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**Healthier  
WASHINGTON**

**Delivery System Reform Incentive Payment (DSRIP)  
Program: "Funds Flow 101"**

*Technical Assistance Resource*  
King County ACH – May 18, 2017

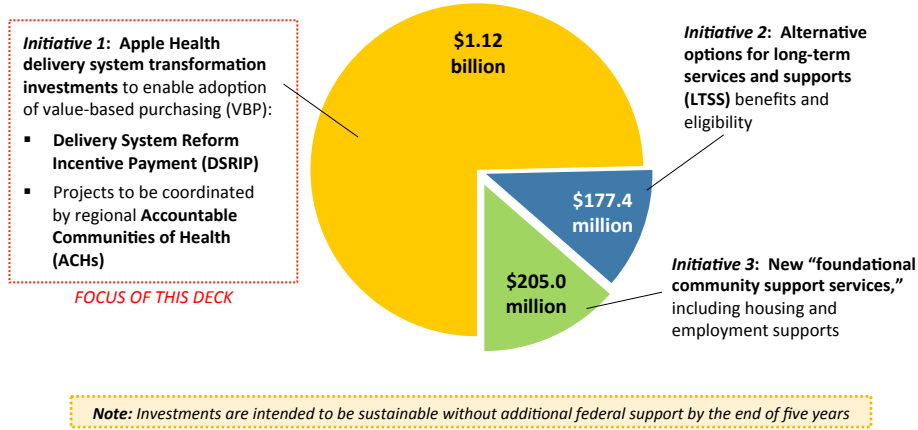
## Presentation Goals

This presentation provides a high-level overview of DSRIP Program funding

- Federal Medicaid Demonstration Funding
- Delivery System Reform Incentive Payment (DSRIP) Program
- Potential DSRIP Funding Snapshot for King County
- Design Funds Milestones
- Earning DSRIP Incentives Process
- Sustainability Considerations

## Federal Medicaid Demonstration - 5 Years of Funding

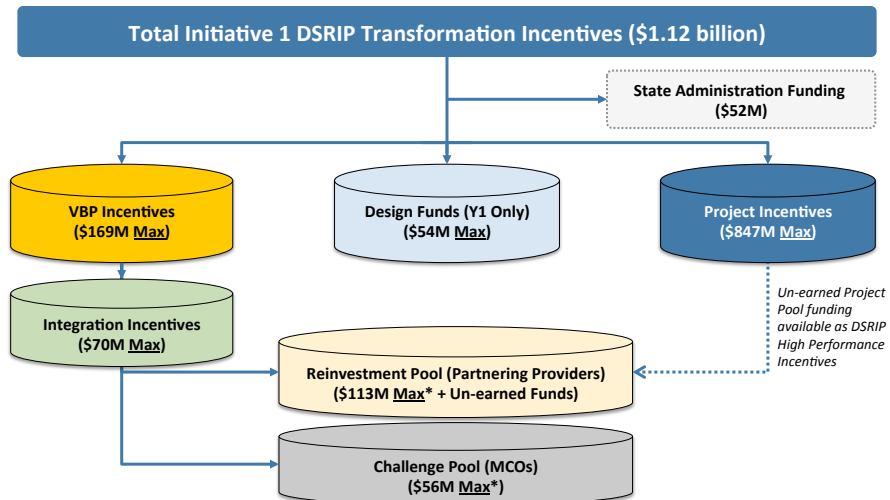
\$1.5 BILLION OVER 5 YEARS (2017 – 2021)



Source: CMS, Washington 1115 Waiver Approval and STCs, Jan 9, 2017: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wa-wa-medicaid-transformation-ca.pdf>



## DSRIP Program Structure: Transformation Incentives

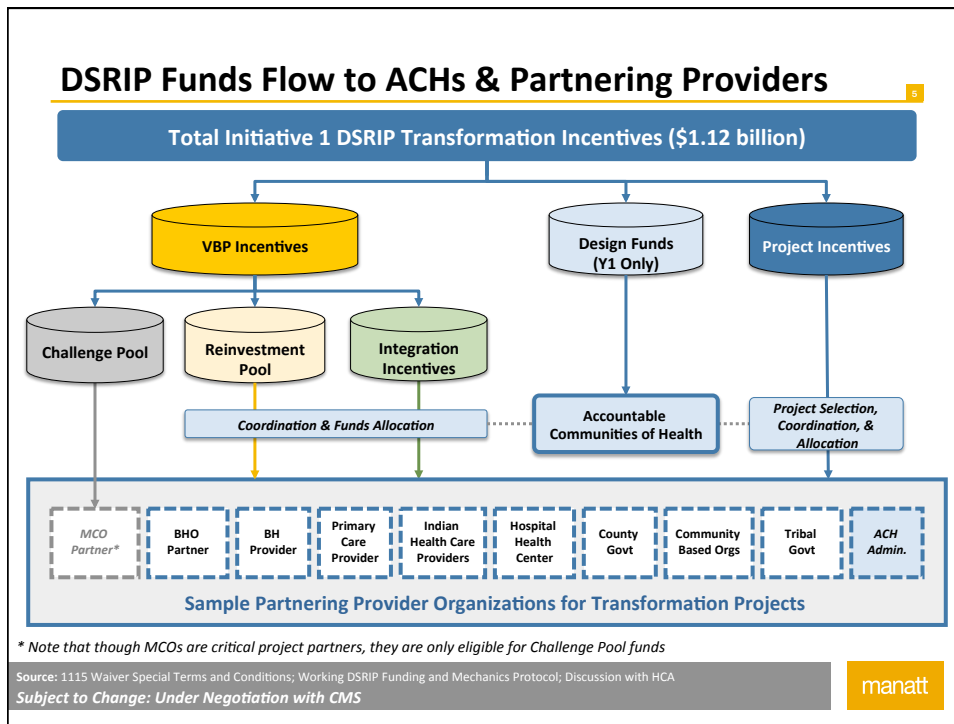


**Subject to Change: Under Negotiation with CMS**

\* Max only applicable if no regions secure Integration Incentives for integrated managed care; otherwise VBP incentive pool funds remaining after Integration Incentives will be distributed 1/3 to the Challenge Pool (for MCOs) and 2/3 for ACH-specified “Participating Providers”

Source: 1115 Waiver Special Terms and Conditions, Working DSRIP Funding and Mechanics Protocol; Discussion with HCA





### Maximum Potential DSRIP Funding for King County

Funding Source	Calendar Year – Est. Potential Funding (\$m)					Total (\$m)
	2017	2018	2019	2020	2021	
Design Funds	\$6					\$6
Project Incentives	\$31	\$43	\$43	\$39	\$34	\$191
Integration Incentives	\$6.6		\$10*			\$16.6

**Key Takeaways:**

- Funding amounts are planning estimates, and subject to change.
- The only guaranteed amount is \$1 million in Design Funds, awarded when King County ACH achieves Phase I certification. Up to \$5 million of the remaining Design Funds will be awarded based on the ACH's certification submission score.
- Project Pool funding in Year 1 is earned and adjusted based on the ACH's Project Plan application score. Project Pool funds for later years are adjusted based on progress and outcome performance.
- Integration Incentives are earned only if King County submits a Letter of Intent before September 15, 2017, and/or launches an integrated care MCO by January 1, 2019.
- "Partnering Providers" can also earn DSRIP High Performance and Value-Based Payment (VBP) incentives, in addition to the funds described in this table.

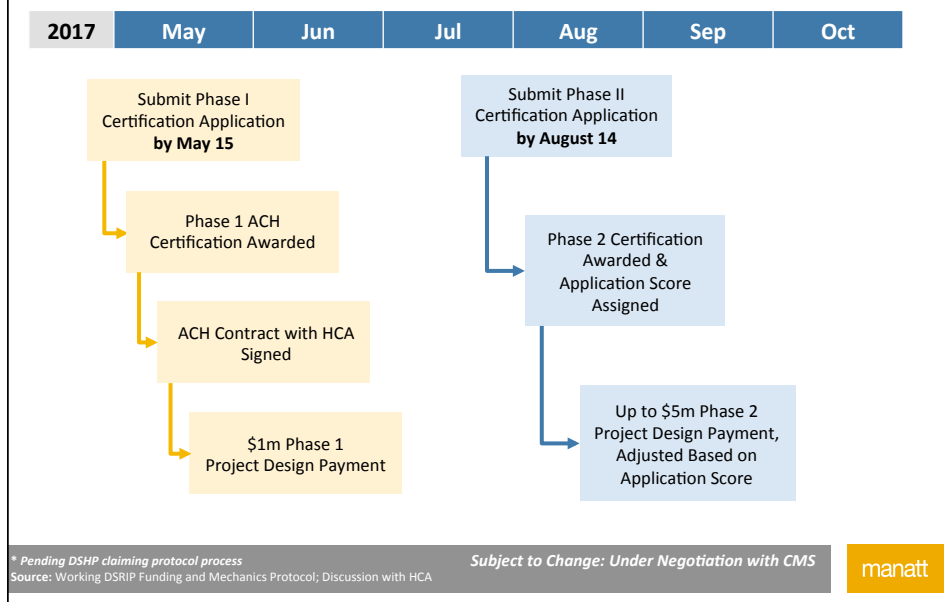
\* Phase 2 Integration Incentives earned at the time that the ACH region launches integrated managed care.

Source: OHSU/Manatt analysis of 1115 Waiver Special Terms and Conditions, working DSRIP Funding and Mechanics Protocol & discussion with HCA

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## 2017 Design Funds Based on ACH Certification



## Design Funds Are Intended to Support ACH Capacity

Design Pool Funds are to be used to support ACH-level investments on **tools, technology and human resources** for coordination of Medicaid transformation projects.

### Examples of potential Design Pool focus areas:

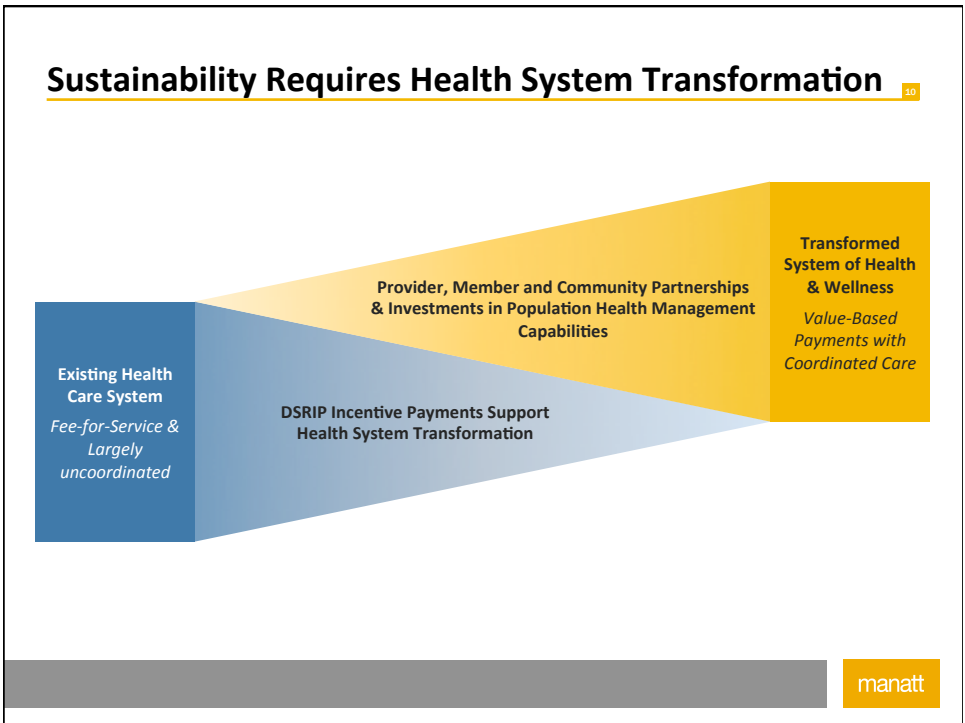
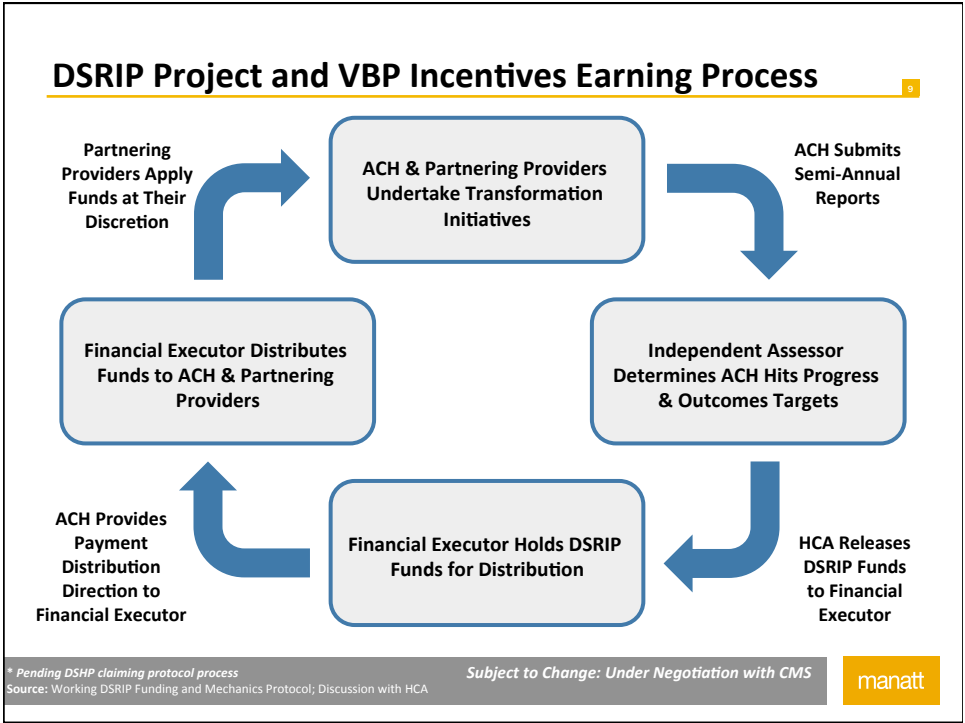


- **Development of an ACH Project Plan:** Convening meetings of partner organizations; reviewing data, clinical evidence, and research; drafting, reviewing, and revising a Project Plan
- **Support for community engagement efforts:** Holding community engagement meetings; facilitating participation of community stakeholders on ACH boards and committees
- **Support for tribal consultation:** Engaging and collaborating with tribes, including training of board members
- **Support for ACH administrative/project management infrastructure:** Supporting key ACH leadership roles (e.g., ACH Executive Director) and other support staff; hosting/maintaining ACH website
- **Support for ACH data capacity:** Supporting data-driven decision-making, including regional data collection, asset mapping, and analyzing State data
- **Health IT/Population health management:** Investments in EMR/electronic health record systems, registry capacity, and linkages to community-based care models
- **Capacity building for direct care or services provision workforce:** Recruiting/hiring, retention, and training of staff

\* Pending DSHP claiming protocol process  
Source: Working DSRIP Funding and Mechanics Protocol; Discussion with HCA

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## More to Come...

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### Several funds flow program design areas are still in development, including:

- **Design Funds:**
  - ACH Phase 2 Certification criteria
  - Phase 2 scoring methodology and application to Design Pool funding calculation
- **Year 1 Project Incentives:**
  - Project Plan review criteria
  - Project Plan scoring methodology and application to Y1 Project Pool funding calculation
- **Year 2 – 5 Project Incentives:**
  - Timing of progress metric stages
  - Measure weighting methodology
- **Integration Incentives:**
  - Funding distribution parameters
- **Reinvestment Pool:** Distribution methodology and spending parameters
- **Challenge Pool:** Distribution methodology and spending parameters

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Please contact your Regional Coordinators  
with questions, or submit to HCA at:  
[medicaidtransformation@hca.wa.gov](mailto:medicaidtransformation@hca.wa.gov)

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# King County Accountable Community of Health

## Demonstration Project Committee Summary

On April 18, the Governing Board called for the formation of a Demonstration Project Committee (DPC). An initial time-limited work group will focus on designing the overall Demonstration Project strategy and recommending a project portfolio for review and approval by the Governing Board. Membership is expected to evolve over the course of the demonstration; current membership is below:

Elise Chayet Harborview  
Ben Chen, Swedish  
Shelly Copper-Ashford, CMCH  
Michael Erikson, Neighborcare,  
Sybill Hyppolite, SEIU 1199NW  
Jeff Hummel, MD, Qualis Health

Betsy Jones, King County  
Susan McLaughlin, DCHS  
Sarah Rafton, WA AAP  
Marguerite Ro, PHSKC  
Andrea Yip, ADS

Siobhan Brown, CHPW  
Kayla Down, Coordinated Care  
Laurel Lee, Molina  
Caitlin Safford, Amerigroup  
Amina Suchoski, UHC

*Flow of information and responsibilities, present to October:*



### Design Teams:

- **One collective table** designs the individual project plan
- Must demonstrate **Multi-sector** participation inclusive of all sectors critical to project success

### Project plans:

- Detail how **affected populations** will have provided input into the design of project plans. Plans should explicitly describe how affected populations will be engaged throughout the demonstration
- Ensure **opportunities for public comment** on proposed plans
- Ground project elements in the **Regional Health Needs Inventory** (quantitative and qualitative)
- Utilize **evidence-based** strategies to the extent possible
- Align projects with **outcome metrics** in the [Medicaid Transformation Demonstration \(MTD\) toolkit](#)
- Clearly identify **target population(s)**; projects may start with one target population and expand to other identified populations over the course of the demonstration
- Demonstrate **sufficiency**: project must reach a portion of Medicaid lives large enough to achieve goals for impact, savings and system transformation
- Reduce **health disparities and health inequities**: design teams should utilize Community/Consumer Voice Committee's Equity Impact Review Tool (pending finalization)

- Adopt a whole-person approach and address **social determinants of health** by linking the care delivery system and social sectors
- **Sustainability:** focus on system-wide transformation that can be sustained through value-based purchasing