



**Department
of Health**

New York DSRIP 1115 Quarterly Report

January 1, 2015 – March 31, 2015,
Year 0, 4th Quarter

May 2015

www.health.ny.gov/dsrip

**Office of Health
Insurance Programs**

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New York DSRIP Section 1115 Quarterly Report Year 0, 4th Quarter

Introduction

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

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

The \$8 billion federal financial participation is allocated in the following ways:

- \$500 million for the Interim Access Assurance Fund – temporary, time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without disruption to the delivery of key health services
- \$6.42 billion for (DSRIP) – including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs
- \$1.08 billion for other Medicaid Redesign purposes – this funding will support Health Home development, and investments in long term care, workforce and enhanced behavioral health services

In addition, the STCs commit the 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.

Year 0 Focus

This report summarizes the activities from January 1, 2015 through March 31, 2015, the fourth quarter of Year 0. The agreement between New York and CMS includes a pre-implementation year, known as Year 0, extending between April 14, 2014 and March 31, 2015. Stakeholder education and engagement, planning activities, procurement of DSRIP contractors and development of key DSRIP policies and procedures are the main areas of focus during Year 0. A comprehensive DSRIP website was launched on April 14, 2014 and is available at: www.health.ny.gov/dsrp.

Summary of key accomplishments for the quarter

This quarterly report summarizes the program development and implementation activities for the DSRIP program for the period from January 1, 2015 through March 31, 2015. Highlights of the quarter that are further described in the report are:

- PPS Project Plan Applications (Project Plans) were scored by the Independent Assessor (IA) and initial scoring recommendations were made to the DOH, DSRIP Project Approval and Oversight Panel (Panel) and the public.
- Extensive stakeholder engagement activities and public forums conducted by DOH and its selected vendors.
- Comprehensive training program for the Panel was completed prior to the presentation of IA scoring recommendations.

- Project Plans were scored by the IA and the IA scores were reviewed and adjusted by the Panel. The DOH Acting Commissioner, Dr. Zucker, reviewed and approved the Panel adjusted scores and recommended to CMS that they approve the adjusted scores as final.
- Value Based Payment (VBP) Workgroup consisting of key stakeholders from various constituencies around the state convened to review and refine draft Roadmap to Value Based Payment.

Stakeholder engagement activities, transparency, and public forums

The period covering January 1, 2015 through March 31, 2015 included extensive stakeholder engagement activity conducted by DOH and by its selected vendors for the DSRIP Support Team (DST) and the IA.

- DOH and the IA convened the Panel for the first time on January 12, 2015. The Panel was presented with a DSRIP overview, Panel charge, and the PPS Project Plan review process for the applications and scoring. The meeting was a work session for the panel members and was open for the public to attend.
- The IA completed an initial completeness review and Project Plan checklist review of each submitted PPS project Plan on January 13, 2015.
- Final Patient Engagement Speed and Scale tables of the Project Plan were submitted by PPS Leads and calculated by the IA for the objective component of the Project Plans on January 14, 2015.
- DOH and the IA released the Project Plans for public comment on January 15, 2015. The public comment period was open for 30 days.
- DOH and the IA hosted a workshop for PPS and released a slide presentation on the conceptual overview of the implementation plan, reporting and the DSRIP payment process, and guidance on regulatory flexibility and integration of care on January 16, 2015.
- The IA released the PPS Project Plan Scores on February 2, 2015.
- DOH sent the final DSRIP Project Design Grant payment award letters on February 3, 2015.
- The IA released the DSRIP Scoring Summary documents on February 4, 2015.
- The IA provided a webinar on the DSRIP Scoring Summary Review on February 5, 2015. The webinar provided a detailed explanation of the DSRIP Project Summary documents and a refresher of the PPS Project Plan review process in preparation for the Panel review process.
- The DST provided a webinar and slide presentation on the Workforce Strategy section of the Implementation Plan on February 5, 2015.
- DOH and the DST hosted an operator-assisted call on February 13, 2015 for PPSs to ask questions on workforce-related topics.
- DOH and the IA published a summary of the public comments received on the Project Plans as well as a complete listing of all public comments received on February 15, 2015.
- The IA released all submitted Project Plan public comments and a summary of public comments on February 17, 2015.
- The Panel met for the second time on February 17, 2015 for a full day of public comment. The meeting was open to the public and available through a live webcast. A recording of the webcast is available through the DSRIP website.
- The Panel met February 18, 2015 through February 20, 2015 for full day meetings to review and make recommendations on the IA scoring of the 25 PPS DSRIP Project Plan applications. The meetings were open to the public but there was no public comment period. The panel was charged with reviewing PPS Project Plans scores as presented by the IA in accordance with the STCs.
- Capital Restructuring Financing applications were initially due on February 20, 2015. The application was revised and reissued for a second submission date of May 6, 2015 for applications.
- DOH and the Office of the Medicaid Inspector General (OMIG) hosted an operator-assisted call regarding the Medicaid Compliance Program on February 26, 2015. OMIG discussed how the compliance program applies to the DSRIP PPS model, compliance obligations, certification obligations, and what providers should be doing to prepare.
- DOH, with the IA and the DST, convened a meeting with all PPSs on February 27, 2015 to discuss Workforce strategy, Flow of Funds and address general concerns from the PPSs. This was the first in a series of regular meetings with all PPSs to discuss major program developments.

- DOH provided PPS with an opportunity to add partners to their networks for performance purposes. The deadline for submission was March 3, 2015
- DOH, with the DST, released the 1st installment of the PPS Implementation Plan Prototype on February 27, 2015, followed by the 2nd installment on March 18, 2015.
- DOH released the Draft Value Based Payment Roadmap for public comment on March 4, 2015. The public comment period was open through March 30, 2015.
- The DST held an IT Steering Committee Kickoff Meeting with Chief Information Officers from PPS Leads on March 4, 2015 in New York City.
- DOH and the New York City Department of Health and Mental Hygiene convened a meeting with all NYC based PPSs on March 6, 2015 to discuss PPS collaboration for the various DSRIP projects across the area.
- On March 11, 2015 DOH Acting Commissioner, Dr. Zucker, accepted all of the Panel recommendations to the Project Plan Application scores. The revised scores were submitted in a memo to CMS for final approval and official letters were sent to each participating PPS.
- DOH and the MRT Innovation eXchange (MIX) hosted a live webinar Q and A for all PPSs to ask questions about DSRIP, gain insight and information, and to connect with Jason Helgerson, the NYS Director of Medicaid on March 18, 2015.
- DOH announced the DSRIP years will be modified to be consistent with the fiscal years as determined by CMS on March 19, 2015.
- The final DSRIP Project Design Grant planning payments were made in February 2015. On March 26, 2015 DOH posted the final payment summary to the DSRIP website.
- DOH provided a webinar and slide presentation on Health Home Development Funds on March 23, 2015.
- NYS Director of Medicaid Jason Helgerson hosted a DSRIP Whiteboard webinar on March 29, 2015 related to the principles and goals of Value Based Payment reform.
- Throughout the quarter, the DST regional teams directly engaged PPSs to assist them with their implementation plan application submissions. Their activities included: answering DSRIP related questions (instantly or through published FAQs); clarifying DSRIP related documentation and requirements; providing subject matter expertise (SME) support; notifying PPSs of upcoming releases (i.e., tools, guides, webinars, other communications); evaluating PPS approaches and reporting risks and issues to DOH if necessary; ensuring that PPSs were appropriately equipped to meet DSRIP deadlines; facilitating project workgroup discussions; and reviewing drafts of PPS submissions.

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

DSRIP Program Implementation Accomplishments

DSRIP project plan application

Completed Project Plans were due from the PPSs on December 22, 2014. Project Plans were received from 25 PPSs.

The IA conducted an initial completeness review by December 24, 2014 and began the comprehensive evaluation of the Project Plans on December 26, 2014. The IA completed scoring of the 25 Project Plans on January 15, 2015. The DSRIP program requirements outlined by CMS require DOH to provide the opportunity for public comment on the Project Plans. Accordingly, the applications were posted to the DSRIP website and the public comment period for the Project Plans began on January 15, 2015 and ended on February 15, 2015.

The completed Project Plans can be found on the web at:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_applications/.

A summary of public comments received for the Project Plans can be found on the web at:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_applications/public_comments/.

DSRIP Project Approval and Oversight Panel

Based on the standards set forth in the STCs, the IA was tasked with assembling an Oversight Panel chosen by the DOH. The Panel was carefully selected to ensure there was no existing conflict of interests with any participating PPS. The Panel is comprised of 27 members, 19 voting and 8 non-voting members, which include healthcare SME's, consumers and nominated members from State Agencies, the Assembly, and Senate. They provided a secondary review of PPS Project Plans and made recommendations to the DOH Acting Commissioner, Dr. Zucker prior to final approval of Project Plans.

The Panel's charge included reviewing Project Plans scored by the IA to advise the DOH Acting Commissioner, Dr. Zucker whether to accept, reject or modify the IA score recommendations. The DOH and the IA began coordinating training and outreach efforts for the Panel in December 2014. These efforts included the development of a comprehensive training program and the scheduling of a public meeting to conduct the Panel training. The training for the Panel was completed in January 2015. The formal presentation of IA scoring recommendations to the Panel was conducted on February 17-20, 2015.

Following the open Panel work sessions all Project Plan scores were adjusted to reflect the Panel's recommendations. In March 2015, the DOH and IA presented the modified Project Plan scores to the DOH Acting Commissioner, Dr. Zucker for consideration and review. Dr. Zucker accepted the proposed Project Plan scores and submitted the results to CMS for acceptance. Additionally, in accordance with the STCs, DOH sent letters to each PPS describing DOH's recommendations and transmittal to CMS.

Additional details on Panel's training, activity and charge are available at:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/project_approval_oversight_panel.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 by:

- the Department of Health (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)
- the Office of Primary Care and Health Systems Management (OPCHSM)

PPSs were required to identify all requests for regulatory waivers within their Project Plans submitted on December 22, 2014. Of the 536 requests for regulatory waivers received by the State from PPSs, 243 were approved, 95 were denied, 97 were deemed non-applicable or unnecessary (no waiver needed), and 101 were approved conditional on the receipt of additional information or the completion of further applications. DOH, along with engagement from agencies including OMH, OASAS, and OPWDD, completed reviews of the applications on March 13, 2015.

Waiver determinations were made by the aforementioned entities based upon the alignment these waiver requests had with DSRIP project goals. Waivers are granted to allow applicants to avoid duplication of requirements and to allow the efficient implementation of the proposed projects. Waiver requests are approvable only for State regulations where patient safety is not implicated. However, waiver requests are not available with respect to federal statutes and regulations or State statute.

The primary source of conditional approval was for the request to waive regulations under Mental Hygiene Law (MHL) Articles 28, 31, and 32 in order to allow the co-location and integration of primary care, mental health, and behavioral health services. To facilitate this request, DOH, OMH, and OASAS have determined that the requests will be processed through the Licensure Threshold Model.

The use of this model is contingent upon:

- submission of an Application by the PPS with the identification of all providers involved
- the verification of good standing of such providers by DOH, OMH, and OASAS, as appropriate
- satisfaction of the physical plant standards as delineated in the Application

The agencies met on March 18, 2015 and March 25, 2015 to discuss the structure and implementation of the Licensure Threshold Model.

Further reports will outline the results of the Licensure Threshold Model process, as well as the results of similar conditional approval solutions.

For more information refer to:

https://www.health.ny.gov/health_care/medicaid/redesign/docs/reg_flex_guidance.pdf

Roadmap to Value Based Payments (VBP)

A key requirement in the STCs governing DSRIP is the development of the State's Roadmap to value based payments to be submitted in April 2015. In support of the State's efforts, over 20 Stakeholder Engagement Interviews were conducted to share preliminary VBP concepts considered by DOH, discuss key elements of developing a VBP model, identify and outline key challenges anticipated and request feedback and suggestions for DOH's consideration. Stakeholders engaged during the preliminary interview process included New York State Health Plans, managed care organizations, representative organizations including the Health Plan Associations, Hospital Associations, legal firms specializing in health care contracting, New York State Health and Human Services Agencies, community based providers, patient advocates, Performing Provider Systems and other industry experts including national experts in VBP. Key themes and challenges identified during this stakeholder engagement process were documented and addressed throughout the development process of the VBP Roadmap.

In addition, DOH created a formal group of Stakeholders, an expansion of the Medicaid Reform Team's Global Cap Work Group, to serve as the Value Based Payment Workgroup. The VBP Workgroup includes key stakeholders throughout the state, including governmental organizations, providers, newly created Performing Provider Systems (created during the initial phase of DSRIP), representative organizations such as hospital and nursing home associations, health plans and advocacy groups in key areas of health care such as AIDS/HIV. The first VBP Workgroup meeting was convened on January 23, 2015 and DOH has led a total of three formal sessions in the first quarter of 2015. The meetings permitted interactive input into the development and refinement of the Value Based Payment Roadmap, and the strategic vision for how the State of New York will effectively transition toward a value based payment model for Medicaid reimbursements. DOH submitted the Roadmap for public comment on March 2, 2015 for a period of 30 days through March 31st. The Department of Health submitted a draft of the Roadmap to CMS in March to solicit early comments in preparation for the final version.

DOH continues to conduct stakeholder engagement sessions with various stakeholders in order to understand the evolving landscape of New York's healthcare delivery system. This VBP Workgroup will continue to meet and support the further development of the Roadmap into implementation, as well as form VBP sub-committees focused on implementation, chaired by VBP Workgroup members, but comprised of varied stakeholders throughout the state.

DSRIP COPA/ACO application process

With respect to Certificate of Public Advantage (COPA), PHL Article 29-F sets forth the State's policy of encouraging appropriate collaborative arrangements among health care providers who might otherwise be competitors. The statute requires DOH to establish a regulatory structure allowing it to engage in appropriate state supervision as necessary to promote state action immunity under state and federal antitrust laws.

DOH issued regulations to establish a process for DSRIP providers to apply for a COPA for their collaborative arrangements such as mergers and clinical integration agreements. Additionally, PHL Article

29-E requires DOH to establish a program governing the approval of ACOs. In conjunction with the statute, DOH issued regulations establishing a process for entities that wish to become ACOs to apply for certificates of authority.

COPA/ACO submission began on February 1, 2015. During the January-March reporting period covered by this Quarterly Report PPS submitted a total of 3 COPA applications and 1 ACO application. COPAs and ACO certificates of authority may or may not be appropriate, or granted in all cases. If granted, they are subject to ongoing monitoring. PPSs were encouraged to explore all options and contingencies when designing their DSRIP projects.

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, and information regarding ACO certificates of authority is available at http://www.health.ny.gov/health_care/medicaid/redesign/aco.

Quarterly Expenditures

Interim Access Assurance Fund (IAAF)

The purpose of the IAAF is to assist Safety Net hospitals in severe financial distress and major public hospital systems. Five hundred million dollars in temporary funding was available in Year 0 through the IAAF, to enable recipient hospitals to work toward sustainable operations and to maintain critical services to their community as they work with other partner providers to develop integrated-PPSs which would be eligible for DSRIP funding.

The IAAF initiative is in its final phase. The IAAF program fully allocated and distributed funds to distressed facilities through March 2015. The initiative achieved its goal of assisting recipient hospitals in maintaining operations in order to work with its DSRIP partners to develop a transformational plan to a sustainable health care system. The IAAF team worked diligently with awardees to provide on-time, on-budget and need-appropriate award assistance to facilities to prevent the reduction of services, or facility closure, during the transition period. The fund reconciliation process will continue into the second quarter of 2015.

More information is also available on the IAAF web page: http://www.health.ny.gov/health_care/medicaid/redesign/iaaf/.

In accordance with the STCs, the state is required to submit a report to CMS within 10 days of initiating IAAF payments. The report would state the total amount of the payment or payments, the amount of Federal Financial Participation (FFP) that the state will claim, the source of the non-Federal share of the payments, and documentation of the needs and purposes of the funds to assure CMS of non-duplication. The report must include all other Medicaid payments (e.g. base, supplemental, Vital Access Provider (VAP), Designated State Health Program (DSHP) the provider receives to demonstrate that existing payments are not sufficient to meet the financial needs of the providers.

Attachment A contains all of the IAAF payments made during the January 1, 2015 through March 31, 2015 quarter.

DSRIP project design grants

As supported in the DSRIP STCs, the DOH awarded \$69M of planning payments to providers from a designated Design Grant Fund. These grants enabled providers to develop specific and comprehensive DSRIP Project Plans.

In December 2014 (Year 0, 3rd Quarter), additional Design Grant funding requests were evaluated by DOH with the intent to distribute the remaining design grant funds to support PPS planning activities that continued following completion of Project Plans. The final DSRIP Project Design Grant planning payments were made in February 2015. To be eligible for the final planning grant award, a PPS must have submitted

a successful DSRIP Project Plan by the due date. No additional awards were given to PPSs that did not submit a project plan.

A summary of all planning payments made for the DSRIP Project Design Grant providers is available at the link below:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/design_grant_payments.htm

DSRIP Safety Net and Vital Access Providers (VAP)

The VAP Exception process opened on September 29, 2014 and ended on October 24, 2014 for all Medicaid providers that did not qualify by the Safety Net Definition by calculation or by appeal. If an exception was granted, then the applicant is qualified to fully participate in the DSRIP program. Non-qualifying facilities are limited as they may only receive up to 5% (as a group) of their PPSs award.

On February 24, 2015, CMS finalized their review of the VAP Exceptions of providers to participate in DSRIP with a Safety Net designation. The links below contain the approval letter and a description of the CMS review process.

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2015-02-24_vap_exceptions_approval_letter.htm

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2015-02-24_dsrip_safety_net_exceptions_review.htm

In a letter to the DOH, received January 14, 2015, CMS approved nine PPS lead entities eligible to participate in DSRIP. On March 19, 2015, CMS approved a tenth PPS to be a Safety Net provider and serve as a lead entity. The links to these letters are below:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/cms_exceptions_approval_newcos.htm

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/cms_exceptions_approval_nassau_queens.htm

Other New York State DSRIP Program Activity

DSRIP project management

DSRIP project management efforts were implemented throughout this quarter with the continued use of the successfully established MRT process and work plan format, with key DSRIP staff meeting twice weekly and reporting on progress of DSRIP activity to New York's Medicaid Director. DSRIP project management meetings have now expanded to include staff from the IA and the DST as well as CMA, the vendor tasked with creating the DSRIP Project Plan web tool. Meetings will continue through the end of Year 0, and will likely continue through DSRIP Years 1 – 5.

The DOH has also established additional, separate project management meetings with the IA and the 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 New York input.

DSRIP Independent Assessor (IA)

Through a Funding Availability Solicitation (FAS), New York selected PCG as the IA. PCG began work on August 4, 2014.

During the January 1, 2015 through March 31, 2015 quarter, the IA performed many tasks vital to the eventual awarding of DSRIP funding to PPSs. These activities included: creating an application and application review tool as well as a process for a transparent and impartial review of all proposed project plans, making project approval recommendations to the state using CMS-approved criteria, assembling an

independent review panel chosen by the DOH based on standards set forth in the DSRIP STCs and assisting with the ongoing monitoring of performance and reporting deliverables for the DSRIP program.

DSRIP project plan application and review tool

The IA developed an application process with the aid of DOH. The criteria for evaluating the application – Project Metrics and Milestones, Scoring Guide, PPS Lead Financial Stability Test – were made publically available on the DSRIP website. Public comment was collected on the application, and updates and revisions were made to it. The application was built by CMA in a web portal for PPSs to complete their submissions. The IA and DOH accepted applications from 25 PPSs.

Evaluation of DSRIP project plan applications

Upon the submission of the 25 Project Plans the IA conducted an initial completeness review to ensure all of the required information was included in the Project Plans. Following the completeness review, the Project Plans were provided to the team of six non-conflicted evaluators who were responsible for conducting the evaluation and scoring the applications. The evaluators began scoring on December 26, 2014 and completed all evaluations and scoring by January 15, 2015.

DSRIP Project Approval and Oversight Panel

The IA assisted the DOH with the training session for the Panel in January 2015 and provided a formal presentation of IA's scoring recommendations related to each PPSs Project Plan to the Panel from February 17-20 2015.

Implementation plan

The IA began work with the DST and the DOH on the development of a comprehensive implementation plan that will outline the PPSs approach to meeting organizational and project specific implementation milestones. This effort will continue into the next quarter when the implementation plan template will be released for the PPSs to complete.

COPA/ACO

During this reporting period, the IA provided technical assistance and guidance to DOH with respect to the three COPA applications received.

DSRIP Support Team (DST)

Through a FAS, New York selected KPMG to serve as the DST. KPMG began work on August 1, 2014.

During the January 1, 2015 through March 31, 2015 quarter, the DST performed a number of key functions in support of the PPSs including: working with providers to strategically think through their potential DSRIP Project Plans to transition to effective and efficient high performing health care delivery systems; developing tools to help providers prepare key deliverables; and supporting providers by sharing information and providing guidance.

MRT Innovation eXchange (MIX)

The MIX was created to centrally manage the development of an interactive public discussion platform for sharing ideas and insights into the DSRIP program specifically, and Medicaid reform more generally. This has proven to be a valuable resource for engaging a wide variety of stakeholders in the DSRIP program and for improving the ultimate outcomes of the projects. An operational version of the MIX platform was launched in October 2014. After launch, activities included promoting the MIX to new users, communicating with existing users, moderating ongoing discussions, and producing weekly newsletters.

Information Technology (IT) strategy

The DST IT strategy team held planning sessions for PPSs 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, Regional Health Information Organization (RHIO) analysis and a mock-up of IT architecture future state.

Medicaid data support

The DST Tiger Team worked with Salient to prepare bookmarks/collections in the Subscriber Identity Module (SIM) tool that supported PPSs in their estimations of target populations at the project level under each domain. PPSs also engaged the team to answer data requests that SIM-trained PPS resources (some PPS employees, other PPS consultants/3rd parties) sent to a DST monitored email address.

Workforce strategy

The DST workforce strategy team provided PPSs guidance on current and future state workforce needs and how to quantify retraining, redeployment, and hiring needs to support them in achieving project objectives. This guidance was provided to PPSs through templates and on-site workshops. Specifically, the team provided guidance on: training strategies (i.e. best practice methods to achieve desired results); implications of voluntary vs. mandatory training; guidance on considerations to existing HR programs (i.e. certifications, tuition reimbursement, etc.); redeployment strategies and implications; recruitment strategies; infrastructure needed to support large scale recruitment efforts; algorithms to triangulate budget requirements (i.e. as % of total project budget, as multiplier of number of impacted workforce or by population served); how to incorporate programs into overall strategy; change management and application to stakeholder engagement (i.e. communication planning); and how to engage stakeholders during application development process to maximize collaboration.

Financial strategy

The DST finance team provided assistance to PPSs in the areas of the DSRIP program that require financial management content, or finance function input and perspective. These included, but were not limited to, approaches to funds flow and financial sustainability. This assistance was provided in the form of PPS work group meetings, conference calls and education/workshop sessions. Information and materials, or documentation that the Finance Team used, were referenced and supported by their understanding of published DSRIP guidance by DOH, and leading practices observed through other engagements.

Direct PPS support

The DST regional teams directly engaged PPSs. The activities included: answering DSRIP related questions (instantly or through DST Project Management Office (PMO)); clarifying DSRIP related documentation and requirements; providing Subject Matter Expert (SME) support; notifying PPSs of upcoming releases (tools, guides, webinars, other communications); evaluating each PPS approach and reporting risks and issues to DOH if necessary; ensuring that PPSs were appropriately equipped to meet DSRIP deadlines; facilitating project workgroup discussions; and reviewing drafts of PPS submissions including application sections, financial stress tests, Memorandum of Understanding (MOUs), and governance models.

The DST developed a progress reporting tool to monitor and report on PPS progress that involves two types of data collection: PPS entered information and DST entered information. PPS data was entered via a bi-weekly survey, while DST data was entered weekly via a form on the progress reporting website. These two inputs were then used to create weekly progress reports provided to the DOH that included regional heat maps, a PPS status summary, a compliance report, and additional analysis that varied from week to week.

Capital Restructuring Finance Program (CRFP) Request for Applications (RFA)

The 2015-16 enacted Budget established the CRFP. The CRFP grant program is designed to complement awards granted through DSRIP and will support capital projects to strengthen and promote access to essential health services. The amendment that resulted from the Budget provides that, to the extent practicable, CFRP funds shall be awarded regionally in proportion to the applications received from this RFA. The amendment further provides that projects awarded under the CRFP are ineligible for funding under the "Health Care Facility Transformation Program: Kings County" and "Health Care Facility

Transformation Program: Oneida County Project” programs, which were also enacted in the 2015-2016 Budget.

These amendments are a material change to the award criteria previously established by RFA and therefore, the previous RFA was withdrawn, and a new RFA was issued.

Applications are due May 6, 2015. Additional information regarding the CRFP RFA will be included in subsequent quarterly reports.

More information and all other supporting materials can be found at the following link:

<http://www.health.ny.gov/funding/rfa/1504100252/index.htm>

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.

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|--------------|--|
| • April 1 | DSRIP Year 1 begins |
| • May 7 | Release of Attribution for Valuation |
| • May 7 | Award letters sent to PPSs |
| • May 18 | Payment made to Public Hospital PPSs |
| • May 28 | Payment made to Safety Net PPSs |
| • Late May | Release revised Value Based Payment Roadmap |
| • Late May | Release Baseline Performance data to PPSs |
| • Early June | Release PPS DSRIP member roster to PPS leads |
| • Early June | PPS Partner Networks posted to website |
| • June 1 | Initial (Domain 1) Implementation Plan due from PPSs |
| • July 30 | Final Approval of Domain 1 Implementation Plan |
| • July 31 | First Quarterly Report (4/1/15 - 6/30/15) |
| • July 31 | Project Implementation Plans due from PPSs |

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

St. Joseph's Yonkers	0299957	N/A	\$ 2,118,787.00	\$ 1,618,269.50	IGT	\$ 10,208,911.93	\$ -	\$ -	\$ -	\$ 1,227,036.76	\$ 633,529.00	\$ -	\$ -	\$ 14,188,264.69
St. Luke's-Cornwall Hospital	00273863	N/A	\$ -	\$ -	N/A	\$ 6,996,129.07	\$ -	\$ -	\$ -	\$ 834,092.03	\$ -	\$ -	\$ -	\$ 7,830,221.10
TLC Health Network (Irving)	02995848	N/A	\$ 4,850,989.00	\$ 3,281,697.50	IGT	\$ 621,194.13	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,472,183.13
Woman's Christian Association	00354623	N/A	\$ 3,059,700.00	\$ 2,972,421.50	IGT	\$ 1,723,204.47	\$ -	\$ -	\$ -	\$ 659,781.42	\$ -	\$ -	\$ -	\$ 5,442,685.89
Wyckoff Heights Medical Center	02996972	N/A	\$ 13,548,448.00	\$ 10,294,541.00	IGT	\$ 34,787,688.63	\$ 7,773.12	\$ 660,900.00	\$ -	\$ 5,467,726.88	\$ 222,908.00	\$ -	\$ -	\$ 54,695,444.63
Wyoming County Comm. Health System	00310889	N/A	\$ 1,890,498.00	\$ 1,131,787.50	IGT	\$ 891,502.56	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,782,000.56
Total			\$238,597,104.00	\$155,136,090.00		\$ 234,065,496.81	\$ 7,773.12	\$ 3,916,046.50	\$ 1,311,489.00	\$ 24,950,954.46	\$ 1,862,601.00	\$ 3,310.67	\$ 369,000.00	\$ 505,083,775.56

*All other Medicaid payments received by the provider are based on the April 1 - February 23, 2015 time period

St. Joseph's Yonkers	0299957	N/A	\$ 2,118,787.00	\$ 1,618,269.50	IGT	\$ 11,096,066.47	\$ -	\$ -	\$ -	\$ 1,227,036.76	\$ 633,529.00	\$ -	\$ -	\$ 15,075,419.23
St. Luke's-Cornwall Hospital	00273863	N/A	\$ -	\$ -	N/A	\$ 7,429,493.87	\$ -	\$ -	\$ -	\$ 935,422.35	\$ -	\$ -	\$ -	\$ 8,364,916.22
TLC Health Network (Irving)	02995848	N/A	\$ 5,564,099.00	\$ 3,994,807.50	IGT	\$ 679,349.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,243,448.50
Woman's Christian Association	00354623	N/A	\$ 3,059,700.00	\$ 2,972,421.50	IGT	\$ 1,900,580.53	\$ -	\$ -	\$ -	\$ 743,465.58	\$ -	\$ -	\$ -	\$ 5,703,746.11
Wyckoff Heights Medical Center	02996972	N/A	\$ 13,548,448.00	\$ 10,294,541.00	IGT	\$ 37,525,797.45	\$ 11,633.61	\$ 1,317,979.00	\$ -	\$ 6,086,235.96	\$ 222,908.00	\$ -	\$ -	\$ 58,713,002.02
Wyoming County Comm. Health System	00310889	N/A	\$ 1,890,498.00	\$ 1,131,787.50	IGT	\$ 938,068.18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,828,566.18
Total			\$ 250,000,000.00	\$ 162,548,372.00		\$ 256,908,881.46	\$ 11,633.61	\$ 4,751,451.50	\$ 1,311,489.00	\$ 27,792,153.00	\$ 1,862,601.00	\$ 3,310.67	\$ 369,000.00	\$ 543,010,520.24

*All other Medicaid payments received by the provider are based on the April 1, 2014- March 24, 2015 time period