



**Department
of Health**

New York DSRIP

1115 Quarterly Report

January 1, 2016 – March 31, 2016
Year 1, Fourth Quarter

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www.health.ny.gov/dsrip

**Office of Health
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New York DSRIP Section 1115 Quarterly Report Year 1, 4th Quarter

Introduction

On April 14, 2014 Governor Andrew M. Cuomo announced that New York finalized Special Terms and Conditions (STCs) with the federal government for a groundbreaking waiver to allow the New York State Department of Health (DOH) to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms. The STCs serve as the governing agreement between DOH and the Centers for Medicare and Medicaid Services (CMS) under the 1115 Waiver, also known as the Partnership Plan. The STCs outline the implementation of MRT Waiver Amendment programs, authorized funding sources and uses, and other requirements.

The waiver amendment programs address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program promotes community-level collaborations and focuses on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers are required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. All DSRIP payments are based on performance linked to achievement of project milestones.

In addition, the STCs commit DOH to comprehensive payment reform and continue New York's efforts to effectively manage its Medicaid program within the confines of the Medicaid Global Spending Cap.

DSRIP Year 1 Focus

This report summarizes the activities from January 1, 2016 through March 31, 2016, the Fourth Quarter of DSRIP Year 1. This quarterly report includes details pertaining to the fourth quarter of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, and development of key DSRIP policies and procedures. A comprehensive DSRIP website was launched on April 14, 2014. More information is available at www.health.ny.gov/dsrp.

Summary of Key Accomplishments for the Quarter

Highlights of this quarter, which are further described in the report, include:

- Performing Provider Systems (PPS) received final results of their DSRIP Year 1, Second Quarterly Reports.
- The second DSRIP Performance Payments for Year 1 were made to the PPS.
- PPS submitted their Year 1, Third Quarterly Reports on January 31, 2016 documenting the progress on their implementation efforts between October 1, 2015 and December 31, 2015.
- Phase II mailing of the DSRIP opt out notification letter for DOH to share Medicaid member data with the PPS was sent to an additional 4.7 million Medicaid members.
- The DSRIP Project Approval and Oversight Panel (PAOP) was convened and the remaining 13 of 25 PPS presented their progress to date in order for panel members to assess PPS status and project performance to date.
- DOH and its vendors hosted extensive stakeholder engagement activities and public events including an All-PPS Meeting held at the CUNY Graduate Center in New York, NY on February 17, 2015.

DSRIP Program Implementation Accomplishments DSRIP Year 1, Third Quarterly Reports (submitted in the Fourth Quarter)

The 25 PPS submitted their DSRIP Year 1, Third Quarterly Reports on February 2, 2016 through the MAPP portal. This report represents the Year 1 third PPS quarterly report in which the PPS documented progress on their implementation efforts from October 1, 2015 through December 31, 2015. This report documented PPS activities regarding progress towards and completion of organizational milestones and project requirements and allowed the PPS the ability to expand upon their initial plans as their projects evolve through implementation efforts.

DSRIP Project Approval and Oversight Panel (PAOP)

The DSRIP program requirements as outlined by the STCs required the Independent Assessor (IA) to convene a panel to review DSRIP applications scored by the IA and to advise the Commissioner of Health whether to accept, reject or modify those recommendations. The PAOP fulfilled this function during public review and hearings in February 2015. The PAOP continues to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

During this quarter, the PAOP was reconvened to receive updates on the status of projects and progress toward goals and objectives through the first two quarters of DSRIP Year 1 for the remaining 13 downstate PPS. The IA provided high level information regarding the general implementation milestones expected over DSRIP Year 1 to orient the PAOP. The downstate PPS were asked to provide general updates and to speak specifically to engagement and contracting with external community based organizations, and their roles in PPS projects. The PAOP was interested in understanding the details regarding project implementation in PPS communities, best practices and challenges.

The PPS were split into two cohorts for the PAOP meetings on a regional basis. In the February meeting, 13 PPS presented to the PAOP representing the downstate regions of New York State from the Mid-Hudson region south and east to New York City and Long Island. The PPS who presented were:

- Advocate Community Providers
- Bronx-Lebanon Hospital Center
- New York City Health & Hospitals Corporation
- Maimonides Medical Center
- Montefiore Medical Center
- Mount Sinai PPS
- Nassau Queens PPS
- The New York and Presbyterian Hospital
- New York-Presbyterian Queens
- NYU Lutheran Medical Center
- St. Barnabas Health System
- Staten Island PPS
- Suffolk Care Collaborative

The remaining 12 PPS presented to the PAOP in November representing the upstate regions of New York State from the Mid-Hudson region north to the North Country and Tug Hill Seaway and west to the Finger Lakes and Western NY.

The PPS presentations and PAOP commentary were webcast live, and recordings of the proceedings as well as copies of PPS presentations can be found

at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/paop/2016-01-21-22_paop_meetings.htm.

DSRIP Requests for New York Regulatory Waivers

New York State Public Health Law (PHL) § 2807(20)(e) and (21)(e) authorize the waiver of regulatory requirements for DSRIP projects and capital projects that are associated with DSRIP projects. DOH, the Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), and the Office for People with Developmental Disabilities (OPWDD) are engaged in the regulatory waiver review process, with each agency's participation in the reviews based on the specific waivers requested. Regulatory waiver requests have covered a wide range of topics, including:

- Integrated Services
- Shared Space/Co-location of physical and behavioral health services
- Consent
- Bed Capacity
- Revenue Sharing
- Administrative Services

To date there are over 300 approved regulatory waivers through Round 2. The PPS will then begin to use those waivers to assign to individual provider sites by project within their network. Additional waivers are pending more information or DOH final determinations.

There are two waiver requests from September 2015 that are pending discussions with CMS regarding shared space arrangements.

DSRIP Certificate of Public Advantage (COPA)/Accountable Care Organization (ACO) Application Process

From January 1, 2016 through March 31, 2016, there were no new ACO or COPA applications filed by DSRIP participating PPS. The state, with technical support from Public Consulting Group (PCG), continued efforts towards making final determinations on the existing COPA applications. These efforts included monitoring antitrust cases to identify trends that could impact the granting and/or terms of a COPA to a PPS.

COPA and ACO certificates of authority may or may not be appropriate, or granted in all cases. If granted, they are subject to ongoing monitoring. PPS were encouraged to explore all options and contingencies when designing their DSRIP projects.

At the end of DSRIP Year 1, Fourth Quarter, there are two outstanding COPA applications from PPS under review.

Summaries of COPA applications received to date are available at:
https://www.health.ny.gov/health_care/medicaid/redesign/copa/docs/copa_application_summaries.pdf.

Information regarding ACO certificates of authority is available at:
http://www.health.ny.gov/health_care/medicaid/redesign/aco.

Roadmap to Value Based Payments (VBP)

Preparation for VBP

The focus of the work during DSRIP Year 1, Fourth Quarter was creating the first annual update to the VBP Roadmap. The update included the addition of detailed recommendations on the design and implementation of VBP as developed by the five VBP Subcommittees (Technical Design I, Technical Design II, Regulatory Impact, Advocacy and Engagement, and Social Determinants and Community Based Organizations) and the work of the Clinical Advisory Groups. The recommendations came in the form of both statewide standards, which must be followed, and guidelines, which serve as an indication of the best practices and lessons learned. The update reflects the significant stakeholder engagement and work accomplished over the last year, moving VBP closer to implementation. The Year 2: Draft Annual Roadmap Update was made available for public comment from March 18 through April 18, 2016. The comments will be assessed by the VBP Workgroup and DOH, and approved updates will be made to the Roadmap prior to submission to CMS in June 2016. In addition, the state has been working with a number of potential pilot providers and plans to establish early adoption of VBP arrangements during calendar year 2016. The state aims to launch 10-15 VBP pilot projects.

More information on the VBP efforts is available at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/vbp_reform.htm.

Quarterly Expenditures

Performance Payments

The DSRIP Year 1, Second Quarterly Reports were submitted by PPS on October 31, 2015 and the results were announced in January 2016. As a result of the PPS adjudicated DSRIP Year 1, Second Quarterly Reports the second DSRIP Performance Fund payments, totaling \$205,274,811 (all funds), were made during the period January 1, 2016 through March 31, 2016. The payments were made in accordance with Attachment I of the STCs and represent 20% of the DSRIP Year 1 Performance Funds available. Please see Appendix B for all DSRIP Performance Fund payments made during this quarter.

Other New York State DSRIP Program Activity

DSRIP Project Management

DSRIP project management efforts continue with key weekly DSRIP staff meetings and reporting on DSRIP progress to New York's Medicaid Director. DSRIP project management meetings include key DOH staff and supporting contractors as well as partnering State agencies and IT vendors tasked with developing technology tools in support of DSRIP. Meetings will continue through DSRIP Year 5.

DOH has established additional, separate project management meetings with the IA and the DSRIP Support Team (DST) and a joint meeting involving key staff from DOH, the IA, and the DST. These meetings allow for more in depth reviews of project deliverables with each vendor and to address any policy considerations requiring DOH input.

Additional DSRIP Support

DOH continues to support the DSRIP program and the 25 PPS through a wide range of activities and resources. During the period of January 1, 2016 through March 31, 2016, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

PPS Data and Performance Management

DOH, with support from its vendors, defined DSRIP data and performance management policy and activities including the following:

- Began discussions and planning sessions with DOH and vendors to define the Achievement Value calculation process for the DSRIP AV Scorecard dashboards, which will replace the interim AV Scorecard tool.
- Supported development and quality assurance processes for DY1, Q3 interim AV Scorecard tool.
- Created explanatory webinar training materials regarding Achievement Value methodology, including procedures and exceptions for earning AVs in all domains.
- Created training materials on DY2 P4P metrics and the utilization of DSRIP performance dashboards to view PPS performance data and communicate methods for PPS to use dashboards and be best positioned to earn DY2 P4P AVs.
- Continued discussions and planning sessions with DOH and vendors to define the Achievement Value calculation and payment calculation processes for the DSRIP Database. This includes documenting measure and data output requirements.
- Further developed inventory of DSRIP measures to include additional data points such as availability of MY1 baseline data, refined data sources, and inventoried current availability of measure results.
- Analyzed flow of funds data to providers by category compared to total DSRIP valuation and PPS commitments.
- Supported development of high performance payment calculation methodologies and models.
- Supported measure definition, data collection methodology, and vendor management for non-claims based measures including Palliative Care measures and Patient Activation Measures. Supported coordination with PPS to solicit feedback on recommended changes and supported measure change and approval processes.
- Supported final collection of CAHPS Medicaid and Medical Record Review (MRR) results.

Several key policy decisions related to DSRIP data and performance measures were made by DOH including the following:

- The awarding of Domain 2-4 AVs for the second quarterly reporting period due to the lack of a full DSRIP measurement year of data on which to base measure availability.

PPS DSRIP Year 1, Second Quarterly Reports

The IA documented all results in the Medicaid Analytic Provider Portal (MAPP) and released the findings of the DSRIP Year 1, Second Quarterly Report in a PPS-specific Achievement Value (AV) Scorecard. Details such as the score of each Domain 1 AV driving section, the status of each Domain 1 milestone, the score of each project tied to patient engagement and the award amount per milestone and project were included. Each PPS received their individual AV Scorecard on January 8, 2016 with the exception of those PPS requesting appeal. Once appeal determinations were made those PPS received their AV Scorecards and all scorecards were posted publicly on the DOH website on January 20, 2016.

The DSRIP Year 1, Second Quarterly Reports and the AV Scorecards can be found on the page for each PPS at http://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/pps_map/index.htm.

Appeals Process:

In order to extend each PPS the right to due process, the IA developed an appeal process aimed at allowing each PPS the opportunity to request a reconsideration of its achievement value score and award determination. If the PPS believes that the documentation they submitted was correct or if they believe the documentation was not interpreted as intended they have an opportunity to appeal the IA remediated decision. The PPS will not have the opportunity to submit additional information but can request that the information previously submitted during the remediation period be reconsidered. The PPS will have the opportunity to explicitly assert their position as to why they should be afforded the favorable decision.

Four of the twenty five PPS filed an appeal to the DSRIP Year 1, Second Quarterly Report IA determinations. Of the four appeals, three were related to actively engaged commitments for project requirements while one was related to overall governance structure. The IA reviewed and adjudicated the four appellate decisions resulting in one overturned decision.

As part of the Appeal process, PPS are afforded an additional level of review if it disagrees with the IA final determination through an appeal directly to CMS.

PPS DSRIP Year 1, Third Quarterly Reports

The DSRIP Year 1, Third Quarterly Report submitted by each PPS on February 2, 2016 documented their progress in accomplishing their DSRIP goals and objectives for DSRIP Year 1, Third Quarter which was from October 1, through December 31, 2015. PPS were required to complete five prescribed Domain 1 Organizational milestones and had the option of submitting additional PPS-defined milestones if completion could be substantiated. PPS were also required to report actively engaged Medicaid members per project based on the committed engagement amounts in their previously submitted Implementation Plans.

Upon receipt of the 25 PPS DSRIP Year 1, Third Quarterly Reports the IA conducted an in depth review of each submission, including supporting documents, sampling, and actively engaged Medicaid members by the end of the quarter. The Quarterly Reports were divided amongst teams of IA reviewers and involved a three tier process which included an initial, peer, and quality control analysis. The review was conducted over the course of 30 days and remediation feedback was provided to each PPS who failed to submit supporting documentation for milestone completion. PPS were afforded 15 days to remediate the items identified and submit evidence supporting completion of those items. At the close of the 15 days the IA verified whether the remediation comments were addressed. The IA then adjudicated the final results of each PPS submission.

Direct PPS support

During this quarter, the responsibility for providing direct support to the PPS was transitioned from the DSRIP Support Team (DST) that had been staffed through the time-limited vendor contract with KPMG to a new Account Support Team (AST) staffed through the contract with PCG who is contracted with DOH through the DSRIP demonstration period. The functions of the AST align with those previously performed by the DST. The AST worked to support each PPS by providing tools, analysis, information sessions, and day to day support. Day to day assistance included answering DSRIP related questions, clarifying DSRIP documentation and requirements, providing subject matter support, notifying PPS of upcoming releases, evaluating each PPS implementation plan approach, providing weekly status reports to DOH on PPS implementation plan progress and ensuring that PPS are appropriately equipped to meet DSRIP

deadlines. The AST conducted monthly check-ins as well as a quarterly in-person visit with each PPS. The AST also supported the PPS through frequent notifications on upcoming releases, such as guides, webinars, trainings, and other associated communications.

Enhanced Support and Oversight (ESO)

In addition to the support provided to the PPS by the AST, DOH has implemented an additional level of support for PPS that are identified as requiring greater support to increase the likelihood of success for the PPS. This additional level of support, known as Enhanced Support and Oversight (ESO), is intended to reduce risk and support the PPS in its operational success, while also allowing for DOH to better understand the PPS' progress in establishing and implementing the organizational and project components of the DSRIP Implementation Project Plan. The ESO process includes periodic calls with the PPS, DOH, and the AST and attendance at PPS internal and external meetings by DOH and the AST.

PPS engaged in ESO receive support in specific organizational and project areas such as Governance, Financial Sustainability, IT implementation, and PPS monitoring and reporting processes.

Through the end of DSRIP Year 1, Fourth Quarter, four PPS were engaged in ESO.

Medicaid Analytics Performance Portal (MAPP)

The Medicaid Analytics Performance Portal (MAPP) is a statewide performance management system that provide tools and technologies for comprehensive performance management and care management capabilities to PPS. The MAPP vision focuses on the following components:

Performance management and analytics: The Salient dashboards allow PPS to review their performance measures, attribution and drill down to the member level information. During the DSRIP Year 1, Fourth Quarter, MAPP's performance management teams completed user acceptance testing, security testing and performance testing on the DSRIP Dashboards. The team successfully rolled out the DSRIP Dashboards to the PPS on schedule on January 29, 2016. Multiple outreach activities were conducted to educate the PPS on this powerful tool as well as a dedicated call center to support the PPS users. The team also continued the planning, requirements gathering and prototype of its HCI3 project which is related to VBP development activities. This project will provide the calculation and then analytic visualization of episode bundling capabilities to support Value Based Payment (VBP). During the Fourth Quarter, the team completed the setup of the HCI3 platform architecture. The team also successfully completed a test run on a cross-section of NYS Medicaid data through the HCI3 grouper and is now focusing on running a far more robust test set.

Care management: MAPP supports the statewide technology needs for the Health Homes program. This program is intended to more effectively manage a member's care with more interoperability care coordination. During the DSRIP Year 1, Fourth Quarter, the Health Homes team completed the development and internal testing necessary for the Phase 1 Health Homes Tracking release. The team also completed execution of 85% of user acceptance testing, performance testing and security testing for the system. The final 15% and official deployment of the Health Homes Tracking system is scheduled for completion in April 2016. The Phase 2 Children's Health Home functional design documents were also reviewed in parallel during this period.

Data integration: Data integration involves implementation of a Master Data Management System (MDM) to serve as the authoritative, consistent and clean source of master Medicaid data that can be used to efficiently link data from various data sources. The team has started its macro design and analysis as well as starting the data governance planning. The Master Patient index is the first MDM project and is scheduled for completion during DSRIP Year 2, Third Quarter. Another project charter has been approved to integrate claims data from MAPP with clinical data from the Regional Health Information Organization (RHIO) and share this data with a PPS. Four RHIOs have selected to participate in this pilot.

In addition to these focus areas, MAPP continues to offer other statewide capabilities to support the PPS. MAPP's current functionality includes an online PPS Provider Network, an online tool to receive and support PPS quarterly reporting, Salient Interactive Miner (SIM) for data analysis, the ability to calculate

complex data sets such as attribution for performance, the ability to generate PHI data sets such as the Member Roster and the integration of opt out data into PHI data sets. The team is in the development life cycle of new data sets such as the Claims File, Comprehensive Provider Attribution and monthly integration of opt in and opt out data into our PHI data. Currently there are approximately 247 PPS users and 3,800 users in total that have been provisioned to utilize MAPP for DSRIP and Health Homes respectively.

In addition to the items noted above, the following is a list of major activities completed by the MAPP team in DSRIP Year 1, Fourth Quarter:

- Deployment of multiple small releases in January, February, March to the Implementation Project Plan (IPP) to support additional functionality needed for PPS DSRIP Year 1, Third Quarter Submission and Independent Assessor review. The highlight of these releases was the deployment of the Provider Import Tool (PIT) which allows a PPS to export their provider network by DSRIP category, assign the appropriate provider to a project and then import this file into the IPP.
- Deployment of Implementation Project Plan (IPP) Version 4.0 to support additional functionality needed for PPS DSRIP Year 1, Fourth Quarter Submission.
- Gathered requirements to support transition from ICD9 to ICD10 in Attribution for Performance Logic
- Completion of EO1 Eligibility File testing that allows us to properly receive weekly COBA data.
- Completion of Medicare Part D Data load into MAPP environment.

MRT Innovation eXchange (MIX) Transition to the DSRIP LinkedIn Group

In February 2016, the digital platform for DSRIP PPS discussions was transitioned from the MIX, to a LinkedIn Group, called the New York State Delivery System Reform Incentive Payment (DSRIP) Program group. The MIX was designed to promote idea sharing, education, collaboration and relationships between DSRIP stakeholders while collecting ideas on how to improve and accelerate the progress of the projects within DSRIP.

As part of continuous efforts to provide PPS with the best forums for sharing best practices and experiences across PPS, DOH conducted an analysis of social media platforms that could continue to foster PPS learning and collaboration into the future. The DSRIP group on LinkedIn allows for easy access and participation in key DSRIP topics and issues. It allows for the various valuable discussions which were started on the MIX to continue on a platform in which many MIX users have already established memberships. The group strengthens the connection and collaboration among DSRIP colleagues and stakeholders from across the state.

Membership in the DSRIP LinkedIn group has grown steadily within the first month of transition to approximately 1,400 members. Collaboration and discussion continues around several topics such as Project 2 d.i; Uninsured CAHPS; Cultural Competency & Community Based Organizations; and Telemedicine. In addition to the sharing of resources, webinars and informational articles, LinkedIn group members can engage in discussion topics such as Workforce, Funds Flow, IT Data Sharing and IT Challenges.

For access to the DSRIP LinkedIn group, click [here](#).

Information Technology (IT) strategy

The IT Strategy team facilitated and hosted IT PPS All Hands Meetings on March 9, 2016 and CIO Steering Committee (CIO SC) meeting preparation continued for committee members, PPS IT leads, and additional CIO SC workgroup members to support PPS through their DSRIP related IT development. The team was also responsible for hosting weekly check-ins and planning meetings for these events to coordinate between DOH, CIO Steering Committee Leadership team, and the PPS. The committee was also responsible for the creation and management of several subcommittees and their progress (data security,

performance measurement, RHIO adoption). The IT Strategy Team also had various meetings with several third party IT vendors to further understand how their platforms could possibly assist PPS in DSRIP and be utilized by DOH (based upon identified areas of opportunities where DOH was not developing DSRIP solutions).

In addition, the IT Target Operating Model (IT TOM) team started Phase 2 IT TOM workshops with PPS focusing on Project 2.a.i. The objective of the Phase 2 workshops were to enable PPS to generate their own target operating model by leveraging patient-centric scenarios focused on key themes to demonstrate target state use cases that align with the goals of Project 2.a.i and the following themes: Comprehensive Care Management Operations, Payer Integration and Community Based Organizations (CBO) Collaboration. The second objective of the workshops were to assist PPS in extracting detailed system requirements needed in order for PPS to comply with DSRIP project requirements and enable an integrated delivery system. The IT TOM is currently being used by PPS in upstate and downstate regions of New York.

Medicaid Data Support

Work continued with Salient to prepare bookmarks/collections in the SIM tool that support PPS in their estimations of target populations at the project level under each domain. PPS also engaged the team to answer data requests that SIM-trained PPS resources (some PPS employees, other PPS consultants/third parties) sent to an AST monitored email address.

Medicaid Accelerated eXchange (MAX) Series Program

The MAX Series Program is a multidisciplinary collaboration that empowers clinicians to lead change, apply leading practices, and learn from leading subject matter professionals and their peers. It is focused at a local level (i.e. specific providers within a PPS) to generate grass-roots level change and act as an enabler to impact overall DSRIP measures, as well as local improvement measures. Action Teams participate in an 8-month intensive learning experience, delivered across three full-day workshops that empower participants to implement meaningful change during intermediary Action Periods. The program builds skills and capacity for process improvement at a local level that can be scaled and shared across the broader PPS.

During this quarter, the program successfully launched its second and third program topics (the first launched in October 2015), focused on specific clinical focus areas that were chosen with direct input from PPS based on existing opportunities to improve health outcomes and progress toward DSRIP goals. Within each topic, the following activities and progress occurred:

- Topic 1—Managing Care for Super Utilizers: A total of 6 Action Teams representing 5 PPS are enrolled in this topic. During this quarter, the second Workshop of the series took place. The second Workshop of the series took place in January 2016 where Action Teams focused on detailed redesign of their care processes related to managing care for Super Utilizers. The third Workshop of the series is scheduled to take place in April 2016 and will focus on further process redesign and identification of improvement ideas, as well as a focus on continuous process improvement.
- Topic 2—Project 3.a.i Integration of Behavioral Health and Primary Care: A total of 10 Action Teams representing 10 PPS are enrolled in this topic. The series launched in February 2016 and the second Workshop of the series is scheduled to take place in April 2016. Action Teams will come together again in June 2016 for their final Workshop focused on identifying additional improvement ideas and continuous process improvement.
- Topic 3—Managing Care for Super Utilizers: As a PPS requested repeat of Topic 1, a total of 7 Action Teams representing 6 PPS are enrolled in this topic. The series launched in March 2016, with its first Workshop which focused teams to develop team goals, identify problem areas within current approaches and recognize actionable opportunities to provide effective care delivery. The next Workshop will take place in May 2016 and the final Workshop in August 2016.

A program-wide report-out on the MAX Series Program occurred at the All-PPS Meeting in February 2016. Overall, a total of 23 Action Teams, representing 17 PPS are enrolled in the MAX Series program.

The program has engaged approximately 180 clinicians to date. The program is scheduled to finish by November 2016.

DSRIP Learning Symposium

As outlined in the DSRIP STCs Attachment I, the state is responsible for hosting DSRIP Learning Symposiums for the PPS. During the period of January 1, 2016 through March 31, 2016 the Learning Symposium Advisory Committee continued its planning efforts for the two regional PPS Learning Symposiums that are scheduled to take place in May 2016. The Learning Symposium Advisory Committee continued efforts to finalize the agenda, including the PPS supported topics to be covered and the facilitators for each of the sessions as the regional PPS Learning Symposiums.

The first Regional Learning Symposium will be held in New York City on May 3, 2016 and the second Regional Learning Symposium will be held in Rochester on May 17, 2016. The second Annual Statewide Learning Symposium will be held September 20 – 22, 2016 in Syracuse.

Other Program Updates

DSRIP Mid-Point Assessment

The IA will conduct the Mid-Point Assessment consistent with the requirements outlined in the STCs and Attachment I. The Mid-Point Assessment will focus on the progress made by the PPS through the end of DSRIP Year 2, First Quarter towards establishing the necessary organizational foundation and the implementation of the project requirements consistent with the approved DSRIP Project Plan (inclusive of DSRIP Application and DSRIP Implementation Plan).

On February 16, 2016 the IA released a document to provide an overview of the process to be conducted by the IA to complete the Mid-Point Assessment. The IA sought comments on the Mid-Point Assessment process during a 30 day public comment period. All comments were received on the due date of March 17, 2016.

Approximately 60 comments from 14 different entities were received on the various topics inclusive of PPS project implementation, PPS preview of IA recommendations, PPS network partner input on PPS performance, network partner removals, and timeframe for PPS implementation of project plan modifications. The IA reviewed all comments and recommendations in modifying the proposed Mid-Point Assessment approach.

The original DSRIP Midpoint Assessment: Overview of the Mid-Point Assessment Process is available on the DSRIP website at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/mid-pt_assessment.htm.

Independent Evaluation of New York State DSRIP

On December 29, 2015, DOH issued a Request for Proposals (RFP) seeking proposals from responsible and qualified contractors to conduct a multi-method, comprehensive, statewide independent DSRIP program evaluation in accordance with the DSRIP STCs. The DSRIP program evaluation will employ quantitative and qualitative methods in order to achieve a robust evaluation of this demonstration program, and will achieve the following goals: 1) assess DSRIP program effectiveness on a statewide level with respect to the MRT Triple Aim, 2) obtain information on the effectiveness of specific DSRIP projects and strategies selected and the factors associated with program success, and 3) obtain feedback from stakeholders including Department staff, PPS administrators and providers, and Medicaid beneficiaries served under DSRIP regarding the planning and implementation of the DSRIP program, and on the health care service experience under DSRIP reforms. DSRIP Program Evaluation results will be regularly reported to DOH, the PPS and CMS.

The deadline for submission of proposals in response to the RFP were due to DOH on March 1, 2016. Seven applications were received and are currently in the formal review process with DOH. The anticipated contract start is October 1, 2016.

Opt Out Mailing – Phase I clean up and Phase II launch

During the DSRIP Year 1, Fourth Quarter the Phase II mailing of the DSRIP opt out notification letter and opt out of data consent form was sent to an additional 4.7 million Medicaid members. This volume was sent to Medicaid members who had addresses that were valid with the United States Postal Service (USPS). Medicaid members that had mail that was undeliverable or address-not-valid will go through an address cleanse process and an attempt will be made to resend. This clean-up process includes about 200,000 Medicaid member address files from Phase I and 650,000 Medicaid members from Phase II.

A total of 5.2 million letters have been sent from Phase I and Phase II. Combined to date and thru the end of this Fourth Quarter, 47,000 Medicaid members or less than 1%, formally chose to opt out of data sharing by returning the signed opt out form or calling the DSRIP Medicaid call center to request to be opted out. An additional, 26,000 Medicaid members from Phase I were automatically processed as opted out during this quarter because the mailer could not reach their address. Once the address clean-up activities are completed in the next quarter for the 850,000 outstanding Medicaid member files, a more accurate count of formal opt outs versus those automatically opted out will be reported. The DSRIP Medicaid call center has cumulatively logged 64,400 calls through the end of March 2016, tracked 66% English vs 34% on the Spanish line, and assisted with facilitated language translation requests. Reason-for-call is trended and includes:

1. Why did I receive this letter?
2. What is DSRIP?
3. Who would get access to my information?
4. Do my benefits or doctors change?
5. Do I have to pay for this program?
6. Translation needs (Spanish and Mandarin)

Also, during the DSRIP Year 1, Fourth Quarter, operational protocols were developed to remove the opted out Medicaid members from the DSRIP PPS rosters, Comprehensive Provider Attribution rosters, Claims/Encounter Extracts logic and the DSRIP Performance Dashboard PHI Drill down views.

Upcoming Activities

DSRIP Year 2 began on April 1, 2016. Future reports will also include updates on additional activities as required by the STCs and related attachments. The following list identifies anticipated activities for the upcoming DSRIP Year 2, First Quarter:

- **April 1, 2016:** DSRIP Year 2 begins
- **April 7, 2016:** Final PPS Year 1, Third Quarterly Reports posted to DSRIP Website
- **April 18, 2016:** Public Comment period for VBP Roadmap closes
- **April 30, 2016:** PPS Year 1, Fourth Quarterly Reports (1/1/16 - 3/31/16) due from PPS
- **May 2016:** Round Two Regulatory Waiver responses completed
- **May 3, 2016:** PPS Regional Learning Symposium (Downstate)
- **May 4, 2016:** 1115 Waiver Public Comment Day (Downstate)
- **May 17, 2016:** PPS Regional Learning Symposium (Upstate)
- **May 31, 2016:** IA provides feedback to PPS on PPS Year 1, Fourth Quarterly Reports; 15-day Remediation window begins
- **June 14, 2016:** Revised PPS Year 1, Fourth Quarterly Reports due from PPS; 15-day Remediation window closes
- **June 29, 2016:** Final Approval of PPS Year 1, Fourth Quarterly Reports. (Third and Fourth Quarter report results combined will determine DSRIP Year 1 final payments)

Additional information regarding DSRIP Year 2 key dates can be found at:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/index.htm

Additional Resources

More information on the New York State DSRIP Program is available at: www.health.ny.gov/dsrip.

Interested parties can sign up to be notified of DSRIP program developments, release of new materials, and opportunities for public comment through the Medicaid Redesign Team listserv. Instructions are available at: http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm.

Appendix A: Year 1, Fourth Quarter DSRIP Program Activity

The period covering January 1, 2016 through March 31, 2016 included extensive stakeholder engagement activities detailed below:

- **January 5, 2016:** Hemophilia Clinical Advisory Group (CAG) meeting
- **January 7, 2016:** PPS DSRIP Year 1, Second Quarterly reports released to PPS & posted to DSRIP website
- **January 8, 2016:** Achievement Value (AV) Scorecards released to PPS & the DSRIP website
- **January 11, 2016:** DOH hosted webinar, Topic: Using Medicaid Analytics Performance Portal (MAPP) for Implementation Project Plans – Part 3
- **January 13, 2016:** Deadline for submission of written questions regarding the Independent Evaluator Request for Proposals (RFP)
- **January 15, 2016:** MAPP Implementation Project Plans (IPP) Update release; Provider Export/Import Tool (PIT)
- **January 15, 2016:** Substance Abuse CAG Meeting
- **January 15, 2016:** Managed Long Term Care (MLTC) CAG Meeting
- **January 20, 2016:** DY1 Second DSRIP Payment to PPS
- **January 20, 2016:** DOH hosted Data Security Systems Security Plan (SSP) webinar
- **January 21-22, 2016:** DSRIP Project Approval and Oversight Panel (PAOP) meeting with downstate-based DSRIP PPS
- **January 25, 2016:** Released Integrated Services FAQ document
- **January 26, 2016:** DOH, OMH and OASAS hosted an Integrated Services webinar
- **January 26, 2016:** Medicaid Accelerated Exchange (MAX) Topic 1, Managing Care for Super Utilizers, Workshop 2A
- **January 28, 2016:** MAX Topic 1, Managing Care for Super Utilizers, Workshop 2B
- **January 28, 2016:** Achievement Value Guide for Performing Provider Systems released to PPS
- **January 28-29, 2016:** New Analyst Salient Interactive Miner (SIM) Training
- **January 29, 2016:** DSRIP Performance Dashboard Introduction webinar released to Digital Library
- **January 29, 2016:** DSRIP Performance Dashboards launched in MAPP
- **January 29, 2016:** Part 1 - DSRIP MAPP Webinar Series made available in the Digital Library
- **February 1, 2016:** Updates to Workforce Reporting FAQs released to PPS
- **February 3, 2016:** PPS DSRIP Year 1, Third Quarterly Reports (10/1/15 - 12/31/15) due from PPS
- **February 5, 2016:** Staten Island PPS hosted a webinar for all PPS, highlighting the technical, strategic, and population health benefits of a cloud based, integrated data network
- **February 8, 2016:** Communication to PPS announcing the Account Support Team Transition from KPMG to PCG
- **February 9, 2016:** Released DSRIP Performance Measures: Annual Improvement Targets and Baselines
- **February 9, 2016:** Managed Long Term Care (MLTC) CAG Meeting
- **February 9, 2016:** Released revised Forestland Excel Payment Model to PPS
- **February 11, 2016:** IA released DSRIP Design Grant Audit tool and instructions
- **February 12, 2016:** Announcement made to PPS and MRT Listserv regarding the MRT Innovation eXchange (MIX) transition to LinkedIn
- **February 18, 2016:** Mid-Point Assessment outline released for public comment
- **February 18, 2016:** DOH released "2016 Health Equity Report – County Edition"
- **February 16-17, 2016:** New Analyst Salient (SIM) Training
- **February 17, 2016:** All PPS Meeting in New York City
- **February 22, 2016:** Phase II - Opt out letter mailing begins
- **February 25, 2016:** MAX topic 2, Integration of Behavioral Health & Primary Care, Workshop 1
- **February 26, 2016:** Released Revised DSRIP Performance Measures: Annual Improvement Targets and Baselines
- **February 29, 2016:** PPS return Validation Sample documentation to the IA

- **February 29, 2016:** Part II - DSRIP MAPP Webinar Series was made available in the Digital Library
- **March 1, 2016:** AV Guide webinar released to DSRIP website and PPS leads
- **March 1, 2016:** Deadline for submission of proposals to the Independent Evaluation of the New York State Delivery System Reform Incentive Payment Program RFP
- **March 2, 2016:** IA provided feedback to PPS on PPS Third Quarterly Report, 15 day PPS remediation period began
- **March 2, 2016:** Implementation Plan Phase 3.2 Go Live webinar (slide deck) released
- **March 3, 2016:** Final Measurement Year 1 DSRIP Measure Specification and Reporting Manual released to DSRIP Website
- **March 4, 2016:** Released MAPP IPP Manual
- **March 4, 2016:** DSRIP IA released PPS Appeal Process for Quarterly Report AV Scoring
- **March 7, 2016:** DOH released “DSRIP Breakthrough Webinar Series” by the National Council for Behavioral Health to the DSRIP website and the Digital Library
- **March 9, 2016:** PPS IT Focused All-Hands meeting in Rensselaer, NY
- **March 11, 2016:** Released draft Care Coordination Core Curriculum Guidelines document
- **March 14, 2016:** Released Workforce Policy and Guidance documents
- **March 15, 2016:** Mailing for Phase 2 Opt out letters to good addresses complete
- **March 16, 2016:** DOH hosted Active Patient Engagement and Comprehensive Provider Attribution webinar
- **March 16, 2016:** Revised PPS Third Quarterly Reports due from PPS; 15-day Remediation window closes
- **March 17, 2016:** Public comment period for Mid-Point Assessment tool closed
- **March 18, 2016:** VBP Roadmap posted for public comment
- **March 18, 2016:** Release Project 3.g.i. & 3.g.ii. Palliative Care Project guidance tool to PPS
- **March 18, 2016:** DSRIP Performance Webinar Series: Training #1 made available in Digital Library
- **March 18, 2016:** Released revised Integrative Services Billing Matrix & FAQ document
- **March 24, 2016:** MAX Topic 3, Managing Care for Super Utilizers, Workshop 1
- **March 28, 2016:** Released Actively Engaged discounted targets to PPS
- **March 29, 2016:** DOH released guidance to PPS concerning Transforming Clinical Practice Initiative (TCPI) Vendor Support and Outreach
- **March 29, 2016:** DOH released the Comprehensive Provider Attribution Report and Comprehensive Provider Attribution Report Data Dictionary to PPS
- **March 31, 2016:** Final Approval of Q3 Quarterly Reports

For more information visit http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/1.

¹ DOH has created a Digital Library, a secure SharePoint site, as an additional resource for the PPS. The Digital Library serves as a repository for materials available through the DSRIP website and for PPS specific materials.

Appendix B: DSRIP Performance Fund Payments

The following table indicates all of the DSRIP Performance Fund payments that were made during the DSRIP Year 1, Fourth Quarter. The payments made during this period represent the second of three performance payments for DSRIP Year 1 and were based on the results from the first semi-annual reporting period of DSRIP Year 1, covering April 1, 2015 through September 30, 2015.

