



**Department
of Health**

New York DSRIP

1115 Quarterly Report

April 1, 2016 – June 30, 2016
Year 2, First Quarter

August 2016

www.health.ny.gov/dsrip

**Office of Health
Insurance Programs**

Table of Contents

Introduction 3

DSRIP Year 2 Focus 3

 Summary of Key Accomplishments for the Quarter 3

DSRIP Program Implementation Accomplishments..... 3

 DSRIP Year 1, Fourth Quarterly Reports (submitted in DSRIP Year 2, First Quarter)
 3

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

 DSRIP Requests for New York Regulatory Waivers 4

 DSRIP Certificate of Public Advantage (COPA)/Accountable Care Organization
 (ACO) Application Process 5

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

PPS Quarterly Reporting and Performance Payments 6

 Quarterly Reporting 6

 Performance Payments 7

Other New York State DSRIP Program Activity 7

 DSRIP Project Management..... 7

 Additional DSRIP Support..... 8

 DSRIP Learning Symposium 12

 Other Program Updates..... 13

 Upcoming Activities 13

Additional Resources 14

Appendix A: Year 2, First Quarter DSRIP Program Activity 15

New York DSRIP Section 1115 Quarterly Report Year 2, 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 2 Focus

This report summarizes the activities from April 1, 2016 through June 30, 2016, the first quarter of DSRIP Year 2. This quarterly report includes details pertaining to the first 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 1, Third Quarterly Reports were distributed to Performing Provider Systems (PPS) and posted to the DSRIP website.
- PPS submitted their Year 1, Fourth Quarterly Reports on May 2, 2016 documenting the progress on their implementation efforts between January 1, 2016 and March 31, 2016.
- The first installment of Regional Learning Symposiums was held in New York City on May 3, 2016 and in Rochester on May 17, 2016.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events including two All-PPS Meetings held on April 8, 2016 and June 21, 2016.
- Members of the DSRIP PAOP joined DOH staff in listening to feedback provided by members of the public and stakeholders on the 1115 Waiver during the Downstate Public Comment Day on May 4, 2016.

DSRIP Program Implementation Accomplishments

DSRIP Year 1, Fourth Quarterly Reports (submitted in DSRIP Year 2, First Quarter)

The 25 PPS submitted their DSRIP Year 1, Fourth Quarterly Reports on May 2, 2016 through the Medicaid Analytics Performance Portal (MAPP). This report represents the Year 1 fourth PPS quarterly report in which the PPS documented progress on their implementation efforts from January 1, 2016 through March 31, 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.

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. The PAOP continues to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

During this quarter, members of the DSRIP PAOP joined DOH staff in listening to feedback provided by members of the public and stakeholders on the 1115 Waiver during Public Comment Day. This session was held as a full day opportunity for members of the public to provide comment and testimony on the 1115 Waiver, though feedback on all programs was welcomed. As DSRIP is a significant waiver initiative, members of the PAOP were invited to participate. The session was webcast live and open to the public. The public was also invited to submit written comments electronically in advance of the meeting.

The downstate Public Comment Day was held on May 4, 2016 in New York City. The upstate Public Comment Day will be held in Albany in the next reporting quarter.

Recordings of the proceedings are available at: <http://www.health.ny.gov/events/webcasts/archive/>.

Additionally, summary of the testimony, and copies of all written comments received are available at: http://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm#comment.

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 there are over 300 approved regulatory waivers through Round #1 and Round #2 activities. PPS leads are invited to submit additional Regulatory Waiver requests to DOH as part of a Round #3 by August 1, 2016. To facilitate ongoing 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. A listing of quarterly deadlines and response dates are as follows:

Deadline	Response
August 1, 2016	October 1, 2016
November 1, 2016	January 1, 2017
February 1, 2017	April 1, 2017
May 1, 2017	July 1, 2017
August 1, 2017	October 1, 2017

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

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

From April 1, through June 30, 2016, there were no new ACO or COPA applications filed by DSRIP participating PPS. The state, with technical support from Public Consulting Group (PCG), continued efforts towards making final determinations on the existing COPA applications. These efforts included (a) holding in-person meetings and telephone calls with DOH, the Executive Chamber, the Attorney General's office and representatives of the applying PPS to discuss conditions that may be imposed if a COPA is granted, (b) reviewing PPS antitrust policies, and (c) monitoring antitrust cases and other state COPA practices to identify trends that could impact the granting and/or terms of a COPA to a PPS. DOH is preparing to consult with the Public Health and Health Planning Council (PHHPC) to request a recommendation regarding the state's draft COPA conditions in August.

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

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

Summaries of COPA applications received to date are available at:
https://www.health.ny.gov/health_care/medicaid/redesign/copa/docs/copa_application_summaries.pdf.

Information regarding ACO certificates of authority is available at:
http://www.health.ny.gov/health_care/medicaid/redesign/aco.

Roadmap to Value Based Payments (VBP)

Preparing for VBP Implementation

The focus of the work during DSRIP Year 2, first quarter was finalizing and submitting the Year 2: Annual VBP Roadmap Update to CMS and preparing for VBP implementation through statewide educational efforts.

The Year 2: Annual VBP Roadmap Update was submitted to CMS for review in early June. The updated draft included edits made following a public comment period, where over 60 individuals and interested parties submitted over 300 proposed comments or changes. These comments were reviewed by DOH and subsequent edits to the Roadmap were approved by the broader VBP Workgroup.

To begin the process of operationalizing the program, a VBP Bootcamp learning series is being conducted throughout the state. VBP Bootcamps are a three-day series held throughout five regions of the state, providing an in-depth look at value based contracting in New York State Medicaid. During this reporting period, three of the eighteen Bootcamp sessions were completed. Sessions will continue into the 3rd quarter of DY2. The schedule below reflects the complete listing of Bootcamp sessions and locations throughout the State. The series provides an introduction to VBP, insight on contracting and risk management, and performance measurement details. All stakeholders have been invited to attend through DSRIP and MRT listserv announcements.

Session	Date	Location
Region 1		
Capital Region, Mid-Hudson, Southern Tier		
Session 1	June 2 nd	University at Albany, Performing Arts Center
Session 2	June 15 th	University at Albany, Performing Arts Center
Session 3	July 7 th	University at Albany, Performing Arts Center
Region 2		

Session	Date	Location
Mohawk Valley, North Country, Tug Hill Seaway		
Session 1	June 29 th	Jefferson Community College
Session 2	July 13 th	SUNY Potsdam
Session 3	July 27 th	SUNY Plattsburgh
Region 3		
New York City (excl. Queens)		
Session 1	July 20 th	Bronx Community College
Session 2	August 17 th	Bronx Community College
Session 3	September 12 th	Bronx Community College
Region 4		
Central, Finger Lakes, Western		
Session 1	August 31 st	National Museum of Play at The Strong
Session 2	September 21 st	National Museum of Play at The Strong
Session 3	October 6 th	National Museum of Play at The Strong
Region 5		
Long Island, Queens		
Session 1	September 27 th	TBD
Session 2	October 19 th	Hofstra University
Session 3	October 26 th	SUNY at Stony Brook

VBP Bootcamp materials are available at:

http://www.health.ny.gov/health_care/medicaid/redesign/dsriv/vbp_bootcamp/

More information on the VBP efforts is available at:

http://www.health.ny.gov/health_care/medicaid/redesign/dsriv/vbp_reform.htm.

Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DSRIP Year 1, Third Quarterly Reports

The IA documented all results in the Medicaid Analytic Performance Portal (MAPP) and released the findings of the DSRIP Year 1, Third Quarterly Report in a PPS-specific Achievement Value (AV) Scorecard. Details such as 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 were included. Each PPS received their individual AV Scorecard on April 11, 2016 with the exception of those PPS requesting an appeal.

Six of the twenty-five PPS filed an appeal to the DSRIP Year 1, Third Quarterly Report IA determinations. The six PPS appealed a total of seven IA determinations related to organizational milestones; three were for Cultural Competency and Health Literacy milestones, two were for Governance milestones, and there was one appeal for a Budget milestone and for a Financial Sustainability milestone. The IA reviewed and adjudicated the seven appellate decisions resulting in three overturned decisions. Once appeal determinations were made, those PPS received their AV Scorecards and all scorecards were made available publicly on the DOH website on April 15, 2016.

As part of the appeal process, PPS can appeal directly to CMS if it disagrees with the final IA determination. The DSRIP Year 1, Third Quarterly Reports and AV Scorecards are available on the individual PPS pages at: http://www.health.ny.gov/health_care/medicaid/redesign/dsriv/pps_map/index.htm.

PPS DSRIP Year 1, Fourth Quarterly Reports

The DSRIP Year 1, Fourth Quarterly Reports were submitted by each PPS on May 2, 2016, documenting their progress in accomplishing DSRIP goals and objectives for the Fourth Quarter of DSRIP Year 1 (January 1, 2016- March 31, 2016). PPS were required to complete two prescribed Domain 1 Governance milestones and had the option of submitting additional PPS-defined milestones if completion could be substantiated. In addition, PPS were also required to report the following: 1) actively engaged Medicaid recipients per project based on the committed engagement amounts in their previously submitted Implementation Plans; 2) PPS workforce strategy spend total; and 3) funds flow distribution amongst its providers.

Upon receipt of the PPS DSRIP Year 1, Fourth Quarterly Reports the IA conducted an in depth review of each submission, including supporting documents, sampling, and actively engaged patients. 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.

The DSRIP Year 1, Fourth Quarterly Report marked the end of DSRIP Year 1 in which the PPS were ramping up their efforts at the organizational level. The upcoming DSRIP Years 2-5, will be more project-focused.

DSRIP Mid-Point Assessment

The DSRIP program requirements as outlined by the STCs and Attachment I, require the IA to conduct a Mid-Point Assessment. This assessment is intended to provide a review of PPS progress towards the implementation of the approved DSRIP Project Plans for compliance with the program requirements identified in the STCs and to determine any modifications necessary to ensure PPS success through the remaining years of the program. The Mid-Point Assessment will focus on the progress made by the PPS through the end of the DSRIP Year 2, First Quarter towards establishing the necessary organizational foundation and towards the implementation of the project requirements consistent with the approved DSRIP Project Plan (inclusive of DSRIP Application and DSRIP Implementation Plan).

On June 21, 2016 the IA released the Mid-Point Assessment Timeline and Updates at an all-PPS meeting. This document was inclusive of details surrounding upcoming on-site reviews at PPS locations, the 360 Survey of PPS partners, and Project and Organizational Narratives. This document along with instructions, templates and tools for use by PPS during the Mid-Point Assessment was distributed to all PPS on June 30, 2016.

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

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

Performance Payments

During the period of April 1, 2016 through June 30, 2016, there were no DSRIP performance payments made. The next DSRIP performance payments will be paid during DSRIP Year 2, Second Quarter as a result of PPS adjudicated DSRIP Year 1, Fourth Quarterly Reports.

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 April 1, 2016 through June 30, 2016, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

PPS Data and Performance Management

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

- Conceptualized the DSRIP Performance dashboards, which will provide statewide and PPS-specific insight into the five-year payment model. This work included defining requirements and approving design workflow for 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. Further design is underway to define AV and Payment Scorecards, which will be exportable from these Performance dashboards and will replace the interim AV Scorecard tool.
- Supported development and quality assurance processes for DY1, Payment Period 3 interim AV Scorecard tool.
- Continued discussions, planning and review sessions to define the AV calculation and payment calculation processes for measures across all four domains. This includes documenting measure updates that impact project metrics and reporting timelines, as well as defining calculation methodology and data structure requirements for the DSRIP Database.
- Created PPS communications on Measurement Year 1 (MY1) performance measure results and MY2 Annual Improvement Targets. A total of 122 DSRIP Project Measures were reported for the MY1 performance period from July 1, 2014 to June 30, 2015.
- Supported development of High Performance and Equity programs payment calculation methodologies and models.
- Supported measure definition, data collection methodology, and vendor management for non-claims based measures including Patient Activation Measure (PAM), Palliative Care measures and Medical Record Review. Supported coordination with DOH and CMS on measure change and approval processes. Please note: DOH is currently awaiting final approval of proposed program guidance related to project 2.d.i. (Patient Activation Measure). NYS has received approval to begin implementing palliative care projects 3.g.i and 3.g.ii across participating PPS and is currently developing further guidance.
- Designed technical specifications, completed user testing, and developed PPS end user documentation corresponding to the expansion of the DSRIP Database. This work included maintenance of the DSRIP Year 1, Fourth Quarterly Report, with MAPP/Implementation Project Plan (IPP) software releases on 4/4/2016, 4/13/2016, 4/21/2016, and 5/2/2016, and creation of the DSRIP Year 2, First Quarterly Report for software release in early July 2016.

Account Support Team (AST)

During this quarter, the AST worked to support each PPS by providing tools, analysis, information sessions, and day to day support. Day to day assistance included answering DSRIP related questions, clarifying DSRIP documentation and requirements, providing subject matter support, notifying PPS of upcoming releases, evaluating each PPS implementation plan approach, providing weekly status reports to DOH on PPS implementation plan progress and ensuring that PPS are appropriately equipped to meet DSRIP deadlines. The AST conducted monthly check-ins as well as a quarterly in-person visit with each PPS. The AST also supported the PPS through frequent notifications on upcoming releases, such as guides, webinars, trainings, and other associated communications.

Enhanced Support and Oversight (ESO)

In addition to the support provided to the PPS by the AST, DOH has implemented an additional level of

support for PPS that are identified as requiring greater support to increase the likelihood of success for the PPS. This additional level of support, known as Enhanced Support and Oversight (ESO), is intended to reduce risk and support the PPS in its operational success, while also allowing for DOH to better understand the PPS' progress in establishing and implementing the organizational and project components of the DSRIP Implementation Project Plan. The ESO process includes periodic calls with the PPS, DOH, and the AST and attendance at PPS internal and external meetings by DOH and the AST.

PPS engaged in ESO receive support in specific organizational and project areas such as Governance, Financial Sustainability, IT implementation, and PPS monitoring and reporting processes.

Through the end of DSRIP Year 2, First Quarter, four PPS were engaged in ESO.

Medicaid Analytics Performance Portal (MAPP)

MAPP is a statewide performance management system that provide tools and technologies for comprehensive performance management and care management capabilities to PPS. The MAPP vision focuses on the following components:

Performance management and analytics: The MAPP DSRIP dashboards allow PPS to review their performance measures, attribution and drill down to member level information. The DSRIP Dashboards were successfully rolled out during the DSRIP Year 1, Fourth Quarter and during DSRIP Year 2, First Quarter, multiple enhancements were released on the dashboards to provide additional functionality. The two major pieces of functionality were the expansion of dashboard access and functionality to the Managed Care Organizations and the snapshot functionality. The snapshot functionality allows DSRIP users to look at utilization of key services by attributed population for a more recent timeframe rather than utilizing the 6-month claim measurement lag. Examples of snapshot utilization include inpatient use and follow-up, emergency room use and chronic condition care. The DSRIP performance measures and dashboards were also updated with multiple months of MY 1 official performance results and current member opt out information was applied to obstruct their drill down PHI capability.

The team also continued the requirements gathering and prototype execution of its Health Care Incentives Improvement Institute™, Inc. (HCI3) project. This project will provide the calculation and then analytic visualization of episode bundling capabilities to support Value Based Payment (VBP). Over the last quarter, the team has successfully run two complete tests through the HCI3 grouper. The test sets include New York State wide data from 2012 and 2013. This data includes imputed shadow pricing on all outlying encounter claims where pricing is not reported at the correct grain. Priced data sources not originally available within MAPP have been developed. Requirements were finalized on seven Tableau visualization workbooks which will be included in release v1.0. This release will be available to DOH users exclusively.

Care management: MAPP also 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. During the DSRIP Year 2, First Quarter, the Health Homes tracking system went live to the Health Homes community on April 22, 2016. The MAPP Call Center and representative training was also updated to include the Health Homes tracking system and its 3,000+ users. In June, the first monthly release was deployed to provide additional functionality for the users including additional billing support around denied claims. The Phase 2 Children's Health Home design and development also occurred in parallel during this period.

Data integration: Data integration involves implementation of a Master Data Management System (MDM) to serve as the authoritative, consistent and clean source of master Medicaid data that can be used to efficiently link data from various data sources. The team has setup its data governance structure and nearly completed its macro design of the member hub. The Master Patient index is the first MDM project and is scheduled for completion during DSRIP Year 2, Third Quarter. The Master Provider Index project has also been initiated this quarter.

The team continues to move ahead with our pilot to integrate claims data from MAPP with clinical data from the RHIO/Qualified Entity (QE) and share this data with a PPS. DOH held a kick off meeting in April with

the four pilot Statewide Health Information Network for New York (SHIN-NY) QEs and relevant stakeholders. A Data Exchange Application and Agreement (DEAA) was created to specifically address the business processes and New York State regulation regarding statewide health information exchange. DOH executed a DEAA with each Pilot QE in June. DOH continues to provide System Security Plan (SSP) guidance to facilitate the QEs demonstrating their ability to meet federal and state Medicaid security requirements when accessing Medicaid member PHI. In parallel, DOH is finalizing the Medicaid member roster and claims data file requirements to share with the Pilot QEs for integration with their clinical data.

In addition to these focus areas, MAPP continues to offer other a menu of statewide capabilities to support the PPS. MAPP's current functionality includes an online PPS Provider Network, a separate online tool to receive and support PPS quarterly reporting, Salient Interactive Miner (SIM) for data analysis, the ability to calculate complex data sets such as attribution for performance, the ability to generate PHI data sets such as the Member Roster and the integration of opt out data into aggregate data analytical sets yet suppress for PHI drill downs. On June 1st the team rolled out the following data sets to reflect the Measurement Year 1 (Month 12 of 12) data for the PPS:

- Updated Member Roster
- Claims File
- Comprehensive Provider Attribution
- Individual Provider Attribution
- Member Roster Shred/PHI Discontinued file

In DSRIP Year 2, Second Quarter, the team plans to further operationalize the generation of this monthly data set and also provide additional data to reflect PPS needs and further training on data analytics.

Currently there are approximately 260 PPS users and 4,900 users in total that have been provisioned to utilize MAPP for Health Homes and DSRIP.

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

- Deployment of Implementation Project Plan (IPP) Version 4.0 (online portal and reports) to support additional functionality needed for PPS DSRIP Year 1, Fourth Quarter Submission.
- Deployment of IPP Version 4.1
- Gathering of requirements for IPP Version 5.0
- Development of ICD9 to ICD10 in Attribution for Performance Logic

MAPP Listening Tours

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

The PPS were split into regional cohorts for the Listening Tours. During DSRIP Year 2, First Quarter, Listening Tours were conducted in the Capital Region, Mid-Hudson Region, Central New York, the Finger Lakes, and Long Island. The Listening Tours will continue in the next quarter to include New York City.

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 1800 members, a 400 member increase. Collaboration and discussion continues around several topics such as Project 2.d.i; IT strategy, cultural competency & community based organizations; and telehealth/telemedicine.

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

Information Technology (IT) strategy

The IT Strategy team facilitated and hosted several large stakeholder meetings including CIO Steering Committee meetings, and Data Security webinars to support PPS through their DSRIP related IT development. The team coordinated discussions between PPS leads, PPS CIOs, PPS IT officials, and DOH representatives allowing streamlined communications of DSRIP milestones, DOH expectations, available DOH support, PPS expectations and PPS concerns between the parties. The team also hosted weekly check-ins and planning meetings for these events to coordinate between DOH, CIO Steering Committee Leadership team, and the PPS. The CIO Steering Committee, under the IT Strategy work stream, created and managed several subcommittees and their progress (data security, performance measurement, RHIO adoption). The IT Strategy team was especially involved in the efforts of the Data Security Workgroup and hosted periodic SSP webinars for PPS to provide assistance to PPS while completing the 18 required SSP workbooks. The IT Strategy Team is working towards hosting an Electronic Health Record (EHR) vendor forum and a Telehealth Vendor Forum to better understand how vendor platforms could possibly assist PPS in DSRIP and be utilized by the DOH (based upon identified areas of opportunities where DOH was not developing DSRIP solutions).

In addition, the IT Target Operating Model (IT TOM) team completed Phase 2 IT TOM workshops with PPS focusing on Project 2.a.i. The objective of the Phase 2 workshops was to enable PPS to generate their own target operating model by leveraging patient-centric scenarios focused on key themes to demonstrate target state use cases that align with the goals of Project 2.a.i and the following themes: Comprehensive Care Management Operations, Payer Integration and Community Based Organizations (CBO) Collaboration. The second objective of the workshops were to assist PPS in extracting detailed system requirements needed in order for PPS to comply with DSRIP project requirements and enable an integrated delivery system. The IT TOM is currently being used by PPS in upstate and downstate regions of New York. The IT TOM Phase 2 Toolkit was published to the DSRIP Digital Library for all PPS to utilize.

Medicaid Data Support

Work continued with Salient to prepare bookmarks/collections in the Salient Interactive Miner tool that support PPS in their estimations of target populations at the project level under each domain. PPS also engaged the team to answer data requests that SIM-trained PPS resources (some PPS employees, other PPS consultants/third parties) sent to an AST monitored email address.

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 peers. It is focused at a local level (i.e. specific providers within a PPS) to generate grass-roots level change and act as an enabler to impact overall DSRIP measures, as well as local improvement measures. Action Teams participate in an 8-month intensive learning experience, delivered across three full-day workshops that empower participants to implement meaningful change during intermediary Action Periods. The program builds skills and capacity for process improvement at a local level that can be scaled and shared across the broader PPS.

During this quarter, the following activities and progress occurred:

- Topic 1—Managing Care for Super Utilizers: A total of six Action Teams representing five PPS are enrolled in this topic. During this quarter, the final Workshop of the series took place in April 2016, focused on process redesign and identification of improvement ideas, as well as scale and sustainability of continuous process improvement efforts. The Action Teams are in their final Action Period and will formally graduate from the program at the end of July 2016.
- Topic 2—Project 3.a.i Integration of Behavioral Health and Primary Care: A total of ten Action Teams representing ten PPS are enrolled in this topic. During this quarter, the second and third Workshops of the series took place. The second Workshop, focused on redesigning care processes related to planning and management for behavioral health patients, took place in April 2016. The third (and final Workshop) of the series, focused on further process redesign and identification of improvement ideas, as well as scale and sustainability of continuous process improvement efforts, took place in June 2016. The Action Teams are in their final Action Period and will formally graduate from the program at the end of September 2016.
- Topic 3—Managing Care for Super Utilizers: A total of seven Action Teams representing six PPS are enrolled in this topic. During this quarter, the second Workshop of this series took place in May 2016. The final Workshop will take place in August 2016 and Action Teams will graduate from the program at the end of November 2016.

A report-out on the MAX Series Program occurred at the both Regional Learning Symposiums in May 2016. Lutheran Family Health Centers Action Team (from NYU Lutheran Medical Center PPS) presented at the Downstate Symposium on their lessons learned from participation in Topic 2, while Ellenville Regional Hospital/Institute for Family Health Action Team (from Westchester PPS) presented at the Upstate Learning Symposium on their lessons learned from Topic 1.

A full program report out will take place at the Annual Learning Symposium in September 2016 to share learnings with providers across DSRIP.

Overall, a total of 23 Action Teams, representing 17 PPS are enrolled in the MAX Series Program. The program has engaged approximately 180 clinicians to date. The MAX program is scheduled to be extended by an additional two series.

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, 2016 through June 30, 2016 the Learning Symposium Advisory Committee continued its planning efforts for the two regional PPS Learning Symposiums that took place in May 2016 and began planning for the Second Annual NYS DSRIP Statewide Learning Symposium scheduled to take place in September 2016.

The Downstate Regional Learning Symposium was held in New York City on May 3, 2016 and the Upstate Regional Learning Symposium was held in Rochester on May 17, 2016. The Regional Learning Symposiums were facilitated workshop sessions with topics focused on information technology, cultural competency and health literacy, primary care, and financial modeling. Each Symposium was attended by approximately 200 participants including CMS, DOH, PPS and DSRIP Stakeholders. The agenda and meeting materials have been posted to the DSRIP Website and are available at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_workshops/learning_symposiums/index.htm.

The second Annual NYS DSRIP Statewide Learning Symposium will be held September 20 – 22, 2016 in Syracuse.

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, First Quarter the proposal review process was completed and a winning bidder was tentatively selected. The Vendor Award Package (VAP) was prepared and submitted for Bureau of Contracts and Executive Deputy Commissioner approvals. The anticipated contract start is October 1, 2016.

Opt Out Mailing – Operations and Impact on Data Files

In previous quarters, DOH has implemented a multi-phased approach to notify Medicaid members of their ability to opt-out from having their data shared with providers participating in the DSRIP program. Through the multi-phased approach, to date a total of 5.2 million letters were sent to Medicaid members. Combined to date and through the end of the DSRIP Year 2, First Quarter, 135,000 Medicaid members, or less than 3% of total individual letters sent, formally chose to opt out of data sharing by returning the signed opt out form or calling the DSRIP Medicaid call center.

Approximately 500,000 letters to Medicaid members from Phase I and Phase II came back as undeliverable. The process has been revised to place these members in a PHI un-shareable state until the address clean-up activities are completed and the members are afforded an opportunity to opt out. The DSRIP Medicaid call center has cumulatively answered 80,000 calls through the end of June 2016, tracked 70% English vs 30% non-English callers, and assisted with facilitated language translation requests.

During the DSRIP Year 2, First Quarter, operational protocols were implemented to remove the opted out Medicaid members from the DSRIP PPS attributed member roster files, Comprehensive Provider Attribution rosters, Claims/Encounter Extracts logic and the DSRIP Performance Dashboard PHI Drill down views. These data files were released to those PPS that completed and have DOH approved Systems Security Plans during this quarter. Letters were sent to Medicaid members who requested written confirmation of opt out and protocols and notifications were put in place to manage a potential breach if someone opened another member's letter. Preparation has also begun this quarter for a Phase III opt out mailer distribution for approximately 1.4 million that will include all the newly eligible members and any updated addresses from the previous undeliverable flagged members.

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, Second Quarter:

- **July 6, 2016:** Final PPS Year 1, Fourth Quarterly Reports posted to DSRIP website
- **July 12, 2016:** 1115 Waiver Public Comment Day (Upstate)
- **August 2016:** Round Two Regulatory Waiver responses completed
- **August 1, 2016:** Initiate Mid-Point Assessment for PPS
- **August 1, 2016:** PPS Lead Regulatory Waiver Requests – Round 3 due
- **August 3, 2016:** DSRIP Year 1, Third payment to PPS
- **August 5, 2016:** PPS Year 2, First quarterly reports due

- **August 8 – September 8, 2016:** Open PPS Performance Networks in MAPP for additions
- **August 31, 2016:** PPS submit Primary Care Project Narrative
- **September 4, 2016:** IA provides feedback to PPS on PPS Year 2, First Quarterly Reports; 15-day remediation window begins
- **September 19, 2016:** Revised PPS Year 2, First Quarterly Reports due from PPS; 15-day remediation window closes
- **September 20-22, 2016:** 2nd Annual PPS Statewide Learning Symposium
- **September 30, 2016:** Final approval of PPS Year 2, First Quarterly reports

Additional information regarding DSRIP Year 2 key dates can be found at:

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

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, First Quarter DSRIP Program Activity

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

- **April 1, 2016:** The Independent Assessor (IA) released results of DY1 Q3 Quarterly Reports to PPS
- **April 4, 2016:** Conducted Collaborative Workshops for Project 2.a.i SRS - Care Management for Upstate Collaborative
- **April 4, 2016:** DOH hosted Advanced Primary Care webinar
- **April 4, 2016:** DOH released Member Overlap Report to PPS
- **April 5, 2016:** Conducted Comprehensive Provider Attribution (CPA) and Active Engagement (AE) Discount Operator Assisted Call
- **April 5, 2016:** Medicaid Accelerated Exchange (MAX) Topic 2, Integration of Behavioral Health & Primary Care, Workshop 2 A
- **April 6, 2016:** DOH hosted webinar, Topic: Using MAPP for Implementation Project Plans, Part 4
- **April 6-7, 2016:** Salient Interactive Miner (SIM) Training for PPS - 2-day accelerated training
- **April 7, 2016:** DOH hosted Data Security Systems Security Plan (SSP) webinar
- **April 7, 2016:** Deadline for PPS DY1 Q3 appeals
- **April 7, 2016:** MAX topic 2, Integration of Behavioral Health & Primary Care, Workshop 2
- **April 7, 2016:** Final PPS Year 1 Third Quarterly Reports posted to DSRIP Website
- **April 7, 2016:** The IA released Achievement Value (AV) Scorecards to PPS
- **April 8, 2016:** DOH hosted All-PPS meeting in Albany
- **April 11, 2016:** Conducted Collaborative Workshops for Project 2.a.i SRS - Care Management for City Collaborative
- **April 18, 2016:** Conducted Collaborative Workshops for Project 2.a.i SRS - Payor Integration for Upstate Collaborative
- **April 18, 2016:** Managed Long Term Care (MLTC) Clinical Advisory Group (CAG) meeting
- **April 20, 2016:** National Council for Behavioral Health Educational Video Series on Integrated Care released to DSRIP website and the Digital Library
- **April 20, 2016:** The IA released the revised Mid-Point Assessment overview document, red-line document & summary of Public Comments to the DSRIP website
- **April 21, 2016:** Released updated CAHPS Uninsured file format to PPS
- **April 25, 2016:** MAPP Performance Dashboard training webinar, "Understanding and Engaging Your Population" released to the Digital Library
- **April 25, 2016:** The IA provided guidance to PPS for reporting of Actively Engaged for SUD Network Partners
- **April 26, 2016:** MAX topic 1, Managing Care for Super Utilizers, Workshop 3 A
- **April 27, 2016:** DOH released Individual Patient Attribution (IPA) report, v1.0 to PPS via the Digital Library
- **April 28, 2016:** Account Support Team (AST) conducted PPS Site Visit - SBH Health System
- **April 28, 2016:** MAX topic 1, Managing Care for Super Utilizers, Workshop 3 B
- **April 28, 2016:** Behavioral Health (BH) CAG meeting, Topic: Depression & Anxiety
- **April 28, 2016:** BH CAG meeting, Topic: Trauma & Stressor
- **April 30, 2016:** PPS Year 1 Fourth Quarterly Reports (1/1/16 - 3/31/16) due from PPS
- **May 2, 2016:** The IA reopened the MAPP tool for PPS to submit documentation necessary to meet Funds Flow reporting requirements
- **May 3, 2016:** DOH hosted downstate Regional Learning Symposium in New York City
- **May 4, 2016:** DOH hosted Downstate Public Comment Day on New York's 1115 Waiver programs in New York City
- **May 4, 2016:** DOH released White Board Video: DSRIP Year 2 Theme-Proceed with Fact-Based Optimism
- **May 4, 2016:** DOH announced several updates to the DSRIP Performance Dashboards in MAPP
- **May 10, 2016:** MAX topic 3, Managing Care for Super Utilizers, Workshop 2 A
- **May 11, 2016:** Conducted Collaborative Workshops for Project 2.a.i BRD - Care Management for

Nassau Queens PPS

- **May 11, 2016:** A link to the OASAS Screening, Brief Intervention and Referral (SBIRT) website was added to the DSRIP website
- **May 12, 2016:** Conducted Collaborative Workshops for Project 2.a.i SRS - CBO Collaboration for City Collaborative
- **May 12, 2016:** MAX topic 3, Managing Care for Super Utilizers, Workshop 2 B
- **May 16, 2016:** Held Value Based Payment (VBP) Workgroup meeting, Final Roadmap review
- **May 16, 2016:** DOH announced the issuance of a Request for Applications (RFA) for Community Based Organization (CBO) Planning Grant
- **May 17, 2016:** DOH hosted upstate Regional Learning Symposium in Rochester
- **May 17, 2016:** Intellectually/Developmentally Disabled (I/DD) CAG meeting
- **May 18, 2016:** DOH hosted - DSRIP Medical Record Review: Summary of MY1 Results and Overview of MY2 Process webinar
- **May 25, 2016:** Conducted Collaborative Workshops for Project 2.a.i BRD - Payor Integration for Nassau Queens PPS
- **May 26, 2016:** DOH hosted webinar to discuss New Data Releases
- **May 27, 2016:** DOH released Consent and Data Sharing document to PPS
- **May 31, 2016:** The DSRIP IA provided feedback to PPS on PPS Year 1 Fourth Quarterly Reports; 15-day Remediation window began
- **May 31, 2016:** DOH conducted the first MAPP PPS Listening Tour in Rensselaer
- **May 31, 2016:** Conducted Collaborative Workshops for Project 2.a.i BRD
- **May 31, 2016:** Conducted Collaborative Workshops for Project 2.a.i SRS
- **June 1, 2016:** DOH announced additional updates to the DSRIP Performance Dashboards in MAPP
- **June 1, 2016:** DOH released Measurement Year 1 results, Annual Improvement Targets and High Performance Targets for MY2 for all DSRIP Measures to PPS
- **June 1, 2016:** DOH released Claims Extract, Member Roster, Public Health Information (PHI) Discontinued/Shred with Attestation files to PPS
- **June 2, 2016:** DOH launched the first VBP Bootcamp, Region 1, Session 1 in Albany
- **June 7, 2016:** DOH conducted MAPP PPS Listening Tour in Tarrytown
- **June 8, 2016:** DOH, OMH, OASAS and OPWDD invited PPS leads to submit additional Regulatory Waiver requests to DOH by August 1, 2016
- **June 8, 2016:** DOH held Community Based Organizations RFA Applicant conference call
- **June 8, 2016:** Conducted Collaborative Workshops for Project 2.a.i BRD - CBO Collaboration for Nassau Queens PPS
- **June 8, 2016:** Conducted Collaborative Workshops for Project 2.a.i SRS - Care Management for Nassau Queens PPS
- **June 9, 2016:** DOH hosted PPS Primary Care Plan webinar
- **June 10, 2016:** Intellectually/Developmentally Disabled (I/DD) CAG meeting
- **June 10, 2016:** DOH released Frequently Asked Questions collected during the May 26th New Data Releases webinar
- **June 10, 2016:** DOH submitted 'A Path toward Value Based Payment: Annual Update June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform' to CMS for review
- **June 13, 2016:** DOH conducted MAPP PPS Listening Tour in Syracuse
- **June 14, 2016:** DOH conducted MAPP PPS Listening Tour in Rochester
- **June 14, 2016:** DOH presented the Measurement Year 2 Medical Record Review (MRR) process at the Greater New York Hospital Association's (GNYHA) DSRIP Clinical Leadership Forum
- **June 14, 2016:** DOH released DSRIP Data Sharing, Downstream Partner Sharing, and Security Assessment Affidavit requirements and guidance
- **June 14, 2016:** Revised PPS Year 1 Fourth Quarterly Reports due from PPS; 15-day Remediation window closed
- **June 15, 2016:** DOH conducted VBP Bootcamp, Region 1, Session 2 in Albany
- **June 15, 2016:** DOH released Primary Care Plan (PCP) Network Analysis materials to the Digital Library

- **June 16, 2016:** DOH, in conjunction with the Medical Home Network (MHN), hosted a webinar, “The Journey to Value Based Payment”
- **June 20, 2016:** DOH released draft Telehealth and Tele-radiology Regulations to PPS for review and comment
- **June 20, 2016:** DOH released Patient Health Questionnaires 2 and 9 (PHQ 2 and 9) in Integrated Care Settings
- **June 21, 2016:** DOH released a revised DSRIP Year 2 Timeline
- **June 21, 2016:** DOH, HANYS, GNYHA and 1199TEF hosted an All-PPS Workforce Collaborative meeting in Albany
- **June 22, 2016:** Conducted Collaborative Workshops for Project 2.a.i SRS - Payor Integration for Nassau Queens PPS
- **June 23, 2016:** DOH hosted Operator Assisted Call: Measurement Year 1 Results
- **June 23, 2016:** BH CAG meeting, Topic: Depression & Anxiety, Trauma & Stressor and Schizophrenia
- **June 24, 2016:** DOH released VBP Clinical Advisory Groups (CAG) Recommendation Reports for public comment
- **June 27, 2016:** DOH hosted Data Sharing, Downstream Partner Sharing, and Security Assessment Affidavit webinar
- **June 28, 2016:** DOH conducted MAPP PPS Listening Tour in East Meadow
- **June 28, 2016:** MAX topic 2, Integration of Behavioral Health & Primary Care, Workshop 3A
- **June 29, 2016:** DOH conducted VBP Bootcamp, Region 2, Session 1
- **June 30, 2016:** The IA released the final DY1 Q4 adjudicated quarterly reports to PPS in MAPP
- **June 30, 2016:** MAX topic 2, Integration of Behavioral Health & Primary Care, Workshop 3B

Additional stakeholder engagement activities regarding the State Supplemental DSRIP Programs are detailed below:

- **April 26, 2016:** DOH released a letter regarding the upcoming State Fiscal Year to participants in the Value Based Payment: Quality Improvement Program (VBP-QIP)
- **April 29, 2016:** DOH hosted a VBP QIP Introductory call with new facilities, PPS and MCOs
- **April 29, 2016:** DOH released a new VBP QIP timeline
- **May 4, 2016:** DOH released VBP-QIP application for new MCO participants
- **May 18, 2016:** DOH released the Equity Performance Program (EPP) Pairings Table to MCOs
- **June 8, 2016:** DOH hosted VBP QIP DSRIP Year (DY) 2 Webinar
- **June 17, 2016:** DOH hosted an Equity Programs DY2 webinar
- **June 22, 2016:** DOH released Equity Programs DY2 Webinar Slides and Reporting Tables to EP participants

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

¹ DOH has 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.