



**Department
of Health**

Opt-Out Process Frequently Asked Questions (FAQs)

New York's Delivery System Reform Incentive
Payment (DSRIP) Program

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DSRIP Opt-Out Frequently Asked Questions (FAQs): Consumer Advocates & Medicaid Members

What is DSRIP?

The DSRIP program aims to promote better community-level collaborations. The DSRIP focus is on health care system transformation, where providers can improve community based primary and preventive care services and better coordinate care to achieve improved quality and patient outcomes. Specifically, DSRIP has a goal to achieve a 25 percent reduction in avoidable hospital including emergency room use over five years. Current Medicaid billing providers and other community based organizations will be required to collaborate in new ways to implement innovative health care projects focusing on system transformation, clinical improvement, and population health improvement. All DSRIP funds will be based on performance linked to achievement of these goals.

DSRIP Data Sharing

1. Why does Medicaid want to share NYS Medicaid data with the Delivery System Reform Incentive Payment (DSRIP) program Performing Provider Systems (PPS)?

The PPS are responsible for working to improve health outcomes for their Medicaid patients, who are seeing the physicians and providers in the PPS. Data sharing is key for effective collaboration among the lead PPS and related network partners for providing and coordinating services to Medicaid members.

Medicaid members' information contained in the Medicaid Data Warehouse (MDW) will be shared with the PPS and its partners. By doing so, the PPS providers can do a better job coordinating care and services to those most in need and also transform how services are delivered for larger patient groups who might have the same needs ('Population management').

2. What information will be shared under the DSRIP program?

The Department of Health will provide both a Medicaid Member roster and a claims extract file to the PPS. Following completion of the initial Opt-Out phases, the **Member roster** will provide a list of Medicaid members (who have not opted out) that are attributed to the PPS. The **claims extract file** will provide a list of past claims and encounters for those members who have not opted out, with additional more-specific information (including providers and treatment codes). Information about a Medicaid member's substance use diagnoses and treatment, however, is not included in this PPS claims information. By federal law, a person needs to give affirmative consent for this specific substance abuse diagnosis and treatment information to be released.

3. Which Medicaid members will be included in this shared information?

Only Medicaid members who have not opted out will have their data shared with the PPS and their downstream providers.

4. Is Medicaid allowed to share this information?

When a member signs the consent portion of the Medicaid application, the member is agreeing to the sharing of information with their Medicaid health plan and health care providers. This includes information about the member's name, type of visit, billing diagnosis, provider name, and codes for medical, mental health services, substance use services, and HIV/AIDS services. This is allowed under a federal law called the Health Insurance Portability and Accountability Act (HIPAA) and allows sharing of personal health information (PHI) for clinical care, claim payment, and health care operations.

Since Medicaid members are included in the DSRIP program and are each attributed to a unique PPS for projects and improvements geared toward better health outcomes, the information and data shared with the PPS would help reach these goals. However, a Medicaid member's data can only be shared if the member agrees to have their data shared with the PPS. If a member agrees to opt in to data sharing, the Medicaid member does not have to take any action. That data will be shared with the PPS, with the exception of claims related to substance abuse diagnoses and treatment. Because federal law requires an affirmative consent for the sharing of substance abuse diagnoses and treatment, Medicaid will not include this particular type of claims data. Medicaid claims will continue to be paid as they are now following all required billing procedures. There is no change to how a Medicaid member seeks care and no change to Medicaid member benefits.

Opt-Out Mailing

5. Who will be receiving a letter regarding the Opt Out?

The NYS DOH will be sending a letter explaining the DSRIP program's state-wide efforts on healthcare system change, and a data sharing option to opt out. This will be sent to approximately 6 million state Medicaid enrollees, with a few exceptions such as those with out-of-state addresses and those in non-Medicaid or partial Medicaid programs like the Family Planning Benefit and Child Health Plus.

This may mean that more than one letter will be mailed to an address if there is more than one Medicaid member residing at the same address. Mailings will be sent to Medicaid members who live in nursing homes, and also persons who have intellectual or developmental disabilities. If a person does not wish to opt out, they need to do nothing. If a member wishes to opt out, he/she can sign his/her full name and confirm the information is correct and return the letter in the enclosed envelope. If members are deceased, no longer receiving Medicaid, out of the country, or live elsewhere, notify the local DSS or the eligibility and enrollment number to make that correction. DSRIP cannot make those types of changes.

6. Can you explain the difference between the Opt-Out mailing Phase I and Phase II?

The initial mailing of letters to enrolled Medicaid members was broken into two phases. Phase I consisted of individuals who were eligible Medicaid members as of 9/25/2015, were HARP eligible (persons with complex mental illnesses), and/or had claims for ambulatory sensitive conditions as well as avoidable emergency department and/or inpatient utilization. This included roughly 700,000 Medicaid members. This phase was completed by November 25, 2015.

There was a break in the mailings due to the NY State of Health open enrollment through the health insurance exchange period.

Phase II included approximately 5 million eligible Medicaid members as of 2/2/2016, as well as letters that may not have been sent or re-sent from Phase I. The Phase II mailing was conducted in batches, determined by region, starting February 22, 2016 through March 15, 2016.

There will be ongoing mailings which will include undeliverables with better addresses, newly eligible Medicaid members, and those who lost eligibility for 90 days then re-enrolled.

7. What is the status for members whose mail is returned to the DOH marked as “Undeliverable”?

Members who have their mailed parcel returned as "Undeliverable" will be placed in an unreachable state. In the next mailing cycle, attempts will be made to locate valid and more current address for those recipients. PPS leads will not be able to share these unreachable members' information with downstream providers.

With each new mailing, a 30-day time period will resume. If a letter that has been sent to a new address is not returned within these 30 days, and the member did not return a signed Opt-Out form nor call the Medicaid call center to opt out, it will be assumed that the member wishes to have his/her data shared and the member's Medicaid data will begin to be shared with the PPS and as appropriate with their downstream partner. It may take up to 60 days to process an Opt-Out decision and remove the Medicaid member from the roster and claims data files that goes to the PPS. This is the same if the member wants to opt back in.

8. Is there information that can be given to members who present with questions regarding the Opt-Out mailing?

Members with questions regarding the Opt-Out letter they received should be directed to the Medicaid call center, where trained staff are ready to answer questions that Medicaid members may have.

The Center has a dedicated DSRIP phone number (1-855-329-8850) to handle calls related to the DSRIP letter and the Opt-Out process. Callers will be directed to language interpreters and staff trained on DSRIP FAQs.

9. If a member is unable to read the information contained in the letter, how will they know to call the Medicaid call center?

Information about the call center is printed in 8 languages both on the envelope and in the letter, instructing the member to contact the call center if they require further information or a language interpreter.

The DSRIP phone number (1-855-329-8850) will direct callers to language interpreters and staff trained on DSRIP Opt-Out FAQs. The letter and form are available on the DSRIP website in different languages for information and reference purposes only.

We would also encourage community based organizations working with the Medicaid members to provide assistance when needed in these circumstances.

10. What is being mailed to the state's Medicaid members?

The letter mailed to Medicaid members will contain information regarding the DSRIP program, and it will explain why it is important for them to have their information shared with their PPS's providers. There is also a section that explains their right to opt out of having their Medicaid data shared with their attributed PPS Lead and provider partners. It will also identify which PPS are located in the member's county of residence. However, the member may seek and obtain services under other PPS with no limitations.

All Medicaid members are considered in a PPS because their doctors and other health care providers are in the PPS. A member cannot opt out of a PPS or DSRIP, only data sharing. The PPS will use the data to

evaluate how to improve performance on health care projects designed to improve health outcomes and access. The Opt-Out option is only regarding the PHI level data sharing that the PPS may receive from NYS DOH MDW. The PPS already has its own data on members who are in the PPS and can also use that data under certain circumstances for the same purpose.

The letter will contain information on how to obtain the information in other languages or in a larger 18-point font.

There is also an Opt-Out form enclosed that further explains the member's right to restrict the sharing of their PHI and an assurance that they will not lose any benefits in the event that they do opt out. Members are instructed to sign and return the form in the enclosed envelope, or to call the Medicaid call center during the Center's hours of operation, if they wish to opt out.

The return address on the mailing envelope, as well as the address on the enclosed envelope for returning the Opt-Out form, is directed to a Post Office box set up and monitored by the DOH. On the back of the mailing envelope are instructions printed in 8 languages to call the Medicaid call center if they need free language assistance.

11. Where can a copy of the letter being mailed be located?

A copy of the letter being mailed to the Medicaid members, as well as a copy of the Opt-Out form, is available on the NYS DSRIP website at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/consumers.htm

Additional Opting Out Information:

12. Can a Medicaid member change their mind after opting out?

If a Medicaid member has opted out and then decides they would like to have their state Medicaid claims and encounter data shared by the DOH with their appropriate PPS, they may call the Medicaid call center and give verbal permission to share this data. This is considered opting in. The call center will notify DOH of the change, and the member's name will be added back onto the next monthly release of the Medicaid Member Roster and claims data. It may take up to 60 days for the change to opt in or opt out to be reflected on the member files that are transferred monthly to the PPS.

13. If a currently opted out member moves to another PPS, would they have to re-do their Opt Out?

No, their Opt-Out decision will be in effect for that Medicaid member's status for the life of the DSRIP program. It will remain in effect as long as the member retains consistent and active Medicaid eligibility, or until the member chooses, after having opted out, to opt back in by calling the Medicaid call center and allowing the sharing of their state Medicaid data with their PPS.

14. If a member changes their mind and decides to opt out after their data have been shared, what happens with those data?

It is the responsibility of the PPS Lead to destroy or suppress and protect any NYS-issued Medicaid data the PPS may have received containing information on DSRIP members who opted out after the beginning of data sharing. The PPS has agreed to a specific state required process for data security and protection, as well as being governed by federal privacy regulations.

15. Will members who allow their Medicaid coverage to lapse, then re-enroll, receive a new Opt-Out letter/form?

Yes. Any time there is a lapse and re-enrollment in Medicaid coverage after a 90-day period, the member will be presented with another notice about DSRIP and an opportunity to opt out of data sharing.

16. According to previous presentations, until the Opt-Out process is complete, the PPS may not be able to direct services to that member. Does that mean that the PPS can't determine which patients need which services prior to the Opt Out?

No, the PPS will serve the patients that already present to their providers for treatment or service supports. Also, the PPS provider network will have multiple existing data sources that they may leverage to identify and direct services appropriately to Medicaid members – for example: access to existing internal claims/encounter data systems that hospitals or providers use, patient clinical records, QE/RHIO connectivity, etc.

17. Will the current Opt-Out process remain the same in the future? Or will other policies/procedures be put in place to allow transfer of this information?

As of now, the plan is to maintain the current process of providing new and re-applying Medicaid members with the DSRIP notice, explanation of Opt Out and the Opt-Out form will remain in place for the duration of the DSRIP program. It will be mailed monthly to newly-enrolled or re-enrolled Medicaid members. In 2017, it is anticipated that the Opt-Out question of DSRIP data sharing will be included in the Medicaid application.

18. What if the NYS DOH is unable to process a member's request to opt out?

There are several reasons an Opt-Out form may not be processed:

- The member did not sign the form
- A different parent/guardian signature than what is listed on file for the minor
- An Incorrect form in DSRIP envelope received
- The CIN is missing from the form

Where possible, the member will be sent a new mailing indicating why the DOH could not process the form.

Minors and DSRIP

19. Will minors' PHI be included with the rest of the state shared Medicaid data?

The Medicaid Data Warehouse contains information on all Medicaid members. This is required for NYS Medicaid to know who is in Medicaid, to pay for services, and to ensure members are receiving quality care. Therefore it does include minors' PHI.

20. Will minors have the right to opt out? If so, how?

Each individual Medicaid member will receive a letter. There are certain types of care that a minor can consent/agree to without his/her parent's or guardian's agreement. The minor has a right to say who can see that information by state and federal law. We cannot segregate Medicaid claims information based upon a type of service. If a minor does not want information shared for which he/she has consented and has the right to control by state and/or federal law, the minor can opt out without his/her parents'/guardian's permission. This will mean none of that minor's PHI or claims and encounters will be shared with the PPS. The minor can either mail a copy of the Opt-Out form or call the Medicaid call center if he/she wishes to opt out and not share state Medicaid data.

21. Will parents be responsible to respond on behalf of their children covered under Medicaid?

Parents are responsible for the consent process for their minor children, except for situations where the minor is allowed to consent for his/her own care or the minor can consent for the specific services he/she is receiving.

Definition of Terms

CBO	Community Based Organizations
CHW	Community Health Worker
CMO	Care Management Organization
DEAA	Data Exchange Application and Agreement
DOH	Department of Health
DSRIP	Delivery System Reform Incentive Payment
HARP	Health and Recovery Plan
MAPP	Medicaid Analytics Performance Portal
MDW	Medicaid Data Warehouse
NYS	New York State
NYS DOH	New York State Department of Health
PHI	Personal Health Information
PPS	Performing Provider System
QE	Qualified Entity
RHIO	Regional Health Information Organization
SIM	Salient Interactive Miner
SUD	Substance Use Disorder