



**Department
of Health**

New York DSRIP 1115 Quarterly Report

April 1, 2018 – June 30, 2018
Year 4, First Quarter

August 2018

www.health.ny.gov/dsrip

**Office of Health
Insurance Programs**

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New York DSRIP

Section 1115 Quarterly Report

DSRIP Year 4, 1st Quarter

April 1, 2018 – June 30, 2018

I. Introduction

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

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

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

On December 7, 2016, CMS approved New York's request to extend its Medicaid Section 1115 waiver, the Medicaid Redesign Team (MRT) Demonstration, through March 31, 2021. The DSRIP demonstration under the April 2014 waiver amendment agreement runs through March 31, 2020.

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

II. Executive Summary of Key Accomplishments for the DSRIP Year 4 First Quarter (DY4Q1)

This report summarizes the activities from **April 1, 2018 through June 30, 2018**, the first quarter of DSRIP Year 4. This report includes details pertaining to the first quarter of the fourth year of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, continued development of key DSRIP policies and procedures, and moving to Value Based Payment (VBP). A comprehensive DSRIP website, launched on April 14, 2014, continues to be updated and is available at www.health.ny.gov/dsrp.

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

- DOH convened the MAX Symposium on May 30th, 2018 to review and celebrate the 68 hospitals and 87 Action Teams in their work to address the needs of high utilizing patients over the last three years to help achieve the DSRIP goals of improving care and reducing avoidable admissions.
- Final results of DY3Q3 Reports (October-December 2017) were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS submitted their DY3Q4 Reports on April 30, 2018 documenting the progress on their implementation efforts between January 1, 2018 - March 31, 2018.

- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.

III. DSRIP Program Implementation Accomplishments and Activities

The Medicaid Accelerated eXchange (MAX) Series MAX Symposium – May 30th, 2018

Since its launch in 2015, the MAX Series has been an integral part of DOH's strategy toward successfully achieving DSRIP goals. DOH celebrated the MAX Series on May 30th, 2018 by convening the 87 MAX Action Teams throughout the state from the past three years to review the learnings and best practices.

The MAX Series is based on the Rapid Cycle Continuous Improvement (RCCI) design and a key objective has been to empower interorganizational teams in their care redesign efforts, increase patient and workforce satisfaction and reduce avoidable hospitalizations. The program has brought together a diverse set of teams from different PPS in an intensive learning experience generating local process improvements for targeted patient populations. The key focus has been on as multi-visit patients (MVPs), previously referred to as high utilizers, and to more effectively address their drivers of utilization to reduce avoidable ED visits and inpatient admissions. MAX Action Teams members were equipped with tools to improve patient care to impact outcomes, drive integration of services across the care continuum and build capacity for rapid cycle continuous improvement. More than 900 professionals from 68 hospitals, 11 community-based practices and numerous community partners have participated in the seven MAX Series workshop programs conducted across the state.

In addition, the MAX Training Program (MTP), started in the third year, ran in parallel to the MAX Series and was designed to train PPS-affiliated individuals in the same RCCI methodology used in the MAX Series to prepare participants to independently lead and sustain RCCI workshops and scale process improvement work across their PPS (coined the MAXny Series). Over 70 MAXny facilitators have been trained to go on to lead their own MAXny workshops in their provider networks. The original MAX Series was supported by resources under contract to DOH that expired in June 2018. The additional trained MAXny facilitators will help to sustain the improvement approach in New York's transformation efforts.

MAX Symposium presentations, MAX reports and case studies can be found on the DOH website at the following link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_workshops/max.htm

DSRIP Project Approval and Oversight Panel (PAOP)

The DSRIP program requirements as outlined by the STCs required the Independent Assessor (IA) to convene a panel to review DSRIP applications scored by the IA and to advise the Commissioner of Health (Commissioner) whether to accept, reject, or modify those recommendations. The PAOP fulfilled this function during public review and hearings in February 2015 and continues to play an important role as advisors and reviewers of PPS status and project performance in the remaining DSRIP timeline.

On June 19, 2018, members of the PAOP held a morning working session which focused on the status of PPS performance as it relates to DSRIP statewide goals with a special focus on behavioral health and substance abuse. Selected PPS and their partners presented on their best practices and experiences in addressing the opioid epidemic. Immediately following that, PAOP members joined DOH staff in listening to feedback provided by members of the public and stakeholders on the 1115 Waiver during an Upstate Public Comment Day in Albany, NY. This session was held as a half day opportunity for members of the public to provide comment and testimony on the 1115 Waiver, though feedback on all programs was welcomed. The session was webcast live and open to the public. The public was also invited to submit written comments electronically in advance of the meeting.

Recording of the both the PAOP meeting and Upstate Public Comment Day is available at: <https://www.health.ny.gov/events/webcasts/archive/>.

During the next quarter, PAOP will host a working meeting the morning of November 29, 2018 in New York City. There will be another half day 1115 Waiver Downstate Public Comment Day immediately following the conclusion of the PAOP meeting. This session will mirror the upstate public comment day held on June 19, 2018 and PAOP members will listen to feedback provided by downstate members of the public and stakeholders.

More information about PAOP is available at:

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

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

During this quarter, DOH scheduled interviews with both the COPA recipient and MCOs in its PPS network to ensure that the conditions included in the COPA are adhered to by the program recipient. The upcoming PPS interviews will cover information related to:

- Antitrust Policy, training and compliance
- Procompetitive Benefits/Anticompetitive Disadvantages
- Compliance with the conditions imposed as part of the COPA issued to the PPS
- Complaints from payers regarding the negotiation of any contracts with PPS providers in the context of DSRIP
- Network exclusivity

The MCO interviews will cover information related to:

- PPS Antitrust Policy compliance
- Collaboration among PPS providers

Summaries of COPA applications received to date are available at:

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

Information regarding ACO certificates of authority is available at:

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

Value Based Payments (VBP)

The focus of the work during DY4Q1 included a turn towards VBP and Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA) alignment, designations for the VBP Innovator Program, and lessons learned from the VBP Pilot programs.

MACRA and Value Based Payment Webinar:

DOH hosted a public webinar on MACRA and its relationship to the NYS VBP program. The webinar served as an introduction to the QPP requirements and highlights the alignment between the QPP and the NYS VBP Program. Additionally, through this discussion, DOH engaged participants in a conversation concerning the ways MACRA could impact NYS providers and to discuss future VBP and MACRA alignment efforts.

The slides and recording from this webinar can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/vbp_library/index.htm.

NASHP Blog: VBP and Social Determinants of Health

DOH published a blog in partnership with the National Academy for State Health Policy (NASHP), that highlighted New York's plan to address Social Determinants of Health through VBP. The blog explains how New York's Medicaid program is moving to a VBP model that not only promotes high-quality, coordinated care, but also rewards providers who address the social determinants of health. It also explains how the VBP Roadmap spurs providers and communities to address population health in order to reward value over volume.

The full blog is available here: <https://nashp.org/the-roadmap-ahead-new-yorks-value-based-payments-reward-communities-and-providers-for-addressing-the-social-determinants-of-health/>.

2018 VBP Reporting Requirements Technical Specifications Manual

In June 2018, DOH released the 2018 VBP Reporting Requirements Technical Specification Manual. The purpose of the document is to make stakeholders aware of the quality measure reporting requirements for MCOs participating in the NYS Medicaid VBP program. The contents of this document include an overview of the specific reporting requirements for Category 1 measures for each VBP arrangement, a description of the changes to the measure sets from Measurement Year 2017 to 2018, and detailed instructions regarding additional file specifications required for the VBP program. The changes added to reporting requirement include a field that identifies the VBP Contractor Tax Identification Number (TIN) for each member attributed to a VBP arrangement.

The document can be found as part of the VBP Resource Library here: https://health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/my-2017_measure_sets.htm.

VBP Pilot Program

During this reporting period, DOH kicked off a series of ‘lessons learned and best practice’ webinars for the VBP Pilot Program. The first webinar focused on VBP Contracting. Representatives from St. Joseph’s Hospital and SOMOS Community Care presented on target budget calculations, shared savings/loss determinations, and communications strategies for VBP contracting. Additional webinars are planned for the next quarter.

The recording and slides from this webinar can be found here: https://health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm.

In the next reporting period, additional releases of VBP-U and VBP Bootcamps are planned.

IV. Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DY3Q3 Reports (October-December 2017) - Final Adjudication

The IA documented all results in MAPP and released the findings of the DY3Q3 Quarterly Report in a PPS-specific Achievement Value (AV) Log in MAPP. Details such as the score of each Domain 1 AV driving section, the status of each Domain 1 milestone, the score of each project tied to patient engagement and the award amount per milestone and project were included.

Following the release of the DY3Q3 results to the PPS, there were no appeals. The DY3Q3 finalized reports will be combined with the results of the DY3Q4 report to generate the second biannual DSRIP payment to the PPS for DY3 expected to be released to the PPS next quarter.

The DY3Q3 Reports are available on the individual PPS pages at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/index.htm.

PPS Submit DY3Q4 Reports (January – March 2018)

The 25 PPS submitted their DY3Q4 Reports on April 30, 2018 through the Medicaid Analytics Performance Portal (MAPP) These reports cover activities between January 1, 2018 -March 30, 2018. The DY3Q4 Reports submitted by each PPS documented their progress in accomplishing their DSRIP goals and objectives for the fourth quarter of the third DSRIP year. Full PPS progress updates are included in the second and fourth quarterly reports of each remaining DSRIP year. The first and third quarterly reports for the remaining DSRIP years focus on PPS updates on funds flow and partner engagement. The PPS reports were reviewed by the IA during late May and into June 2018 and will be posted to the website next quarter. There were 116 projects with speed and scale commitments due for completion in DY3, Q4 representing at least one project from every PPS.

Upon receipt of the 25 PPS DY3Q4 Reports the IA conducted an in-depth review of each submission, including supporting documents and sampling by the end of the quarter. The quarterly reports continue to be divided amongst teams of IA reviewers and involved a review process which included an initial review and quality control analysis. The review was conducted over the course of 30 days (May 1 – May 30, 2018) and remediation feedback was provided to each PPS that failed to submit supporting documentation for milestone completion. PPS were afforded 15 days (June 1 – 15, 2018) to remediate the items identified by the IA and submit evidence supporting completion of those items. At the close of the 15 days the IA verified whether the remediation comments were addressed. The IA then adjudicated the results of each PPS submission on June 30, 2018.

Performance Payments

During the period of April 1, 2018 through June 30, 2018, there were no DSRIP performance payments made. The next DSRIP performance payments will be paid in July 2018 which will be the second biannual payment to PPS for DSRIP Year 3. The payment will combine results of PPS adjudicated DY3 Q3 and Q4 reports.

V. Other New York State DSRIP Program Activity

Other PPS Learning Collaboratives

DSRIP Annual Learning Symposium

As outlined in the DSRIP STCs Attachment I, the State is responsible for hosting annual DSRIP Learning Symposiums for the PPS. During this quarter the State began developing the agenda and events for the next Statewide DSRIP Learning Symposium that will occur in Saratoga Springs, NY on February 11-13, 2019. Outreach for keynote speakers and design sessions for the annual Symposium have commenced. The event will convene up to 800 leaders and stakeholders of the DSRIP program including participants from the 25 PPS, community-based organizations, managed care organizations (MCOs), and the New York State agency staff, as well as consumer advocates, national health care reform experts, and other public health officials from within and beyond NY.

Additional information on the Learning Symposium can be found on the dedicated website established for the event: <http://www.dsriplearning.com/>.

PPS Workgroups

During this quarter, several PPS workgroups convened including:

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

Additional DSRIP Support

DOH continues to support 25 PPS through a wide range of activities and resources. During the period of April 1, 2018 through June 30, 2018, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

PPS Data and Performance Management

During this quarter, DOH, with support from its vendors, further defined DSRIP data and performance

management policy and activities including the following:

- Monitored PPS monthly performance results for Measurement Year 4 (MY4) and provided updates on performance to PPS. MY4 claims and non-claims-based measurement period is July 1, 2017-June 30, 2018.
- Updated PPS on significant changes in measure specifications that will impact MY4 performance.
- Released MY3 performance results which will determine P4P incentive payments for PPS using the methodology outlined in the DSRIP MY3 Measure Specification and Reporting Manual. In MY3 a group of 21 Domain 2 measures turned P4P. When added to the 20 P4P measures in Domain 2 this brings the total active P4P measure to 41. Among the measures impacting all PPS, the following measures had the highest percent of PPS meeting Annual Improvement Target thus achieving P4P goals: Getting Timely Appointments and Care (72%), Primary Care - Usual Source of Care (84%), Anti-depressant Medication Management - Acute Phase (56%), Potentially Preventable Readmissions (52%), followed by the following measures all at 48% Children's Access to Primary Care - 12 to 24 Months, Engagement of Alcohol and Other Drug Dependence Treatment, Potentially Preventable Emergency Department Visits for the Behavioral Health Population (48%), and Diabetes Screening for People with Schizophrenia or Bipolar Disease Using Antipsychotic Medications (48%).

Account Support Team (AST)

During this quarter, the AST continued activities with each PPS by providing tools, analysis, information sessions, and day to day support. Day-to-day assistance included answering DSRIP related questions, clarifying DSRIP documentation and requirements, providing subject matter support, notifying PPS of upcoming releases, evaluating each PPS implementation plan approach at the field level, providing weekly and monthly status reports to DOH on PPS implementation plan progress and ensuring that PPS are appropriately equipped via a Project Management Office staffing strategy to meet DSRIP deadlines. The AST conducted monthly check-ins in addition to a quarterly in-person visit with each PPS. The AST also supported the PPS through frequent notifications on upcoming releases, such as guides, webinars, trainings, and other associated communications. The AST has also been engaged with the Independent Evaluator (IE) in sharing DSRIP program background and answering IE specific research strategy questions that will involve access to PPS or their partners.

Enhanced Support and Oversight (ESO)

In addition to the support provided to the PPS by the AST, DOH has implemented an additional level of support for PPS that are identified as requiring greater support to increase the likelihood of success for the PPS. This additional level of support, known as ESO, is intended to reduce risk and assist the PPS in its strategic operational success, while also allowing for DOH to better understand the PPS' progress in establishing and implementing the organizational and project components of the DSRIP Implementation Project Plan. The ESO process includes periodic calls with the PPS, DOH, and the AST, and attendance at PPS internal and external meetings by DOH and the AST.

PPS engaged in ESO receive support in specific organizational and project areas such as Governance, Financial Sustainability, IT implementation, and PPS monitoring and reporting processes.

Through the end of DY4Q1, the same five PPS remained engaged in ESO.

Medicaid Analytics Performance Portal (MAPP)

MAPP is a statewide performance management system that provides tools and technologies for comprehensive performance management and care management capabilities to PPS. The MAPP vision focuses on the following components:

Performance Management and Analytics Dashboards: The dashboards allow a PPS to review their performance measures, attributed population, payment information, provider network classifications, and drill down to member level information where applicable. During this reporting quarter, enhancements and data updates were released to the dashboards to provide additional functionality and enhanced data

capabilities. Performance and attribution data was loaded monthly up through Measurement Year 4 Month 5 (up through claims service period end-date of November 30, 2017).

VBP Analytics: Over the last quarter, the team continues to focus on providing data analytics to the VBP Pilots and MCOs. With the completion of the processing of the 2015 and 2016 data, the team has continued compiling the data for consumption by the VBP Pilots and MCOs. This project will provide data that will support the VBP Analytics dashboards, which will provide the calculation and analytic visualization of episodic bundling capabilities to support VBP. Specific functionality will include: claims and encounter based total cost measures with relevant drill downs, risk adjusted (expected) cost data for populations and episodic bundles, potentially avoidable complications, and VBP arrangement, specific quality metrics and target budget data. These dashboards are expected to be completed by the end of 2018.

Health Homes: MAPP supports the statewide technology needs for the Health Homes program. This program intends to more effectively manage a member's care with more interoperability care coordination. The Health Homes Tracking System (HHTS) now supports Health Homes serving adults and Health Homes serving children. During this quarter, enhancements were added to that functionality through mini- releases and data fixes to provide improved functionality to users and improved data quality. The team also began planning enhancements in support of functionality for children, particularly the inclusion of a new assessment.

Data integration: The participants completed the final stage of the Clinical and Claims Data Integration Pilot (CLIP). The project team has compiled lessons learned and findings from the four pilot participant Qualified Entities (QEs), of the Statewide Health Information Network for New York (SHIN-NY), and developed a pilot project report to inform potential future phases of the project. Future phase recommendations include statewide scalability involving all eight of the SHIN-NY QEs and recurring data deliveries to enable a broader impact, of implemented use cases, on the Medicaid beneficiaries in New York State.

MAPP Functionality Continues: In addition to these focus areas, MAPP continues to offer other statewide capabilities to support the PPS. MAPP's current functionality includes an online PPS Provider Network tool, an online tool to receive and support PPS quarterly Implementation Project Plan (IPP) reporting, ability to calculate complex data sets such as attribution for performance, the ability to generate PHI data sets for attributed members, and the removal of members who have opted out of data sharing from drillable PHI data while leaving them in the aggregate view.

In addition to the items noted above, the following is a list of major activities completed by the MAPP team in DY4Q1:

- Provided the ability for a limited number of PPS users to access PHI data in Salient Interactive Miner.
- Finalized all project deliverables, including updates to the Follow-up After Hospitalization (FUH) measure, and deployed new 2018 measure specifications to the Clinical Data Mart which will impact DSRIP data from MY4 Month 6 and onward.
- Delivered final DSRIP Annual Performance Measures - MY3 measure report to the PPS.
- Transitioned from MY3 to MY4 and applied new provider network (from post mid-point assessment) to DSRIP attribution and performance measures.
- Finalized development and internal testing and worked through defect resolution process for the new MAPP 2.0 platform.

DSRIP Bureau Mail Log

Since inception of the DSRIP program, DOH has sponsored and supported a mailbox that allows DOH to answer incoming questions to a breadth of DSRIP questions from the PPS, other agencies, and the public. The DSRIP mail box address is dsrip@health.ny.gov. Through June 30, 2018, DOH has received 3,458 incoming inquires. The topics have ranged from participation in DSRIP, specific projects or organizational measures and metrics within Domains 1-4, policy and protocol questions, access to/use of/questions about claims data or where to find specific information or resources.

Medicaid Redesign Team Twitter

During this reporting period, the State has increasingly used the Medicaid Redesign Twitter account to increase external outreach. The Twitter account is used to notify the public and interested stakeholders of new documents, activities, and other important information as it becomes available and to receive feedback and comments. To view the MRT Twitter, click [here](#).

DSRIP Project Management

DSRIP project management efforts continue with the now bi-weekly DSRIP staff meetings and reporting on DSRIP progress to New York's Medicaid Director. DSRIP project management meetings include key DOH staff and supporting contractors as well as partnering State agencies and IT vendors tasked with developing technology tools in support of DSRIP. Meetings will continue through DY5.

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

Other Program Updates

Independent Evaluation of New York State DSRIP

The DSRIP program requirements as outlined by the STCs requires DOH to acquire an independent entity to conduct a multi-method, comprehensive, statewide independent DSRIP program evaluation. The DSRIP program evaluation will employ quantitative and qualitative methods in order to achieve a robust evaluation of this demonstration program, and will achieve the following goals: 1) assess DSRIP program effectiveness on a statewide level with respect to the MRT Triple Aim; 2) obtain information on the effectiveness of specific DSRIP projects and strategies selected and the factors associated with program success; and 3) obtain feedback from stakeholders including DOH staff, PPS administrators and providers, and Medicaid beneficiaries served under DSRIP regarding the planning and implementation of the DSRIP program, and on the health care service experience under DSRIP reforms. DSRIP Program Evaluation results will be regularly reported to DOH, the PPS, and CMS.

The Independent Evaluator (IE), the Research Foundation at the State University of New York (SUNY) in Albany, was awarded a contract in December 2016 to evaluate the DSRIP program. During this quarter, the research team members from SUNY Albany and University of Maryland continued their quantitative and qualitative investigation.

Quantitative Research Methods

The IE team continued to review and analyze the Medicaid and SPARCS data for the DSRIP evaluation. The team began to assess pre-DSRIP data to set baselines, prepare comparative and timeseries analytical models, and seek clarifying guidance on trends and other initiatives that impact NYS DSRIP data analysis.

Qualitative Research Methods

During this quarter the IE team began their Cycle 2 research activities, including preparation for telephone interviews with PPS project-oriented team leads, focus groups with DSRIP-associated providers in the New York City region, and another statewide web-based survey of DSRIP-associated providers.

During this quarter, the IE also prepared draft reports of findings from their Cycle 1 research activities (conducted in 2017) in the form of a single draft 2018 Statewide report and 25 unique PPS reports as required within the contract terms with DOH. These reports are pending final approval from DOH.

Opt Out Mailing

DOH implemented a multi-phased approach to notify Medicaid members of their ability to opt out of data sharing with PPS and their downstream providers in the DSRIP program. Through this approach, a total of 6.9 million letters were sent to Medicaid members between the period October 2015 to August 2016. In the spring of 2018, an additional 2.4 million letters were sent to newly eligible and recertified Medicaid members. On June 27, 2018, a monthly mailing cadence was launched and will continue thereafter to newly eligible and recertified Medicaid members offering the option to opt out of PHI data sharing with the PPS.

From October 2015 through June 30, 2018, approximately 197,000 Medicaid members chose to opt out of DSRIP data sharing and the Maximus call center has supported 137,000 incoming phone inquiries about the DSRIP program and the option to opt out of data sharing with a PPS.

Upcoming Activities

DY4 began on April 1, 2018. Future reports will include updates on additional activities as required by the STCs and related attachments. The following list identifies anticipated activities for the upcoming DY4Q2:

- **July 16, 2018:** MAPP 2.0 launched
- **July 20, 2018:** VBP Sophomore Year Semester 1 is announced
- **July 25, 2018:** VBP Lessons Learned #2 Pilot webinar
- **July 26, 2018:** PPS CIO Leadership webinar
- **July 29, 2018:** DY3 second DSRIP payment to PPS
- **July 31, 2018:** PPS Year 4 First Quarterly Report (4/1/18 6/30/18) due from PPS
- **August 13, 2018:** MAPP 2.0 Instructional Webinar
- **August 23, 2018:** Project 2di Patient Activation Measurement (PAM) workshop
- **August 27, 2018:** PPS CIO Leadership webinar
- **August 30, 2018:** IA completes review of PPS DY4 First Quarter report
- **September 6, 2018:** IE launches the PPS statewide PPS partner web-based survey
- **September 14, 2018:** PPS Remediation of PPS DY4 First Quarter report
- **September 21, 2018:** VBP-U Sophomore Year boot camp
- **September 24, 2018:** All PPS meeting in Albany
- **September 27, 2018:** PPS CIO Leadership Regional meeting in Rochester
- **September 29, 2018:** IA approval of PPS DY4 First Quarter report

Additional information regarding DSRIP Year 4 key dates can be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/year_4_timeline.htm.

Additional Resources

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

Interested parties can sign up to be notified of DSRIP program developments, release of new materials, and opportunities for public comment through the Medicaid Redesign Team listserv. Instructions are available at: http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm.

VI. Managed Long-Term Care Workforce Investment Program

The MRT Waiver Amendment, approved in April 2014 by the Centers for Medicare and Medicaid Services (CMS) to amend the State's 1115 waiver, makes available up to \$245 million through March 2020 for initiatives to retrain, recruit and retain healthcare workers in the long-term care sector. This initiative is being referred to as the Workforce Investment Program.

Workforce Investment Program targets direct care workers, with the goals of supporting the critical long-term healthcare workforce infrastructure through retraining, redeployment, and enhancing skillsets.

Through the Workforce Investment Program, DOH requires MLTC plans, which include Fully Integrated Dual Advantage (FIDA) plans (collectively MLTC/ FIDA plans), to contract with DOH-designated workforce training centers, to:

- Invest in initiatives to attract, recruit and retain long term care workers in the areas they serve;
- Develop plans to address reductions in health disparities by focusing on the placement of long-term care workers in medically underserved communities;
- Consistently analyze the changing training and employment needs of the area that the program serves;
- Provide for broad participation and input from stakeholders; and
- Support the expansion of home care and respite care, enabling those in need of long-term care to

remain in their homes and communities and reduce New York's Medicaid costs associated with long-term care.

During this quarter, DOH released the MLTC Workforce Investment Program Wage Replacement Expense Policy Guidance for Year 1. This guidance explained the spending parameters for the DOH approved designated Long-Term Care Workforce Investment Organizations (LTC WIOs). DOH approved designated Long-Term Care Workforce Investment Organizations (LTC WIOs) and MLTC Plan partnerships by region. DOH issued attestations to each MLTC Plan concerning their LTC WIO partnerships and anticipated funding by partnership by region. Upon receipt of executed attestations, DOH released funds to MLTC Plans for disbursement to partnered LTC WIOs. Each region was awarded a base payment of \$2 million as a means of addressing disparities in workforce population, density and resources. Remaining MLTC Workforce Investment Program Y1 funds were divided amongst the six regions based on October 2017 total plan enrollment reports by region.

These updates and more information regarding the MLTC Workforce Investment Program can be found here: http://health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm.

Appendix A: DY4Q1 Program Activity

The period covering April 1, 2018 through June 30, 2018 included extensive stakeholder engagement activities detailed below:

- **April 1, 2018:** DSRIP Year 4 Begins
- **April 1, 2018:** IA Approval of PPS DY3Q3 Report
- **April 2, 2018:** MRT Structural Roadmap: Roles and Responsibilities in a VBP World, public comment due back to DOH
- **April 4, 2018:** MAX Training Program (MTP) Final Webinar
- **April 11, 2018:** MAXny Series Webinar
- **April 13, 2018:** MAPP PPS Workgroup Meeting
- **April 18, 2018:** Combined PPS and MCO Medical Director's meeting
- **April 19, 2018:** MACRA webinar
- **April 25, 2018:** DSRIP Performance Dashboard refresher webinar for MCOs
- **April 26, 2018:** CIO Leadership Group Monthly Meeting
- **April 30, 2018:** PPS feedback for Updating Prevention Agenda due
- **April 30, 2018:** PPS DY3Q4 due from PPS
- **May 7, 2018:** DSRIP Opt Out Monthly Mailing combined March and April
- **May 10, 2018:** NYS PCMH Q&A session with NCQA
- **May 15, 2018:** All PPS Meeting
- **May 24, 2018:** CIO Leadership Group Monthly Meeting
- **May 30, 2018:** MAX Series Symposium
- **May 30, 2018:** IA completes review of PPS DY3Q4 report
- **June 14, 2018:** PPS Remediation of DY4Q4 report
- **June 19, 2018:** PAOP / Upstate 1115 Waiver Public Comment Day (Albany- Empire State Plaza)
- **June 20, 2018:** MAX Series Final Program Webinar
- **June 27, 2018:** DSRIP Opt Out monthly mailing cadence begins
- **June 27, 2018:** MAPP PPS Workgroup Meeting
- **June 27, 2018:** VBP Pilots Lessons Learned Webinar #1- Contracting
- **June 29, 2018:** IA approval of PPS DY3Q4 report

More information can be found at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/1.

¹ DOH created a Digital Library, a secure SharePoint site, as an additional resource for the PPS. The Digital Library serves as a repository for materials available through the DSRIP website and for PPS specific materials.