



**Department  
of Health**

**Medicaid  
Redesign Team**

# NYS DSRIP: An Overview

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# Agenda

1. The Medicaid Redesign Team
2. The 1115 Waiver Amendment
3. DSRIP in New York
  - Strategy
  - The Role of PPSs
  - Projects
4. Value Based Payments
5. Performance Measurement

# The Medicaid Redesign Team

# NYS Medicaid in 2010: The Crisis

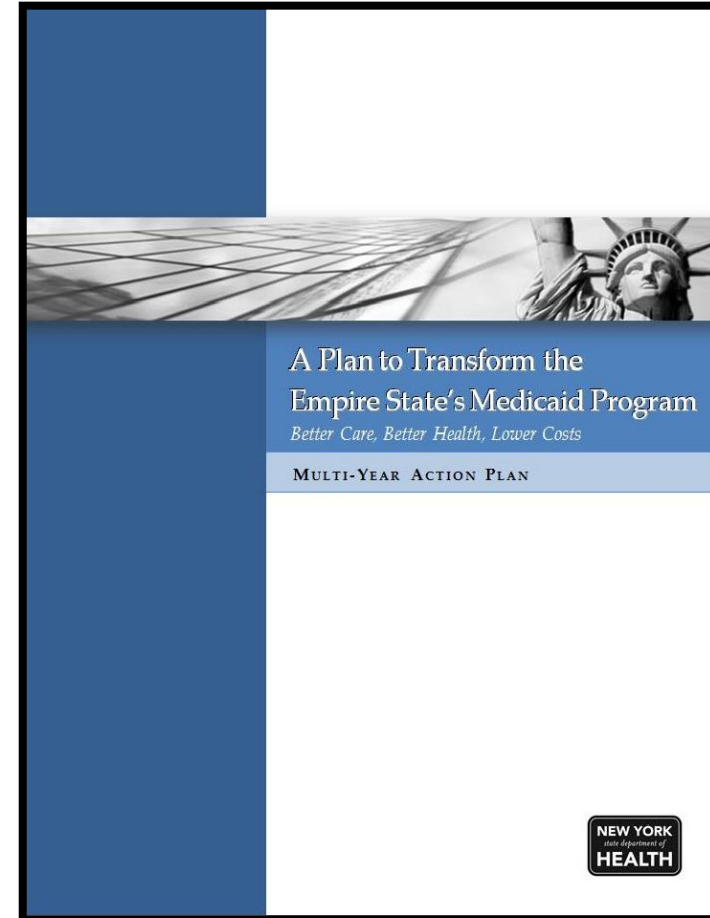
- 10% growth rate in annual Medicaid spend had become unsustainable, while quality outcomes were lagging
  - Costs per recipient were double the national average
  - NY ranked 50<sup>th</sup> in country for avoidable hospital use
  - 21<sup>st</sup> for overall Health System Quality

## 2009 Commonwealth State Scorecard on Health System Performance

<u>CARE MEASURE</u>	<u>NATIONAL RANKING</u>
• Avoidable Hospital Use and Cost	<b>50<sup>th</sup></b>
• Percent home health patients with a hospital admission	49 <sup>th</sup>
• Percent nursing home residents with a hospital admission	34 <sup>th</sup>
• Hospital admissions for pediatric asthma	35 <sup>th</sup>
• Medicare ambulatory sensitive condition admissions	40 <sup>th</sup>
• Medicare hospital length of stay	50 <sup>th</sup>

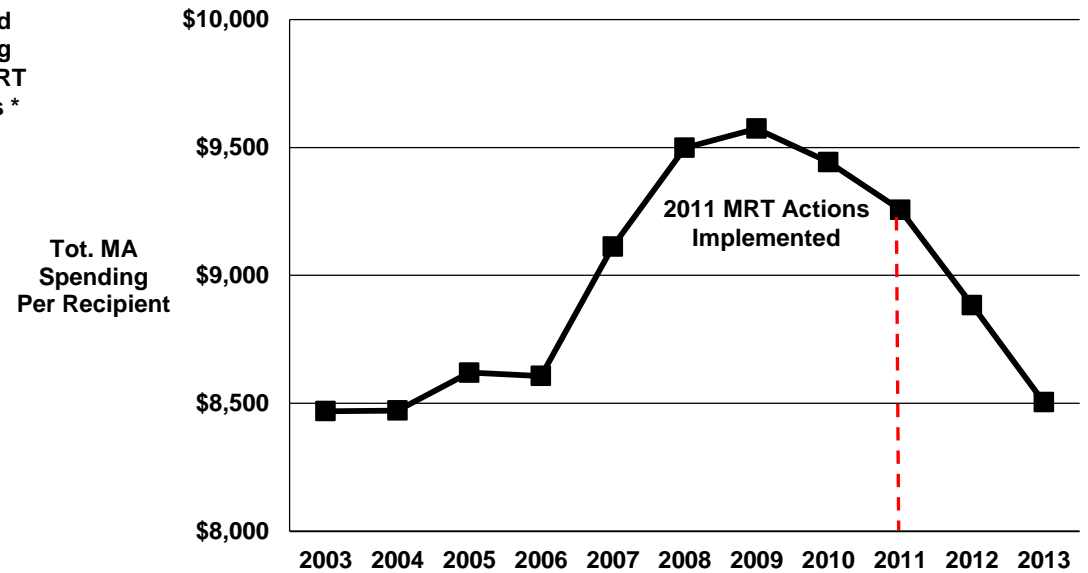
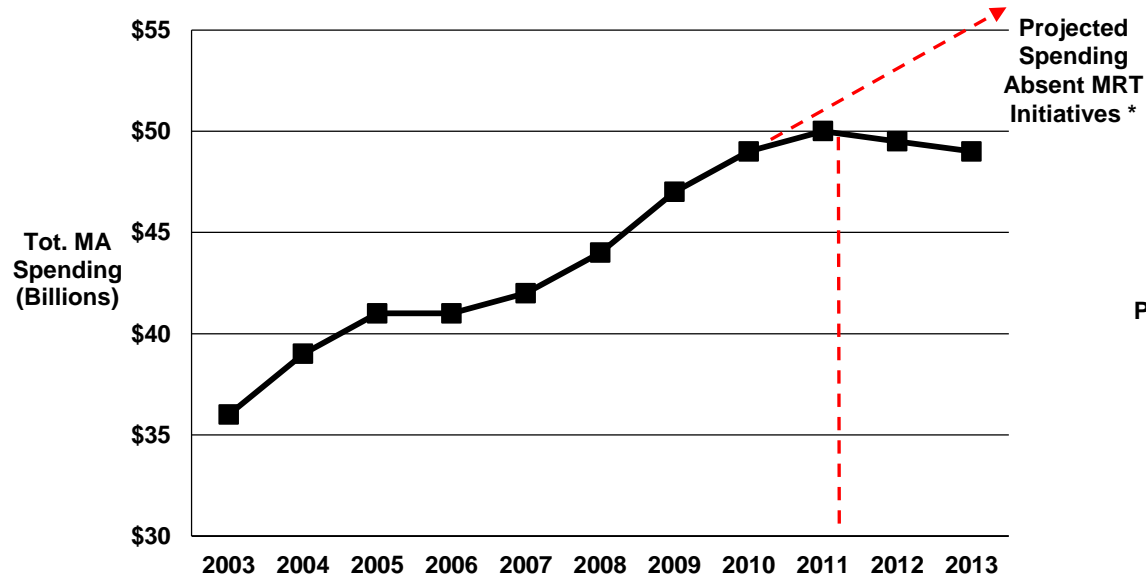
# Creation of the Medicaid Redesign Team – A Major Step Forward

- In 2011, Governor Andrew M. Cuomo created the *Medicaid Redesign Team (MRT)*.
  - Made up of 27 stakeholders representing every sector of healthcare delivery system
  - Developed a series of recommendations to lower immediate spending and propose reforms
  - Closely tied to implementation of the Affordable Care Act (ACA) in NYS
  - The MRT developed a multi-year action plan. We are still implementing that plan today



\* This document formed the basis of the eventual 1115 waiver amendment

# NYS Statewide Medical Spending (2003-2013)



Calendar Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
# of Recipients	4,267,573	4,594,667	4,733,617	4,730,167	4,622,782	4,657,242	4,911,408	5,212,444	5,398,722	5,598,237	5,792,568
Cost per Recipient	\$8,469	\$8,472	\$8,620	\$8,607	\$9,113	\$9,499	\$9,574	\$9,443	\$9,257	\$8,884	\$8,504

# The 1115 Waiver Amendment

# MRT Waiver Amendment

- In April 2014, Governor Andrew M. Cuomo announced that New York State and CMS finalized agreement on the MRT Waiver Amendment.
- Allows the state to reinvest \$8 billion of the \$17.1 billion in federal savings generated by MRT reforms.
  - *\$6.9 billion is designated for **Delivery System Reform Incentive Payment Program (DSRIP)***
  - *Balance of Funds Support:*
    - *HCBS Services (1915i)*
    - *Health Homes*
    - *MLTC Workforce*
- The MRT Waiver Amendment will:
  - *Transform the State's Health Care System*
  - *Bend the Medicaid Cost Curve*
  - *Ensure Access to Quality Care for all Medicaid members*



# MRT Waiver Amendment – Funds Flow

<b>Sources of Funding</b>	<b>Year- 0</b>	<b>Year-1</b>	<b>Year-2</b>	<b>Year-3</b>	<b>Year-4</b>	<b>Year-5</b>	<b>Total</b>
<b>Public Hospital IGT Transfers (Supports DSRIP IGT Funding for Public Performing Provider Transformation Fund, Safety Net Performance Provider System Transformation Fund, DSRIP, State Plan and Managed Care Services)</b>	\$512.0	\$878.1	\$933.0	\$1,481.8	\$1,317.1	\$878.1	\$6,000.0
<b>State Appropriated Funds</b>	\$188.0	\$345.4	\$476.6	\$467.8	\$343.5	\$178.7	\$2,000.0
<b>Total Sources of Funding</b>	\$700.0	\$1,223.5	\$1,409.5	\$1,949.6	\$1,660.6	\$1,056.8	\$8,000.0
<b>Uses of Funding</b>							
<b>DSRIP Expenditures</b>	\$620.0	\$1,007.8	\$1,070.7	\$1,700.6	\$1,511.6	\$1,007.8	\$6,918.5
<b>Interim Access Assurance Fund (IAAF)</b>	\$500.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$500.0
<b>Planning Payments</b>	\$70.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$70.0
<b>Performance Payments</b>	\$0.0	\$957.8	\$1,020.7	\$1,650.6	\$1,461.6	\$957.8	\$6,048.5
<b>Administration</b>	\$50.0	\$50.0	\$50.0	\$50.0	\$50.0	\$50.0	\$300.0
<b>Health Homes</b>	\$80.0	\$66.7	\$43.9	\$0.0	\$0.0	\$0.0	\$190.6
<b>MC Programming</b>	\$0.0	\$149.0	\$294.9	\$249.0	\$149.0	\$49.0	\$890.9
<b>Health Workforce MLTC Strategy</b>	\$0.0	\$49.0	\$49.0	\$49.0	\$49.0	\$49.0	\$245.0
<b>1915i Services</b>	\$0.0	\$100.0	\$245.9	\$200.0	\$100.0	\$0.0	\$645.9
<b>Total Uses of Funding</b>	\$700.0	\$1,223.5	\$1,409.5	\$1,949.6	\$1,660.6	\$1,056.8	\$8,000.0

# DSRIP in New York

# DSRIP: Strategy

# DSRIP Explained

- Short for: “**D**elivery **S**ystem **R**eform **I**ncentive **P**ayment” Program
- Overarching goal is to reduce avoidable hospital use – Emergency Department and inpatient – by 25% over 5+ years of DSRIP
- This will be done by **developing integrated delivery systems, reducing silos, enhancing primary care and community-based services, and integrating behavioral health and primary care.**
- Built on the CMS and State goals in the Triple AIM
  - *Improving Quality of Care*
  - *Improving Health*
  - *Reducing Costs*

# DSRIP Program Principles

Patient-Centered	Improving patient care & experience through a more efficient, patient-centered and coordinated system
Transparent	Decision making process takes place in the public eye and that processes are clear and aligned across providers
Collaborative	Collaborative process reflects the needs of the communities and inputs of stakeholders
Accountable	Providers are held to common performance standards, deliverables and timelines
Value Driven	Focus on increasing value to patients, community, payers and other stakeholders

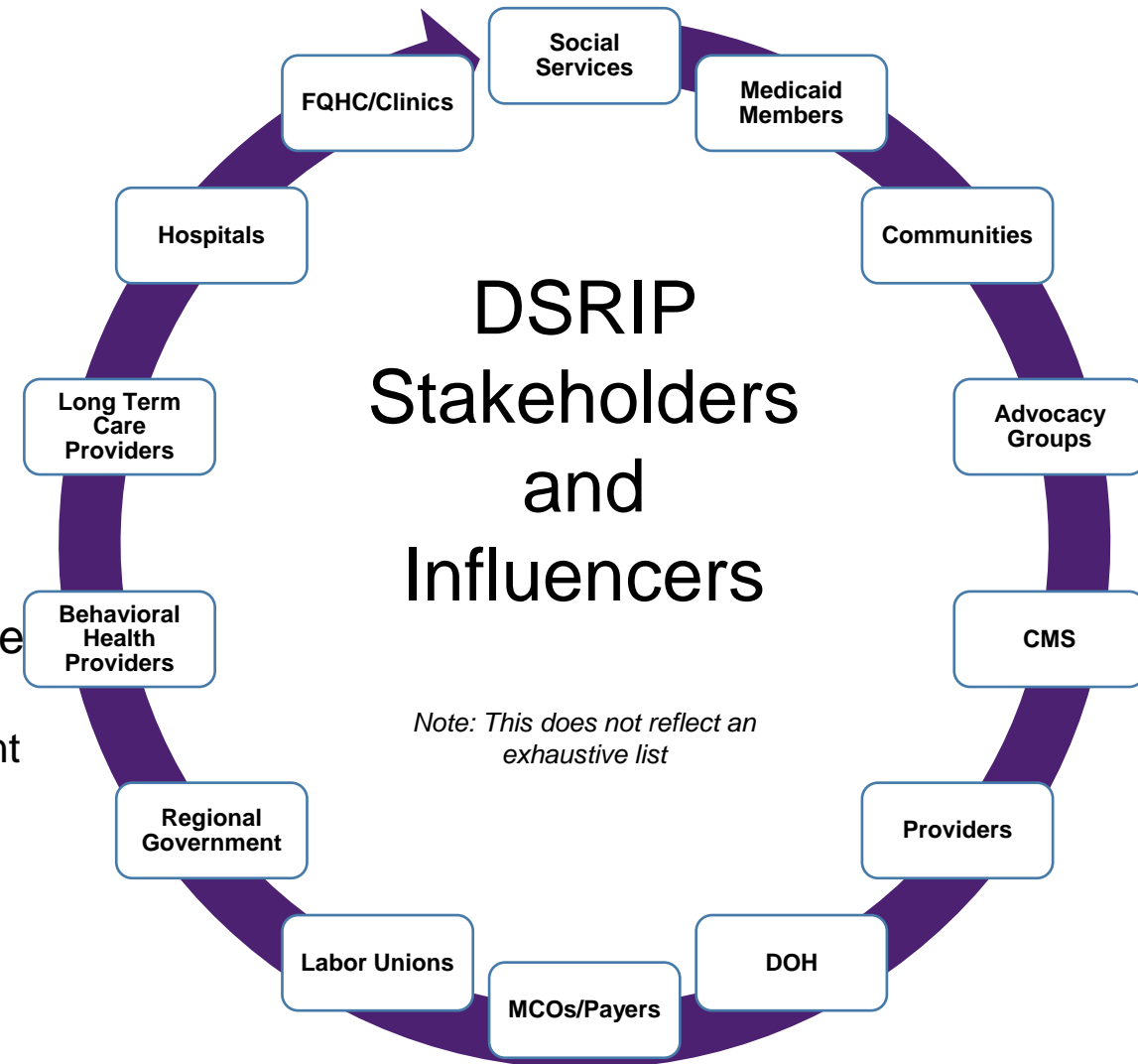
***Better care, less cost***

# DSRIP Key Goals

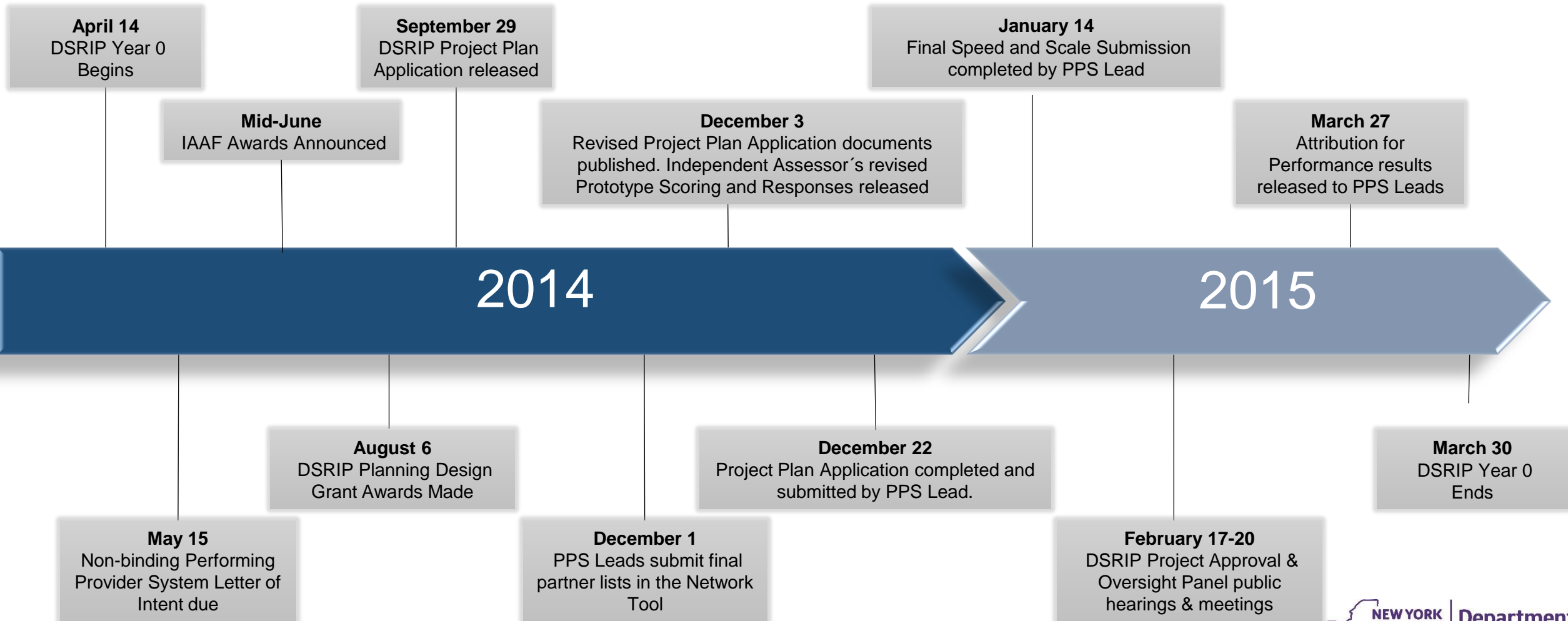
- Transformation of the health care safety net at both the system and state level
- Reducing avoidable hospital use and improve other health and public health measures at both the system and State level
- Ensure that delivery system transformation continues beyond the waiver period through leveraging managed care payment reform
- Near term financial support for vital safety net providers at immediate risk of closure
- Key theme is collaboration! Communities of eligible providers will be required to work together to develop DSRIP project proposals

# DSRIP Stakeholders

- To be successful, key stakeholders should be engaged throughout the DSRIP lifecycle:
  - Governance process members, committees, and other participants
  - PPS network partners
  - DSRIP operational and project teams
  - Managed Care Organizations engaged for value-based reform strategies
- Regular and appropriate communication with each of these stakeholders is essential to ensure that each understands the overlap of their roles and functions.
  - This is also a critical factor in establishing trust and commitment from each of the PPS provider partners
- New York providers will be required to participate in State-wide Learning Collaboratives to promote the sharing of challenges and testing of new ideas and solutions by providers implementing similar programs

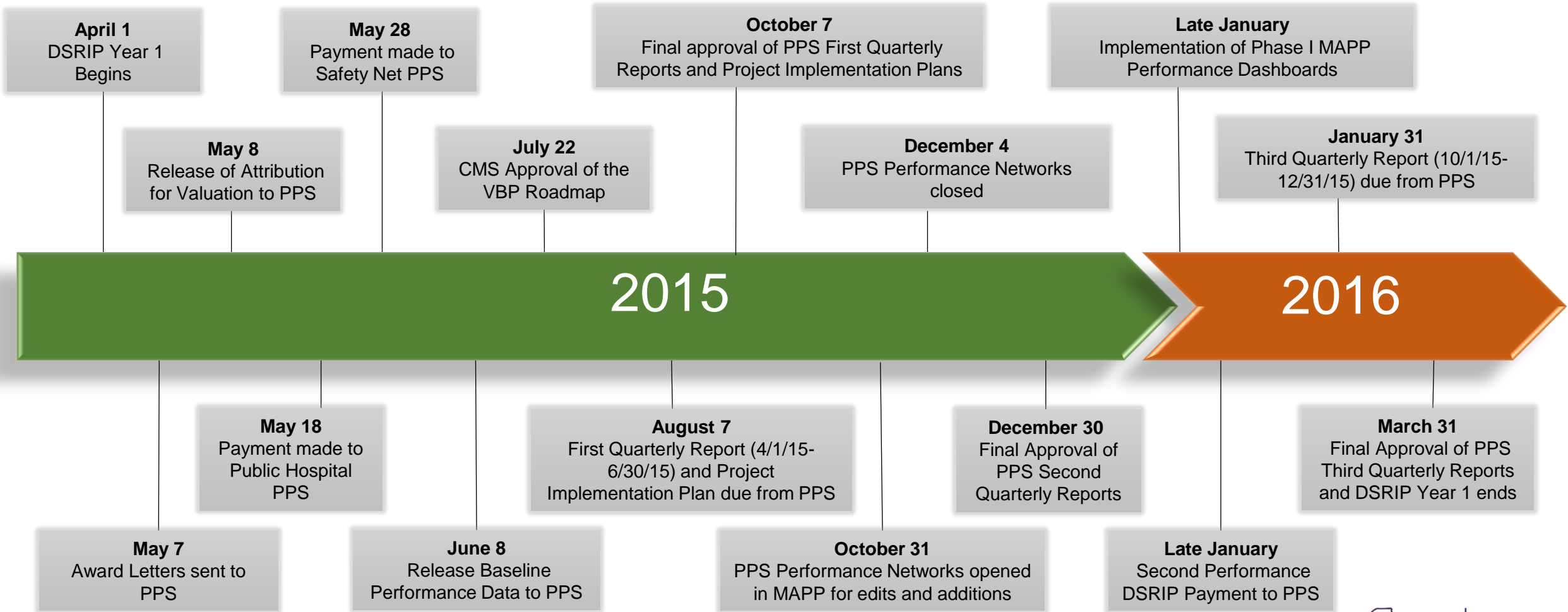


# DSRIP Year 0 Timeline

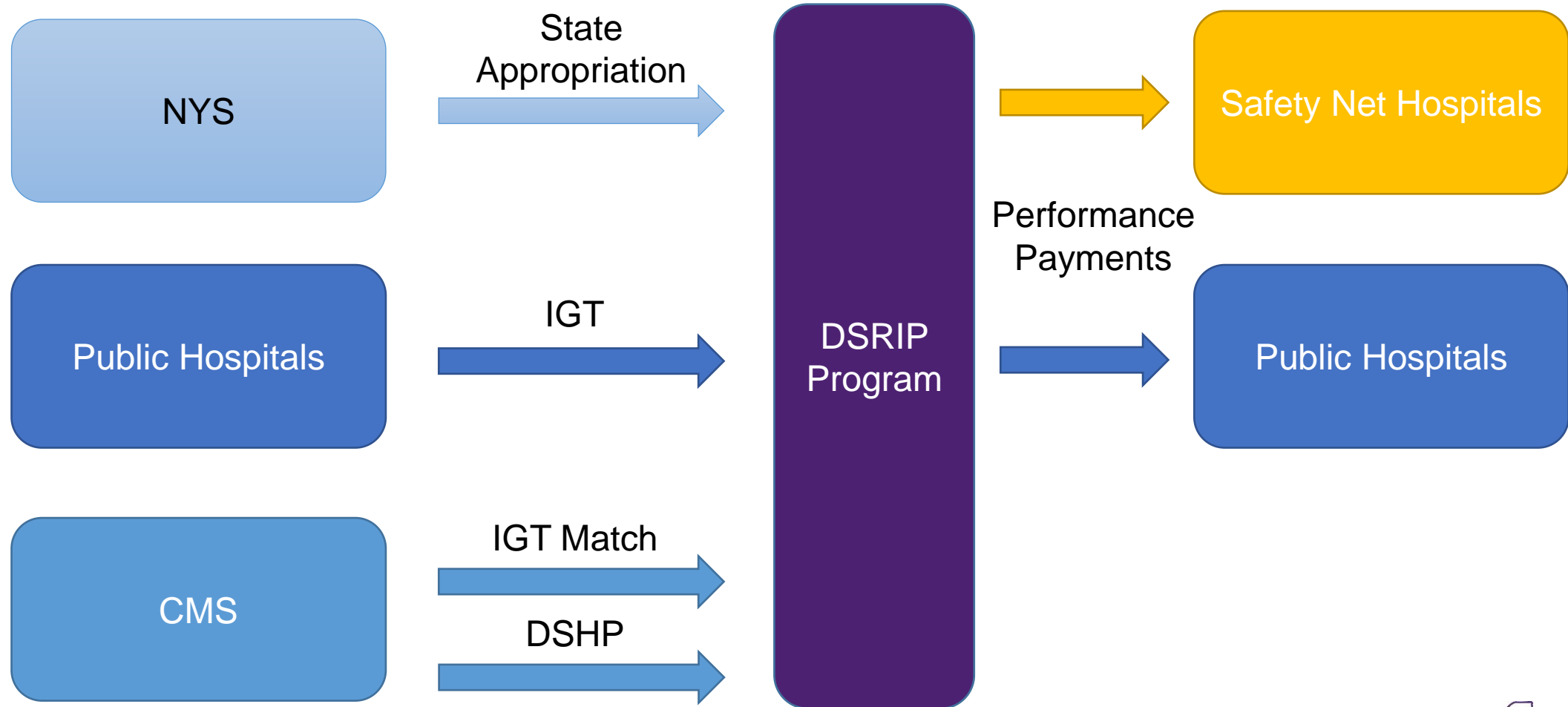




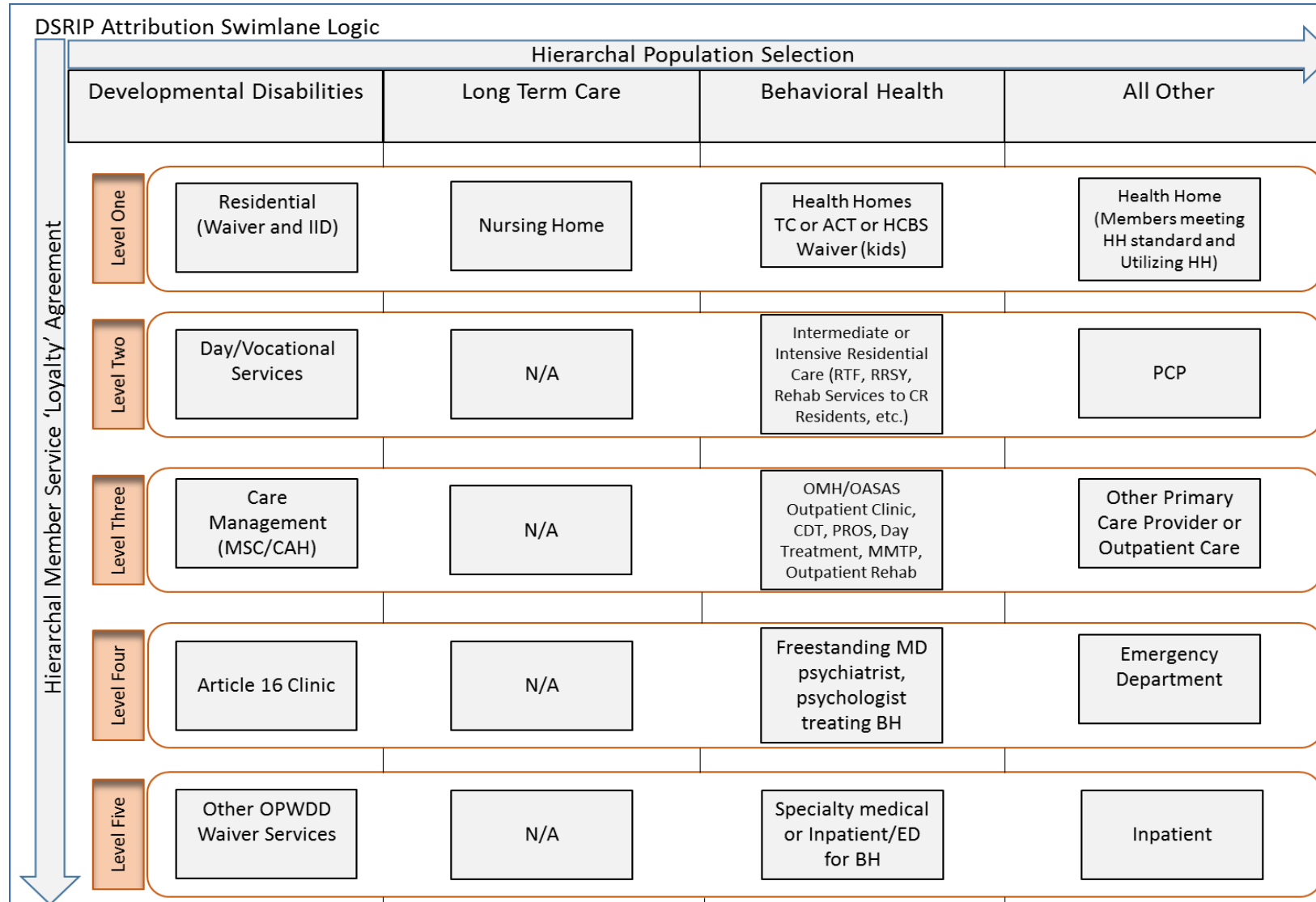
# DSRIP Year 1 Timeline



# DSRIP Financing



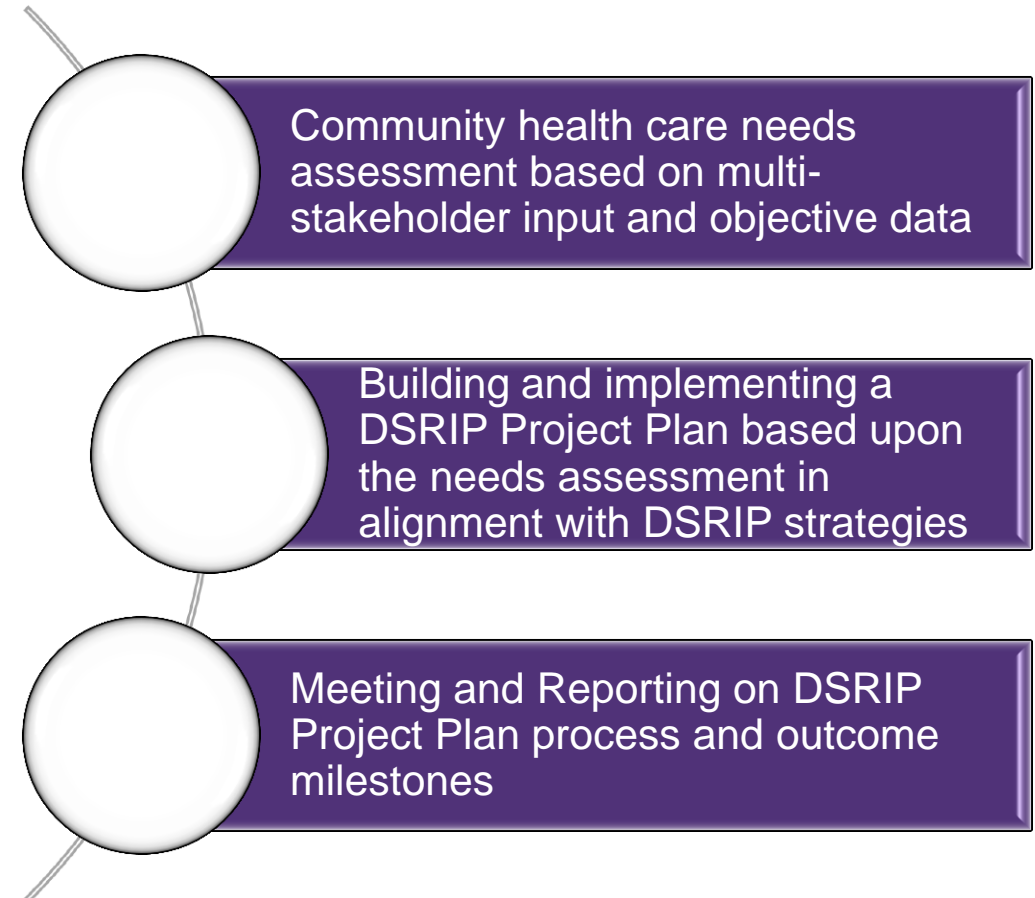
# DSRIP Attribution



# DSRIP: The Role of PPSs

# Collaboration in DSRIP – Performing Provider Systems (PPSs)

- Performing Provider Systems are networks of providers that collaborate to implement DSRIP projects
- Each PPS must include providers to form an entire continuum of care
  - Hospitals
  - Health Homes
  - Skilled Nursing Facilities (SNFs)
  - Clinics & Federally Qualified Health Centers (FQHCs)
  - Behavioral Health Providers
  - Home Care Agencies
  - Other Key Stakeholders

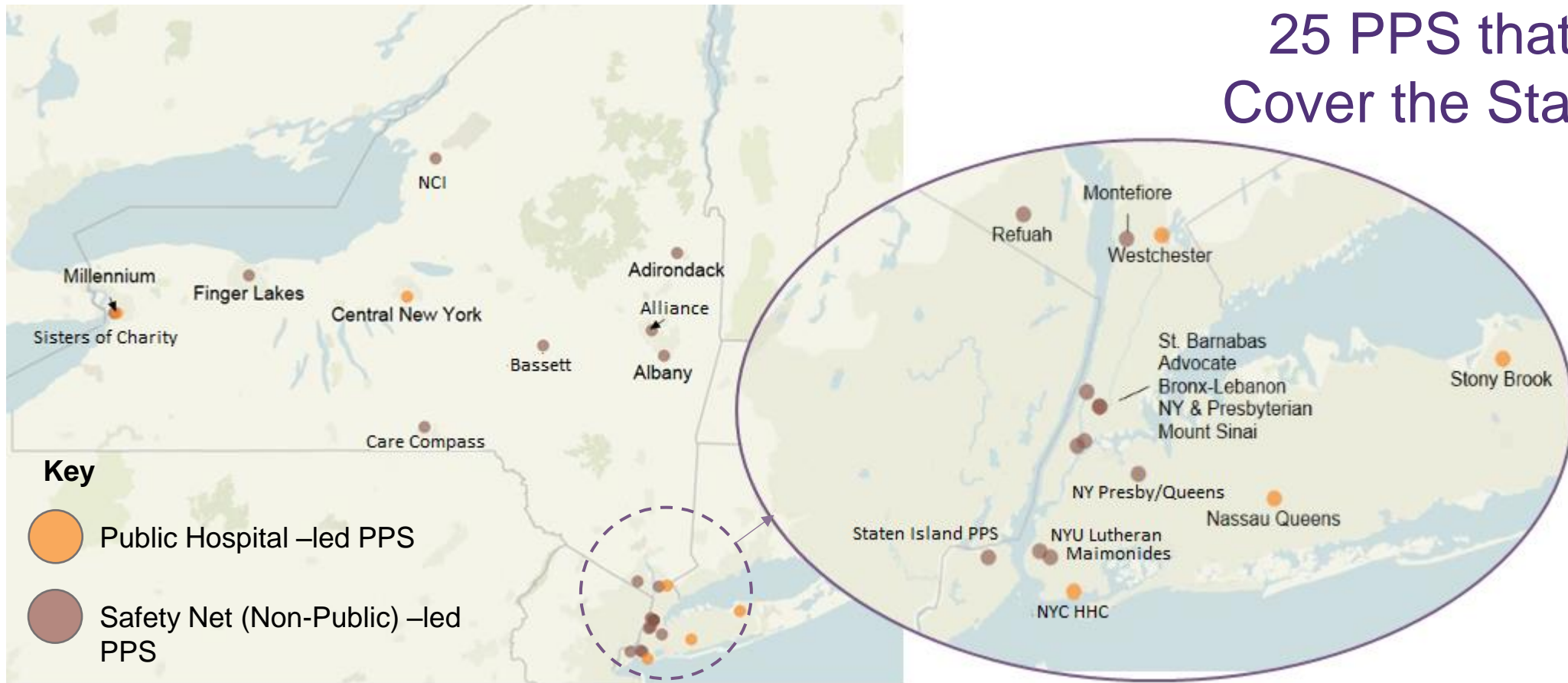


# How PPSs Emerged

- PPS formed based on clinically relevant geographical groupings of providers that encompassed the entire healthcare spectrum for their populations
- PPS were encouraged to recruit a variety of provider types to ensure that they would perform well across all of the metrics in their chosen DSRIP projects
- PPS were incentivized to include small, specialized providers as well. These niche providers generally led to significant numbers of patients being included to the PPS, due to their specialization of their care
- Of the 50 original PPSs that began to develop, a series of amalgamations and the encouragement of the State led to a final set of 25 PPSs covering New York

# PPS in New York

25 PPS that Cover the State

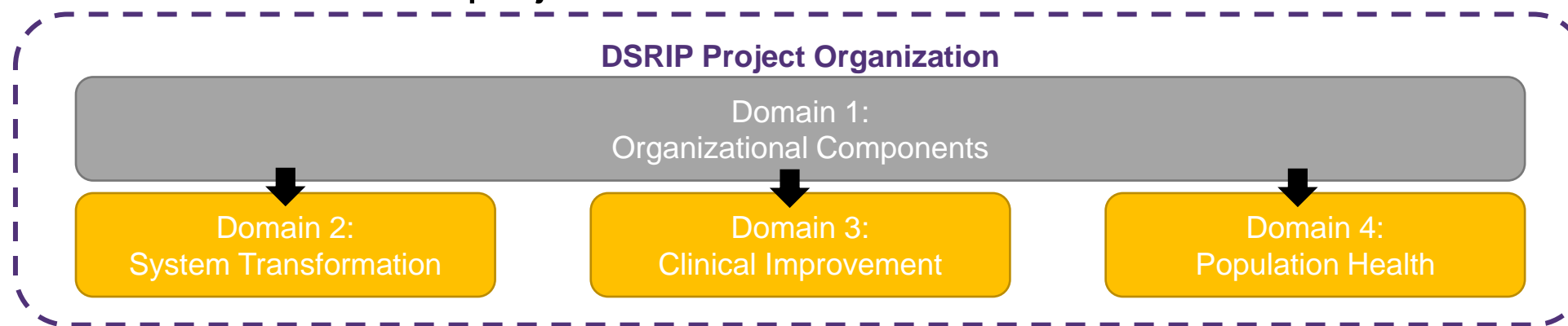


# DSRIP: Projects



# DSRIP Implementation through Projects

- PPS committed to healthcare reform in their initial DSRIP Applications by choosing a set of Projects that best matched the needs of their unique communities
- DSRIP payment is contingent upon PPS **reporting** and **performing** on those selected Projects
- DSRIP Projects are organized into Domains, with Domain 1 focused on PPS overall PPS organization and Domains 2-4 focusing on various areas of transformation. All projects contain metrics from Domain 1.



# DSRIP Domain 2 – System Transformation

- Projects in this domain focus on system transformation and have four subcategories:
  - Creating an integrated delivery system
  - Implementation of care coordination and transitional care programs
  - Connecting settings
  - Utilizing patient activation to expand access to community based care for special populations (2.d.i)
- All PPSs selected at least two projects (and up to four projects) from Domain 2
- Metrics include avoidable hospitalizations and other measures of system transformation.

# DSRIP Domain 3 – Clinical Improvement

- Projects in this domain focus on clinical improvement for certain priority disease categories.
- Disease categories include behavioral health, asthma, diabetes, and cardiovascular health
- All PPSs selected at least two projects (and up to four projects) from Domain 3
- Metrics include disease-focused, nationally recognized and validated metrics, generally from HEDIS.

# DSRIP Domain 4 – Population-wide Projects

- Projects in this domain focus on priorities in the State's Prevention Agenda with health care delivery sector projects designed to influence population-wide health
- Project categories include behavioral and emotional health, substance abuse, chronic disease prevention, HIV & STDs, and maternal health
- All PPS selected at least one project (and up to two projects) from Domain 4
- Metrics will be based on public health measures

# Most Popular Projects Chosen by PPSs

- **Domain 2 – System Transformation Projects**

- 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine/Population Health Management (22/25)
- 2.b.iii Emergency Department (ED) care triage for at-risk populations (13/25)
- 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions (17/25)
- 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care (14/25)

\*Additional Details and a full list of the DSRIP Projects can be found in the DSRIP Project Toolkit available here:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/dsr\\_ip\\_project\\_toolkit.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/dsr_ip_project_toolkit.pdf)

# Most Popular Projects Chosen by PPSs

- **Domain 3 – Clinical Improvement Projects**

- 3.a.i Integration of primary care and behavioral health services (25/25)
- 3.b.i Evidence-based strategies for disease management in high risk/affected populations (adult only) (11/25)

- **Domain 4 – Population-wide Projects**

- 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems (13/25)
- 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (11/25)

\*Additional Details and a full list of the DSRIP Projects can be found in the DSRIP Project Toolkit available here:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/dsr\\_ip\\_project\\_toolkit.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/dsr_ip_project_toolkit.pdf)

# Popular Metrics in DSRIP

Succeeding DSRIP Projects is based on meeting certain metrics for each project. Below is a small sample of some of the popular metrics PPSs will be measured on:

DSRIP Metrics				
			DY2 & DY3	DY4 & DY5
Domain	Measure Name	Measure Steward	P4R/ P4P	P4R/ P4P
2	Potentially Avoidable Emergency Room Visits	3M	Reporting	Performance
2	Potentially Avoidable Readmissions	3M	Reporting	Performance
2	Percent of providers with participating agreements with Regional Health Information Organizations participating in bidirectional exchange		Reporting	Reporting
2	Percent of PCPs meeting PCMH (NCQA)/ Advanced Primary Care (SHIP)		Reporting	Reporting
2	Medicaid spending on ER and Inpatient Services		Reporting	Reporting
3	PPV (for persons with BH diagnosis)	3M	Performance	Performance
3	Antidepressant medication management	NCQA	Performance	Performance
3	Initiation of Engagement of Alcohol and Other Drug Dependence Treatment (IET)	NCQA	Performance	Performance

The following table was taken from STC Attachment J – Strategies and Metrics Menu

# Payments Linked to Performance

- DSRIP Annual Funding is distributed by Domain and Pay for Reporting (P4R) and Pay for Performance (P4P) percentages:
  - Pay for Performance (P4P) is based on reducing gap-to-goal by 10%
  - Pay for Reporting (P4R) is based on successful reporting/collection of data
- Over the life of the waiver, funding shifts from process milestones (Domain 1) to Project Implementation Milestones (Domains 2-4). Additionally, funding shifts from P4R to P4P.

Domain	Payment	Annual Funding Percentages				
		DY1	DY2	DY3	DY4	DY5
Domain 1 (Project Process Milestones)	P4R	80%	60%	40%	20%	0%
Domain 2 (System Transformation and Financial Stability Milestones)	P4P	0%	0%	20%	35%	50%
	P4R	10%	10%	5%	5%	5%
Domain 3 (Clinical Improvement Milestones)	P4P	0%	15%	25%	30%	35%
	P4R	5%	10%	5%	5%	5%
Domain 4 (Population Health Outcomes)	P4R	5%	5%	5%	5%	5%



# Gap-to-Goal

- Successful Achievement Value (AV) earned if measurement result of demonstration year closes the gap to the statewide performance goal by 10% or is better than the statewide performance goal. (*Annual Improvement Target*)
- Qualification for High Performance Fund (HPF) tier 1 if measurement result of demonstration year closes the gap to the statewide performance goal by 20%. (*High Performance Goal*)

Project 3.a.i Gap-to-Goal Analysis :

*Antidepressant Medication Management - Effective Acute Phase Treatment*

[A]	[B]	[C] = [A] / [B]	[D]	[E] = [D] - [C]	[F] = [E] * 10% + [C]	F = [E] * 20% + [C]
Baseline Numerator	Baseline Denominator	Baseline Result (BLR)	Performance Goal	Gap-to-Goal	Annual Improvement Target	High Performance Goal
734.00	1,346.00	54.53	60.00	5.47	55.08	55.63

# Value Based Payments

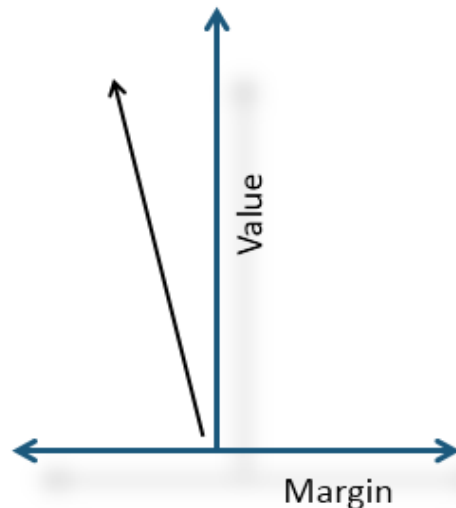
# Moving Towards Value Based Payments

- **What are Value Based Payments (VBP)?**
  - An approach to Medicaid reimbursement that rewards value over volume
  - Incentivizes providers through shared savings and financial risk
  - Directly ties payment to providers with quality of care and health outcomes
  - A component of DSRIP that is key to the sustainability of the Program
- Core Stakeholders (providers, MCOs, unions, patient organizations) actively collaborated in the creation of the VBP Roadmap which will guide the State's transition to VBP
- By DSRIP Year 5 (2019), all Managed Care Organizations must employ value based payment systems that reward value over volume for at least 80 – 90% of their provider payments
- If VBP goals are not met, overall DSRIP dollars from CMS to NYS will be significantly reduced

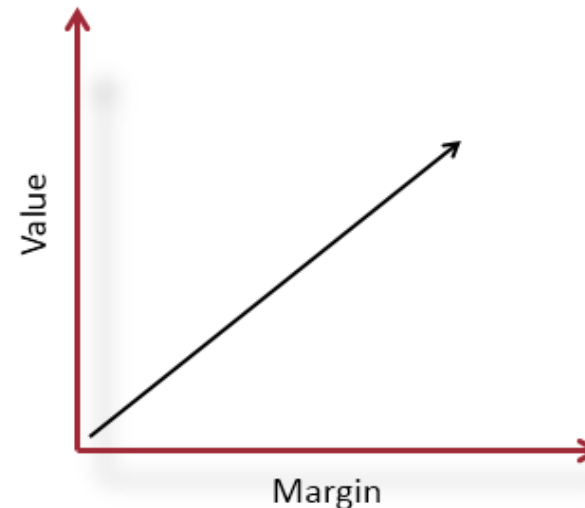
# Learning from Earlier Attempts: VBP as the Path to a Stronger System

VBP arrangements are not intended primarily to save money for the State, but to *allow providers to increase their margins **by realizing value***

**Current State**  
*Increasing the value of care delivered  
more often than not threatens  
providers' margins*



**Future State**  
*When VBP is done well, providers' margins go up when the value of care delivered increases*



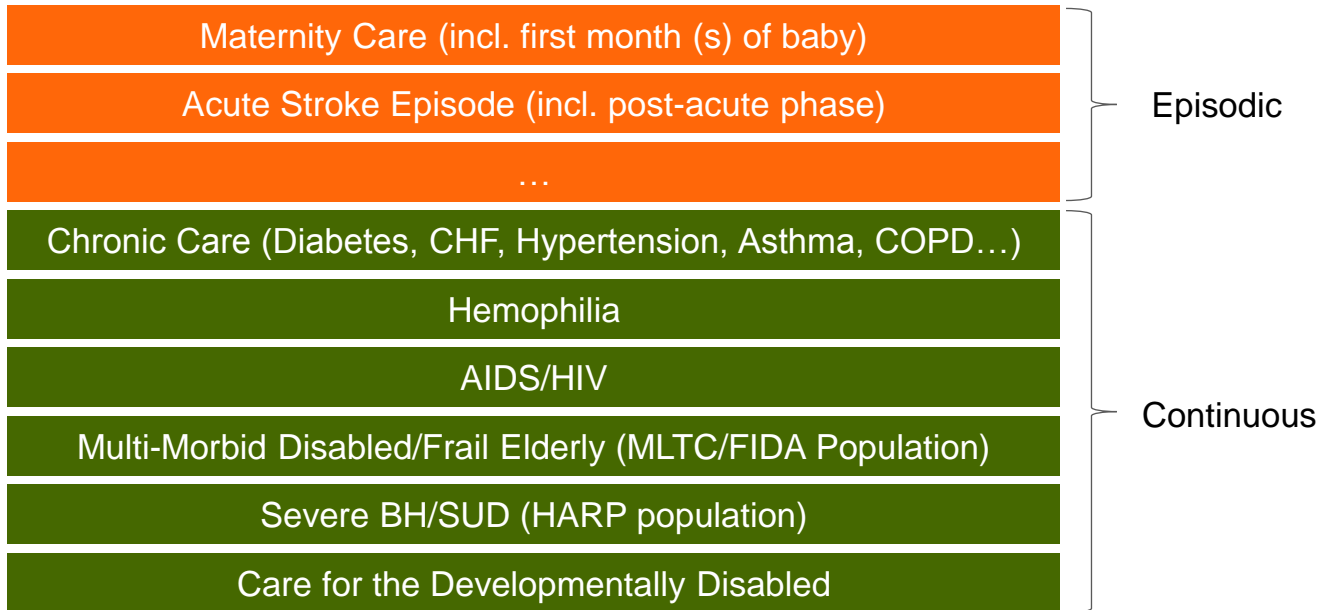
**Goal – Pay for Value not Volume**

# The Key To VBP – Make Providers Accountable

*Providers will be paid in a way that makes them accountable for managing a patient’s care and not just performing a discreet activity*

Integrated Physical & Behavioral Primary Care

*For the healthy, patients with mild conditions; for patients requiring coordination between more specialized care services*



# The VBP Roadmap Contains a Menu of Options for Reform

In addition to choosing *what integrated services* to focus on, the MCOs and Providers can choose different levels of Value Based Payments:

Level 0 VBP	Level 1 VBP	Level 2 VBP	Level 3 VBP (only feasible after experience with Level 2; requires mature PPS)
FFS with bonus and/or withhold based on quality scores	FFS with upside-only shared savings available when outcome scores are sufficient (For PCMH/APC, FFS may be complemented with PMPM subsidy)	FFS with risk sharing (upside available when outcome scores are sufficient)	Prospective capitation PMPM or Bundle (with outcome-based component)

- Goal of  $\geq 80-90\%$  of total MCO  $\rightarrow$  provider Medicaid payments (in terms of total dollars) to be captured in Level 1 (or higher) VBP at the end of DY5
- Aim of  $\geq 35\%$  of total costs captured in VBP in Level 2 VBP or higher

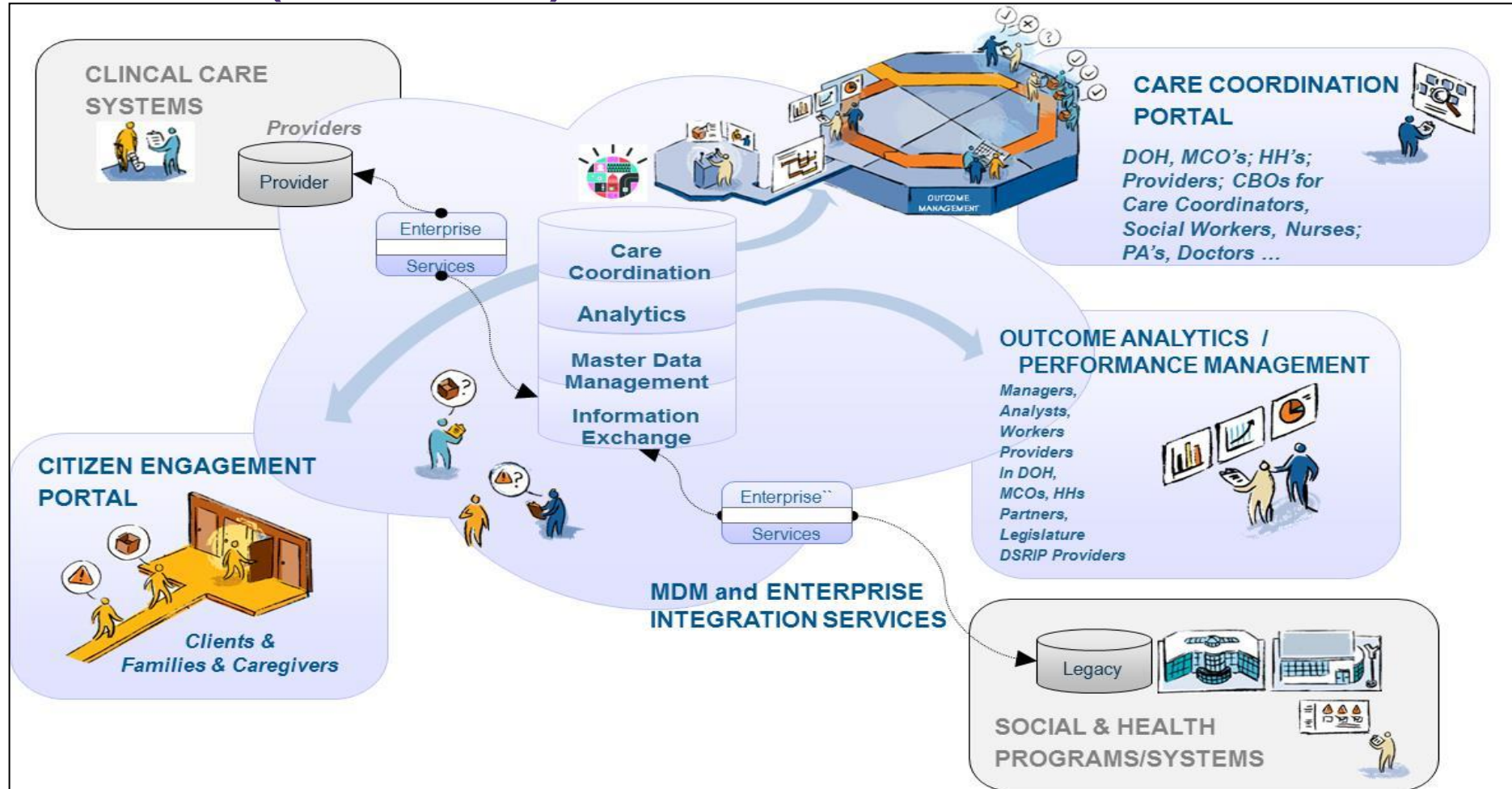
# Performance Measurement

# Performance Measurement in DSRIP

- NYS has released a number of support tools for the PPSs to drive the maximum amount of clarity possible around DSRIP Performance Measurement:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/providers\\_professionals.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/providers_professionals.htm)
- The **Medicaid Analytics Performance Portal** (MAPP) is a performance management system that will provide tools and program performance management technologies to PPS in their effort to implement DSRIP projects
- Through MAPP, access to Data and Performance Analytics will be:
  - **Transparent:** Plans, Health Homes, care managers and the State all have access to the same performance data
  - **Useful as a Management Tool:** Data views will be useful, timely and actionable
  - **Easily Accessible:** Easy to deploy and use without significant training (Dashboard displays of data)

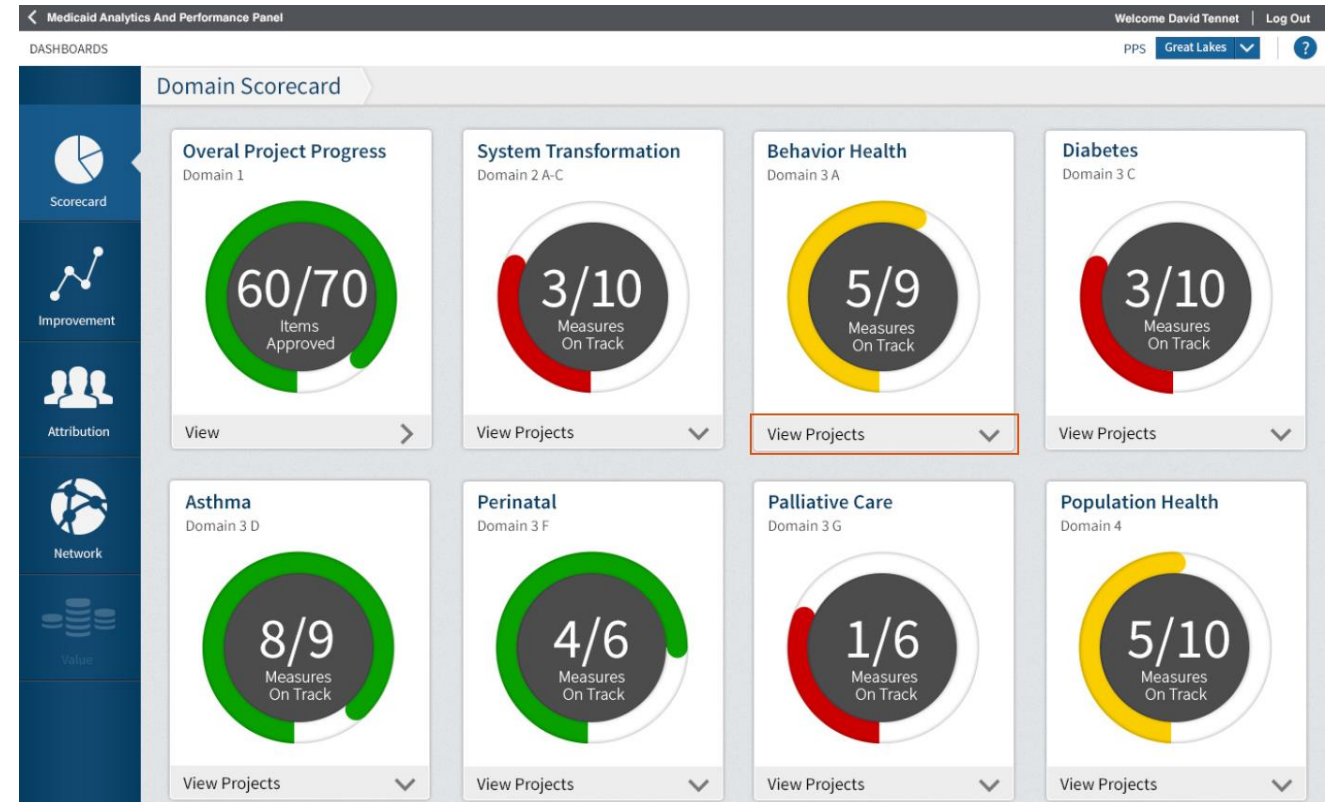


# The Medicaid Analytics and Performance Portal (MAPP)



# DSRIP Performance Dashboards in MAPP

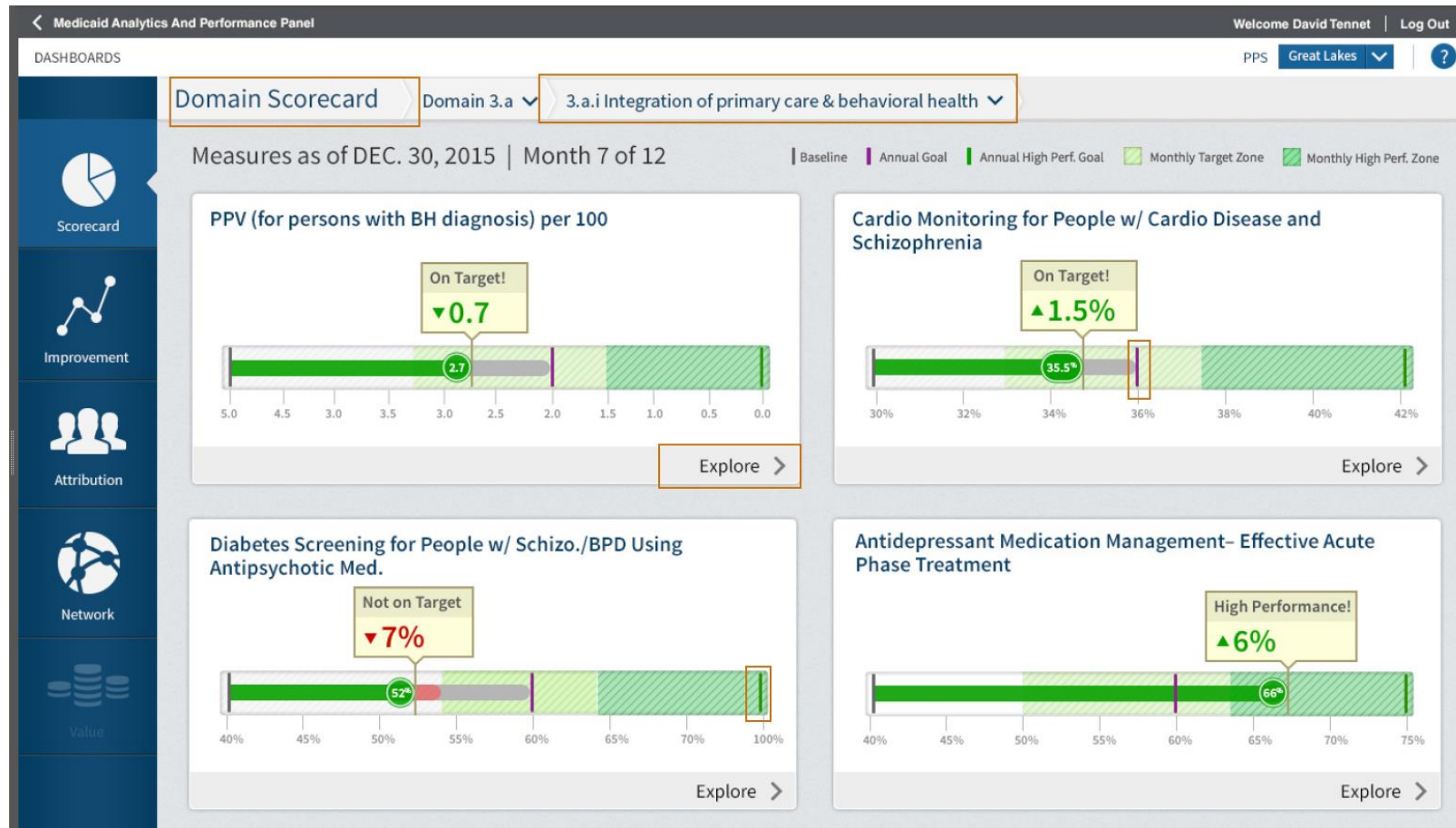
- The dashboards, which PPS will have access to through MAPP, will be capable of highly directive, interpretive, consumable views
- MAPP Dashboards have been designed to provide insight and actionable information to help PPS manage performance



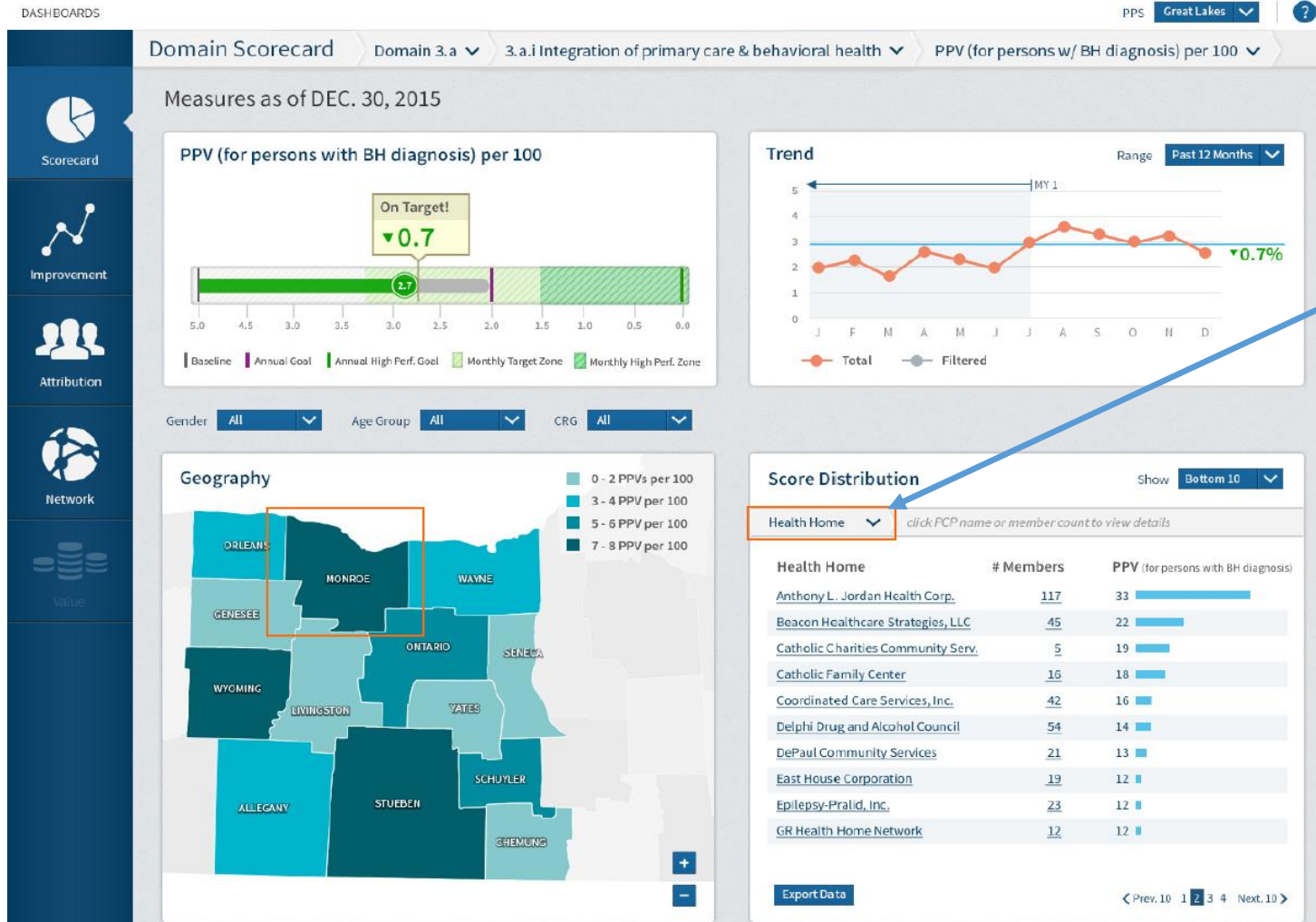
# MAPP Dashboards – Monitor Requirements of DSRIP Projects



# MAPP Dashboards – Track Gap to Goal for Performance Measures



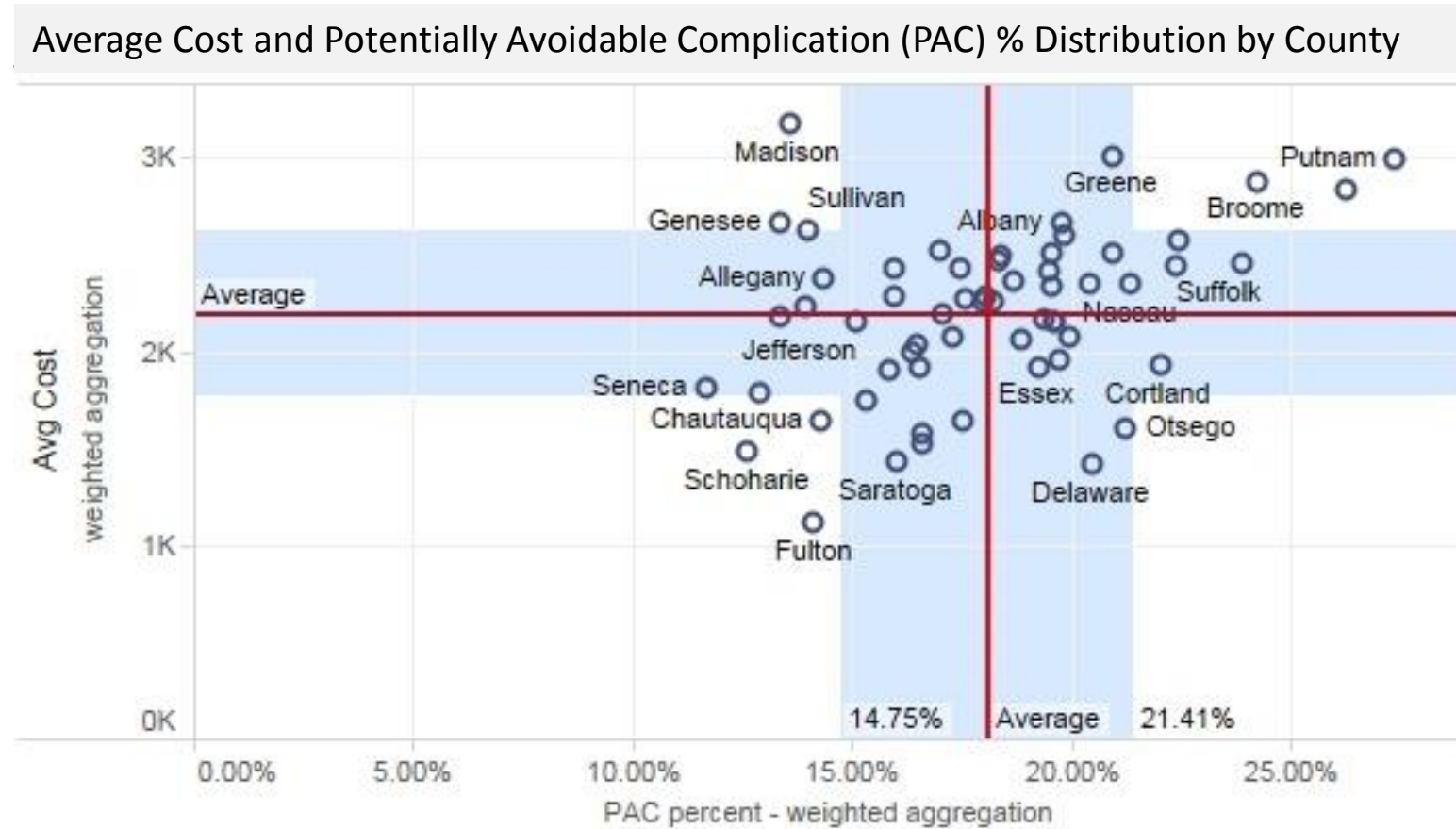
# MAPP Dashboards – Deep Dive into Performance



- Filter on Accountable Providers:
- PCP
  - Health Home
  - Care Management Agency
  - MCO

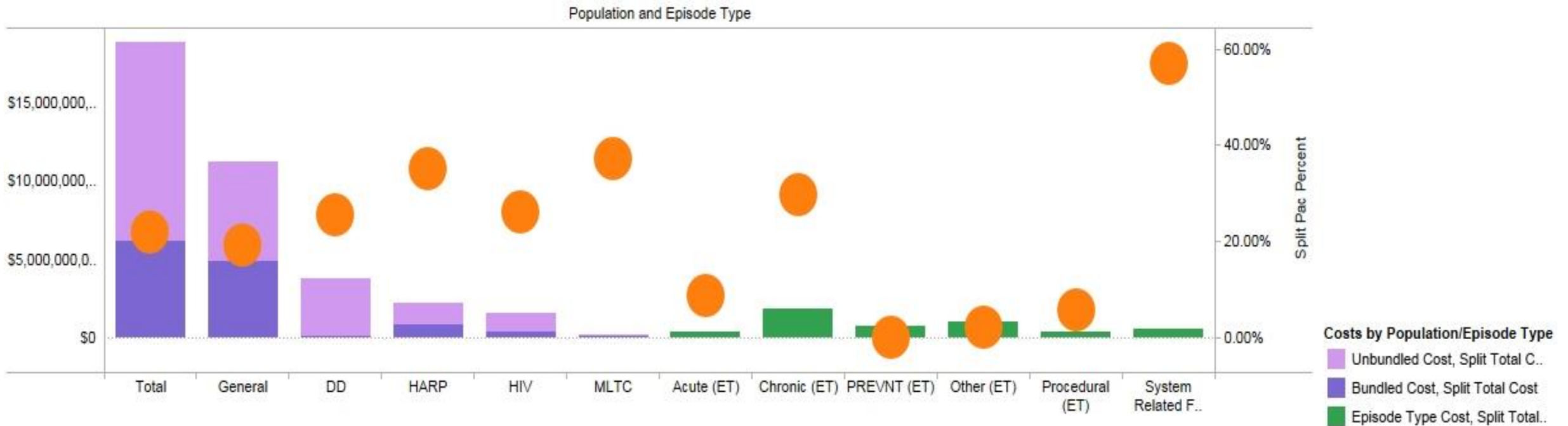
# All Other DSRIP Performance Dashboards

- The Department is developing additional analytical tools for PPSs to use in order to make informed healthcare decisions
- All of the following graphs will be available for all PPSs to use during DSRIP



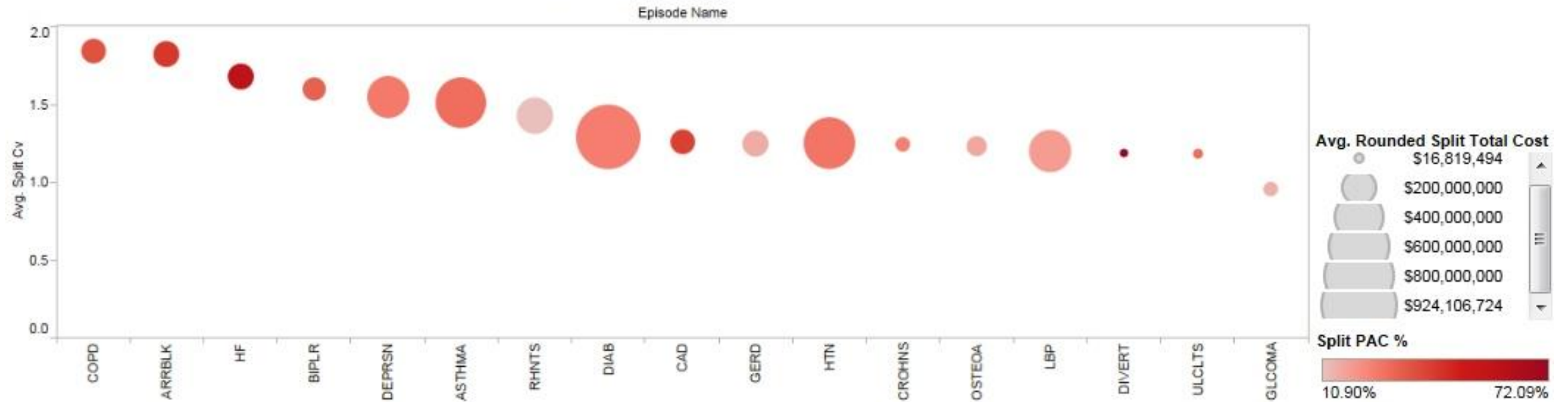
# All Other DSRIP Performance Dashboards

Total Costs and Potentially Avoidable Complication (PAC) % by Population and Episode Type



# All Other DSRIP Performance Dashboards

Cost, Potentially Avoidable Complication (PAC), Variation Combined





# DSRIP thus far – the Achievements

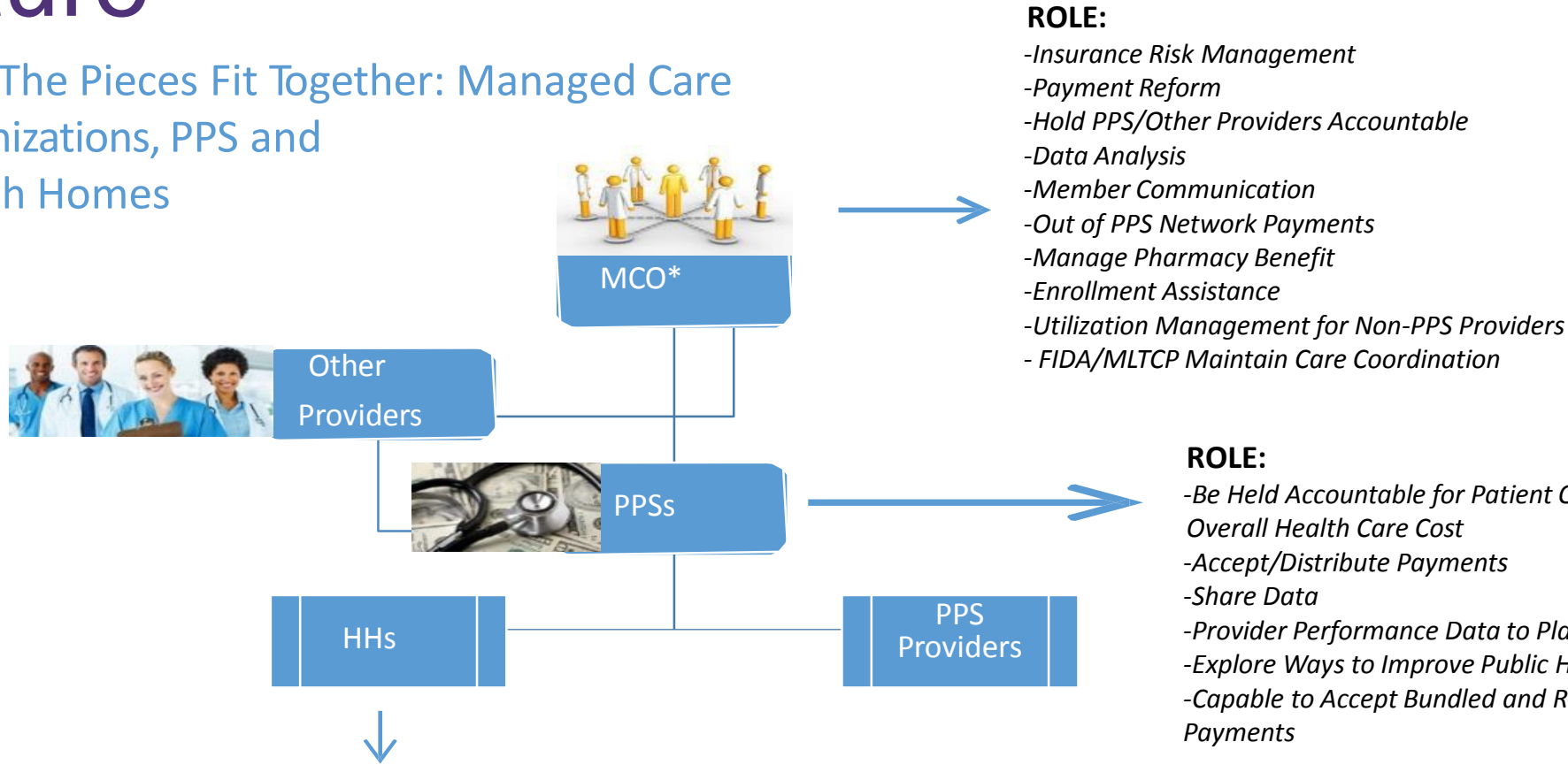
- **119,226** providers have become affiliated with DSRIP across the **25** PPSs, spanning from hospitals to behavioral health clinics to community based organizations
- **5,283,175** Medicaid members have been attributed to the PPS, enabling them to take part in the transformative effects of DSRIP on NYS healthcare
- **All** DSRIP applications were approved by the Independent Assessor, enabling the PPS to begin project implementation as of **March 13, 2015**
- First payments were made to PPS for successful application submission on **April 23, 2015**, totaling **\$866,738,947**
- PPS submitted their first Quarterly Reports on **August 31, 2015**, reporting on their progress towards patient and provider engagement in their DSRIP projects

# DSRIP thus far – the Challenges

- Coordinating a massive healthcare transformation made up of 25 PPS with overlapping geographies to ensure all Medicaid members are in a position to benefit from DSRIP
- Managing the funding mechanism needed to move more than \$10 billion to providers in return for performance against the backdrop of a Fee-for-Service system in need of reform
- Ensuring that each PPS and provider, from the leading-practice hospitals to the financially fragile clinics, are given the right level of support to enable them and their patients to get the most out of DSRIP

# The DSRIP Vision – 5 Years into the Future

How The Pieces Fit Together: Managed Care Organizations, PPS and Health Homes



- ROLE:**
- Care Management for Health Home Eligibles
  - Participation in Alternative Payment Systems

- ROLE:**
- Insurance Risk Management
  - Payment Reform
  - Hold PPS/Other Providers Accountable
  - Data Analysis
  - Member Communication
  - Out of PPS Network Payments
  - Manage Pharmacy Benefit
  - Enrollment Assistance
  - Utilization Management for Non-PPS Providers
  - FIDA/MLTCP Maintain Care Coordination

- ROLE:**
- Be Held Accountable for Patient Outcomes and Overall Health Care Cost
  - Accept/Distribute Payments
  - Share Data
  - Provider Performance Data to Plans/State
  - Explore Ways to Improve Public Health
  - Capable to Accept Bundled and Risk-Based Payments

\*Mainstream, MLTC, FIDA, & HARP

# DSRIP Web Resources for Public Review

Department of Health  
Information for a Healthy New York

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## DSRIP for Providers & Professionals

**DSRIP Program**

- DSRIP Home
- Draft Project Plan Application
- Medicaid Analytics Performance Portal (MAPP)
- Performance Data
- Webinars & Presentations
- How to Guides
- CMS Official Documents
- FAQs (PDF)
- Value Based Payment Reform (VBP)
- Vital Access Provider Assurance Program

**Contact**

- Questions? Check-out the DSRIP FAQ
- Email [dsrip@health.ny.gov](mailto:dsrip@health.ny.gov)
- Share your Ideas on DSRIP - Join the MIX

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**Introductory Information**

- About DSRIP Program
- Safety Net Definition
- DSRIP Deliverables Schedule
- DSRIP Timelines
- Stakeholder Engagement
- DSRIP Evaluation
- Glossary
- Frequently Asked Questions
- Share your Ideas on DSRIP - Join the MIX

**Information by PPS**

- DSRIP Performing Provider Systems (PPS)
- PPS Contact List (XLSX, 379KB)
- PPS Network Partners

**Community Needs Assessment**

- Community Needs Assessment Guidance
- Community Needs Assessment Webinars

**Financial Information**

- Vital Access Provider Assurance Program
- Capital Restructuring Financing Program
- DSRIP PPS Lead & Financial Stability Test
- DSRIP PPS Valuation

**Governance Information**

- Governance Guide
- How-to: PPS Governance Webinar
- PPS Lead New Corporation (NewCo) Process and Guidance

**Project Plan Application**

- PPS Applications
  - Independent Assessor PPS Project Scores without 2.d.i Bonus
  - Independent Assessor DSRIP Scoring Summaries
  - Public Comments for PPS Applications
- Draft Project Plan Application
  - Application Prototype
  - Draft Project Plan Application and Scoring Webinar
  - Scale and Speed Template (XLSX, 255KB)
- Medicaid Analytics Performance Portal (MAPP)
- Network Tool Webinars
- Project Plan Toolkit (PDF, 698KB)
- PPS Project Selection (XLSX, 29KB)
- Final DSRIP Project Plan Application Recommendations and Approvals
- Domain 1 Project Requirements Metrics and Milestones (XLSX, 418KB)

**Implementation Plan**

- Behavioral Health Implementation Planning Reference Guide (PDF, 294KB)
- Implementation Plan Webinar
- Implementation Plan Prototype (XLSX, 138KB)
- Implementation Plan Template (XLSX, 339KB)
- Implementation Plan Checklist for June 1 Submission (PDF, 311KB)

**DSRIP PPS Quarterly Reporting**

- PPS Quarterly Report Guidance, Information and Schedule
- PPS Quarterly Reports

**Value Based Payment (VBP) Initiatives**

- DSRIP VBP Reform General Information
- Value Based Payment Quality Improvement Program (VBP QIP)
- Supplemental DSRIP Programs

Screenshot taken from DSRIP website:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/providers\\_professionals.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/providers_professionals.htm)

Questions?

***DSRIP e-mail:***

[dsrip@health.ny.gov](mailto:dsrip@health.ny.gov)