

New York DSRIP (2014-2015)

The Client:

Health systems, hospitals, and Federally Qualified Health Center providers engaged in New York's Delivery System Reform Incentive Payment Program (DSRIP).

The Challenge:

In April 2014, the federal Centers for Medicare and Medicaid Services approved New York State's Medicaid waiver request for \$8 billion over five years. Most of the new funding is being applied to the DSRIP initiative designed to achieve a 25% reduction in avoidable hospitalizations and to restructure the health care delivery system. The premise is that local partnerships – Performing Provider Systems (PPSs) — will transform the delivery system.

The Approach:

HMA assembled a team of consultants with expertise to meet the particular needs of providers. HMA assisted in developing PPS applications to the State and worked with providers and provider groups in strategizing on how best to approach and partner with funded PPSs.

Application Development: HMA provided support to two emerging DSRIP Performing Provider Systems (PPSs)—Refuah Community Health Collaborative (RCHC), the only FQHC-led PPS, and to NuHealth, the alliance of NuHealth, North Shore/LIJ, and Catholic Health Services of Long Island.

For RCHC, HMA

- managed and facilitated all design activities;
- led project selection;
- developed project and workforce plans;
- led the stakeholder engagement and communication plan;
- managed and facilitated all Steering Committee, Clinical Advisory Committee, and Project Advisory Committee meetings;
- conducted analysis for the Community Needs Assessment (CNA);
- developed surveys and decision-support tools;
- developed the Rapid-Cycle Evaluation and cultural competency plans; and
- led the development of the design grant application, final application, and speed and scale estimates.

For NuHealth, HMA

- staffed all planning activities;
- led the development of the design grant application and Interim Access Assurance Fund application;
- provided stakeholder outreach strategic support;
- identified potential PPS partners;
- worked with clinical leadership to select projects;
- conducted qualitative analyses for the Community Needs Assessment; and
- assisted in completing the application.

Strategy – Federally Qualified Health Centers (FQHCs), Other Providers, and Independent Practice Associations (IPAs):

HMA worked with the Community Health Care Association of New York State to design and implement a DSRIP support

strategy to enable FQHCs to understand and fully participate in DSRIP. HMA co-facilitated regional strategy meetings with FQHCs throughout New York, developed and hosted webinars and sessions on key DSRIP topics (e.g., governance, risk-based payment, behavioral health), and developed tools to support FQHC participation in PPSs (e.g., value proposition, PPS selection, and project selection tools). HMA worked with three individual FQHCs clients in Brooklyn on their PPS strategy and developed a tool for them and a coalition of FQHCs in central NY to assess and select which PPSs to join.

HMA is assisting FQHCs and other providers in forming or maximizing IPAs, preparing them to become ready for value-based payments and population health management, and developing strategies to contract with PPSs and health plans.

The Results:

All PPS applicants assisted by HMA received DSRIP awards. HMA continues to assist FQHCs, other providers, and IPAs participate in DSRIP and favorably position themselves with PPSs and health plans.

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