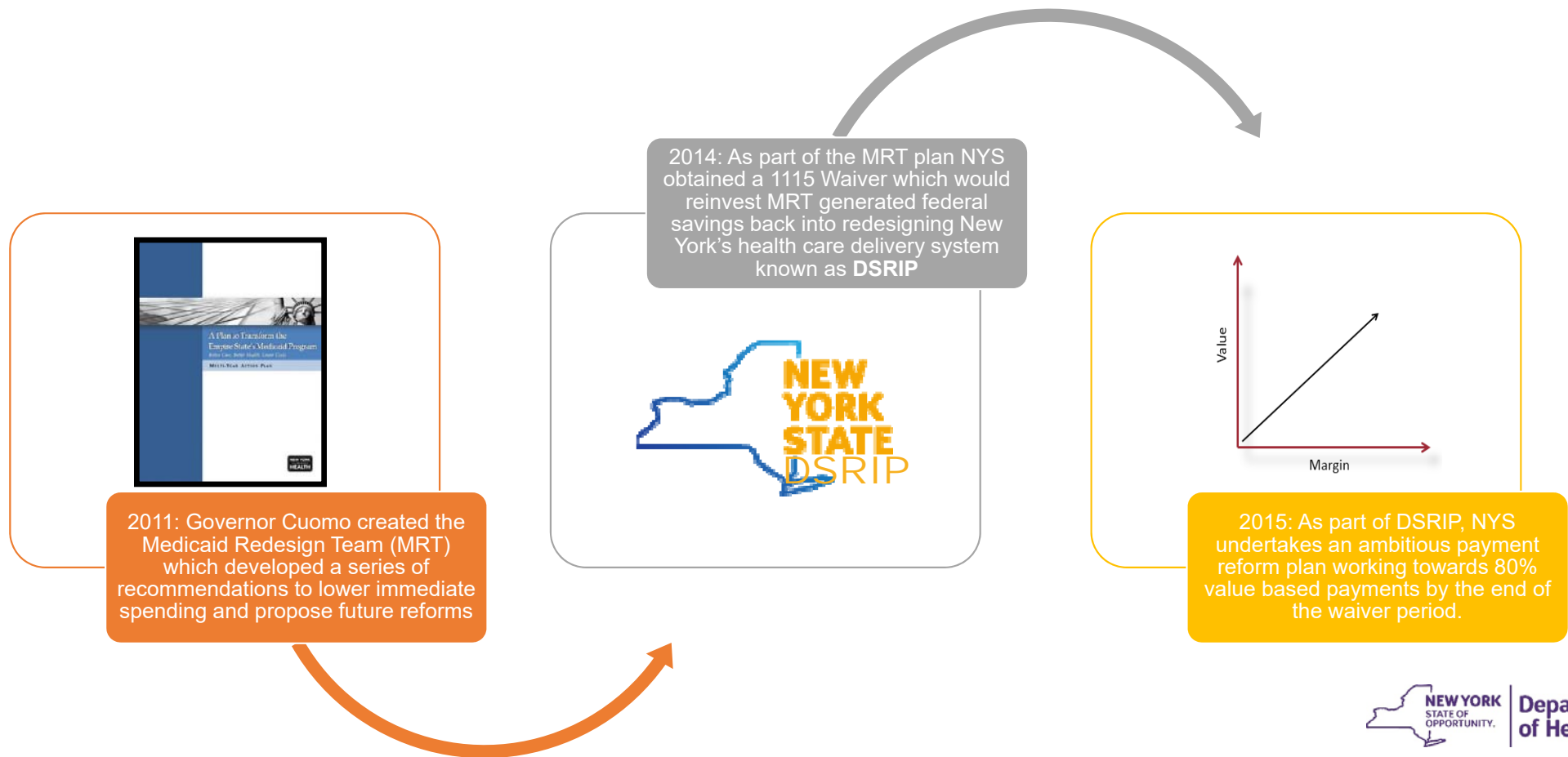
Jason A. Helgerson  
New York State Medicaid Director

July 2016

# Overview

- Brief Background and History
- Achievement and Highlights of the last year
- An international perspective
- The future of NYS Medicaid

# New York State Medicaid Transformation



# Achievements & Highlights MRT, DSRIP, and VBP

# MRT Project Status: Progress to Date

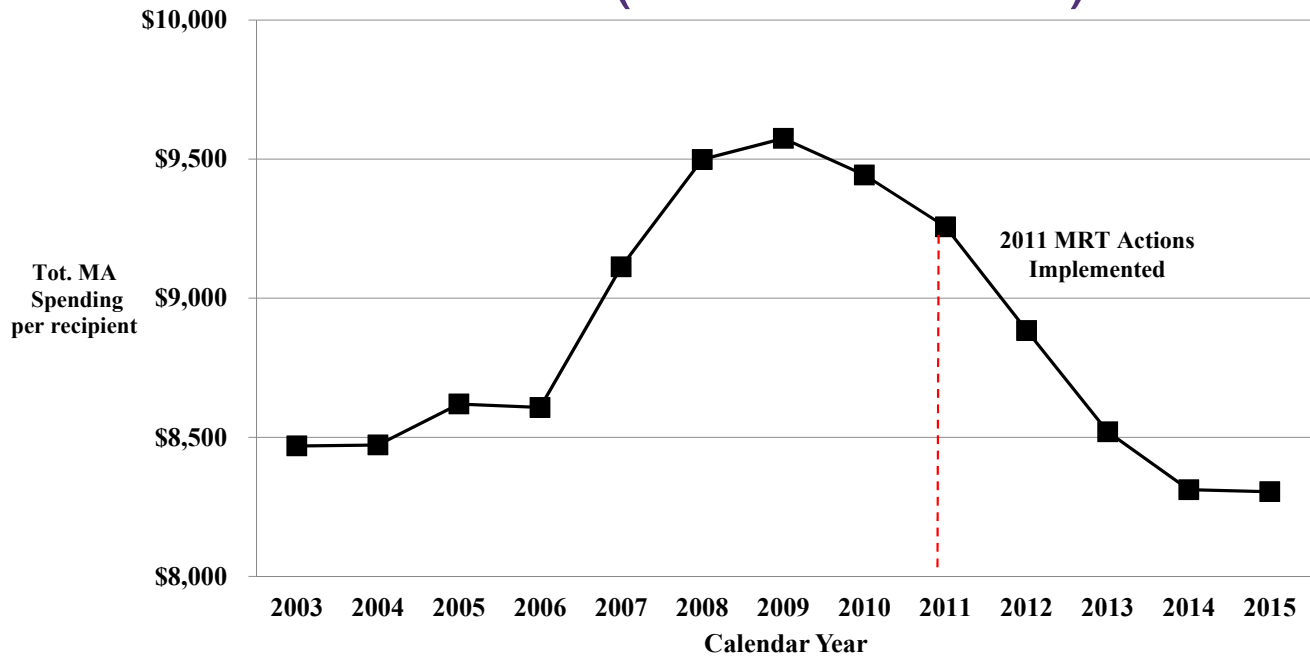
- MRT is now in 6<sup>th</sup> year
- 340 projects
- 80% complete or substantively complete
- All project workplans and status available at [www.health.ny.gov/mrt](http://www.health.ny.gov/mrt)
- The Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government at Harvard University, recognized the MRT as one of five finalists in the 2015 *Innovations in American Government Awards* competition.



# MRT Project Status: Progress to Date

Project Status Summary Table							
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Totals
<b>Cancelled/Suspended</b>	1	16	1	3	4	0	25
<b>Complete/ Substantively Complete/ Merged/ Included in MRT Waiver</b>	76	93	45	32	17	8	271
<b>In Progress</b>	1	3	0	0	16	24	44
<b>Total</b>	<b>78</b>	<b>112</b>	<b>46</b>	<b>35</b>	<b>37</b>	<b>32</b>	<b>340</b>

# NYS Statewide Total Medicaid Spending per Recipient (CY2003-2015)

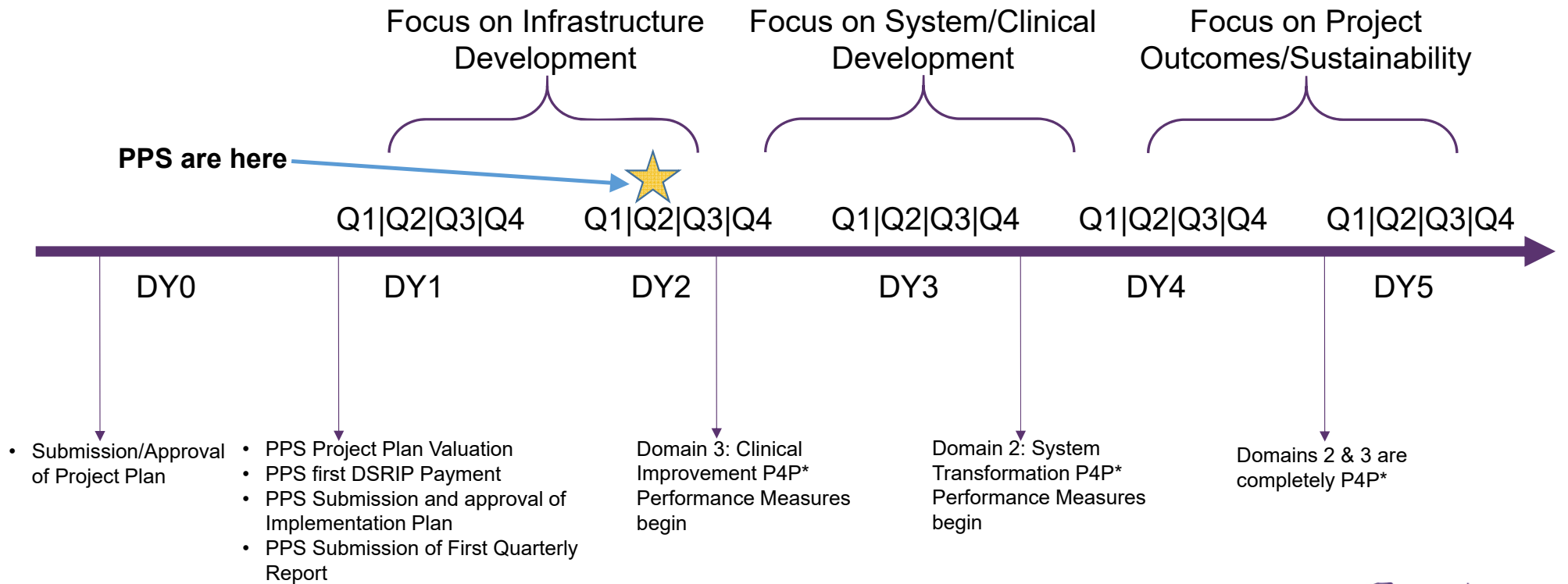


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b># of Recipients</b>	4,267,573	4,594,667	4,733,617	4,730,167	4,622,782	4,657,242	4,911,408	5,212,444	5,398,722	5,598,237	5,805,282	6,327,708	6,700,524
<b>Cost per Recipient</b>	\$8,469	\$8,472	\$8,620	\$8,607	\$9,113	\$9,499	\$9,574	\$9,443	\$9,257	\$8,884	\$8,520	\$8,312	\$8,305

Source: NYS DOH OHIP DataMart (based on claims paid through June 2016)

# DSRIP: Where We are Now

PPSs have transitioned from planning to implementing projects



Source: Independent Assessor Project Approval and Oversight Panel Presentation. Nov 9 – 10, 2015. NYS DSRIP Website.

\* P4P = pay for performance





## Year 2: How are the PPS performing so far?

PPSs have  
earned 99.4% of  
all available  
funds to date!

\$1.2B Total!

## DSRIP: Overall Year 2

- PPS are moving towards pay for performance by the end of this year
  - PPSs are working hard and have made substantial progress, but we will need to wait for the true performance data to fully assess our progress
- PPS are gearing up for the Mid Point Assessment-Beginning August 1<sup>st</sup>
  - Provides the State an opportunity to see how PPS are doing, hear from and make adjustments or program modifications as needed.
- Fact Based Optimism – Theme of Year 2

## What is Fact-based Optimism?

We live in exciting times and DSRIP is a tremendous opportunity to transform the health care system in NYS.

Optimism is essential for such demanding work and to solve the great challenges ahead.

No time for Pollyanna – fully understand current conditions and focus on the possible.

## What is Fact-based Optimism? Cont.

Pessimism = Self-fulfilling Prophecy

Stakeholders can't be told that this is too hard or dwell entirely on problems

Work to create a “culture of possibility” in which DSRIP goals are seen as achievable and celebrate success.

Building such a culture requires – effective communication and inclusive decision-making

# DY2 Challenge : Incorporate Fact-based Optimism

**Year Round:** Use data, experience to date and relationships with partners, to inform your plan of action to continue DSRIP success. Operate in a culture of possibility.

**May:** Regional Learning Symposia – be generous with ideas, communicate with other PPS, collaborate to problem-solve perceived obstacles.

**July:** Release of Phase 2 MAPP Dashboards – more opportunity to dig in to data to enhance understanding. Use dashboards to continue to problem solve from a “perspective of possibility.”

**August-December:** Mid Point Assessment – an opportunity to take a comprehensive look at where your PPS finds success and address challenges.

\*Disclaimer:  
I stole his idea!



Bruce Mau

<http://www.massivechangenetwork.com/>

# DSRIP In Action

# We are making progress!



The North Country Initiative PPS used DSRIP funds to recruit 23 health care professionals including a dentist to serve a very rural community where they haven't had a dentist in over 5 year.



Ellenville, a critical access hospital ED, is seeing impressive reductions in opioid seeking utilization (-73%) and a reduction in ED visits (-34%) among their selected cohort as a result of MAX participation and DSRIP interventions.



Catholic Health System is using claims data to set ED frequency thresholds and then design workflows around high frequency ED patients that are low to non Utilizers of their plan assigned PCP.



Staten Island PPS developed a new Community Health Worker training program in partnership with 1199 TEF and the College of Staten Island (CSI). The program lasts 26 weeks and results in college credits and a Community Health Worker certification



## Collaborative efforts around the state



St. Barnabas team coordinated with BronxWorks to shuttle homeless persons presenting to the ED, primarily needing food and shelter to a 24-hour drop-in center. Trained staff connect patients to housing or "Living Rooms". It has resulted in a 36% reduction of ED visits by the cohort. 3 patients have impacted, reduced their visits by 90%, projection of 124 annual ED visits



NY-Presbyterian Queens is working with a Certified Home Health Agency and St. Mary's Hospital for Children to do home assessments for children and their families to determine and help mitigate potential asthma triggers.



Bassett (Leatherstocking) PPS is working with Intellectually/Developmentally Disabled providers to determine causes and potential solutions to avoidable utilization of the Emergency Department by members.



Finger Lakes PPS is implementing a transitional supportive housing program, for short-term housing support for members between acute care settings and longer term housing solutions.

# Working together, finding success



Westchester Medical Center was awarded state capital funds, which will enable health care system transformation by expanding and strengthening community-based health services in Kingston and Port Jervis.



In the mid-Hudson Valley, 3 PPSs are working together with MCOs, FQHCs, Health Homes and behavioral health providers to take action on improving behavioral health performance measures.



Maimonides PPS is embedding 6 Health Home Care Managers in network Emergency Departments to connect members to Primary Care and Care Management and prevent avoidable ED visits while ensuring the right care connection is made.



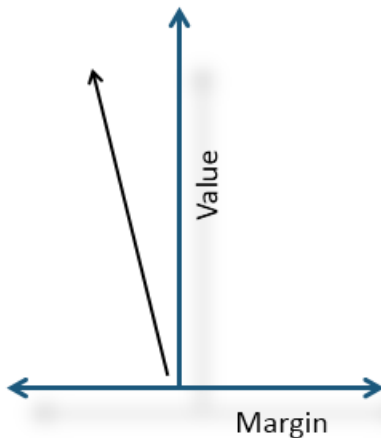
Collaboration occurring across the state: in PPS governing boards, bringing together hospital CEOs, community based organizations, providers of all types to address community-wide issues and build new connections.

# NYS Medicaid Payment Reform: A Brief Overview

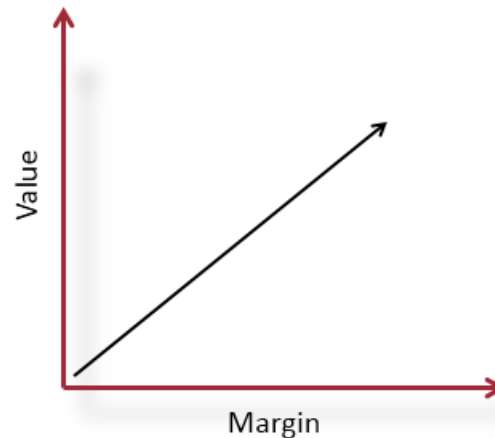
# Learning from Earlier Attempts: VBP as the Path to a Stronger System

VBP arrangements are not intended primarily to save money for the State, but to allow providers to increase their margins **by realizing value**

**Current State**  
*Increasing the value of care delivered  
more often than not threatens  
providers' margins*



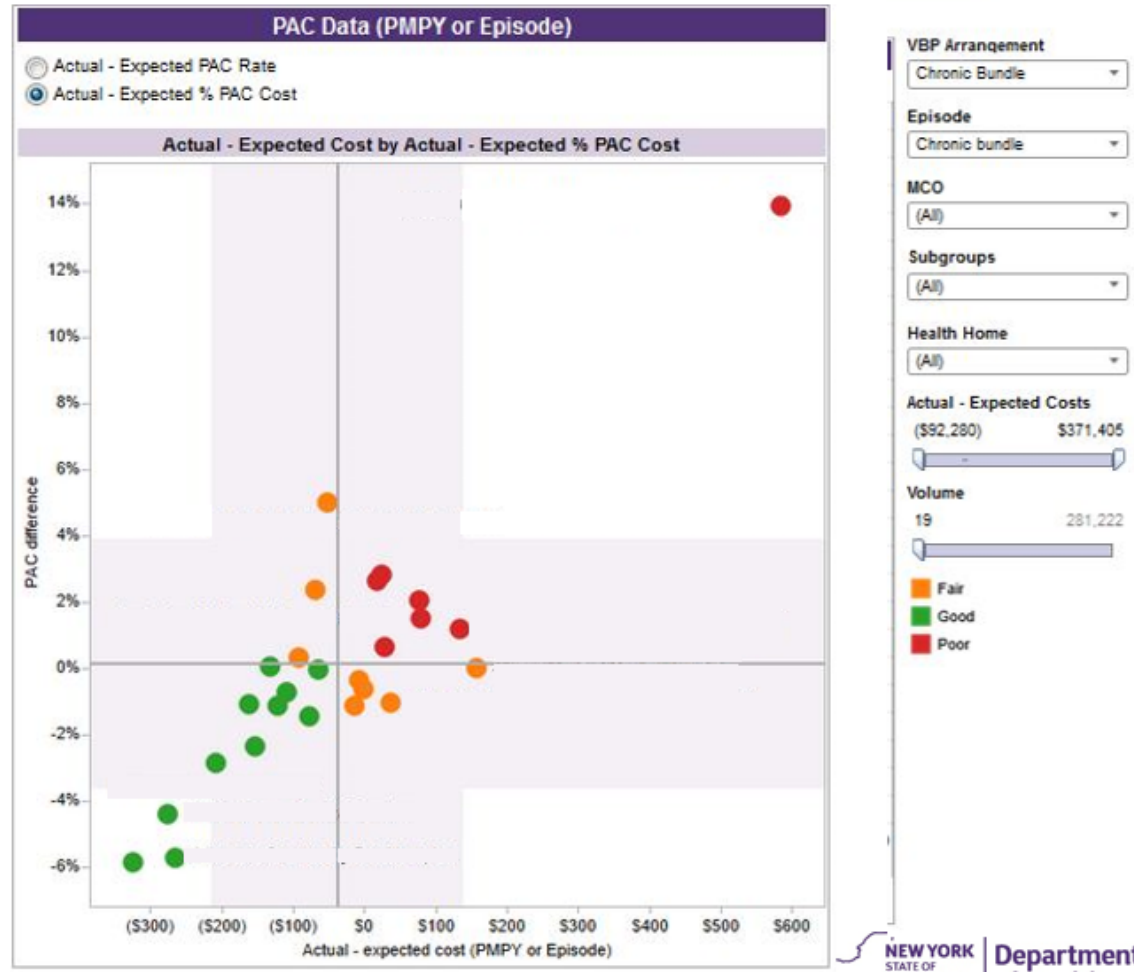
**Future State**  
*When VBP is done well, providers'  
margins go up when the value of  
care delivered increases*



**Goal – Pay for Value not Volume**

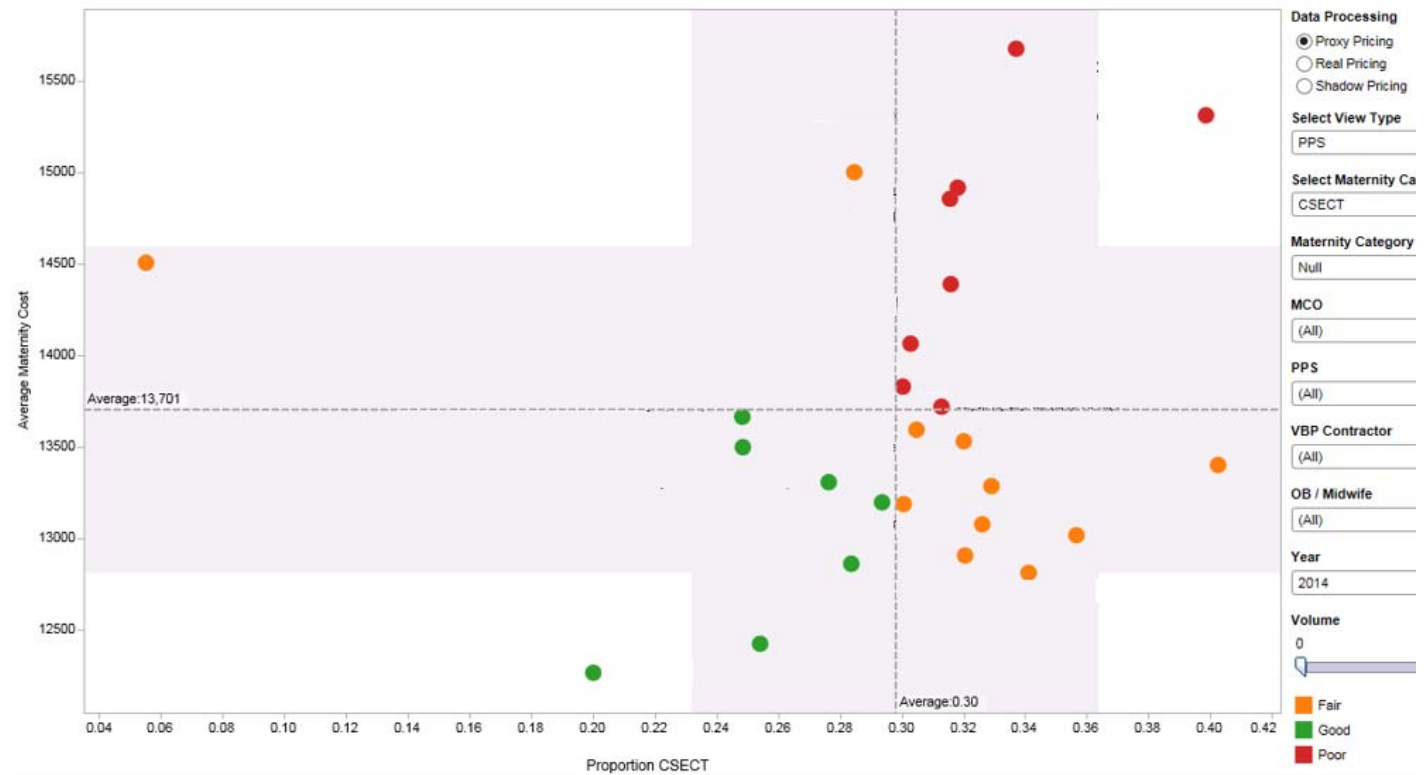
# Opportunities in VBP: Chronic Care

- All PPS average total cost of care and avoidable complication costs
- Difference between lower and higher performing PPS is > \$ 500 per member
- Highest performing PPS spend <20% of these costs on complications; lowest >30%.



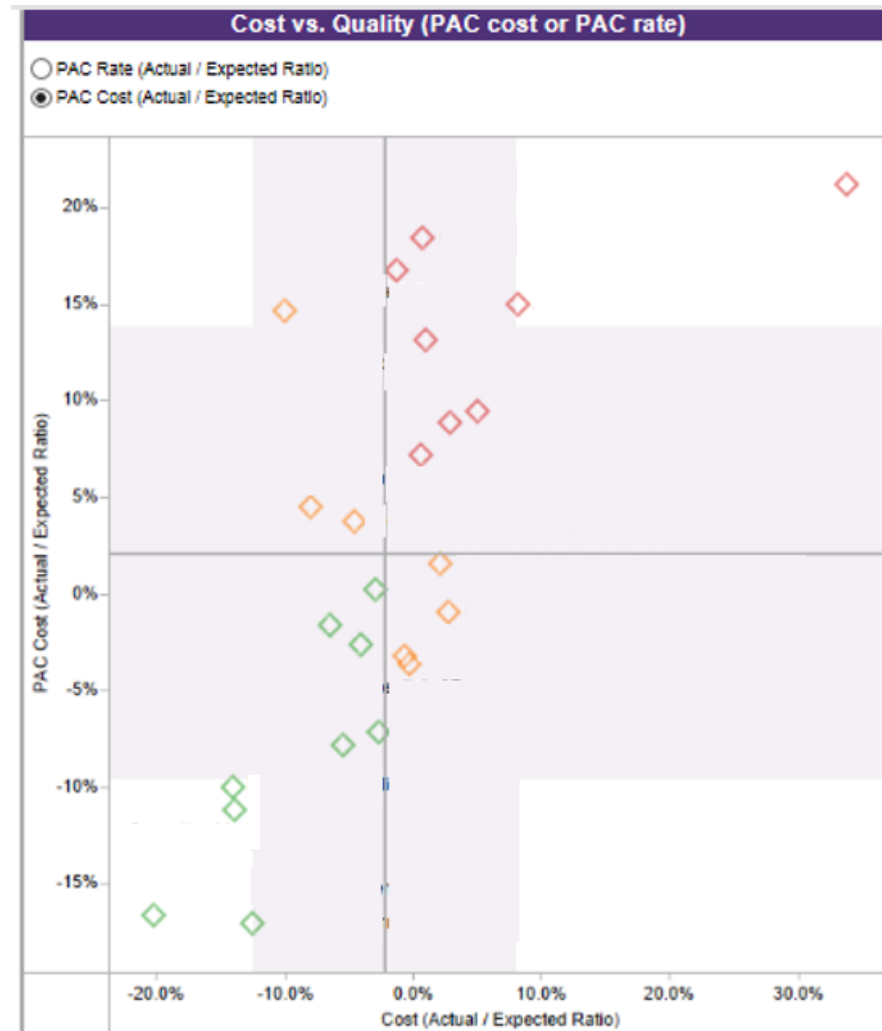
# Opportunities in VBP: Maternity Care

- All PPS by average costs of Maternity care (including 1 month baby) and proportion of C-sections.
- Difference in C-section rate between PPS ranges from 25% to 40%



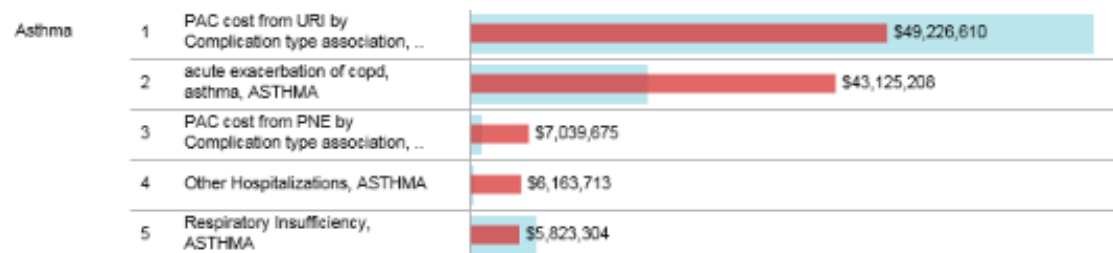
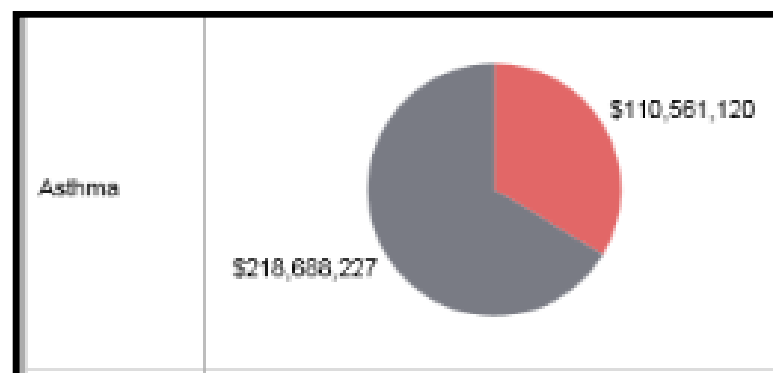
# Opportunities in VBP: Asthma

- All PPS average total cost of care and avoidable complication costs
- Average costs for members with Asthma is \$840 per year
- Difference between lower and higher performing PPS is >\$200 per member
- Highest performing PPS spend 30% of these costs on complications; lower performing >40%.



# Opportunities in VBP: Asthma

- Statewide, 35% of all Asthma costs are complications.
- Almost all these complications are upper respiratory infections, exacerbations, asthma attacks and lung infections.
- You can't prevent all these complications, but better care coordination and cooperation between providers across organizational boundaries can sharply reduce these numbers.





# The Annual Update to the Roadmap

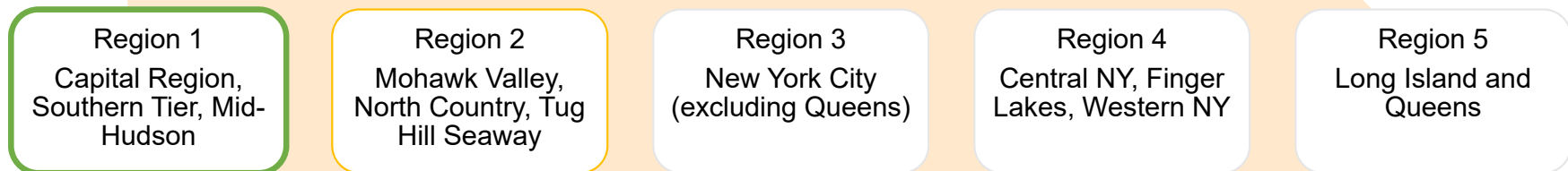
- As outlined in the original Roadmap, the State undertakes an annual update process every year to allow for best practices and updated policy.
- Each Roadmap update is made available for public comment for a period of 30 days.
- The Roadmap was revised based on public comments and was submitted to CMS for review and approval.



# VBP Bootcamps: What It Is & Current Status



- VBP Bootcamps are learning series that will provide **foundational** knowledge about Value-Based Payment (VBP) design with a goal to prepare MCOs and providers for VBP implementation
- Bootcamps will be held in 5 regions across NYS between June and October of 2016; each region is offered 3 different sessions
- As of Thursday July 14<sup>th</sup>, DOH has delivered a total of 5 out of 15 Bootcamps



**Path:** DSRIP Homepage → Value Based Payment Reform → VBP Bootcamps

**Link:** [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_bootcamp/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_bootcamp/index.htm)

# Pilots

- The Goal of the Pilots are to:
  - Creating Momentum in VBP in all the different VBP arrangements.
  - Creating Early Success and Best Practices: learning what works in practice to allow for more effective scaling.
  - Studying and developing the VBP Quality Measures defined by the CAGs.
- The State plans to launch ~15 pilots by the end of CY 2016.
- Organization, planning, and collaboration is ongoing with a number of provider/payer combinations for pilots



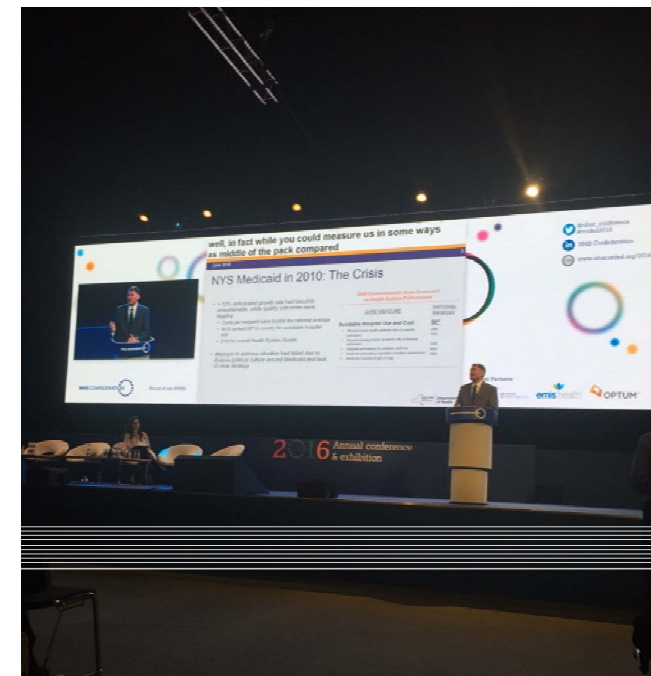
# All eyes on New York

# North American Observatory (NAO) Project

- North American Observatory (NAO) Project has requested that New York participate in a international case study.
- Two jurisdictions in Canada (Ontario and BC), two jurisdictions in the United States (**New York State**, Vermont), one in New Zealand, one in the United Kingdom (Manchester) will be reviewed in a robust, policy case-study design.
- The aim will be to understand the approaches taken to community-based care for older adults with complex needs in each of the jurisdictions through a framework that explores:
  - financing
  - organizational structures and regulations
  - information management
  - performance measurement
  - leadership and priority-setting

# The National Health Service Confederation

- NY was asked to provide a key note and panel presentation at the NHS Confederation Annual Conference
- The NHS Confederation represents all organizations that plan, commission and provide NHS services.
- They are continually looking for ways to improve quality, access, and lower costs
- They have just embarked down a transformation journey that borrows similar goals and concepts from DSRIP (behavioral health integration, new care models, Vanguard sites (PPS like entities)).



Jason Helgerson presenting at the 2016 NHS Confederation Annual Conference

# An Eye Towards the Future

# The real goals of DSRIP mean a transformed future system

- We need a future system where we think more broadly, on a community basis, where all of the systems that impact an individual's well being are coordinated.
- We could measure the outcomes that society cares about, moving beyond health care metrics



✓ Kindergarten  
Readiness



✓ Quality of Life



✓ Community  
Happiness

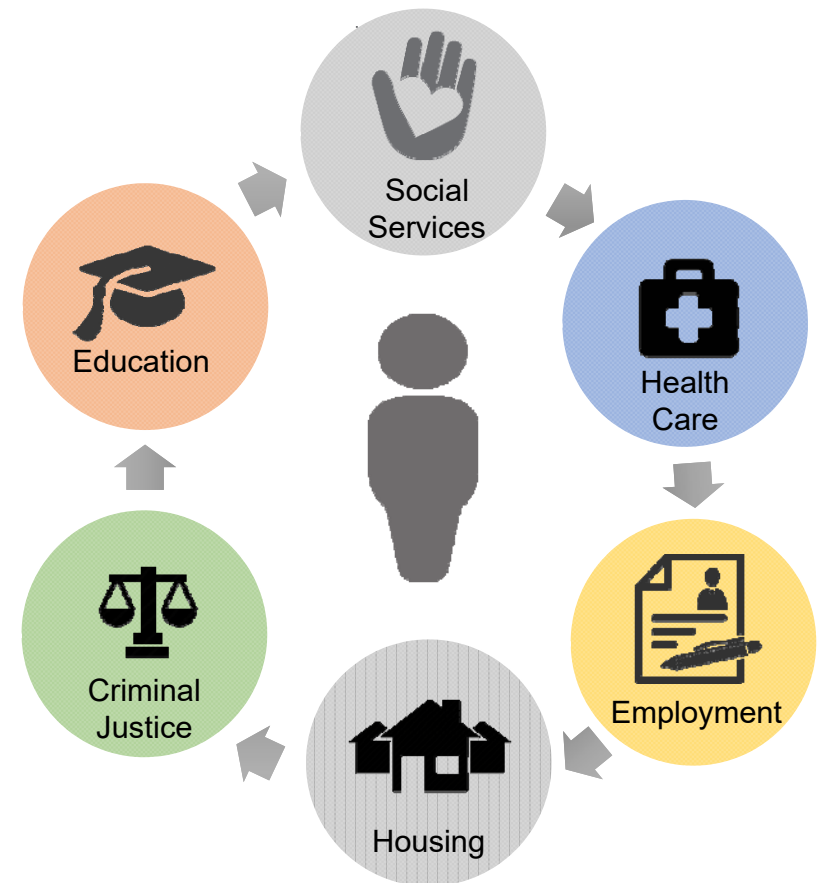


✓ Mortality



# True System Alignment

- DSRIP and VBP break down siloes within health care and build relationship to other sectors.
- We need to think even more broadly about the systems that serve our communities
- We are working towards developing an ecosystem designed to achieve the most important outcomes to a community.



# All Albany Ready! School Readiness Pilot Program

**DRAFT**

- 40% of all children nationally enter kindergarten not ready to learn, a predictor of third-grade literacy, a key building block of academic success.
- NY Medicaid will provide funding to develop a pilot program in collaboration with The Albany Promise Cradle to Career Partnership, managed care plans, pediatricians and key stakeholders to ensure all children enter school ready to learn.
- Goals are to increase awareness among providers, plans, and parents, ensure follow-up actions are met, and ensure all children have an equal opportunity for academic success, beginning in kindergarten.

## Cross-System Collaboration

- Through MRT, DSRIP and the move to VBP, addressing the Social Determinants of Health (SDH) has been an important focus.
- Addressing SDH has been a way to improve Medicaid member quality of life and ‘move the needle’ on health outcome metrics
- Access to health care is a human right. Access to education is a human right.

## Cross-System Collaboration

- Through this partnership, New York Medicaid is ***crossing the Rubicon*** by committing to meet a metric in a separate system: increasing kindergarten readiness.
- The health care delivery system and education system in New York will always be linked – cross-system collaboration is essential to improving children’s health and education outcomes.
- Successful collaboration will provide tremendous benefit to children, parents, and communities.

Cross-system collaboration:

***Where else can we apply  
this concept?***

# Questions?

# Questions?

**Additional information available at:**

<https://www.health.ny.gov/mrt>

<https://www.health.ny.gov/dsrip>

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