



**Department
of Health**

New York DSRIP

1115 Quarterly Report

July 1, 2017 – September 30, 2017
Year 3, Second Quarter

**November
2017**

www.health.ny.gov/dsrip

**Office of Health
Insurance Programs**

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New York DSRIP

Section 1115 Quarterly Report

Year 3, 2nd 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 3 Focus

This report summarizes the activities from July 1, 2017 through September 30, 2017, the second quarter of DSRIP Year 3. This quarterly report includes details pertaining to the first quarter of the third 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/dsrip.

Summary of Key Accomplishments for the Quarter

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

- Final results of DSRIP Year 2, Fourth Quarterly Reports were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS submitted their Year 3, First Quarterly Reports on July 31, 2017 documenting the progress on their implementation efforts between April 1, 2017-June 30, 2017.
- Second biannual payments were released in July and August to PPS including retroactively reconciled payments from the first biannual payments released in January.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.

DSRIP Program Implementation Accomplishments

MRT Demonstration Extension Approval

On December 7, 2016, CMS approved New York's request to extend its Medicaid Section 1115 waiver, the Medicaid Redesign Team (MRT) Demonstration, through March 31, 2021.

The 1115 waiver has been renamed from the Partnership Plan to the MRT Demonstration as a reflection of the significant MRT efforts that have improved and expanded the waiver's purpose. This approval is the result of significant efforts by both the New York and CMS teams, and has been informed by extensive

stakeholder input.

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

The 25 PPS submitted their DSRIP Year 3, First Quarterly Reports on July 31, 2017 through the Medicaid Analytics Performance Portal (MAPP). This report represents the first PPS quarterly report of Year 3, following the Mid-Point Assessment proceedings held February 1-3, 2017. where The PPS documented progress on their implementation efforts from April 1, 2017 through June 30, 2017 that reflected . activities regarding progress towards and completion of organizational milestones and project requirements as well as efforts regarding action plans in response to the Mid-Point Assessment findings. These reports were remediated by the PPS and reviewed by the Independent Assessor 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 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, again during the Midpoint Assessment Period activities between August 2016 through April 2017, and continues to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

On August 14, 2017, DOH convened an upstate Public Comment Day on the 1115 Waiver in Albany/Rensselaer, NY. Members of the DSRIP PAOP joined DOH staff in listening to feedback provided by members of the public and stakeholders.. This session was held as a half day opportunity for members of the public to provide comment and testimony on the 1115 Waiver including DSRIP, though feedback on all programs was welcomed. As DSRIP is a significant waiver initiative, members of the PAOP were invited to participate and listen to comments provided. 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.

Recording of the upstate Public Comment Day is available at:
<http://www.health.ny.gov/events/webcasts/archive/>.

Summary of the in person testimony is available at:
https://www.health.ny.gov/health_care/medicaid/redesign/2017/2017-08-14_testimony.htm.

Copies of all written comments received are available at:
https://www.health.ny.gov/health_care/medicaid/redesign/2017/docs/2017-08-14_written_comment.pdf.

During the next quarter, PAOP will host a working meeting on the morning of November 16, 2017, followed by a half-day afternoon session of the 1115 Waiver downstate Public Comment forum. The afternoon session will mirror the upstate public comment day held on August 14, 2017 and PAOP members will listen to feedback provided by members of the public and stakeholders.

Additionally, and beyond PAOP, under the leadership of Governor Cuomo, New York State has begun a Regulatory Modernization Initiative which consists of several workgroups allowing external stakeholders to participate in a series of policy workshops to examine existing state laws, regulations, and policies and recommend appropriate changes. The health care transformation efforts under DSRIP have stimulated many of the discussions and PPS providers have been active participants. Taken together, these recommendations will look to best position New York State to continue its historic work in transforming systems, ensuring quality outcomes for patients, while lowering the growth in health care costs. DSRIP PAOP co-chair Ann Monroe serves as co-chair of the Integrated Primary Care and Behavioral Health work group.

More information about PAOP is available at:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/project_approval_oversight_panel.htm.

IA Mid-Point Assessment

In July 2016, the IA initiated the Mid-Point Assessment consistent with the requirements outlined in the STCs and Attachment I. In March and April 2017, the IA completed its initial reviews of the Mid-Point Assessment Action Plans; and on April 19, 2017 PPS submitted revised Action Plans incorporating feedback from the IA. Final approval of the Action Plans was given by the IA on April 30, 2017 and PPS provided updates on the status of their efforts to implement the Action Plans as part of the DSRIP Year 3, Quarter One and Quarter Two PPS Quarterly Reports.

During the July 2017 – September 2017 quarter, the PPS submitted their first Mid-Point Assessment Action Plan updates to the IA. The updates were submitted to the IA by August 18, 2017 for initial reviews. The IA completed reviews and conducted all necessary follow up on the PPS Action Plan updates by September 30, 2017. Specific focus was paid to those Action Plan updates that were tied to partner engagement and funds flow, including the ‘Standard Modification’ recommendation that resulted from the PAOP reviews of the PPS during the Mid-Point Assessment in early February. As a result of the recommendations of PAOP and the IA, PPS have reported a 112% increase in the distribution of funds to PPS partners through the end of DY3, Q1 over the distributions at the time of the initial Mid-Point Assessment. PPS have also reported an increase in partner engagement of 88% through the end of DY3, Q1.

PPS are expected to complete all of the Mid-Point Action Plan efforts by the close of DY3, Q2. The final Mid-Point Assessment Action Plan updates will be submitted to the IA as part of the DY3, Q2 PPS Quarterly Reports by October 31, 2017.

The final Mid-Point Assessment Report and PPS-specific Recommendations are available on the individual PPS pages at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/midpoint/index.htm.

More information about the Mid-Point Assessment is available at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/mid-pt_assessment/index.htm.

DSRIP Requests for New York Regulatory Waivers

New York State Public Health Law (PHL) § 2807(20)(e) and (21)(e) authorize the waiver of regulatory requirements for DSRIP projects. 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

In order to assist providers that wish to integrate health care services through these arrangements, DOH, OMH, and OASAS released guidance on shared space arrangements. The guidance can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-09-14_shared_space_guide.htm.

There have been no additional waiver requests for the Round 6 regulatory waiver request period. To date, there have been a total of 648 regulatory waivers requested between Rounds 1- 6 activities. The PPS have assigned these waivers to individual provider sites by project within their network. 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.

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

As part of the state’s active supervision of the program’s current COPA recipient, DOH has finalized a reporting template to be completed by COPA recipients as a component of the state’s obligations to actively

supervise and ensure that the conditions included in the COPA are adhered to by program recipients. The final template includes information submitted by PPS for review related to:

- DSRIP project implementation activities
- Changes in PPS service area and network
- The creation of and adherence to anti-competitive compliance protocols
- Progress towards achieving procompetitive benefits
- Progress towards mitigating potential anticompetitive disadvantages

Summaries of COPA applications received to date are available at:

https://www.health.ny.gov/health_care/medicaid/redesign/copa/docs/copa_application_summaries.pdf.

Information regarding ACO certificates of authority is available at:

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

Value Based Payments (VBP)

The focus of the work during DSRIP Year 3, Second Quarter included the launch of VBP University, the hosting of a VBP Social Determinants of Health (SDH) webinar, and further updates on VBP Bootcamps to the New York Medicaid stakeholder community.

VBP University

VBP University is an online, educational resource created to raise awareness, knowledge and expertise in the move to VBP. VBP University combines informational videos and supplemental materials that stakeholders interested in VBP can use to advance their understanding of this massive transformation effort. VBP University is made up of 4 Semesters. Semester 1, Released in July 2017 provides background and foundational information on VBP. Semester 2, released in August 2017 includes topic specific information such as governance, business strategy, stakeholder engagement, finance and data. Semester 3, released in September 2017 includes information on VBP Contracting and on the Social Determinants of Health. Lastly, Semester 4, which will take place in October and November 2017 are the statewide VBP Bootcamp sessions. Completion of VBP University will result in a certificate of completion. The tables below provide the breakdown of each of the three semesters.

Semester One (July 2017)

Videos	Supplemental Materials
Welcome to VBP University	VBP Levels 102
VBP Levels 101	VBP Arrangements 102
VBP Levels 102	
VBP Arrangements 101	
Total Care for General Population Arrangement 102	
Special Needs Population Arrangement 102	
Maternity Arrangement 102	
Integrated Primary Care Arrangement 102	
Health and Recovery Plans Arrangement 102	
HIV/AIDS Arrangement 102	
Managed Long Term Care (MLTC) Arrangement 102	

Semester Two (August 2017)

Videos	Supplemental Materials
VBP Governance 101	VBP Implementation Behavioral Health Provider Visual 102
VBP Stakeholder Engagement 101	VBP Implementation Primary Care Physicians Visual 102
VBP Business Strategy 101	VBP Implementation Community Based Organization Visual 102
VBP Finance 101	VBP Implementation Behavioral Health Narrative 103

VBP Data 101	VBP Implementation Primary Care Physicians Narrative
	VBP Implementation Community Based Organization Narrative 103

Semester Three (September 2017)

Videos	Supplemental Materials
VBP Contracting Lessons Learned 101 Video	VBP SDH Intervention Visual 102 Document
Social Determinants of Health (SDH) 101 Video	VBP CBO Contracting Strategy Guidance 103 Document
Role of Community Based Organizations (CBOs) in Addressing SDH 101 Video	

Access to VBP University is available on the VBP Website at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/index.htm.

Social Determinants of Health (SDH) Webinar

The purpose of this webinar was to provide further guidance to the NYS VBP stakeholder community—including community based organizations (CBOs)—on the standards and guidelines related to SDHs and CBOs that are laid out in the VBP Roadmap. With over 1,000 attendees, this webinar proved to be one of the largest outreach efforts under VBP to date.

The SDH Webinar provided the chance for NYS to communicate the language within the VBP Roadmap that applies to implementing SDH and required engagement with CBOs. It also provided the chance for the stakeholder community to submit questions and receive answers related to VBP Roadmap standards and requirements surrounding SDH and CBOs.

VBP Bootcamps

Due to stakeholder feedback and the need for additional information surrounding VBP, beginning in October 2017, the State will begin to hold VBP Bootcamp sessions which will be considered the 4th Semester of VBP University. The VBP Bootcamps are a regional learning series created by the DOH with the goal to equip VBP contractors and interested parties such as Managed Care Organizations, Providers, Associations and CBOs, with the knowledge necessary to implement payment reform. These day-long Bootcamps are designed to be an interactive training session that will give participants a thorough understanding of VBP. The schedule of dates and locations is below as well as the classes being offered.

VBP Bootcamp Schedule

Dates	Region
October 10, 2017	Albany
October 18, 2017	New York City
October 23, 2017	Lake Placid
November 3, 2017	Rochester
November 15, 2017	Long Island
January 2018	New York City
January 2018	Albany

VBP Bootcamp Classes

Finance

- Introduction to VBP Finance Topics
- Payer & Provider Led Finance Discussion
- Managed Care Organization Adjustments Deeper Dive

SDH and CBO

- SDH/CBO Roadmap Requirements and SDH Strategies
- CBO Contracting and Provider Led SDH Discussion

Contracting

- Contracting Best Practices, Lifecycle & Checklist

Quality Measures

- VBP Arrangements and Associated Measure Sets (VBP Arrangement Exploration)
- VBP Arrangements and Associated Measure Sets (Timelines & GM Considerations)
- Managed Long Term Care (MLTC) Design & Quality Measures

Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DSRIP Year 2, Fourth Quarterly Reports

The IA documented all results in MAPP and released the findings of the DSRIP Year 2, Fourth Quarter Quarterly Report in a PPS-specific Achievement Value (AV) Log in MAPP. Details such as the score of each Domain 1 AV driving section, the status of each Domain 1 milestone, the score of each project tied to patient engagement and the award amount per milestone and project were included.

Following the release of the DSRIP Year 2, Fourth Quarter results to the PPS, 13 PPS filed appeals with the IA. Of the 44 AV driving milestones appealed, the IA overturned 25 of the original determinations, resulting in the award of AVs for 25 of the 44 milestones appealed. 19 of the original determinations were upheld. One PPS filed its appeal late, therefore its request for reconsideration was not heard. The DSRIP Year 2, Fourth Quarter finalized reports will be combined with the results of the DSRIP Year 2, Third Quarter report to generate the second biannual DSRIP payment to the PPS for DY2.

The DSRIP Year 2, Fourth Quarterly Reports and AV Scorecards are available on the individual PPS pages at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/pps_map/index.htm.

PPS DSRIP Year 3, First Quarterly Reports

The DSRIP Year 3, First Quarter Quarterly Reports submitted by each PPS on July 31, 2017 documented their progress in accomplishing their DSRIP goals and objectives for the first quarter of the third DSRIP year (April 1, 2017–June 30, 2017). PPS were required to complete Domain 1 milestones for Financial Sustainability and had the option of submitting additional PPS-defined milestones if completion could be substantiated. No PPS had Project Implementation Speed commitments due this quarter.

Upon receipt of the 25 PPS DSRIP Year 3, First Quarter Quarterly Reports the IA conducted an in-depth review of each submission, including supporting documents and sampling by the end of the quarter. The quarterly reports were divided amongst teams of IA reviewers and involved a review process which included an initial review and quality control analysis. The review was conducted over the course of 30 days (August 1 – August 31, 2017) and remediation feedback was provided to each PPS who failed to submit supporting documentation for milestone completion. PPS were afforded 15 days (September 1 – 14, 2017) 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 results of each PPS submission on September 30, 2017.

Performance Payments

During the period of July 1, 2017 through September 30, 2017 PPS received their second performance payment for DY2 totaling \$1,132,981,107 (all funds). This payment was inclusive of payments for the second semi-annual reporting period, the first High Performance Fund payments, and payments for the reconciliation of the first payment period of DY2.

The payments for the second semi-annual reporting period, representing \$942,267,067 of the total payment amount, includes P4R payments for Domains 1-4 and the first P4P payments for Domain 3 metrics that

converted to P4P during Measurement Year (MY) 2. These payments were calculated in accordance with the CMS approved modifications to Attachment I of the STCs as reflected in the July 20, 2017 update to Attachment I.

The first High Performance Fund payments were made to 19 PPS and totaled \$45,525,376 of the total payment amount. Of the PPS receiving High Performance Fund payments during DY2, 19 PPS earned the High Performance Fund payments through Tier 1 for achieving a gap to goal performance of 20% or greater on High Performance Fund eligible metrics. One of the 19 PPS also received High Performance Fund payments through Tier 2 for attaining the statewide performance goal for high performance eligible metrics. PPS were limited to an annual High Performance Fund cap that was calculated at 30% of their lifetime High Performance Cap (calculated as 30% of the PPS total DSRIP project valuation).

The last component of the second performance payment was a reconciliation of the first performance payment of DY2. When the first performance payments of DY2 were made in April 2017, DOH and CMS were actively working through a review of the payment calculation details as defined in Attachment I of the STCs. Payments were therefore calculated using the original payment calculation details outlined in Attachment I with the plan to complete a reconciliation of the payments under a revised Attachment I. Following the approval of the revised Attachment I in July 2017, the IA recalculated the first performance payments of DY2 under the revised methodology and determined that PPS would have received an additional \$145,188,662 in performance payments during the first payment of DY2. The additional \$145,188,662 was included as part of the total payments made for the second performance payment of DY2.

Please see Appendix B for more detail regarding 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 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 also established parallel and 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, 2017 through September 30, 2017, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

PPS Data and Performance Management

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

- Presented PPS pay-for-performance results for MY2 and provided updates on partial year MY3 Month 6, Month 7 and into Month 8 (through claims service period end-date of February 28, 2017) performance to PPS.
- Completed and published the MY3 Measure Specification Guide and Reporting Manual which outlines any changes to the MY3 measures and added additional details on specific measures.
- Continued work on the DSRIP Performance dashboards, which provides 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 (including adding reconciled payment amounts), potential AVs and payment that can be earned in future payment periods, and status of the High Performance and Additional Performance funding pools.

Account Support Team (AST)

During this quarter, the AST continued activities with 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 and monthly status reports to DOH on PPS implementation plan progress and ensuring that PPS are appropriately equipped via a Project Management Office staffing strategy to meet DSRIP deadlines. The AST conducted monthly check-ins in addition to 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 ESO, is intended to reduce risk and assist the PPS in its strategic 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 3, Second Quarter, the same five PPS remained engaged in ESO.

Medicaid Analytics Performance Portal (MAPP)

MAPP is a statewide performance management system that provides 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 dashboards allow a PPS to review their performance measures, attributed population, payment information, provider network classifications, and drill down to the member level information where applicable. During this reporting quarter, enhancements and data updates were released to the dashboards to provide additional functionality and enhanced data capabilities. These updates include performance and attribution data loaded through Measurement Year 3 Month 6, Month 7 and into Month 8 (through claims service period end-date of February 28, 2017). New functionality was also released during this quarter that incorporates data that better identifies accountable providers within the DSRIP Dashboards.

VBP Analytics: The team has redirected its efforts to focus on providing data analytics to the VBP Pilots. The VBP Pilots have received interim data via pivot tables, while an enterprise solution for the VBP Analytics dashboards in MAPP is being created. The VBP Analytics dashboards will provide the calculation and then analytic visualization of episodic bundling capabilities to support VBP. Specific functionality will include claims and encounter based total cost measures with relevant drill downs, risk adjusted (expected) cost data for populations and episodic bundles, potentially avoidable complications, and VBP arrangement, specific quality metrics and target budget data. 2015 data is scheduled to be published to the VBP Pilots during December 2017, with 2016 data slated for February 2018. Over the last quarter, the team has begun execution, and has completed the pricing of the claims required for the 2015 data run. Additionally, the team has been validating the processing and quality controlled the 2013-2015 data.

Health Homes: MAPP supports the statewide technology needs for the Health Homes program. This program intends to more effectively manage a member's care with more interoperability care coordination. The Health Homes Tracking System (HHTS) now supports Health Homes serving adults and Health Homes serving children. During this quarter, enhancements to that functionality continued through mini- releases and data fixes intended to provide improved data quality and functionality to users.

Data integration: Data integration involves implementation of a Master Data Management (MDM) solution to facilitate the matching of records to achieve a "de-duplicated view" of a member 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 could be incorporated into DSRIP analytics and reporting. The current MDM effort, which focuses only on MAPP related data, is currently being re-scoped where MDM is approached at the enterprise level. This effort is in the initiation stages.

The team continues to move ahead with our pilot to integrate Medicaid claims data with clinical data from the RHIO/Qualified entities (QE) and share this data with their downstream partners of the QE. In this quarter, the last pilot Qualified Entity (QE) of the Statewide Health Information Network for New York (SHIN-NY) obtained approval for their final Restricted Access Model environment design documentation to support clinical and claims data integration and testing. Following this approval, the pilot data was prepared for transfer, passed User Acceptance Testing (UAT) and was released to the QE for integration testing. Additionally, reports of findings were generated and reviewed from three pilot QEs (HIXNY, HealthConnections and Bronx RHIO) that have completed initial use case testing. In the next quarter, we will be collaborating with Healthix on their pilot use case testing and draft preparation of findings.

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 tool, an online tool to receive and support PPS quarterly IPP reporting, ability to calculate complex data sets such as attribution for performance, the ability to generate PHI data sets for attributed members, and the removal of members who have opted out of data sharing from drillable PHI data while leaving them in the aggregate view.

In addition to the items noted above, the following is a list of major activities completed by the MAPP team in DSRIP Year 3, Second Quarter:

- Deployment of Implementation Project Plan (IPP) Version 10.0
- Solicitation of requirements for Implementation Project Plan (IPP) Version 11.0

Medicaid Redesign Team Twitter

During this reporting period, the State has increasingly used the Medicaid Redesign Twitter account to increase external outreach. The Twitter account is used to notify the public and interested stakeholders of new documents, activities, and other important information as it becomes available. To view the MRT Twitter, click [here](#).

Information Technology (IT) strategy

The IT Strategy team continues to assist and support each PPS and the PPS-led CIO Steering Committee meetings in their business attempts to streamline data sources, data security and privacy requirements, and guidance.

During this quarter, the CIO Steering Committee made significant strides to evolve as an independent entity. The CIO Steering Committee's mission is to create linkages and better understanding of data security and privacy policy, protocols and sharing best practices and challenges across all PPS and their partner associations. At the July 27, 2017 meeting the CIO Leadership met and discussed plans and timelines for the RHIO/QEs to access NYS data and obtain Hi-Trust certification. Data use cases, consenting and data systems models were shared between the PPS. On August 24, 2017, the CIO Leadership hosted a three-region face to face webinar/meeting to discuss recent survey results on data access needs and tools and invited DOH/DOS staff to present and discuss security updates and new tools for data access & analytics within MAPP 2.0. At the September 28, 2017 meeting the CIO Steering subcommittees reported in on data analytics, data sharing use cases, progress in working with the RHIO/QEs and need to continue to clarify

NYS DOH data sharing policies and procedures.

Medicaid Accelerated eXchange (MAX) Series Program

The MAX Series is a Rapid Cycle Continuous Improvement (RCCI) program designed to bring frontline care providers together to lead change in their local context. The MAX Training Program (MTP) runs in parallel to the MAX Series and is designed to train individuals in the same RCCI methodology used in the MAX Series to prepare participants to independently lead RCCI workshops and scale process improvement work across their PPSs (coined the MAXny Series). To date, a total of 45 Action Teams have completed 5 MAX Series. A total of 42 MTP participants enrolled in the most recent Series. The latest MAX Series launched in August 2017 will run through to May 2018 and is expected to deploy an additional 20 Action Teams and 40 MTP participants.

MAX Series (graduated)

- Topic 1 — Managing Care for Super Utilizers: A total of 6 Action Teams representing 5 PPSs were enrolled in this topic which originally began October 2015. The Action Teams 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 10 Action Teams representing 10 PPSs were enrolled in this topic which originally began February 2016. The Action Teams graduated from the program at the end of September 2016.
- Topic 3 — Managing Care for Super Utilizers: A total of 7 Action Teams representing 6 PPSs were enrolled in this topic which originally began March 2016. The Action Teams graduated from the program at the end of November 2016.
- Topic 4 — Improving Care for High Utilizers: A total of 22 Action Teams representing 19 PPSs were enrolled in this topic which originally began in January 2017. The Action Teams graduated from the program at the end of July 2017.

MAX Series and MAX Training Program (in progress)

- **Series 1 and 2 — Improving Care for High Utilizers**
 - **MAX Series**: A total of 10 Downstate Action Teams representing six PPSs are enrolled in Series 1 which will kick off in October 2017. An anticipated total of 10 Upstate Action Teams representing seven PPSs are currently enrolling in Series 2 which will kick off in November 2017.
 - Teams will each complete 3 workshops and action periods and will continue to focus on implementing process changes that improve care and reduce readmissions.
 - Action Teams officially graduate from the program in May 2018.
 - **MAX Training Program**: There are up to 40 individuals enrolling in the MAX Training Program including representatives from PPSs across New York state, the Department of Health, and Albany Promise (an organization based on process improvement in the education sector).
 - Participants will complete 3 trainings and a “Sustainability Plan” which will outline to ongoing work of the MAXny Series that all MTP participants graduate to on completion of MAX.
 - MTP Participants officially graduate from the program in May 2018.

DSRIP Learning Symposium

As outlined in the DSRIP STCs Attachment I, the State is responsible for hosting DSRIP Learning Symposiums for the PPS. The DY3 Statewide DSRIP Learning Symposium will take place on February 6-8, 2018 in Staten Island, NY. It will convene PPS and key stakeholders for learning across multiple days, including: pre-symposium, half-day intensive courses, two days of speakers & dozens of workshops and sessions. During the period July-September 2017, the symposium program was further developed, with

themes defined, the agenda set, and several presentations and speakers confirmed. A planning group has been engaged, with PPS and CBO leadership representation, to guide the program content and design. The pre-symposium intensive workshops include:

- Moving Evidence into Practice at Scale
- Leading in Times of Change: Emerging and Enduring Approaches
- Co-Designing Care and Services: Working with Patients to Support Them and Their Needs
- Personal Mastery/Transformational Leadership: Being at Our Best within the Complexity and Stress of Day-to-Day Work
- Measurement for Improvement: Leveraging Accessible, Real-Time Data to Drive and Assess Improvement

During this reporting period, a request for proposals (RFP) for breakout and poster sessions was released to PPS and PPS network partners. Up to 40 presentations will be selected and an expansive poster session will result from the 74 responses to the RFP that were received.

In addition to the Statewide DSRIP Learning Symposium, a Community of Practice will be convened, focused on Value-Based Payment (VBP) transition. The community is a group of individuals, sharing passion and commitment to this work, coming together to collectively learn, exchange knowledge, and share resources about VBP. The community will include PPS, healthcare providers, managed care organizations, and community-based providers and organizations. An introductory webinar was held in August and planning for an October exploratory event progressed through the reporting period.

Additional information on the Learning Symposium and the VBP Community of Practice, can be found on the dedicated website established for these events: <http://www.dsriplearning.com/>.

Other Program Updates

Independent Evaluation of New York State DSRIP

The Independent Evaluator, SUNY Albany, has been contracted for five years to evaluate the DSRIP program. During this quarter, the research team members from SUNY Albany, Boston University and University of Maryland began the quantitative and qualitative investigation and development of a foundation of knowledge and understanding of existing processes where and how DSRIP and NYS Medicaid data is collected, stored and accessed.

Quantitative Research Methods

To ensure data security, the IE team received approval to store the data for the DSRIP evaluation on in-house Medicaid Data Warehouse (MDW) servers and to access the MDW data. The IE has requested a variety of other data sources for use in the quantitative research such Vital Records and SPARCs. Access, transfer and storage of various data sources are in different stages of review and approval.

Qualitative Research Methods

Regarding the qualitative component of the DSRIP independent evaluation, key Informant interviews with PPS Executive team were concluded with all 25 PPS during this period. The first round of a statewide PPS-partner web-based survey tool and framework was designed and launched during this period. Responses to that web based survey will be collected next quarter. PPS-partner focus-group guides (four-categories) were also developed throughout the summer. Logistics were pre-coordinated for the first round of regional PPS-partner small-size focus groups to measure provider experience in DSRIP Year 0-2 to launch next quarter. Finally, strategic and investigatory plans for patient surveys or patient centered focus groups to assess patients' care experience under DSRIP were conducted during this period.

Opt Out Mailing – Operations and Impact on Data Files

DOH implemented a multi-phased approach to notify Medicaid members of their ability to opt out of data sharing with PPS and their downstream providers in the DSRIP program. Through this approach, a total of 6.9 million letters were sent to Medicaid members between the period October 2015 to August 2016.

As of September 30, 2017, approximately 177,000 Medicaid members (still less than 3% of total letters

delivered) have opted out of DSRIP data sharing. The next mailing is anticipated to take place in early 2018 when the mailing-house vendor has met the system security requirements and is fully authorized to begin mail fulfillment operations.

Managed Long Term Care Workforce Investment Program

The MRT Waiver Amendment, approved in April 2014 by the Centers for Medicare and Medicaid Services (CMS) to amend the State's 1115 waiver, makes available up to \$245 million through March 2020 for initiatives to retrain, recruit and retain healthcare workers in the long-term care sector. This initiative is being referred to as the Workforce Investment Program.

Workforce Investment Program will target direct care workers, with the goals of supporting the critical long term healthcare workforce infrastructure through retraining, redeployment, and enhancing skillsets.

Through the Workforce Investment Program, DOH will require MLTC plans, which include Fully Integrated Dual Advantage (FIDA) plans (collectively MLTC/ FIDA plans), to contract with DOH-designated workforce training centers, to:

- Invest in initiatives to attract, recruit and retain long term care workers in the areas they serve;
- Develop plans to address reductions in health disparities by focusing on the placement of long-term care workers in medically underserved communities;
- Consistently analyze the changing training and employment needs of the area that the program serves;
- Provide for broad participation and input from stakeholders; and
- Support the expansion of home care and respite care, enabling those in need of long-term care to remain in their homes and communities and reduce New York's Medicaid costs associated with long-term care.

During this quarter, DOH released the Long Term Care Workforce Investment Organization (LTCWIO) Application. The application was used by organizations interested in the Long Term Care Workforce Investment Organization (LTC WIO) designation, seeking consideration to participate in the Managed Long Term Care Workforce Investment Program. Participation was open to all eligible applicants statewide. Submissions were due by August 28, 2017.

To see more information including these documents, visit:

http://health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm.

Upcoming Activities

DSRIP Year 3 began on April 1, 2017. Future reports will include updates on additional activities as required by the STCs and related attachments. The following list identifies anticipated activities for the upcoming DSRIP Year 3, Third Quarter:

- **October 6, 2017:** Final PPS Year 3, First Quarterly Reports posted to DSRIP Website
- **October 10, 2017:** VBP Bootcamp– Capital Region (Albany)
- **October 16, 2017:** Response made to PPS Lead Regulatory Waiver Requests– Round 5
- **October 18, 2017:** VBP Bootcamp– NYC
- **October 23, 2017:** VBP Bootcamp– North Country (Lake Placid)
- **October 30, 2017** PAOP preparatory webinar on Mid-Point Assessment updates
- **October 31, 2017:** PPS Year 3, Second Quarterly Reports due from PPS
- **November:** Opt Out Phase IV Mailer Vendor security systems planning begins
- **November:** Annual update to VBP Roadmap submitted to PPS
- **November 3, 2017:** VBP Bootcamp– Central NY (Rochester)
- **November 15, 2017:** VBP Bootcamp– Long Island
- **November 16, 2017:** PAOP DSRIP Mid-point assessment and program updates (morning)
- **November 16, 2017:** 1115 Waiver Public Comment Day NYC (afternoon)
- **November 30, 2017:** PPS annual update to Primary Care Project Narrative due

- **December:** Release PPS Primary Care Project Narratives for 30-day public comment period
- **December:** Opt-Out Phase IV mailer data readiness
- **December 1, 2017:** IA provides feedback on PPS Year 3, Second Quarterly Reports; 15–day Remediation window begins
- **December 1, 2017:** Response made to PPS Lead Regulatory Waiver Request– Round 6
- **December 15, 2017:** Revised PPS Year 3, Second Quarterly Reports due; 15–day Remediation window closes
- **December 30, 2017:** Final Approval of PPS Year 3, Second Quarterly Reports

Additional information regarding DSRIP Year 3 key dates can be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/year_3_timeline.htm.

Additional Resources

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

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

Appendix A: Year 3, Second Quarter DSRIP Program Activity

The period covering July 1, 2017 through September 30, 2017 included extensive stakeholder engagement activities detailed below:

- **July 1, 2017:** DSRIP Provider Hub functionality implemented in the DSRIP Dashboard Application Provider Network Tile
- **July 12, 2017:** All PPS Meeting (NYC)
- **July 14, 2017:** Final MAX Series Webinar
- **July 14, 2017:** Deadline to submit appeals to DSRIP Year 2, Fourth Quarterly Reports due
- **July 17, 2017:** Screening, Brief Intervention and Referral to Treatment (SBIRT) for PPS webinar
- **July 19, 2017:** Measurement Year (MY) 2 Results Operator Assisted Call
- **July 19-20, 2017:** Salient Training: New DSRIP SIM Analyst Training for PPS
- **July 25, 2017:** CMS request for payment model strategy for upside/ downside risk provider feedback period closes
- **July 27, 2017:** CIO Leadership Group Monthly Meeting
- **July 31, 2017:** VBP University Semester One Released
- **July 31, 2017:** DSRIP Year 3, First Quarterly Reports due
- **August 1, 2017:** Additional PPS Lead Regulatory Waiver Requests - Round 6 due
- **August 1, 2017:** DSRIP MY 3 Guide posted to website
- **August 2, 2017:** Advanced Primary Care (APC) Model Update Webinar
- **August 3, 2017:** MAPP PPS Workgroup
- **August 10, 2017:** DSRIP Year 2, Fourth Quarter final AV Scorecards and payment calculations webinar
- **August 10, 2017:** DSRIP Year 2, Second DSRIP Payment to PPS
- **August 11, 2017:** Month 6 PPS/ MCP Data File Release
- **August 14, 2017:** 1115 Waiver Public Comment Day (Albany)
- **August 15, 2017:** VBP PPS Community of Practice Webinar
- **August 18, 2017:** Deadline for submission of Mid-Point Assessment Action Plans
- **August 22-23, 2017:** Independent Evaluator (IE) email notices to begin DY3 PPS Partner survey
- **August 24, 2017:** CIO Leadership Group Monthly Meeting
- **August 25, 2017:** VBP Social Determinants of Health Webinar
- **August 30, 2017:** DSRIP Year 2, Fourth Quarterly Reports posted to DSRIP website
- **August 30, 2017:** VBP University Semester Two Released
- **August 31, 2017:** IA provides feedback on PPS Year 3, First Quarterly Reports; 15-day Remediation window begins
- **September 5, 2017:** Telehealth Workgroup meeting
- **September 8, 2017:** Attribution and Performance results for MY 3, Month 7 of 12 available in DSRIP Performance Dashboards and in Salient Interactive Miner (SIM)
- **September 11, 2017:** All PPS Meeting (Albany)
- **September 13, 2017:** MAPP PPS Workgroup Webinar
- **September 14, 2017:** Revised Year 3, First Quarterly Reports due; 15-day Remediation window closes
- **September 18, 2017:** Medicaid Children's System Transformation webinar
- **September 18, 2017:** Regulatory Modernization initiative; 2nd Meeting of Post-Acute Care Management Models Workgroup
- **September 22, 2017:** VBP University Semester 3 Released
- **September 25, 2017:** Request for Public Comment Due: "Children's Clinical Advisory Group Recommendations" and "Draft MLTC Clinical Advisory Group Report"
- **September 27, 2017:** VBP QIP Update Webinar
- **September 27, 2017:** Regulatory Modernization Initiative Telehealth Workgroup Meeting #2
- **September 28, 2017:** CIO Leadership Group Monthly Meeting
- **September 29, 2017:** Webinar on Sepsis Prevention and Early Recognition Through Home Care
- **September 30, 2017:** Response made to PPS Lead Regulatory Waiver Requests - Round 5

- **September 30, 2017:** Response to Regulatory Waiver Requests sent to PPS leads
- **September 30, 2017:** Final Approval of DSRIP Year 3, First Quarterly Reports

More information can be found at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2-

¹ 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.

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Appendix B: DSRIP Performance Fund Payments

The attached table indicates all DSRIP Performance Fund payments made during the DSRIP Year 3, Second Quarter. The payments made during this period represent the second of two performance payments for DSRIP Year 2 and were based on the results from the second semi-annual reporting period of DSRIP Year 2, covering October 1, 2016 through March 31, 2017.

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

Performance/Reporting Period for Payment: October 1, 2016 - March 31, 2017 (DY2, Q3 - DY2, Q4)

Payment Date: July - September 2017 (DY3, Q2)

PPS	Lead Provider Name	DSRIP Payment Earned*
Public:		
Millennium Collaborative Care	Erie County Medical Center	\$ 20,720,055
The New York City Health and Hospitals Corporation *	Jacobi Medical Center	\$ 132,061,520
Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	\$ 48,795,537
State University of New York at Stony Brook University Hospital	State University of New York at Stony Brook University Hospital	\$ 19,361,715
Central New York Care Collaborative, Inc.	SUNY Upstate Syracuse	\$ 16,721,536
Westchester Medical Center	Westchester Medical Center	\$ 29,029,771
Total Public:		\$ 266,690,135
Safety Net:		
Adirondack Health Institute	Adirondack Health Institute	\$ 20,588,185
Advocate Community Providers	Advocate Community Providers, Inc	\$ 42,458,690
Alliance for Better Health Care, LLC (Ellis)	Alliance For Better Health Care, LLC	\$ 25,828,363
Better Health for NE NY PPS (BHNNY)**	Better Health for NE NY PPS (BHNNY)	\$ 13,834,020
Bronx-Lebanon Hospital Center	Bronx-Lebanon Hospital Center	\$ 8,512,190
Finger Lakes PPS	Finger Lakes Performing Provider System	\$ 58,511,283
Lutheran Medical Center	NYU Langone Hospital - Brooklyn***	\$ 8,994,981
Maimonides Medical Center	Maimonides Medical Center	\$ 26,323,521
Mohawk Valley PPS (Bassett)	Bassett Medical Center	\$ 7,012,141
Montefiore Hudson Valley Collaborative	Montefiore Medical Center	\$ 16,230,927
Mount Sinai Hospitals Group	Mount Sinai PPS, LLC	\$ 15,146,881
Refuah Health Center	Refuah Community Health Collaborative	\$ 4,214,069
Samaritan Medical Center	Samaritan Medical Center	\$ 7,707,549
Sisters of Charity Hospital aka Community Partners of WNY (Catholic Medical Partners)	Sisters of Charity Hospital of Buffalo, New York	\$ 4,914,915
Southern Tier Rural Integrated PPS (United)	Southern Tier Rural Integrated Performing Provider System	\$ 25,008,667
St. Barnabas Hospital (dba SBH Health System)	SBH Health System	\$ 17,534,929
Staten Island Performing Provider System, LLC	Staten Island Performing Provider System, LLC	\$ 22,669,772
The New York and Presbyterian Hospital	The New York and Presbyterian Hospital	\$ 5,902,017
The New York Hospital Medical Center of Queens	The New York Hospital Medical Center of Queens	\$ 1,517,602
Total Safety Net:		\$ 332,910,702
Grand Totals:		\$ 599,600,837

*DSRIP Payment Earned reflects Total Net Federal Performance Award funds earned by the PPS based on DSRIP efforts for the semi-annual performance/reporting period noted.