



**Department  
of Health**

# New York DSRIP

## 1115 Quarterly Report

January 1, 2017 – March 31, 2017  
Year 2, Fourth Quarter

May 2017

[www.health.ny.gov/dsrip](http://www.health.ny.gov/dsrip)

Office of Health  
Insurance Programs

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# **New York DSRIP Section 1115 Quarterly Report Year 2, 4<sup>th</sup> 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 January 1, 2017 through March 31, 2017, the fourth quarter of DSRIP Year 2. This quarterly report includes details pertaining to the fourth 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](http://www.health.ny.gov/dsrip).

## **Summary of Key Accomplishments for the Quarter**

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

- PPS submitted their Year 2, Third Quarterly Reports on January 31, 2017 documenting the progress on their implementation efforts between October 1, 2016 and December 31, 2016.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.
- Members of the DSRIP Project Approval and Oversight Panel (PAOP) joined DOH staff in listening to feedback provided by members of the public and stakeholders on the 1115 Waiver on January 31, 2017.
- The DSRIP PAOP was convened February 1 through February 3, 2017 to discuss the Independent Assessor's Mid-Point Assessment findings.
- The Independent Assessor (IA) released its final Mid-Point Assessment Report and Recommendations to the PPS and these were posted on the DSRIP website on January 31, 2017.
- PPS responses and action plans were submitted to the IA and posted on the DSRIP website on March 20, 2017.

## DSRIP Program Implementation Accomplishments

### MRT Demonstration Extension Approval

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

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

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

The 25 PPS submitted their DSRIP Year 2, Third Quarterly Reports on January 31, 2017 through the Medicaid Analytics Performance Portal (MAPP). This report represents the Year 2, third PPS quarterly report in which the PPS documented progress on their implementation efforts from October 1, 2016 through December 30, 2016. This report documented PPS activities regarding progress towards and completion of organizational milestones and project requirements and allowed the PPS the ability to expand upon their initial plans as their projects evolve through implementation efforts. These reports were remediated during late February and into March 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 and continues to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

Many PAOP re-engagement and participatory activities during the third quarter were continued into this quarter and were directly aligned with the DSRIP Mid-Point Assessment.

On October 7, 2016, the IA and DOH presented to the PAOP the progress of activities already begun and pre-scheduled around the Mid-Point Assessment process. The agenda included a timeline of key events past and upcoming, a review of the Mid-Point Assessment process and steps, briefing on IA site visits to the PPS that had been conducted in September and October, updates on regulatory waivers and upcoming meetings and goals. The IA also provided an overview description of the current state of PPS progress. Progress areas reported to the PAOP at this session were based on data through DY2Q1, payments made to PPS, funds flowed to downstream partners, milestones attained and milestones missed to-date. The PAOP subcommittees also prepared their own status report to their colleagues.

Additionally, at that time, the PAOP was also invited to extend inquiry and dialogue directly with each PPS during on-site visits. PAOP members were encouraged to visit at least one PPS or more, if possible. A combination of 19 PAOP members visited together or individually 19 different PPS in the third quarter and three additional PPS in the fourth quarter of DY2. These visits all occurred before the Public Comments day January 31, 2017 and the PPS' Mid-Point Assessment presentations on February 1-February 3, 2017.

PPS Name	Fourth Quarter Site Visit Date	PAOP Member(s)
Leatherstocking Collaborative Health Partners	Tuesday, January 10, 2017	Lara Kassel
NY-Presbyterian - Queens PPS	Thursday, January 19, 2017	Sherry Sutler
Central New York Care Collaborative	Wednesday, January 25, 2017	Marilyn Pinsky

Additionally, on January 20, 2017 and in preparation for the January 31 - February 3, 2017 events, the PAOP members were provided with copies of all prerecorded topical webinars that had been presented to them between November 18, 2016-January 18, 2017. The webinars provided a deeper dive and understanding of DSRIP PPS topics including: MY1 results, Project 2di, County Government engagement,

CBO Involvement in addressing Social Determinants of Health, Primary Care Integration, and Cultural Competency, Health Literacy (CC/HL) and Workforce Strategies.

On January 31, 2017, 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.

More information about PAOP is available at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/project\\_approval\\_oversight\\_panel.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/project_approval_oversight_panel.htm).

## IA Mid-Point Assessment

In July 2016, the IA initiated the Mid-Point Assessment consistent with the requirements outlined in the STCs and Attachment I. During DSRIP Year 2, Quarter Four, several activities took place and the Mid-Point Assessment was concluded in advance of the start of DSRIP Year 3 on April 1, 2017. A recap of the activities and timeline is presented in the chart below. Additional descriptive narrative of activities that occurred during this quarter is provided in the sections that follow.

<b>Date</b>	<b>Activity</b>
July 1, 2016	The DSRIP IA released Mid-Point Assessment timeline, instructions and supplemental templates
August 1, 2016	Initiate Mid-Point Assessment Activities for PPS
August 31, 2016	Deadline for PPS to submit Primary Care Project Narratives
September 19, 2016	The IA hosted PPS Pre-Site Visit Conference Call
October 7, 2016	DSRIP Project Approval & Oversight Panel convenes for briefing on Mid-Point Assessment process
November 10, 2016	Release PPS Primary Care Project Narratives for public comment
November 22, 2016	Release Initial Mid-Point Assessment recommendations to PPS for review
November 29, 2016	Release Initial Mid-Point Assessment recommendations to public for comment
December 21, 2016	Public comment period for Initial Mid-Point Assessment recommendations and Primary Care Narratives ends
January 3, 2017	Release Final Mid-Point Assessment recommendations for public comment
January 23, 2017	Public Comment period for Final Mid-Point Assessment recommendations ends
January 31, 2017	IA released its final Mid-Point Assessment Report and Recommendations to the PPS and these were posted on the DSRIP website
January 31 - February 3, 2017	DSRIP PAOP convenes to review Mid-Point Assessment recommendations
March 10, 2017	PPS Submit Mid-Point Assessment Action Plans to IA
March 16, 2017	Final IA Mid-Point Assessment Recommendations presented to Commissioner of DOH and to CMS for review and approval
March 20, 2017	Mid-Point Action Plans posted to DSRIP Website
March 20, 2017	Public Comment Period Opens
March 31, 2017	Public Comment Period Closes
April 7, 2017	IA provides feedback to PPS
April 13, 2017	DOH Commissioner sends Final IA Mid-Point Assessment Recommendations to CMS for review and approval
April 19, 2017	PPS respond to IA feedback
April 30, 2017	IA finalizes approval of Mid-Point Assessment Action Plans
Sept 30, 2017	Action Plan recommendations completed by PPS

### IA Mid-Point Assessment – Final Recommendations

The Mid-Point Assessment focused on the progress made by the PPS through the end of the DSRIP Year

2, First Quarter towards establishing the necessary organizational foundation and towards the implementation of the project requirements consistent with the approved DSRIP Project Plan (inclusive of DSRIP Application and DSRIP Implementation Plan). The initial report and recommendations for each PPS were released to the public on November 29, 2016 and posted for public comment from November 29 through December 21, 2016. Based on the feedback received through the first public comment period, the IA made revisions to the initial report and recommendations for several PPS and released final reports and recommendations for each PPS on January 3, 2017. The final reports and recommendations were open for a second public comment period from January 3 through January 23, 2017. These final reports and recommendations were presented by the IA to the PAOP during the three days of public meetings from February 1 through February 3, 2017.

The IA's Mid-Point Assessment review resulted in a total of 135 recommendations for 21 of the 25 PPS, with four PPS receiving no recommendations from the IA. The IA's review did not find any evidence requiring major structural changes, but rather the development of recommendations focused on organizational and project improvements the PPS should make to improve the likelihood of the successful implementation of the DSRIP Project Plan. The following themes emerged around the organizational and project themes:

### **Organizational Themes**

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

### **Project Themes**

- **2.d.i - Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care**
  - Some PPS have limited contracting with partners and/or have not yet educated partners about the role and benefit of Patient Activation Measurement (PAM). Some examples of the IA recommendations for 2.d.i include:
    - The PPS develop education materials for partners that are hesitant to conduct PAM surveys.
    - The PPS develop plans to increase outreach and education materials to partners with respect to patient activation measures.
    - The PPS finalize the contracts with partners participating in this project.
- **3.g.i - Integration of palliative care into the Patient Centered Medical Home model**
  - PPS indicated difficulties implementing the project due to low partner engagement. Some examples of the IA recommendations for 3.g.i include:
    - The PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors.
    - The PPS should also create a plan to continue partner engagement beyond the original training.
- **2.b.iii - ED care triage for at-risk populations**
  - A number of PPS indicated issues implementing 2.b.ii. Some examples of the IA

recommendations for 2.b.ii include:

- The PPS create a plan to continue to educate patients regarding ED use and alternative sites of care in order to successfully continue to engage patients.
- **3.a.i - Integration of primary care and behavioral health services**
  - Project 3.a.i is one of the most important projects in DSRIP thus it is critical that the project is implemented successfully. Some examples of the IA recommendations for 3.a.i include:
    - The PPS develop a plan to address interoperability requirements pertaining to EHR as the IA has noted that PPS milestones related to EHR operability as on hold.
    - The PPS develop a plan to address the workforce challenges with licensed behavioral health specialists and care coordinators.
    - The PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments.

### **Mid-Point Assessment – PAOP Reviews and Final Recommendations**

The PAOP convened for three days of public hearings from February 1 through February 3, 2017 to receive presentations from the IA on the final Mid-Point Assessment Recommendations and from the PPS on their response to the Mid-Point Assessment Recommendations and progress towards the implementation of the DSRIP Project Plans. Following the IA and PPS presentation, the PAOP had the opportunity to ask questions of each PPS and to discuss the recommendations for each PPS before moving to a vote on the IA's Mid-Point Assessment Recommendations. The PAOP had three voting options available to them, consistent with the process used for the DSRIP Project Plan Application scores: Accept the IA's Recommendations; Accept with Modifications; or Reject the IA's Recommendations.

The following is a summary of the actions taken by the PAOP during the three days of public hearings:

#### **Day 1 – February 1<sup>st</sup> Meeting Highlights**

- 11 voting members of the PAOP were present for the proceedings.
- Following the first PPS (Westchester Medical Center), the PAOP voted to accept the IA recommendations, with modification in the form of an additional recommendation, as stated below. This modification was then applied going forward to multiple PPS, shown with an asterisk in the PAOP Action table.
  - **Standard Modification:** The PPS must develop a detailed plan for engaging partners across all projects with specific focus on Primary Care, Mental Health, Substance Use Disorder providers as well as Community Based Organizations (CBOs). The plan must outline a detailed timeline for meaningful engagement. The plan must also include a description of how the PPS will flow funds to partners so as to ensure success in DSRIP. The PPS must also submit a detailed report on how the PPS will ensure successful project implementation efforts with special focus on projects identified by the IA as being at risk. These reports will be reviewed and approved by the IA with feedback from the PAOP prior to April 1, 2017.
- Ten PPS were reviewed. PAOP voted to accept, accept with modifications, or reject the recommendations of the IA as follows:
  - 3 PPS = Accept
  - 5 PPS = Accept with Standard Modification
  - 1 PPS = Accept with Standard Modification and additional Modification (remove recommendation #1 on 3.a.iii)
  - 1 PPS = Accept with Modification to recommendation #5
    - The OneCity Health recommendation #5 has been modified as follows:
    - The IA recommends that the PPS develop a plan to execute increased partner engagement efforts across all projects being implemented by the PPS.

#### **Day 2 – February 2<sup>nd</sup> Meeting Highlights**

- 10 voting members of the PAOP were present for the proceedings.
- 10 PPS were reviewed. PAOP voted as follows:

- 4 PPS = Accept
  - 3 PPS = Accept with Standard Modification
  - 1 PPS = Accept with Standard Modification and add a recommendation to submit a report on hub activities
    - The Nassau Queens PPS additional recommendation is stated as follows:
      - The IA recommends that the PPS submit a report that explains the functions and activities carried out at the Hub level including a description of the similarities, differences, and incentives for each of the three Hubs. The report must also describe the activities and role of the PPS.
  - 1 PPS = Accept with Modification to add a recommendation to provide detail on contingency and sustainability fund allocations and related policies
    - The Finger Lakes PPS is required to either:
      - a) Provide a justification for the current Funds Flow policy related to the amount of funding being directed to the Sustainability and Contingency funds and the PPS plans for distributing these funds in the event they are not needed for the defined Sustainability and Contingency purposes.
- OR**
- b) To develop a plan to revise the current Funds Flow policy to reduce the amount of funding being directed to the Sustainability and Contingency funds and to explain the PPS plans for distributing the funds in the event they are not needed for the defined Sustainability and Contingency purposes. This justification or plan must be submitted by March 3, 2017 and will be reviewed and approved by the IA with feedback from the PAOP prior to April 1, 2017.
  - 1 PPS = Accept with Modification to remove one recommendation (Millennium; remove recommendation #1 on VBP)

**Day 3 – February 3<sup>rd</sup> Meeting Highlights**

- 10 voting members of the PAOP were present for the proceedings.
- 5 PPS were reviewed. PAOP voted as follows:
  - 1 PPS = Accept
  - 3 PPS = Accept with Standard Modification
  - 1 PPS = Accept with Standard Modification and add a recommendation to submit a report on strategy
    - The Alliance for Better Health Care additional recommendation is stated as follows:
    - The PPS is required to submit a report that describes the overall strategic organizational approach to DSRIP and how the PPS is currently resourcing and will resource going forward this approach. This report must be submitted by March 3, 2017 and will be reviewed and approved by the IA with feedback from the PAOP prior to April 1, 2017.

**PAOP Action by PPS**

PPS	PAOP Action
Westchester Medical Center	Accept with Modification*
Refuah Community Health Collaborative	Accept
Montefiore Hudson Valley Collaborative	Accept with Modification*
Bronx Partners for Healthy Communities	Accept with Modification*
Bronx Health Access	Accept with Modification*
Community Care of Brooklyn	Accept
OneCity Health	Accept with Modification to language in Rec #5
Advocate Community Partners	Accept with Modification*
NYU Lutheran Medical Center	Accept
Mt. Sinai	Accept with Modification* + remove rec #1 (3aiii)
The NY and Presbyterian Hospital	Accept
NY Presbyterian / Queens	Accept
Staten Island PPS	Accept



Suffolk Care Collaborative	Accept with Modification*
Nassau Queens PPS	Accept with Modification* + report on hub activities
Care Compass Network	Accept with Modification*
Leatherstocking Coll. Health Partners	Accept with Modification*
Finger Lakes PPS	Accept with Modification to report on sustainability & contingency funds
Millennium Care Collaborative	Accept with Modification to remove Rec #1 (VBP)
Community Partners of Western NY	Accept
Alliance for Better Health Care	Accept with Modification* + report on strategy
Albany Medical Center	Accept with Modification*
Adirondack Health Institute	Accept with Modification*
North Country Initiative	Accept
Central New York Care Collaborative	Accept with Modification*

Following the conclusion of the PAOP meeting, the PPS were provided with their final recommendations and guidance from the IA on the completion of action plans to address the final Mid-Point Assessment Recommendations. The PPS were required to submit the completed action plans to the IA by March 10, 2017. These action plans were released through the DSRIP website for a public comment period from March 17 through March 31, 2017.

The IA is expected to complete its initial reviews of the Mid-Point Assessment Action Plans by April 7, 2017 with PPS submitting revised Action Plans to the IA by April 19, 2017. Final approval of the Action Plans is anticipated for April 30, 2017.

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

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrpp/pps\\_map/midpoint/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrpp/pps_map/midpoint/index.htm).

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](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/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 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

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/dsrp/2016/2016-09-14\\_shared\\_space\\_guide.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2016/2016-09-14_shared_space_guide.htm).

To date, 646 regulatory waivers have been requested through Round 1, Round 2, Round 3, and Round 4 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**

The state's ability to grant additional COPAs expired on December 31, 2016. Several PPS have indicated that they wish to pursue an application for a COPA in the future, however this will not be possible until the authority to grant COPAs is reinstated through legislative action. It is assumed that the Legislature will address this issue during the 2017 session. Regarding the COPA granted in 2016, the Department is finalizing and will implement its reporting requirements related to monitoring adherence to the operational conditions included in the COPA this DSRIP year.

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

## **Value Based Payments (VBP)**

The focus of the work during DSRIP Year 2, Quarter Four included the completion of the VBP quality measure sets for each arrangement, refinement of the VBP Pilot Program, updates to the Innovator Application, and finalization of the Provider Contract Guidelines.

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 following Quality Measure Sets provide the listing of measures for the 2017 VBP contracting year include all Category 1 and Category 2 measures for use in contracting between Managed Care Organizations and VBP Contractors.

### **Quality Measure Sets**

- Total Care for General Population (TGPC) / Integrated Primary Care (IPC)<sup>1</sup>
- Health and Recovery Plan (HARP)<sup>2</sup>
- HIV/AIDS<sup>3</sup>
- Maternity Care<sup>4</sup>

In February 2017, the VBP Innovator Program took another step closer to completion with the update of the Innovator Program application based upon feedback elicited from Plans, Providers, and other industry stakeholders. The DOH will begin accepting applications from potential innovators in DSRIP Year Three, Quarter One.

The purpose of Provider Contract Guidelines is to establish standards and a process for contract submission and review, set forth required contract provisions, and effectuate the provisions of Article 44 of the New York State Public Health Law and 10 NYCRR Part 98. During DSRIP Year 2, Quarter Four the Provider Contracting Guidelines—which were updated to include elements of VBP contracting—were finalized and approved. The document provides recommended steps to help MCO partners with the contracting process for VBP contracts before review and approval by the State. It can be found at: [https://www.health.ny.gov/health\\_care/managed\\_care/hmoipa/guidelines.htm](https://www.health.ny.gov/health_care/managed_care/hmoipa/guidelines.htm)

Over the recent months, the VBP Pilot program identified viable provider and MCO partners that are well positioned to become early adopters of VBP contracts. The State provided additional guidance and continued to support providers and payers as they move toward adoption of VBP pilots. Currently, VBP

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<sup>1</sup> [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2017/tcgp\\_ipc.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2017/tcgp_ipc.htm)

<sup>2</sup> [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2017/harp.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2017/harp.htm)

<sup>3</sup> [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2017/hiv\\_aids.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2017/hiv_aids.htm)

<sup>4</sup> [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2017/2017-03-21\\_maternity.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2017/2017-03-21_maternity.htm)

pilots include the HARP, IPC and TCGP arrangements and are geographically diverse, representing regions in western and northern New York and New York City.

More information on the VBP efforts is available at:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_reform.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm).

## Quarterly Reporting and Performance Payments

### Quarterly Reporting

#### PPS DSRIP Year 2, Second Quarterly Reports

The IA documented all results in the MAPP and released the findings of the DSRIP Year 2, Second Quarter Quarterly Report in a PPS-specific Achievement Value (AV) Log in MAPP.

Following the release of the results to the PPS, nine PPS filed appeals with the IA for a redetermination on failed AVs for a total of 23 milestones. Of the nine PPS to appeal, the IA upheld the original determinations for three of the PPS and approved appeals for the remaining six PPS, resulting in the AVs for 17 of the 23 milestones being awarded. These DY2Q2 finalized reports combined with the DY2Q1 report are slated to generate the first biannual DSRIP payment to the PPS for DY2.

The DSRIP Year 2, Second 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](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/index.htm).

#### PPS DSRIP Year 2, Third Quarterly Reports

The DSRIP Year 2, Third Quarter Quarterly Reports submitted by each PPS on January 31, 2017 documented their progress in accomplishing their DSRIP goals and objectives for the first quarter of the third DSRIP year (October 1, 2016-December 31, 2016). PPS did not have any required Domain 1 milestones for completion during this quarter, however, the PPS had the option of submitting PPS-defined milestones if completion could be substantiated.

Upon receipt of the 25 PPS DSRIP Year 2, Third Quarter Quarterly Reports the IA conducted an in depth review of each submission, including supporting documents and sampling by the end of the quarter. The quarterly reports were divided amongst teams of IA reviewers and involved a three tier process which included an initial, peer, and quality control analysis. The review was conducted over the course of 30 days (February 1 – March 2, 2017) and remediation feedback was provided to each PPS who failed to submit supporting documentation for milestone completion. PPS were afforded 15 days (March 3 – 17, 2017) to remediate the items identified and submit evidence supporting completion of those items. At the close of the 15 days the IA verified whether the remediation comments were addressed. The IA then adjudicated the final results of each PPS submission.

### Performance Payments

During the period of January 1, 2017 through March 31, 2017, a payment was to be generated for the combined adjudicated DY2Q1 and DY2Q2 reports but was paused while further policy discussions were conducted with CMS on partial AV allowances. Thus, when resolved, this payment is expected to be generated and paid in the next quarter.

## 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 January 1, 2017 through March 31, 2017, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

### **PPS Data and Performance Management**

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

- Continued work on the DSRIP Performance dashboards, which will provide 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. Final design and development is underway to define AV and Payment Scorecards, which will be drillable and exportable from these Performance dashboards and will replace the interim AV Scorecard excel spreadsheet.

### **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 2, Fourth Quarter, five PPS were engaged in ESO. One PPS was removed and replaced by two others.

### **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 Salient-created 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 the end of Measurement Year 2 (up through claims service period end-date of June 30, 2016). New functionality was also released during this quarter that incorporates “PPS Hubs”. PPS Hubs provide each PPS to view the performance results of providers within their respective networks through different groupings or hubs.

VBP Analytics: The team has redirected its efforts to focus on providing data analytics to the VBP Pilots. The team has developed a new schedule with iterative data calculations and publishing of 2015 data to the VBP Pilots during the next quarter. While the VBP Pilots receive this data via pivot tables, an enterprise solution for the VBP Analytics dashboards in MAPP is targeted for September 2017. 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. Over the last quarter, the team has continued to run the Altarum (formerly HCI3) grouper, refine the requirements for delivery of the 2015 data, complete with revised pricing logic.

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. The team also conducted requirement sessions for adding the new Health Home population to HHTS in the next quarter. To date, there are approximately 11,000 users approved to access this HH tracking system.

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 currently working to validate the identity-matching algorithm and the proposed clerical review and auto-link thresholds.

The team continues to move ahead with our pilot to integrate Medicaid claims data with clinical data from the RHIO/Qualified entities (QE) and share this data with their downstream partners of the QE. DOH continues to provide Restricted Access Model (RAM) and System Security Plan (SSP) guidance in order for the QEs and the PPS to meet the security requirements necessary to receive, integrate and share the Medicaid claims data. The submission and reviews of RAM security documentation as well as the SSP workbooks are currently in progress under the purview of the new Division of Operations and Systems Security and Privacy Bureau. Thus far, three QEs within the pilot project have received the Medicaid claims data. In this quarter, the QEs have shared detailed analytics of the Medicaid data with the project team, including statistics on patient matching. Lastly, requirements gathering sessions were held to inform potential enhancements to the Data File specifications document.

Concurrently, during this period, 21 PPS were also approved to receive Medicaid data files on their attributed members into their RAM approved environments for analytical, population health and strategic work design purposes. At this time, seven PPS have submitted partial Systems Security Plan (SSP) workbooks which are under review and discussion with the Security and Privacy Bureau. These SSP Workbooks, once fully completed, submitted with appropriate supporting documentation and reviewed by the Bureau, would allow PPS to move data into production environments and begin sharing data with downstream partners.

MAPP Functionality Continues: In addition to these focus areas, MAPP continues to offer other statewide capabilities to support the PPS. MAPP’s current functionality includes an online PPS Provider Network, an online tool to receive and support PPS quarterly IPP reporting, ability to calculate complex data sets such as attribution for performance, the ability to generate PHI data sets for attributed members, and the removal of members who have opted out of data sharing from drillable PHI data while leaving them in the aggregate

view. The MAPP Provider Network tool opened on Wednesday, March 15, 2017 for approximately 2 weeks until March 31, 2017 to allow PPS to add providers to their network. The PPS users were also able to associate existing or new providers to the hubs. The enhancements that were added to the network tool include:

- Updating the safety net designation of Health Homes and Care Management Organizations
- Tax ID updates for OPWDD providers
- Safety Net indicator updates to 1915i providers that are designated CBOs
- Removal of providers that were requested to be deleted from the provider network tool as allowed within the Mid-Point Assessment activities only.

At the end of March 2017, the following additional data sets were published to the approved PPS reflecting the period MY2 Month 12 (July 1, 2015 – June 30, 2016):

- Updated Member Roster
- Claims File
- Comprehensive Provider Attribution (CPA)
- Individual Provider Attribution (IPA)
- PHI Discontinued/Shred File

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

- Deployment of Implementation Project Plan (IPP) Version 8.0
- Development of requirements for Implementation Project Plan (IPP) Version 9.0
- Gathering of requirements for Implementation Project Plan (IPP) Version 10.0

### **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 2,368 members, a 160-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 continued to assist and support the CIO Steering Committee meetings and manage several of the subcommittees and their progress (data security, performance measurement, RHIO adoption). This quarter, the PPS CIO Leadership team began steps to evolve as a more independent team with a mission to create linkages and better understanding of data security and privacy policy and, protocols and sharing best practices between the PPS and their associations. During this quarter, the Security and Privacy Bureau increased its one-on-one conversations with PPS on plans for development of production environments where data can be shared with PPS partners and the DSRIP Team revived the monthly PPS MAPP Workgroup meetings.

### **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 2 MAX 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 — Improving Care for High Utilizers (Downstate)**
  - **MAX Series:** A total of 12 Downstate Action Teams representing 10 PPSs are enrolled in this series which kicked off in January 2017.
    - Teams have completed 2/3 workshops and will focus on continuing to implement process changes that improve care and reduce readmissions in their final Action Period.
    - Action Teams will graduate from the program by July 2017.
  - **Train-the-Trainer Program:** A total of 23 individuals representing 10 Downstate PPSs are enrolled in the Train-the-Trainer Program.
    - Participants have completed 2/3 trainings and are in the process of planning their independently-lead workshops (by selecting their topics, sites, clinical advisors and building their action teams) which will kick off by September 2017.
    - Train-the-Trainer Participants will graduate from the program by July 2017.
- **Series 2 — Improving Care for High Utilizers (Upstate)**
  - **MAX Series:** A total of 10 Upstate Action Teams representing 9 PPSs are enrolled in this series which kicked off February 2017.
    - Teams have completed 2/3 workshops and will focus on continuing to implement process changes that improve care and reduce readmissions in their final Action Period.
    - Action Teams will graduate from the program by July 2017.
  - **Train-the-Trainer Program:** A total of 19 individuals representing 8 Upstate PPSs and Albany Promise (an organized based on process improvement in the education sector) are enrolled in the Train-the-Trainer Program.
    - Participants have completed 2/3 trainings and are in the process of planning their independently-lead workshops (by selecting their topics, sites, clinical advisors and building their action teams) which will kick off by September 2017.
    - Train-the-Trainer Participants will graduate from the program by 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 January 1, 2017-March 31, 2017, the State decided that the Third Annual Statewide event would be moved from the Javits Center in NYC in November as previously

announced in the last quarterly report. The Symposium will instead occur in February 2018 in Staten Island, New York. There will also be coordinated topic focused events to occur prior to February 2018. Planning sessions and content development has commenced for the proposed platforms. The purpose and goal for the NYS DSRIP PPS Learning Symposiums will continue to promote and support an environment of learning and information sharing.

More information on the Learning Symposium including the presentations, event agenda and participation list can be found at the following link:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrrip/pps\\_workshops/learning\\_symposiums/index.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/pps_workshops/learning_symposiums/index.htm)

## Other Program Updates

### Independent Evaluation of New York State DSRIP

On December 29, 2015, DOH issued a Request for Proposals (RFP) seeking proposals from responsible and qualified contractors to conduct a multi-method, comprehensive, statewide independent DSRIP program evaluation in accordance with the DSRIP STCs. The DSRIP program evaluation will employ quantitative and qualitative methods in order to achieve a robust evaluation of this demonstration program, and will achieve the following goals: 1) assess DSRIP program effectiveness on a statewide level with respect to the MRT Triple Aim; 2) obtain information on the effectiveness of specific DSRIP projects and strategies selected and the factors associated with program success; and 3) obtain feedback from stakeholders including Department staff, PPS administrators and providers, and Medicaid beneficiaries served under DSRIP regarding the planning and implementation of the DSRIP program, and on the health care service experience under DSRIP reforms. DSRIP Program Evaluation results will be regularly reported to DOH, the PPS, and CMS.

During the DSRIP Year 2, Fourth Quarter, the selected vendor, the State University of New York at Albany School of Public Health, was announced and began work on quantitative, qualitative and time design study methods including initial engagement and outreach to internal DSRIP stakeholders.

### 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 March 31, 2017, approximately 171,000 Medicaid members (less than 3% of total letters delivered) have opted out of data sharing.

## Upcoming Activities

DSRIP Year 3 begins 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, First Quarter:

- **April 1, 2017:** DSRIP Year 3 begins
- **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 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 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 30, 2017:** IA finalizes 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
- **End of April:** Response to PPS Lead Regulatory Waiver Requests – Round 4
- **Late April 2017:** DSRIP Measurement Year 3 Guide posted to website



- **May 1, 2017:** Additional PPS Lead Regulatory Waiver Requests– Round 5 due
- **May 31, 2017:** IA provides feedback to PPS on PPS Year 2 Fourth Quarterly Reports; 15–day Remediation window begins
- **June 9, 2017:** All PPS Meeting in New York City
- **June 14, 2017:** Revised PPS Year 2 Fourth Quarterly reports due from PPS; 15–day remediation window closes
- **Mid–June 2017:** 1115 Waiver Public Comment Day
- **June 30, 2017:** Final Approval of PPS Year 2 Fourth Quarterly Reports
- **Late June 2017:** Annual update to VBP Roadmap submitted to PPS

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](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](http://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](http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm).

## Appendix A: Year 2, Fourth Quarter DSRIP Program Activity

The period covering January 1, 2017 through March 31, 2017 included extensive stakeholder engagement activities detailed below:

- **January 3, 2017:** Release Final Mid–Point Assessment Recommendations for 30–day public comment
- **January 6, 2017:** Final PPS Year 2 Second Quarter Reports posted to DSRIP Website
- **January 17, 2017:** DSRIP Year 2, Second Quarter reports posted to DSRIP Website
- **January 17, 2017:** Series 1 Workshop 1 MAX train-the-trainer
- **January 18, 2017:** Series 1 Workshop 1 MAX train-the-trainer
- **January 19, 2017:** Series 1 Workshop 1 MAX train-the-trainer
- **January 23, 2017:** Public Comment period for Final Mid–Point Assessment Recommendations ends
- **January 27, 2017:** Data File Survey sent to PPS
- **January 31, 2017:** PPS Submit DY2 Q3 quarterly reports to IA
- **January 31, 2017:** PPS Year 2 Third Quarterly Reports (10/1/16 – 12/31/16) due from PPS
- **January 31 – February 3, 2017:** DSRIP PAOP convenes to review Mid–Point Assessment Recommendations
- **February 7, 2017:** VBP Dashboard Analytics Workgroup
- **February 7, 2017:** PPS CIO Leadership Forum
- **February 7, 2017:** Series 2 Workshop 1 MAX train-the-trainer
- **February 8, 2017:** Series 2 Workshop 1 MAX train-the-trainer
- **February 9, 2017:** Series 2 Workshop 1 MAX workshop
- **February 13, 2017:** Series 1 Workshop 2 MAX train-the-trainer
- **February 14, 2017:** Series 1 Workshop 2 MAX workshop
- **February 15, 2017:** Twitter Chat- Follow up for 2017-18 Executive Board Budget Proposal: MRT Budget Briefing Webinar
- **February 15, 2017:** Series 1 Workshop 2 MAX workshop
- **February 17, 2017:** Project 3ai: Innovations in Collaborative Care Webinar
- **February 22-23, 2017:** Salient Training: New DSRIP SIM Analyst Training for PPS
- **February 24, 2017:** DSRIP PPS Communications Workgroup- Upstate
- **February 27, 2017:** MAX Program Measurement- Part 1 with Dr. Amy Boutwell
- **February 28, 2017:** Train-the-trainer MAX Kickoff Webinar- SP Milestone #1
- **March 1, 2017:** Mid-Point Assessment Corrective Action Plans Question & Answer Webinar with PPS
- **March 3, 2017:** DY2 Q3 Quarterly report returned to all PPS with remediation comments
- **March 3, 2017:** Part 2 of Sharing Community Health Improvement Stories webinar series
- **March 3, 2017:** IA provides feedback to PPS on PPS Year 2 Third Quarterly Reports; 15–day Remediation window begins
- **March 9, 2017:** VBP Analytics Workgroup Session
- **March 10, 2017:** PPS complete Mid–Point Assessment Action Plans for Mid–Point Assessment Project Plan modifications and submit for IA review and approval
- **March 13, 2017:** Series 2 Workshop 2- MAX-train-the-trainer
- **March 15, 2017:** Network Reopening for Provider Additions
- **March 16, 2017:** Series 2 Workshop 2- MAX workshop
- **March 16, 2017:** RAM Validation Webinar
- **March 17, 2017:** PPS submits remediated items; IA to commence review of remediated items
- **March 17, 2017:** Revised PPS Year 2 Third Quarterly Reports due from PPS; 15–day Remediation window closes
- **March 20, 2017:** PPS Mid-Point Assessment Plan posted to DSRIP Website
- **March 20, 2017:** Public Comment period for Mid-Point Assessment period opens
- **March 22, 2017:** DSRIP PPS Communications Workgroup- Downstate
- **March 22, 2017:** CIO Leadership Regional PPS Forum

- **March 28, 2017:** Series 2 Workshop 2 MAX workshop
- **March 31, 2017:** Post final DY2 Q2 (payment period 1) AV Scorecards to Web
- **March 31, 2017:** DY2, Q3 Remediation review complete. Adjudicated reports in MAPP
- **March 31, 2017:** Project 11 PPS: PAM Performance Measurement Webinar (project 2.d.i)
- **March 31, 2017:** Public comment period for Mid-Point Assessment period closes
- **March 31, 2017:** PPS Data File release
- **March 31, 2017:** Network Reopening for Provider Additions Closes

More information can be found at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/)<sup>5</sup>.

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<sup>5</sup> 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.