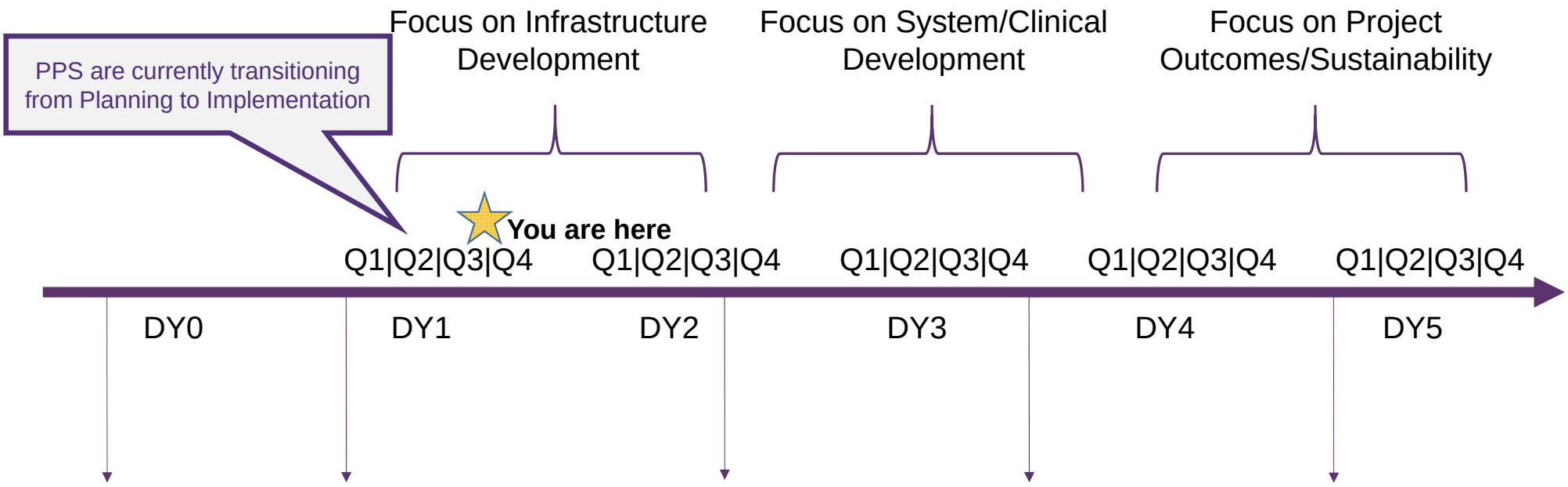
NEW YORK STATE | Department of Health | Medicaid Redesign Team

Delivery System Reform Incentive Payment (DSRIP) Program Project Approval and Oversight Panel

Briefing for the DSRIP Project Approval and Oversight Panel
January 11, 2016

January 2016

DSRIP Implementation Timeline and Key Benchmarks



- Submission/Approval of Project Plan

- PPS Project Plan Valuation
- PPS first DSRIP Payment
- PPS Submission and approval of Implementation Plan
- PPS Submission of First Quarterly Report

Domain 3: Clinical Improvement P4P Performance Measures begin

Domain 2: System Transformation P4P Performance Measures begin

Domains 2 & 3 are completely P4P

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Agenda

- DSRIP PPS Budget and Funds Flow Review
  - Budget Category Definitions
  - Funds Flow Provider Types
  - Current Reporting on Budget and Funds Flow
  - Future Reporting on Budget and Funds Flow
  - Addressing Panel Feedback from November Meetings
- Overview of NYC and Long Island PPS PAOP Meeting January 21 – 22, 2016
  - Overview
  - Meeting Agenda
  - Meeting Themes
  - Content of PPS Presentations
  - Materials for Panel Members
- DSRIP Program Progress since February 2015
  - Key DSRIP Activities in Demonstration Year 1 (DY1)
  - Overview of Performing Provider System (PPS) Progress Reporting
  - DY1 Quarterly Reporting Schedule
  - Quarterly Reporting Process and Timeline
  - DSRIP Implementation Timeline and Key Benchmarks
- Review Project Approval and Oversight Panel Roles & Responsibilities

Budget Category Definitions

- The DSRIP Project Plan Application included definitions of the following categories included in the Budget Table.
  - **Cost of Project Implementation:** the PPS should consider all costs incurred by the PPS and its participating providers in implementing the DSRIP Project Plan.
  - **Revenue Loss:** the PPS should consider the revenue lost by participating providers in implementing the DSRIP Project Plan through changes such as a reduction in bed capacity, closure of a clinic site, or other significant changes in existing business models.
  - **Internal PPS Provider Bonus Payments:** the PPS should consider the impact of individual providers in the PPS meeting and exceeding the goal of the PPS' DSRIP Project Plan.

- PPS were required to provide the percentage of payments the PPS intended to distribute amongst the defined budget categories.

- The DSRIP Project Plan Application also included an 'Other' category that the PPS could use to define additional categories beyond the three required categories defined above.
  - PPS used the 'Other' category to include lines such as Non-Medicaid Covered Services, Sustainability, Innovation, and Contingency Fund.

Budget Category Definitions

- Based on the uses for the 'Other' category in the DSRIP Project Plan Application, it was decided to include Costs of Non-Covered Services as a standard category in the Implementation Plan and Quarterly Report template.
  - The Cost of Project Implementation category was expanded to also include Costs of Administration with the expectation for PPS to discretely report Costs of Implementation and Costs of Administration as subcategories of this larger item.

- PPS were expected to convert the percentages provided in the DSRIP Project Plan Application to dollars based on the valuation amounts awarded to the PPS as part of the Implementation Plan.

- PPS are required to provide updates in the Quarterly Report to reflect actual distributions across the budget categories.

Budget Category Definitions

Budget Items	DY1 ($)
Waiver Revenue	11,689,44
Cost of Project Implementation & Administration	3,005,017
Cost of Implementation	2,747,673
Cost of Administration	257,344
Revenue Loss	0
Internal PPS Provider Bonus Payments	2,338,579
Cost of non-covered services	729,000
Other	756,643
Contingency	442,913
Innovation	92,274
High Performance	221,456
Total Expenditures	6,829,239
Undistributed Revenue	4,860,210

PPS are expected to discretely report on the Cost of Implementation and the Cost of Administration.

PPS must define each subcategory of funds reported under the Other category.

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Funds Flow Provider Types

- The Funds Flow table in the Quarterly Report requires the PPS to report the amount of DSRIP funds that have been distributed to network partners.
  - The current table requires the reporting at the Provider Type level, i.e. Hospitals, Clinics, Practitioner – PCP, etc.
  - Reporting in subsequent periods will require the reporting at the individual entity level and not the Provider Type level.

- The Provider Type categorizations are aligned with the categorization used for the provider Speed & Scale classifications.
  - Each Provider Type category has a specific definition of the providers that are included in each.
  - The 'All Other' category for example, includes a specific set of providers and is not to be used as a catch all for providers that do not fit in to at least one of the other 11 categories.
  - PPS were instructed to report any PPS retained funds in the Provider Type category that applies to the entity/entities serving as the PPS Lead, i.e. a hospital led PPS should report PPS retained funds under the Hospital Provider Type.

Funds Flow Provider Types

Funds Flow Items	DY1 ($)
Waiver Revenue	11,689,448.74
Practitioner - Primary Care Provider (PCP)	368,088
Practitioner - Non-Primary Care Provider (PCP)	105,168
Hospital	3,207,628
Clinic	262,920
Case Management / Health Home	52,584
Mental Health	420,673
Substance Abuse	157,752
Nursing Home	
Pharmacy	52,584
Hospice	52,584
Community Based Organizations	105,168
All Other	210,336
Total Funds Distributed	**5,258,405.00**
Undistributed Revenue	**6,431,043.74**

All provider types have specific definitions and align with the classifications of providers for PPS Speed & Scale commitments.

The All Other provider type includes specific providers and is not an open category for reporting anything that does not fall in to one of the other provider type categories.

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Current Reporting on Budget and Funds Flow

- PPS were required to submit a baseline for their 5 year plans for both the Budget and Funds Flow reporting sections as part of their DY1, Q1 Quarterly Report submission.

- PPS are reporting actual distributions in all subsequent Quarterly Reports for Budget and Funds Flow.
  - The Quarterly Report will track the actual data against the annual and total amounts from the baselines.

- The reporting of actual distributions through DY1, Q2 has been minimal as PPS continued to work through many administrative process prior to distributing funds.
  - PPS most commonly cited the need to finalize contracts with network partners and gaining Board approval of funds flow plans as reasons for lack of funds distribution.

Future Reporting on Budget and Funds Flow

- In subsequent reporting periods, PPS will be required to provide more detailed accounting for the Budget and Funds Flow sections.
  - Cost of Project Implementation and Cost of Administration will be discretely reported.
  - Funds flow will tie payments to individual entities within the Provider Type categories.
  - A new Provider Type category is being developed for funds retained by the PPS to discretely capture funds kept at the PPS from funds distributed to the entity/entities serving as the PPS Lead.

- The IA is seeking to modify the current reporting process to more closely tie the Budget and Funds Flow tables together.
  - The modifications would allow insights as to the portion of funds being used for Cost of Project Implementation across the 12 Provider Types.

Addressing Panel Feedback from November Meetings

- As part of the IA feedback provided to PPS for the Q2 remediation period, PPS were asked to address the following items:
  - **Budget:**
    1) Discretely report Cost of Project Implementation and Cost of Administration as subcategories within the Cost of Project Implementation and Administration category In subsequent reporting periods, PPS will be required to provide more detailed accounting for the Budget and Funds Flow sections.
    2) Report items included in the Other category discretely and provide a description for each item.

  - **Funds Flow:**
    1) Report funds retained by the PPS under the applicable Provider Type for the entity/entities that serve as the PPS Lead.
    2) Update funds flow reporting to ensure funds are aligned with appropriate Provider Type categories using data from Speed & Scale provider lists to ensure appropriate alignment.

- PPS requested a delay in making these updates to Q3 reports due to concerns with short timelines in the remediation period.
  - Some concerns raised on ability of PPS to obtain Board approval for modifications in short window.
  - IA agreed to extension but asked PPS to make modifications to extent possible.
  - PPS given responsibility for speaking to these items as part of presentations to Panel in January in lieu of changes to Q2 reports.

Overview of NYC and Long Island PPS Panel Meeting
January 21 – 22, 2016

Overview

12 PPS from the NYC and Long Island regions and 1 PPS from the Mid-Hudson region will present progress made through the first quarterly reporting period.

Each PPS will be given 30 minutes, with 15 minutes dedicated towards a presentation and the remainder for Q&A with Panel Members.

- This will be a *non-voting* work session
- PPS presentations will focus on implementation and progress efforts made through DY1Q1

PPS	Region
Montefiore	Mid-Hudson
Bronx Lebanon	NYC
St. Barnabas	NYC
One City Health (NYC HHC)	NYC
Maimonides	NYC
NYU Lutheran	NYC
Mt. Sinai	NYC

PPS	Region
Advocate Community Partners	NYC
NY Presbyterian	NYC
NY Presbyterian – Queens	NYC
Staten Island	NYC
Nassau Queens	Long Island
Stony Brook	Long Island

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Meeting Agenda

Day 1	January 21, 2016
10:30 – 11:00	Opening Comments
11:00 – 11:30	Summary of Progress to Date
11:30 – 12:00	Montefiore
12:00 – 12:30	Bronx Lebanon
12:30 – 1:30	LUNCH
1:30 – 2:00	St. Barnabas
2:00 – 2:30	One City Health (NYC HHC)
2:30 – 2:45	BREAK
2:45 – 3:15	Maimonides
3:15 – 3:45	NYU Lutheran
3:45 – 4:15	Mt. Sinai
4:15 – 4:30	Wrap-Up

Day 2	January 22, 2016
9:00 – 9:30	Opening Comments
9:30 – 10:00	Advocate Community Partners
10:00 – 10:30	NY Presbyterian
10:30 – 10:45	BREAK
10:45 – 11:15	NY Presbyterian – Queens
11:15 – 11:45	Staten Island
11:45 – 12:30	LUNCH
12:30 – 1:00	Nassau Queens
1:00 – 1:30	Stony Brook
1:30 – 2:00	Closing Comments

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Meeting Themes

The main themes of the meeting will be:

- Recap of PPS Profile and Updates
- Internal / PPS Collaboration
  - Downstream providers
  - Engagement and contracting with external community based organizations, and their roles in PPS projects
- Highlight best practices
- Challenges to project implementation

Content of PPS Presentations

PPS have received guidance to highlight the following topics in their presentations:

Workforce:

- How is your PPS working with community based providers on workforce and training?
- What types of jobs are being anticipated in the “emerging titles” category and how are training and career ladders being discussed?
- How is training being designed so that the workforce is able to meet the performance outcomes that the PPS must achieve?

Primary Care:

- What are your plans for reaching PCMH/APC milestones?
- How are you expending resources to support your PCPs in DSRIP?

County Collaboration:

- How have you engaged with local community groups & LGU’s?
- How are your provider agreements being implemented? Is there any disconnect?

CBO/Cultural Competency:

- Expand upon the engagement and contracting experience you’ve had with CBO’s, Safety Net Providers and other collaborative partners.
- How is your PPS addressing Social Determinants of Health, and who are you working with to address this?
- Have you been successful in reaching the right stakeholders?
- Who is in your outreach group? Stakeholder community? Who do you bring to the table?

Content of PPS Presentations

Additionally, PPS have been asked to speak to the following topics:

Funds Flow

- Progress and goal in contracting with non-hospital organizations outside of PPS lead entity
- How much is budgeted for PPS management costs in the core PPS and how much in the non-hospital based community-based organizations that have been contracted
- What has the PPS allocated and actually distributed – if any – of program service dollars by institution, including community-based and other non-clinical organizations

Behavioral Health Integration

- Behavioral Health integration implementation – models, sites and actual parties involved, methodology for assessing effectiveness

Prevention Agenda/Domain 4/Hospital Community Benefit Plans

- Collaboration with local departments of health/mental hygiene and local hospitals to impact the Preventive Health Agenda

Materials for Panel Members

Additionally, the IA will prepare the following materials for distribution to Panel Members prior to January 21:

- The PPS Budget from the 10/31 Quarterly Report submission
- The PPS Funds Flow from the 10/31 Quarterly Report submission
- The Milestones the PPS has committed to complete through 9/30/15 and initial status of those milestones (completed vs. not completed)
- Project specific milestones the PPS is projected to complete through the end of DY1
  - Organizational milestones and required completion dates are included in the Appendix to this presentation.
- Summary data on all 25 PPS Budget and Funds Flow reporting
- Definitions on the 12 Provider Type categories included in the Funds Flow table

DSRIP Program Progress since February 2015

Key DSRIP Activities in DY1: March 31 – December 31, 2015

March 31, 2015	DSRIP Demonstration Year 0 ends
April 1, 2015	DSRIP Demonstration Year 1 begins
May 7, 2015	The state formally announced Performing Provider Systems (PPS) specific valuations for the 25 approved PPS.
May, 2015	PPS received first DSRIP performance payments
June 1, 2015	Domain 1 Implementation Plan due from PPS
July 1, 2015	Independent Assessor, OHIP, O Agencies, provide feedback to PPS on Domain 1 Implementation Plans
August 7, 2015	PPS First Quarterly Report (4/1/15 - 6/30/15) / Domain 1 (revised) & Project Implementation Plans due from PPS
September 8, 2015	Independent Assessor provides feedback to PPS on PPS First Quarterly Report / Domain 1 & Project Implementation Plans; 15-day Remediation window begins
September 24, 2014	Revised PPS First Quarterly Report / Domain 1 & Project Implementation Plans due from PPS; 15-day Remediation window closes
October 7, 2015	Final Approval of PPS First Quarterly Reports / Domain 1 & Project Implementation Plans
October 13, 2015	Final PPS First Quarterly Reports / Domain 1 & Project Implementation Plans posted to DSRIP Website
October 31, 2015	PPS Second Quarterly Report (7/1/15 – 9/30/15) due from PPS
November 9 – 10, 2015	Project Approval and Oversight Panel convenes with 12 PPS
December 1, 2015	Independent Assessor provides feedback to PPS on PPS Second Quarterly Report; 15-day Remediation window begins
December 15, 2015	Revised PPS Second Quarterly Report due from PPS; 15 day Remediation window closes
December 30, 2015	Final Approval of PPS Second Quarterly Reports

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/year_1_timeline.htm

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Overview of PPS Progress Reporting

- Each DSRIP Demonstration Year is divided into quarters which represent benchmark reporting periods for PPS.
- Quarterly Reports reflect point-in-time progress made by PPS towards achieving DSRIP goals and Project Milestones.
- PPS Quarterly Reports are submitted into an online platform.
- Each quarter the reports are assessed by the Independent Assessor.
- Assessments determine PPS progress and ultimately determine payment.

DSRIP DY1 (4/1/15—3/31/16): Quarterly Reporting Schedule

January Panel meetings will focus on PPS activity during the First Quarterly Reporting Period

4/1/15 – 6/30/15
First Quarterly reporting period and completion of Domain 1 & Project Implementation Plans

7/1/15 – 9/30/15
Second Quarterly reporting period

Reports submitted by 10/31/15

10/1/15 – 12/31/15
Third Quarterly reporting period

Reports submitted by 1/31/16

1/1/16 – 3/31/16
Fourth Quarterly reporting period

Reports submitted by 4/30/16

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Quarterly Reporting Process and Timelines

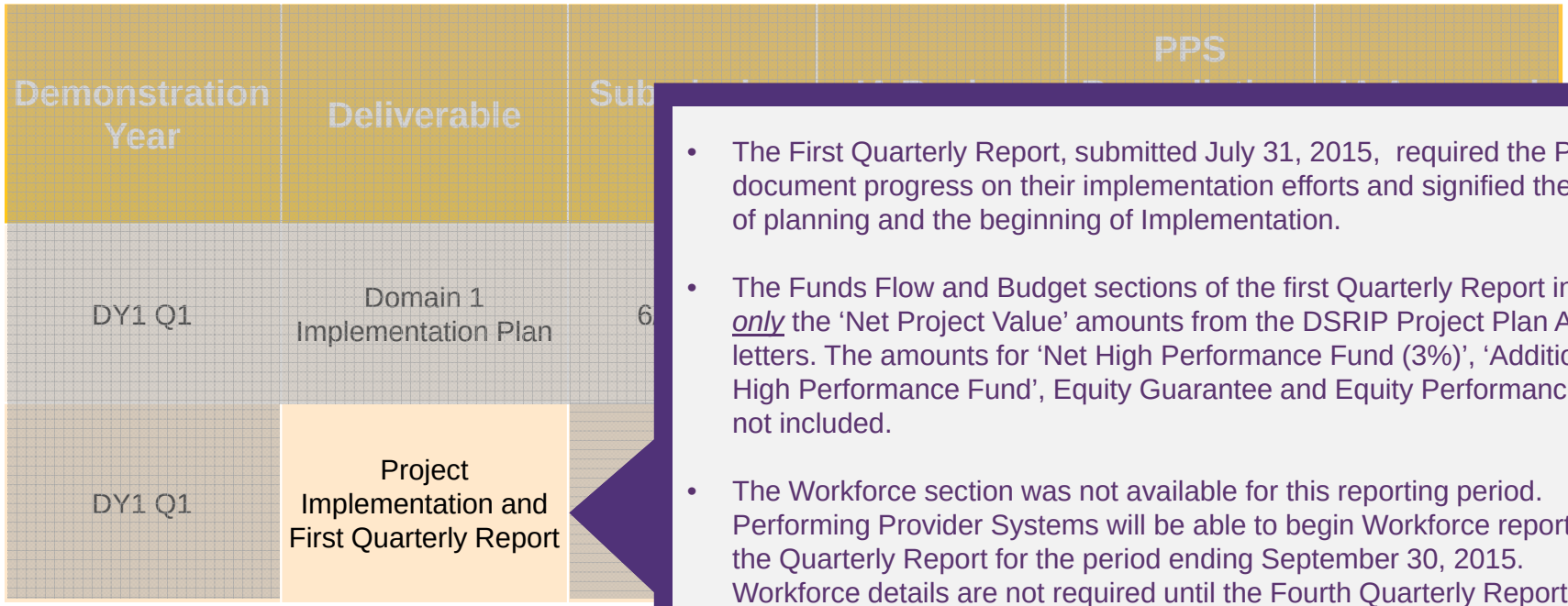
Demonstration Year	Deliverable	Submission Date	IA Review Complete	PPS Remediation Period Complete	Approval Date
DY1 Q1	Domain 1 Implementation Plan	6/1/2015	6/30/2015	N/A	9/30/2015
DY1 Q1	Project Implementation and First Quarterly Report	7/31/2015	8/30/2015	9/14/2015	9/29/2015

Quarterly Reporting Process and Timelines

Demonstration Year	Deliverable	Submission Date	IA Review Complete	PPS Remediation Period	IA Approval Date
DY1 Q1	Domain 1 Implementation Plan				
DY1 Q1	Project Implementation and First Quarterly Report	7/			

- Domain 1 Implementation Plans submitted by each PPS outline their steps towards the specific DSRIP requirements and projects.
- PPS will be required to provide updates on their progress towards achieving Domain 1 milestones in subsequent Quarterly Reports.
- PPS will also have the ability to expand upon their initial plans in subsequent Quarterly Reports as their projects evolve through implementation efforts.

Quarterly Reporting Process and Timelines



- The First Quarterly Report, submitted July 31, 2015, required the PPS to document progress on their implementation efforts and signified the end of planning and the beginning of Implementation.
- The Funds Flow and Budget sections of the first Quarterly Report include *only* the 'Net Project Value' amounts from the DSRIP Project Plan Award letters. The amounts for 'Net High Performance Fund (3%)', 'Additional High Performance Fund', Equity Guarantee and Equity Performance are not included.
- The Workforce section was not available for this reporting period. Performing Provider Systems will be able to begin Workforce reporting in the Quarterly Report for the period ending September 30, 2015. Workforce details are not required until the Fourth Quarterly Report of year 1, submitted in April 2016.

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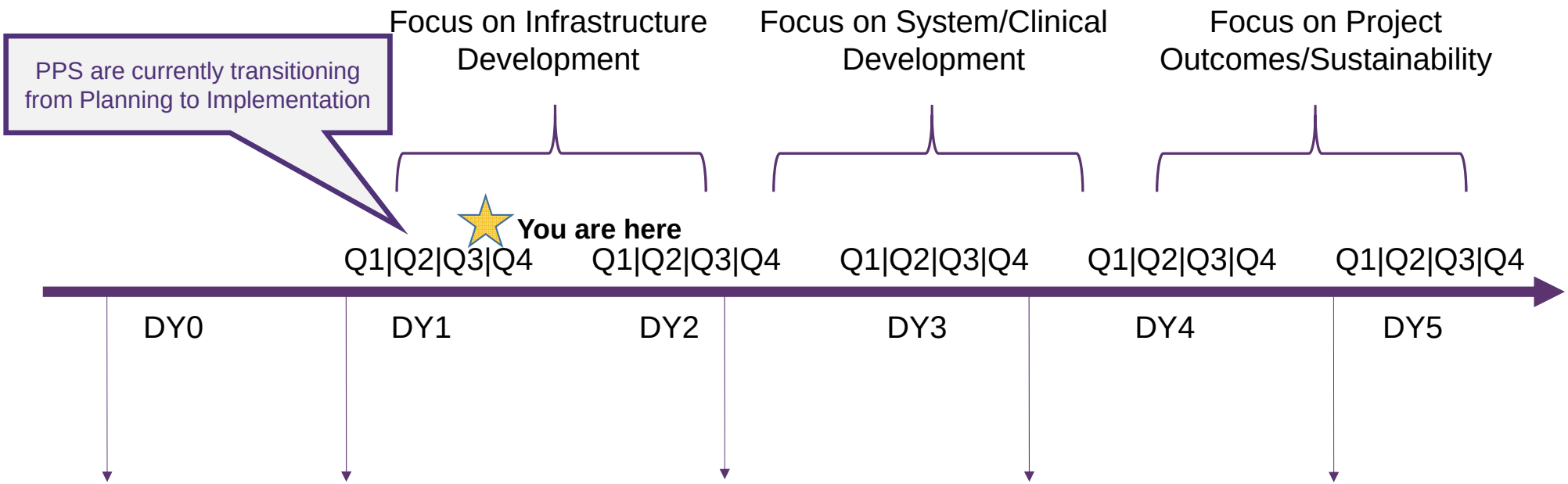
DSRIP Implementation Timeline and Key Benchmarks



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Domain 2: System Transformation P4P Performance Measures begin

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Panel Roles & Responsibilities

Panel Roles & Responsibilities

Panel members will have three main responsibilities under the DSRIP Program:

1. Conduct reviews and make recommendation on the scores of the *subjective* components of DSRIP Project Plans (discussed in greater detail in the scoring section of this presentation).
   - Panel members will serve as a secondary review panel to the scoring performed and recommended by the Independent Assessor.
   - Approximately **50% of Project Plan score is subjective** and therefore the Panel can have a significant impact on the level of funding awarded to an individual PPS and a specific project.
   - Please note, any recommended changes made by the Panel will ultimately be reviewed by the Commissioner of Health, Dr. Howard Zucker and the Centers for Medicare and Medicaid Services (CMS) for final approval.

The Panel fulfilled this initial responsibility in February 2015. The Panel will again have voting responsibilities as part of the Mid-Point Assessment process.

Panel Roles & Responsibilities

Panel members will have three main responsibilities under the DSRIP Program:

2. Assist New York State with ongoing oversight of DSRIP Projects.
   - Serve as a continued advisor to DOH by providing ongoing oversight and monitoring of the DSRIP program.
   - Convene during DSRIP Year 3 or the DSRIP midpoint and make recommendations on changes to PPS networks and DSRIP projects.
   - Meet with PPS Leads on a rotational basis to receive updates on the status of projects and progress towards goals and objectives.
3. Conduct reviews and make recommendations pertaining to the $1.2B in state funding approved for capital projects to fund DSRIP projects and related efforts.
   - Panel members will serve as a secondary check to the scoring performed and funding recommendations made by New York State agency staff and the IA.

Questions and Comments

DSRIP e-mail:
dsrip@health.ny.gov

Appendix: Domain 1 Organizational Milestone Completion Dates

- The required completion dates for Domain 1 Organizational Milestones have been updated based on the change to the DSRIP Calendar

- The following tables highlight the initial required completion dates as presented in the IA Presentation from the February 27, 2015 PPS meeting and the updated required completion dates as communicated on April 20, 2015

Appendix: Domain 1 Organizational Milestone Completion Dates

Organizational Section	Process Measure	Process Milestone	Original Required Completion Date	Updated Required Completion Date
Financial Sustainability	Financial Sustainability Strategy Updates	Finalize PPS Finance Structure, including reporting structure	9/30/2015 (DY1, Q3)	12/31/2015 (DY1, Q3)
		Perform network financial health current state assessment and develop financial sustainability strategy to address key issues	12/31/2015 (DY1, Q4)	3/31/2016 (DY1, Q4)
		Finalize Compliance Plan consistent with New York State Social Services Law 363-d	12/31/2015 (DY1, Q4)	12/31/2015 (DY1, Q3)

Appendix: Domain 1 Organizational Milestone Completion Dates

Organizational Section	Process Measure	Process Milestone	Original Required Completion Date	Updated Required Completion Date
Financial Sustainability	Progress Reports on the PPS efforts to Transition to Value- Based Payment Systems	Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider types and functions, and MCO strategy	12/31/2015 (DY1, Q4)	3/31/2016 (DY1, Q4)
		Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	12/31/2016 (DY2, Q4)	12/31/2016 (DY2, Q3)
		Put in place Level 1 VBP arrangements for PCMH/APC care and one other care bundle or subpopulation	TBD	TBD
		Contract 50% of care-costs through Level 1 VBPs, and ≥ 30% of these costs through Level 2 VBPs or higher	TBD	TBD
		≥90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	TBD	TBD

Appendix: Domain 1 Organizational Milestone Completion Dates

Organizational Section	Process Measure	Process Milestone	Original Required Completion Date	Updated Required Completion Date
Governance	Governance Structure Updates	Finalize governance structure and sub-committee structure	6/30/15 (DY1, Q2)	9/30/2015 (DY1, Q2)
		Establish a clinical governance structure, including clinical quality committees for each DSRIP project	12/31/2015 (DY1, Q4)	12/31/2015 (DY1, Q3)
		Finalize bylaws and policies or Committee Guidelines where applicable	9/30/2015 (DY1, Q3)	9/30/2015 (DY1, Q2)
	Governance Process Updates	Establish governance structure reporting and monitoring processes	12/31/2015 (DY1, Q4)	12/31/2015 (DY1, Q3)

Appendix: Domain 1 Organizational Milestone Completion Dates

Organizational Section	Process Measure	Process Milestone	Original Required Completion Date	Updated Required Completion Date
Cultural Competency and Health Literacy	Progress Reports on the implementation of the Cultural Competency / Health Literacy Strategies	Finalize Cultural Competency / Health Literacy Strategy	12/31/2015 (DY1, Q4)	12/31/2015 (DY1, Q3)
		Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language appropriate materials)	6/30/2016 (DY2, Q2)	6/30/2016 (DY2, Q1)

Appendix: Domain 1 Organizational Milestone Completion Dates

Organizational Section	Process Measure	Process Milestone	Original Required Completion Date	Updated Required Completion Date
Workforce	Workforce Strategy Budget Updates	Workforce Strategy Budget Updates: based on the Workforce Strategy Budget commitment made in the Project Plan Application	12/31/2015 (DY1, Q4)	12/31/2015 (DY1, Q3)
	Workforce Impact Analysis and Updates	Workforce Impact Analysis and Updates: provides details on the workforce impact and placement impact for redeployed, retrained and newly hired staff	12/31/2015 (DY1, Q4)	12/31/2015 (DY1, Q3)
	New Hire Employment Analysis and Updates	New Hire Employment Analysis and Updates: provides details on the number and types of new hires	12/31/2015 (DY1, Q4)	12/31/2015 (DY1, Q3)