

1. What is DSRIP?

The NYS Medicaid Redesign Team (MRT) is redirecting Medicaid funds to projects that radically transform the Medicaid delivery system. These projects are part of the Delivery System Reform Incentive Payment (DSRIP) program. DSRIP will incentivize health care and community-based providers to form regional collaborations and implement innovative system transformation. The overarching objective of DSRIP is to improve clinical outcomes and reduce avoidable hospital use by 25% over five years.

2. What is FLPPS?

New York State is divided into 25 Performing Provider Systems (PPS) based on geography and regional care delivery. A performing provider system is a network of health care providers and community-based organizations (CBOs) that have agreed to work together to change the health care system in their region using the DSRIP program.

The Finger Lakes Performing Provider System (FLPPS) was formed under the sponsorship of Rochester Regional Health System (RRHS) and UR Medicine who co-lead DSRIP implementation across the 13 counties in this PPS: Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates counties.

3. What DSRIP projects did FLPPS select and why?

Following a comprehensive community needs assessment (CNA), 11 DSRIP projects were chosen for implementation across the PPS to improve health outcomes and reduce healthcare costs. Projects include:

- ❖ 2.a.i – Integrated Delivery System (mandatory for all PPS partners)
- ❖ 2.b.iii – ED care triage for at-risk populations
- ❖ 2.b.iv – Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
- ❖ 2.b.vi – Transitional supportive housing services
- ❖ 2.d.i – (Project 11) Implementation of patient activation activities to engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations in community-based care
- ❖ 3.a.i – Integration of behavioral health and primary care
- ❖ 3.a.ii – Behavioral health community crisis stabilization services
- ❖ 3.a.v – Behavioral Interventions Paradigm in nursing homes
- ❖ 3.f.i – Increase support for maternal and child health (including high risk pregnancies)
- ❖ 4.a.iii – Strengthen mental health and substance abuse infrastructure across systems
- ❖ 4.b.ii – Improve access to high quality chronic disease preventative care and management in both clinical and community settings

4. What is the FLPPS governance structure?

FLPPS is an independent entity governed by a Board of Directors and advised by an Executive Steering Committee. Both groups are comprised of leadership from the local health systems, FLPPS operational committees, NOCN workgroups and Medicaid members. All bodies are supported by staff at the FLPPS project management office.

5. What are the Operational Committees?

There are seven groups that serve as Subject Matter Experts for the 11 FLPPS DSRIP projects. Three operational committees serve as advisory bodies (Clinical, Finance, and Information Technology) and four workgroups establish protocols (Housing, Workforce, Transportation, and Cultural Competency/Health Literacy). These committees develop organizational strategies, policies and procedures, advise project teams, and inform centralized services. Committee members are representative of all care settings and geographic areas.

6. What is a NOCN and NOCN Workgroup?

We refer to five geographic sub-regions in the Finger Lakes Performing Provider System (FLPPS) as Naturally Occurring Care Networks (NOCN). The FLPPS NOCNs are Finger Lakes, Monroe, Southeastern, Southern, and Western. These Networks represent the full continuum of care and organizational leadership within a shared geographic service area. Each NOCN is led by a participant workgroup that represents the health care providers and CBO's in their area. Workgroups are responsible for organizing local providers, hosting collaborative dialogue, and supporting project implementation. You can actively participate in a NOCN without being a member of the NOCN Workgroup.

7. What is an attested provider?

There are over 600 health care and community-based organization who have committed, through an attestation document, to be a part of the care network that will serve Medicaid members in our 13 county region.

8. How do I find out if my organization has submitted a FLPPS DSRIP attestation form?

A list of attested providers can be found on the FLPPS website (flpps.org). If you have additional questions, feel free to reach out to us at info@dsripfingerlakes.org.

9. If my organization has not turned in the attestation, is it too late for us to get involved?

No, it is not too late. We encourage you to contact the FLPPS project management office at info@dsripfingerlakes.org to receive an attestation form. We will need you to return your completed form by March 31, 2015.

10. Why should I get involved in FLPPS? How will my organization benefit?

This is an exciting time in healthcare delivery as DSRIP offers the chance for meaningful Medicaid reform within New York State. By getting involved now, you can contribute to the structure of this reform and impact the communities you serve. DSRIP funds flow is still being defined by the State, however there is a possibility financial incentives will be available to participating organizations.