Delivery System Reform Incentive Payment (DSRIP) Program
Domain 1 DSRIP Project Requirement Milestone and Metrics Reporting
Submitted Questions from IA AV Webinar
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Achievement Value Methodology and Payment Distribution

Q: Please characterize the breakdown of the second and third DY1 payments -- how much is Domain 1 as well as Domains 2-4 pay for reporting?

    A: For DY1 payments, the first payment, based on the approved DSRIP Project Plan Application, will be equal to 60% of DY1 funding. For the second and third payments in DY1, Domain 1 funding will be worth 20% of the remaining DY1 funding (10% per payment) and the Domains 2-4 funding will represent the remaining 20% of DY1 funding (10% per payment).

Q: Are all AV's valued the same when you calculate the achievements for payment?

    A: Yes, all AVs within a reporting period are equally valued for calculating the payment for that period. For a period with 6 AVs, each AV would be worth 1/6 of the total possible AVs and associated payment for that period.

Q: How will the achievement value for Governance in payment 1 be divided between the numerous milestones in those quarters? Will they distributed evenly or could the PPS achieve a partial AV if you make some milestones but not all?

    A: The STCs do not consider a partial AV and as such a PPS will earn an AV of 1 or 0. For the Governance example, the PPS will need to receive IA approval for each milestone in order to earn the AV of 1 for Governance for that period. In periods before an individual milestone is completed, the PPS will need to provide an update on progress towards meeting the milestone completion date to receive IA approval towards earning the Governance AV. In periods after an individual milestone is completed, the PPS will need to provide an update on ongoing efforts to maintain and improve the milestone to receive IA approval towards earning the Governance AV. In periods for the completion of an individual milestone the PPS will need to demonstrate that the milestone has been met to receive IA approval towards earning the Governance AV.

Q: What happens to organizational milestone-related AVs once the milestones are achieved?

    A: Organizational Milestone AVs are evaluated every quarter before and after that milestone has been earned. Each Quarterly Report should address the following for each organizational milestone:
        • Pre-Milestone Reporting Requirements (for periods before a milestone is met)
            1. Demonstrate progress toward meeting milestone
            2. Outline steps taken towards timely milestone completion
            3. Include documentation of progress to date

- Milestone Commitment Date Reporting Requirements (for period in which a milestone is met)
    1. Current quarter records of completed milestone
    2. Recap of steps taken to achieve milestone completion
    3. Include documentation to support completion of milestone

- Post Milestone Reporting Requirements (for periods after a milestone is met)
    1. Proof of maintenance of milestone
    2. Demonstrated expansion upon previously met milestone
    3. Include documentation of ongoing efforts

After milestones are achieved, the IA will be looking for on-going efforts to maintain those milestones. For example, after reaching the milestone under Governance, to finalize governance structure and subcommittee structure, the PPS should indicate that the governance structure is still in place, continues to meet on a regular basis, loses or gains members, or has undergone any substantive restructuring. In other words, each quarterly report should mention that the Governance structure is still viable and functioning, or if there has been some change, state as such.

Q: Understanding the requirements of Attachment I & the 2 year completion expectation. If the PPS has a valid reason they cannot achieve the milestone date can we submit a later date with an explanation & still receive AV?

A: No. The completion timeframes identified for each project requirement, (end of DY2, end of DY3 or timeframe consistent with Speed & Scale commitment made in DSRIP Project Plan Application) are firm.

Q: How will meeting flow of funds AV be defined for Domain 1? Is it only payments for implementation; does it also include PPS partner specific incentive payments, revenue loss payments, etc. Will the budget include the categories of how money will flow or is there a new budget form that you will be sending to us?

A: As part of your reporting for the flow of funds AV, PPSs will be expected to complete two tables: one associated with budget (cost allocation level for the following categories: cost of project implementation and administration, revenue loss, internal PPS provider bonus payments, cost of non-covered services, and other). The other table will be associated with the actual flow of funds down to the provider level. Further guidance regarding what level of payment flow reporting will be provided in the Quarterly Report template and forthcoming webinar.

Reminder that per the STCs 95% of all performance payments have to go to safety net providers, and no more than 5% of the funds can be paid directly to non-safety net providers. Flow of funds is reviewed based on how the funds are initially distributed from the PPS to their network providers. We do not expect the PPS to maintain documentation on what their network partners do with the funds once they are received, but the 95% safety net/5% non-safety net will be monitored as part of the flow of funds submissions from the PPSs.

Q: What date will the AV policy and procedure guide be released?

A: A formal date for the release of the AV Policy and Procedure Guide has not been determined. It will be released in advance of the first DSRIP Quarterly Report opening for PPS completion to ensure PPSs have sufficient time to understand how AVs will be earned based on the reporting in the Quarterly Report.

Q: Where does the reporting for Domain 2 and Domain 3 (The Measurement and Specification Manual) fit in?

A: The AV table in the presentation is specific only to the Domain 1 AVs that a PPS can earn and does not address the AVs associated with the Domain 2, 3 and 4 P4R and P4P metrics in the DSRIP Metric Specification and Reporting Manual. These AVs will be calculated separate from the Domain 1 AVs.

The DSRIP Measure Specification and Reporting Manual describes the methodology for establishing goals and annual improvement increments which will be used to determine performance attainment in each demonstration year across Domains 2, 3 and 4. Once approved by CMS, the Measure Specification and Reporting Manual will be made available.

A webinar on earing AVs for Domain 2, 3 and 4 P4R and P4P as well as on the AV Report Card will be forthcoming.

Q: Will there be a "corridor" for meeting achievement values? For example, if only 480 of 500 PCPs meet PCMH milestones by the commitment date, what happens to being able to meet the achievement value? Can the AV be met in a future quarter? What is the impact on payment?

A: The only "corridor" applicable for meeting an achievement value relates to Patient Engagement speed. Under the new approach for earning Project Implementation Speed AVs, the PPS will need to successfully implement 100% of the applicable project requirements for all providers committed to the project in order to earn the Project Implementation Speed AV.

However, a PPS can earn an AV in a future quarter as long as it is within the applicable DY time period for completion defined for the project requirement. For example, a several project requirements related to PCMH Level 3 achievement have been assigned a completion due date of the end of DY3. As an example, a PPS indicated in their Project Application speed and scale this requirement will be achieved by DY3, Q2. The PPS will not be able to earn the AV tied to project requirements with a required completion of DY3 if the 100% of this requirement is completed after DY3. If by DY3, Q2 the PPS only has 480 of the 500 PCPs meeting the PCMH milestone the can still earn the AV for Project Implementation Speed if the remaining 20 PCPs meet the PCMH milestone by DY3, Q4.

Q: For milestones that have no achievement value tied - for example, the milestones in IT systems and Processes - will the PPS be required to report on those milestones?

A: Yes, PPSs will be required to provide quarterly updates for all milestones regardless of their connection to AVs. This will be important for the IA to monitor the overall health of

a PPS over the life of DSRIP.

Q: How does governance get rated for a Domain 2 or 3 project? For example, for 3.a.i, integrating behavioral and medical care, how does the "governance" AV get evaluated for the project?

A: The Governance AV is scored at the Organizational level of the Quarterly Report. There is no Project level reporting for governance at the project specific level, such as 3.a.i. Organizational components do not get evaluated on a project by project basis, they are evaluated at the PPS level. AVs that are earned for that organization component are carried across each project. AVs earned at the Organizational Level will be added to the AVs earned at the Project Specific Level for each Project to arrive at the Domain 1 AV score for each project. In other words, if the PPS earns 4 AVs at the Organizational AV scoring level, they will have earned at least 4 AVs that will be added to each Project Level AV Score.

Q: If a committed Project Implementation Speed deadline for a project falls in DY3, Q4, along with the 'red' milestone, would that mean that there could be 8 AVs in that period?

A: No. There is only one Project Implementation Speed AV available in any quarter; they are not additive. The most Domain 1 AVs a PPS could earn in a given quarter is 7.

For example, if a quarter has two Project Implementation Speed Commitments in the same quarter (e.g. For Project 2.a.iv., by DY3, Q4, the PPS committed to have all of its Medical Villages fully implemented, which coincides in the same quarter that all medical villages must be connected to the RHIO/SHINY-NY) meeting both of these in this quarter will result in an award of 1 AV for Project Implementation Speed. Failure to meet any of the two Project Implementation Speed Commitments will result in an AV of 0 for Project Implementation Speed.

If however, a PPS has committed to a completion date prior to the Required Completion Date for a milestone, it is possible to avoid an AV of 0:
- PPS must meet Required Completion Date
- PPS must demonstrate significant progress toward milestone completion by initial Committed Completion date
- PPS must collaborate with IA to establish new Committed Completion Date on or before Required Completion Date

Q: In the following example, if we committed to achieving a project requirement by the end of DY 2, before the mandated Commitment date by the end of DY 3, but fail to achieve that project requirement, can we still have an opportunity to earn that AV when we do achieve that milestone?

A: If a PPS has committed to a completion date prior to the Required Completion Date for a milestone, and fails to meet that early completion date, it is possible to avoid an AV of 0 and earn an AV of 1 later, if:
- PPS must meet the Required Completion date by the end of DY 3
- PPS must demonstrate significant progress toward milestone completion by initial Committed Completion date
- PPS must collaborate with IA to establish new Committed Completion Date on or before Required Completion Date

Q. What happens if a PPS meets all the project requirements for a given project except for one project? Does that mean that the PPS gets an AV of 0 for that reporting period?

> A: Project AVs will be specific to each Project that was selected by the PPS in its PPS Application. It is possible that if a PPS is pursuing all 11 projects, and they meet the project requirements for DY2 for 10 of 11 projects, the 10 projects that they met those requirements would get an AV of 1, and the project that they didn't will get an AV of 0. Missing a Project AV on one project does not impact the PPS's ability to earn a project specific AV for another project.

Q: If project requirements were supposed to be completed in DY3, but get completed in DY1. Is there more money that PPS can earn?

> A: There is potential to earn the AV sooner, however the maximum valuation will be set on how much a PPS can earn on a given project.

Q: During the April 10 webinar, the IA showed a slide on the AV Evaluation Matrix that contained a 4th project line item, called "Project System Change Implementation (DY2) (NEW)". Could you explain the difference?

> A: This still applies but the AVs related to project implementation activities (the DY2, DY3, and project Speed & Scale commitment) have been consolidated to a single line called Project Implementation Speed. Please refer to slide #16 in the April 21 webinar presentation.

Q: In the DSRIP Measure Specification and Reporting Manual (pg 16) it is indicated that one achievement value point can be earned for completing project requirements classified as "project system changes". A separate AV can be earned for project implementation speed according to this document. Based on the information provided in the April 21 presentation (slide 16) the "project system change" milestone has been included within the Project Implementation Speed measure.

> A: That is correct.

Q: In February, the idea was floated of only achieving 80% of milestones to achieve an AV of 1 -- can you please clarify if this is still being considered?

> A: All milestones (100%) must be completed (pre-completion, completion, post-completion) to receive an AV of 1. There are no partial AVs.

June Implementation Plan Submission

Q: When will the Implementation Plan for 2.a.i. be due?

> A: The implementation plan for 2.a.i. is due June 1.

Q: Will there be a revised Implementation Plan document (due June 1) released with the latest changes (no ramp up on provider speed & scale, required grey boxes, etc.)

A: There will not be a new template released. The PPS should complete every section in the implementation plan as it exists including the patient engagement speed sections for all projects (except 2.a.i). The PPS should ignore the provider Speed & Scale ramp up tables as well as the project implementation challenges and mitigation strategies.

Q: People keep referring to "The Domain 1 Implementation Plan originally due May 1st is now due June 1st." What is the Domain 1 Implementation Plan?

A: The Implementation Plan for Domain 1 is the excel template released on 2/27/2015. Nothing has changed with regards to a large majority of the content that you've already put into it. The main changes that you need to be aware of for the June 1st deadline is that PPSs will **not need to provide provider ramp up tables and you do not need to supply the narrative on the implementation challenges and mitigation strategies for each project** (other than 2.a.i). The major risks to implementation and mitigation strategies section will be required in the project implementation plan due by July 31st. You will, however, still need to complete all the organizational sections, project 2.a.i, and the Patient Engagement Speed tables for each project selected. All of those components are due June 1st.

A checklist outlining all of the required components of the Implementation Plan for the June 1 submission will be provided by DOH.

Q. Is the General Project Requirements section still a part of the June 1 submission?

A: Yes, the General Project Requirements sections will be part of the June 1 submission.

Q: The Project Implementation template has 9 organizational sections, your example today showed only 4 organizational sections for reporting. Will we be reporting only on those 4 organizational sections that you showed today in your examples? Or all 9 that are in the implementation plan template?

A: PPSs will be expected to answer all 9 sections of the Organizational Component of the Implementation Plan / Quarterly Report. For 4 of these they can earn AVs. While there are 5 organizational sections that do not result in directly earning AVs, all sections are considered vital to showing progress toward being a well-functioning PPS. Failure to show progress in these areas will serve as a source for the IA to monitor PPS performance and report to the State any potential warning signs.

Q: Just to confirm, not all the work streams in the June 1st implementation plans are involved in AV earning?

A: Correct; 4 of the 9 sections of the Organizational Component of the Implementation Plan / Quarterly Report, can earn AVs. The 4 organizational sections that drive AVs are Governance, Financial Sustainability, Cultural Competency and Health Literacy, and Workforce. The 5 sections that do not earn AVs, are considered vital to showing progress toward being a well-functioning PPS. Failure to show progress in these areas will serve as a source for the IA to monitor PPS performance and report to the State of any potential warning signs.

Q: For provider engagement expected by DY4, is it still broken down by provider "type" or just the total number from the January submission of speed and scale?

A: Provider Speed & Scale ramp up tables are no longer required in the June 1 implementation plan. Instead the PPS will be expected to develop and submit sub steps to demonstrate what will need to occur in order to successfully complete each project requirement. The quarterly reports will include provider tables for each provider level project requirement for a PPS to project how they will meet their commitment for the number of providers committed to a project in their initial Speed & Scale submission. This WILL NOT be used to determine AVs.

Q: In the January 16th session, it was shown that the second DY1 payment was only contingent upon the approval of an Implementation Plan, and not based on a quarterly report. Does that still apply?

A: Per the STCs, the second and third payments in DY1 are tied to the submission of semi-annual reports. The quarterly reports from DY1, Q1 and DY1 Q2 will drive the second payment in DY1 and the quarterly reports from DY1, Q3 and DY1, Q4 will drive the third payment in DY1.

Q: How can Value-Based Payment (VBP) planning be underway despite the absence of the final roadmap? When will the roadmap be released?

A: VBP planning has been on-going with a Workgroup and draft roadmaps. More detail is available on the DOH website. The revised Roadmap will be posted to the website once it is prepared for CMS submission.

Domain 1 Metrics/Deliverable and Data Sources

Q: What Meaningful Use Stage (1 or 2) do providers have to meet by the end of DY 3?

A: Meaningful Use Stage 2.

Q: Is the "Reporting and Substantiation of Domain 1 Project Requirements Milestones and Metrics Guidance Document" distributed on 4/9 no longer relevant?

A: The April 9 document is no longer relevant.

Q: Please be more explicit on the Population Health activities the PPS could perform for project requirement #6 of 2.a.i that could be completed before EHR is implemented throughout the Safety Net providers. We originally planned to meet this requirement DY3, Q3 after requirement 4 would be completed.

A: Upon review, in light of the completion due dates of PRs #4, #5 and #7 (end of Demonstration Year 3) the IA has decided to revise PR# 6 in Project 2.a.i to change this PR's completion date to be consistent with the PPS' Speed & Scale commitment made in the PPS DSRIP Project Plan Applications. A revised Domain 1 Project Milestones and Metrics document will be released to reflect all revisions.

Q: Some of the projects have the requirement to engage 80% of PCPs by Year 1, yet they are color coded yellow (corresponding to S&S). What deadline should we pay attention to?

A: The 80% requirement to engage PCPs is Project requirement #20, in Project 3.b.i. Upon review, the Independent Assessor has determined that this is a major system change requirement and therefore is required to be completed by the end of DY 2, rather than the end of DY 1. The Domain 1 Project Requirements Milestone and Metric document will reflect this change.

Q: If I have PCPs in my network that do not participate in any projects, does the PCMH requirement still hold? If it does, how does it get measured?

A: The PPS would need to meet the PCMH requirements for all PCPs that have been included in the PPSs' Speed & Scale commitment in the DSRIP Project Plan Application. The IA would expect that all providers included in a PPS network are included in at least 1 project that the PPS has chosen to implement.

Q: In Project 2.a.ii, PR#2- can you explain how this is at the provider level? Does there need to be one physician champion per site instead of one per PPS?

A: It is the intention of the IA that the PPS identify a PCMH physician champion for each primary care practice site included in the project. Thus, it is expected this project requirement will be reported at the provider-unit level, PCP practice.

Q: Can the PCMH provider champion that you just mentioned be a nurse practitioner or only an MD? Some practices, particularly safety-net practices, do not have the bandwidth to take their single physician away from clinical practice.

A: PCMH is a practice-level recognition so a Nurse Practitioner (NP) within a PCMH practice could be the PCMH champion so long as the NP has the expertise to advocate and lead the changes necessary to implement the PCMH standards.

Q: Please clarify for project 2.a.ii, the PCMH physician champion must have NCQA certification. Is this a different designation achieved through NCQA, or can it be a physician champion who has undergone PCMH transformation at his/her practice?

A: The IA expects the PCMH physician champion to come from primary care practices that have earned NCQA certification.

Q: How should PPSs approach milestones with contradictory deadlines? For example: RHIO connectivity is to be completed by DY3, but population health activities must be completed in DY2. RHIO connectivity is needed for full scale population health activities.

A: Upon review, in light of the completion due dates of PRs #4, #5 and #7 (end of Demonstration Year 3) the IA has decided to revise PR# 6 in Project 2.a.i to change this PR's completion date to be consistent with the PPS' Speed & Scale commitment made in the PPS DSRIP Project Plan Applications.

Q: For project 2.a.i, there are a total of 6 requirements which cannot exceed 2 years (green color). Did one of the slides in the webinar indicate that there were 4 of them?

A: Based on previous feedback, the Independent Assessor has reviewed the project timeline completion dates applied to Project 2.a.i. A revised Domain 1 Project Requirement Milestones and Metrics document will be forthcoming.

Q: What is the intent of DOH regarding the monthly meetings with the MCO since they are moving in a direction of developing value based programs on a provider level?

> A: The IA and DOH understands the VBP workgroup is moving in the direction of devising value-based programs that will require meetings with MCOs in the development and implementation of these VBPs. It is the expectation of the IA that for this project requirement #9, the PPS in developing a fully-integrated IDS will meet monthly to evaluate utilization trends and performance issues, in addition to ensuring payment reforms are instituted.

Q: For 3.a.i, I am hoping to get clarification about the "all practice hours" for Model 1. There has been direct clarification that integration of PCP and BH do not need to be during ALL practice hours but again this is included in the 3.a.i metric. Please clarify.

> A: The questioner is correct. The "metric/deliverable" for this project requirement (PR#1) was revised during the public comment period and should read instead: "Primary care practices are available within behavioral health services." This change will be applied to the forthcoming final Domain 1 Project Requirements Milestones and Metrics document.

Q: I have an email from Dr. Lynn Hohmann that states the data source for proving 2.a.i requirement 5 – 'EHR meets MU requirements' can be the MU certification from NYS or CMS, OR "EHR proof of certification" which would be the ONC certification of the EHR to be CEHRT. I want to be sure this is correct and request the Domain 1 documentation be updated to reflect this. There is an important distinction between successfully attesting Meaningful Use by passing all objectives and quality measures versus implementing EHR that is MU compliant.

> A: The IA will accept Meaningful Use Certification from CMS or NYS Medicaid OR EHR Proof of Certification to validate that this requirement has been met. It is not intended that every EHR will have MU certification but rather that an EHR has been successfully implemented. The Data Source for EHR meeting requirements for MU would be the product number from the Office of the National Coordinator of the specific EHR product mix of Certified Electronic Health Record Technology (CEHRT) an organization has implemented.

Q: The color-coded Domain 1 Project Requirements document contains 6 'green' Project 2ai Major System Change Requirements (2,3,6,8,9,10)—how does that reconcile with the '4' system change requirements on slide 13?

> A: Based on previous feedback, the Independent Assessor has reviewed the project timeline completion dates applied to Project 2.a.i. A revised Domain 1 Project Requirement Milestones and Metrics document will be forthcoming.

Impact of DSRIP Timeline Change

Q: Does DY 5 end March 31 2019 or 2020?

> A: DY 5 ends March 31, 2020.

Q: Just want to reconfirm that DY1Q1 is still Apr1-Jun30, even though Implementation Plans and payments, etc. are delayed?

     A: Yes, DY 1, Q1, is April 1, 2015 to June 30, 2015.

Q: For project requirements whose deadlines are determined by the PPSs Speed & Scale submission will those deadlines also be extended by 3 months? For example, at the time, DY3Q4 was December 31, 2017 but DY3 now ends on March 31, 2018?

     A: Yes, all dates have shifted by 3 months. The original dates which were based on calendar year, are now based on State Fiscal Year, which is April 1 through the following March 31. Therefore, for all years, Q1 ends on June 30, Q2 ends on September 30, Q3 ends on December 31, and Q4 ends on March 31.

Q: Due to the changes to DY1 timeframe, will the second payment be released in January 2016 for demonstration period 4/1/15-9/30/15 and reporting due 10/31/15?

     A: The second payment in DY1 will be made in January 2016, based on the Quarterly Report due on October 31, 2015.

Q: Please can you let us know the month and year for DY1 Payment 1 and DY 1 Payment 2 and DY 1 Payment 3?

     A: DY1 Payment 1 will be made in May, 2015. DY1 Payment 2 will be made in January, 2016. DY1 Payment 3 will be made in July 2016.

Q: Can you confirm that the DSRIP timeline has officially and formally been shifted by a quarter, such that Q1 is always April-June and Q4 is always Oct-Dec?

     A: The DSRIP timeline has officially been shifted. Responding to the dates in your question, Q1 is always April-June; Q4 is always January-March.

Q: Do we need to still achieve 100% of the unit level provider types D1 requirements for Domain 2 and 3 projects by when we committed on Speed & Scale? I.e. do we still need to report this 100% achievements and/or progress ever?

     A: Yes. The PPS must achieve 100% of project commitments by the committed date in the approved PPS Application. There is no longer a requirement to provide ramp up figures leading up to that commitment date to earn the AVs for Project Implementation Speed. For example, if you've committed to having 10 medical villages implemented by DY4 Q4, you will not have to provide figures until all 10 are implemented. However, the PPS will have provided quarterly reporting demonstrating progress against the project requirement sub steps identified by the PPS in the project implementation plans (due July 31st, except for 2.a.i).

General Questions

Q: If we exceed 100% of Speed & Scale commitments, is there an opportunity to get a bonus?

     A: Final decisions regarding the availability of High Performance Funds for Domain 1 are

currently being made and communications will be forthcoming on this topic.

Q: Given that PPSs only receive payments twice a year, how can we report funds flow quarterly

A: Even though PPS payments may go out twice a year, the flow of those funds to PPS partners may occur in different timeframes, and flow more frequently, depending on agreements between PPS partners. If payments going out to PPS partners is done twice a year, indicate the schedule of those fund flows, and for the quarter in which the payments go out, indicate details about who the funds went to. If there were no fund flows in a given quarter, the PPS must state as such.

Q: If a PPS partner "organization/agency" is not meeting their project goals, and they decide not to participate in a specific DSRIP project, or if a PPS partner leaves/or is removed from the PPS network, how does that affect the ability for the PPS to meet its achievement goals and receive payment?

A: DOH has made it clear that failure of PPS partners to meet their project goals does not relieve a PPS of its committed project requirements. The PPS is required thorough its rapid cycle evaluation and governance structure as described in its PPS Organizational Application to remedy any poorly performing partners. A PPS is expected to meet their performance requirements, including the Speed & Scale commitments made in their DSRIP Project Plan Application, to meet Domain 1 requirements. Further, the removal of a partner from a PPS network does not release the PPS from meeting their performance goals across Domains 2-4.

Q: Is the State Populating Mandatory Milestones and update requirements every quarter?

A: No.

Q: It would be helpful if the IA could give PPSs more clear guidance about what level of update will be sufficient for post-completion milestone-related payments. It will not be logical in some cases to expect a PPS to be able to demonstrate maintenance or some kind of continued improvement, e.g. completion of a strategic plan or other concrete, one-time deliverable.

A: The IA is developing a number of webinars and presentations to provide clear guidance on post-completion milestones.

Q: Please confirm that the distribution of DY1 payments will be as follows: first payment = 60% of total DY1; second payment = 20% of total DY1; third payment = 20% of total DY1

A: That distribution is correct. CMS has agreed to increase the first payment in DY1 to PPSs based on their approved project plan applications from applications from 50% to 60%. Within the second and third payments, 10% of the 20% in each payment period is tied to Domain 1 milestones and the remaining 10% is spread across Domains 2, 3, and 4. Information on how PPSs earn Domain 2, 3, and 4 AVs and subsequently how all AVs result in payments will be explained in subsequent webinars.

Q: How will the provider level reporting requirements as indicated in the Domain 1 milestones/metrics document be reported out if provider ramp-up scale is completely eliminated?

A: Even though the IA is not requiring provider ramp up figures in the Implementation Plan

submission, the PPS will be required to report on its progress. The Quarterly Progress Report section for each project should address the following for each project requirement:

- Pre-Milestone Reporting Requirements
    1. Demonstrate progress toward meeting milestone
    2. Outline steps taken towards timely milestone completion
    3. Include documentation of progress to date

Q: Can you elaborate on how the post milestone reporting will work with items that necessarily do not have post work, such as the Workforce Comp & Benefit Analysis?

> A: The Workforce milestones do not have post milestone completion requirements as the PPS will be establishing baselines for each milestone in their quarterly reported submitted in January 2016 and they will be required to report on their actual performance against the baselines in each period to earn the AV for Workforce.

Q: How are our project implementation speed overall commitment spread across the Models 1, 2 and 3 of the 3ai project?

> A: The IA will evaluate Project 3.a.i Project Implementation Speed in totality of the various 3.a.i models selected by the PPS. For instance, all project requirements due by DY 3, in one or more models, must be completed by DY 3 in order to earn this Project Implementation Speed AV.

Q: For Project 3ai is the IA is expecting the PPS to submit project requirement sub steps by model?

> A: Yes, for Project 3.a.i, the PPS will develop and submit project requirement sub steps by model.

Q: Will the IA be able to take the PPS through a specific project example.

> A: Yes, the IA will be conducting a webinar of two project specific examples from implementation plan through project completion.

Q: The new Domain 1 Project Requirements Milestones and Metrics document shows that the RHIO, PCMH, and MU requirements vary throughout the DSRIP period. Is this in conflict with intent or in conflict with today's presentation?

> A: The DOH did not intend to make all project requirement consistent across all projects. Consistent with the approved CMS NY DSRIP Toolkit, some project requirements have clear time periods by which they must be completed, while similar project requirements in other projects do not have the same level of specificity. The Domain 1 DSRIP Project Requirements Milestones and Metrics remains consistent with the DSRIP Toolkit approved by CMS and what has been provided to the PPSs throughout the application development process.
>
> As an example, in Project 3.b.i, PR#3 requires that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards by the end of DY3, however, Project 2.a.iv, has a similar requirement – PR#6 Ensure that EHR systems used in Medical Villages must meet Meaningful Use and PCMH Level 3

standards, however, this requirement does not mandate a completion timeline.

Workforce Milestone Submission

Q: The original IP Workforce instructions indicated that "You do not need to provide revised workforce budget numbers for the April 1 submission." Has this guidance changed, or has it remained the same?

> A: The guidance remains the same. PPSs do not have to include any workforce projections in their June 1 Implementation Plan submissions.

Q: Could you please provide more details around what is required for the Workforce submission regarding the budget, impact, and new hires for the June 1st submission.

> A: You will not need to provide a revised workforce budget for the June 1 implementation plan submission. However, a revised final budget will be required in the quarterly report submission in January 2016.

Q: Where do the 3 Workforce Milestones - Budget - Impact - New Hires get reported in the Implementation Plan?

> A: You will not need to provide a revised workforce budget for the June 1 submission. However, PPSs will be expected to provide initial projections as part of their first two quarterly reports (July and October) and final baseline as part of the third quarterly report (January). Further guidance will be provided in the Quarterly Report template and forthcoming webinar.

Q: Do we get the second DY1Q2 payment in Jan 2016? Do we get DY1 Q3&4 in July 2016?

> A: Yes.

Impact on Patient Engagement Commitments

Q: For the 80% completion of patient engagement speed for one quarter, if the PPS achieves 92% or 100%, will the patients beyond the 80% threshold be counted towards the next quarter?

> A: No. Each quarter is viewed independent of the next. The PPS will need to achieve the 80% threshold of each quarter independent of other quarters in order to earn the AV.

Q: How exactly is a PPS expected to demonstrate that it has engaged patients in a project aside from reporting a number of actively engaged patients in the quarterly report - is any additional documentation ever required?

> A: Patient engagement criteria varies across projects. The IA will measure patient engagement via the criteria identified in the project application as well as supporting materials. There are a number of patient engagement metrics and data sources (e.g. claims based, PPS reported, etc.). The IA will be developing a webinar to discuss this topic in further detail.

Q. When are we going to be asked to report Speed & Scale patient engagement commitments from DY 0? If a PPS had committed to a number?

> A: In the June 1 implementation plan, Patient Engagement Speed must be submitted for all applicable projects.

Q: Which patient engagement metrics will be data sourced and/or monitored by the State? I.e. claims based metrics?

> A: There are a number of patient engagement metrics and data sources (e.g. claims based, PPS reported, etc.). The IA will be developing a webinar to discuss in further detail.

Q: The implementation application patient engagement starts on DY1 Q1, there is no room to update with any DY 0 commitments from the Speed & Scale tables from January

> A: DSRIP is currently in DY1 Q1 and this would be the first period that you are expected to report on patient engagement speed. There is no expectation of reporting patient engagement speeds prior to April 1, 2015. The PPS committed to Patient Engagement Speed & Scale as part of the PPS Project Application it submitted in January, so there is no need to complete it as part of DY 0.

Q: Is the payment decreased if the PPS only achieves the 80% threshold for patient engagement?

> A: No. The 80% threshold is the minimum required to earn the AV associated with Patient Engagement Speed. AVs are either a 0 or 1 and there is no consideration of partial AVs. So a PPS that gets 80% of patient engagement gets an AV of 1 and a PPS that gets 83% of patient engagement also gets an AV of 1. The only way a PPS can miss the AV is if they fall below the 80% threshold.

Q: Will we have to report individual patients within the Patient Engagement quarterly reports, or will it be ok to report gross numbers?

> A: Gross number will be adequate, but the IA reserves the right to request patient rosters upon audit.

Q. Do the reporting levels (pre, post etc) apply to patient engagement as well?

> A: No. PPSs will be expected to report actual numbers of engaged patients in each period.

Q: Since we only committed patient engagement for Q2/Q4, does it follow that we are only held to an AV for these quarters as well similar to the practitioner ramp up plan?

> A: Yes, PPSs will only be held to Patient Engagement Speed ramp up as committed to in the DSRIP Project Plan Application Speed & Scale. For periods with a zero Patient Engagement Speed, the AV will be considered Not Applicable (N/A).
>
> There are no longer AVs tied to practitioner ramp up for Project Implementation Speed.

Q: Can you confirm that nothing has changed with regard to the Implementation Plan and AVs as it relates to patient engagement peed and scale ramp-up?

A: Nothing has changed with regard to the Implementation Plan and AVs as it relates to the Patient Engagement Speed. PPSs are still expected to meet the Patient Engagement Speed commitments made in the DSRIP Project Plan Application Speed & Scale commitments.

Q: Will patient engagement speed be adjusted in relation to when the PPS will receive member PHI?

A: PPSs will be required to meet the Patient Engagement Speed commitments as indicated in the DSRIP Project Plan Application Speed & Scale submissions.

Q: Can you confirm the 80% for completion of patient engagement apply to half yearly commitments in the application and NOT for Q1 and Q3.

A: The 80% applies to every quarter.

July Project Implementation Plan/First Quarterly Report Due July 31ˢᵗ

Q: When will guidance on the project implementation plans be released?

A: This is under development and guidance will be provided as soon as it's available. PPSs should expect to see the template mirror what is currently in the Implementation Plan for project 2.a.i. in regards to reporting on meeting the project requirements.

Q: Please consider sending out the first quarterly report template earlier than July - PPSs will need more than 3 weeks to prep and organize all reporting updates for ALL milestones.

A: Access to the quarterly reporting structure and the quarterly reporting system should be live for PPSs by July 1ˢᵗ. DOH and the IA are working on developing a timeline for training and guidance in conjunction with the July 1ˢᵗ go-live date.

Q: To confirm, for the July project implementation plan submission, in addition to the risks/mitigation strategies, project plans will need to include a more detailed break-down plan for achieving the milestones, similar to the 2.a.i plan, is that correct?

A: Yes, that is correct.

Q: When will the Project Implementation Plan template (first Quarterly Report) be released?

A: The Project Implementation Plan structure will be housed in MAPP within the Quarterly Reporting functionality section and should go live for PPSs by July 1ˢᵗ. However, the IA will work with DOH to provide a template of how the structure will look so that PPSs can begin planning on how to build out those implementation plans in advance of July.

Q: Will the Quarterly Reporting process be completed with an online state reporting tool or via Excel documents?

A: The State is developing an online tool to perform quarterly reporting which will be housed in MAPP.

Q: Although project implementation speed is not designated an AV until DY2 Q4 Payment 2 - are we still required to report updates on these beginning in the first quarterly report (DY 1 Q1)?

> A: Yes. The Quarterly Progress Report section for each project should address the following for each project requirement:
>
> - Pre-Milestone Reporting Requirements
>   1. Demonstrate progress towards meeting the milestone
>   2. Outline steps taken towards timely milestone completion
>   3. Include documentation of progress to date
>
> - Post Milestone Reporting Requirements
>   1. Proof of maintenance of milestone
>   2. Demonstrated expansion upon previously met milestone
>   3. Include documentation of ongoing efforts

Q: Will quarterly progress updates start with the first Quarterly Report due on July 31st or is the PPS only looking for the implementation plans?

> A: The July 31 submission will be the first Quarterly Report submitted after the Implementation Plan, which is due on June 1. The July 31st report will include the project Implementation Plans as well providing any updates on the progress that the PPS has made towards meeting organization Implementation Plan milestones.

Q: Do the provider unit level requirements match up to our speed and scale for project engagement?

> A: There is no longer the requirement to submit provider Speed & Scale ramp up in the Implementation Plan. Instead the project Implementation Plans (due July 31st) will describe the interim steps the PPS will follow to achieve the project requirement milestones by the required completion dates.

Q: Will the PPS have to report ALL data sources to demonstrate achievement of the Domain 1 requirements, or could a subset of all potential data sources be used to report?

> A: A detailed webinar will be given on what documentation will be required for the PPS to demonstrate achievement of Domain 1 Project Requirements. However, to be clear at this time, the data sources identified for all "metrics/deliverables" are data source options the PPS can select from in order to demonstrate project requirement completion.

Q: Has the March 20th DSRIP Quarterly Review Process Document been updated? Can we use this document to organize our project plans?

> A: The PPS should use their project applications as well as the Domain 1 Project Requirement Milestones and Metrics document as well as other webinars to organize the project plans. A detailed webinar described what will be required for the PPS to submit in their July project Implementation Plan as well as a project IP template will be developed.

Q: Will the Quarterly Report requirements template for the projects due 7/31/15 be the same as the June 1 IP template (i.e., the State providing project and data sources and the PPS submitting individual project requirement sub steps)?

> A: The Project Implementation Plan will follow a similar structure to project 2.a.i that is in the existing Implementation Plan. The PPS will be required to submit individual project requirement sub steps. A Quarterly Report demonstration webinar will be conducted to address this question. The project requirements, per project, are set and not subject to PPS review. The only information required in these Implementation Plans will be the sub steps the PPS will develop and submit to demonstrate their path to project requirement completion.

Q: In future quarterly reports, will the reporting tool tell the PPS what reports need to be submitted, or will it be up to the PPS to identify which reports (and supporting documentation) need to be submitted for each provider, site, project, etc.?

> A: A detailed webinar will be given on what documentation will be required for the PPS to demonstrate achievement of Domain 1 Project Requirements. However, to be clear at this time, the data sources identified for all "metrics/deliverables" are data source options the PPS will need to select from in order to demonstrate project requirement completion.

Q: When will the quarterly report template be released?

> A: Access to the Quarterly Reporting structure and the Quarterly Reporting system is scheduled to go live for PPSs on July 1st, 2015. The IA is working on developing a timeline for training and guidance in conjunction with the July 1st go-live date and availability of the quarterly reporting tool.

Q: For the 7/31 quarterly report are you expecting that we will have detailed project steps for each requirement across all 10 projects (i.e., detailed steps for all project requirements)?

> A: Yes.

Questions to Be Answered in Subsequent Guidance

The following questions were raised through the Question and Answer sessions of the April 10 and April 21 webinars. Responses to these questions will be forthcoming.

Q: Will the State be releasing an updated list of providers by DSRIP type?

Q: Will PPSs have the chance to change, add, or challenge provider type classifications? And will those be added to Salient Interactive Miner?

Q: Will we be held accountable to the max of 5% to non-safety net provider incentives on projects that have no safety net requirement in the new IP scale & speed?

Q: The draft DSRIP Award letter refers to PPS submission of "Invoices and/or Vouchers, together with supporting documentation." What do PPS's have to submit beyond the Quarterly Reports?

Q: Can you confirm that attribution will be provided at an individual provider level, so the PPS can prioritize rollout by project?

Q. When will claims data be released so we can begin care management activities?

Q: When will the PPSs partner list by provider type (ex. DOH provider type definitions) updated from 3/9th new enrollments?