A Path Forward: The Move to DSRIP, VBP, and Behavioral Health Integration

The Coalition for Behavioral Health

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Overview

• Medicaid Redesign

• DSRIP: A Transformed Health System

• The Move to Value Based Payment

• Behavioral Health and System Transformation
The Medicaid Redesign Team
New York State Medicaid Transformation Since 2011

2011: Governor Cuomo created the Medicaid Redesign Team (MRT) which developed a series of recommendations to lower immediate spending and propose future reforms.

2014: As part of the MRT plan NYS obtained a 1115 Waiver which would reinvest MRT generated federal savings back into redesigning New York’s health care delivery system known as Delivery System Reform Incentive Payment Program (DSRIP).

2015: As part of DSRIP, NYS undertakes an ambitious payment reform plan working towards 80% value based payments by the end of the waiver period.

June 2015: NYS publishes a multi-year VBP Roadmap, a living document that outlines the State’s payment reform goals and program requirements.
The Delivery System Reform Incentive Payment Program (DSRIP)
DSRIP Program Objectives

- DSRIP objectives are aligned with the objectives of BH Organizations

  - DSRIP was built on the Center for Medicare and Medicaid Services' (CMS) and the State's goals towards achieving the Triple Aim:
    - Better care
    - Better health
    - Lower costs

  - To transform the system, DSRIP will focus on the provision of high quality, integrated primary, specialty and BH care in the community setting with hospitals used primarily for emergent and tertiary level of services

  - Its holistic and integrated approach to healthcare transformation is set to have a positive effect on healthcare in NYS
Healthcare providers recognize that many patients have comorbid physical and behavioral healthcare needs, yet services in New York State have traditionally been provided and billed for separately.

The integration of physical and behavioral health services can help improve the overall quality of care for individuals with multiple health conditions by treating the whole person in a more comprehensive manner.

* Within DSRIP, the term “Behavioral Health” also encompasses mental health and substance abuse.
In the early stages of DSRIP, PPSs were required to implement at least one behavioral health strategy project from the Domain 3 – Clinical Improvement Projects category.

### 3.A Projects: Behavioral Health

3.a.i - Integration of primary care and behavioral health services

3.a.ii - Behavioral health community crisis stabilization services

3.a.iii - Implementation of evidence-based medication adherence program (MAP) in community-based sites for behavioral health medication compliance

3.a.iv - Development of withdrawal management capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs

3.a.v - Behavioral Interventions Paradigm (BIP) in Nursing Homes
Delivery Reform and Payment Reform: Two Sides of the Same Coin

• A thorough transformation of the delivery system can only become and remain successful when the payment system is transformed as well

• Many of NYS current delivery system’s problems (fragmentation, high re-admission rates) are rooted in how the State pays for services
  • Fee for service (FFS) pays for inputs rather than outcome; an avoidable re-admission is rewarded more than a successful transition to integrated home care
  • Current payment systems do not adequately incentivize prevention, coordination or integration

• The financial success of providers must be linked to providing value.

Financial and regulatory incentives drive…

a delivery system which realizes…

cost efficiency and quality outcomes: value
The Move to Value Based Payment
Value Based Payments: Why is this important?

- By DSRIP Year 5 (2020), all MCOs must employ VBP systems that reward value over volume for at least 80 – 90% of their provider payments.
- Health Home care management payments will be part of VBP arrangements.
- Currently, 38.32% of Medicaid payments are value based.
The VBP Roadmap starts from DSRIP Vision on How an Integrated Delivery System should Function

Integrated Physical & Behavioral Primary Care
Includes social services interventions and community-based prevention activities

Population Health focus on overall Outcomes and total Costs of Care

Sub-population focus on Outcomes and Costs within sub-population/episode

- Maternity Care (including first month of baby)
- Acute Stroke (incl. post-acute phase)
- Depression
- ... (Episodic)

- Chronic care (Diabetes, CHF, Hypertension, Asthma, Depression, Bipolar ...)
- Chronic Kidney Disease
- ... (Continuous)

- AIDS/HIV
- Multimorbid disabled / frail elderly (MLTC/FIDA population)
- Severe BH/SUD conditions (HARP population)
- Developmentally Disabled population

February 2018
VBP Progress

• Currently, 38.32% of Medicaid payments are value based

• VBP-University
  • 3 Semesters of information
  • Additional semesters coming soon including a semester from OMH and OASAS!
  • Over 1200 graduates to date!

• Completed 6 VBP Bootcamps around the State
  • Over 2,500 attendees
  • Recording of Albany Bootcamp is on our website (health.ny.gov/VBP)
Behavioral Health and System Transformation
Overview

- Public behavioral health system serves ~750,000 Medicaid recipients per year

- Medicaid members diagnosed with BH account for 20.9% of the overall Medicaid population in NYS

- The average length of stay (LOS) per admission for BH Medicaid users is 30% longer than the overall Medicaid population's LOS

- Per member per month (PMPM) costs for Medicaid Members with BH diagnosis is 2.6 times higher than the overall Medicaid population

- Estimated annual behavioral health spend: $7B (~50% for inpatient BH)
Current Challenges in BH

- Large system with wide range of provider services and expertise
- Heavy reliance on fee-for-service (FFS) payment methodology that incentivizes volume and may not pay for what is really needed
- Lack of accountability for high-need patients
- Few incentives to support BH / PC integration
- Barriers to information sharing within health and social services systems (MCO, criminal and juvenile justice, homeless systems)
- Lack of follow-up care following discharge from inpatient admissions
- High re-admission rates for BH and substance use disorder (SUD) populations

Improving Behavioral Health for System Transformation

• Integration is key

• Use DSRIP and VBP to drive change

• Improving behavioral health will be a major factor for statewide performance
Working to Link More HARP Members to BH HCBS

• State Agency Partners released the State Designated Entity Guidance to link HARP members who are not currently in Health Home to Behavioral Health HCBS

• Plans will be allowed to contract directly with SDE’s – SDEs must be within a Health Home Network, and work to encourage Health Home enrollment

• Formal opportunity for Plans, Health Homes and LGUs to identify and get HARP members assessed, engaged in BH HCBS and Health Home
Health Home Rate Adjustments

- Increased Low Rate to better reflects distribution of members across High Medium Low rate structure – effective May 1, 2017

- Further work with Stakeholders has resulted in streamlined rate structure based on three defined populations and lower case load assumptions – now before CMS approval – anticipated to take effect on March 1, 2018
  - New streamlined rate structure will provide rate stability for six months, unless there is a change in clinical, functional criteria

- Health Home payments moving into Plan Premium – April 1, 2018
2018-19 Executive Budget – Health Home Quality, Innovation and Performance Improvement

• Focus on quality and performance to:
  ✓ Increase Health Home enrollment for adults and children
  ✓ Increase retention in Health Home and proactive, preventative health care and wellness for Health Home members

• Improve Health Home and Managed Care Plan partnership through:
  ✓ Innovative strategies to redirect outreach resources to support enrollment and retention of high risk high need members
  ✓ Rewards and incentives
• To address shortfalls in Federal resources and ensure the Medicaid Global Spending Cap is balanced, and to provide more time for providers and Plans to complete readiness activities, the proposed 2018-19 Executive Budget delays the schedule for implementing the Children’s Medicaid System Transformation for two years.

✓ State remains committed to the Children’s Medicaid Transformation and will continue to work collaboratively with stakeholders to build upon the significant progress that has already been made.

✓ Still early in the budget negotiation process.
Questions?

Additional information available at:
https://www.health.ny.gov/VBP
https://www.health.ny.gov/dsrip

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