



**Department
of Health**

New York DSRIP

1115 Quarterly Report

January 1, 2019 – March 31, 2019
Year 4, Fourth Quarter

**May
2019**

www.health.ny.gov/dsrip

**Office of Health
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New York DSRIP

Section 1115 Quarterly Report

DSRIP Year 4, 4th Quarter

January 1, 2019 – March 31, 2019

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 Fourth Quarter (DY4Q4)

This report summarizes the activities from **January 1, 2019 through March 31, 2019**, the fourth quarter of DSRIP Year 4. This report includes details pertaining to DY4Q4 of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, continued refinement of key DSRIP policies and procedures, and progressive steps in 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:

- The Fourth Annual Learning Symposium was convened February 11-13th in Saratoga Springs, NY attended by almost 700 participants from across New York State and the country.
- Final results of DY4Q2 Reports (July - September 2018) were distributed to Performing Provider Systems (PPS) and reports were posted to the DSRIP website.
- PPS submitted their DY4Q3 Reports on January 31, 2019 documenting the progress on their implementation efforts between October 1, 2018 - December 31, 2018.
- DOH hosted extensive stakeholder engagement activities.

III. DSRIP Program Implementation Accomplishments and Activities

DSRIP Annual Learning Symposium

As outlined in the DSRIP STCs Attachment I, the State is responsible for hosting an annual DSRIP Learning Symposium for the PPS. The fourth annual NYS DSRIP Learning Symposium took place on February 11-13, 2019 in Saratoga Springs, NY. Nearly 700 leaders and stakeholders were convened for two days of sharing, learning and networking. Participants included representatives from the 25 PPS, Community Based Organizations (CBOs), 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.

This year's Learning Symposium opened with the PPS Impact Exhibition featuring 25 unique PPS exhibits designed to highlight the impact they have made in their region and provide an opportunity for networking and engagement with their fellow PPS colleagues and other attendees. Demonstrations of measurable improvement were presented creatively using an eclectic mix of quantitative and qualitative data; the exhibits were adorned with graphs, charts, videos, storied testimonies and more, as the nearly 700 attendees engaged around the distinctive achievements of NYS DSRIP. A compilation of each Impact Exhibit, including a brief abstract, highlighted achievements and statistics, as well as an elaborated description and photograph of each Exhibit can be found here:

<http://www.dsriplearning.com/documents/PPS%20IMPACT%20Exhibit%20Compendium.pdf>.

The spirited PPS Impact Exhibition set the tone for the first evening followed by two days of thought-provoking keynote presentations, interactive workshops, breakout sessions, and posters representing works from across the state and beyond. The full agenda included:

- Three keynote speakers, offering inspiration and empowerment in support of progress, change and sustainability for transformational efforts.
- Eight 120-minute hands-on, interactive workshops that addressed challenges such as managing the opioid epidemic, supporting care transitions, advancing cross-sector partnerships, maintaining the high-performance energy, partnering for sustainable transformation, and advancing health literacy.
- Over twenty 75-minute breakout sessions and eighteen 30-minute "sprints" showcased DSRIP program successes, promising practices, lessons learned, tools and strategies for adoption and spread, and approaches to building sustainable models for the future. The theme of harnessing the power of community partners resonated throughout.
- Poster presenters from across the state shared insights, experiences and challenges on topics including leveraging data, engaging and integrating the community, reducing potentially preventable hospitalizations and behavioral health & substance use disorder integration.

The Learning Symposium concluded with a rousing keynote provided by Dr. Don Berwick (former Administrator for Centers for Medicare and Medicaid Services (CMS) and founding CEO, Institute for Healthcare Improvement) to set the rallying cry of "Start Here" to get real about the social determinants of health. The symposium's program guide provides detailed information on the content of the event and can be viewed here: <http://www.dsriplearning.com/documents/DSRIP%20Symposium%20Guide.pdf>.

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

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 on 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 on the DSRIP program for the remaining DSRIP timeline.

On February 11, 2019, available members of DSRIP PAOP met with DOH staff in Saratoga Springs, New York prior to the official start of the Learning Symposium. This informal meeting provided PAOP members with updates on PPS performance, DSRIP workforce trends, and CBO engagement and contracting efforts. Additionally, PAOP members participated in the annual DSRIP Learning Symposium held February 11-13, 2019 in Saratoga Springs which is described above.

More information about PAOP is available at:

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

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

During this quarter, DOH reviewed the requested additional information from the COPA recipient to ensure that the conditions included in the COPA are being adhered to by the program recipient. This request for additional information included questions about the following:

- COPA and PPS Antitrust Compliance and Training
- Antitrust Policy Training for PPS Representatives and PPS Organizations
- Role of Compliance Officer

The interviews with MCOs in the PPS network are being scheduled and 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:

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

Value Based Payments (VBP)

The end of DY4Q4 marked important VBP Roadmap milestones for the State as well as the MCOs. Provider contracts submitted by, and with an effective date on or before, March 31st counted towards the April 1, 2019 goals (50% of spend in level 1 or higher, 15% in level 2 or higher). The Department's work toward meeting these goals included continued discussion around Federally Qualified Health Centers' (FQHC) ability to take on risk, reviewing important VBP Tracking Report (VBPTR) and contract requirements with MLTC plans, engaging stakeholders regarding quality measures and programs related to children's VBP initiatives, and continued effort towards providing useful data to VBP contractors via the Medicaid Analytics Performance Portal (MAPP) dashboards. Tentative assessments of VBPTR milestones show rising achievements toward the April 1 goal and will be finalized and reported to CMS in the summer of 2019.

VBP Policy Updates - FQHC

Ongoing discussion surrounding FQHCs and their ability to take on risk in VBP arrangements continued throughout DY4Q4. Federal law 42 USC 1396a (bb)(5)(A) mandates that FQHCs be reimbursed up to the Prospective Payment System rate for every Medicaid visit. Therefore, any alternate payment methodology (APM) must result in payment to the FQHC of an amount which is at least equal to the Prospective Payment System amount. As a result, the Department, with CMS' direction, determined that New York FQHCs cannot accept risk in a VBP environment and must continue to receive their full Prospective Payment System reimbursement rate, which excludes them from engaging in level 2 and 3 arrangements as the lead VBP contractor. FQHCs may continue to contract at level 1 as lead VBP contractors.

Clinical Advisory Groups (CAG)

The Pediatric Preventive Care CAG membership, belonging to New York State's Initiative, "The First 1000 Days on Medicaid" pilot, merged with the Children's VBP CAG members to expand breadth and depth of membership and improve feedback.

Planning activities continued for the Physical Health & Chronic Conditions CAG, the Maternity CAG, and the Behavioral Health/HARP CAG for the Spring. Coordination with the AIDS Institute QAC's will continue quarterly throughout 2019.

A successful webinar was held in collaboration with CMS in early March 2019 regarding MACRA & VBP alignment on AAPM (Advanced Alternative Payment Models) for providers and plans that will support a multi-payer-framework given certain Medicare patient thresholds.

Managed Long-Term Care (MLTC)

On March 8th, the Department held a webinar to review VBPTR reporting and Social Determinant of Health (SDH)/CBO requirements with MLTC plans. The webinar provided a detailed outline of how plans should report partially capitated lines of business versus fully capitated lines of business in the VBPTR. Examples of SDH interventions for MLTC plans to use in Level 2 and 3 arrangements were provided as well as several scenarios highlighting the structure of including a CBO in a VBP contract.

VBP MAPP/Dashboards

A MAPP 2.0 VBP Dashboards Focus Group was held for PPS in March to review the current VBP dashboards and engage PPS stakeholders in discussion on usage, functionality, and enhancements.

The Department also worked with vendors to coordinate enhancements to the VBP data process, including projects that will upgrade to the newest version of the Prometheus grouper software for defining episodes, refine categorizations for calculating expected costs to further align with MCOs and within DOH, and increase the efficiency and potential frequency for running performance results.

The Department continued collaborative efforts with other State agencies and outside vendors for the research and development of the VBP Provider Network Tool. The overall purpose of this tool will be to report efficiency, quality, and performance metrics at a contract level, thereby providing plans and providers with more defined and actionable data to support VBP endeavors.

Development continued of the next set of dashboards for release in the MAPP tool as well as in the Medicaid Digital Data Center (MDDC) for executive and program area policy and decision-making capabilities. These dashboards include analyses on geographic correlation of chronic condition episodes, the relationship between spend and avoidable complications across CRG groupings and chronic conditions, and member churn as it relates to VBP, MCO enrollment, and Medicaid eligibility.

IV. Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DY4Q2 Quarterly Reports

The IA documented all results in the Medicaid Analytics Performance Portal (MAPP) and released the findings of the DY4Q2 Quarterly Report (for activities completed July 1 - September 30, 2018) 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 DY4Q2 results to the PPS, 3 PPS filed appeals with the IA. Of the 3 AV driving milestone appeals, the IA upheld the 3 original determinations. The DY4Q2 finalized reports were combined with the results of the DY4Q1 report to generate the first biannual DSRIP payment to the PPS for DY4 this March.

PPS DY4Q3 Quarterly Reports

The DY4Q3 Reports (for activities completed October 1-December 30, 2018) were submitted by each PPS through MAPP on January 31, 2019. This documented their progress in accomplishing their DSRIP goals and objectives for DSRIP DY4Q3. Beginning with the DY3Q3 quarterly report, the first and third quarterly

reports focus on PPS updates on funds flow and partner engagement. Full PPS progress updates are included in the second and fourth quarterly reports of each remaining DSRIP year.

Upon receipt of the 25 PPS DY4Q3 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 involve a review process which includes an initial review and quality control analysis. The review was conducted over the course of 30 days (February 1 – March 1, 2019) and remediation feedback was provided to each PPS that failed to submit supporting documentation for milestone completion. PPS were afforded 15 days (March 1 - 15, 2019) 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 March 31, 2019.

PPS Annual On-Site Audits for DY3

In addition to the quarterly report review process, the IA commenced DSRIP Year 3 retroactive on-site audits of the PPS. The IA conducted the 25 audits between January and March 2019. The IA conducted the on-site audits of the PPS as an extra level of validation of the information submitted in the PPS Quarterly Reports during DSRIP DY3. The on-site audits included an audit of data including the PPS Funds Flow, PPS Workforce Strategy spending, and PPS Actively Engaged reporting.

These audits serve as a valuable opportunity for the IA to gain additional insights on the activities carried out by the PPS in support of DSRIP efforts and to determine whether the PPS reporting substantiated award of DSRIP funds. To accomplish this objective the IA is finalizing the reviews of the PPS' documentation to determine whether it adequately supports DSRIP required activities and funding.

The IA is expected to provide DOH and the PPS with draft audit reports by the end of April 2019. PPS will have the opportunity to respond to the draft reports before they are finalized by the IA this summer 2019.

Performance Payments

During the period of January 1, 2019 through March 31, 2019, PPS received their first performance payment for DY4 totaling \$344,772,151.46 (all funds). This payment represents the first biannual payment to PPS during DY4 and combines the results of PPS adjudicated DY4Q1 and DY4Q2 Reports for a six-month period (April – September 2018).

Please see Appendix B for more detail regarding all DSRIP Performance Fund payments made during this quarter.

V. New York State DSRIP Program Activity

DSRIP Support

DOH continues to support 25 PPS through a wide range of activities and resources. During the period of January 1, 2019 – March 31, 2019, 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. The MY4 performance measurement period is July 1, 2017 – June 30, 2018. DOH identified and notified the PPS that a limited set of measures required technical adjustments and were being reconciled through the Spring 2019.
- Provided updates to PPS and answered questions on significant changes in measure specifications that will impact MY4 and MY5 performance.

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, information about the upcoming Learning Symposium 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)

DOH had identified select PPS to receive ESO support in order to reduce risk and assist the PPS in its strategic operational success at various points in the DSRIP timeline. As DSRIP has progressed towards DY5, PPS infrastructure and project implementation have matured for performance under Pay for Performance (P4P). The remaining four PPS under ESO were reviewed in this quarter and determined that no further enhanced support was necessary. DOH and the AST remain available for any questions and discussion as with all PPS. The ESO has been valuable for providing direct access to DOH resources for support and assistance for PPS implementation.

Medicaid Analytics Performance Portal (MAPP)

MAPP 2.0 is a statewide performance management system that provides tools and technologies for comprehensive performance management and care management capabilities to PPS, Managed Care Organizations, Health Homes entities, and other major entities. It is also the platform for the VBP Dashboard development referenced in the "Value Based Payments" section.

During this quarter, MAPP continued to offer statewide capabilities to support the PPS and Health Homes, Care Management Agencies, and Managed Care Plans (MCPs). Future MAPP 2.0 functionality will allow MCOs and VBP contractors to access VBP data for their appropriate populations. Planning and security analysis for this functionality is currently underway. A VBP Provider Network Tool is currently being designed to function similarly to MAPP's current DSRIP Provider Network tool and become an enterprise source of network information for all MCOs and VBP Contractors. Additional Health Homes data availability, new user access, and new dashboards are also being discussed.

Independent Evaluation of New York State DSRIP

The DSRIP program requirements as outlined by the STCs required 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 reported as required 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 IE continued their quantitative and qualitative investigations.

CMS Interim Evaluation Report

The IE completed their draft Interim Evaluation Report in March 2019, and submitted to CMS in early April 2019.

Quantitative Research Methods

The IE continued to review and analyze the Medicaid and Statewide Planning and Research Cooperative System (SPARCS) data for the DSRIP evaluation.

Qualitative Research Methods

The IE completed Cycle 2 research activities and began planning for Cycle 3 research activities, which will include telephone interviews with PPS senior leadership, and focus groups and web surveys of DSRIP-associated providers.

DSRIP Data-sharing Opt Out Mailing

Opt out letters are mailed monthly to newly eligible and recertified Medicaid members regarding their opportunity to opt out of data sharing with the PPS and the PPS partners. The letters describe DSRIP, the benefits of data-sharing under DSRIP, and the PPS to which they may be attributed. The DSRIP opt out mailer notifications began October 2015 and to date, over 10 million letters have been sent out to eligible and recertified members in the Medicaid program. During this quarter, there were technical issues regarding the opt out mailing which have been resolved and will allow the mailing to resume in April 2019.

Consumer Education Campaign

The DSRIP STC's require the State to conduct a consumer education campaign to inform Medicaid members and uninsured individuals about the benefits of DSRIP and the services of the PPS. The focus of the marketing research in preparation for the campaign has been on the benefits of health care transformation under DSRIP and how to prepare consumers for the new experiences they may encounter.

A contract was awarded through a competitive bid process to the New York Academy of Medicine (NYAM) to assist in the development of recommendations for this educational campaign. The RFP specified activities to include Medicaid Marketing Research where 25 focus groups of Medicaid and uninsured members were conducted to solicit their experiences and feedback on:

- Experiences and receptivity to team-based care and team members such as CHWs, Care Coordinators, navigators, etc.
- Receptivity to questions from their doctors about social determinants such as housing, food insecurity, and stress in daily life.
- What they have perceived as effective health education messages, what media/channels they use to obtain health information and suggestions for the state in messaging for a health education campaign.

NYAM has completed about three-fourths of the focus groups at the end of this quarter and will complete the remaining in May 2019. Seven focus groups were conducted in Spanish (2), Chinese, Korean, Russian, Creole and Bangla. Next steps will be developing the message recommendations for the consumer education campaign for DOH review and approval for field testing. The consumer education campaign is projected to commence before the end of calendar year 2019.

The focus groups have provided rich information and are being shared with PPS so they may work with their partners in reviewing the experiences of their community members for any further patient-centered quality improvement.

Upcoming Activities

DY5 began on April 1, 2019. Future reports will include updates on additional activities as required by the STCs and related attachments. The following list identifies some of the anticipated activities for the upcoming DY5Q1:

- **April 1, 2019:** DSRIP Year 5 Begins

- **April 1, 2019:** IA Approval of PPS DY4Q3 Report
- **April 30, 2019:** PPS DY4Q4 Quarterly Report (1/1/19-3/31/19) due from PPS
- **April 30, 2019:** IA to release PPS On-Site Audit results for DY3
- **May 8, 2019:** All PPS Meeting in Albany, NY
- **May 10, 2019:** VBP Workgroup Meeting
- **May 30, 2019:** IA completes review of PPS DY4Q4 report
- **June 14, 2019:** PPS Remediation of DY4Q4 report
- **June 27, 2019:** PPS CIO Leadership Meeting
- **June 29, 2019:** IA approval of PPS DY4Q4 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.

The 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 hosted its second "Best Practice Learning Series" on February 2, 2019. The purpose of the Best Learning Series is for all MCO and MLTC Workforce Investment Organizations (WIOs) to present updates during their annual meeting for panel discussion, share best practices and lesson learned. Funding for program year 2 was disbursed to MLTC Plans and MLTC Plans were preparing their submissions of Q4 reporting (January 1 – March 31, 2019) for DOH review.

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: DY4Q4 Program Activity

The period covering January 1, 2019 through March 31, 2019 included extensive stakeholder engagement activities detailed below:

- **January 11, 2019:** MY4 Month 11 of 12 data files, MAPP 2.0 Curated Data Objects and DSRIP Dashboards release
- **January 28, 2019:** VBP MAPP MCO User Focus Group
- **January 29, 2019:** DSRIP Opt Out Monthly Mailing
- **January 31, 2019:** PPS DY4Q3 Report (10/1/18-12/31/18) due from PPS
- **February 1, 2019:** 2019 DSRIP Learning Symposium Registration closes
- **February 2, 2019:** Best Practices Learning Series for MLTC
- **February 8, 2019:** Measure Changes and Performance Calculations Webinar
- **February 11-13, 2019:** 2019 DSRIP Learning Symposium
- **February 26-27, 2019:** Salient Interactive Miner (SIM) training webinar for newly authorized PPS users
- **February 28, 2019:** NYS submits DSRIP quarterly monitoring report to CMS
- **February 28 - March 1, 2019:** Salient Interactive Miner (SIM) Refresher webinar for previously trained SIM users
- **March 1, 2019:** VBP and MACRA Webinar
- **March 2, 2019:** IA completes review of PPS DY4Q3 report
- **March 8, 2019:** MLTC VBP Webinar
- **March 15, 2019:** VBP Workgroup Meeting
- **March 17, 2019:** PPS Remediation of PPS DY4Q3 Report
- **March 25, 2019:** MAPP 2.0 VBP Module PPS User Focus Group Webinar
- **March 25, 2019:** DY4 first payment to PPS
- **March 28, 2019:** PPS CIO Leadership Regional Meeting
- **March 31, 2019:** NYS submits draft Interim Evaluation Report to CMS

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

Appendix B: DSRIP Performance Fund Payments

The attached table indicates all DSRIP Performance Fund payments made during DY4Q4. The payments made during this period represent the first of two performance payments for DY4 and were based on the results from the first semi-annual reporting period of DY4 covering April 1 - September 30, 2018.

New York State Medicaid Redesign Team (MRT) DSRIP

Performance/Reporting Period for Payment: April 1, 2018 - September 30, 2018 (DY4, Q1 - DY4, Q2)

Payment Date: January 1 - March 31, 2019 (DY4, Q4)

PPS	Lead Provider Name	DSRIP Payment Earned
Public:		
Central New York Care Collaborative, Inc.	SUNY Upstate Syracuse	\$ 10,007,740.76
Millennium Collaborative Care	Erie County Medical Center	\$ 12,852,111.79
Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	\$ 31,046,417.96
Suffolk Care Collaborative	State University of New York at Stony Brook University Hospital	\$ 11,257,612.31
The New York City Health and Hospitals Corporation (H+H)	Jacobi Medical Center	\$ 71,767,467.59
WMCHealth	Westchester Medical Center	\$ 17,623,016.48
Total Public:		\$ 154,554,366.89
Safety Net:		
Adirondack Health Institute	Adirondack Health Institute	\$ 12,356,894.66
Alliance for Better Health Care, LLC (Ellis)	Alliance For Better Health Care, LLC	\$ 14,317,094.56
Better Health for NE NY PPS (BHNNY)**	Better Health for NE NY PPS (BHNNY)	\$ 8,730,200.74
Bronx Health Access	Bronxcare Hospital Center	\$ 5,373,591.32
Bronx Partners for Healthy Communities	St. Barnabus Hospital Health System	\$ 10,405,257.34
Care Compass Network	Southern Tier Rural Integrated Performing Provider System	\$ 13,620,112.36
Community Care of Brooklyn	Maimonides Medical Center	\$ 11,963,135.86
Community Partners of WNY (Catholic Medical Partners)	Sisters of Charity Hospital of Buffalo, New York	\$ 2,072,051.88
Finger Lakes PPS	Finger Lakes Performing Provider System	\$ 35,353,250.84
Refuah Community Health Collaborative	Refuah Health Center Inc	\$ 1,639,936.01
The New York & Presbyterian - Queens	New York Presbyterian - Queens	\$ 558,582.67
Leatherstocking Collaborative Health Partners	Leatherstocking Collaborative Health Partners	\$ 4,498,810.91
Montefiore Hudson Valley Collaborative	Montefiore Medical Center	\$ 9,209,880.96
Mount Sinai Performing Provider System	Mount Sinai Hospitals Group	\$ 9,228,196.75
North Country Initiative	North Country Initiative	\$ 4,305,576.95
NYU Langone Hospital - Brooklyn Performing Provider System	NYU Lutheran Medical Center	\$ 5,083,850.42
SOMOS Community Care	SOMOS Healthcare Providers Inc	\$ 22,702,956.01
Staten Island Performing Provider System, LLC	Staten Island Performing Provider System, LLC	\$ 15,224,728.34
The New York and Presbyterian	The New York and Presbyterian Hospital	\$ 3,573,675.98
Total Safety Net:		\$ 190,217,784.57
Grand Totals:		\$ 344,772,151.46