



**Department
of Health**

New York DSRIP

1115 Quarterly Report

October 1, 2017 – December 31, 2017
Year 3, Third Quarter

February 2018

www.health.ny.gov/dsrip

Office of Health
Insurance Programs

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New York DSRIP Section 1115 Quarterly Report Year 3, 3rd Quarter

Introduction

On April 14, 2014 Governor Andrew M. Cuomo announced that New York finalized Special Terms and Conditions (STCs) with the federal government for a groundbreaking waiver to allow the New York State Department of Health (DOH) to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms. The STCs serve as the governing agreement between DOH and the Centers for Medicare and Medicaid Services (CMS) under the 1115 Waiver, also known as the Partnership Plan. The STCs outline the implementation of MRT Waiver Amendment programs, authorized funding sources and uses, and other requirements.

The waiver amendment programs address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program promotes community-level collaborations and focuses on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers are required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. All DSRIP payments are based on performance linked to achievement of project milestones.

In addition, the STCs commit DOH to comprehensive payment reform and continue New York's efforts to effectively manage its Medicaid program within the confines of the Medicaid Global Spending Cap.

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

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

DSRIP Year 3 Focus

This report summarizes the activities from October 1, 2017 through December 31, 2017, the third quarter of DSRIP Year 3. This quarterly report includes details pertaining to the third quarter of the third year of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, and development of key DSRIP policies and procedures. A comprehensive DSRIP website, launched on April 14, 2014, continues to be updated and is available at www.health.ny.gov/dsrp.

Summary of Key Accomplishments for the Quarter

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

- Final results of DSRIP Year 3, First Quarterly Reports were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS submitted their Year 3, Second Quarterly Reports on October 31, 2017 documenting the progress on their implementation efforts between July 1, 2017- September 30, 2017.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.

DSRIP Program Implementation Accomplishments

DSRIP Year 3, Second Quarterly Reports (submitted in DSRIP Year 3, Third Quarter)

The 25 PPS submitted their DSRIP Year 3, Second Quarterly Reports on October 31, 2017 through the Medicaid Analytics Performance Portal (MAPP). This report represents the second PPS quarterly report of Year 3, following the Mid-Point Assessment proceedings held February 1-3, 2017. The PPS documented progress on their implementation efforts from July 1, 2017 through September 30, 2017 that reflected activities regarding progress towards and completion of organizational milestones and project requirements as well as efforts regarding action plans in response to the Mid-Point Assessment findings. The PPS reports were reviewed by the Independent Assessor (IA) during late November and into December and posted to the website in the following quarter. At the conclusion of DSRIP Year 3, Second Quarter, PPS had successfully completed all project requirements for an additional 13 projects, bringing the total number of completed projects through the first half of DSRIP Year 3 to 44.

DSRIP Project Approval and Oversight Panel (PAOP)

The DSRIP program requirements as outlined by the STCs required the IA to convene a panel at the outset to review DSRIP applications scored by the IA and to advise the Commissioner of Health whether to accept, reject, or modify those recommendations. The PAOP fulfilled this function during public review and hearings in February 2015. They were convened again to review the IA's the Mid-Point Assessment (MPA) recommendations and provided their input for the Commissioner. Updates on MPA activities between August 2016 through April 2017 have been provided to PAOP and they continue to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

During this quarter, PAOP held a working session on November 16, 2017 in New York City. This meeting provided PAOP members with a DSRIP program update, including a general progress report from the IA, as well as an update on the DSRIP Independent Evaluation and the alignment of DSRIP, NYS Prevention Agenda and Hospital Community Benefit Plans to ensure system transformation and improved health outcomes continue post DSRIP. There was also a discussion around current PPS performance and their sustainability plans post DSRIP.

Following the November 16, 2017 PAOP morning working session, a half-day 1115 Waiver Downstate Public Comment session was held. This session mirrored the upstate session held in Albany on August 14th, as an opportunity for members of the public to provide comment and testimony 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/2017/2017-11-16_summary_of_testimony.htm.

In preparation for the November meeting, there were numerous preparatory agenda setting discussions between DOH staff and the members. Additionally, there was a webinar held on October 30, 2017 to provide PAOP members with a status update on PPS progress made since the midpoint assessment recommendations issued in February 2017.

During the next quarter, PAOP members will meet on February 6, 2018 with PPS executive leadership as a kick-off to the annual DSRIP Learning Symposium being held in Staten Island. Additionally, PAOP members will be participating in several of the breakout sessions and encouraged to attend sessions of their interest.

More information about PAOP is available at:

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

IA Mid-Point Assessment

In July 2016, the IA initiated the Mid-Point Assessment consistent with the requirements outlined in the

STCs and Attachment I. In March and April 2017, the IA completed its initial reviews of the Mid-Point Assessment Action Plans; and on April 19, 2017 PPS submitted revised Action Plans incorporating feedback from the IA. Final approval of the Action Plans was given by the IA on April 30, 2017 and PPS provided updates on the status of their efforts to implement the Action Plans as part of the DSRIP Year 3, Quarter One and Quarter Two PPS Quarterly Reports.

PPS completed all Mid-Point Action Plan efforts by the close of DSRIP Year 3, Second Quarter. The final Mid-Point Assessment Action Plan updates were submitted to the IA as part of the DSRIP Year 3, Second Quarter PPS Quarterly Reports on October 31, 2017.

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

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

DSRIP Requests for New York Regulatory Waivers

New York State Public Health Law (PHL) § 2807(20)(e) and (21)(e) authorize the waiver of regulatory requirements for DSRIP projects. DOH, the Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), and the Office for People with Developmental Disabilities (OPWDD) are engaged in the regulatory waiver review process, with each agency's participation in the reviews based on the specific waivers requested. Regulatory waiver requests have covered a wide range of topics, including:

- Integrated Services
- Shared Space/Co-location of physical and behavioral health services
- Bed Capacity
- Revenue Sharing
- Administrative Services

To assist providers that wish to integrate health care services through these arrangements, DOH, OMH, and OASAS released guidance on shared space arrangements. The guidance can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-09-14_shared_space_guide.htm.

There have been no additional waiver requests for the Round 6 regulatory waiver request period. To date, there have been a total of 648 regulatory waivers requested between Rounds 1- 6 activities. The PPS have assigned these waivers to individual provider sites by project within their network. To respond to the needs of the PPS during project implementation, requests for Regulatory Waivers will be open and processed on a quarterly basis throughout the DSRIP Demonstration Years. Additionally, any time sensitive waivers may be submitted outside of the current quarterly review period.

Under the leadership of Governor Cuomo, New York State has begun a Regulatory Modernization Initiative (RMI) which consists of several workgroups allowing external stakeholders to participate in a series of policy workshops to examine existing laws, regulations, and policies and recommend appropriate changes. Taken together, these recommendations will look to best position New York State to continue its historic work in ensuring quality outcomes for patients, while lowering the growth in health care costs. DSRIP PAOP co-chair Anne Monroe serves as co-chair of the Integrated Primary Care and Behavioral Health work group.

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

During this quarter, the program's current COPA recipient completed and returned to DOH their first monitoring report. In addition to reviewing the report, DOH will conduct interviews with both the PPS and the managed care organizations (MCO) in its 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
- Concerns regarding collaboration among PPS providers
- Actions the PPS could take to mitigate payers' concerns

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:

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

Value Based Payments (VBP)

The increasing and broadening VBP activities during DSRIP Year 3, Third Quarter included the continuation of VBP Bootcamps, the publishing of the 2018 VBP Quality Measure Sets, the publishing of the 2018 VBP Reporting Requirements Technical Specifications Manual, creation of the 2018 Managed Long-Term Care (MLTC) Partially Capitated Plan Measure Set, release of Partially Capitated Plan VBP Contract Submission Guidance, and the hosting of the MLTC VBP Financing Webinar. See sections below for more detail.

VBP Bootcamps 2.0

Due to stakeholder feedback and the need for additional information surrounding VBP, the State decided to launch the second iteration of VBP Bootcamps. In Quarter Three, Bootcamps were held in Albany, New York City, Lake Placid, Rochester, and Long Island. The current schedule has been updated to reflect two more Bootcamps to be completed.

VBP Bootcamp Schedule

Dates	Region
October 10, 2017	Albany
October 18, 2017	New York City
October 23, 2017	Lake Placid
November 3, 2017	Rochester
November 15, 2017	Long Island
January 9, 2018	New York City
February 2, 2018	Albany

VBP Bootcamp Classes

Finance

- Introduction to VBP Finance Topics
- Payer & Provider Led Finance Discussion
- Managed Care Organization Adjustments Deeper Dive

SDH and CBO

- SDH/CBO Roadmap Requirements and SDH Strategies
- CBO Contracting and Provider Led SDH Discussion

Contracting

- Contracting Best Practices, Lifecycle & Checklist

Quality Measures

- VBP Arrangements and Associated Measure Sets (VBP Arrangement Exploration)
- VBP Arrangements and Associated Measure Sets (Timelines & GM Considerations)
- MLTC Design & Quality Measures

VBP Quality Measure Sets for Measurement Year (MY) 2018 Published

In November 2017, DOH published the VBP Quality Measure Sets for Measurement Year 2018 to be used

for the various VBP arrangements which include Total Care for the General Population (TCGP), Integrated Primary Care (IPC), Maternity, HIV/AIDS, Health and Recovery Plan (HARP), and MLTC. The quality measures included in these sets are intended to be used for contracting between plans and providers for quality measurement in 2018.

2018 VBP Reporting Requirements Technical Specifications Manual Published

DOH released the 2018 VBP Reporting Requirements Technical Specifications Manual in early November 2017. The purpose of the manual is to make plans and providers aware of the reporting requirements for MCOs participating in the VBP program. The manual includes an overview of the specific reporting requirements for MY 2017 quality measures, a description of the changes to the measure sets from MY 2017 to MY 2018, and detailed instructions regarding additional file specifications required for reporting in the VBP program.

Measurement Year 2018 MLTC Partially Capitated Plan Measure Set

The 2018 MLTC VBP Arrangement quality measure set for Partially Capitated Plans was created in collaboration with the MLTC Clinical Advisory Group (CAG) and the VBP Workgroup. The measure set is closely aligned with measure sets used in the MLTC Quality Incentive and the Nursing Home Quality Initiative to reward MLTC plans for performance on quality measures. The MLTC VBP Partially Capitated Plan Quality Measure Set is intended to encourage providers to meet high standards of patient-centered care across multiple care settings for members of MLTC plans.

Partially Capitated Plan VBP Contract Submission Guidance

In accordance with MLTC VBP requirements, Partially Capitated MLTC plans are required to submit contract amendments and/or new contracts that fulfill VBP requirements to DOH by December 31, 2017, for contracts to be in place by January 1, 2018. The DLTC posted a Partially Capitated Plan VBP Contract Submission guidance document on the VBP Resource Library for additional reference.

MLTC VBP Financing Webinar

In December 2017, DLTC and the Division of Finance and Rate Setting hosted a VBP Financing Webinar for external stakeholders to reviewed MLTC Finance objectives and requirements. The Financing Webinar discussed MLTC VBP Overview, MLTC VBP Stimulus and Penalties, MLTC VBP Quality Payments, and the MLTC VBP Timeline.

Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DSRIP Year 3, First Quarterly Reports

The IA documented all results in MAPP and released the findings of the DSRIP Year 3, First Quarter 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 Year 3, First Quarter results to the PPS, there were no appeals. The DSRIP Year 3, First Quarter finalized reports will be combined with the results of the DSRIP Year 3, Second Quarter report to generate the first biannual DSRIP payment to the PPS for DY3.

The DSRIP Year 3, First Quarterly Reports and AV Scorecards are available on the individual PPS pages at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/index.htm.

PPS DSRIP Year 3, Second Quarterly Reports

The DSRIP Year 3, Second Quarter Quarterly Reports submitted by each PPS on October 31, 2017 documented their progress in accomplishing their DSRIP goals and objectives for the second quarter of the third DSRIP year (July 1, 2017–September 30, 2017). PPS were required to complete Project Implementation Speed commitments due this quarter. There were 20 projects with speed and scale commitments due for completion this quarter.

Upon receipt of the 25 PPS DSRIP Year 3, Second Quarter Quarterly Reports the IA conducted an in-depth review of each submission, including supporting documents and sampling by the end of the quarter. The quarterly reports were divided amongst teams of IA reviewers and involved a 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, 2017) and remediation feedback was provided to each PPS who failed to submit supporting documentation for milestone completion. PPS were afforded 15 days (December 1 – 15, 2017) to remediate the items identified and submit evidence supporting completion of those items. At the close of the 15 days the IA verified whether the remediation comments were addressed. The IA then adjudicated the results of each PPS submission on December 29, 2017.

In addition to the quarterly report review process, the IA commenced DSRIP Year 2 on-site audits of the PPS. The audits are a retrospective review of each PPS' progress through DSRIP Year 2. The audit intends to review the following components: PPS Financials and Funds Flow, Workforce Strategy Implementation, Clinical Data and Interoperability, and Project Demonstration. To capture overall progress, each audit includes presentations from PPS partnering organizations. During this quarter, IA audited North Country Initiative on November 7, 2017 and subsequently audited Central New York, PPS on November 9, 2017 to review the audit components. The remaining on-site audits will follow according to the schedule below:

Date	IA Team 1	IA Team 2
January 23, 2018	Westchester Medical Center	
January 24, 2018	Alliance for Better Health	Bronx Health Access
January 25, 2018	Adirondack Health Institute	Community Care of Brooklyn
January 26, 2018		NYU Langone Brooklyn
January 30, 2018	Bronx Partners for Healthy Communities	Advocate Community Providers
January 31, 2018	Refuah	OneCity Health
February 1, 2018	Montefiore	
February 13, 2018	Better Health for Northeast NY	Mount Sinai
February 14, 2018	Leatherstocking	NYP Hospital
February 15, 2018		NYP – Queens
March 13, 2018	Millennium Collaborative Care	Staten Island PPS
March 14, 2018	Community Partners of Western NY	Suffolk Care Collaborative
March 15, 2018	Finger Lakes PPS	Nassau Queens PPS
March 16, 2018	Care Compass Network	

Performance Payments

During the period of October 1, 2017 through December 31, 2017, there were no DSRIP performance payments made. The next DSRIP performance payments will be paid in January 2018 which will be the first biannual payment to PPS during DSRIP Year 3. The payment will combine results of PPS adjudicated DSRIP Year 3, First and Second Quarterly Reports.

The payments made in January 2018 will also reflect the CMS approved changes to Attachment J for all PQI and PDI measures. The approved changes delay the transition of all PQI and PDI measures from P4R to P4P until DSRIP Year 4. 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 DSRIP Year 4.

Other New York State DSRIP Program Activity

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 DSRIP Year 5.

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

Additional DSRIP Support

DOH continues to support 25 PPS through a wide range of activities and resources. During the period of 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 MY3 and provided updates on partial year performance to PPS.
- Updated PPS on significant changes in measure specifications that will impact MY4 performance.
- Revised the MY4 Measure Specification Guide and Reporting Manual which outlines any changes to the MY4 measures and added additional details on specific measures.

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 DSRIP Year 3, Third Quarter, 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 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. Performance and attribution data was loaded monthly up through Measurement Year 3 Month 11 (up through claims service period end-date of May 31, 2017).

VBP Analytics: The team has redirected its efforts to focus on providing data analytics to the VBP Pilots, and Managed Care organizations. This project will provide data that will support the VBP Analytics dashboards, which 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. The team has updated the publishing of 2015 data to be produced together with 2016 data, both which will be published in March of 2018. Over the last quarter, the team has completed the pricing of the claims required for the 2015 and 2016 data runs. The 2015 data has completed the episodic grouper processing as well. Additionally, the team has been validating the processing and quality controls for the 2013-2016 data period.

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. 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 concentrated on the development of new Health Home billing logic this quarter.

Data integration: The project team is approaching the final stages of the clinical and claims data integration pilot that began in 2016 with four Qualified Entities (QEs/previously known as Regional Health Information Organizations) of the Statewide Health Information Network for New York (SHIN-NY). The last pilot Qualified Entity (QE) of the four pilots, Healthix, made significant progress mapping and standardizing pilot claims data for patient matching to QE clinical data. Healthix is testing integration to improve algorithms to detect homelessness and persons with unstable housing using diagnosis codes found in claims information, as well as identify medical trends among homeless patients as a part of their work in understanding the social determinants of health. In the next quarter, the project team will continue working to support Healthix's analysis of pilot data and development of a findings report. The project team will compile lessons learned and findings from all four pilot participant QEs to inform future state recommendations for ongoing integration of Medicaid data within the SHIN-NY.

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 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 DSRIP Year 3, Third Quarter:

- Completed necessary development work to prepare for the transition from PPS quarterly IPP reporting to semi-annual reporting.
- Finalized requirements for Implementation Project Plan (IPP) Version 11.0 enhancements
- Finalized requirements for the Measurement Year 5 provider network opening.
- Established and released new monthly pharmacy claims dataset for DSRIP PPS.
- Established a new "Patient Alert" dataset for the DSRIP PPS identifying qualifying members for outreach.

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](#).

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 August 2017 will run through to May 2018 and includes an additional 17 Action Teams and 30 MTP participants.

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 nine hospitals and six PPS are enrolled in Series 7 which kicked off in November 2017.
 - Action Teams will each complete 3 workshops and action periods and will continue to focus 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 will complete 3 trainings and a “Sustainability Plan” 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.

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 will take place on February 6-8, 2018 in Staten Island, NY. It will convene PPS and key stakeholders for learning across multiple days, including: pre-symposium, half-day intensive courses, two days of speakers & dozens of workshops and sessions. During the period October-December 2017, the symposium program was expanded and finalized. Four keynote speakers, five intensive workshop sessions, 34 breakout sessions and 52 poster presentations were confirmed. A Health Innovation Pitch Event was added to the program, as well as facilitated lunch table discussions and other focused networking activities. The planning group, including PPS and CBO leadership representation, was routinely engaged to continue to guide the Learning

Symposium program content and design.

The full program for the Learning Symposium can be reviewed on the event website:

<http://www.dsriplearning.com/symposium/>

In addition to the Statewide DSRIP Learning Symposium, another opportunity for PPS collaboration and shared learning is the Community of Practice (COP). The COP is part of the learning collaboration activities conducted for PPS and is a successor to regional learning symposium workshops held previously. The COP was first convened in August 2017 with a chosen focus on VBP transition. The community is a group of individuals, sharing passion and commitment, coming together to collectively learn, exchange knowledge, and share resources about VBP. A second information session was held in October 2017 in Albany and was attended by over 30 representatives of PPS and state agencies. This event was followed by a series of web-based engagement of potential community members. A group of eight PPS opted in to serve as core members of the COP. This group has informed the planning and focus for the community moving forward. The larger community will include PPS, healthcare providers, managed care organizations, and community-based providers and organizations. An official kick off is planned for January 9, 2018 in New York City.

Additional information on the Community of Practice can be reviewed here:

<http://www.dsriplearning.com/CoP/index.html>

Other Program Updates

Independent Evaluation of New York State DSRIP

The Independent Evaluator (IE), the Research Foundation at the State University of New York in Albany, was awarded the contract a year ago 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.

Quantitative Research Methods

Within a secure DOH site, the IE team in December 2017 began accessing and reviewing the Medicaid data for the DSRIP evaluation. The IE has requested a variety of other data sources, including SPARCS and Vital Statistics, for use in the quantitative research and continued to prepare the required documentation and understand security parameters to request access to these data.

Qualitative Research Methods

Regarding the qualitative component of the DSRIP independent evaluation, during this quarter the IE team completed the statewide PPS-partner, web-based survey and began analyzing the responses. The PPS-partner focus groups were also completed with good attendance and candid responses reported. The IE team is currently assessing patients' care experience under DSRIP by reviewing and analyzing the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan survey data for Medicaid enrollees, which represents a total sample size of 37,500 patients from the 25 PPS.

In addition, the IE team presented its evaluation plan to the PAOP at the November 16, 2017 meeting in New York City.

Opt Out Mailing – Operations and Impact on Data Files

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

As of December 31, 2017, approximately 177,000 Medicaid members (still less than 3% of total letters delivered) have opted out of DSRIP data sharing. The next opt-out mailing is scheduled to occur in February 2018 and continue monthly thereafter with a newly NYS- procured mail-house vendor.

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 will target 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 will require 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 list of designated Long-Term Care Workforce Investment Organizations (LTC WIOs). DOH also posted guidance pertaining to LTC WIO and MLTC plan partnership development on November 28, 2017. The guidance included a listing of the MLTC plans eligible to participate in the Workforce Investment Program. Based on the scope and complexity of the LTC WIO applicants, DOH decided to limit the participation of MLTC plans to those that have at least 5,000 members and are solvent. For the purposes of the MLTC Workforce Investment Program, this threshold is based on enrollment reports as of October 2017. DOH also released a framework for the LTC WIO and MLTC plan agreement language, which included the minimum criteria for an acceptable agreement.

To see more information including these documents, visit:

http://health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm.

Upcoming Activities

DSRIP Year 3 began on April 1, 2017. Future reports will include updates on additional activities as required by the STCs and related attachments. The following list identifies anticipated activities for the upcoming DSRIP Year 3, Fourth Quarter:

- **January:** Final PPS Year 3, Second Quarterly Reports posted to DSRIP Website
- **January 9, 2018:** Second VBP Bootcamp – NYC
- **January 26, 2018:** DY3 First DSRIP Payment to PPS
- **January 31, 2018:** PPS Year 3 Third Quarterly Reports (10/1/17–12/31/17) due from PPS
- **February 2018:** Opt-Out Phase IV Mailer
- **February 6, 2018:** Community of Practice meeting
- **February 6, 2018:** PAOP and PPS check in meeting: CBO, sustainability and performance check in
- **February 6–8, 2018:** Annual Statewide Learning Symposium – Staten Island, New York
- **March 3, 2018:** IA provides feedback on PPS Year 3 Third Quarterly Reports; 15-day Remediation window begins
- **March 15-30, 2018:** PPS Network reopens to add providers for Measurement Year 5
- **March 17, 2018:** Revised PPS Year 3 Third Quarterly Reports due from PPS; 15-day Remediation window closes
- **March 31, 2018:** Final Approval of PPS Year 3 Third Quarterly Reports

- **April 1, 2018:** DSRIP Year 4 begins

Additional information regarding DSRIP Year 3 key dates can be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/year_3_timeline.htm.

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.

Appendix A: Year 3, Third Quarter DSRIP Program Activity

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

- **October:** NCQA- PCMH 2014 survey submission
- **October 5, 2017:** 2018 ACO Technical Specifications Workshop
- **October 6, 2017:** Registration for CoP Exploratory Event closes
- **October 6, 2017:** Final PPS Year 3 First Quarterly Reports posted to DSRIP website
- **October 10, 2017:** VBP Bootcamp- Capital Region (Albany)
- **October 10, 2017:** Regulatory Modernization Initiative; 1st meeting of Off Campus Emergency Departments Workgroup
- **October 11, 2017:** MAX Series Program Kick-Off Webinar
- **October 13, 2017:** Regulatory Modernization Initiative; 2nd meeting of Integrated Primary Care and Behavioral Health Workgroup
- **October 16, 2017:** Regulatory Modernization Initiative; 1st meeting of Cardiac Need Methodology Workgroup
- **October 16, 2017:** Response made to PPS Lead Regulatory Waiver Requests- Round 5
- **October 17-18, 2017:** MAX Training Program Series 1 Foundational Training and PreWorkshop 1
- **October 18, 2017:** VBP Bootcamp- NYC
- **October 19, 2017:** MAX Series 1 Workshop 1
- **October 20, 2017:** VBP Community of Practice Exploratory Event
- **October 23, 2017:** VBP Bootcamp- North Country (Lake Placid)
- **October 30, 2017:** PAOP October MPA Update Webinar
- **October 31, 2017:** PPS Year 3 Second Quarterly Reports (7/1/17-9/30/17) due from PPS
- **October 31- November 1, 2017:** MAX Training Program Series 2 Foundational Training and PreWorkshop 1
- **November 2, 2017:** MAX Series 2 Workshop 1
- **November 3, 2017:** VBP Bootcamp- Central NY (Rochester)
- **November 8, 2017:** Regulatory Modernization Initiative; 2nd meeting of Cardiac Need Methodology Workgroup
- **November 8, 2017:** MAX Series Data & Analytics Overview Webinar
- **November 14, 2017:** MAX Training Program (MTP) Sustainability Plan Milestone 1 & 2 Webinar
- **November 15, 2017:** VBP Bootcamp- Long Island
- **November 16, 2017:** 1115 Waiver Public Comment Day NYC
- **November 16, 2017:** Future of Integrated Care in NY (Stakeholder Series Meeting)
- **November 20, 2017:** Regulatory Modernization Initiative; 1st meeting Long Term Care Need Methodologies and Innovative Models Workgroup
- **November 28, 2017:** MAX Training Program Series 1 PreWorkshop 2
- **November 29, 2017:** MAX Series 1 Workshop 2A
- **November 30, 2017:** MAX Series 1 Workshop 2B
- **November 30, 2017:** IA provides feedback to PPS on PPS Year 3 Second Quarterly Reports; 15-day Remediation window begins
- **December:** Annual update to VBP Roadmap submitted to PPS
- **December 1, 2017:** Webinar on Measurement Year 4 Performance Measurement Change to PPS
- **December 1, 2017:** Response update made to PPS Lead Regulatory Waiver Request- Round 6
- **December 4, 2017:** PPS Primary Care Plans Update documents posted to DOH website
- **December 6, 2017:** MAX Training Program Series 2 PreWorkshop 2
- **December 7, 2017:** MAX Series 2 Workshop 2
- **December 7, 2017:** MAPP PPS Workgroup Webinar
- **December 8, 2017:** All PPS Meeting (Webinar)
- **December 8, 2017:** Future of Integrated Care Session #5
- **December 12, 2017:** PPS CIO Leadership Meeting
- **December 15, 2017:** Revised PPS Year 3 Second Quarterly Reports due from PPS; 15-day

Remediation window closes

- **December 15, 2017:** Behavioral Health providers RHIO/QE Connections and Barriers Survey due
- **December 30, 2017:** Final Approval of PPS Year 3 Second Quarterly Reports

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.