



**Department
of Health**

New York DSRIP

1115 Quarterly Report

October 1, 2015 – December 31, 2015
Year 1, Third Quarter

March 2016

www.health.ny.gov/dsrip

**Office of Health
Insurance Programs**

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New York DSRIP

Section 1115 Quarterly Report

Year 1, 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.

DSRIP Year 1 Focus

This report summarizes the activities from October 1, 2015 through December 31, 2015, the Third Quarter of DSRIP Year 1. This quarterly report includes details pertaining to the third quarter 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 was launched on April 14, 2014. More information 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:

- Phase I mailer of the opt out notification for DOH to share Medicaid member data with the PPS and the opt out form was sent to 700,000 Medicaid members
- Performing Provider Systems (PPS) received final approval of their DSRIP Year 1, First Quarterly Reports/Domain 1 & Project Implementation Plans.
- PPS submitted their Year 1, Second Quarterly Reports on October 31, 2015 documenting the progress on their implementation efforts between July 1, 2015 and September 30, 2015.
- The DSRIP Project Approval and Oversight Panel (PAOP) was convened and 12 of 25 PPS presented their progress to date in order for panel members to assess PPS status and project performance to date.
- DOH and its vendors hosted extensive stakeholder engagement activities and public events including an All-PPS Meeting held at the School of Public Health in Rensselaer, NY on December 11, 2015.

DSRIP Program Implementation Accomplishments

DSRIP Year 1, Second Quarterly Reports

The 25 PPS submitted their DSRIP Year 1, Second Quarterly Reports on October 31, 2015 through the MAPP portal. This report represents the second PPS quarterly report in which the PPS documented progress on their implementation efforts from July 1, 2015 through September 30, 2015. This report

documented PPS activities regarding progress towards and completion of organizational milestones and project requirements and allowed the PPS the ability to expand upon their initial plans as their projects evolve through implementation efforts. This report serves as the basis for authorizing and calculating the second round of incentive payments to PPS in DSRIP Year 1 for achievement of DSRIP milestones based upon approved DSRIP project plans.

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 whether to accept, reject or modify those recommendations. The PAOP fulfilled this function during public review and hearings in February 2015. The PAOP continues to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

During this quarter, the PAOP was convened to receive updates on the status of projects and progress toward goals and objectives through the first two quarters of DSRIP Year 1 for 12 upstate PPS. The IA provided high level information regarding the general implementation milestones expected over DSRIP Year 1 to orient the PAOP. The PPS were asked to provide general updates and to speak specifically to engagement and contracting with external community based organizations, and their roles in PPS projects. The PAOP was interested in understanding the details regarding project implementation in PPS communities, best practices and challenges. The PPS who presented were:

- Adirondack Health Institute
- Albany Medical Center Hospital PPS
- Alliance for Better Health Care, LLC
- Bassett Medical Center PPS
- Care Compass Network
- Central New York Care Collaborative
- Finger Lakes PPS
- Millennium Collaborative Care
- North Country Initiative-Samaritan Medical Center
- Refuah Community Health Collaborative
- Sisters of Charity
- Westchester Medical Center

The PPS were split in to two cohorts for the PAOP meetings on a regional basis with the 12 PPS that presented to the PAOP in November representing the upstate regions of New York State from the Mid-Hudson region north to the North Country and Tug Hill Seaway and west to the Finger Lakes and Western NY.

The PAOP will review the progress of the remaining 13 PPS, representing the downstate regions of New York State from the Mid-Hudson region south and east to New York City and Long Island in the next reporting quarter.

The PPS presentations and PAOP commentary were webcast live, and recordings of the proceedings as well as copies of PPS presentations can be found at:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2015-11-9-10_paop_meetings.htm.

DSRIP Requests for New York Regulatory Waivers

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

PPS leads were provided with an opportunity to submit additional Regulatory Waiver requests to DOH by September 15, 2015. DOH distributed the waiver requests to the appropriate state agency partners for review. Of the 11 waiver requests, nine reviews were completed and returned to the PPS leads by December 16, 2016. The remaining two responses are pending review and are anticipated to be completed by the end of March.

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

From October 1, 2015 through December 31, 2015, there were no new ACO or COPA applications filed by DSRIP participating PPS. The state, with technical support from Public Consulting Group (PCG), continued efforts towards making final determinations on the existing COPA applications by the end of the DSRIP Year 1. These efforts included a presentation on requirements for State Action Immunity from federal and state antitrust laws, review and development of analysis of COPA applications and preparation of formal letters to applicants regarding COPA application deficiencies.

COPA and ACO certificates of authority may or may not be appropriate, or granted in all cases. If granted, they are subject to ongoing monitoring. PPS were encouraged to explore all options and contingencies when designing their DSRIP projects.

At the end of DSRIP Year 1, Third Quarter, there are two outstanding COPA applications from PPS under review.

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.

Roadmap to Value Based Payments (VBP)

Preparation for VBP

Upon CMS approval of the Roadmap in July 2015, the work of operationalizing the vision for payment reform commenced. To achieve success, all components of the New York State Medicaid program must understand the fundamental shift that DSRIP and VBP represent. Recognizing the far reaching impact of the State's ambitious goal, in year 1 of the VBP Roadmap, the State developed and initiated what has become one of the single largest stakeholder engagement processes ever undertaken by the State. With assistance and expertise from the VBP Workgroup, the State implemented a robust engagement process that resulted in over 500 Stakeholders across the State participating in this critical work. The State and the VBP Workgroup, created 5 subcommittees and other advisory groups of stakeholders who were charged with moving the VBP Roadmap towards implementation. The 5 subcommittees completed their work and presented their recommendations in this quarter.

- Technical Design I
- Technical Design II
- Regulatory Impact
- Advocacy and Engagement
- Social Determinants and Community-based Organizations

This work will be reviewed by the VBP Workgroup and DOH. The results will be reflected in updates to the VBP Roadmap and submitted to CMS on an annual basis.

The VBP team released a video, "VBP: An Introduction", on December 7, 2015 to provide an overview of what VBP payments are, its important role in the NY Medicaid program, and how it will improve patient outcomes. The video is available at <https://www.youtube.com/watch?v=9D4M-QsaNfM>. A Spanish version of the video can also be accessed through the DSRIP VBP website.

More information on the VBP efforts is available at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsr/vbp_reform.htm.

Quarterly Expenditures

Performance Payments

During the period of October 1, 2015 through December 31, 2015, there were no DSRIP Performance Payments made. The second DSRIP Performance Payments will be paid at the beginning of the fourth

quarter as a result of PPS adjudicated DSRIP Year 1, Second Quarterly Reports.

Other New York State DSRIP Program Activity

DSRIP Project Management

DSRIP project management efforts continued with key DSRIP staff meeting weekly 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 Years 1 – 5.

DOH has established additional, separate project management meetings with the IA and the DSRIP Support Team (DST) and a joint meeting involving key staff from DOH, the IA, and the DST. These meetings 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 the DSRIP program and the 25 PPS through a wide range of activities and resources. During the period of October 1, 2015 through December 31, 2015, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

PPS Data and Performance Management

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

- Created explanatory materials for project valuation and payment materials, including a comprehensive Achievement Value (AV) internal standard operating procedures guide documenting the methodologies and exceptions for earning AVs. The guide includes procedures for earning AVs in all domains and exceptions such as sample size exceptions, procedures for replacement of measures, and calculation of payments.
- Created measure specification data flows to document the process of measure data collection, extraction, transfer, and loading to a uniform database as well as the agencies and parties involved in the process. Distinct data flow diagrams were created for each set of measures with differing processes (for example claims-based measure data flow processes and separate diagrams for measures requiring medical record review).
- Conducted analysis of most high-value dollars per payment period based on project selection by PPS.
- Supported development and quality assurance processes for interim AV Scorecard tool (including population of Domain 2-4 measure results). Calculated the Percent AV earned and resulting payments earned for the second payment period in DSRIP Year 1.
- Began discussions and planning sessions with DOH and vendors to define the measurement calculation process for the DSRIP percent of non-FFS reimbursement Domain 2 measure.
- Further developed inventory of DSRIP measures to include additional data points such as availability of baseline data, performance goal calculation methodology, refine data sources, and inventory current availability of data.
- Conducted initial analysis of flow of funds data as reported by PPS in first two quarterly reports; incorporated flow of funds data and additional data points into DSRIP centralized database.

Several key policy decisions related to DSRIP data and performance measures were made by DOH including the following:

- The awarding of Domain 2-4 AVs for the second quarterly reporting period due to the lack of a full DSRIP measurement year of data on which to base measure availability.
- The submission of a proposal to CMS of the measure, "Potentially Avoidable Hospitalizations" to replace the Project 3.a.v measure "Potentially Preventable Readmissions for Skilled Nursing Facility" due to discrepancy between measure population and populated targeted by project. This

proposal remains under consideration by CMS.

- A shift in timelines for Domain 2 P4P: Originally, P4P for Domain 2 began in the first payment period of DSRIP Year 3. P4P will now go into effect in the second payment period of DSRIP Year 3, allowing for the completion of Measurement Year 3 as basis for Year 3 P4P payments.

PPS DSRIP Year 1, Second Quarterly Reports

The DSRIP Year 1, Second Quarterly Report submitted by each PPS on October 31, 2015 documented their progress in accomplishing their DSRIP goals and objectives for DSRIP Year 1, Second Quarter. PPS were required to complete two prescribed Domain 1 Governance milestones and had the option of submitting additional PPS-defined milestones if completion could be substantiated. PPS were also required to report actively engaged Medicaid members per project based on the committed engagement amounts in their previously submitted Implementation Plans.

Upon receipt of the 25 PPS DSRIP Year 1, Second Quarterly Reports, the IA conducted an in depth review of each submission, including supporting documents, sampling, and actively engaged members by the end of December. The review was conducted over the course of 30 days and remediation feedback was provided to each PPS who failed to submit the necessary supporting documentation to support milestone completion. PPS were afforded 15 days to remediate the items identified and submit evidence supporting completion of those items to the IA. At the close of the 15 days the IA verified whether the remediation comments were addressed. The IA then adjudicated the final results of each PPS submission.

These reports serve as the basis for authorizing and calculating the incentive payments to PPS for achievement of DSRIP milestones based upon approved DSRIP project plans. The PPS shall have available for review by New York or CMS, upon request, all supporting data and back-up documentation.

Validation Protocols

The “DSRIP Reporting and Validation Protocols: Domain 1 Milestones, Minimum Standards for PPS Supporting Documentation and Independent Assessor Validation Process” were distributed to the PPS on September 15, 2015 for a two week comment period. The protocols intend to establish minimum standards for PPS milestone completion. On October 15, 2015 the IA collaborated with DOH to host an operator assisted call to discuss the comments. Comments and considerations were incorporated in the protocols and a redline version was subsequently circulated.

Direct PPS support

The DST also worked to support 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, providing weekly status reports to DOH on PPS implementation plan progress and ensuring that PPS are appropriately equipped to meet DSRIP deadlines. The DST features a monthly check in with each PPS, with an in-person check in four times each year, as well as frequent notification to the PPS of upcoming releases, such as guides, webinars, trainings, and other associated communications.

Enhanced Support and Oversight (ESO)

In addition to the supports provided to the PPS by the DST, 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 Enhanced Support and Oversight (ESO), is intended to reduce risk and support the PPS in its 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 DST and attendance at PPS internal and external meetings by DOH and the DST.

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 1, Third Quarter, three PPS were engaged in ESO.

Medicaid Analytics Performance Portal (MAPP)

The Medicaid Analytics Performance Portal (MAPP) is a statewide performance management system that provide 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: The Salient dashboards allow PPS to review their performance measures, attribution and drill down to the member level information. During the DSRIP Year 1, Third Quarter, MAPP's performance management teams completed the development, testing and integration of the DSRIP performance measure calculations. The team also completed the development and internal testing of the DSRIP dashboards and the security portal capabilities necessary to support PHI access.

Care management: MAPP supports the statewide technology needs for the Health Homes program. This program is intended to more effectively manage a member's care with more interoperability care coordination. During the DSRIP Year 1, Third Quarter, the Health Homes team completed defining and designing the additional functionality necessary for the Phase 1 Health Homes member tracking release. The Phase 1 release is scheduled for the DSRIP Year 1, Fourth Quarter.

Data integration: Data integration involves implementation of a Master Data Management System to serve as the authoritative, consistent and clean source of master Medicaid data that can be used to efficiently link data from various data sources. The team has started the planning for this effort. The first project in this portfolio was to develop the project charter for providing claims and clinical data to the PPS. This charter was completed in the DSRIP Year 1, Third Quarter and the planning starts in the DSRIP Year 1, Fourth Quarter.

In addition to these focus areas, MAPP continue to offer other statewide capabilities to support the PPS. MAPP's current functionality includes an online PPS Provider Network, an online tool to receive and support PPS quarterly reporting, Salient Interactive Miner (SIM) for data analysis and the ability to calculate complex data sets such as attribution for performance and a digital library of correspondence and webinars sent to the PPS. Currently there are approximately 227 PPS users and 394 users in total that have been provisioned to utilize MAPP.

In addition to the items noted above, the following is a list of major activities completed by the MAPP team in DSRIP Year 1, Third Quarter:

- Deployment of multiple small releases in October, November and December to the Implementation Project Plan (IPP) to support additional functionality needed for PPS DSRIP Year 1, Second Quarter Submission and Independent Assessor review.
- Deployment of Implementation Project Plan (IPP) Version 3.0 to support additional functionality needed for PPS DSRIP Year 1, Third Quarter Submission
- Reopening of provider network to allow additional providers to be added to a PPS.
- Development and deployment of Health Homes program dashboards to the Health Homes provider community within MAPP.
- Completion of entrance criteria to start user testing of the DSRIP dashboards
- Kickoff of the Duals integration project and finalization of project requirements
- Kickoff of the HCI3 project to develop episode bundling capabilities to support VBP.
- Enhancements to the Attribution for Performance logic to exclude partial Medicaid coverage populations
- Development and initial testing of the claims extract for the PPS.

MRT Innovation eXchange (MIX)

The MIX leverages 5 groups, modeled around the DSRIP Program components, to promote PPS learning and sharing of leading practices through inter-PPS collaborative dialogue. The MIX proactively launches new discussion topics based on trending issues and high priority challenges that PPSs are facing. The development and management of this discussion pipeline is supported by consistent collaboration with key stakeholders across the DSRIP program. In addition, the MIX publishes a biweekly newsletter for its

2,000+ MIX users to highlight key discussions taking place on the platform, new questions posted by the MIX community, and encourage greater contribution and participation from users.

As part of continuous efforts to provide PPS with the best forums for the sharing of best practices and experiences across PPS, DOH conducted an analysis of social media platforms that could continue to foster PPS learning and collaboration into the future.

Information Technology (IT) strategy

The DST IT Strategy Team held planning sessions for PPS to increase their understanding of their current and future IT system requirements. These on-site workshops involved discussions of current IT architecture, PPS gap assessment, risk matrix, workflow considerations, RHIO analysis, Health Home project assistance, and a mock-up of IT architecture future state. The IT Strategy Team continued to support PPS and CIOs through involvement with the MAPP CIO Steering committee and the related workgroups, and vendor forums through weekly check-ins and monthly formal meetings. From these meetings, the DST produced participant comment sheets, high-level vendor requirements, vendor case demonstration scripts, and aids for engaging key stakeholders throughout the process.

In addition, the IT Target Operating Model (IT TOM) group created blueprints, requirements, scenarios, and use cases for Projects 2.a.i & 3.a.i to help propel a PPS organizational, technical, and functional readiness to meet DSRIP goals. This group facilitated weekly workshops at four pilot PPS locations to help these PPS navigate through technical requirements. These workshops lasted until October 31, 2015.

Medicaid Data Support

The DST continued to work with Salient to prepare bookmarks/collections in the SIM tool that support PPS in their estimations of target populations at the project level under each domain. PPS also engaged the team to answer data requests that SIM-trained PPS resources (some PPS employees, other PPS consultants/third parties) sent to a DST monitored email address.

Medicaid Accelerated eXchange (MAX)

The MAX series program is designed as a multidisciplinary collaboration that empowers clinicians to lead change, apply leading practices, and learn from leading subject matter professionals and their peers. It is focused at a local level (i.e. specific providers within a PPS) to generate grass-roots level change and act as an enabler to impact overall DSRIP measures, as well as local improvement measures.

The program aims to address local challenges by identifying specific sites where there is high potential to improve care outcomes for an identified patient population. Once a site has been validated for potential impact and the practicality of implementing change, the MAX Team works with participating PPS to identify multidisciplinary providers that are frequently involved in the care of these patients. These individuals from multidisciplinary providers come together to form an 8-10 person Action Team and become the agents of change through process improvement and redesign.

Action Teams participate in an 8 to 10-month intensive learning experience, delivered across three full-day workshops that empower participants to implement meaningful change during intermediary Action Periods. The program builds skills and capacity for process improvement at a local level that can be scaled and shared across the broader PPS.

The MAX Series Program covers specific clinical focus areas that were chosen with direct input from PPS based on existing opportunities to improve health outcomes and progress toward DSRIP goals. The three topics offered are: 1) Managing Care for Super Utilizers; 2) Integration of Behavioral Health and Primary Care; and, 3) Managing Care for Super Utilizers (due to the high interest and demand for the pilot, Topic 1, this topic is being offered again). As of December 31, 2015 only the 1st MAX Series had started which is a pilot with 6 Action Teams, from 5 PPS with a total of 57 participants across an estimated 30 providers.

During this quarter, a program-wide report-out on the MAX Series Program occurred at the All-PPS Symposium in September 2015 and the kickoff of topic 1, Managing Care for Super Utilizers was held in

November 2015.

Additionally, the MAX Team finalized the program design and timeframe for continued MAX topics through DSRIP Year 1 and into DSRIP Year 2. The MAX program will end December 1st, 2016.

DSRIP Learning Symposium

As outlined in the DSRIP STCs Attachment I, the state is responsible for hosting DSRIP Learning Symposiums. During the period of October 1, 2015 through December 31, 2015 DOH supported the development of a Learning Symposium Advisory Committee. The Advisory Committee includes participants from all 25 PPS, Center for Health Care Strategies (CHCS), PCG and DOH staff. The Committee's charge is to support the development of Learning Symposium Agenda topics as well as the identification of DSRIP best practices in the areas of cross collaboration and shared learning. DOH also began preparations to host two Regional Learning Symposiums as well as the Annual Statewide Learning Symposium that will be held in September of 2016. The first Regional Learning Symposium will be held in New York City on May 3, 2016 and the second Regional Learning Symposium will be held in Rochester on May 17, 2016. The second Annual Statewide Learning Symposium will be held September 20 – 22, 2016 in Syracuse.

Other Program Updates

Opt Out Mailing – Phase I

During this quarter, the DSRIP opt out notification letter and opt out of data sharing form was sent to approximately 700,000 members as a Phase I event. The mailing was broken into two phases due to the blackout period for the call center representatives who were staffing open enrollment for the NYS Healthcare exchange from late November into early February 2016. The remaining 5.5 million Medicaid members will receive their opt-out notification letters and opt-out of data sharing forms in the Phase II mailer, beginning February 2016. Webinars were conducted in October for both PPS and Community Based Organization representatives to increase awareness about the mailing process, who would be receiving the letter, clarifying that opt out is related to DSRIP data sharing and not opting out of DSRIP program, no change to Medicaid benefits, and the FAQs that are to be used by the call center representatives to answer DSRIP questions from Medicaid callers.

Upcoming Activities

DSRIP Year 1 began on April 1, 2015. Future reports will also include updates on additional activities as required by the STCs and related attachments. The following list identifies anticipated activities for the upcoming DSRIP Year 1, Fourth Quarter.

- **January 6, 2016:** Final PPS Second Quarterly Reports posted to DSRIP Website.
- **January 20, 2016:** DSRIP Year 1, Second DSRIP Payment to PPS.
- **January 21 & 22, 2016:** DSRIP PAOP Meeting in New York City for the remaining 13 of 25 PPS.
- **January 29, 2016:** Implementation of Phase I MAPP Performance Dashboards.
- **February 3, 2016:** PPS DSRIP Year 1, Third Quarterly Reports (10/1/15 - 12/31/15) due from PPS.
- **February 18, 2016:** Release Mid-Point Assessment Overview for Public Comment.
- **February 22, 2016:** Phase II DSRIP Notice and opt out letters mailing to Medicaid members begins.
- **Late February 2016:** Round Two Regulatory Waiver responses completed.
- **March 1, 2016:** Deadline for Independent Evaluator RFP Submission of Proposals.
- **March 2, 2016:** IA provides feedback to PPS on PPS Year 1, Third Quarterly Reports; 15-day Remediation window begins.
- **March 16, 2016:** Revised PPS DSRIP Year 1, Third Quarterly Report due from PPS; 15-day Remediation window closes.
- **March 17, 2016:** Public Comment period for Mid-Point Assessment Tool closes.
- **March 31, 2016:** Final Approval of PPS DSRIP Year 1, Third Quarterly Reports.
- **March 31, 2016:** DSRIP Year 1 ends.

Additional information regarding DSRIP Year 1 key dates can be found at:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/index.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 1, Third Quarter DSRIP Program Activity

The period covering October 1, 2015 through December 31, 2015 included extensive stakeholder engagement activities detailed below:

- **October 1, 2015:** Notification to PPS regarding release of NYS Unaffiliated Provider Lists.
- **October 5, 2015:** Using MAPP for Project Implementation Plans webinar.
- **October 6, 2015:** Opt Out Process Roll-Out webinars - 2 sessions.
- **October 7, 2015:** Final approval of PPS DSRIP Year 1, First Quarterly Report/Domain 1 & Project Implementation Plans.
- **October 7, 2015:** CIO Steering Committee Data Security Workgroup webinar, Topic: Systems Security Plan (SSP) workbooks.
- **October 13, 2015:** Final PPS DSRIP Year 1, First Quarterly Report/Domain 1 & Project Implementation Plans posted to DSRIP website.
- **October 15, 2015:** PPS New Corp VAP exception applications open for public comment - Bassett & NCI (Public comment period closes 11/15/15).
- **October 15, 2015:** PPS Reporting Validation Process operator assisted call and final IA validation protocol documents sent to PPS.
- **October 21, 2015:** CIO Steering Committee Data Security Workgroup webinar.
- **October 22, 2015:** Phase 1 - Opt out letter mailing begins to 700,000 members.
- **October 23, 2015:** Open PPS Performance Networks in MAPP for network partner additions - Network closes 12/4.
- **October 26, 2015:** Regional Health Information Organization (RHIO) Data Exchange and Connectivity Survey webinar.
- **October 27, 2015:** Requirements for a DSRIP RHIO and PPS Connectivity Tool Kit released.
- **October 28, 2015:** PPS training on Medical Record Review (MRR) HEDIS Measures webinar.
- **October 28, 2015:** CIO Steering Committee Data Security Workgroup webinar.
- **October 29, 2015:** PPS Valuation Project-by-Project Breakdown webinar with Q&A.
- **October 29, 2015:** Released draft revised and redline version of DSRIP Measure Specification and Reporting Manual.
- **October 30, 2015:** Released Patient Activation Measure (PAM) FAQ document.
- **October 31, 2015:** PPS DSRIP Year 1, Second Quarterly Reports (7/1/15 - 9/30/15) due.
- **November 2, 2015:** Introduction to Value Based Payments (VBP) Video released.
- **November 6, 2015:** Developmental Disabilities webinar released.
- **November 9 & 10, 2015:** DSRIP Project Approval and Oversight Panel (PAOP) meeting with 12 upstate PPS.
- **November 16, 2015:** Launched PPS Information page on DSRIP website.
- **November 19 & 20, 2015:** Salient SIM Training in Albany.
- **November 23, 2015:** Released Opt-Out FAQ document.
- **November 30, 2015:** Released Draft IT Target Operating Model (IT TOM) Toolkit & recorded presentation of Toolkit User Guide.
- **December 1, 2015:** IA provides feedback to PPS on DSRIP Year 1, Second Quarterly Reports; 15-day remediation window begins.
- **December 1, 2015:** PPS New Corp VAP exception application open for public comment - Catholic Medical Partners (Public comment period closes 12/30/15).
- **December 1, 2015:** Released Remediation Guide for Year 1, Second Quarter.
- **December 1, 2015:** Office of Primary Care and Health Systems Management (OPCHSM) completed review of final Vital Access Provider Assurance Program (VAPAP) transformation applications.
- **December 2, 2015:** Released Updated Workforce Reporting Summary document.
- **December 3, 2015:** Sample data to complete validation of PPS milestones due to IA (PPS received sample requests from the Independent Assessor as part of the validation process on November 20,

2015. PPS must return the requested sample information to the IA by December 3, 2015 to allow for the validation of the requested information).

- **December 3, 2015:** Member Roster and Claims Extract webinar.
- **December 4, 2015:** Open Q&A Systems Security Plan (SSP) Collaboration Session.
- **December 11, 2015:** All PPS Meeting held at the School of Public Health in Rensselaer, NY.
- **December 15, 2015:** Revised PPS DSRIP Year 1, Second Quarterly Reports due from PPS; 15-day remediation window closes.
- **December 15, 2015:** PPS leads notified of Regulatory Waiver determination.
- **December 15, 2015:** Salient SIM Webinar Training-Collections and Cohort Studies.
- **December 15, 2015:** Released CAHPS Uninsured Guidelines.
- **December 16 & 17, 2015:** New Analyst Salient SIM Training.
- **December 17, 2015:** Workforce Reporting QA document and slide deck released.
- **December 17, 2015:** State-administered Transportation webinars (upstate and downstate).
- **December 18, 2015:** Data Destruction Attestation due from PPS.
- **December 18, 2015:** SSP Webinar Collaboration Session.
- **December 21 & 22, 2015:** New Analyst Salient SIM Training.
- **December 29, 2015:** Request for Proposals (RFP) for the procurement of an Independent Evaluator of the DSRIP Program issued.
- **December 31, 2015:** IA issues final results for PPS DSRIP Year 1, Second Quarterly Reports.

For more information visit http://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/1.

¹ DOH has 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.