



**Department  
of Health**

# New York DSRIP

## 1115 Quarterly Report

January 1, 2018 – March 31, 2018  
Year 3, Fourth Quarter

**May 2018**

**[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

### DSRIP Year 3, 4<sup>th</sup> Quarter

#### January 1, 2018 – March 31, 2018

## I. 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.

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.

## II. Executive Summary of Key Accomplishments for the DSRIP Year 3 Fourth Quarter (DY3Q4)

This report summarizes the activities from **January 1, 2018 through March 31, 2018**, the fourth quarter of DSRIP Year 3. This quarterly report includes details pertaining to the fourth quarter of the third year of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, and continued 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/dsrp](http://www.health.ny.gov/dsrp).

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

- **New York State has passed the four Statewide Accountability Milestones**

As defined in the STCs beginning in DY3, total DSRIP payments may be reduced if statewide performance is not met across a set of four milestones. The four milestones for statewide performance are:

- Statewide Milestone #1: Statewide performance metrics, as defined in Attachment J. More metrics are improving or maintaining on a statewide level than are worsening when

compared to the prior year and to the initial baseline performance.

- Statewide Milestone #2. Success of projects statewide on project-specific and population wide quality metrics where more metrics that earn an Achievement Value payment are greater than the number of metrics that do not earn an Achievement Value.
  - Statewide Milestone #3: The growth in statewide spending on Inpatient and Emergency Department services is at or below the target trend rate.
  - Statewide Milestone #4: At least 10% of the total Managed Care Organization (MCO) expenditures are captured in Level 1 or above Value Based Payment (VBP) arrangements as defined in Section 3 of the VBP Roadmap.
- The Third Annual Learning Symposium was convened February 6-8<sup>th</sup> in Staten Island attended by almost 700 participants from across the country and the world.
  - Community of Practice learning collaborative focused on VBP convened for second session in February.
  - CMS approval of Independent Evaluator evaluation design in March.
  - Final results of DY3Q2 Reports (July-September 2017) were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
  - PPS submitted their DY3Q3 Reports on January 31, 2018 documenting the progress on their implementation efforts between October 1, 2017 - December 31, 2017.
  - DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.

### **III. DSRIP Program Implementation Accomplishments and Activities**

#### **Statewide Accountability Milestones**

The DSRIP program requirements as outlined by the STCs states that beginning in DY3, total DSRIP payments may be reduced based on statewide performance across a set of four milestones. The four milestones against which statewide performance will be measured include:

- 1) Statewide Milestone #1: Statewide performance on universal set of delivery system improvement metrics, as defined in Attachment J. This milestone will be consider passed in a given year if more metrics are improving or maintaining on a statewide level than are worsening when compared to the prior year and to the initial baseline performance.
- 2) Statewide Milestone #2. A composite measure of success of projects statewide on project-specific and population wide quality metrics. This milestone will be considered passed in a given year if the number of metrics that earn an Achievement Value (and trigger a payment) is greater than the number of metrics that do not earn an Achievement Value (and fail to trigger a payment).
- 3) Statewide Milestone #3: This milestone includes two components; 1) Growth in statewide total Medicaid spending, including MRT spending, that is at or below the target trend rate (this applies to DY4 and DY5 only) and 2) Growth in statewide total inpatient and emergency room spending that is at or below the target trend rate (this component applies to DY 3, DY 4 and DY 5). Both the statewide total spending and statewide total inpatient and emergency room spending will be measured on a per member per month (PMPM) basis and compared to the most recent state fiscal year that immediately precedes the DY being evaluated. For total Medicaid spending, the target trend rate is the ten-year average rate for the long-term medical component of the Consumer Price Index (as used to determine the state's Medicaid Global Spending Cap for that year), for DY4 and DY5 only. For inpatient and emergency room spending the target trend rate is

the ten-year average rate for the long-term medical component of the Consumer Price Index (as used to determine the state's Medicaid Global Spending Cap for that year) minus 1 percentage points for DY3 and 2 percentage points for DY4 and DY5.

- 4) Statewide Milestone #4: This milestone tracks the state's implementation progress towards the annual targets for total MCO expenditures captured in VBP arrangements Level 1 or above as agreed upon by CMS and the state. The performance targets for DY3, DY4, and DY5 are defined in Section 3 of the VBP Roadmap.

The following table captures the performance goals for each of the four milestones for DY3 as well as the actual statewide performance against these goals for the same period and an indication as to whether the state has passed each milestone.

Statewide Milestone	Performance Goal	Actual Performance	Pass/Fail
1. Statewide performance on universal set of delivery system improvement metrics.	At least 50% of measures are improving/maintaining vs. worsening (minimum of 9 out of 18 measures)	75% (12 out of 16)	<b>PASS</b>
2. Composite measure of success of projects statewide on project-specific and population wide quality metrics.	At least 50% of eligible measures trigger an award (minimum of 1,352 out of 2,702 measures)	58% (1,589 out of 2,702)	<b>PASS</b>
3. Growth in statewide IP and ER spending at or below the target trend rate. <sup>1</sup>	Total Statewide IP and ER Spending < \$206.24 PMPM	\$181.65 (\$24.59 under target spend rate)	<b>PASS</b>
4. Implementation of managed care plan, including targets agreed upon by CMS and the state.	At least 10% of total MCO expenditures are captured in Level 1 or above.	34.6% of all MCO expenditures, inclusive of Mainstream and Long Term Care services, are in Level 1 or above VBP contracts	<b>PASS</b>
<b>Statewide Performance</b>	<b>4 out of 4</b>	<b>4 out of 4</b>	<b>PASS</b>

### DSRIP Learning Symposium

As outlined in the DSRIP STCs Attachment I, the State is responsible for hosting DSRIP Learning Symposiums for the PPS. The DY3 Statewide DSRIP Learning Symposium took place on February 6-8, 2018 in Staten Island, NY. Nearly 700 individuals representing PPS and key stakeholders were convened for learning and networking via intensive workshops, nationally renowned speakers, presentations and posters highlighting PPS and partner progress. The full agenda included:

- Three Keynote Presentations offering inspiration and empowerment in support of progress, change and sustainability for transformational efforts.
- Five Intensive Workshops: 1) Moving Evidence into Practice at Scale; 2) Leading in Times of Change: Emerging and Enduring Approaches; 3) Co-Designing Care and Services: Working with Patients to Support Them and Their Needs; 4) Personal Mastery/Transformational Leadership:

<sup>1</sup> For Year 3, only the IP an ER spend is considered for the Statewide Accountability Milestone. Total statewide spend will be considered as part of the Year 4 and 5 assessments.

Being at Our Best within the Complexity and Stress of Day-to-Day Work; and 5) Measurement for Improvement: Leveraging Accessible, Real-Time Data to Drive and Assess Improvement.

- Thirty-three breakout sessions covering a broad spectrum of DSRIP topics and delivered by a diverse group of presenters.
- Fifty-four posters included in a poster session, showcasing progress and impact of DSRIP program-supported strategies.

The symposium's program guide provides detailed information on the content of the event and can be viewed here: <http://www.dsriplearning.com/Symposium/library/DSRIP%20Symposium%20Guide.pdf>.

Additional information on the Learning Symposium can be found on the dedicated website established for the event: <http://www.dsriplearning.com/>.

### **Independent Assessor (IA) Mid-Point Assessment**

PPS completed all Mid-Point Action Plan efforts by the close of DY3Q2 (July-September 2017) and submitted updates to the IA last October 31, 2017. The DSRIP Mid-Point Assessment Final Summary report was posted by the IA to the DSRIP website on March 19, 2018.

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

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

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

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/mid-pt\\_assessment/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/mid-pt_assessment/index.htm).

### **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 (Commissioner) whether to accept, reject, or modify those recommendations. The PAOP fulfilled this function during public review and hearings in February 2015. The PAOP was convened again to review the IA's the Mid-Point Assessment recommendations and provided its input for the Commissioner. Updates on PPS progress on Mid-Point Assessment recommendations were provided to the PAOP in November 16, 2017 during their working session followed by MRT public comment. PAOP members continue to play an important role as advisors and reviewers of PPS status and project performance in the remaining DSRIP timeline.

On February 6, 2018, and prior to the annual Learning Symposium, members of the PAOP joined DOH staff and PPS executives during a meeting in Staten Island, New York. This meeting provided PAOP members and PPS leadership a chance to discuss topics of interest which included sustainability, CBO engagement and performance challenges, in an interactive setting. PAOP members also participated in the annual DSRIP Learning Symposium seminars, workshops and events held February 7-8, 2018 in the same Staten Island location.

During the next quarter, PAOP will host a working meeting on June 19, 2018. There will be also be an 1115 Waiver Public Comment forum in which PAOP members will listen to feedback provided by members of the public and stakeholders.

More information about PAOP is available at:

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

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

During this quarter, DOH finalized questions and the process for interviews it will conduct with both the COPA recipient and the managed care organizations (MCO) in its PPS network to ensure that the conditions included in the COPA are adhered to by the program recipient. The PPS interviews will cover

information related to:

- Antitrust Policy, training and compliance
- Procompetitive Benefits/Anticompetitive Disadvantages
- Compliance with the conditions imposed as part of the COPA issued to the PPS
- Complaints from payers regarding the negotiation of any contracts with PPS providers in the context of DSRIP
- Network exclusivity

The MCO interviews will cover information related to:

- PPS Antitrust Policy compliance
- Collaboration among PPS providers

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 DY3Q4 included the conclusion of the VBP Bootcamps, planning for the second year of VBP U on-line learning sessions, the release of the 2018 Fact Sheets, and updates related to Managed Long Term Care (MLTC).

### VBP Bootcamps

VBP Bootcamps, an all-day educational conference that informs the stakeholder community on key VBP topics and updates through classroom sessions, concluded its second year in DY3Q4. The last two Bootcamps were held in New York City and Albany in January and February 2018, respectively.

Seven Bootcamps were held across five regions of NYS and were attended by over 2,000 stakeholders. A third year of VBP Bootcamps is currently being planned for the Fall of 2018.

### VBP U

Based on increased demand from the stakeholder community, VBP U will begin releasing on-line content for its Sophomore Year. In DY3Q1 and DY3Q2, VBP U released three semesters of material centered on key topics such as VBP Arrangements, VBP Levels, and VBP Roadmap standards.

VBP U: Sophomore Year will focus on a deeper dive of VBP topics including guidance to Community Based Organizations, Chief Financial Officers, Chief Medical Officers, Financial Risk Adjustment, and MLTC plans. Release of the first and second semesters of Sophomore Year are anticipated for DSRIP Year Four, Quarter One.

### 2018 Fact Sheets

The Fact Sheets provide an overview of each of the NYS VBP Arrangements, including a high-level description of:

- Types of care included in the arrangement,
- Method used to define the attributed population for the arrangement,
- Calculation of associated costs under the arrangement, and
- Quality measures recommended for use in the arrangement.

The 2018 release includes Fact Sheets for the following VBP Arrangements:

- Total Care for the General Population (TCGP)
- HIV/AIDS
- Health and Recovery Plans (HARP)



- Integrated Primary Care (IPC)
- Maternity Care

### **MLTC Fully Capitated Plans Guidance Documents**

In January 2018, the MLTC VBP Guidance Documents for Medicaid Advantage Plus (MAP) Plans, Fully Integrated Duals Advantage (FIDA) Plans, and Program of All-Inclusive Care for the Elderly (PACE) Organizations were publicly released. The purpose of these documents was to inform stakeholders of the VBP goals and to support the understanding of VBP implementation for the MLTC plans.

### **2018 Quality Measure Sets for Fully Capitated Plans**

In February 2018, VBP Quality Measure sets were released for MAP and FIDA Plans, and PACE Organizations for Measurement Year (MY) 2018. The quality measure sets were created in collaboration with the MLTC Clinical Advisory Group (CAG), a Sub-team empaneled by the Clinical Advisory Group (CAG) to discuss VBP approaches and quality measures for MAP, FIDA, and PACE, and the NYS VBP Workgroup.

## **IV. Quarterly Reporting and Performance Payments**

### **Quarterly Reporting**

The 25 PPS submitted their DY3Q3 Reports on January 31, 2018 through the Medicaid Analytics Performance Portal (MAPP).

### **PPS DY3Q2 Reports (July-September 2017) - Final Adjudication**

The IA documented all results in MAPP and released the findings of the DY3Q2 Quarterly Report in a PPS-specific Achievement Value (AV) Log in MAPP. Details such as the score of each Domain 1 AV driving section, the status of each Domain 1 milestone, the score of each project tied to patient engagement and the award amount per milestone and project were included.

Following the release of the DY3Q2 results to the PPS, there were no appeals. The DY3Q2 finalized reports will be combined with the results of the DY3Q1 report to generate the first biannual DSRIP payment to the PPS for DY3.

The DY3Q2 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 Submit DY3Q3 Reports (October – December, 2017)**

The DY3Q3 Reports submitted by each PPS on January 31, 2018 documented their progress in accomplishing their DSRIP goals and objectives for the third quarter of the third DSRIP year. Beginning with this quarterly report, the first and third quarterly reports for the remaining DSRIP years will focus on PPS updates on funds flow and partner engagement. Full PPS progress updates will be included in the second and fourth quarterly reports of each remaining DSRIP year. The PPS reports were reviewed by the IA during late February and into March 2018 and posted to the website in the following quarter. There were no PPS with required Project Implementation Speed and Scale commitments due; however, 6 PPS elected to report updates on a total of 39 milestones. At the end of DY3Q3, PPS had successfully completed 44 projects.

Upon receipt of the 25 PPS DY3Q3 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 continue to be divided amongst teams of IA reviewers and involved a review process which included an initial review and quality control analysis. The review was conducted over the course of 30 days (February 1 – March 3, 2018) and remediation feedback was provided to each PPS that failed to submit supporting documentation for milestone completion. PPS were afforded 15 days (March 3 – 17, 2018) to remediate the items identified by the IA 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 results of each PPS submission on March 31, 2018.



In addition to the quarterly report review process, the IA continued its look back into DSRIP Year 2 via on-site audits of the PPS. The IA conducted the first two audits in November with the remaining 23 audits carried out between January and March. The IA conducted the on-site audits of the PPS as an extra level of validation of information presented by the PPS through the PPS Quarterly Reports submitted during DSRIP Year 2. The on-site audits included an audit of organizational data such as PPS Funds Flow, PPS Workforce Strategy spending, and PPS Actively Engaged reporting. The on-site audits also included a review of PPS project implementation activities with a focus on DSRIP Year 2 project implementation requirements for data sharing and interoperability. As part of the project implementation audits, the IA selected PPS partner organizations to participate in the reviews in order to gain a more comprehensive understanding of the project workflows across various partner types and the impacts of DSRIP project implementation requirements on those workflows. The partners were selected by the IA based on data from the PPS Quarterly Reports that indicated the partners were engaged in project implementation efforts and had engaged Medicaid members on behalf of the PPS during DSRIP Year 2.

These audits serve as a valuable opportunity for the IA to gain additional insights on the organizational activities carried out by the PPS in support of DSRIP efforts. With an increasing number of project requirements and entire projects completing implementation efforts, the on-sites also provide an opportunity to gain additional insights to the project implementation efforts and the impacts of these efforts on clinical workflows.

The IA is expected to provide DOH and the PPS with draft audit reports by the end of DY4Q1. PPS will have the opportunity to respond to the draft reports before they are finalized by the IA.

### **Performance Payments**

During the period of January 1, 2018 through March 31, 2018, PPS received their first performance payment for DY3 totaling \$923,858,979 (all funds). This payment represents the first biannual payment to PPS during DY3 and combines the results of PPS adjudicated DY3Q1 and DY3Q2 Reports (April-September 2017).

These performance payments reflect the CMS approved changes to Attachment J to delay the transition of all Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI) measures from P4R to P4P until DY4. As a result, these measures will be removed from the P4P funding pool and included in the P4R funding pool until the second payment period of DY4.

Please see Appendix B for more detail regarding all DSRIP Performance Fund payments made during this quarter.

## **V. Other New York State DSRIP Program Activity**

### **Other PPS Learning Collaboratives**

#### **VBP Community of Practice**

In addition to the Statewide DSRIP Learning Symposium, a Community of Practice focused on VBP transition convened two times this quarter. The community is a group of individuals, sharing passion and commitment to this work, coming together to collectively learn, exchange knowledge, and share resources. The community came together in December 2017, for a facilitated PPS and MCO discussion on data sharing and collaborating around population health management. The group convened again in February 2018 along with invited Community Based Organizations (CBOs) for a facilitated discussion on challenges and opportunities to engage CBOs in service delivery.

Additional information on the Learning Symposium and the VBP Community of Practice, can be found on the dedicated website established for these events: <http://www.dsriplearning.com/>.

#### **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 MAX Training Program (MTP) 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 and sustain RCCI workshops and scale process improvement work across their PPS (coined the MAXny Series). To date, a total of 45 Action Teams have completed 5 MAX Series. The latest MAX Series (Series 6 and 7) launched in October 2017 will run through May 2018 and includes an additional 17 Action Teams and 27 MTP participants. A total of 62 Action Teams and 77 MTP facilitators will have graduated in May to carry on the transformation work to address the needs of high risk populations and help reduce preventable hospital use.

#### MAX Series (graduated)

- Topic 1 — Managing Care for Super Utilizers: A total of 6 Action Teams representing 5 PPS were enrolled in this topic which originally began October 2015. The Action Teams graduated from the program at the end of July 2016.
- Topic 2 — Project 3.a.i Integration of Behavioral Health and Primary Care: A total of 10 Action Teams representing 10 PPS were enrolled in this topic which originally began February 2016. The Action Teams graduated from the program at the end of September 2016.
- Topic 3 — Managing Care for Super Utilizers: A total of 7 Action Teams representing 6 PPS were enrolled in this topic which originally began March 2016. The Action Teams graduated from the program at the end of November 2016.
- Topic 4 – Improving Care for High Utilizers: A total of 22 Action Teams representing 19 PPS were enrolled in this topic which originally began in January 2017. The Action Teams graduated from the program at the end of July 2017.

#### MAX Series and MAX Training Program (in progress)

- Series 6 and 7 — Improving Care for High Utilizers
  - MAX Series: A total of 10 Downstate Action Teams representing six PPS are enrolled in Series 6 which launched October 2017. A total of seven Upstate Action Teams representing six PPS are enrolled in Series 7 which kicked off in November 2017.
    - Action Teams have each completed 3 workshops and are now completing their final action periods. This works sees each Action Team focusing on implementing process changes that improve care and reduce readmissions.
    - Action Teams officially graduate from the program in May 2018.
  - MAX Training Program: 30 individuals are enrolled in the MAX Training Program including representatives from both Upstate and Downstate PPS, DOH, and the education sector.
    - Participants have completed 3 trainings and are currently developing their own "Sustainability Plans" which outline the independent MAX Series (the MAXny Series) that MTP participants will lead upon graduating the current MAX Training Program.
    - MTP Participants officially graduate from the program in May 2018.

A MAX Series Symposium is scheduled in New York City on May 30, 2018 to provide an opportunity to reflect and learn from all previous phases of the MAX program. All past and present MAX Action Team members and their executive sponsors and leaders will be invited, and key achievements and learning from the work will be highlighted on the day. Final details and the structure of the event are under development.

#### **PPS Workgroups**

During this quarter, several PPS workgroups convened including:

- PPS Medical Directors
- PPS Workforce Leads
- Project 3.a.ii Crisis Stabilization Workgroup

#### **Additional DSRIP Support**

DOH continues to support 25 PPS through a wide range of activities and resources. During the period of October 1, 2017 through December 31, 2017, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

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

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

- Monitored PPS monthly performance results for Measurement Year 3 (MY3) and provided updates on performance to PPS. MY3 was July 1, 2016-June 30, 2017
- Updated PPS on significant changes in measure specifications that will impact MY4 performance. MY4 is July 1, 2017-June 30, 2018
- Published the revised the MY4 Measure Specification Guide and Reporting Manual which outlines any changes to the MY4 measures and added additional details on specific measures.
- Produced a poster on statewide PPS performance for the Learning Symposium in February.

### **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. The AST has also been engaged with the Independent Evaluator (IE) in sharing DSRIP program background and answering IE specific research strategy questions that will involve access to PPS or their partners.

### **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 DY3Q4, the same five PPS remained engaged in ESO.

### **Medicaid Analytics Performance Portal (MAPP)**

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

Performance Management and Analytics Dashboards: The dashboards allow a PPS to review their performance measures, attributed population, payment information, provider network classifications, and drill down to 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. Performance and attribution data was loaded monthly up through MY3 Month 12 (up through claims service period end-date of June 30, 2017).

VBP Analytics: Over the last quarter, the team continues to focus on providing data analytics to the VBP Pilots and MCOs. The processing of the 2015 (completed in December of 2017) and 2016 (completed in February of 2018) data has been completed, and the team has begun compiling the data for consumption by the VBP Pilots and MCOs. This project will provide data that will support the VBP Analytics dashboards, which will provide the calculation and 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. These designs and dashboards are expected to be completed by the end of June 2018.

Health Homes: MAPP also 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, enhancements were added to that functionality through mini- releases and data fixes to provide improved functionality to users and improved data quality. The team also began planning enhancements in support of functionality for children, particularly the inclusion of a new assessment.

Data integration: The clinical and claims data integration pilot (CLIP) is in its final stage. The project team has compiled lessons learned and findings from three of the four pilot participant Qualified Entities (QEs), of the Statewide Health Information Network for New York (SHIN-NY), and delivered future state recommendations for ongoing integration of Medicaid data within the SHIN-NY. The project team is working with the last QE to understand and incorporate their findings into a final pilot report. The delivery of the final pilot report is the final deliverable for the project, due next quarter. PPS are interested in these pilots to determine data sharing opportunities with the QEs that can activate patient alerts and care management opportunities in real time.

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 tool, an online tool to receive and support PPS quarterly Implementation Project Plan (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.

In addition to the items noted above, the following is a list of major activities completed by the MAPP team in DY3Q4:

- Finalized all work to allow for a shift in the majority of PPS reporting modules from quarterly to semi-annually.
- Finalized all project deliverables for the IPP 11.0 release on April 1.
- Finalized all project deliverables for the Pharmacy Claims File extract. This near real-time claims extract has a configurable lag, as little as zero months, and provides pharmacy data to care providers based on the specific PPS attributed population. This data provides insight into pharmacy script status, including voided pharmacy claims that indicate the patient didn't pick up their prescription, thus allowing providers to follow up with their patients to better manage health outcomes.
- Finalized all project deliverables for Patient Alerts functionality that provides PPS the most up to date information for their member population. Providers then gain insight into the patient's most recent condition and utilization of health care services, thus allowing providers to proactively care for their patients.
- Opened the provider network tool in March 2018 to allow for provider additions. Changes will impact MY5 performance data.

#### **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 and to receive

feedback and comments. To view the MRT Twitter, click [here](#).

## **DSRIP Project Management**

DSRIP project management efforts continue with weekly DSRIP staff meetings and reporting on DSRIP progress to New York's Medicaid Director. DSRIP project management meetings include key DOH staff and supporting contractors as well as partnering State agencies and IT vendors tasked with developing technology tools in support of DSRIP. Meetings will continue through DY5.

DOH has also established parallel and ongoing project management meetings with key staff from DOH and continues to coordinate with its vendors to allow for more in-depth reviews of project deliverables with each vendor and to address any policy considerations requiring DOH input.

## **Other Program Updates**

### **Independent Evaluation of New York State DSRIP**

The DSRIP program requirements as outlined by the STCs requires DOH to acquire an independent entity to conduct a multi-method, comprehensive, statewide independent DSRIP program evaluation. The DSRIP program evaluation will employ quantitative and qualitative methods in order to achieve a robust evaluation of this demonstration program, and will achieve the following goals: 1) assess DSRIP program effectiveness on a statewide level with respect to the MRT Triple Aim; 2) obtain information on the effectiveness of specific DSRIP projects and strategies selected and the factors associated with program success; and 3) obtain feedback from stakeholders including DOH staff, PPS administrators and providers, and Medicaid beneficiaries served under DSRIP regarding the planning and implementation of the DSRIP program, and on the health care service experience under DSRIP reforms. DSRIP Program Evaluation results will be regularly reported to DOH, the PPS, and CMS.

The Independent Evaluator (IE), the Research Foundation at the State University of New York (SUNY) in Albany, was awarded a contract in December 2016 to evaluate the DSRIP program. During this quarter, the research team members from SUNY Albany, Boston University and University of Maryland continued their quantitative and qualitative investigation and development of a foundation of knowledge and understanding of existing processes to move forward with, and enhance, their DSRIP evaluation plan. Their expanded evaluation plan was approved by CMS on March 13, 2018 and posted to New York's public website.

### Quantitative Research Methods

The IE team continued to review the Medicaid data that is accessible to the researchers for DSRIP evaluation. The team also received approval this quarter to access SPARCS data for their Time Series and Comparative analyses.

### Qualitative Research Methods

During this quarter the IE team finalized their look-back analysis results focused on DSRIP Year 0 through DSRIP Year 2 from interviews and surveys administered at the PPS level during the summer and fall of 2017. Each PPS will receive a finalized annual report to assist their ongoing quality improvement efforts.

The IE team's first Statewide Annual Report was also submitted to NYS DOH and will be shared with state policymakers, PPS, administrators, and providers. The report provides a summary of major DSRIP evaluation results, covering the quantitative and qualitative analysis and statewide findings based on the DY0-2 look-back analysis. The report highlights areas of success and areas to consider going forward as they may be applicable.

The next deliverable by the IE to CMS is the DRAFT Interim Evaluation on June 30, 2019 followed by the FINAL Interim Evaluation on September 30, 2019.

### **Opt Out Mailing**

DOH implemented a multi-phased approach to notify Medicaid members of their ability to opt out of data



sharing with PPS and their 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 which included the initial mailing to Medicaid members and then monthly mailings to those who became newly enrolled in Medicaid. A new mail house vendor was procured and contracted and an additional 1.9 million letters were sent to newly eligible and recertified Medicaid members in February 2018.

As of March 31, 2018, approximately 184,000 Medicaid members have opted out of DSRIP data sharing. The March and April mailing will go out in April 2018 and will continue monthly thereafter.

## Upcoming Activities

DY4 began on April 1, 2018. 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 DY4Q1:

- **April 1, 2018:** DSRIP Year 4 begins
- **April 1, 2018:** IA Approval of PPS DSRIP Year 3, Third Quarter Report
- **April 30, 2018:** PPS DSRIP Year 3, Fourth Quarter Report due from PPS
- **May 30, 2018:** MAX Series Symposium
- **May 30, 2018:** IA completes review of PPS DSRIP Year 3, Fourth Quarter report
- **June 14, 2018:** PPS Remediation of DSRIP Year 3, Fourth Quarter report
- **June 19, 2018:** PAOP and MRT Public Comment Day
- **June 29, 2018:** IA approval of PPS DSRIP Year 3, Fourth Quarter report

Additional information regarding DSRIP Year 4 key dates can be found at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/timelines/year\\_4\\_timeline.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/year_4_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).

## VI. Managed Long-Term Care Workforce Investment Program

The MRT Waiver Amendment, approved in April 2014 by the Centers for Medicare and Medicaid Services (CMS) to amend the State's 1115 waiver, makes available up to \$245 million through March 2020 for initiatives to retrain, recruit and retain healthcare workers in the long-term care sector. This initiative is being referred to as the Workforce Investment Program.

Workforce Investment Program targets direct care workers, with the goals of supporting the critical long-term healthcare workforce infrastructure through retraining, redeployment, and enhancing skillsets.

Through the Workforce Investment Program, DOH requires MLTC plans, which include Fully Integrated Dual Advantage (FIDA) plans (collectively MLTC/ FIDA plans), to contract with DOH-designated workforce training centers, to:

- Invest in initiatives to attract, recruit and retain long term care workers in the areas they serve;
- Develop plans to address reductions in health disparities by focusing on the placement of long-term care workers in medically underserved communities;
- Consistently analyze the changing training and employment needs of the area that the program serves;
- Provide for broad participation and input from stakeholders; and
- Support the expansion of home care and respite care, enabling those in need of long-term care to remain in their homes and communities and reduce New York's Medicaid costs associated with long-term care.

During this quarter, DOH released the MLTC Workforce Investment Program funding methodology for Year 1. Each region was awarded a base payment of \$2 million as a means of addressing disparities in workforce population, density and resources. Remaining MLTC Workforce Investment Program Y1 funds were divided amongst the six regions based on October 2017 total plan enrollment reports by region. DOH approved designated Long Term Care Workforce Investment Organizations (LTC WIOs) and MLTC Plan partnerships by region. DOH issued attestations to each MLTC Plan concerning their LTC WIO partnerships and anticipated funding by partnership by region. Upon receipt of executed attestations, DOH released funds to MLTC Plans for disbursement to partnered LTC WIOs. DOH released a pre-recorded webinar detailing spend parameters for Year 1 as well as budget and reporting measures.

These updates and more information regarding the MLTC Workforce Investment Program can be found here: [http://health.ny.gov/health\\_care/medicaid/redesign/2017/mltc\\_invest.htm](http://health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm).



## Appendix A: DY3Q4 Program Activity

The period covering January 1, 2018 through March 31, 2018 included extensive stakeholder engagement activities detailed below:

- **January 2018:** Final PPS DSRIP Year 3, Second Quarter Reports posted to DSRIP Website
- **January 2, 2018:** MAPP IPP DSRIP Year 3, Quarter Three Quarterly Report
- **January 8, 2018:** MAPP IPP for Quarter 1&3 Webinar to PPS
- **January 8, 2018:** Regulatory Modernization Initiative Meeting 3- Long Term Care Need Methodologies and Innovative Models Workgroup
- **January 9, 2018:** Community of Practice Kickoff
- **January 9, 2018:** Second NYC Value Based Payment Bootcamp
- **January 10, 2018:** MAX Program Measurement and Sustainability Plan Milestone 3 Webinar
- **January 16, 2018:** MAX Training Program Series 1 Preworkshop 3
- **January 17, 2018:** MAX Series 1 Workshop 3A
- **January 18, 2018:** MAX Series 1 Workshop 3B
- **January 18, 2018:** Tier 1 CBO Survey due from PPS
- **January 19, 2018:** MAPP PPS workgroup meeting
- **January 24, 2018:** Children's Health Home & Medicaid Transformation Webinar
- **January 25, 2018:** CIO Leadership Group Monthly Meeting
- **January 26, 2018:** NYC PPS & CBO Consortium Meeting
- **January 29, 2018:** PSYCKES PPS Introductory Webinar to PPS
- **January 29, 2018:** PPS Integrated Rate Codes - Site List Webinar
- **January 31, 2018:** PPS DSRIP Year 3, Third Quarterly Reports due from PPS
- **February 2, 2018:** Second Albany Value Based Payment Bootcamp
- **February 2, 2018:** LTC WIO & Plan agreements and VBP addendums submission due
- **February 6-8, 2018:** Annual Statewide DSRIP Learning Symposium - Staten Island, NY
- **February 12, 2018:** MAX Training Program Series 2 Preworkshop 3
- **February 12, 2018:** PSYCKES PPS Introductory Webinar
- **February 12, 2018:** DY3Q2 PPS Performance Payment
- **February 13, 2018:** MAX Series 2 Workshop 3B
- **February 14, 2018:** Patient Alert File Walkthrough to PPS
- **February 15, 2018:** MAX Series 2 Workshop 3A
- **February 16, 2018:** Opt- Out Phase IV Mailer Resumes
- **February 22, 2018:** CIO Leadership Group Monthly Meeting
- **March 3, 2018:** IA provides feedback on PPS DSRIP Year 3, Third Quarter Reports; 15-day Remediation window begins
- **March 5, 2018:** MAXny Series Webinar
- **March 8, 2018:** Managed Care Policy and Planning meeting
- **March 15, 2018:** Provider Network Reopening for PPS
- **March 17, 2018:** Revised PPS DSRIP Year 3, Third Quarter Reports due from PPS
- **March 19, 2018:** NYS 2018 PCMH Model Webinar to PPS
- **March 22, 2018:** CIO Leadership Group Monthly Meeting
- **March 28, 2018:** Informational Webinar: Service Authorization and Appeal Changes for Medicaid Managed Care to PPS
- **March 28, 2018:** VBP Community of Practice Webinar
- **March 30, 2018:** Provider Network Closes for PPS
- **March 31, 2018:** Final Approval of PPS DSRIP Year 3, Third Quarter Reports

More information can be found at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/)<sup>1</sup>.

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<sup>2</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.

## **Appendix B: DSRIP Performance Fund Payments**

The attached table indicates all DSRIP Performance Fund payments made during DY3Q4. The payments made during this period represent the first of two performance payments for DY3 and were based on the results from the first semi-annual reporting period of DY3 covering April 1 - September 30, 2017.

# New York State Medicaid Redesign Team (MRT) DSRIP Performance Payments Report

Performance/Reporting Period for Payment: April 1, 2017 - September 30, 2017 (DY3, Q1 - DY3, Q2)

Payment Date: January - March 2018 (DY3, Q4)

PPS	Lead Provider Name	DSRIP Payment Earned*
<b>Public:</b>		
Millennium Collaborative Care	Erie County Medical Center	\$ 16,633,162.41
The New York City Health and Hospitals Corporation *	Jacobi Medical Center	\$ 102,463,505.30
Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	\$ 45,366,552.25
State University of New York at Stony Brook University Hospital	State University of New York at Stony Brook University Hospital	\$ 17,356,837.46
Central New York Care Collaborative, Inc.	SUNY Upstate Syracuse	\$ 13,945,505.54
Westchester Medical Center	Westchester Medical Center	\$ 24,316,824.47
<b>Total Public:</b>		<b>\$ 220,082,387.43</b>
<b>Safety Net:</b>		
Adirondack Health Institute	Adirondack Health Institute	\$ 14,315,312.33
Advocate Community Providers	Advocate Community Providers, Inc	\$ 34,429,064.79
Alliance for Better Health Care, LLC (Ellis)	Alliance For Better Health Care, LLC	\$ 19,412,815.95
Better Health for NE NY PPS (BHNNY)**	Better Health for NE NY PPS (BHNNY)	\$ 11,866,357.23
Bronx-Lebanon Hospital Center	Bronx-Lebanon Hospital Center	\$ 7,249,134.15
Finger Lakes PPS	Finger Lakes Performing Provider System	\$ 46,240,043.41
Lutheran Medical Center	NYU Langone Hospital - Brooklyn***	\$ 6,546,022.21
Maimonides Medical Center	Maimonides Medical Center	\$ 19,411,121.99
Mohawk Valley PPS (Bassett)	Bassett Medical Center	\$ 5,518,696.48
Montefiore Hudson Valley Collaborative	Montefiore Medical Center	\$ 11,470,515.05
Mount Sinai Hospitals Group	Mount Sinai PPS, LLC	\$ 12,716,249.59
Refuah Health Center	Refuah Community Health Collaborative	\$ 1,915,955.71
Samaritan Medical Center	Samaritan Medical Center	\$ 7,795,405.28
Sisters of Charity Hospital aka Community Partners of WNY (Catholic Medical Partners)	Sisters of Charity Hospital of Buffalo, New York	\$ 4,067,325.44
Southern Tier Rural Integrated PPS (United)	Southern Tier Rural Integrated Performing Provider System	\$ 19,760,966.11
St. Barnabas Hospital (dba SBH Health System)	SBH Health System	\$ 16,663,178.77
Staten Island Performing Provider System, LLC	Staten Island Performing Provider System, LLC	\$ 19,154,815.12
The New York and Presbyterian Hospital	The New York and Presbyterian Hospital	\$ 4,041,884.16
The New York Hospital Medical Center of Queens	The New York Hospital Medical Center of Queens	\$ 1,036,952.46
<b>Total Safety Net:</b>		<b>\$ 263,611,816.24</b>
<b>Grand Totals:</b>		<b>\$ 483,694,203.67</b>

\*DSRIP Payment Earned reflects Total Net Federal Performance Award funds earned by the PPS based on DSRIP efforts for the semi-annual performance/reporting period noted.