New York DSRIP
1115 Quarterly Report

April 1, 2017 – June 30, 2017
Year 3, First Quarter

Table of Contents

New York DSRIP
Section 1115 Quarterly Report
Year 3, 1st 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 April 1, 2017 through June 30, 2017, the first 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, Third Quarterly Reports were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS submitted their Year 2, Fourth Quarterly Reports on April 30, 2017 documenting the progress on their implementation efforts between January 1, 2017 and March 31, 2017.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.
- The Independent Assessor (IA) gave final approval of the PPS Mid-Point Action Plans and these were posted on the DSRIP website.

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

The 25 PPS submitted their DSRIP Year 2, Fourth Quarterly Reports on April 30, 2017 through the Medicaid Analytics Performance Portal (MAPP). This report represents the Year 2, fourth PPS quarterly report in which the PPS documented progress on their implementation efforts from January 1, 2017 through March 31, 2017. 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 May and into June 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 members continue to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

During the month of April 2017 the PAOP members were provided with each of the final PPS Mid-Point Assessment Corrective Action plan recommendations submitted to and reviewed by the IA. Additionally, during this quarter, the next MRT Public Comment days were scheduled to give PAOP members the opportunity to reassemble to hear DSRIP comments and updates. The upstate Public Comment Day will be held on August 14, 2017 at the SUNY Albany School of Public Health in Rensselaer and a Downstate Public Comment Day will be held on November 16, 2017 in New York City.

More information on the 1115 waiver and its programs is available at:
http://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm.

More information about PAOP is available at:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/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. During DSRIP Year 3, Quarter One, 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 will provide updates on the status of their efforts to implement the Action Plans as part of the upcoming DSRIP Year 3, Quarter One and Quarter Two PPS Quarterly Reports.

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.

An additional 48 waivers have been added this quarter which now totals 648 regulatory waivers through Rounds 1- 5 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

During DSRIP Year 3, Quarter One, Assembly Bill A7748 (Senate version S5342), titled, "An act to amend the public health law, in relation to extending the authority of the commissioner of health to issue certificates of public advantage," passed both chambers of the New York State legislature and was signed into law by Governor Cuomo. This bill extends the authority of the Commissioner of Health to issue certificates of public advantage (COPAs) from December 31, 2016, to December 31, 2020, effective immediately, by amending Public Health Law section 2999-aa, which authorizes the Commissioner of Health to issue COPAs.

In addition, as part of the state's active supervision of the program's current COPA recipient, DOH has created a report template to be completed by PPS semiannually. This monitoring report template responds to the stipulations in 10 NYCRR Subparts 83-2.5 and 83-2.9. Section 83-2.5, which obligates DOH to review applications, and COPA recipients to submit a report of activities to DOH at least annually.

The new COPA report requests information from the PPS related to critical operational aspects relative to its participation in DSRIP and its adherence to the conditions included along with the COPA. In addition to information obtained by the State through regular quarterly submitted reports required for DSRIP participation, the report will focus on several areas of additional information including:

- DSRIP project implementation activities
- Changes in PPS service area and network
- Compliance activities
- Progress towards achieving procompetitive benefits
- Progress towards mitigating potential anticompetitive disadvantages

DOH along with the Attorney General's office will monitor this report and follow up with PPS as needed throughout the term of the COPA agreement.

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, Quarter One included the completion of the VBP quality measure sets for certain arrangements, the official beginning of the VBP Pilot Program, and updates to the Innovator Application.

VBP Quality Measures
As outlined in the VBP Roadmap, the State has established a common set of quality measures for each

VBP arrangement based on national standards and the recommendations from the Clinical Advisory Groups, Technical Design Subcommittees, and approved by the VBP Workgroup. The Quality Measure Sets provide the listing of measures for the 2017 VBP contracting year inclusive of all Category 1 and Category 2 measures. These VBP Quality Measure Sets will be used for contracting between Managed Care Organizations and VBP Contractors and are intended to encourage providers to meet high standards of patient-centered, clinical care and coordination across multiple settings.

More information about the Value Based Payment Quality Measure Sets is available at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm.

VBP Pilot Program
The two year VBP Pilot Program is intended to support the transition to VBP, by establishing best practices and sharing lessons learned. On June 30, 2017, the VBP Pilot program rolled out statewide. Currently, there are 13 pilots representing three different arrangements as shown below:

Arrangement	Number of Contracts
Health and Recovery Plans (HARP)	2
Integrated Primary Care (IPC)	2
Total Care for General Population (TCGP)	9
Total	**13**

The State will be constantly communicating with these Pilots in order to benefit both parties in the transition to VBP.

VBP Innovator Application
The Innovator Application Package was finalized June 2017. The application has been posted on the web and the State is in the process of accepting applications on an ongoing basis. Results of the application submission process will be conveyed in DSRIP Year Three, Quarter Two.

More information about the Innovator Application is available at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/docs/2017-04_innovator_prog.pdf.

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, Third Quarterly Reports
The IA documented all results in MAPP and released the findings of the DSRIP Year 2, Third 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 results to the PPS, no PPS filed appeals with the IA. The DSRIP Year 2, Third Quarter finalized reports will be combined with the results of the DSRIP Year 2, Fourth Quarter report to generate the second biannual DSRIP payment to the PPS for DY2 due out in late July.

The DSRIP Year 2, Third 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, Fourth Quarterly Reports
The DSRIP Year 2, Fourth Quarter Quarterly Reports submitted by each PPS on April 30, 2017 documented their progress in accomplishing their DSRIP goals and objectives for the fourth quarter of the second DSRIP year (January 1, 2017–March 31, 2016). PPS were required to complete Domain 1 milestones for Workforce and Financial Sustainability and had the option of submitting additional PPS-defined milestones

if completion could be substantiated. Seventeen PPS had Project Implementation Speed commitments due this quarter.

Upon receipt of the 25 PPS DSRIP Year 2, Fourth 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 (May 1 – May 31, 2017) and remediation feedback was provided to each PPS who failed to submit supporting documentation for milestone completion. PPS were afforded 20 days (June 1 – 20, 2017) to remediate the items identified and submit evidence supporting completion of those items. At the close of the 20 days the IA verified whether the remediation comments were addressed. The IA then adjudicated the results of each PPS submission on June 30, 2017.

Performance Payments

During the period of April 1, 2017 through June 30, 2017 PPS received their first payment performance payment for DY2 totaling $930,002,235.32 (all funds). This payment was initially scheduled to occur during the January 1, 2017 – March 31, 2017 period following the adjudication of the DSRIP Year 2, Second Quarter quarterly reports. The payments, however, were delayed to allow for continued policy discussions between DOH and CMS regarding payment mechanics as outlined in Attachment I. The payments received by PPS during this period were calculated based on the original language included in Attachment I to mitigate any potential overpayments while DOH and CMS continued the policy discussions on Attachment I. Pending final resolution of the policy discussion between DOH and CMS, PPS may be eligible to receive additional payments for this period. Please see Appendix B for more detail regarding all DSRIP Performance Fund payments made during this quarter.

This was the first reporting period where Pay for Performance (P4P) results will be determined based on Measurement Year 2 (MY2) measure results. These results represent the performance attributed to each PPS during MY2. MY2 data is used as the basis of Achievement Values (AVs) and for the calculation of payments for DY2, Payment 2 and DY3, Payment 1. Results will also be used to update PPS annual improvement targets (AIT) for MY3. Further detail regarding PPS performance is included in the sections below.

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 April 1, 2017 through June 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:

- Released MY2 performance results which will determine P4P incentive payments for PPS using the methodology outlined in the DSRIP Measure Specification and Reporting Manual. A group of 25 Domain 3 measures turned P4P in MY2. Among the measures impacting all PPS, the following

measures had the highest percent of PPS meeting AIT thus achieving P4P goals: Potentially Preventable Emergency Department Visits for the Behavioral Health Population (72%), Adherence to Antipsychotic Medications for People with Schizophrenia (72%), Diabetes Screening for People with Schizophrenia or Bipolar Disease Using Antipsychotic Medications (64%), Diabetes Monitoring for People with Diabetes and Schizophrenia (52%).

- 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, 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, First Quarter, the same five PPS engaged in the previous quarter 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. This includes performance and attribution data loaded up through Measurement Year 3 Month 5 (up through claims service period end-date of November 30, 2016). New functionality was also released during this quarter that incorporates "PPS Sub-Hubs and Hub Types". PPS Hubs provide each PPS to view the performance results of providers within their respective networks through different groupings or hubs. Sub-Hubs and Hub Types are additional groupings or classifications within a PPS Hub.

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. The team has updated the schedule publishing of 2015 data to the VBP Pilots during October 2017. Over the last quarter, the team has completed the requirements, and produced several pivot tables for the VBP Pilots. Additionally, the team has been validating the processing and quality controls on 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, we continue to add enhancements to that functionality through mini-releases and data fixes to provide improved functionality to users and improved data quality.

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 team is developing and testing an automated connection for the MDM member hub to receive data from the source system and for the source system to receive the output from the MDM member hub. The team is currently engaged in configuring and setting up the QA hosting environment, which will be used for testing the application prior to deploying to production. The team is finalizing its testing plans of all MDM components. The Team is continuing its work to validate the identity-matching algorithm and the proposed clerical review and auto-link thresholds.

The team also continues to move ahead with the 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. The NYS DOH has been working with the Qualified Entities (QE) of the Statewide Health Information for New York (SHIN-NY) to provide guidance in meeting the security requirements to receive, integrate and share Medicaid Confidential Data (MCD) with downstream partners. Three of the four pilot QEs have received MCD in their test environments and are working through specific use cases. In the next quarter, QEs will be generating reports of findings from their use cases, which will inform recommendations for future integration efforts and a final pilot report.

MAPP Functionality Enhancements: 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, an ability to calculate complex data sets such as attribution for performance, an 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. The DSRIP Provider Network, Export/Import Network, and Hub tools were updated to allow PPS users to categorize providers. Proceeding the midpoint assessment, the DOH ran a second assessment of Safety Net provider status. The provider network tool is enhanced to apply additional Safety Net designations on new and existing partners. Another enhancement implemented in this quarter is the ability to assign Managed Care assigned PCPs at a level of aggregation lower than a Hub. This is referred to as a "Sub-Hub". Moreover, PPS users have the ability to assign a Managed Care assigned PCP to more than one Hub.

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 2,426 members, a 58-member increase from the last quarter. Collaboration and discussion continues around several topics such as Value Based Payments, IT infrastructure, cultural competency and health literacy, and data and analytics.

For access to the DSRIP LinkedIn group, click here.

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 continued 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. On May 23, 2017, the CIO Leadership hosted a webinar inviting DOH/DOS staff to present recent security updates, various PPS business strategies, as well as data source options, access and sharing details. On June 29, 2017 the CIO Steering Committee introduced a broadened charter, invited all PPS to participate and identified subcommittee topics and purposes.

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 Train-the-Trainer Program 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. To date, a total of 45 Action Teams have been enrolled across 5 MAX Series. A total of 42 Train-the-Trainer Participants are currently enrolled across two Series (current).

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.

MAX Series and Train-the-Trainer Program (in progress)

- **Series 1 and 2 — Improving Care for High Utilizers**
  - **MAX Series**: A total of 12 Downstate Action Teams representing 10 PPSs are enrolled in Series 1 which kicked off in January 2017. A total of 10 Upstate Action Teams representing 9 PPSs are enrolled in Series 2 which kicked off February 2017.
    - Teams have completed 3/3 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 July 2017.

- o **Train-the-Trainer Program**: There are 23 individuals representing 10 Downstate PPSs and 19 individuals representing 8 Upstate PPSs and Albany Promise (an organized based on process improvement in the education sector) that are enrolled in the Train-the-Trainer Program.
  - Participants have completed 3/3 trainings and are in the process of finalizing their Sustainability Plans.
  - Train-the-Trainer Participants officially graduate from the program in July 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 April 1, 2017 – June 30, 2017, the State began developing the agenda and events for the annual Statewide Symposium that will occur in Staten Island, NY on February 6-8, 2018. Outreach for keynote speakers and design sessions for the annual Symposium have commenced. As part of the Learning Symposium a Community of Practice (CoP) is being convened for PPS, focused on Value-Based Payment. The CoP will convene before and during the Learning Symposium and will provide opportunities for PPS leaders and other key stakeholders to:

- Explore, learn and share collectively
- Solve pressing problems
- Avoid mistakes and shorten learning curves
- Build new relationships
- Generate new ideas and innovate
- Support each other

More information on the Learning Symposium including the presentations, event agenda and participation list is available at:
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 DOH 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 3, First Quarter, the Independent Evaluator (IE) team received DEAA approval for Medicaid data access for the selected vendor, the State University of New York at Albany School of Public Health. Though the DEAA was approved, security of data storage remains an issue of concern, and the IE team is seeking approval to store the data for the DSRIP evaluation on the Medicaid Data Warehouse (MDW) servers. Training and data access for the IE subcontractors are also in progress.

Regarding the qualitative component of the DSRIP evaluation, PPS Partner focus group guides were being developed, and key informant interviews were conducted with 16 of the 25 PPSs. Patient surveys, also a part of the qualitative component of the evaluation, are under development.

Comments on the evaluation design were received from CMS. The IE team is currently preparing a response to those comments, to be submitted to CMS by July 28, 2017.

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 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 June 30, 2017, approximately 177,000 Medicaid members (less than 3% of total letters delivered) have opted out of data sharing.

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 held a public webinar for stakeholders interested in the program. The DOH also posted a questions and answers document after the webinar to the website. On June 30, 2017, the DOH posted to the website a draft Workforce Investment Organization Application, as required by the 1115 waiver language. The comment period will close on July 28, 2017. A final document will be posted by August 4, 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, Second Quarter:

- **Early July 2017:** DSRIP Measurement Year 3 Guide posted to website
- **Late July 2017:** Final PPS Year 2 Fourth Quarterly Reports posted to DSRIP Website
- **Late July 2017:** DSRIP Year 2 Second DSRIP Payment to PPS
- **July 1, 2017:** Response made to PPS Lead Regulatory Waiver Requests– Round 5
- **July 31, 2017:** PPS Year 3 First Quarterly Reports (4/1/17 – 6/30/17) due from PPS
- **August 1, 2017:** Additional PPS Lead Regulatory Waiver Requests – Round 6 due
- **August 14, 2017:**1115 Waiver Public Comment Day Albany–SUNY Albany School of Public Health
- **August 31, 2017:** IA provides feedback to PPS on PPS Year 3 First Quarterly Reports; 15–day

remediation window begins

- **September 2017:** Annual update to VBP Roadmap submitted to PPS
- **September 2017:** Opt Out Phase IV Mailer to begin
- **September 11, 2017:** All PPS Meeting in Albany NY
- **September 14, 2017:** Revised PPS Year 3, First Quarterly Reports due from PPS; 15–day remediation window closes
- **September 29, 2017:** PPS annual update to Primary Care Project Narrative due
- **September 30, 2017:** Final Approval of PPS Year 3 First 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/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 3, First Quarter DSRIP Program Activity

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

- **April 1, 2017:** DSRIP Year 3 Begins
- **April 1, 2017:** April Quarterly Report goes live in MAPP IPP
- **April 3, 2017:** PPS receive DY2, Q2 AV Scorecards from Independent Assessor in DSRIP Digital Library
- **April 3, 2017:** Final Approval of PPS Year 2 Third Quarterly Reports
- **April 3, 2017:** Mid-Point Assessment recommendations sent to Commissioner of Health
- **April 6, 2017:** MAPP PPS workgroup
- **April 7, 2017:** IA provides feedback to PPS for Mid-Point Assessment Action Plan
- **April 10, 2017:** Commissioner of Health submits Mid-Point Assessment recommendations to CMS
- **April 11, 2017:** MAPP IPP April (DY2 Q4) Quarterly Reports Overview Webinar
- **April 17, 2017:** RAM Validation Webinar Follow-up forms due
- **April 19, 2017:** PPS responds to IA feedback for Mid-Point Assessment Action Plan
- **April 19, 2017:** Final PPS Year 2 Third Quarterly Reports posted to DSRIP Website
- **April 24, 2017:** Series 1 workshop 3- MAX train-the-trainer
- **April 25, 2017:** Series 1 workshop 3- MAX workshop
- **April 27, 2017:** Series 1 workshop 3- MAX workshop
- **April 28, 2017:** DLTC's Fully Integrated Duals Advantage (FIDA) webinar
- **April 28, 2017:** Notarized Shred Affidavit document due to DOH from PPS
- **April 30, 2017:** IA finalized approval of Mid-Point Assessment Action Plans
- **April 30, 2017:** PPS Year 2 Fourth Quarterly Report (1/1/17- 3/31/17) due from PPS
- **May 1, 2017:** Additional PPS Lead Regulatory Waiver Requests- Round 5 due
- **May 2-3, 2017:** Salient Training: New DSRIP SIM Analyst Training for PPS
- **May 3, 2017:** Salient DSRIP Dashboard live demo to the Independent Evaluator
- **May 4, 2017:** MAPP PPS Workgroup
- **May 5, 2017:** Independent Evaluator scope of work presentation to DSRIP. PCG and OQPS
- **May 5, 2017:** MAX Series Roundtable Webinar
- **May 10, 2017:** IPA/ CPA, Shred File, Claims File, Member Roster, MCP Roster Released to PPS
- **May 12, 2017:** Attribution and Performance results for Measurement Year 3, Month 1 of 12 available in DSRIP Performance Dashboards and in Salient Interactive Miner (SIM)
- **May 15, 2017:** Series 2 Workshop 3- MAX train-the-trainer
- **May 16, 2017:** Series 2 Workshop 3- MAX workshop
- **May 16, 2017:** PPS VBP Town Hall
- **May 18, 2017:** Series 2 Workshop 3- MAX workshop
- **May 18, 2017:** Behavioral Health Valued-Based Payment Notification of Interest Webinar
- **May 19, 2017:** MY3 months 2 and 3 of 12 published to the DSRIP Dashboard and the Salient SIM
- **May 24, 2017:** PPS Shred Request due
- **May 25, 2017:** Managed Long Term Care Workforce Public Webinar and Q&A session
- **May 31, 2017:** MY3 month 4 of 12 published to the DSRIP Dashboard and Salient SIM
- **May 31, 2017:** Last day for PCMH 2014 Corporate Survey Submission
- **May 31, 2017:** 2016 AIU Deadline
- **May 31, 2017:** IA provides feedback to PPS on PPS Year 2 Fourth Quarterly Reports; 15-day remediation window begins
- **End of May, 2017:** Response made to PPS Lead Regulatory Waiver Requests- Round 4
- **June 3, 2017:** Reopening of Provider Network (hubs and categorizations)

- **June 5, 2017:** Data Analytics and Sharing Webinar
- **June 5, 2017:** FINAL Privacy and Data Sharing within DSRIP guidance document released
- **June 5-6, 2017:** DSRIP SIM Analyst Training for PPS
- **June 7, 2017:** MAPP PPS workgroup
- **June 9, 2017:** Independent Evaluator Introductory Webinar to PPS
- **June 16, 2017:** MY2 Performance Measurement Results and MY3 Annual Improvement Targets for your PPS released in digital Library
- **June 20, 2017:** Data and Security follow up Webinars- Security Attestation and MDW Platform and Tools
- **June 20, 2017:** Revised PPS Year 2 Fourth Quarterly reports due from PPS; 15-day remediation window closes
- **June 22, 2017:** NYS Substance Use Disorder Symposium: An Opportunity for Partnership
- **June 26, 2017:** Shred File Affidavit document to DOH
- **June 27, 2017:** MAPP 2.0 Medicaid Data Warehouse (MDW) Platform and tools Webinar
- **June 28, 2017:** MAX Train-the-Trainer Final Webinar
- **June 29, 2017:** CIO Leadership All PPS IT Meeting
- **June 29, 2017:** MY3 month 4 of 12 data files released
- **June 30, 2017:** Final approval of PPS DSRIP Year 2 Fourth Quarterly Reports

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

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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.

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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, First Quarter. The payments made during this period represent the first of two performance payments for DSRIP Year 2 and were based on the results from the first semi-annual reporting period of DSRIP Year 2, covering April 1, 2016 through September 30, 2016.