



**Department  
of Health**

# New York DSRIP

## 1115 Quarterly Report

July 1, 2016 – September 30, 2016  
Year 2, Second Quarter

**November  
2016**

**[www.health.ny.gov/dsrip](http://www.health.ny.gov/dsrip)**

**Office of Health  
Insurance Programs**

**Table of Contents**

Introduction ..... 3

DSRIP Year 2 Focus ..... 3

    Summary of Key Accomplishments for the Quarter ..... 3

DSRIP Program Implementation Accomplishments..... 3

    DSRIP Year 2, First Quarterly Reports (submitted in DSRIP Year 2, Second Quarter)  
    ..... 3

    DSRIP Project Approval and Oversight Panel (PAOP) ..... 4

    DSRIP Requests for New York Regulatory Waivers ..... 4

    DSRIP Certificate of Public Advantage (COPA)/Accountable Care Organization  
    (ACO) Application Process ..... 4

    Value Based Payments (VBP) ..... 5

Quarterly Reporting and Performance Payments ..... 6

    Quarterly Reporting ..... 6

    Performance Payments ..... 7

Other New York State DSRIP Program Activity ..... 7

    DSRIP Project Management..... 7

    Additional DSRIP Support..... 8

    DSRIP Learning Symposium ..... 13

    Other Program Updates..... 13

    Upcoming Activities ..... 14

Additional Resources ..... 15

Appendix A: Year 2, Second Quarter DSRIP Program Activity..... 16

Appendix B: DSRIP Performance Fund Payments ..... 18

# **New York DSRIP**

## **Section 1115 Quarterly Report**

### **Year 2, 2<sup>nd</sup> 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 2 Focus**

This report summarizes the activities from July 1, 2016 through September 30, 2016, the second quarter of DSRIP Year 2. This quarterly report includes details pertaining to the second quarter of the second year 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, launched on April 14, 2014, continues to be updated and is available at [www.health.ny.gov/dsrp](http://www.health.ny.gov/dsrp).

#### **Summary of Key Accomplishments for the Quarter**

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

- Final results of DSRIP Year 1, Fourth Quarterly Reports including a payment were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS submitted their Year 2, First Quarterly Reports on August 5, 2016 documenting the progress on their implementation efforts between April 1, 2016 and June 30, 2016.
- The Second Annual NYS DSRIP Statewide Symposium was held in Syracuse, New York on September 20-22, 2016.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.
- Members of the DSRIP PAOP joined DOH staff in listening to feedback provided by members of the public and stakeholders on the 1115 Waiver during the Downstate Public Comment Day on July 12, 2016.

#### **DSRIP Program Implementation Accomplishments**

##### **DSRIP Year 2, First Quarterly Reports (submitted in DSRIP Year 2, Second Quarter)**

The 25 PPS submitted their DSRIP Year 2, First Quarterly Reports on August 5, 2016 through the Medicaid Analytics Performance Portal (MAPP). This report represents the Year 2 first PPS quarterly report in which the PPS documented progress on their implementation efforts from April 1, 2016 through June 30, 2016. 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. These reports were remediated during late August and into September and will be posted to the website early next quarter.

### **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 and 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, members of the DSRIP PAOP joined DOH staff in listening to feedback provided by members of the public and stakeholders on the 1115 Waiver during the upstate Public Comment Day held on July 12, in Albany. This session mirrored the downstate session held in NYC on May 4 as a full day opportunity for members of the public to provide comment and testimony on the 1115 Waiver, though feedback on all programs was welcomed. As DSRIP is a significant waiver initiative, members of the PAOP were invited to participate. The session was webcast live and open to the public. The public was also invited to submit written comments electronically in advance of the meeting. Recordings of both the upstate and downstate Public Comment Days are available at: <http://www.health.ny.gov/events/webcasts/archive/> and summary of the testimony, and copies of all written comments received are available at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/2016/2016-07-02\\_1115waiver\\_public\\_comments.htm](http://www.health.ny.gov/health_care/medicaid/redesign/2016/2016-07-02_1115waiver_public_comments.htm).

During the month of August, members of the PAOP also attended the CMS site visits to two PPS. During the next quarter, PAOP members will visit additional PPS throughout the state prior to the public hearings on the Midpoint Assessment.

### **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
- Bed Capacity
- Revenue Sharing
- Administrative Services

To date, over 600 regulatory waivers have been requested through Round 1, Round 2 and Round 3 activities. To respond to the needs of the PPS during project implementation, requests for Regulatory Waivers will be open and processed on a quarterly basis throughout the DSRIP Demonstration Years. Additionally, any time sensitive waivers may be submitted outside of the current quarterly review period.

In the next reporting quarter, the PPS will begin to use these waivers to assign to individual provider sites by project within their network.

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

From July 1, through September 30, 2016, there were no new ACO or COPA applications filed by DSRIP participating PPS. One entity had discussions with the State about COPA application requirements but chose not to apply based on time constraints. The State, with technical support from Public Consulting Group (PCG), continued efforts towards making final determinations on the existing COPA applications. These efforts included (a) holding in-person meetings and telephone calls with DOH, the Executive Chamber, the Attorney General's office and representatives of the applying PPS to discuss conditions that

may be imposed if a COPA is granted, (b) reviewing PPS antitrust policies, and (c) monitoring antitrust cases and other state COPA practices to identify trends that could impact the granting and/or terms of a COPA to a PPS. DOH is preparing to consult with the Public Health and Health Planning Council (PHHPC) to request a recommendation regarding the state’s draft COPA conditions.

COPA and ACO certificates of authority may or may not be appropriate, or granted in all cases. COPAs may include a list of conditions which may vary based on the specific PPS. If a COPA is granted, the PPS will be subject to ongoing monitoring. PPS were encouraged to explore all options and contingencies when designing their DSRIP projects.

At the beginning of DSRIP Year 2, Second Quarter, there are two outstanding COPA applications from PPS under review. No ACO applications have been submitted by a DSRIP PPS.

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](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](http://www.health.ny.gov/health_care/medicaid/redesign/aco).

## Value Based Payments (VBP)

### Preparing for VBP Implementation

The focus of the work during DSRIP Year 2, Second quarter was the finalization of the program design as well as a statewide strategy to educate the healthcare community in New York State about the transition to value based payments.

DOH has continued to work with Clinical Advisory Groups (CAGs) in developing the quality measures per arrangement. CAG reports were posted on the DSRIP VBP website for public comments for further refinement. One of the newest CAGs that will commence in October 2016 is the Children’s Health Subcommittee/CAG that will focus completely on the relevance and impact of VBP on children’s health. DOH has also continued discussions with over 30 potential VBP pilots, providing analytical support to plans and providers in their decision to adopt VBP agreements.

To begin the process of operationalizing the program, a VBP Bootcamp learning series is being conducted throughout the state. VBP Bootcamps are a three-day series held throughout five regions of the state, providing an in-depth look at value based contracting in New York State Medicaid. During this reporting period, nine of the eighteen Bootcamp sessions were completed. Sessions will continue into the 3<sup>rd</sup> quarter of DSRIP Year 2. The series provides an introduction to VBP, insight on contracting and risk management, and performance measurement details. All stakeholders have been invited to attend through DSRIP and MRT listserv announcements. The schedule below reflects the complete listing of Bootcamp sessions and locations throughout the State.

Session	Date	Location
<b>Region 1</b>		
<b>Capital Region, Mid-Hudson, Southern Tier</b>		
Session 1	June 2 <sup>nd</sup>	University at Albany, Performing Arts Center
Session 2	June 15 <sup>th</sup>	University at Albany, Performing Arts Center
Session 3	July 7 <sup>th</sup>	University at Albany, Performing Arts Center
<b>Region 2</b>		
<b>Mohawk Valley, North Country, Tug Hill Seaway</b>		
Session 1	June 29 <sup>th</sup>	Jefferson Community College
Session 2	July 13 <sup>th</sup>	SUNY Potsdam
Session 3	July 27 <sup>th</sup>	SUNY Plattsburgh

Session	Date	Location
<b>Region 3</b>		
<b>New York City (excl. Queens)</b>		
Session 1	July 20 <sup>th</sup>	Bronx Community College
Session 2	August 17 <sup>th</sup>	Bronx Community College
Session 3	September 12 <sup>th</sup>	Bronx Community College
<b>Region 4</b>		
<b>Central, Finger Lakes, Western</b>		
Session 1	August 31 <sup>st</sup>	National Museum of Play at The Strong
Session 2	September 21 <sup>st</sup>	National Museum of Play at The Strong
Session 3	October 6 <sup>th</sup>	National Museum of Play at The Strong
<b>Region 5</b>		
<b>Long Island, Queens</b>		
Session 1	September 27 <sup>th</sup>	The Adria Hotel and Conference Center
Session 2	October 19 <sup>th</sup>	Hofstra University
Session 3	October 26 <sup>th</sup>	SUNY at Stony Brook

VBP Bootcamp materials are available at:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_library/index.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm).

More information on the VBP efforts is available at:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_reform.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm).

## Quarterly Reporting and Performance Payments

### Quarterly Reporting

#### PPS DSRIP Year 1, Fourth Quarterly Reports

The IA documented all results in the Medicaid Analytic Provider Portal (MAPP) and released the findings of the DY1, Q4 Quarterly Report in a PPS-specific Achievement Value (AV) Scorecard. The Quarterly Reports were posted on the New York State Department of Health website on July 6, 2016. The AV Scorecard which details the score of each Domain 1 AV driving section, the status of each Domain 1 milestone, and the score of each project tied to patient engagement was sent to each PPS on July 8, 2016.

Following the release of the results to the PPS, six PPS filed appeals with the IA for a redetermination on failed AVs for a total of eight milestones. Of the six PPS to appeal, the IA upheld the original determinations for three of the PPS and approved appeals for the remaining three PPS, resulting in the AVs for four of the eight milestones being awarded. Once appeal determinations were finalized, all AV Scorecards were made available publicly on the DOH website on July 25, 2016.

The DSRIP Year 1, Fourth Quarterly Reports and AV Scorecards are available on the individual PPS pages at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/pps\\_map/index.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/index.htm).

#### PPS DSRIP Year 2, First Quarterly Reports

The DY2 First Quarterly Report submitted by each PPS on August 5, 2016 documented their progress in accomplishing their DSRIP goals and objectives for the first quarter of the second DSRIP year (April 1, 2016- June 30, 2016). PPS were required to complete three prescribed Domain 1 milestones for Cultural Competency and Health Literacy, Workforce and IT Systems and Processes. PPS had the option of submitting additional PPS-defined milestones if completion could be substantiated.

Upon receipt of the 25 PPS DY2 First Quarterly Reports the IA conducted an in depth review of each

submission, including supporting documents and sampling by the end of the quarter. These 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.

### **DSRIP Mid-Point Assessment**

The DSRIP program requirements as outlined by the STCs and Attachment I, require the IA to conduct a Mid-Point Assessment. The Mid-Point Assessment was initiated with the DSRIP Year 2, First Quarter PPS Quarterly Report, due from the PPS to the IA on July 31, 2016. The Mid-Point Assessment will conclude with the PPS implementation of the final recommendations by DSRIP Year 2, Fourth Quarter. This assessment is intended to provide a review of PPS progress towards the implementation of the approved DSRIP Project Plans for compliance with the program requirements identified in the STCs and to determine any modifications necessary to ensure PPS success through the remaining years of the program. The Mid-Point Assessment activities will look at implementation efforts and performance already begun and will focus on the progress made by the PPS through the end of the 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 August 5, 2016, in conjunction with the submission of the DSRIP Year 2, First Quarterly Reports, the IA received PPS Organizational and Project narratives from each PPS as a part of the Mid-Point Assessment. PPS' were also required to submit a PPS Lead Financial Stability Test in order to demonstrate continued financial stability as DSRIP progresses. The IA simultaneously opened the 360 Survey of PPS network partners to gather information on partner's experience with the PPS in implementing DSRIP initiatives and continued to gather survey responses through September.

As a part of the Mid-Point Assessment the IA began On-Site Reviews of each PPS. The IA commenced the On-Site activities with an Operator Assisted Call held on September 19, 2016 which was open to all PPS participants. The IA explained the process of the on-site reviews, defined the topics under review and answered questions. The first on-site review was held on September 28, 2016 and concluded in October 2016.

More information and timelines for the Mid-Point Assessment is available at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/mid-pt\\_assessment/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/mid-pt_assessment/index.htm).

### **Performance Payments**

The DSRIP Year 1, Fourth Quarterly Reports were submitted by PPS on April 30, 2016 and the results were announced in July 2016. As a result of the PPS adjudicated DSRIP Year 1, Fourth Quarterly Reports the third and final DSRIP Year 1 Performance Fund payments, totaling \$202,845,328 (all funds), were made during the period July 1, 2016 through September 30, 2016. The payments were made in accordance with Attachment I of the STCs and represent the remaining 20% of the DSRIP Year 1 Performance Funds available. The total earned by PPS for DSRIP Year 1 was \$1,201,126,181 out of a possible \$1,207,936,151 (99.44%) for all funds. 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 ongoing project management meetings with key staff from DOH and its vendors to 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 25 PPS through a wide range of activities and resources. During the period of July 1, 2016 through September 30, 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:

- Continued work on the DSRIP Performance dashboards, which will provide statewide and PPS-specific insight into the five-year payment model. This work included defining and revising requirements and approving design for PPS visibility into Achievement Values (AVs) and payment earned to date, potential AVs and payment that can be earned in future payment periods, and status of the High Performance and Additional Performance funding pools. Final design and development is underway to define AV and Payment Scorecards, which will be drillable and exportable from these Performance dashboards and will replace the interim AV Scorecard excel spreadsheet.
- Supported development and quality assurance processes for DY2, Payment Period 1 interim AV Scorecard.
- Continued discussions, planning and review sessions to define the AV calculation and payment calculation processes for measures across all four domains. This includes documenting measure updates that impact project metrics and reporting timelines, as well as defining calculation methodology and data structure requirements for the DSRIP Database.
- Created PPS communications on updates to Measurement Year 1 (MY1) performance measure results
- Supported development of High Performance and Equity programs payment calculation methodologies and models.
- Supported measure definition, data collection methodology, and vendor management for non-claims based measures including Patient Activation Measure (PAM), Palliative Care measures and Medical Record Review. Supported coordination with DOH and CMS on measure change and approval processes.

### **Account Support Team (AST)**

During this quarter, 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 at the field level, providing weekly status reports to DOH on PPS implementation plan progress and ensuring that PPS are appropriately equipped via a staffing strategy 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 2, Second Quarter, four PPS were engaged in ESO.

### **Medicaid Analytics Performance Portal (MAPP)**

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 Dashboards: The Salient-created dashboards allow PPS to review their performance measures, attribution and drill down to the member level information. During this reporting quarter, multiple enhancements were released on the dashboards to provide additional functionality. The major functionality released during this time was the capability to export PHI data with secure encryption from the DSRIP Dashboards. This allows for a PPS to securely export their appropriate member population from the dashboards for additional analytical purposes and drill down within their PPS system.

Value Based Payment Analytics: The team also continued the prototype execution of its VBP HCI3 grouper project that is scheduled for release in DSRIP Year 2, Fourth Quarter. This project will provide the calculation and then analytic visualization of episode bundling capabilities to support VBP. Specific functionality will include claims and encounter based total cost measures with relevant drill downs, potentially avoidable complications, and VBP arrangement and specific quality metrics. Over the last quarter, the team has continued to run tests through the HCI3 grouper. The requirements for the release for the 7 Tableau visualization workbooks and user groups participating in Phase 1 have been finalized. Technical development of the visualizations continues. The team also performed a detailed run and review of the pricing calculations (shadow, proxy and real pricing). Required changes have been defined and will be executed in DSRIP Year 2, Third Quarter to support the Phase 1 release schedule.

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. In DSRIP Year 2, Second Quarter, an additional 600 new users were added to the Health Homes tracking system and have subsequently been supported by the MAPP Call Center. Periodic mini-releases were deployed to provide additional functionality for the users including additional billing support around denied claims. The team is also working on Version 2.0 which will roll-out the children's health homes functionality. Design, development, and preliminary testing of the functionality is in process with a targeted release of December 2016.

Data integration: Data integration involves implementation of a Master Data Management (MDM) solution to facilitate the matching of records (member and provider indexes) within and across various data sources. The matching of records will foster the development of an authoritative, consistent and more reliable set of Medicaid data that will improve DSRIP analytics and reporting. The team has set up the initial data governance structure, completed the analysis and macro design, and set up and configured the development environment. The team is working with Medicaid subject matter experts (SMEs) to tune and optimize the identity matching algorithm and to set the auto-linking thresholds. The team is working to identify the initial member use cases. The initial use cases are scheduled for DSRIP Year 3, First Quarter. The Master Provider Index project has also been initiated this quarter.

The team continues to move ahead with our pilot to integrate Medicaid claims data with clinical data from the RHIO/Qualified entity (QE) and share this data with a PPS. DOH continues to provide Restricted Access Model (RAM) and System Security Plan (SSP) guidance so the QEs can meet the security requirements to receive the Medicaid claims data and share it with downstream partners. The submission of RAM plans as well as the SSP workbooks are currently in progress. Reviews of the security documentation has also been conducted by DOH. Thus far, one QE within the pilot project has received the Medicaid claims data in September per approval of their RAM. Other knowledge transfer activities have been conducted to share valuable information relating to specific QE use cases and Medicaid claims data file content and structure.

**MAPP Functionality Continues:** 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 has spent time this quarter reviewing the successful completion of critical patches in encounter systems that feed MAPP in order to properly flow to DSRIP performance measure reporting. Until these fixes were implemented, the DSRIP performance data reported was for Measurement Year (MY) 1 Month 12 of 12. In September, the team was able to publish updated data (MY2 Month 6 of 12) for many of the measures in Salient SIM. The following additional data sets were published to the PPS reflecting this period (MY2 Month 6: 1/1/2015 – 12/31/2015):

- Updated Member Roster
- Claims File
- Comprehensive Provider Attribution (CPA)
- Individual Provider Attribution (IPA)
- PHI Discontinued/Shred File

In addition to the items noted above, the following is a list of major activities completed by the MAPP team in DSRIP Year 2, Second Quarter:

- Deployment of Implementation Project Plan (IPP) Version 5.1
- Deployment of Implementation Project Plan (IPP) Version 5.2 (AV Log update)
- Deployment of Implementation Project Plan (IPP) Version 6.0 which includes a milestone import capability to provide efficiencies to PPS quarterly reporting
- Gathering of requirements for Implementation Project Plan (IPP) Version 6.1 and 7.0
- Enhancements to the Provider Network for the Midpoint Assessment
- Reopening of the Provider Network in August (and closing in September) for Provider additions and integrating these providers and their provider categorizations into the DSRIP Implementation Plan to support funds flow and provider engagement reporting.

### **MAPP Listening Tours**

During this quarter, DOH continued the PPS Listening Tour series to gain direct feedback from each PPS regarding their experience using the MAPP dashboards and other DOH analytic tools. DOH also sought to understand the technological capabilities PPS are planning to purchase or develop to support project implementation, as well as additional PPS project-related business needs including data, analytics and other support the state could offer to assist in PPS success. The PPS participants within each session included clinicians, business analysts, and other data and analytics stakeholders, including IT support. PPS met with senior DOH DSRIP staff, state vendors and regional RHIOs. Each PPS was asked to prepare a background presentation on current capabilities and future needs and participated in a roundtable discussion.

The PPS Listening Tour covered 11 geographical regions in New York State and each PPS participated in one of these sessions. A Listening Tour Summary of Findings report was released in DSRIP Year 2, Third Quarter. The executive summary will serve as an input to the MAPP Roadmap for DSRIP Year 3. The report detailed the key findings and takeaways from the listening tours including:

- Data integration across the PPS is a critical and challenging endeavor. PPS are spending time and resources to effectively capture, normalize, and report data across all PPS partners for evaluation and feedback on the performance of partner organizations.
- PPS are working to ensure that data is secured properly and that they adhere to all data security protocols to ensure the risk of data breaches is mitigated.
- PPS are using the DOH offered data tools, however more users and access as well as educational trainings are required.

- Many of the PPS reported the need for additional data sources for members including claims files, homelessness data, PSYCKES data, substance abuse data, and social determinants of health.

PPS Region	PPS Listening Tour Session	Date/Time
Region 8 & Region 9	Albany Medical Center PPS Alliance for Better Health Care PPS Adirondack Health Institute PPS	May 31, 2016
Region 6	Montefiore Medical Center PPS Refuah Health Center PPS Westchester Medical Center PPS	June 7, 2016
Region 1, Region 4, Region 5, Region 7,	Southern Tier PPS –Care Compass Network North Country Initiative/Samaritan PPS Bassett PPS CNY Collaborative Care PPS	June 13, 2016
Region 2 & Region 3	Millennium Collaborative Care PPS Community Partners of Western NY PPS Finger Lakes PPS	June 14, 2016
Region 10	Nassau –Queens PPS Stony Brook University Hospital PPS	June 28, 2016
Region 11	Advocate Community Partners PPS HHC Facilities PPS Maimonides Medical Center PPS Mount Sinai Hospital Group PPS NY & Presbyterian Hospital PPS NY Presbyterian Hospital Queens PPS NY Lutheran Medical Center PPS Staten Island PPS	July 19, 2016
Region 11	Bronx Lebanon Hospital Center PPS St. Barnabas Hospital dba SBH Health System	July 26, 2016

### 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 LinkedIn group is 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.

The DSRIP group on LinkedIn allows for easy access and participation in key DSRIP topics and issues. 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. During this reporting period, membership in the DSRIP LinkedIn group grew to nearly 2,100 members, a 300-member increase from the last quarter. Collaboration and discussion continues around several topics such as social determinates of health, meeting performance metrics, cultural competency and health literacy, improving care for super utilizers, and telehealth among other topics.

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

### Information Technology (IT) strategy

The IT Strategy team facilitated and hosted several large stakeholder meetings during this quarter including All Hands IT PPS meeting, CIO Steering Committee meetings, and Data Security webinars to support PPS through their DSRIP related IT development. The team coordinated discussions between PPS leads, PPS CIOs, PPS IT officials, and DOH representatives allowing streamlined communications of DSRIP milestones, DOH expectations, available DOH support, PPS expectations and PPS concerns between the

parties. The team also hosted weekly check-ins and planning meetings for these events to coordinate between DOH, CIO Steering Committee Leadership team, and the PPS. The CIO Steering Committee, under the IT Strategy work stream, created and managed several subcommittees and their progress (data security, performance measurement, RHIO adoption). The IT Strategy team also hosted a CIO Steering Committee meeting with GNYHA to review their Care Plan, as well as with the Compliance team to discuss Use Cases. This quarter, the team also hosted two vendor forums as outlined below.

#### EHR Vendor Forum

The IT Strategy Team hosted the EHR Vendor Forum in August to initiate collaboration and data sharing amongst the various stakeholders participating in the DSRIP program. Session participants included representatives from DOH, NYS Regional Health Information Organizations (RHIO), various EHR vendors and members of the DSRIP CIO Steering Committee Leadership Team. The participating EHR vendors were Cerner, AllScripts, Epic, Meditech, MDLand and eCW.

The forum provided a platform for EHR vendors and other stakeholders to discuss opportunities for collaboration around critical aspects of data sharing and develop a preliminary roadmap for EHR functionality requirements. At the conclusion of the EHR vendor forum it was agreed DOH would work with the PPS/CIO Steering Committee to understand what data set would be required to assist PPS with DSRIP measures. Once the data set is formalized DOH will organize another EHR vendor forum to review and discuss next steps to ensure the vendors can pull such data elements out of their platforms and funnel to the RHIOs.

#### Telehealth Telemedicine Symposium

DOH hosted the DSRIP Telehealth/Telemedicine Symposium with a focus on the use of Telehealth/Telemedicine to advance the goals of the DSRIP program. Session participants included representatives from DOH, Bureau of Medical, Dental & Pharmacy Policy Analysis & Development, Telehealth/Telemedicine Vendors, The American Telemedicine Association and members of the DSRIP CIO Steering Committee Leadership Team.

Key topics of discussion included:

- National Telehealth State of the Union – American Telemedicine Association
- NYS Policy Discussion on Telehealth focused on DSRIP – Review of NYS Telehealth Medicaid Guidelines
- Leading Telehealth Vendor Panel Discussion
  - VitalNet
  - AmericanWell
  - Get Real Health
  - Phillips
- DSRIP PPS Telehealth Presentations

#### **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 clinical 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.

A total of 23 Action Teams, representing 17 PPS are enrolled in the current MAX Series Program. The program has engaged approximately 180 clinicians to date. During the DSRIP Year 2, Second Quarter, the following activities and progress occurred:

- Topic 1—Managing Care for Super Utilizers: A total of six Action Teams representing five PPS are enrolled in this topic which originally began October 2015. During this quarter, the Action Teams had their final Action Period and formally graduated from the program at the end of July 2016.
- Topic 2—Project 3.a.i Integration of Behavioral Health and Primary Care: A total of ten Action Teams representing ten PPS are enrolled in this topic which originally began February 2016. During this quarter, the Action Teams had their final Action Period and formally graduated from the program at the end of September 2016.
- Topic 3—Managing Care for Super Utilizers: A total of seven Action Teams representing six PPS are enrolled in this topic which originally began March 2016. During this quarter, the final Workshop took place in August 2016 and Action Teams will graduate from the program at the end of November 2016.
- A full program report took place at the Annual Learning Symposium in September 2016 to share outcomes and learnings with providers across DSRIP.

While the current MAX Series Program is scheduled to conclude in November 2016, DOH will be offering new MAX Series Workshops for an additional 20 Action Teams, as well as the opportunity to participate in a Train-the-Trainer Program. The Train-the-Trainer program is an eight-month program designed to develop and empower trainers to lead, sustain, and scale change by leveraging the Rapid Cycle Continuous Improvement (RCCI) methodology. DOH is looking to recruit up to 40 Train-the-Trainer participants, including high performers with a passion for improving care, experience in facilitating multidisciplinary audiences and an understanding of the clinical space. Recruitment and enrollment efforts for both the new MAX Series Workshops and Train-the-Trainer Program will close by the end of October 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 July 1, 2016 – September 30, 2016 the Learning Symposium Advisory Committee continued its planning efforts for the Second Annual NYS DSRIP PPS Learning Symposium that took place September 20-22, 2016 in Syracuse, New York. An annual statewide Learning Symposium is held once each year to bring PPS together for a multi-day opportunity to focus on DSRIP and seek peer-to-peer (provider-to provider) and community stakeholder input on project level development of action plans, implementation approaches and project assessment. The Learning Symposium was attended by over 600 key personnel including representation from DOH, CMS, PPS staff and their invited partners, national and international delegations and selected members of the stakeholder community including provider association representation. The purpose of the NYS DSRIP PPS Learning Symposium is to promote and support an environment of learning and information sharing based on data transparency within the New York healthcare industry in an effort to bring meaningful improvement to the landscape of healthcare in New York.

DOH will continue hosting multiple PPS Learning Symposiums each program demonstration year including two regional and one annual Learning Symposium throughout New York to encourage the sharing of best practices.

More information on the Learning Symposium including the presentations, event agenda and participation list can be found at the following link:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/pps\\_workshops/learning\\_symposiums/index.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/pps_workshops/learning_symposiums/index.htm)

## **Other Program Updates**

### **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.

During the DSRIP Year 2, Second Quarter review and scoring of the proposals had been completed, the winning bidder was identified, and the contract was submitted for departmental approvals (Bureau of Contracts, Executive Deputy Commissioner approval). Additionally, debriefing meetings were held via conference call with bidders who did not receive the contract and for those non-awardees who requested a debriefing. The purpose of these meetings was to provide feedback to bidders with respect to the strengths and weaknesses of their proposals. The anticipated contract start is January 2017.

### **Opt Out Mailing – Operations and Impact on Data Files**

DOH has implemented a multi-phased approach to notify Medicaid members of their ability to opt out from having their personal health information shared with providers participating in the DSRIP program. Through this approach, a total of 6.9 million letters have been sent to Medicaid members. As of September 30, 2016 approximately 165,000 Medicaid members (less than 3% of total individual letters sent) have opted out of data sharing.

As indicated in the previous quarterly report, approximately 500,000 letters to Medicaid members from Phase I and Phase II were returned as undeliverable. For the Phase III mailing that took place in August 2016, DOH re-ran eligibility of those returns and found approximately 300,000 were still eligible and had updated addresses. Thus the Phase III mailing included the undeliverable still eligible with updated addresses, newly eligible members and those who regained Medicaid eligibility. A total of 1.4 million Phase III Opt Out letters were mailed between August 8<sup>th</sup> and August 19<sup>th</sup> 2016.

During DSRIP Year 2, Second Quarter DOH also had the Opt Out letter translated into several different languages and posted to the DSRIP website, based on requests from Medicaid members through the call center. The Medicaid call center cumulatively answered 100,000 DSRIP-related calls over the last year and through the end of September 2016.

Operational protocols continue to be in place to remove the Medicaid members who have opted out of data sharing from the DSRIP attributed member roster files, Comprehensive Provider Attribution rosters, Claims/Encounter Extracts logic and the DSRIP Performance Dashboard PHI Drill down views that are provided to and accessed by the PPS and the Managed Care Plans for data analytics, population health strategic initiatives, and provider and member outreach.

### **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, Third Quarter:

- **October:** Implementation of Phase II Payment Scorecard placed within MAPP Performance Dashboards
- **October:** MAPP Listening Tour Summary of Findings report released
- **October 6, 2016:** Final PPS Year 2 First Quarterly Reports posted to DSRIP Website
- **October 7, 2016:** DSRIP Project Approval & Oversight Panel convenes for briefing on Mid-Point Assessment process
- **October 31, 2016:** PPS Year 2 Second Quarterly Reports (7/1/16 – 9/30/16) due from PPS
- **November 22, 2016:** *Initial* Mid-Point Assessment Recommendations released for PPS review

- **November 29, 2016:** *Initial* Mid-Point Assessment Recommendations and PPS Primary Care Plans released for 3 weeks of public comment
- **December:** Round Two Regulatory Waiver responses completed
- **December 1, 2016:** IA provides feedback to PPS on PPS Year 2 Second Quarterly Reports; 15-day Remediation window begins
- **December 15, 2016:** Revised PPS Year 2 Second Quarterly Reports due from PPS; 15-day Remediation window closes
- **December 21, 2016:** PPS response and public comment period ends for *Initial* Mid-Point Assessment Recommendations and PPS Primary Care Plans
- **December 30, 2016:** Final Approval of PPS Year 2 Second Quarterly Reports

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](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](http://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](http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm).

## Appendix A: Year 2, Second Quarter DSRIP Program Activity

The period covering July 1, 2016 through September 30, 2016 included extensive stakeholder engagement activities detailed below:

- **July 1, 2016:** The DSRIP Independent Assessor (IA) released Mid-Point Assessment timeline, instructions and supplemental templates
- **July 6, 2016:** Final PPS Year 1, Fourth Quarter Reports posted to DSRIP Website
- **July 6, 2016:** Services for the Intellectually/Developmentally Disabled (I/DD) VBP Advisory Group # 4 Clinical Advisory Group (CAG) meeting
- **July 7, 2016:** DOH hosted webinar, Using MAPP for Implementation Project Plans - Part 5
- **July 7, 2016:** DOH conducted VBP Bootcamp, Region 1, Session 3 in Albany
- **July 8, 2016:** MAPP Performance Dashboards go live within SIM.
- **July 8, 2016:** DOH hosted System Security Plan (SSP) webinar
- **July 8, 2016:** Behavioral Health Substance Use Disorder (SUD) Clinical Advisory Group # 6, Clinical Advisory Group (CAG) meeting
- **July 8, 2016:** Community Based Organization (CBO) Planning Grant Request for Applications (RFA) letter of intent due
- **July 11, 2016:** DOH hosted VBP Pilots Operator Assisted call
- **July 11, 2016:** DOH released Vital Access Provider (VAP) Exception Appeal Request documents for 30-day public comment
- **July 12, 2016:** DOH hosted an upstate session of New York's 1115 Waiver Public Comment Day in Albany
- **July 12, 2016:** MAPP Performance Dashboard encrypted export went live
- **July 13, 2016:** DOH conducted VBP Bootcamp, Region 2, Session 2 in Potsdam
- **July 14, 2016:** DOH, OMH and OASAS hosted Integrated Services webinar
- **July 15, 2016:** Deadline for PPS to notify IA of request for appeal of DY1, Q4 Quarterly Reports
- **July 18, 2016:** DOH hosted Greater New York Hospital Association (GNYHA) Care Plan Project Overview webinar
- **July 18, 2016:** DOH began weekly batched communications to PPSs to decrease numerous daily communications at PPS request
- **July 19, 2016:** DOH conducted MAPP Listening Tour in NYC with eight regional PPSs
- **July 20, 2016:** DOH conducted VBP Bootcamp, Region 3, Session 1 in Bronx
- **July 21, 2016:** DOH hosted IT Target Operating Model (TOM) Program Update webinar
- **July 22, 2016:** IA to make final determinations of PPS appeals of DY1, Q4 Quarterly Reports
- **July 25, 2016:** DOH released DSRIP Measure Specification and Reporting Manual for Measurement Year 2 (July 2015 – June 2016)
- **July 25, 2016:** DOH released FAQ document from the June 23rd DSRIP Measurement Year 1 Operator Assisted Call
- **July 26, 2016:** DOH conducted Bronx Region, St. Barnabas Hospital Health System PPS, MAPP PPS Listening Tour
- **July 27, 2016:** DOH conducted VBP Bootcamp, Region 2, Session 3 in Plattsburgh
- **July 27, 2016:** The IA released final DY1 Q4 AV Scorecards spreadsheets to PPS
- **August 1, 2016:** DOH released the first installment of the "DSRIP Digest" monthly newsletter and began a batched weekly communication updates and announcements to PPS
- **August 1, 2016:** Deadline for submission of applications for Regulatory Waiver Requests - Round 3
- **August 1, 2016:** Initiate Mid-Point Assessment Activities for PPS
- **August 1, 2016:** DOH released IT TOM Toolkit Publication and program closeout materials
- **August 3, 2016:** DY1 Third DSRIP Payment to PPS issued
- **August 3, 2016:** DOH hosted Regulatory Waiver & Project Tracking Tool webinar
- **August 3, 2016:** DY1, Q4 Funds Flow documents for each PPS have been made available
- **August 5, 2016:** PPS Year 2 First Quarterly Reports (4/1/16 – 6/30/16) due from PPS
- **August 8, 2016:** Reopening of Provider Network - Closes 9/8/16



- **August 8, 2016:** Release Regulatory Waivers tracking document to PPS
- **August 8, 2016:** DOH released updated MY1 performance measure results and MY2 annual improvement targets to PPS
- **August 9, 2016:** Centers for Medicare & Medicaid Services (CMS) conducted PPS on-site visit at Advocate Community Providers PPS
- **August 10, 2016:** CMS conducted PPS on-site visit at Refuah Community Health Collaborative PPS
- **August 15, 2016:** DOH hosted DSRIP Dashboard demonstration for CMS
- **August 15, 2016:** DOH released Approaches to Integrated Care FAQ document to PPS
- **August 16, 2016:** MAX topic 3, Managing Care for Super Utilizers, Workshop 3A
- **August 16-17, 2016:** Salient Interactive Miner (SIM) training for PPS - 2-day accelerated training
- **August 17, 2016:** DOH hosted an Electronic Health Record (EHR) vendor forum in Albany
- **August 17, 2016:** DOH conducted VBP Bootcamp, Region 3, Session 2 in Bronx
- **August 18, 2016:** Insignia offers 2-day intensive PAM “train the trainer” Patient Activation Measurement programs to PPS participating in Project 2.d.i
- **August 18, 2016:** CBO Planning Grant RFA Applications due
- **August 18, 2016:** MAX Topic 3, Managing Care for Super Utilizers, Workshop 3B
- **August 22, 2016:** DOH released Value Based Payment for Providers video
- **August 22, 2016:** DOH released Clinician and Group CAHPS 3.0 (C&G CAHPS) survey reports of Measurement Year 1 results for individual PPS
- **August 22, 2016:** DOH released a summary and update of the Regulatory Waiver initiative to PPS
- **August 29, 2016:** DOH released written comments received during both the upstate and downstate 1115 Waiver Public Comment Day forums
- **August 30, 2016:** DOH released one PPS New Corporation Vital Access Provider (VAP) Exception application for 30-day public comment
- **August 31, 2016:** DOH conducted VBP Bootcamp, Region 4, Session 1 in Rochester
- **August 31, 2016:** Deadline for PPS to submit Primary Care Project Narratives
- **Aug 31-Sept 1, 2016:** New SIM analyst training opportunity for PPS
- **September 4, 2016:** IA provides feedback to PPS on PPS Year 2 First Quarterly Reports; 15-day Remediation window begins
- **September 8, 2016:** DOH hosted MY3 Performance Improvement Webinar Series: Using Data to Drive Workflow Change
- **September 12, 2016:** DOH conducted VBP Bootcamp, Region 3, Session 3 in Bronx
- **September 13, 2016:** DOH hosted a Telehealth/Telemedicine Symposium in Albany
- **September 14, 2016:** DOH released VBP Clinical Advisory Groups (CAG) Recommendation Reports for 30-day public comment
- **September 16, 2016:** DOH hosted Capital Restructuring Financing Program (CRFP) webinar for PPS & awardees
- **September 19, 2016:** Revised PPS Year 2 First Quarterly Reports due from PPS; 15-day Remediation window closes
- **September 19, 2016:** DOH released shared space guidance to PPS
- **September 19, 2016:** PPS Cultural Competency and Health Literacy (CC/HL) strategies made available on the DSRIP website
- **September 19, 2016:** DOH released updated data files to PPS to those who have approved Systems Security Plans
- **September 19, 2016:** The IA hosted PPS Pre-Site Visit Conference Call
- **September 20-22, 2016:** DOH hosted the Second Annual NYS DSRIP Statewide Symposium in Syracuse
- **September 21, 2016:** DOH conducted VBP Bootcamp, Region 4, Session 2 in Rochester
- **September 27, 2016:** DOH conducted VBP Bootcamp, Region 5, Session 1 in Bayside
- **September 28, 2016:** DOH hosted Palliative Care Projects Implementation webinar
- **September 30, 2016:** DOH hosted VBP Pilot Contracting webinar

- **September 30, 2016:** The IA released results of DY2 Q1 Quarterly Reports to PPS

More information can be found at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/)<sup>1</sup>.

## **Appendix B: DSRIP Performance Fund Payments**

The attached table indicates all DSRIP Performance Fund payments made during the DSRIP Year 2, Second Quarter. The payments made during this period represent the third of three performance payments for DSRIP Year 1 and were based on the results from the second semi-annual reporting period of DSRIP Year 1, covering October 1, 2015 through March 31, 2016.

---

<sup>1</sup> DOH 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.

## New York State Medicaid Redesign Team (MRT) DSRIP Performance Payments Report

Quarters: April 1, 2016 - June 30, 2016, July 1, 2016 - September 30th, 2016

Current Report:

PPS	Lead Provider Name	Provider ID	Performance Payments				All Other Medicaid Payments Received by the Provider*										Total
			Payment Date	DSRIP Total Payment Amount	FFP Amount	Funding Source (Non-Federal Share)	Base	Supplemental	UPL	VAP	DSH	Medical Home Awards	ICA	Health Home	OMIG		
<b>Public:</b>																	
Millennium Collaborative Care	Erie County Medical Center	00245863	N/A	\$ 16,599,939.00	\$ 8,299,969.50	IGT	\$ 23,138,247.54	\$ 5,765.22	\$ -	\$ -	\$ -	\$ 10,057,149.00	\$ -	\$ 5,270,088.00	\$ -	\$ -	\$ 55,071,188.76
The New York City Health and Hospitals Corporation	Jacobi Medical Center	246048 / all HHC	N/A	\$ -	\$ -	IGT	\$ 483,608,564.83	\$ -	\$ 315,536,553.00	\$ -	\$ -	\$ 110,469,374.00	\$ -	\$ 136,539,266.00	\$ 635,583.00	\$ 22,022.30	\$ 1,046,811,363.13
Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	02997368	N/A	\$ 41,170,170.00	\$ 20,585,085.00	IGT	\$ 26,559,368.52	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,660,320.00	\$ -	\$ -	\$ 78,389,858.52
State University of New York at Stony Brook University Hospital	State University of New York at Stony Brook University Hospital	03002260	N/A	\$ 17,207,408.00	\$ 8,603,704.00	IGT	\$ 33,496,775.02	\$ -	\$ -	\$ -	\$ -	\$ 47,848,964.00	\$ -	\$ 9,642,088.00	\$ -	\$ -	\$ 108,195,235.02
Central New York Care Collaborative, Inc.	SUNY Upstate Syracuse	3001723 / 354590	N/A	\$ 13,694,484.00	\$ 6,847,242.00	IGT	\$ 31,925,503.31	\$ -	\$ -	\$ -	\$ -	\$ 73,792,506.00	\$ -	\$ 13,986,706.00	\$ -	\$ -	\$ 133,399,199.31
Westchester Medical Center	Westchester Medical Center	00274213	N/A	\$ 24,854,903.00	\$ 12,427,451.50	IGT	\$ 5,425,566.33	\$ -	\$ -	\$ -	\$ -	\$ 21,676,997.00	\$ -	\$ 12,389,376.00	\$ -	\$ -	\$ 64,346,842.33
<b>Total Public:</b>				<b>\$ 113,526,904.00</b>	<b>\$ 56,763,452.00</b>		<b>\$ 604,154,025.55</b>	<b>\$ 5,765.22</b>	<b>\$ 315,536,553.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 263,844,990.00</b>	<b>\$ -</b>	<b>\$ 188,487,844.00</b>	<b>\$ 635,583.00</b>	<b>\$ 22,022.30</b>	<b>\$ 1,486,213,687.07</b>
<b>Safety Net:</b>																	
Adirondack Health Institute	Adirondack Health Institute	03449974	N/A	\$ 5,547,444.00	\$ 5,547,444.00	DSHP	\$ 438,380.42	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 173,589.00	\$ -
Advocate Community Providers	Advocate Community Providers, Inc.	04023823	N/A	\$ 9,738,306.00	\$ 9,738,306.00	DSHP	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,738,306.00
Albany Medical Center Hospital	Albany Medical Center Hospital	03000364	N/A	\$ 4,077,550.00	\$ 4,077,550.00	DSHP	\$ 32,848,324.61	\$ -	\$ 957,493.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,883,367.61
Alliance for Better Health Care, LLC (Ellis)	Alliance For Better Health Care, LLC	04025878	N/A	\$ 7,253,101.00	\$ 7,253,101.00	DSHP	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,253,101.00
Bronx-Lebanon Hospital Center	Bronx-Lebanon Hospital Center	00476022	N/A	\$ 2,302,226.00	\$ 2,302,226.00	DSHP	\$ 83,973,462.77	\$ -	\$ 4,321,934.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 883,031.00	\$ 113,621.86
Finger Lakes PPS	Finger Lakes Performing Provider System	04041594	N/A	\$ 16,907,233.00	\$ 16,907,233.00	DSHP	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,907,233.00
Lutheran Medical Center	NYU Lutheran Medical Center	02996078	N/A	\$ 2,172,659.00	\$ 2,172,659.00	DSHP	\$ 53,508,489.61	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55,681,148.61
Maimonides Medical Center	Maimonides Medical Center	02998736	N/A	\$ 6,942,380.00	\$ 3,471,190.00	IGT	\$ 63,804,238.62	\$ 22,024,284.27	\$ 3,557,824.00	\$ 1,250,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 97,378,706.89
Mohawk Valley PPS (Bassett)	Bassett Medical Center	03000593	N/A	\$ 1,923,571.00	\$ 1,923,571.00	DSHP	\$ 6,086,834.69	\$ -	\$ 229,917.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 81,705.00	\$ -	\$ 8,321,027.69
Montefiore Hudson Valley Collaborative	Montefiore Medical Center	02998167	N/A	\$ 3,857,385.00	\$ 3,857,385.00	DSHP	\$ 229,429,387.43	\$ 681,697.00	\$ 8,361,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,287.80	\$ 242,347,047.23
Mount Sinai Hospitals Group	Mount Sinai PPS, LLC	04022868	N/A	\$ 4,008,596.00	\$ 2,004,298.00	IGT	N/A**	\$ 2,557.10	\$ 1,840,107.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,851,260.10
Rafiah Health Center	Rafiah Community Health Collaborative	01421705	N/A	\$ 880,429.00	\$ 340,214.50	IGT	\$ 10,219,939.24	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,899,368.24
Samaritan Medical Center	Samaritan Medical Center	03001594	N/A	\$ 2,307,792.00	\$ 1,188,898.00	IGT	\$ 3,055,221.23	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,363,013.23
Sisters of Charity Hospital aka Community Partners of WNY (Catholic Medical Partners)	Sisters of Charity Hospital of Buffalo, New York	03001705	N/A	\$ 1,327,832.00	\$ 663,916.00	IGT	\$ 6,868,745.99	\$ -	\$ 487,631.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,884,208.99
Southern Tier Rural Integrated PPS (United)	Southern Tier Rural Integrated Performing Provider System	04022831	N/A	\$ 6,404,350.00	\$ 3,202,175.00	IGT	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,404,350.00
St. Barnabas Hospital (dba SBH Health System)	SBH Health System	00243361	N/A	\$ 5,327,894.00	\$ 2,663,947.00	IGT	\$ 31,376,596.75	\$ -	\$ 2,351,544.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,056,034.75
Staten Island Performing Provider System, LLC	Staten Island Performing Provider System, LLC	04021298	N/A	\$ 6,617,436.00	\$ 3,308,718.00	IGT	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,617,436.00
The New York and Presbyterian Hospital	The New York and Presbyterian Hospital	00243178	N/A	\$ 1,524,743.00	\$ 762,371.50	IGT	\$ 100,400,545.93	\$ -	\$ 4,054,058.00	\$ -	\$ -	\$ -	\$ -	\$ 1,524,743.00	\$ -	\$ -	\$ 107,504,089.93
The New York Hospital Medical Center of Queens	The New York Hospital Medical Center of Queens	02998992	N/A	\$ 367,497.00	\$ 367,497.00	DSHP	\$ 33,702,006.46	\$ -	\$ 2,391,359.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,460,862.46
<b>Total Safety Net:</b>				<b>\$ 89,319,424.00</b>	<b>\$ 41,732,698.00</b>		<b>\$ 655,211,173.75</b>	<b>\$ 22,706,518.37</b>	<b>\$ 29,552,157.00</b>	<b>\$ 1,250,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,663,063.00</b>	<b>\$ 110,909.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 799,834,250.70</b>
<b>Grand Totals:</b>				<b>\$ 202,845,328.00</b>	<b>\$ 128,496,150.00</b>		<b>\$ 1,259,365,199.30</b>	<b>\$ 22,714,283.59</b>	<b>\$ 344,088,710.00</b>	<b>\$ 1,250,000.00</b>	<b>\$ 263,844,990.00</b>	<b>\$ -</b>	<b>\$ 188,487,844.00</b>	<b>\$ 3,298,651.00</b>	<b>\$ 152,931.96</b>	<b>\$ -</b>	<b>\$ 2,286,047,937.85</b>

\*All other Medicaid payments received by the provider are based on the April 2016 - September 2016 time period.  
 \*\*N/A is a result of that PPS being a NewCo