



Delivery System Reform Incentive Payment (DSRIP)

July 28, 2016



What is DSRIP?

- Federal funds administered by the Centers for Medicare & Medicaid Services (CMS)
- DSRIP initiatives provide states with funding that can be used to support providers in changing how they provide care to Medicaid beneficiaries
- DSRIP initiatives are part of broader Section 1115 Waiver programs

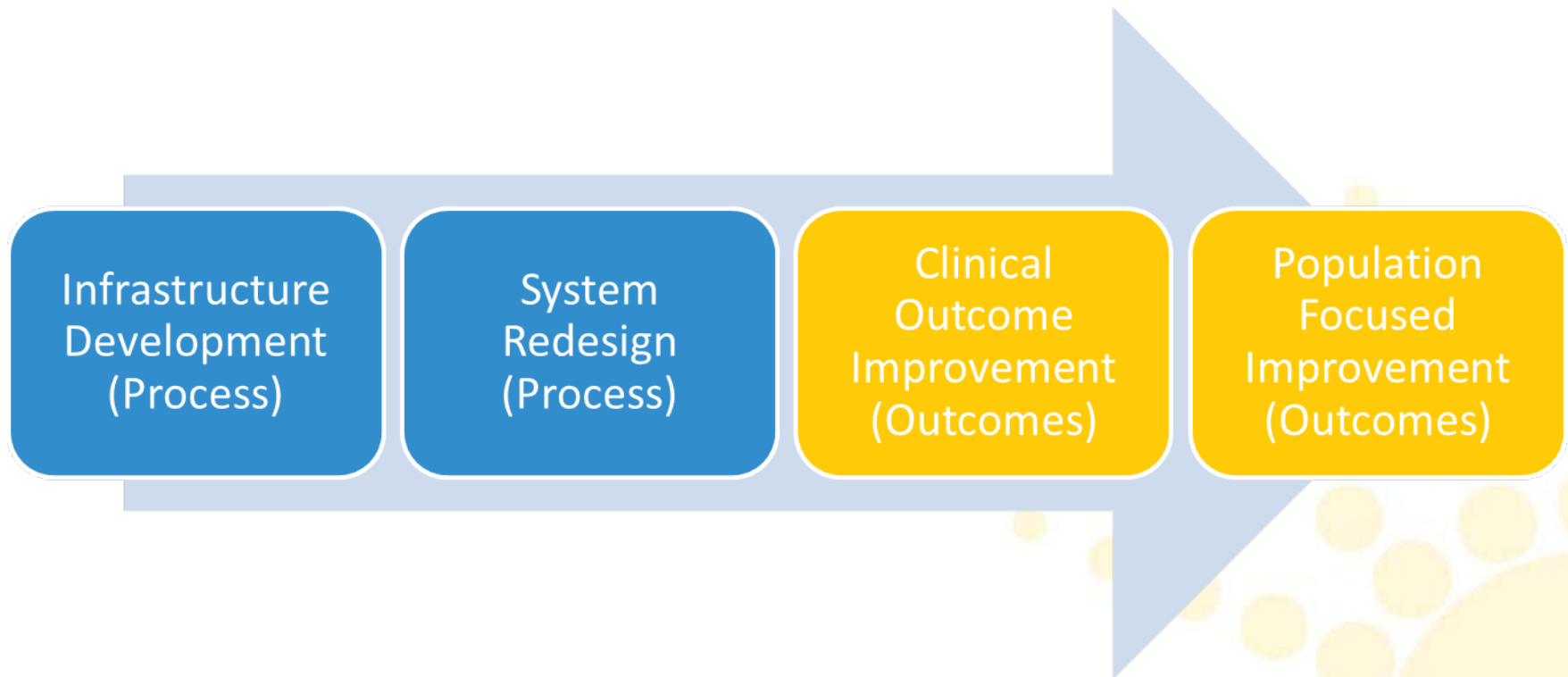
DSRIP Initiatives

- Five years long
- There is no official federal criteria for DSRIP program qualification
- States have taken varying approaches
- Federal funds are matched to state funding for certain qualifying health programs

DSRIP Initiatives

- DSRIP is an incentive program where payment incentives are distributed for meeting performance outcome requirements
- Providers can use funds to develop systems, infrastructure, and/or processes

DSRIP Emphasis over 5 Year Period



Infrastructure
Development
(Process)

System
Redesign
(Process)

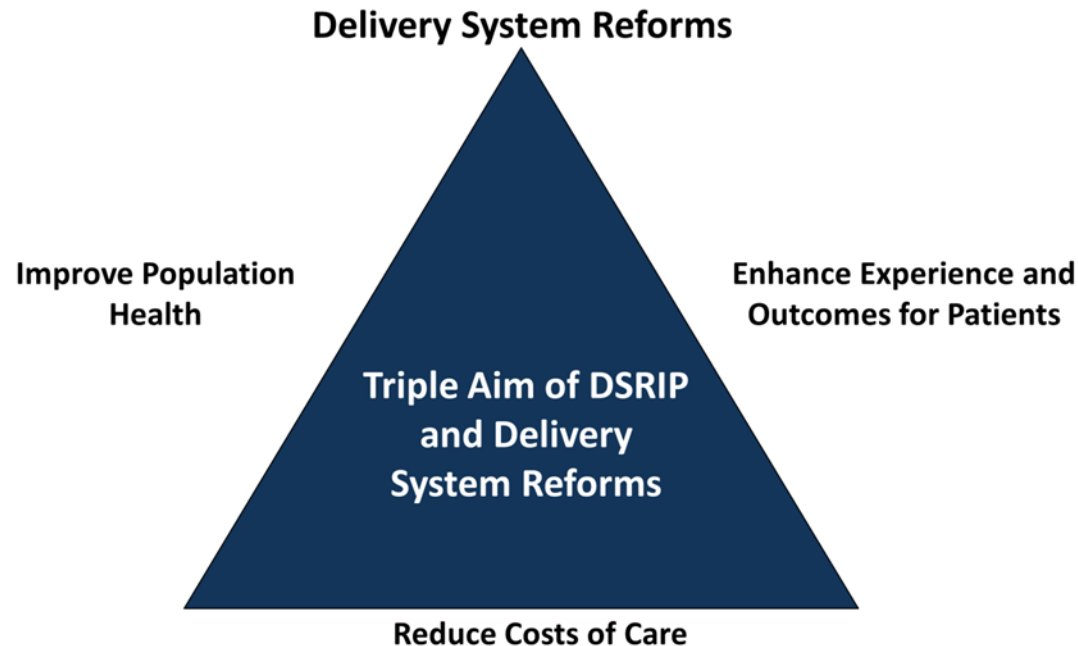
Clinical
Outcome
Improvement
(Outcomes)

Population
Focused
Improvement
(Outcomes)

"Triple Aim"

Figure 2

States are using DSRIP waivers to help achieve larger health system and Medicaid goals for delivery system reforms.



Arizona's DSRIP Proposal

- Focuses on populations of vulnerable Medicaid members where care integration, coordination of care, and data exchange will likely have an immediate positive impact for enrollees and providers.

Arizona's 4 DSRIP Focus Areas

- Adults with Behavioral Health Needs
- Children with Behavioral Health Needs, Children with and At-Risk for Autism Spectrum Disorder, and Children Engaged in the Child Welfare System
- Members Transitioning from the Justice System
- Individuals enrolled in the American Indian Health Program (AIHP)

Integrated Care for Adults

- DSRIP proposed projects include:
 - A. Integration of behavioral health services within primary care sites
 - B. Integration of primary care within community behavioral health sites
 - C. Integration of primary care & behavioral health services within co-located sites
 - D. Care coordination for adults with behavioral health needs following hospital discharge

Integrated Care for Children

- DSRIP proposed projects include:
 - A. Integration of behavioral health services within primary care sites
 - B. Integration of primary care within community behavioral health sites
 - C. Improving treatment for the care of children with and at-risk for Autism Spectrum Disorder
 - D. Improving treatment for the care of children engaged in the child welfare system (at both primary care and behavioral health sites)

Members Transitioning from Justice

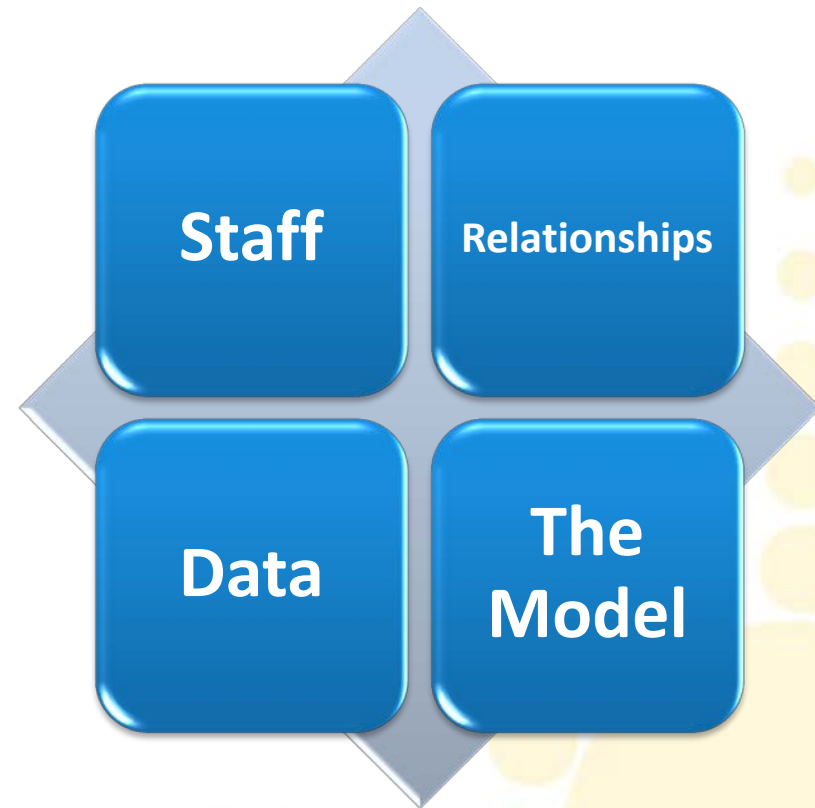
- DSRIP proposed projects include:
 - A. Development of an integrated health care setting within county probation offices or Dept. of Corrections parole offices to address beneficiary health care needs upon release and throughout the term of probation/parole for individuals transitioning out of incarceration
 - B. An integrated care project (TBD) for youth transitioning from the juvenile justice system

American Indian Health Program

- DSRIP proposed projects include:
 - A. Shared care management strategy development via regional collaboratives
 - B. Improvement of care management systems via protocols and structured care plans
 - C. Development of data infrastructure and analytics capability for care management
 - D. Transformation to PCMHs of primary care sites serving AIHP members

AIHP Care Coordination Efforts

- **Staff** – Expanded clinical resources and support
- **Relationships**– Traveled statewide to visit Tribal providers and stakeholders
- **Data** – Developed secure data-sharing with 14 different provider organizations
- **Model** – Engaged 146 members in active care coordination with provider organizations



Medical Home Waiver Proposal

- The AZ 1115 waiver renewal application includes an American Indian Medical Home waiver proposal which would pay a PMPM to qualifying facilities
- IHS/Tribal 638 workgroup finalized the American Indian Medical Home waiver proposal in early June

Safety Network Med Home Initiative



DSRIP Requires Measures

- Process measures
 - Draft measures proposed for DY 1 and 2
- Outcome measures
 - “Candidate pool” identified for each project
 - Intent is to align as much as possible with other measure sets, such as CMS core measures, GPRA, PCMH measures, etc.

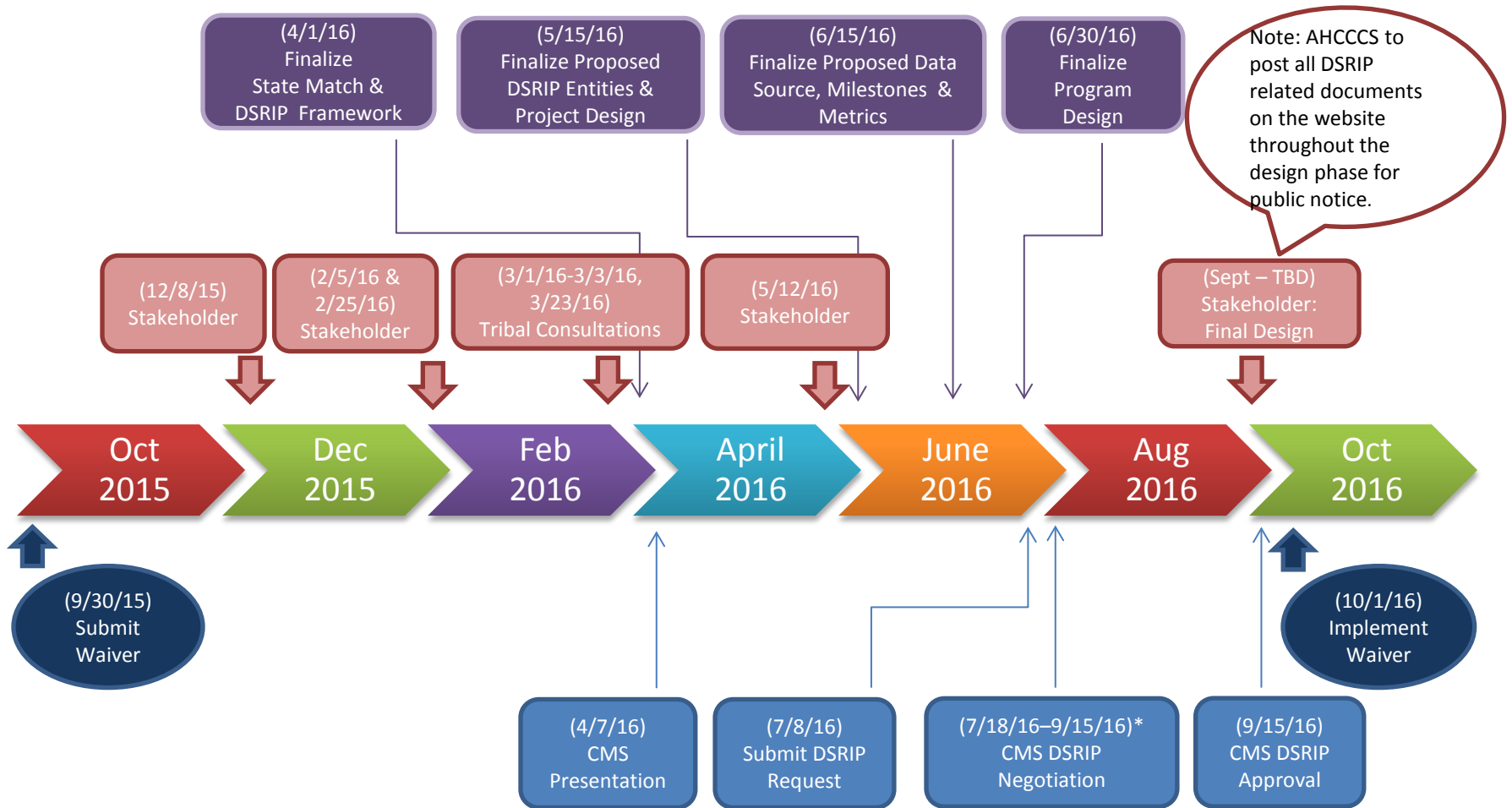
Preliminary Feedback from CMS

- CMS indicated that support for collaborative care management of AIHP members should be structured as payments for services rather than payments for projects
 - **Note:** If DSRIP is authorized by CMS, other DSRIP focus areas (i.e. justice transitions, adult and pediatric behavioral health integration) will remain structured as projects

Potential New Service Payments

- For the care of AIHP members, provider organizations will be potentially eligible for new care management service payments:
 - Such service payments would be separate from & in addition to services currently eligible for reimbursement and at current rates (i.e. all-inclusive rate for IHS/Tribal 638 providers)
 - New care management service payments for AIHP members will need to be approved by CMS
 - The care management service payment methodology will need to be coordinated with:
 - Proposed American Indian medical home waiver payments
 - CMS guidance related to care coordination agreements

DSRIP Design Timeline



*Need to coordinate with the 1115 waiver negotiation.

Timeline

- The AZ DSRIP proposal was submitted to CMS on July 15
 - Comments and suggestions received during the stakeholder process guided the proposal development
 - Continued refinement of proposed projects and their core components will occur, based on CMS feedback and stakeholder input
- Based on approval authority from CMS:
 - DSRIP projects will begin after October 1, 2016
 - Care management service/AI medical home payments will begin following CMS review and finalization of a new methodology via a non-DSRIP waiver and/or state plan amendment

Fictional Clinical Scenario

- A member with poorly controlled diabetes and depression who lives in Chinle presents to FMC ED @ 10PM on Saturday
- On-call care management is notified by a real-time 24 hour notification (via HIE) that the member is in the ED
 - On-call care manager works with the FMC ED clinical team and supports the member's evaluation
 - BH evaluation/support occurs real-time in the ED
 - Additional testing is avoided because of access to medical records
- Follow-up appointments are scheduled, including transportation, and the member is safely discharged from the FMC ED
- The Chinle medical home engages member after discharge and coordinates/monitors follow-ups, understanding of treatment plan, and clinical goals & outcomes

Arizona DSRIP-Additional Information

- <https://www.azahcccs.gov/AHCCCS/Initiatives/DSRIP/>
- <http://kff.org/report-section/an-overview-of-delivery-system-reform-incentive-payment-waivers-issue-brief/>
- <https://www.azahcccs.gov/shared/fiveyear.html>

Questions?



Thank You.

