



**Department  
of Health**

# New York DSRIP

## 1115 Quarterly Report

July 1, 2019 – September 30, 2019  
Year 5, Second Quarter

**November  
2019**

[www.health.ny.gov/dsrip](http://www.health.ny.gov/dsrip)

**Office of Health  
Insurance Programs**

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# New York DSRIP

## Section 1115 Quarterly Report

### DSRIP Year 5, 2<sup>nd</sup> Quarter

#### July 1, 2019 – September 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 Second Quarter (DY5Q2)

This report summarizes the activities from **July 1, 2019 through September 30, 2019**, the second quarter of DSRIP Year 5. This report includes details pertaining to DY5Q2 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/dsrip](http://www.health.ny.gov/dsrip).

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

- The NY Medicaid Population Health Symposium keynote speakers and full program was announced and is set to take place November 18-19, 2019.
- PPS submitted their DY5Q1 Reports on July 31, 2019 documenting the progress on their implementation efforts between April 1, 2019 – June 30, 2019.
- The State submitted its draft DSRIP renewal waiver proposal on September 17, 2019 to CMS and provided the necessary public notices for public comments including timeline and process.
- DOH hosted extensive stakeholder engagement activities, such as workgroups and public events.

### **III. DSRIP Program Implementation Accomplishments and Activities**

#### **DSRIP Waiver Amendment Draft Proposal**

The State submitted a draft Waiver Amendment proposal to CMS on September 17, 2019 in anticipation of the end of the authority of the DSRIP program on March 2020. The draft proposal was issued to seek public comment regarding the concepts in the draft that would form the basis for the extension and renewal application. Federal requirements require a formal request 120 days prior to the end of the program and the planned submission is November 27, 2019. The draft proposal and required notices were sent and posted on September 17, 2019 and sent via the MRT listserv to notify the public.

[https://www.health.ny.gov/health\\_care/medicaid/redesign/med\\_waiver\\_1115/mrt\\_pub\\_comment\\_days.htm](https://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/mrt_pub_comment_days.htm)

#### **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, significant planning for the upcoming symposium occurred; including finalized programs, logistics and speakers. The next NY Medicaid Population Health Symposium 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. 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), 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. Three keynote speakers, 21 multi-stakeholder breakout sessions and 16 poster presentations were confirmed.

Additional information on the Learning Symposium, including the full program 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 whether to accept, reject or modify those recommendations. The PAOP fulfilled this function during public review and hearings in February 2015, during the DY3 midpoint assessment in 2017, and continues to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

During this quarter, DOH held a webinar for PAOP members on September 17, 2019 which provided a deep dive on MY4 PPS performance results.

During the next quarter, there will be two 1115 Waiver Public Comment Days with a heavy focus on the dissemination of the draft DSRIP waiver amendment request. PAOP members were provided with the document for review and asked to provide feedback, along with members of the public and other stakeholders. Additionally, PAOP members were also invited to attend the upcoming fifth annual DSRIP Learning Symposium which has been renamed the New York Medicaid Population Health Symposium that is being held in New York City on November 18-19, 2019.

More information about PAOP is available at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/project\\_approval\\_oversight\\_panel.htm](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**

DOH received additional information from the COPA recipient during this quarter 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. A report of the active supervision activities will be issued in December 2019.

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

## **Value Based Payments (VBP)**

DY5Q2 focused on finalizing the results of the April 1, 2019 statewide VBP goals reported by managed care organizations (MCO), finalizing the Year 5 update to the VBP Roadmap, launch of the SDoH/CBO engagement survey, as well as convening the summer/fall series of Clinical Advisory Groups (CAG). Furthermore, work to develop VBP dashboards for VBP contractors continues.

### **VBP Milestones Progress**

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).

During DY5Q2, the Department engaged MCOs to address reporting discrepancies on VBP progress and is in the process of finalizing the April 1, 2019 results. Statewide progress towards the above milestones as of December 31, 2018 are as follows:

- Approximately 65% spend is in level 1 or higher
- Approximately 30% spend is in level 2 or higher

### **VBP Roadmap Updates: Year 5**

The Department finalized updates to the VBP Roadmap for Year 5. The redlined Roadmap was submitted to CMS on September 26, 2019 and posted to the Department of Health website. Updates were made to the following subject areas in the Roadmap:

- Social Determinants of Health
- Managed Long-Term Care
- Contracting for Federally Qualified Health Centers (FQHC) & Rural Health Clinics (RHC)
- Children's VBP Arrangement
- Quality Measure Requirements for TCGP arrangements
- Network Integration
- General clerical edits

### **VBP MAPP/Dashboards**

During DY5Q2 plan outreach continued to discuss VBP network attribution methodologies and data reporting strategies. The Department also continued development of the VBP and Statewide data model:

- Enhancements and new dashboards for producing a Contracting Performance File and MAPP VBP dashboards
- Will include 3M PPE suite, Altarum episode and PAC indicators
- Will join to demographics inputs (member, provider, MCO, Health Home, etc.) to enable flexibility in aggregation and grouping of data

The Department began prep work for receiving 2015-2018 VBP data for analysis capabilities which is expected to launch internally next quarter. The current projected date for publishing to external facing MAPP dashboards is February 2020.

The Department also made progress in the development of data sources for reporting of quality at the MCO and VBP Contractor levels. VBP Quality Measure Results for year one of the VBP Pilots (calendar year 2017) were prepared and shared with MCOs and VBP contractors during this quarter as a demonstration of proposed dashboard design:

- Blinded data packages for each of the MCOs and VBP contractors that participated in the pilot were created to show results compared to the statewide benchmark and a newly created VBP benchmark.
- Key insights were gathered from MCOs and VBP Contractors on the VBP quality measure and data process demonstrated through the pilots

### **Social Determinants of Health & Community-based Organizations (CBOs)**

The Department released the CBO Engagement survey on September 15, 2019. The purpose of the survey is to capture services CBOs provide that address the Social Determinants of Health (SDH) for Medicaid members in VBP arrangements. Information gathered through the survey will be used to generate an updated public directory of tier 1, 2, and 3 CBOs to help facilitate partnerships with Managed Care Organizations (MCOs) and VBP Contractors.

### **Clinical Advisory Groups (CAG)**

During DY5Q2, CAGs convened to inform and help prepare the VBP measure sets for 2020. CAGs that were held during the second quarter included physical health & chronic conditions, behavioral health, maternity, children's, HIV/AIDS, and I/DD. The focus of CAG work during Q2 was to vet the proposed expanded requirements for Total Cost for General Population (TCGP) arrangements. The proposed new measure set includes measures from each of 6 domains (primary care, mental health, substance use disorder, maternity, HIV/AIDS, and children) to better address the needs of the various subpopulations often included in TCGP arrangements. All updated 2020 VBP measure sets will be reviewed by the VBP Workgroup during the 3rd quarter and posted to the VBP Resource Library once they are approved. Additionally, the Department continued work with the Measure Support Task Force on September 27, 2019 to facilitate review of measures with stakeholders.

## **IV. Quarterly Reporting and Performance Payments**

### **Quarterly Reporting**

#### **PPS DSRIP Year 5, First Quarterly Reports**

The DSRIP Year 5, First Quarter Quarterly Reports submitted by each PPS on July 31, 2019 documented their progress in accomplishing their DSRIP goals and objectives for the first quarter of the fifth DSRIP year (April 1, 2019 - June 30, 2019). There were no Domain 1 milestones with a prescribed deadline this quarter, and no PPS had Project Implementation Speed commitments due this quarter.

Upon receipt of the 25 PPS DSRIP Year 5, First Quarter Quarterly Reports the IA conducted an in-depth review of each submission, including supporting documents. 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 (August 1 - August 30, 2019) and remediation feedback was provided to each PPS who failed to submit supporting documentation. PPS were afforded 15 days (August 31, 2019 - September 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 then adjudicated the results of each PPS submission on September 30, 2019.

#### **DY4 Onsite Audits**

The IA commenced preparation for the DSRIP Year 4 onsite audits of each PPS. The audits are a retrospective review of each PPS' activities in DSRIP Year 4. The audits will review the documentation submitted by the PPS in the following areas: Patient Engagement, Funds Flow, and Workforce Spend. The IA sent communication to the PPS on August 30, 2019, outlining the expectations of the audit and providing the date for each audit. The IA also prepared a standard template to capture additional details pertaining to the amounts reported by the PPS in the Workforce Spend which was sent to the PPS on August 30, 2019. Finally, the IA reviewed the information submitted by the PPS and created an IA Onsite Audit Sample Request for the areas of Patient Engagement, Funds Flow, and Workforce Spend. The IA Onsite Audit Sample Request is sent to each PPS approximately 40 days prior to their audit and the documentation is

submitted by the PPS to the IA on the date of the onsite audit. All retroactive DY4 onsite visits will occur and conclude by the end of December 2019 with full audit reports anticipated to be released in April 2020.

## **Performance Payments**

During the period of July 1, 2019 through September 30, 2019, PPS received their second performance payment for DY4 totaling \$760,399,950.90 (all funds). This payment represents the second biannual payment to PPS for DY4 and combines the results of PPS adjudicated DY4Q3 and DY4Q4 reports for a six-month period (October 2018- March 2019).

Please see Appendix B for more detail regarding all DSRIP Performance Fund payments made 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 July 1, 2019 – September 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:

- DOH identified and made technical adjustments to a limited set of measures for MY3 and MY4 and released the results to PPS.
- Monitored PPS monthly performance results for Measurement Year 4 (MY4) spanning July 1, 2017 – June 30, 2018 and provided updates on performance to PPS.
- Released the updated performance and attribution data for Measurement Year 3 Month 12 reporting period (July 1, 2016 – June 30, 2017).
- Initiated calculations of monthly performance targets for Measurement Year 5 (MY5) spanning July 1, 2018 – June 30, 2019 and provided updates on performance to PPS for the first 2 monthly periods. The new MY5 periods reflect the new MY5 provider network composition.
- Released the DY4Q4 AV Scorecards PPS through the Digital Library. These AV Scorecards reflect the total payments earned by the PPS based on the DY4Q3 and DY4Q4 Quarterly Reports and for Measurement Year (MY) 4 performance.
- Conducted a live webinar on August 20 to review PPS performance and calculations.
- Released the Clinician and Group CAHPS 3.0 (C&G CAHPS) Report for MY4 to all PPS.

### **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, providing status reports to DOH on PPS implementation plan progress and ensuring that PPS are appropriately equipped to meet DSRIP DY5 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 NY Medicaid Population Health 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.

### *CMS Interim Evaluation Report*

The IE submitted the Final Interim Evaluation Report, which was approved by NYSDOH and transmitted to CMS on August 2, 2019. The report was approved by CMS in a letter dated October 2, 2019 and is at this link. [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2019/docs/interim\\_eval\\_rpt.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2019/docs/interim_eval_rpt.pdf)

### *Quantitative Research Methods*

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

### *Qualitative Research Methods*

The IE continued Cycle 3 research activities, including completion of key informant interviews with PPS senior leadership, completion of focus groups of engaged providers, disseminating a web-based survey of DSRIP-associated providers and receiving access to PPS MY4 CAHPS data.

### *2019 Statewide Annual Report and 2019 PPS Annual Reports*

The IE drafted the 2019 Statewide Annual Report and 2019 PPS Annual Reports, which are targeted for completion and distribution by DY5Q3.

### *CMS Summative Evaluation Report*

The IE continued planning activities, including strategic integration of quantitative and qualitative activities and research findings, for the Summative Evaluation Report. A Preliminary Summative Evaluation Report is due to CMS by September 30, 2020.

## **DSRIP Data-sharing Opt Out Mailing**

During this quarter, over 310,000 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, tested the educational messages with over 900 Medicaid members and low-income uninsured individuals.

- NYAM in partnership with their subcontractor developed surveys to field test the messages with NYS residents
- The survey solicited input on message content that communicated the intended information as well as font and background colors that are appealing and legible
- The surveys were administered in seven languages including English, Bangla, Traditional Chinese, Haitian-Creole, Korean, Russian and Spanish

NYAM has completed all field testing of messages and submitted the final report on recommendations for the consumer education campaign. The NYS DOH internal communications team will advance with the campaign implementation plan.

### 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 DY5Q3:

- **October 2, 2019:** Public Notice for Waiver Renewal Publish in State Register
- **October 10, 2019:** MY5 Month 3 Data Release
- **October 11, 2019:** NYS posts final Interim Evaluation Report approved by CMS to website
- **October 24, 2019:** MY5 Month 4 Data Release
- **October 25, 2019:** Last Monthly Opt Out Mailing
- **October 25, 2019:** MRT Public Comment Day (downstate)
- **October 30, 2019:** PPS Year 5 Second Quarterly Report (7/1/19-9/30/19) due from PPS
- **October 30, 2019:** MRT Public Comment Day (upstate)
- **November 4, 2019:** Public Comment for MRT due
- **November 4, 2019:** MY5 Month 5 Data Release with Expanded Claims Release
- **November 18 & 19, 2019:** NY Medicaid Population Health Symposium (Learning Symposium)
- **November 29, 2019:** Official Waiver Proposal to CMS
- **November 30, 2019:** IA completes review of PPS DY5 Second Quarter report
- **December 15, 2019:** PPS Remediation of PPS DY5 Second Quarter report
- **December 31, 2019:** IA approval of PPS DY5 Second Quarter report

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](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](http://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](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, MLTC Plans submitted their Year 2 Q1 reporting (April 1 – June 30, 2019) for DOH review. Plans are also preparing to submit their Q2 reporting which is due on October 31, 2019. DOH is also preparing to host its first Best Practice Learning Series for Year 2. The purpose of this Best Practice Learning Series meeting is for all MCO and MLTC Workforce Investment Organizations (WIOs) to provide an overview of their Year 1 activities, present best practices and discuss any lessons learned to date.

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](http://health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm).

## Appendix A: DY5Q2 Program Activity

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

- **July 2019:** IE continues PPS Key Informant Executive/Leadership Interviews Research Cycle 3
- **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 29, 2019:** Monthly Opt Out Mailing
- **July 31, 2019:** PPS Year 5 First Quarterly Report (4/1/19-6/30/19) due from PPS
- **August 2019:** IE begins PPS Partner Focus Groups in Western NY and Hudson Valley Research Cycle 3
- **August 2, 2019:** NYS submit Interim Evaluation report to CMS (per granted extension)
- **August 20, 2019:** PPS Performance and Payment Calculations Webinar
- **August 26, 2019:** Monthly Opt Out Mailing
- **August 30, 2019:** IA sent PPS information and expectations for upcoming DY4 retrospective audits
- **August 31, 2019:** IA completes review of PPS DY5 First Quarter report
- **August 31, 2019:** NYS submit DSRIP quarterly monitoring report to CMS
- **September 2019:** IE continues PPS Partner Focus Groups in Western NY and Hudson Valley Research Cycle 3
- **September 6, 2019:** MY5 Month 1 Data Release
- **September 9, 2019:** IE opens the PPS Partner Web-Based survey Research Cycle 3
- **September 11, 2019:** All PPS Meeting, Location: The Egg, Albany
- **September 13, 2019:** DY4 second DSRIP payment to PPS
- **September 15, 2019:** PPS Remediation of PPS DY5 First Quarter report
- **September 15, 2019:** VBP/SDoH/CBO Engagement survey released
- **September 17, 2019:** First Public Notice (Tribal Notice) for Waiver Renewal
- **September 17, 2019:** PPS Performance Webinar for PAOP members
- **September 17&18, 2019:** Refresher webinars for previously trained Salient Interactive Miner (SIM) users
- **September 19 & 20, 2019:** SIM training for new PPS users
- **September 26, 2019:** VBP Year 5 redlined Roadmap submitted to CMS
- **September 26, 2019:** MY5 Month 2 Data Release
- **September 27, 2019:** VBP Measure Support Task Force meeting
- **September 30, 2019:** Monthly Opt Out Mailing
- **September 30, 2019:** IA approval of PPS DY5 First Quarter report

More information can be found at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/1](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/1).

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<sup>1</sup> 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.