

Executive Summary Bassett DSRIP Program September 13, 2014

The MRT (Medicaid Redesign Team) has engineered an \$8 Billion Medicaid Waiver with the federal government which enables significant expenditure toward alteration of the healthcare delivery system for Medicaid patients in NYS.

Key themes in this regard include:

- Delivery system transformation.
- Reduction of avoidable hospitalizations and emergency department visits by 25% over a 5-year period.
- Performance-based payments.
- Selection of a minimum of 5, up to a maximum of 11, programs from the CMS-approved list of 25.
- Major emphasis on collaboration in the development of a Performing Provider System (PPS).
- Strong encouragement for a regional approach in the development of the PPS.

The DSRIP project lifecycle includes planning, assessment of project development, project implementation, performance evaluation measurement, and metric and milestone achievement.

Key components of the DSRIP program include the following:

- Community needs assessment.
- Partner selection in the development of PPS.
- Project selection.
- Project evaluation.
- Attribution of Medicaid enrollees.
- Performance metrics.
- DSRIP payment allocation among members.

Of note, the DSRIP financing mechanisms are performance based, not based on the cost of projects. Further, DSRIP cannot directly fund capital, although it is noteworthy that the state budget will include a \$1.2 billion capital restructuring and financing program.

With respect to the PPS, eligible providers are required to partner/collaborate to form a PPS to submit a DSRIP plan proposal. A PPS is responsible for most or all Medicaid beneficiaries in the proposed service area. The Bassett DSRIP consisting of approximately 90 members has selected 11 projects. These are described by reference to the Table of Contents of this document. Selection of the maximum number of projects optimizes revenue accrual with successful project achievement.

Critical success factors for the Bassett DSRIP include the following:

1. Effective organizational structure with successful relationships and partnerships with members of the proposed DSRIP.
2. The creation of appropriately constituted project teams to effect necessary planning and transformative action to be successful in the 11 projects identified.
3. Timely and comprehensive tracking and monitoring mechanisms to assure that grant requirements are fulfilled effectively.
4. Incorporation of the characteristics of successful delivery systems, including management of attributed lives, purposeful referral mechanisms, high patient and provider satisfaction, appropriate patient engagement and compliance, mechanisms for continuous improvement in care delivery, and a sense of DSRIP culture binding various elements together to achieve shared vision and mission.

Finally, achievement of identified outcomes and success under the DSRIP program may well serve as a foundation for relationships between the DSRIP and other third-party payers.