



**Department
of Health**

New York DSRIP

1115 Quarterly Report

July 1, 2018 – September 30, 2018
Year 4, Second Quarter

**November
2018**

www.health.ny.gov/dsrip

**Office of Health
Insurance Programs**

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New York DSRIP

Section 1115 Quarterly Report

DSRIP Year 4, 2nd Quarter

July 1, 2018 – September 30, 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 Second Quarter (DY4Q2)

This report summarizes the activities from **July 1, 2018 through September 30, 2018**, the second quarter of DSRIP Year 4. This report includes details pertaining to DY4Q2 of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, continued development of key DSRIP policies and procedures, and 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:

- Sophomore Year of VBP-U, Semester 1 and Semester 2 were released.
- Final results of DY3Q4 Reports (January - March 2018) were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS received their second performance payment for DY3 representing the results of PPS adjudicated DY3Q3 and DY3Q4 Reports (October 2017 - March 2018).
- PPS submitted their DY4Q1 Reports on July 31, 2018 documenting the progress on their implementation efforts between April 1, 2018 - June 30, 2018.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.

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 (Commissioner) 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.

The PAOP did not meet during DY4Q2. In September, planning began for PAOP to host a working meeting next quarter, on November 29, 2018. Immediately following the conclusion of that PAOP meeting, there will be a half day 1115 Waiver Public Comment Day hosted for downstate participants at a NYC location.

More information about PAOP is available at:

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 scheduled interviews with both the COPA recipient and MCOs in its PPS network to ensure that the conditions included in the COPA are adhered to by the program recipient. The upcoming 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.

Information regarding ACO certificates of authority is available at:

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

Value Based Payments (VBP)

The focus during DY4Q2 included review and update of the 2019 quality measures sets, education on the Medicare Access & Children's Health Insurance Reauthorization Act (MACRA), and addressing social determinants of health. DOH continues to track potential changes to the NYS VBP Roadmap to reflect the current status of VBP implementation in the State.

Clinical Advisory Groups

Clinical Advisory Groups (CAGs) convened to inform and help prepare the VBP measure sets for 2019. CAGs include Maternity Care, Chronic Conditions/Primary Care, Behavioral Health, HIV/AIDS, and Children's Health. The 2019 VBP measure sets will be published in the VBP Resource Library once they are approved by the VBP Steering Workgroup. In addition, DOH continued work with the Measure Support

Task Force to facilitate measure reporting for VBP contracts and conducted ongoing prioritization exercises with stakeholders throughout the annual measure review cycles.

A CAG meeting was held on September 20, 2018. During this meeting, the Managed Long Term Care (MLTC) VBP 2019 Quality Measures and a new policy regarding Skilled Nursing Facilities (SNF) were discussed and highlights are below:

- The MY 2019 Quality Measure Sets will be released in October 2018
- Specifically, the following updates have been confirmed:
 - Addition of the Category 1 *New Falls measure*
 - Removal of the Category 1 *No ER visit in the last 90 days measure*
- The Nursing Home Potentially Avoidable Hospitalization (PAH) measure would be an optional measure between the MLTC plan and the SNF.
- Require MLTC plan and nursing facility to base their level 1 arrangements on at least the CMS “successfully discharged to the community” measure from the CMS short stay measure set.
- Allow other short stay measures to be included in the contract, at the discretion of the MLTC plan and SNF. This approach continues SNF participation in VBP where much progress has been achieved.

VBP University

VBP-U is designed to be an online academic resource, created to raise awareness, knowledge and expertise in the move to VBP. VBP-U combines informational videos and supplemental materials that stakeholders interested in VBP can use to advance their understanding of this massive transformation effort. Fulfillment of VBP-U will result in a certificate of completion. Freshman Year of VBP-U was released in 2017 and provided background and foundational information on VBP. Sophomore Year of VBP-U, released in 2018, includes additional semesters of materials that serve as a deeper dive into VBP fundamentals. Semester 1, released in July 2018 includes VBP 2017 Bootcamp course summaries, information on MACRA, guidance for Chief Medical Officers (CMOs) and guidance for addressing social determinants of health through VBP. Semester 2 released in August 2018 was designed to provide additional guidance related to Behavioral Health and Substance Use Disorder (SUD) in the context of VBP. Other semesters will be released in the near future. Another round of VBP Bootcamps are planned for Fall 2018.

IV. Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DY3Q4 Reports (January – March 2018) - Final Adjudication

The IA documented all results in Medicaid Analytics Performance Portal (MAPP) and released the findings of the DSRIP DY3Q4 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 DSRIP DY3Q4 results to the PPS, 12 PPS filed appeals with the IA. Of the 44 AV driving milestones appealed, the IA overturned 26 of the original determinations, resulting in the award of AVs for 26 of the 44 milestones appealed. 18 of the original determinations were upheld. The DSRIP DY3Q4 finalized reports were combined with the results of the DSRIP DY3Q3 report and generated the second biannual DSRIP payment to the PPS for DY3.

The DSRIP DY3Q4 Reports and AV Scorecards are available on the individual PPS pages located [here](#).

PPS Submit DY4Q1 Reports (April – June 2018)

The DSRIP DY4Q1 Quarterly Reports submitted by each PPS on July 31, 2018 documented their progress in accomplishing their DSRIP goals and objectives for the first quarter of the DY4 (April 1, 2018 – June 30, 2018). While there were no Domain 1 milestones with a prescribed deadline this quarter, the PPS had the

option of submitting milestones if completion could be substantiated. No PPS had Project Implementation Speed commitments due this quarter.

Upon receipt of the 25 PPS DSRIP DY4Q1 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 review process which included an initial review and quality control analysis. The review was conducted over the course of 30 days (August 1 – August 30, 2018) and remediation feedback was provided to each PPS who failed to submit supporting documentation for milestone completion. PPS were afforded 15 days (August 31, 2018 – September 14, 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 September 30, 2018.

Performance Payments

During the period of July 1, 2018 through September 30, 2018, PPS received their second performance payment for DY3 totaling \$774,093,377.00. This payment represents the second biannual payment to PPS during DY3 and combines the results of PPS adjudicated DY3Q3 and DY3Q4 Reports (October 2017 – March 2018).

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

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 annual DSRIP Learning Symposiums for the PPS. During this quarter, the State began developing the agenda and events for the next Statewide DSRIP Learning Symposium that will take place in Saratoga Springs, NY on February 11 – 13, 2019. Outreach for keynote speakers and design sessions for the annual Symposium have commenced. 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.

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:

- PPS MAPP Workgroup
- Combined PPS and MCO Medical Directors
- PPS CIO Leadership Workgroup

Additional DSRIP Support

DOH continues to support 25 PPS through a wide range of activities and resources. During the period of July 1, 2018 – September 30, 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:

- Conducted a webinar to brief PPS on MY3 results and to answer PPS technical questions on measures.

- 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.
- Updated PPS 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, 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 DY4Q2, 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 7 (through claims service period end-date of January 30, 2018).

The MAPP 2.0 analytics dashboards launched July 16, 2018 also added a feature to allow PPS to review their performance measures and network data in a secure, standardized Tableau platform. During this reporting quarter, the new MAPP 2.0 analytics dashboards were developed, tested, and prepared for a subsequent quarter rollout.

VBP Analytics: A focus of MAPP 2.0 is providing data analytics to the VBP Pilots as well as to develop new VBP dashboards. 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, planning began for the pricing of the claims required for subsequent data runs. Additionally, the planning and execution stages of the dashboard visualization projects were finalized and the VBP proxy and real pricing dashboards for testing and release in the subsequent quarter were prepared.

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 includes 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. Additional MAPP 2.0 functionality will allow for on-demand views of critical DSRIP claims and member datasets and will be released in the subsequent quarter.

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 September 30, 2018, DOH has received 3,602 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 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 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. Analysis of aggregate and inter-PPS trends for the Time Series Analysis and Comparative Analysis continued.

Qualitative Research Methods

The IE continued the Cycle 2 research activities, including completion of key informant interviews, conducting focus groups of engaged providers in the New York City region, and disseminating and tracking responses to a partner survey. The Qualitative team also received and began analysis of the PPS Measurement Year 3 CAHPS results for patient satisfaction. Qualitative research methods and findings were integrated with quantitative findings in preparation for the CMS Interim Evaluation report due in March 2019.

Integrated Research findings from 2017

During this quarter, the IE finalized reports of findings from the Cycle 1 research activities (conducted in 2017) in a single 2018 Statewide report and 25 unique PPS reports. These reports will be released soon.

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, 308,000 letters were sent to newly eligible and recertified members.

DSRIP opt out mailer notifications began October 2015 and to date, a total of 9.7 million letters have been sent out to eligible and recertified members. 205,000 unique Medicaid identification member numbers have been processed as opted out of DSRIP data sharing from this mailed-out total through September 30, 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 anticipated activities for the upcoming DY4Q2:

- **October 31, 2018:** PPS DY4Q2 Report (July 1 – September 30, 2018) due from PPS
- **November 29, 2018:** PAOP Meeting and Downstate MRT Public Comment – New York City
- **November 30, 2018:** IA completes review of PPS DY4Q2 report
- **December 15, 2018:** PPS Remediation of PPS DY4Q2 report
- **December 30, 2018:** IA approval of PPS DY4Q2 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.

Additional Resources

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

Interested parties can sign up to be notified of DSRIP program developments, release of new materials, and opportunities for public comment through the Medicaid Redesign Team listserv. Instructions are

available at: http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm.

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 hosted an in-person MLTC Workforce Investment Program Best Practices Learning Series on September 28, 2018. This was an opportunity for the MLTC Plans and their designated Long-Term Care Workforce Investment Organizations (LTC WIOs) to discuss their experiences to date and exchange program improvement ideas on how to improve the Workforce Program. In addition, MLTC Plans submitted Q1 reporting (April 1 – June 30, 2018) and Q2 reporting (July 1 – Sept 30, 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 July 1, 2018 through September 30, 2018 included extensive stakeholder engagement activities detailed below:

- **July 11, 2018:** VBP for Community Based Organizations Webinar
- **July 16, 2018:** Initial launch of MAPP 2.0
- **July 26, 2018:** PPS CIO Leadership workgroup
- **July 31, 2018:** PPS DY4Q1 Report (April 1 – June 30, 2018) due from PPS
- **August 3, 2018:** Managed Care Organizations and Managed Long Term Care: VBP Social Determinants of Health and Community Based Organizations Webinar
- **August 7, 2018:** MY4 Month 6 of 12 data files, MAPP 2.0 Curated Data Objects and DSRIP Dashboards release
- **August 16, 2018:** MAPP 2.0 Instructional Webinar
- **August 20-24, 2018:** IE conducts NYC and LI based PPS partner focus groups in NYC
- **August 22, 2018:** HEDIS 2018 and AHRQ v7 Webinar
- **August 22 – 23, 2018:** Salient SIM new user training
- **August 23, 2018:** PAM Integration Workshop – PPS Project 11
- **August 23, 2018:** PPS CIO Leadership workgroup
- **August 24, 2018:** DY3Q4 Payments made to PPS
- **August 27, 2018:** Children’s Medicaid System Transformation webinar
- **August 30, 2018:** IA completes review of PPS DY4Q1 Report
- **August 31, 2018:** Attribution and Performance results for MY4, Month 7 of 12 available in DSRIP Performance Dashboards and in Salient Interactive Miner (SIM)
- **September 6, 2018:** IE begins PPS Partner web-based survey for Research Cycle 2
- **September 6, 2018:** MAPP 2.0 Dynamic Analytics Platform (DAP) Instructor Led Training Webinar
- **September 11, 2018:** Salient Refresher Webinars (Basic Navigation and Filtering and Collections)
- **September 12, 2018:** Salient Refresher Webinars (Cohort and Exception Tests and Pharmacy Data)
- **September 14, 2018:** 2019 DSRIP Learning Symposium Presentation and Poster Proposals due
- **September 14, 2018:** PPS Remediation of PPS DY4Q2 Report
- **September 19, 2018:** MY4 Month 7 of 12 data files, MAPP 2.0 Curated Data Objects and DSRIP Dashboards release
- **September 24, 2018:** All PPS Meeting – Albany, NY
- **September 26, 2018:** Social Determinants of Health Innovation Summit
- **September 27, 2018:** PPS CIO Leadership workgroup
- **September 28, 2018:** MLTC Workforce Investment Program Learning Series
- **September 29, 2018:** IA approval of PPS DY4Q1 report

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

Appendix B: DSRIP Performance Fund Payments

The attached table indicates all DSRIP Performance Fund payments made during DY4Q2. The payments made during this period represent the second of two performance payments for DY3 and were based on the results from the second semi-annual reporting period of DY3 covering October 1, 2017 - March 31, 2018.

New York State Medicaid Redesign Team (MRT)

DSRIP Performance Payments Report

Performance/Reporting Period for Payment: October 2017 - March 2018 (DY3Q3 - DY3Q4)

Payment Date: July 1 - September 2018 (DY4Q2)

PPS	Lead Provider Name	DSRIP Payment Earned
Public:		
Central New York Care Collaborative, Inc.	SUNY Upstate Syracuse	\$ 20,483,209.90
Millennium Collaborative Care	Erie County Medical Center	\$ 25,852,770.31
Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	\$ 58,958,594.72
Suffolk Care Collaborative	State University of New York at Stony Brook University Hospital	\$ 32,416,640.43
The New York City Health and Hospitals Corporation (H+H)	Jacobi Medical Center	\$ 139,416,028.19
WMCHHealth	Westchester Medical Center	\$ 39,466,780.83
Total Public:		\$ 316,594,024.38
Safety Net:		
Adirondack Health Institute	Adirondack Health Institute	\$ 23,575,190.02
Alliance for Better Health Care, LLC (Ellis)	Alliance For Better Health Care, LLC	\$ 26,723,975.35
Better Health for NE NY PPS (BHNNY)**	Better Health for NE NY PPS (BHNNY)	\$ 18,094,639.46
Bronx Health Access	Bronxcare Hospital Center	\$ 15,908,856.38
Bronx Partners for Healthy Communities	St. Barnabus Hospital Health System	\$ 22,015,067.48
Care Compass Network	Southern Tier Rural Integrated Performing Provider System	\$ 28,154,654.35
Community Care of Brooklyn	Maimonides Medical Center	\$ 24,578,049.52
Community Partners of WNY (Catholic Medical Partners)	Sisters of Charity Hospital of Buffalo, New York	\$ 4,915,104.26
Finger Lakes PPS	Finger Lakes Performing Provider System	\$ 72,669,819.58
Refuah Community Health Collaborative	Refuah Health Center Inc	\$ 4,928,677.08
The New York & Presbyterian - Queens	New York Presbyterian - Queens	\$ 1,641,043.45
Leatherstocking Collaborative Health Partners	Leatherstocking Collaborative Health Partners	\$ 9,455,955.37
Montefiore Hudson Valley Collaborative	Montefiore Medical Center	\$ 19,120,887.81
Mount Sinai Performing Provider System	Mount Sinai Hospitals Group	\$ 18,103,975.92
North Country Initiative	North Country Initiative	\$ 11,335,024.21
NYU Langone Hospital - Brooklyn Performing Provider System	NYU Lutheran Medical Center	\$ 15,787,998.14
SOMOS Community Care	SOMOS Healthcare Providers Inc	\$ 67,551,142.24
Staten Island Performing Provider System, LLC	Staten Island Performing Provider System, LLC	\$ 34,572,723.83
The New York and Presbyterian	The New York and Presbyterian Hospital	\$ 8,366,568.16
Total Safety Net:		\$ 427,499,352.61
Grand Totals:		\$ 744,093,377.00