



**Department
of Health**

New York DSRIP

1115 Quarterly Report

October 1, 2018 – December 31, 2018
Year 4, Third Quarter

**January
2019**

www.health.ny.gov/dsrip

**Office of Health
Insurance Programs**

Table of Contents

- I. Introduction..... 3
- II. Executive Summary of Key Accomplishments for the DSRIP Year 4 Third Quarter (DY4Q3) 3
- III. DSRIP Program Implementation Accomplishments and Activities 4
 - DSRIP Project Approval and Oversight Panel (PAOP) 4
 - DSRIP Certificate of Public Advantage (COPA)/Accountable Care Organization (ACO) Application Process 4
 - Value Based Payments (VBP) 4
- IV. Quarterly Reporting and Performance Payments 6
 - Quarterly Reporting 6
 - Performance Payments 7
- V. Other New York State DSRIP Program Activity 7
 - Other PPS Learning Collaboratives 7
 - DSRIP Annual Learning Symposium 7
 - Additional DSRIP Support..... 7
 - DSRIP Project Management..... 9
 - Other Program Updates..... 9
 - Upcoming Activities 10
 - Additional Resources 11
- VI. Managed Long-Term Care Workforce Investment Program..... 11
- Appendix A: DY4Q2 Program Activity 12**

New York DSRIP
Section 1115 Quarterly Report
DSRIP Year 4, 3rd Quarter
October 1, 2018 – December 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 DSRIP demonstration under the April 2014 waiver amendment agreement runs through March 31, 2020.

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 4 Third Quarter (DY4Q3)

This report summarizes the activities from **October 1, 2018 through December 31, 2018**, the third quarter of DSRIP Year 4. This report includes details pertaining to DY4Q3 of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, continued refinement of key DSRIP policies and procedures, and progressive steps in moving to Value Based Payment (VBP). A comprehensive DSRIP website, launched on April 14, 2014, continues to be updated and is available at www.health.ny.gov/dsrp.

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

- Final results of DY4Q1 Reports (April - June 2018) were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS submitted their DY4Q2 Reports on October 31, 2018 documenting the progress on their implementation efforts between July 1, 2018 - September 30, 2018.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events and VBP Bootcamps.
- MRT 1115 Waiver Public Comment was held in New York City on November 29, 2018.

III. DSRIP Program Implementation Accomplishments and Activities

DSRIP Project Approval and Oversight Panel (PAOP)

The DSRIP program requirements as outlined by the STCs required the Independent Assessor (IA) to convene a panel to review DSRIP applications scored by the IA and to advise the Commissioner of Health on 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 in the remaining DSRIP timeline.

During this quarter, PAOP held a morning working session on November 29, 2018 in New York City. This meeting focused on current PPS performance and their sustainability plans post-DSRIP.

Immediately following the conclusion of the PAOP meeting, a half-day 1115 Waiver downstate Public Comment forum commenced. This session mirrored the upstate session held in Albany on June 19, 2018 as an opportunity for members of the public to provide commentary and testimonials on the 1115 Waiver, though feedback on all programs was welcomed. Recordings of both the upstate and downstate Public Comment Days are available at: <http://www.health.ny.gov/events/webcasts/archive/> and summary of the testimony, and copies of all written comments received are available at: https://www.health.ny.gov/health_care/medicaid/redesign/2018/docs/2018-11-29_written_comments.pdf

PAOP members were also invited to attend the upcoming fourth annual DSRIP Learning Symposium being held in Saratoga Springs February 11-13, 2019. PAOP members will be able to further discuss PPS performance with DOH Leadership.

More information about PAOP is available at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/project_approval_oversight_panel.htm.

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

During this quarter, DOH requested additional information from the COPA recipient. This follows last quarter's interview with the recipient to ensure that the conditions included in the COPA are being adhered to. The request for additional information included questions about the following:

- COPA and PPS Antitrust Compliance and Training
- Antitrust Policy Training for PPS Representatives and PPS Organizations
- Role of Compliance Officer

Additional interviews with MCOs in the PPS network are being scheduled and 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.

Information regarding ACO certificates of authority is available at:

https://www.health.ny.gov/health_care/medicaid/redesign/aco

Value Based Payments (VBP)

The VBP Workgroup and VBP Bootcamp are among several events that took place during DY4Q3. Key takeaways and action items from the Workgroup, held on October 4, 2018, included understanding

behavioral health integration into VBP by analyzing quality measures and what VBP arrangement types are being utilized; an analysis on member churn; and discussion around a maternity pilot. The VBP Bootcamp, held on October 10, 2018, focused on contracting scenarios and the role different stakeholders, including community-based organizations, provider groups, hospitals, and IPAs play when negotiating a VBP contract.

Additionally, in DY4Q3, updates were made by the VBP Workgroup to the 2019 VBP measure sets, and a series of VBP Pilot Lessons Learned Webinars, as well as a MLTC VBP Webinar were held. These are described in more detail below.

Clinical Advisory Groups (CAG)

The VBP Workgroup convened in October 2018 to review stakeholder feedback and quality measure (QM) recommendations. Subsequently, 2019 QM sets were finalized together with 2019 VBP Technical Specification Manual for the MY 2018 that offers instructions on measure reporting to MCO's for MY 2018. 2019 VBP Fact Sheets were also amended during this time and a Children's Measure Set document was created.

At the end of 2018, a total of five "First 1000 Days" pilots prepared for launch in 2019, influencing the creation of a unique Children's VBP arrangement in NYS. In addition, a proposal came from the "First 1000 Days" Pediatric Preventive Care CAG to merge their membership with the Children's VBP CAG membership run by the DOH in coordination with the United Hospital Fund (UHF). This will be explored further to align stakeholders and efficiently gather their feedback.

Finalized changes were made to the State's Master Measure Repository for all current and future NYS recommended quality measures inclusive of QM's in Primary Care (PCMH), all VBP arrangement types, Mainstream Managed Care (QARR), and MLTC. Most recent additions include measure indicators (descriptive features attached to measures indicating specific data elements collected) and Merit-based Incentive Payment System (MIPS) flags that highlight where the NYS quality measures are aligned with CMS and MACRA.

Ongoing conversations continued during this quarter with CMS that involved partnering around MACRA education and complementing current State-endorsed value-based models with Advanced Alternative Payment Model design.

VBP Finance

During DY4Q3, the Division of Finance and Rate Setting (DFRS) worked with other divisions within the Office of Health Insurance Plans (OHIP) to review VBP participation as recorded in the Value Based Payment Tracking Report. This data was used to calculate the first VBP-related penalties assessed to plans for failing to meet the threshold of moving 10% of plan dollars into Level 1 VBP arrangements by April 1, 2018. DFRS also calculated the Stimulus Adjustment by comparing reported VBP participation during Calendar Year 2015 and Fiscal Year 2017 to determine plan dollars moved into Levels 2 and 3.

During this period, the internal MLTC workgroup developed the methodology for distributing the MLTC VBP Quality Performance Incentive pool meant to reward plans with good Potentially Avoidable Hospitalization (PAH) measure scores. The methodology outlines how the pool will be split between community providers and nursing homes.

Managed Long Term Care (MLTC)

On December 21, 2018, DOH held a webinar providing guidance for Year 2 MLTC Program Implementation. This included guidance related to the Level 2 design of VBP for the MLTC population, and guidance for accurately reporting MLTC progress in VBP. Finally, DOH confirmed the approach for continuing skilled nursing facilities in VBP, with the use of the potentially avoidable hospital measure for longer term stays.

IV. Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DY4Q1 Quarterly Reports

The IA documented all results in the Medicaid Analytics Performance Portal (MAPP) and released the findings of the DY4Q1 Quarterly Report in a PPS–specific Achievement Value (AV) Log. 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.

There were no appeals following the release of the DY4Q1 results to the PPS. The DY4Q1 finalized reports will be combined with the results of the DY4Q2 report to generate the first biannual DSRIP payment to the PPS for DY4 in January.

PPS DY4Q2 Quarterly Reports

The DY4Q2 Quarterly Reports submitted by each PPS on October 31, 2018, documented their progress in accomplishing their DSRIP goals and objectives for DY4Q2 (July 1, 2018 – September 30, 2018). PPS were required to complete Project Implementation Speed commitments due this quarter. There were 16 projects with speed and scale commitments due for completion at this time.

Upon receipt of the 25 PPS DSRIP DY4Q2 Quarterly Reports the IA conducted an in-depth review of each submission, the supporting documentation and sampling by the end of the quarter. The quarterly reports were divided amongst teams of IA reviewers and involved a review process which included an initial review and quality control analysis. The review was conducted over the course of 30 days (November 1 – November 30, 2018) and remediation feedback was provided to each PPS who failed to submit supporting documentation for milestone completion. PPS were afforded 15 days (December 1 – December 15, 2018) 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 results of each PPS submission on December 28, 2018.

IA On-Site Audits

The IA conducts annual on-site audits of each of the 25 PPS to further validate data reported by the PPS in the Quarterly Reports. The focus of the on-site audits is to review more detailed documentation for quantitative portions of the PPS Quarterly Reports such as Patient Engagement, Workforce Spend, and Funds Flow distributions that resulted in Achievement Values for payment. Through the on-site audits, the IA reviews medical record documentation to validate the number of patients engaged by the PPS across various projects, financial transaction and contract details related to the reported Workforce Spend amounts, and financial transaction and contract documents related to PPS payments to partner entities. Following the conclusion of the on-site audits, each PPS receives a preliminary audit scorecard that details the initial findings of the IA and any deficiencies in the data provided by the PPS. The PPS can then provide additional documentation for any items that were noted by the IA as deficient prior to the IA releasing a final audit scorecard. If an on-site audit finding results in a reduction to the previously reported figures for the PPS, the IA may recommend that previously awarded Domain 1 funding be returned to the state. Any payment adjustments would be made during a subsequent payment period.

DY2 On-site Audits

In addition to the Quarterly Report review process, the IA prepared Preliminary Audit Scorecards for each PPS. The preliminary scorecard summarized any findings or issues identified by the IA during their review of the materials submitted by each PPS in response to the DY2 Onsite Audit Sample Request. The IA sent the Preliminary Audit Scorecards to each PPS on November 16, 2018, and the PPS were required to respond to any action items no later than December 17, 2018. On-site audits have been scheduled and will occur with each PPS between January and March 2019.

DY3 Onsite Audits

The IA also commenced preparation for the DSRIP Year 3 onsite audits of each PPS. The audits are a retrospective review of each PPS' activities in DSRIP Year 3. The audits will review the reporting submitted by the PPS in the following areas: Patient Engagement, Funds Flow, and Workforce Spend. The IA sent communication to the PPS on December 3, 2018, which outlined the expectations and provided the date for each audit. The IA also prepared a standard template to capture additional details pertaining to the amounts reported by the PPS in the Workforce Spend which was sent to the PPS on December 5, 2018. Finally, the IA reviewed the information submitted by the PPS and created an IA Onsite Audit Sample Request for the areas of Patient Engagement, Funds Flow, and Workforce Spend. The IA Onsite Audit Sample Request is sent to each PPS 30 days prior to their audit and the documentation is submitted by the PPS to the IA on the date of the onsite audit.

Performance Payments

During the period of July 1, 2018 through September 30, 2018, there were no DSRIP performance payments made. The next DSRIP performance payments are scheduled for the first quarter of 2019 which will be the first biannual payment to PPS for DSRIP Year 4. The payment will combine results of the PPS adjudicated DY4 Q1 and Q2 reports.

V. Other New York State DSRIP Program Activity

Other PPS Learning Collaboratives

DSRIP Annual Learning Symposium

As outlined in the DSRIP STCs Attachment I, the State is responsible for hosting an annual DSRIP Learning Symposium for the PPS. The fourth annual NYS DSRIP Learning Symposium will take place on February 11-13, 2019 in Saratoga Springs, NY. The event will convene up to 800 leaders and stakeholders of the DSRIP program including participants from the 25 PPS, community-based organizations, managed care organizations (MCOs), and the New York State agency staff, as well as consumer advocates, national health care reform experts, and other public health officials from within and beyond NY. During this quarter, the symposium program was expanded and finalized. Three keynote speakers, eight 120-minute, hands-on, practical workshops, twenty 75-minute sessions, and a series of 30-minute sprint sessions featuring DSRIP program successes and most promising practices were confirmed. Additionally, this year's Learning Symposium will open with the PPS Impact Exhibition featuring 25 unique PPS exhibits designed to highlight the impact they have made in their region and provide an opportunity for networking and engagement with the PPS.

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

PPS Workgroups

During this quarter, several PPS workgroups convened including:

- Combined PPS and MCO Medical Directors planning activities occurred to meet at the Learning Symposium in February in Saratoga Springs NY
- PPS CIO Leadership Workgroup met on October 25 and December 10, 2018. The topics discussed were community consent modeling, EHR Data Gaps and HIE, MAPP and Salient Interactive Miner (SIM) updates, Performance Measure concerns, and working with the regional health information organizations (RHIOs) and the statewide NY Electronic Collaborative (NYeC). A presentation on the power of platform based digital medicine was also showcased at the December PPS CIO meeting.

Additional DSRIP Support

DOH continues to support 25 PPS through a wide range of activities and resources. During the period of October 1, 2018 – December 31, 2018, 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 4 (MY4) and provided updates on performance to PPS. MY4 claims and non-claims-based measurement period is July 1, 2017 – June 30, 2018. DOH identified and notified the PPS that a limited set of measures required technical adjustments.
- Provided updates to PPS and answered questions on significant changes in measure specifications that will impact MY4 and MY5 performance.

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, information about the upcoming Learning Symposium 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 continues the 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 DY4Q3, the same five PPS remained engaged in ESO.

Medicaid Analytics Performance Portal (MAPP)

MAPP 2.0 is a statewide performance management system that provides tools and technologies for comprehensive performance management and care management capabilities to PPS, Managed Care Organizations, Health Homes entities, and other major entities. The MAPP vision focuses on the following components:

Performance Management and Analytics Dashboards: The performance 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 MY4 Month 11 (through claims service period end-date of May 31, 2018).

During the last reporting quarter of 2018, the MAPP 2.0 Release 3 was implemented on October 15, 2018. This release includes early stages of publishing Value Based Payment (VBP) dashboards for DOH, MCOs, VBP Contractors, and PPS users. The MAPP 2.0 analytics dashboards also added a feature to allow PPS to review their performance measures and network data in a secure, standardized Tableau platform. MAPP's future functionality will include an online VBP Provider Network tool to establish a mechanism to

collect the necessary network information to drive the VBP attribution process. Systematically capturing and validating this information will provide DOH with necessary VBP baseline data to populate existing analytics available in the MAPP interface.

VBP Analytics: VBP data access was granted to a limited audience, providing the calculation and then analytic visualization of episodic bundling capabilities to support VBP. Specific functionality includes 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 arrangements, specific quality metrics and target budget data. In addition, last quarter included the planning for future modifications and enhancements to the VBP process and expansion to additional users.

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, enhancements were added through mini-releases and data fixes to provide improved functionality to users and improved data quality.

MAPP Functionality Continues: In addition to these focus areas, MAPP continues to offer other statewide capabilities to support the PPS. MAPP's current functionality continues to include an online PPS Provider Network tool, an online tool to receive and support PPS quarterly Implementation Project Plans (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.

DSRIP Bureau Mail Log

Since inception of the DSRIP program, DOH has sponsored and supported a mailbox that allows DOH to answer incoming questions to a breadth of DSRIP questions from the PPS, other agencies, and the public. The DSRIP mail box address is dsrip@health.ny.gov. Through December 31, 2018, DOH has received 3,827 incoming inquires. The topics have ranged from participation in DSRIP, specific projects or organizational measures and metrics within Domains 1-4, policy and protocol questions, access to/use of/questions about claims data or where to find specific information or resources.

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 the now bi-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 required 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 reported as required 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 IE continued their quantitative and qualitative investigations.

Quantitative Research Methods

The IE continued to review and analyze the Medicaid and Statewide Planning and Research Cooperative System (SPARCS) data for the DSRIP evaluation. By reviewing both these data sources, the IE is generating descriptive statistics, exploring correlations among PPS outcomes, and testing alternative regression specifications that best fit the research questions.

Qualitative Research Methods

The IE continued the Cycle 2 research activities in this quarter, including completion of focus groups of engaged providers in the New York City region and completion of the partner survey. Qualitative research methods and findings continued to be integrated with quantitative findings for the CMS Interim Evaluation report due in March 2019.

Integrated Research findings from 2017

During this quarter, the IE's 2018 Annual Statewide Report and 25 unique 2018 Annual PPS Reports were finalized and released. These reports were NYS-required contract deliverables and summarized findings from Cycle 1 research activities conducted in 2017. The purpose of these reports was to assess previous and inform future PPS project implementation processes. Findings from Research Cycle 2 will be compiled and issued in similar statewide and 25 unique PPS reports in 2019.

Opt Out Mailing

DSRIP continues to work with a mail house vendor to notify, on a monthly basis, newly eligible and recertified Medicaid members of their ability to opt out of data sharing with PPS and their downstream providers in the program. During this quarter, 272,000 letters were sent to newly eligible and recertified members.

DSRIP opt out mailer notifications began October 2015 and to date, 10 million letters have been sent out to eligible and recertified members. 210,000 unique Medicaid identification member numbers have been processed as opted out of DSRIP data sharing from this mailed-out total through December 31, 2018.

Operational protocols continue to be in place to remove the Medicaid members who have opted out of data sharing from the DSRIP Member Rosters, Comprehensive Provider Attribution (CPA) Rosters, Claims/Encounter File Extracts and the DSRIP Performance Dashboard PHI Drill down views that are provided to and accessed by the PPS and the Managed Care Plans for data analytics, population health strategic initiatives, and provider and member outreach.

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 some of the anticipated activities for the upcoming DY4Q4:

- **January 11, 2019:** MY4 Month 11 of 12 data files, MAPP 2.0 Curated Data Objects and DSRIP Dashboards released
- **January 29, 2019:** DY4 first payment to PPS
- **January 31, 2019:** PPS DY4Q3 Report (10/1/18-12/31/18) due from PPS
- **February 1, 2019:** 2019 DSRIP Learning Symposium registration closes

- **February 11-13, 2019:** 2019 DSRIP Learning Symposium
- **March 2, 2019:** IA completes review of PPS DY4Q3 report
- **March 15, 2019:** VBP Workgroup meeting
- **March 17, 2019:** PPS remediation of PPS DY4Q3 report
- **March 28, 2019:** PPS CIO Leadership regional meeting

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

https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/timelines/year_4_timeline.htm.

Additional Resources

More information on the New York State DSRIP Program is available at: www.health.ny.gov/dsrp.

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.

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.

The 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 planned a call with the MLTC Workforce Investment Organizations (WIO) and the DSRIP PPS for January 9, 2019. This would be an opportunity for the MLTC WIO and the PPS to discuss their experiences to date and exchange program improvement ideas on how to better engage the PPS into the Workforce Investment Program. In addition, MLTC Plans began gathering information in preparation to submit DY4Q3 reporting (October 1 – December 31, 2018) for DOH review.

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.

Appendix A: DY4Q2 Program Activity

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

- **October 2, 2018:** New York State Health Literacy Summit
- **October 3, 2018:** Statewide Sepsis Summit
- **October 10, 2018:** VBP Bootcamp 3.0/Mock Negotiations
- **October 26, 2018:** DSRIP Independent Evaluator PPS Partner Survey responses due
- **October 30, 2018:** VBP Pilots – Lessons Learned webinar (SDH)
- **October 30, 2018:** DSRIP Opt Out monthly mailing
- **October 31, 2018:** PPS DY4Q2 Report (7/1/18-9/30/18) due from PPS
- **November 7, 2018:** MY4 Month 8 of 1 2data files, MAPP 2.0 Curated Data Objects and DSRIP Dashboards released
- **November 24, 2018:** DSRIP Opt Out monthly mailing
- **November 26-27, 2018:** Salient Interactive Miner (SIM) Refresher webinar for previously trained SIM users
- **November 28-29, 2018:** Salient Interactive Miner (SIM) training webinar for newly authorized PPS users
- **November 28, 2018:** MY4 Month 9 of 12 data files, MAPP 2.0 Curated Data Objects and DSRIP Dashboards released
- **November 29, 2018:** PAOP/Downstate Public Comment Day
- **November 30, 2018:** IA completes review of PPS DY4Q2 report
- **December 3, 2018:** MAPP 2.0 VBP Feature webinar
- **December 10, 2018:** PPS CIO Leadership regional meeting
- **December 15, 2018:** PPS Remediation of PPS DY4Q2 report
- **December 19, 2018:** MY4 Month 10 of 12 data files, MAPP 2.0 Curated Data Objects and DSRIP Dashboards released
- **December 20, 2018:** PSYCKES Training
- **December 26, 2018:** DSRIP Opt Out monthly mailing
- **December 30, 2018:** IA approval of PPS DY4Q2 report

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

¹ DOH created a Digital Library, a secure SharePoint site, as an additional resource for the PPS. The Digital Library serves as a repository for materials available through the DSRIP website and for PPS specific materials.