



**Department
of Health**

New York DSRIP

1115 Quarterly Report

April 1, 2019 – June 30, 2019
Year 5, First Quarter

**August
2019**

www.health.ny.gov/dsrip

**Office of Health
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New York DSRIP

Section 1115 Quarterly Report

DSRIP Year 5, 1st Quarter

April 1, 2019 – June 30, 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 5 First Quarter (DY5Q1)

This report summarizes the activities from **April 1, 2019 through June 30, 2019**, the first quarter of DSRIP Year 5. This report includes details pertaining to DY5Q1 of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, continued refinement of key DSRIP policies and procedures, performance measurement and metrics re-analysis, 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 NY Medicaid Population Health Symposium (the DSRIP Learning Symposium) was announced and is set to take place November 18-19, 2019. Development of the program and agenda for the event is underway.
- Progress was made on The Healthy Homes Pilot, as a VBP contract between an MCO and provider in the New York City area was approved for implementation.
- PPS submitted their DY4Q4 Reports on April 30, 2019 documenting the progress on their implementation efforts between January 1, 2019 – April 30, 2019.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.

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 annual DSRIP Learning Symposiums for the PPS. During this quarter the State began developing the agenda and events for the next NY Medicaid Population Health Symposium that will occur in New York, NY on November 18–19, 2019. The change in title reflects an emphasis on integrated payer, provider and CBO collaborative efforts for population health activities as part of the transition to VBP. Outreach for keynote speakers and design sessions for the annual Symposium has commenced. The event will convene up to 800 leaders and stakeholders of the DSRIP program including participants 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.

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)

During this quarter, PAOP held a morning working session on June 24, 2019 in Albany. This meeting focused on current PPS performance, funds flow and PPS promising practices. Immediately following that PAOP session, DOH hosted an afternoon half-day Upstate MRT Public Comment day for members of the public to provide comment and testimony on the 1115 Waiver. As DSRIP is a significant waiver initiative, members of the PAOP were also invited to remain at the event to listen to comments about the DSRIP program. Both the morning PAOP session and afternoon Upstate Public Comment event were webcast live and open to the public. Additionally, the public was invited to submit written comments electronically in advance of the meeting and through July 12, 2019. A Downstate Public Comment event is planned for the MRT waiver in October 2019.

Recordings of the both events are available at:
<https://www.health.ny.gov/events/webcasts/archive/>

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

DOH received additional information from the COPA recipient to satisfy the state's obligation to maintain active supervision of the conditions granted through the PPS COPA. This additional information covered PPS COPA and PPS antitrust compliance training and the role of the of PPS compliance officer.

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)

DY5Q1 focused on evaluating the attainment of the April 1, 2019 statewide VBP goals by MCOs and providers, the planning and convening of the VBP Workgroup, the Year 5 update to the VBP Roadmap, and the beginning of the spring/summer series of Clinical Advisory Groups (CAGs).

VBP Progress Milestones

Per the NYS VBP Roadmap, by the end of DY4 (April 1st, 2019):

- At least 50% of total MCO expenditure must be contracted through Level 1 VBPs or above.
- At least 15% of total payments must be contracted through Level 2 VBPs or higher (full capitation plans only).

Currently, Statewide progress toward VBP goals is as follows:

- 62% spend is in level 1 or higher
- 27% spend is in level 2 or higher

VBP Workgroup

On May 10, 2019, the VBP Workgroup was held to discuss the following:

- An analysis of the quality measures utilized in VBP arrangements;
- The pathways for FQHCs in value-based payment;
- an update on MCO progress towards achieving VBP milestones; and
- Proposed updates to the VBP Roadmap for Year 5.

VBP Roadmap Updates

The Department began the process of updating the VBP Roadmap for Year 5. Proposed Roadmap updates were presented to the VBP Workgroup on May 10th and posted for public comment on the DOH website. The public was notified via the MRT and DSRIP listservs and the comment period was open from May 11th - June 5th. These changes will be finalized soon and submitted to CMS and address the following areas:

- Social Determinants of Health
- Managed Long-Term Care
- Federally Qualified Health Centers (FQHCs)
- Children's VBP Arrangement
- Quality Measures
- Network Integration
- Clerical edits

Clinical Advisory Groups (CAG)

In DY5Q1, the spring/summer series of CAGs commenced. Advances were made by the CAGs during the quarter as VBP continues to reinforce a shift away from process-based quality measurement toward outcome-based measurement, emphasizing the shift to payment for value.

The Physical Health & Chronic Conditions CAG was held on April 30, 2019. The following recommendations were made:

- Retain the Category 2 Fluoride Varnish measure in the measure set
- Move the Prenatal and Postpartum care NQF 1517 measure from P4R to P4P

The Behavioral Health CAG was held on May 3, 2019. The following recommendations were made:

- Add the Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) measure to the HARP measure set
- Add the Depression Remission or Response for Adolescents and Adults (DRR) measure to the HARP measure set

The I/DD CAG reconvened on May 3, 2019, alongside the work being done to transition I/DD services into Managed Care. To assist with developing an I/DD arrangement in VBP, the I/DD CAG will be used to:

- Assist in defining the "value proposition" for VBP for I/DD services;

- Promote future stability in a VBP environment by laying proper foundation in Managed Care;
- Establish a feedback loop from MCOs and providers to identify the best quality measures and Health Information Technology (HIT) that promote interoperability for VBP; and
- Advance a Roadmap unique to the I/DD community that addresses expansion of access and coverage for enrollees and addresses the potential risk plans and providers are willing to assume.

The Maternity CAG was held on May 14, 2019. The following recommendations were made:

- Changes to the Postpartum Care measure by NCQA, replacing the current single rate with three rates that incentivizes provider/plan compliance around earlier visits postpartum (i.e. within 3 weeks following birth) and ongoing visits (i.e. within 22 and 84 days)
- Requirement of the Prenatal and postpartum care NQF 1517 measure for all Total Care for General Population and Maternity arrangements, both current and future.

The Children's CAG was held on May 22, 2019. No specific recommendations were made. However, the Department applied for the Integrated Care for Kids (InCK) model in collaboration with Montefiore Health System. The child-centered local service delivery and state payment model are aimed at improving child health outcomes, including preventing substance use disorder, reducing avoidable inpatient stays, and reducing out-of-home placements such as substitute care (foster care).

The HIV/AIDS CAG was held on June 13, 2019. The following recommendation was made:

- Expand the requirements for screening to mandatory 3 site testing for the following measures in the HIV/AIDS measure set: Screening for Sexually Transmitted Infections 1) Chlamydia, 2) Gonorrhea, and 3) Syphilis.

VBP MAPP/Dashboards

The Department continued the development of data sources for reporting of quality and efficiency at MCO, VBP contractor, and provider levels. The Department is also revisiting methodology and code set definitions for the VBP HIV sub-population and maternity bundle mother/infant dyads to improve accuracy, reflect updates to diagnosis and procedure code values, and to align approaches across programs.

Prevention Agenda (PA): Healthy Homes Asthma VBP Pilot

As specified in the NYS VBP Roadmap, the State intended to introduce a dedicated VBP arrangement for pilot purposes to focus specially on prevention agenda targets. Starting in 2018, the Department began work on the Healthy Homes Asthma VBP Pilot as part of these efforts and has continued do so in 2019.

As a joint effort between the Department and the New York State Energy Research and Development Authority (NYSERDA), the Healthy Homes Pilot (the Pilot) focuses on individuals with asthma and is designed to reduce adverse health outcomes including hospitalizations and emergency department (ED) visits relating to asthma and resulting from unintentional household injury. The Pilot targets residents with persistent asthma that is not well controlled and emphasizes, but is not limited to, serving children age 0 to 17. The Pilot:

- Targets identified high-asthma burden regions of the State;
- Provides support for asthma self-management education, environmental home assessment, and energy efficiency services aimed at reducing avoidable ED visits and hospitalizations; and
- Improving overall health and energy cost savings for residents.

During DY5Q1, the first Healthy Homes Pilot VBP contract between an MCO and provider in the New York City area was approved for implementation. DOH has also received commitment from several other MCOs and providers to engage in the Pilot and is working to finalize elements of VBP contracts with these entities.

IV. Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DSRIP Year 4, Fourth Quarterly Reports

The DSRIP DY4Q4 Quarterly Reports submitted by each PPS on April 30, 2019, documented their progress in accomplishing their DSRIP goals and objectives for the fourth quarter of the fourth DSRIP year (January 1, 2019 – March 31, 2019). PPS were required to complete Project Implementation Speed commitments due this quarter. There were 14 projects with speed and scale completion commitments due.

Upon receipt of the 25 PPS DSRIP DY4Q4 Quarterly Reports the IA conducted an in-depth review of each submission, the supporting documentation and sampling by the end of the quarter. The quarterly reports were 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, 2019) and remediation feedback was provided to each PPS whose supporting documentation was deficient for milestone completion. PPS were afforded 15 days (May 31 – June 14, 2019) to remediate the items identified 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 documented all results in MAPP and released the findings of the DSRIP DY4Q4 Quarterly Report in a PPS-Specific Achievement Value (AV) Log in MAPP. The IA then adjudicated the results of each PPS submission on June 28, 2019.

DY2 Onsite Audits

In addition to the recent Quarterly Report review process, the IA prepared the lookback of the DY2 IA Onsite Audit Final Scorecards for each PPS. The IA reviewed the supplemental documentation submitted by the PPS in response to the DY2 IA Onsite Preliminary Scorecard. The final scorecard summarized any findings or issues identified by the IA during their review of the materials submitted by each PPS in response to the DY2 Onsite Audit Sample Request. If the IA was unable to validate the documentation and reporting submitted by the PPS in the Quarterly Reports, the IA recommended that the corresponding AVs be overturned, and the corresponding value would be withheld from future payment to the PPS. The IA sent the DY2 IA Onsite Audit Final Scorecard to each PPS on May 10, 2019. There were no recommended payment changes to the PPS initial payments.

DY3 Onsite Audits

In addition to the Quarterly Report review process, the IA completed their review of the DY3 Onsite Audit materials and issued the DY3 IA Onsite Audit Final Scorecards. Following the onsite, the IA reviewed the documentation submitted by each PPS in response to the DY3 IA Onsite Audit Sample Request. The PPS was required to submit documentation in support of their reported activities in the areas of Patient Engagement, Funds Flow, and Workforce Spend. The IA reviewed all documentation and prepared a DY3 IA Onsite Audit Preliminary Scorecard for each PPS. The preliminary scorecard summarized any findings or issues identified by the IA. The DY3 IA Onsite Audit Preliminary Scorecards were sent to each PPS on April 30, 2019. The PPS were given 30 days to review and submit any supplemental documentation to the IA. The PPS response to the DY3 IA Onsite Audit Preliminary Scorecard was due May 31, 2018.

Upon receipt of the PPS response to the Preliminary Scorecard, the IA performed a review of the additional documentation submitted and prepared a DY3 IA Onsite Audit Final Scorecard. The final scorecard summarized any findings or issues identified by the IA. If the IA was unable to validate the documentation and reporting submitted by the PPS in the Quarterly Reports, the IA recommended that the corresponding AVs be overturned, and the corresponding value will be withheld from future payment to the PPS. The IA sent the DY3 IA Onsite Audit Final Scorecard to each PPS on June 28, 2019. There were no recommended payment changes to the PPS initial payments.

Performance Payments

During the period of April 1, 2019 through June 30, 2019, there were no DSRIP performance payments made. The next DSRIP performance payments are scheduled for the later in the summer and will be the second biannual payment to PPS for DSRIP Year 4. The payment will combine results of the PPS adjudicated DY4 Q3 and Q4 reports.

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 April 1, 2019 – June 30, 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:

- Monitored PPS monthly performance results for Measurement Year 4 (MY4) spanning July 1, 2017 – June 30, 2018 and provided updates on performance to PPS. DOH identified and notified the PPS that a limited set of measures required technical adjustments and were being reconciled through the summer of 2019.

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.

Medicaid Analytics Performance Portal (MAPP)

MAPP continues to offer other 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 continues. 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 PPS specific, Statewide, Interim and Summative 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 and prepared strategic analysis for the revised 2019 Interim Evaluation report and planning for the 2020 Summative Evaluative process.

CMS Interim Evaluation Report

The IE worked on the Final Interim Evaluation Report in response to CMS feedback received on May 23, 2019. The report is due to CMS by August 2, 2019.

CMS Summative Evaluation Report

The IE began outlining Summative Evaluation Report research approaches incorporating additional CMS feedback received on May 23, 2019. A Preliminary Summative Evaluation Report is due to CMS in Spring 2020.

DSRIP Data-sharing Opt Out Mailing

During this quarter, over 600,000 additional letters were mailed. 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 11 million letters have been sent out to eligible and recertified members in the Medicaid program.

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. During this quarter, New York Academy of Medicine (NYAM), the vendor, concluded the 25 focus groups which solicited Medicaid and uninsured members experiences and feedback on:

- Experiences and receptivity to team-based care and team members such as Community Health Workers, 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 and their subcontractor, Camino Public Relations, used the findings from the focus groups to develop messages to be tested next quarter with 800-1,000 Medicaid members and low-income uninsured individuals. The messages to be tested center around the "what matters to you" concept, using variations of "be your own health champion" as a tag line, and recognizing that health is more than medicine and social factors play into healthcare.

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 DY5Q2:

- **July 2, 2019:** Public Comments for CMS Shared Space Document due
- **July 12, 2019:** Written Public Comment due (1115 Waiver Public Forum Extension)
- **July 12, 2019:** MY3 Month 12 Re-run/publishing and updated measure results
- **July 30, 2019:** PPS DY5Q1 (4/1/19-6/30/19) due from PPS
- **July 31, 2019:** DY4 second DSRIP payment to PPS
- **August 2, 2019:** IE submits Final Interim Evaluation Report to CMS per approved extension
- **August 2019:** IE begins PPS Partner Focus Groups in Western NY and Hudson Valley
- **August 31, 2019:** IA completes review of PPS DY5Q1 report

- **August 31, 2019:** NYS submits DSRIP quarterly monitoring report to CMS
- **September 2019:** NYS posts final Interim Evaluation Report approved by CMS to website
- **September 2019:** IE begins the PPS Partner Web-based survey Research Cycle 3
- **September 15, 2019:** PPS Remediation of PPS DY5Q1 report
- **September 16, 2019:** First Public Notice (Tribal Notice) for Waiver Renewal
- **September 30, 2019:** IA approval of PPS DY5Q1 report
- **September 30, 2019:** Draft Waiver Proposal submitted to CMS

Additional information regarding DSRIP Year 5 key dates can be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/year_5_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 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 continued to monitor the Year 2 disbursement and MLTC Plans were preparing their submissions of Year 2 Q1 reporting (April 1 – June 30, 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: DY5Q1 Program Activity

The period covering April 1, 2019 through June 30, 2019 included extensive stakeholder engagement activities detailed below:

- **April 1, 2019:** DSRIP Year 5 Begins
- **April 1, 2019:** IA Approval of PPS DY4Q3 Report
- **April 26, 2019:** DSRIP Opt Out Mailing for new and re-eligible members resumed
- **April 30, 2019:** PPS DY4Q4 Quarterly Report (1/1/19 - 3/31/19) due from PPS
- **April 30, 2019:** Physical Health and Chronic Conditions CAG meeting held
- **May 3, 2019:** I/DD CAG meeting held
- **May 8, 2019:** All PPS Meeting (Albany – The Egg)
- **May 10, 2019:** VBP Workgroup Meeting
- **May 14, 2019:** Maternity CAG meeting held
- **May 22, 2019:** Children’s CAG meeting held
- **May 30, 2019:** IA completes review of PPS DY4Q4 report
- **June 2019:** IE begins PPS Key Informant Executive/Leadership Interviews Research Cycle 3
- **June 4-5, 2019:** Salient Interactive Miner (SIM) Refresher webinar for previously trained SIM users
- **June 5, 2019:** Public Comments for the 2019 Proposed VBP Roadmap due
- **June 11-12, 2019:** Salient Interactive Miner (SIM) training webinar for newly authorized PPS users
- June 13, 2019 HIV/AIDS CAG meeting held
- **June 14, 2019:** PPS Remediation of DY4Q4 report
- **June 24, 2019:** DSRIP Opt-Out Monthly Mailing
- **June 24, 2019:** PAOP/1115 Waiver Public Comment Day (Albany – Empire State Plaza)
- **June 27, 2019:** PPS CIO Leadership Full Group in-person meeting
- **June 28, 2019:** MY4 Month 12 of 12 data files, MAPP 2.0 Curated Data Objects and DSRIP Dashboards release
- **June 29, 2019:** IA approval of PPS DY4Q4 report

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.