New York DSRIP
1115 Quarterly Report
October 1, 2016 – December 31, 2016
Year 2, Third Quarter

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New York DSRIP
Section 1115 Quarterly Report
Year 2, 3rd 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 October 1, 2016 through December 31, 2016, the third quarter of DSRIP Year 2. This quarterly report includes details pertaining to the third 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/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, First Quarterly Reports were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS submitted their Year 2, Second Quarterly Reports on October 31, 2016 documenting the progress on their implementation efforts between July 1, 2016 and September 30, 2016.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.
- The DSRIP Project Approval and Oversight Panel (PAOP) was convened on October 7, 2016 for a briefing on the mid-point assessment process and PPS progress to date.
- The Independent Assessor (IA) released its preliminary Mid-Point Assessment report and recommendations to the PPS and these were posted on the DSRIP website on November 29, 2016.
- The public comment period on the IA initial recommendations was November 29 through December 21, 2016 and the public comments received were posted to the website in preparation for the final IA recommendations to be released in January 2017.

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 2, Second Quarterly Reports (submitted in DSRIP Year 2, Third Quarter)

The 25 PPS submitted their DSRIP Year 2, Second Quarterly Reports on October 31, 2016 through the Medicaid Analytics Performance Portal (MAPP). This report represents the Year 2 second PPS quarterly report in which the PPS documented progress on their implementation efforts from July 1, 2016 through September 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 November and into December 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. Many activities this quarter involved participation and intensive re-engagement with the PAOP members in anticipation of and planning for the PPS Midpoint Assessment.

On October 7, the IA and DOH presented to the PAOP the progress of activities already begun and pre-scheduled around the Midpoint Assessment process. The agenda included a timeline of key events past and upcoming, a review of the Midpoint Assessment process and steps, briefing on IA site visits to the PPS that had been conducted in September and October, updates on regulatory waivers and upcoming meetings and goals. The IA also provided an overview description of the current state of PPS progress. Progress areas reported to the PAOP at this session were based on data through DY2Q1, payments made to PPS, funds flowed to downstream partners, milestones attained and milestones missed to-date. The PAOP subcommittees also prepared their own status report in to their colleagues.

Additionally, at that time, the PAOP was also invited to extend inquiry and dialogue directly with each PPS on their progress and challenges through on-site visits. PAOP members were encouraged to visit at least one PPS for which they may not have had a regional familiarity and if their schedule allowed, visits to additional PPS. The on-site schedule was as follows.

PPS Name	Site Visit Date	PAOP Member(s)
Brooklyn Bridges PPS (NYU Lutheran)	Thursday, October 13, 2016	John August
OneCity Health (NYC HHC)	Tuesday, October 25, 2016	Judy Wessler
Hudson Valley PPS: Westchester, Montefiore, & Refuah	Monday, November 7, 2016	Ann Sullivan Arlene González-Sánchez William Ebenstein Chau Trinh- Shevrin
Community Care of Brooklyn (Maimonides)	Wednesday, November 9, 2016	William Ebenstein Judy Wessler
Adirondack Health Institute	Thursday, November 10, 2016	Lara Kassel

The New York and Presbyterian Hospital PPS	Tuesday, November 15, 2016	Sherry Sutler Stephen Berger Lara Kassel Chau Trinh- Shevrin
Mount Sinai PPS	Monday, November 21, 2016	Judy Wessler Stephen Berger Arlene González-Sánchez
Bronx Partners for Healthy Communities (SBH Health System)	Tuesday, November 29, 2016	Yvonne Graham Sherry Sutler
Community Partners of Western NY PPS (Sisters of Charity Hospital Buffalo)	Friday, December 2, 2016	Sylvia Pirani
Millennium Collaborative Care PPS	Friday, December 2, 2016	Sylvia Pirani
Albany Medical Center	Monday, December 5, 2016	Kate Breslin
Central New York Care Collaborative	Wednesday, December 7, 2016	Dan Sheppard
	Wednesday, January 25, 2017	Marilyn Pinsky
Care Compass Network	Wednesday, December 7, 2016	Dan Sheppard Ann Monroe
Alliance for Better Health Care	Monday, December 12, 2016	Bill Owens
Nassau Queens PPS	Thursday, December 15, 2016	Bill Toby Pat Coonan
Bronx Health Access (Bronx-Lebanon)	Friday, December 16, 2016	Cesar Perales Judy Wessler
Suffolk Care Collaborative PPS	Monday, December 19, 2016	Bill Toby Pat Coonan
Leatherstocking Collaborative Health Partners	Tuesday, January 10, 2017	Lara Kassel
NY-Presbyterian - Queens PPS	Thursday, January 19, 2017	Sherry Sutler
Staten Island PPS	*Previously visited by PAOP during CMS site visits*	
Advocate Community Partners, Inc.	*Previously visited by PAOP during CMS site visits*	
Finger Lakes PPS	*No visit at this time*	
North Country Initiative (Samaritan)	*No visit at this time*	

As an outcome of the October 7 meeting with the IA, PAOP panel members requested more depth and understanding on DSRIP program elements and PPS progress. Six webinars were prepared and presented by the IA and recorded for future reference for PAOP members who could not attend. The topics and descriptions are provided on the schedule below.

Date	Topic	Webinar Description
November 18, 2016	Town Hall Conference Call on PPS Progress Deck	Q and A session around PPS Progress Deck previously provided to PAOP at the October 7th meeting; Questions requested ahead of time
December 7, 2016	Measurement Year (MY) 1 Results	Overview of MY 1 results, setting context for performance monitoring
December 14, 2016	Project 11 (Project 2.d.i)	Statewide summary of Project 2.d.i implementation progress: ▪ Overview of Project Requirements ▪ Total number of PPS implementing Project 2.d.i ▪ Total patients engaged to date ▪ Total providers engaged by type and total funds flow to providers by type

		• Overview of the Patient Activation Measure (PAM) tool and other measures included in Project 2.d.i (e.g. Clinician & Group (C&G) CAHPS for uninsured) Examples of implementation strategies, and overarching themes within project narratives
January 4, 2017	County Government and Community-Based Organization (CBO) Involvement and Addressing Social Determinants of Health	Statewide summary of County/Local Government Unit (LGU) and CBO Engagement and implementation to date: • Overview of engagement requirements • Total LGUs engaged, by project, summary funds flow • Total CBOs engaged by PPS against speed and scale requirements, by project, and summary funds flow Overview of statewide Domain 4 Project implementation progress, Supportive Housing project, and others addressing social determinants
January 11, 2017	Primary Care Integration	Overview of Primary Care Plans • Required elements • Overarching themes • Regional themes Statewide summary of PCPs engaged, by PPS, by projects, and funds flowed
January 18, 2017	Cultural Competency, Health Literacy (CC/HL) and Workforce Strategies	Overview of CC/HL and Workforce • Program requirements • CC/HL strategies and training plans • Workforce training and development reporting

At the conclusion of each webinar, PAOP members may have asked for additional information in their preparation for the Midpoint Presentations by the PPS in early February or looking ahead to 2017. Specifically, PAOP requested that the PPS provide more detail about funds flow to community based organizations, and discussions about categorization and definitions of CBOS.

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

Independent Assessor Mid-Point Assessment – Initial Recommendations

The IA initiated the Mid-Point Assessment consistent with the requirements outlined in the STCs and Attachment I. The Mid-Point Assessment focused on the progress made by the PPS through the end of the DSRIP Year 2, First Quarter towards establishing the necessary organizational foundation and towards the implementation of the project requirements consistent with the approved DSRIP Project Plan (inclusive of DSRIP Application and DSRIP Implementation Plan). The initial report and recommendations for each PPS were released to the public on November 29, 2016 and posted for public comment November 29 through December 21, 2016.

The IA Initial Recommendations found that all PPS had made sufficient progress in their organizational and overall project milestones that should enable them to achieve DSRIP goals. At this stage, none received any major restructuring recommendations. There were a range of unique observations and recommendations for each PPS in the individual PPS reports.

The Mid-Point Assessment Report Companion Document November 2016 details the methodology and initial findings. It can be found at:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/midpoint/draft_companion.htm.

Summary of the Mid-Point Assessment Methodology
The IA Mid-Point Assessment review focused on the following sources of information to formulate its initial recommendations:
- DSRIP Lead and Financial Stability Test
- 360 Evaluation Surveys by PPS partners
- Data from Quarterly Reports (including Achievement Values)
- PPS Narratives on Project Progress and Challenges
- On-Site reviews (detailed below)

On-Site Reviews
As a part of the Mid-Point Assessment the IA also conducted On-Site Reviews of each PPS. The IA commenced the On-Site activities with an Operator Assisted Call held on September 19, 2016 to explain the process of the on-site reviews, and the topics to be covered. The IA conducted the on-site visits of all 25 PPS between September 28, 2016 and October 21, 2016. The on-site review covered the following topics:
- Governance
- Cultural Competency & Health Literacy
- Performance Reporting
- Financial Sustainability and Funds Flow
- IT Systems and Processes
- Expanding Access to Quality Care

The IA completed Mid-Point Assessment review and released its Initial Mid-Point Assessment Report and Recommendations to each PPS on November 22, 2016. On November 29, 2016 the Initial Mid-Point Assessment Report and Recommendations were posted to the DSRIP website for public review and comment. During the comment period the PPS and the public were able to submit comments in response to the IA's initial recommendations as well as propose their own recommendations for consideration by the IA. The initial PPS and public comment period ended on December 21, 2016. The IA completed the quarter by reviewing each comment for consideration in the development of the final Mid-Point Assessment Report and Recommendations and releasing a report for each PPS to the DSRIP website for a second public comment period on January 3, 2017. See below for more information on public comment themes.

Initial Mid-Point Assessment Recommendation Themes
The IA's Mid-Point Assessment review resulted in a total of 132 recommendations for 21 of the 25 PPS, with four PPS receiving no recommendations from the IA. The IA's review did not find any evidence requiring major structural changes but rather the development of recommendations focused on organizational and project improvements the PPS should make to improve the likelihood for the successful implementation of the DSRIP project plan. The following themes emerged around the organizational and project themes:

Organizational Themes
- **Governance**: Many PPS have developed efficient and effective governance structures to implement the DSRIP initiative. A small group of PPS must focus on the challenges related to the implementation of a HUB model. Also, a small number of PPS should address the governing processes with the Board of Directors and/or management of the PMO offices to assure PPS and project priorities are addressed.
- **Financial Sustainability and VBP**: The Independent Assessor is recommending that over two thirds of the PPS implement MPA Action Plans related to Financial Stability/Sustainability and VBP for its provider network. Generally, the IA found that many PPS have not focused on detailed arrangements for sustainability. Furthermore, the PPS needs to work to educate their partners as to their role with VBP in NY Medicaid.
- **Partner Engagement**: Most PPS need to focus their attention and funds flow to engage key partners. A majority of the PPS are behind on their Partner Engagement goals at this point in DSRIP.
- **Funds Flow**: The PMO and Hospitals have received over 70% of DSRIP funds to date across all

PPS. PPS will need to fund their network partners at a meaningful level going forward. The PPS must execute their plans for contracts with their downstream partners to ensure that they maximize engagement across the networks as soon as possible.

Project Themes
- **2.d.i - Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care**
  - Many PPS have not educated partners about the role and benefit of Patient Activation Measurement (PAM). Some providers have completed limited contracting with partners. Some examples of the recommendations for 2.d.i include,
    - The IA recommends the PPS develop education materials for partners that are hesitant to conduct PAM surveys.
    - The IA recommends the PPS develop plan to increase outreach and education materials to partners with respect to patient activation measures.
    - The IA recommends that the PPS finalize the contracts with partners participating in this project.
- **3.g.i - Integration of palliative care into the Patient Centered Medical Home model**
  - Numerous PPS indicated difficulties implementing the project due to low partner engagement. Some examples of the recommendations for 3.g.i include,
    - The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors.
    - The PPS should also create a plan to continue partner engagement beyond the original training.
- **2.b.iii - ED care triage for at-risk populations**
  - A number of PPS indicated issues implementing 2.b.ii. Some examples of the recommendations for 2.b.ii include,
    - The IA recommends that the PPS create a plan to continue to educate patients regarding ED use and alternative sites of care in order to successfully continue to engage patients.
- **3.a.i - Integration of primary care and behavioral health services**
  - Project 3.a.i is one of the most important projects in DSRIP thus it is critical that the project is implemented successfully. Some examples of the recommendations for 3.a.i include,
    - The Independent Assessor notes that the PPS has marked milestones related to EHR operability as on hold. The Independent Assessor recommends the PPS develop a plan to address interoperability requirements.
    - The IA recommends the PPS develop a plan to address the workforce challenges with licensed behavioral health specialists and care coordinators.
    - The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments.

The initial 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.

Initial Public Comment Themes received from stakeholders
During the initial Public Comment period, the IA received responses on the initial recommendations from 22 PPS. The responses from the PPS focused on responding to specific elements of the IAs review, specific recommendations from the IA, and presenting new information for IA consideration. A number of PPS also used the response period as an opportunity to outline how they had promptly begun taking steps to address deficiencies addressed in the Initial Mid-Point Assessment Report.

The IA also received comments from 27 entities consisting of a mix of providers commenting on their experience with specific PPS and state associations such as CHCANYS and NYSNA commenting on the experience of their members participating in DSRIP.

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.

The PPS have assigned these waivers to individual provider sites by project within their network.

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

At the conclusion of 2016, the New York State Public Health and Health Planning Council (PHHPC) approved the COPA for the Staten Island PPS. This COPA will be in effect throughout the remaining period of the DSRIP waiver program. DOH is now focused on the ongoing active state supervision of the conditions which accompanied the COPA. DOH is developing reporting standards and protocols though which it will monitor adherence to the state approved COPA conditions as well as adherence to additional federal anti-trust requirements.

The state's ability to grant additional COPAs expired on December 31, 2016. Several PPS have indicated that they wish to pursue an application for a COPA in the future, however this will not be possible until the authority for the state to grant COPAs is reinstated through legislative action. It is assumed that the Legislature will address this issue early in the 2017 session.

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)
Preparing for VBP Implementation
The focus of the work during DSRIP Year 2, Third Quarter included the completion of the VBP Bootcamps stakeholder education initiative, the finalization of the program integrity and patient confidentiality workgroup meetings with key stakeholders, and initiation of the Children's Health Subcommittee/Clinical Advisory Group (CAG).

VBP Bootcamps were a learning series conducted throughout the state in order to educate a wide range of community stakeholders on the changing conditions under VBP. The series provided—but was not limited to—an introduction to VBP, insights on contracting and risk management, and performance measurement details. In October 2016, the VBP Bootcamp sessions concluded with their final session on Long Island. Through the Bootcamp sessions, more than 1,000 stakeholders in New York State have been educated on VBP. Captured below are the date and location for all 15 Bootcamp meetings that were held.

Session	Date	Location
Region 1		
Capital Region, Mid-Hudson, Southern Tier		
Session 1	June 2, 2016	University at Albany, Performing Arts Center
Session 2	June 15, 2016	University at Albany, Performing Arts Center
Session 3	July 7, 2017	University at Albany, Performing Arts Center
Region 2		
Mohawk Valley, North Country, Tug Hill Seaway		
Session 1	June 29, 2016	Jefferson Community College
Session 2	July 13, 2016	SUNY Potsdam
Session 3	July 27, 2016	SUNY Plattsburgh
Region 3		
New York City (excl. Queens)		
Session 1	July 20, 2016	Bronx Community College
Session 2	August 17, 2016	Bronx Community College
Session 3	September 12, 2016	Bronx Community College
Region 4		
Central, Finger Lakes, Western		
Session 1	August 31, 2016	National Museum of Play at The Strong
Session 2	September 21, 2016	National Museum of Play at The Strong
Session 3	October 6, 2016	National Museum of Play at The Strong
Region 5		
Long Island, Queens		
Session 1	September 27, 2016	The Adria Hotel and Conference Center
Session 2	October 19, 2016	Hofstra University
Session 3	October 26, 2016	SUNY at Stony Brook

VBP Bootcamp materials are available at:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm.

During DSRIP Year 2, Third Quarter, two specific workgroups were created in order for stakeholders to discuss specific issues and put forth recommendations to New York State related to VBP. The sessions established include the VBP Program Integrity and VBP Patient Confidentiality workgroups.

The Program Integrity Workgroup met three times and addressed potential program integrity issues identified with the change to VBP, focusing on what changes can be made to the current program integrity infrastructure to ensure a robust program integrity model. The changes and issues included data quality, policy design, and risk management. The recommendations were presented to the VBP Workgroup on February 10, 2017, who will review and provide comment to DOH, after which point the report will become final.

Program Integrity Workgroup		
Meeting	**Date**	**Topic**
1	September 6, 2016	Data Quality
2	October 15, 2016	Policy Design
3	November 16, 2016	Improper Payments ("Risk Management")

The Patient Confidentiality Workgroup met four times and dealt with preserving patient confidentiality laws given the change to VBP. These meetings focused on technical and data sharing issues, consent agreements, and legal/regulatory issues. Below is the list of dates and topics covered for each workgroup. The Patient Confidentiality Workgroup co-chairs will present their final recommendations to the VBP Workgroup on March 7, 2017.

Patient Confidentiality Workgroup		
Meeting	**Date**	**Topic**
1	October 26, 2016	Technical and Data Sharing Issues
2	November 18, 2016	Consent Agreements, Legal & Regulatory Issues
3	November 22, 2016	Finalize Recommendations
4	December 21, 2016	Finalize Recommendations

The Children's Health Subcommittee CAG was convened in October 2016. Meetings were held on October 20, November 18, and December 12 in Albany and New York City to discuss the implementation of VBP for New York's children participating in the Medicaid program. The group discussed key issues pertaining to health and developmental needs of children and a range of pediatric quality measures. Two additional meetings are planned in early 2017 and recommendations are forthcoming.

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

Quarterly Reporting and Performance Payments

Quarterly Reporting
PPS DSRIP Year 2, First Quarterly Reports
The IA documented all results in the Medicaid Analytic Provider Portal (MAPP) and released the findings of the DSRIP Year 2, First Quarter Quarterly Report in a PPS-specific Achievement Value (AV) Scorecard. The Quarterly Reports were posted on the New York State DOH website on October 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 posted on the Digital Library of each PPS on October 6, 2016.

Following the release of the results to the PPS, there were no appeals filed with the IA. All AV Scorecards were then made available publicly on the DOH website on October 17, 2016. First Quarter reports do not generate a payment until combined with the Second Quarter reports outlined below.

The DSRIP Year 2, First 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.

PPS DSRIP Year 2, Second Quarterly Reports
The DSRIP Year 2, Second Quarter Quarterly Reports submitted by each PPS on October 31, 2016 documented their progress in accomplishing their DSRIP goals and objectives for the first quarter of the second DSRIP year (July 1, 2016-September 30, 2016). PPS were required to complete Domain 1 milestones for Workforce and had the option of submitting additional PPS-defined milestones if completion could be substantiated. Five PPS had Project Implementation Speed commitments due this quarter.

Upon receipt of the 25 PPS DSRIP Year 2, Second 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 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.

Performance Payments
During the period of October 1, 2016 through December 31, 2016, there were no DSRIP performance payments made. The next DSRIP performance payments will be paid during DSRIP Year 2, Fourth Quarter as a result of PPS adjudicated DSRIP Year 2, Second Quarterly Reports combined with the First Quarterly results.

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 October 1, 2016 through December 31, 2016, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

PPS Data and Performance Management

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

- Continued work and built upon previous work performed on the DSRIP Payment dashboards, which will provide statewide and PPS-specific insight into the five-year payment model. This work includes defining and modifications to the Implementation Speed measure to include milestones and split AV values.

- Supported development and quality assurance processes for DY2, Payment Period 1 Exportable AV Scorecard in the Dashboard. This included defining an efficient process for sharing data and sharing results to PPS.

- 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.

- Supported measure definition, data collection methodology, and vendor management for non-claims based measures including PAM, Palliative Care measures and Medical Record Review. Supported coordination with DOH and CMS on measure change and approval processes.

- Made ongoing updates to the draft Measure Specification Guide for Measurement Year 3, incorporating changes to claims and non-claims based measures.

- Continued work on implementing the methodology for calculating the Statewide Accountability Milestones.

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 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 2, Third Quarter, four PPS were engaged in ESO and one PPS was removed from ESO due to successfully demonstrating consistent progress and performance in project implementation.

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 a PPS to review their performance measures, attribution and drill down to the member level information where applicable. During this reporting quarter, multiple enhancements were released on the dashboards to provide additional functionality. The major functionality released during this time was the incorporation of a new "Payment" dashboard tile which allows for all end-user types to view structured content of DSRIP incentive funding disbursements, PPS performance in earning incentive funding, and adjudicated AV results. This new dashboard allows PPS, DOH, and other performance facilitators to better understand how payments (past, current, future) are allocated to various DSRIP project requirements, reporting requirements, and performance targets, and how PPS are performing in relation to earning those payments.

Value Based Payment Analytics: The team also continued the prototype execution of its VBP HCI3 grouper project that is scheduled for an initial release in DSRIP Year 3, Second Quarter. The target user community is first internal to DOH and then subsequent releases will be for VBP Pilots, Managed Care Organizations and PPS. 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 5 Tableau visualization workbooks have been finalized. In addition to the Tableau visualization workbooks, Salient Interactive Miner (SIM) will be another channel through which the above mentioned data will be displayed to users. Salient will create a new data module (VBP Module) in the Salient Medicaid Enterprise System. In addition, several iteration of testing have been done on the pricing calculations, the input data to the various components and also the HCI3 grouper results.

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, Third Quarter, an additional 300 organizations (including the addition of LGUs and LDSS) were added to the Health Homes tracking system and have subsequently been supported by the MAPP Call Center. These users were added to the system as part of the release of Health Homes Tracking System Phase 2 (Children's functionality), which was released on December 8, 2016. The children functionality included children specific consent, children's referral portal, and the CANS-NY assessment. Prior to Phase 2 deployment, several data fixes and mini-releases were deployed to provide improved data quality and additional functionality for the 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 will improve DSRIP analytics and reporting. The team has drafted the Micro-Design, which will address the MDM Member solution architecture and configuration for the production environment. The Team worked with Subject Matter Experts (SMEs) to complete the sample pair analysis process. During this process, over 6,000 records were reviewed and the input informed the tuning and optimization of the identity matching algorithm. In addition, this information will be used to set the auto-link and clerical review thresholds.

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 their downstream partners of the QE. DOH continues to provide Restricted Access Model (RAM) and System Security Plan (SSP) guidance in order for the QEs and the PPS to meet the security requirements necessary to receive, integrate and share the Medicaid claims data. The submission of RAM security documentation as well as the SSP workbooks are currently in progress. Reviews of RAM/SSP security documentation have also been conducted by DOH as needed. Thus far, one QE within the pilot project has received the Medicaid claims data and two other QEs have been approved to receive the Medicaid claims data within their RAM environment. In this quarter, the QEs have also completed their CLIP use cases and have shared their use case goals and requirements with the project team. Lastly, information sessions were held with the QE group to provide subject matter knowledge and expertise surrounding the Medicaid data files. During this period 17 PPS were approved to receive Medicaid data files on their attributed members in their approved RAM environment for analytical, population health and strategic work design purposes.

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 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 opt out data into aggregate and drillable PHI data. There were delays and errors in the encounter system that feeds the MAPP Dashboard and data files and this resulted in a pause of DSRIP monthly performance reporting. After analysis and plan outreach, the monthly process has resumed this quarter and we have processed the first 10 months of MY2 performance data for many of the measures in Salient. On December 7, 2016 the following additional data sets were published to the approved PPS reflecting this period (MY2 Month 9: April 1, 2015 – March 31, 2016):
- 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, Third Quarter:
- Deployment of Implementation Project Plan (IPP) Version 6.1
- Deployment of Implementation Project Plan (IPP) Version 7.0
- Gathering of requirements for Implementation Project Plan (IPP) Version 8.0
- Enhancements to the Provider Network to support DSRIP Provider Network Hub capabilities

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 2,200 members, a 100-member increase from the last quarter. Collaboration and discussion continues around several topics such as social determinants 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.

Medicaid Redesign Team Twitter
During this reporting period, the Department has increasingly used the Medicaid Redesign Twitter account to increase our 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 continued to facilitate CIO Steering Committee meetings and manage several of the subcommittees and their progress (data security, performance measurement, RHIO adoption). This quarter, the CIO Steering Committee expanded to include new additions from the down-state region and is now made up of 10 voting members across the state. Additionally, a new charter statement was created to ensure alignment on the purpose of the committee and its workgroups. The CIO Steering committee also provided input on a set of common clinical data elements that was prepared based on DSRIP related measures to outline the use of standards where applicable for data capture via the EMR. Once complete, the set will then be evaluated against the VBP measures and will provide a framework of data collection via the EMR using standards and common elements when possible. This set of elements will be shared again with the EMR vendors as a feedback to the original EMR Vendor Forum held last August. A larger CIO meeting will be held next quarter in Albany where the workgroup can share best practices from across the state as well as inform how the IT Strategy team can continue to support the PPS IT needs for DSRIP and VBP.

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 eight-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 45 Action Teams, have been / are enrolled in the MAX Series Program.

- Topic 1—Managing Care for Super Utilizers: A total of six Action Teams representing five PPS 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 ten Action Teams representing ten PPS 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 seven Action Teams representing six PPS 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—Managing Care for Super Utilizers: A total of twelve Downstate Action Teams representing 10 PPS are enrolled in this topic which will kick off in January 2017. Preparations have been ongoing from September 2016.

- Topic 5—Managing Care for Super Utilizers: A total of ten Upstate Action Teams representing nine PPS are enrolled in this topic which will kick off February 2017. Preparations have been ongoing from September 2016.

- A Summative Report for Topic 1-3 and Topic 2 will be released in January 2017.

In addition to the MAX program PPS have 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 has recruited 45 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. The preparation for the program has been ongoing from September 2016 and officially kicked-off in November 2016 and will continue activities into 2017.

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 October 1, 2016-December 31, 2016, the Learning Symposium Advisory Committee finalized any attendee and stakeholder feedback from the 2016 learning activities and began planning for the various efforts for the upcoming 2017 calendar year. Traditionally, the State has hosted two regional symposiums and one annual statewide symposium to bring together all PPS on trends and educational opportunities around DSRIP. Planning sessions and content development has commenced for the proposed platforms for the regional efforts to occur in the spring/summer timeframe of 2017. The State has approved and begun planning for the Third Annual Statewide Symposium. The purpose and goal for the NYS DSRIP PPS Learning Symposiums will continue to promote and support an environment of learning and information sharing.

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/dsrip/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, Third Quarter the contract with the vendor for the DSRIP Independent Evaluator was finalized, receiving final approval from the Office of the State Comptroller on December 20, 2016. The vendor selected was the State University of New York at Albany School of Public Health. The official contract start date is October 1, 2016, and runs through September 30, 2021.

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 December 31, 2016, approximately 167,000 Medicaid members (still less than 3% of total individual letters sent) have opted out of data sharing.

The last opt out large scale mailing for the year took place last quarter, August 2016 (Phase III). Mailings and undeliverable reporting have discontinued while the Medicaid Call Center is in a black out period (October 2016-February 2017) due to NY Health Exchange open enrollment. Despite the pause of the DSRIP member mailing during the blackout period, the Call Center continues to answer questions related to the DSRIP program and also to DSRIP data sharing and can process requests to opt out over the phone. Through December 31, 2016, the Call Center has answered more than 105,000 calls.

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, Fourth Quarter:

- **January 3, 2017:** Release Final Mid-Point Assessment recommendations for public comment
- **January 6, 2017:** Final PPS Year 2 Second Quarterly Reports posted to DSRIP website
- **January 23, 2017:** Public Comment period for Final Mid-Point Assessment recommendations ends
- **January 31, 2017:** PPS Year 2 Third Quarterly Reports (October 1, 2016-December 31, 2016) due from PPS
- **Late January 2017** DY2 First DSRIP Payment to PPS
- **January 31-February 3, 2017:** DSRIP PAOP convenes to review Mid-Point Assessment recommendations
- **March 2017:** Final IA Midpoint Assessment Recommendations presented to Commissioner of DOH and to CMS for review and approval
- **March 3, 2017:** Independent Assessor provides feedback to PPS on PPS Year 2 Third Quarterly Reports; 15-day Remediation window begins
- **Mid-March 2017:** PPS Mid-Point Assessment Action Plan due to IA to address Midpoint Assessment Recommendations
- **March 17, 2017:** Revised PPS Year 2 Third Quarterly Reports due from PPS; 15-day Remediation window closes
- **April 1, 2017:** Final Approval of PPS Year 2 Third Quarterly Reports
- **April 1, 2017:** DSRIP Year 3 begins

Additional information regarding DSRIP Year 2 key dates can be found at:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/index.htm

Additional Resources

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

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

Appendix A: Year 2, Third Quarter DSRIP Program Activity

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

- **October 1, 2016:** Round Two Regulatory Waiver responses completed
- **October 1, 2016:** Implementation of Phase II Payment Scorecard in MAPP Performance Dashboards
- **October 4, 2016:** VBP Steering Committee Meeting
- **October 6, 2016:** Final PPS Year 2 First Quarterly Reports posted to DSRIP Website
- **October 6, 2016:** VBP Bootcamp, Region 4, Session 3
- **October 6, 2016:** Using MAPP for Implementation Project Plans - Part 6 Webinar
- **October 7, 2016:** DSRIP Project Approval & Oversight Panel convenes for briefing on Mid-Point Assessment process.
- **October 12, 2016:** VBP Workgroup Meeting
- **October 19, 2016:** VBP Bootcamp, Region 5, Session 2
- **October 20, 2016:** Children's Health Subcommittee, CAG #1
- **October 20, 2016:** Performance Measurement Work Group Meeting
- **October 31, 2016:** PPS Year 2 Second Quarterly Reports (7/1/16 – 9/30/16) due from PPS
- **November 1, 2016:** VBP Steering Committee Meeting
- **November 7, 2016:** VBP Implementation Considerations Webinar
- **November 8, 2016:** CIO Steering Committee Meeting
- **November 8, 2016:** Regulatory Sub-workgroups: Patient Confidentiality Support Workgroup Meeting
- **November 9, 2016:** Performance Measurement Work Group Meeting
- **November 10, 2016:** Release PPS Primary Care Project Narratives for public comment
- **November 15, 2016:** VBP Steering Committee Meeting
- **November 15, 2016:** MAX Train the Trainer webinar
- **November 16, 2016:** Regulatory Sub--workgroups: Program Integrity Support Workgroup Meeting 3
- **November 18, 2016:** Regulatory Waiver & Project Tracking Tools due from PPS
- **November 18, 2016:** MY3 Data & Analytics Support-Webinar #2
- **November 18, 2016:** Children's Health Subcommittee, CAG #2
- **November 22, 2016:** Regulatory Sub-workgroups: Patient Confidentiality Support Workgroup Final Meeting
- **November 22, 2016:** Release Initial Mid-Point Assessment recommendations to PPS for review
- **November 28, 2016:** Behavioral Health CAG public comments due
- **November 29, 2016:** Release Initial Mid-Point Assessment recommendations to public for comment
- **November 29, 2016:** VBP Workgroup Meeting
- **December 1, 2016:** Independent Assessor provides feedback to PPS on PPS Year 2 Second Quarterly Reports; 15-day Remediation window begins
- **December 5, 2016:** IPA/CPA, Shred File, Claims File, Member roster released to PPS
- **December 5, 2016:** MCP DSRIP Roster released to MCOs
- **December 6, 2016:** Advanced Primary Care Model Webinar
- **December 9, 2016:** All PPS meeting
- **December 12, 2016:** Children's Health Subcommittee, CAG #3
- **December 15, 2016:** Revised PPS Year 2 Second Quarterly Reports due from PPS; 15-day Remediation window closes
- **December 16, 2016:** VBP Town Hall
- **December 21, 2016:** Public comment period for Initial Mid-Point Assessment recommendations and Primary Care Narratives ends
- **December 29, 2016:** MCP DSRIP Roster released to MCOs
- **December 29, 2016:** IPA/CPA v2.0, Shred File, Claims File, Member Roster released to PPS

- **December 30, 2016:** Final Approval of PPS Year 2 Second Quarterly Reports

More information can be found at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/[1].

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[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.