



**Department
of Health**

**Medicaid
Redesign Team**

DSRIP

Primary Care Plan



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of Health**

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Redesign Team**

DSRIP Opt-Out Letter

June 2015



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New York State Notice of Important Document.

There is ***NO CHANGE*** to your **MEDICAID**

Questions? Please call us at 1-855-329-8850 Monday – Friday 8:00 am – 8:00 pm, Saturday 9:00 am -1:00 pm. If you need help in a language other than English, call 1-855-329-8850 and tell the Consumer Services Specialist. Help is free. TTY: 1-800-662-1220.

This letter is about a new program that New York State has started for our Medicaid members.

We know getting the health care you need is sometimes difficult. We want that to change. You should have a primary doctor. When you do not feel well, you should have a place to go besides an emergency room. We want you to know what health care you need and where to get it, so that you feel confident you can manage your health.

New York State Delivery System Reform Incentive Payment Program (DSRIP)

What is DSRIP?

The new program, the New York State “Delivery System Reform Incentive Payment Program” (DSRIP) will help you, your doctors and other health care providers work together better to serve your healthcare needs. DSRIP is a program in which doctors, clinics, hospitals, medical and community services in your area work together to build a better health care system. This

What is Opt Out?

- NYS is modeling the DSRIP consent process on the Medicare ACO model which is an opt-out model, i.e., unless member formally opts-out of DSRIP, they are considered participating.
- The “opt out” means electing to NOT permit the sharing of any PHI and other Medicaid data with the PPS.
- Until the Opt Out Process is complete, State supplied PHI information cannot be shared with the PPS downstream partners.
- The member who “opts out” will not have his/her Medicaid data shared with the PPS lead.
- Revised PHI Member/Claims lists will be generated that exclude these Medicaid members.
 - July – Member Roster Released *
 - July – Initial Claims File with all PPS members
 - Fall – Member Claims Data available through MAPP
 - Dec/Jan – Updated Member Rosters and Claims Data with redacted members
- DSRIP Performance measures will include opt out members in the numerators and denominators, but drilldown to these members will not be available.

How to Opt-Out

New York State is managing the opt-out process through an outreach letter to members and then eventually during the enrollment process into Medicaid through NYS State of Health.

Individuals can either:

- Fill out and return the enclosed form
- Call the Medicaid Call Center

Opt-Out Letter Language:

“What do I have to do to Opt-Out?”

If you do not want to be part of the DSRIP program and be in your local PPS, you will need to notify us. You will need to sign the enclosed **“Form to Opt Out”** or **call the Medicaid Call Center at (1-855-329-8850)**. If we were not able to reach you, we may have asked your local PPS to help get this information to you. To do this, we did not disclose your actual protected health information to them. This PPS has the doctors and hospitals that already care for you.”

How to Opt-Out (continued..)

- Call Center - The Medicaid Call Center (serviced by MAXIMUS) will be handling calls related to the “opt out” process. Will direct to language interpreters and staff trained on FAQs.
- Time period for Opting Out - 30 days from the receipt of the state mailing to return the “opt out” form. Opt-out by mailing form or by calling the Medicaid call center.
- Members can also rescind their “opt out” at any time, but should allow 60 days for this information to affect the data distribution.

The following section is included TWICE in the letter:

“Questions? Please call us at 1-855-329-8850 Monday – Friday 8:00 am – 8:00 pm, Saturday 9:00 am -1:00 pm. If you need help in a language other than English, call 1-855-329-8850 and tell the Consumer Services Specialist. Help is free. TTY: 1-800-662-1220.”

Language and Accessibility

ENGLISH	This is an important document. If you need help to understand it, please call 1-855-329-8850. An interpreter will be provided free.
Español	Esto es un documento importante. Si necesitas ayuda en entenderlo, por favor llame al 1-855-329-8850 . Un intérprete será disponible gratuito.
简体字	这是一份重要文件。如果您需要帮助理解此文件，请打电话至 1-855-329-8850 。 您会得到免费翻译服务。
簡體字	这是一份重要文件。如果您需要幫助理解此文件，請打電話至 1-855-329-8850 。 您会得到免費翻譯服務。
Kreyòl Ayisyen	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-855-329-8850 . Y ap ba ou yon entèprèt gratis.
Italiano	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-855-329-8850 . Un interprete sarà disponibile gratuitamente.
한국어	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: 1-855-329-8850 . 무료 통역이 제공됩니다.
Русский	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-329-8850 . Переводчик предоставляется бесплатно.

If you would like to view this letter in 18 point Font, please visit the following website:

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



Opt-Out Letter Review Process

- Letter was drafted and went through several rounds of legal review by NYS Department of Health, OMH, OASAS and OPWDD
- Language revised with input from the DSRIP Project Advisory and Oversight Panel workgroup – the CBO/Cultural Competency workgroup
 - Consists of Medicaid advocates, beneficiaries, CBO representatives
- Contract being finalized with mailing vendor over the next 30 days
- Over 6 million letters going out this summer to Medicaid members
- Medicaid members have 30 days to respond
- Process for finding alternative addresses for returned mail
- Initial Opt Out scheduled for completion end of December 2015

Timeline

Task Name	Start	Finish
DSRIP Mailing Opt Out	Sun 3/1/15	Wed 12/30/15
DSRIP Mailing Requirements Finalized	Sun 3/1/15	Fri 5/22/15
CMA provide member list file to CSC	Wed 4/1/15	Wed 5/20/15
Vendor Procurement - Preferred Vendor	Tue 4/21/15	Fri 7/17/15
Opt Out Mailing Distribution	Mon 7/20/15	Fri 8/28/15
Medicaid Members Respond to mailing (30 days)	Mon 8/31/15	Wed 9/30/15
Process Returned Opt Out into Maximus/MAPP	Thu 10/1/15	Wed 10/28/15
Second iteration of Bad Address Processing	Thu 9/17/15	Wed 10/28/15
Secondary Mailing After Bad Addresses corrected	Thu 10/29/15	Fri 11/13/15
Bad Address 2nd Mailing response (30 days)	Mon 11/16/15	Wed 12/16/15
Return Mail Processing - Bad Addresses into Maximus/MAPP	Thu 12/17/15	Wed 12/30/15

Q&A



DSRIP Metric Data Collection



DSRIP Metric Data Collection

Upcoming Dates:

Deliverable	Date
Webinar: DSRIP Metric Data Collection <ol style="list-style-type: none">1. Medical Record Review – Domain 3 projects2. UAS-NY assessments for Palliative Care projects (3.g.i and 3.g.ii)3. Early Elective Delivery for Perinatal projects (3.f.i)4. PAM assessment for UI and LU for Patient Activation projects (2.d.i)5. Clinician and Group CAHPS Survey for UI for Patient Activation projects (2.d.i)	6/24/2015
Operator Assisted Call: DSRIP Metric Data Collection	7/06/2015

Q&A Session #2



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Closing Remarks