



**Department  
of Health**

# New York DSRIP

## 1115 Quarterly Report

January 1, 2020 – March 31, 2020  
Year 5, Fourth Quarter

**May 2020**

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

**Office of Health  
Insurance Programs**

# Table of Contents

- I. Introduction ..... 3
- II. Executive Summary of Key Accomplishments for the DSRIP Year 5 Fourth Quarter (DY5Q4) ..... 3
- III. DSRIP Program Accomplishments and Activities ..... 4
  - Waiver Amendment Proposal for Extension and Renewal..... 4
  - COVID19 Response ..... 4
- IV. Value Based Payments (VBP) ..... 5
- V. Independent Assessor ..... 6
  - Review and Adjudication of PPS Quarterly Reports ..... 6
  - PPS Performance Payments..... 7
- VI. Independent Evaluation of New York State DSRIP ..... 7
- VII. New York State DSRIP Program and Operational Activity ..... 8
  - DSRIP Operations and Support ..... 8
  - Consumer Education Campaign ..... 9
  - Community Based Organization (CBO) Planning Grant..... 9
  - DSRIP Data-sharing Opt Out Mailing ..... 10
  - DSRIP Certificate of Public Advantage (COPA)/Accountable Care Organization (ACO) Application Process ..... 10
- VIII. DSRIP Activities after DY5Q4 ..... 10
  - DSRIP Demonstration Wind Down ..... 10
  - PPS Transition Plans ..... 10
  - Remaining DSRIP Activities Timeline ..... 11
  - Additional Resources ..... 11
- IX. Managed Long-Term Care Workforce Investment Program ..... 12
- Appendix A: DY5Q4 Program Activity ..... Error! Bookmark not defined.**
- Appendix B: DSRIP Performance Fund Payments ..... 14**

# New York DSRIP Section 1115 Quarterly Report DSRIP Year 5, 4<sup>th</sup> Quarter January 1, 2020 – March 31, 2020

## 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. The STCs outline the implementation of MRT Waiver Amendment programs, authorized funding sources and uses, and other requirements. 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).

The waiver amendment programs addressed critical issues throughout the state and allowed for comprehensive reform through the Delivery System Reform Incentive Payment (DSRIP) program demonstration. The DSRIP program promoted community-level collaborations and focused on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers were 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 authority under the April 2014 waiver amendment agreement expired on March 31, 2020.

## II. Executive Summary of Key Accomplishments for the DSRIP Year 5 Fourth Quarter (DY5Q4)

This report summarizes the activities from **January 1, 2020 through March 31, 2020**, the fourth quarter of DSRIP Year 5. On February 21, 2020, CMS notified NY of the non-approval of the DSRIP Waiver Amendment Extension and Renewal Request submitted by NY on November 27, 2019. This report includes details of the final quarter of DSRIP implementation activities including stakeholder engagement, performance measurement and metrics analysis, continued steps in moving to Value Based Payment (VBP), and planning and implementation of key DSRIP wind down activities based on CMS' notification.

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

- On January 29, 2020, CMS approved the Year 5 annual update of the VBP Roadmap for New York's section 1115(a) demonstration.
- Performing Provider Systems (PPS) submitted their DY5Q3 Reports on January 31, 2020 documenting the progress on their implementation efforts between October 1, 2019 – December 31, 2019.
- PPS across the state initiated COVID-19 responses to support their patients, communities and healthcare workforce utilizing DSRIP infrastructure and collaborative relationships.

### III. DSRIP Program Accomplishments and Activities

#### Waiver Amendment Proposal for Extension and Renewal

On November 27, 2019 the State submitted the Waiver Amendment for Extension and Renewal proposal to CMS in anticipation of the end of the authority of the DSRIP program on March 31, 2020. The State's goals for the waiver were to sustain and build upon the "[DSRIP Promising Practices](#)" ([UHF Report](#)) from the current demonstration and to effectively partner with Managed Care Organizations (MCOs) in value-based care arrangements that would recognize and incentivize contributions of other clinical and non-clinical partners. More time was requested to meaningfully integrate these new models and partnerships with MCOs under value-based payment arrangements for sustainability. The formal waiver application requested a one-year extension of the current program and an additional three-year renewal CMS notified New York of the non-approval of the waiver. On February 21, 2020 CMS formally notified the State that of its non-approval of this request. The CMS notification letter can be found [here](#).

#### COVID19 Response

The end of DSRIP Demonstration Year 5 should otherwise have been a time to celebrate a remarkable period of accomplishments by the 25 PPS statewide while working on the capacity to learn from and scale up the most promising practices. Instead, the COVID-19 pandemic was surging in New York and impacting all our communities professionally and personally. Among DSRIP's successful legacies is the foundation of strong community collaborations the 25 PPS built that they could mobilize to help meet the challenge of COVID-19 crisis. Investments in workforce capacity and partnerships with Community Based Organizations (CBOs) helped to meet local needs and address social needs for more holistic care. PPS, in collaboration with their partners, demonstrated the innovation and nimbleness for local solutions during DSRIP and did so again in response to the COVID-19 crisis as the following examples show:

- Providing technology and support to providers and CBOs to convert from physical visits to telephonic service delivery including purchases of video-conferencing software licenses and tablets. Particular attention to assure Behavioral Health (BH) and Substance Use Disorder (SUD) services as continued engagement is critical for BH and SUD patients who may be more vulnerable due to the stressors of social isolation.
- Leveraging population health data analytics to identify high-risk patients for time-sensitive outreach for converting their in-person visits to tele-visits.
- Building regional analytic platforms and models to anticipate the COVID-19 surge and assess local provider capacity.
- Advancing contracted performance payments to vital safety net partners to assist with cashflow and revenue loss in order to maintain healthcare access for Medicaid members.
- Bringing free COVID-19 anti-body testing to immigrant communities through bilingual and tri-lingual sites to ease access and overcome cultural barriers. Multilingual telehealth provider appointments and informational hotlines also implemented to assist during the pandemic.
- Redeploying non-clinical field staff such as community health workers (CHWs) and Food Navigators to conduct telephonic outreach screening to high risk patients for triaging to clinical providers. The outreach callers also screened for food insecurity as well as providing interaction to alleviate feelings of social isolation.
- Maintaining constant updates to regional communication clearinghouse and resource directories for the network partners of critical services such as food pantries, health insurance enrollment, and information such as legislative and regulatory updates.
- Regionally coordinating the purchase and/or aggregation/distribution of needed supplies (Personal Protective Equipment (PPE), thermometers) for the provider network.
- Training of essential non-clinical workers in transportation and shelters on disinfection and safety protocols and use of PPE.
- Partnering with partners to create a comprehensive screening manual that provides guidance for homeless shelter facility hygiene and sanitation, as well as client screening and isolation procedures. The collaborative has developed support service teams and permanent housing resources for homeless individuals placed in hotels to reduce shelter census.

## IV. Value Based Payments (VBP)

DY5 Q4 focused on finalizing updates to the 2020 VBP quality measure sets, continuing the development of VBP dashboards for VBP contractors, and continuing the implementation of the Prevention Agenda's Healthy Homes VBP Pilot. Furthermore, the Year 5 annual update to the VBP Roadmap was approved by CMS and an extension to the VBP reporting period was granted to MCOs in response to the COVID-19 public health emergency.

### Data Extension for VBP Contract Submissions and Reporting

During DY5Q4, in response to the COVID-19 public health emergency, DOH extended the VBP reporting period for the 2019 SFY Annual Value Based Payment Tracking Report (VBPTR). VBP contracts that are submitted to DOH for review and approval on or before May 15, 2020 may be included in a Mainstream Managed Care Plan's and Managed Long-Term Care Plan's VBPTR submission for the 2019 SFY Annual period (April 1, 2019 – March 31, 2020) due on June 15, 2020. Originally, VBP contracts submitted to DOH on or before March 31, 2020 could be counted towards a plan's VBP progress. This change represents an extension and now allows VBP contracts submitted to DOH for review and approval on or before May 15, 2020, to count towards VBP progress.

### VBP Roadmap

On January 29, 2020, CMS approved the Year 5 annual update of the VBP Roadmap for New York's section 1115(a) demonstration that included updates to the following subject areas:

- 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

The final CMS approved VBP Roadmap and a copy of CMS' approval letter are now posted to the [VBP Resource Library](#) on the DOH website.

### VBP MAPP/Dashboards and Data

During DY5 Q4, DOH:

- Continued development of the Performance File to communicate demographic, efficiency and quality metrics for aggregation and evaluation of MCO and provider group performance.
- Continued production of population-based performance data for the VBP eligible member population, including 3M Potentially Preventable Events, for CY 2015-2018.
- Finalized the requirements for enhancement of VBP performance data run, including expansion to VBP and Statewide member populations (comparing VBP to non-VBP delta) and monthly pricing extracts (increasing frequency of reporting actual and expected costs, used to inform efficiency of VBP arrangements).
- DOH is working to finalize the ability to evaluate the Statewide and Value Based Payment (VBP) programs with data that highlights the opportunities regarding the medical care for Medicaid members. Monthly, ongoing assignment of real and proxy prices to all claims within MDW is one of the key objectives.

### Clinical Advisory Groups (CAG) and Quality Measurement

During DY5Q4, the following activities took place related to VBP quality measurement:

- The VBP Quality Measure Set manuals for VBP Measurement Year (MY) 2020 were updated and published based on recommendations and feedback gathered from the CAGs and VBP Measure Support Task Force during the 2019 meeting series as defined by the State. Manuals were created for each of the following arrangement types: Children's, HARP, HIV/AIDS, IPC, Maternity, & TCGP. Measure sets were aligned with new guidelines put forth in the Year 5 annual update to the NYS

- VBP Roadmap.
- 2020 VBP Reporting Requirements were updated and published based on new measures, attribution requirements, and required data. The purpose of this document is to make stakeholders aware of the quality measure reporting requirements for MCOs participating in the NYS Medicaid VBP program.
- A VBP contractor performance analytic tool was created for MY2018 with a new 2018 benchmark.
- Quality measure results were calculated and analyzed for Pilot Y2 (PY2). A comparison between PY1 & PY2 was generated and results were provided to internal DOH stakeholders.
- A VBP Strategy team convened and CAG meeting timelines and agendas were created. Associated presentation materials were developed, member lists verified, and meeting notifications distributed.

### **Prevention Agenda: Healthy Homes Asthma VBP Pilot**

During DY5Q4, DOH continued efforts to establish rest of state MCO and provider partnerships for the Healthy Homes Pilot. Already confirmed pilot partners in the NYC area worked to finalize their provider contracts and program logistics to continue moving pilot implementation efforts forward.

### **VBP Activity After DY5Q4**

DOH will explore opportunities for continued implementation of more refined VBP arrangements to strengthen primary care and behavioral health integration as well as other arrangement types that integrate care across care settings. Additionally, DOH will seek to improve VBP arrangements focused on maternity and newborn services as well as global budget alternative payment demonstration models. DOH will also continue work to align quality metrics across payors and programs and to establish data sharing standards to facilitate further stakeholder success in VBP arrangements.

## **V. Independent Assessor**

### **Review and Adjudication of PPS Quarterly Reports**

#### **PPS DSRIP Year 5, Second Quarterly Reports (July-September 2019)**

There were no appeals following the release of the DSRIP Year 5, Second Quarter results to the PPS last quarter. The DSRIP Year 5, Second Quarter finalized reports are combined with the results of the DSRIP Year 5, First Quarter reports (April-June 2019) to generate the first biannual DSRIP payment to the PPS for DY5. See Performance Payments section below.

#### **PPS DSRIP Year 5, Third Quarterly Reports (October-December 2019)**

The DSRIP Year 5, Third Quarter Quarterly Reports submitted by each PPS on January 31, 2020, documented their progress in accomplishing their DSRIP goals and objectives for the third quarter of the fifth DSRIP year (October 1, 2019 – December 31, 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, Third Quarter 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 (February 1 – March 1, 2020) and remediation feedback was provided to each PPS who failed to submit supporting documentation. PPS were afforded 15 days (March 1 – March 15, 2020) 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 March 31, 2020.

#### **PPS DSRIP Year 5, Fourth Quarterly Reports (January – March 2020)**

The DSRIP Year 5, Fourth Quarter Quarterly Reports were originally due April 30, 2020 for the final quarter of Demonstration Year 5. However, in recognition of the priorities of resources and efforts for attending to the COVID crisis, the submission dates were extended to May 15, 2020. The IA will review each submission and provide remediation feedback to the PPS on May 30, 2020. The remediation response is due from

each PPS on June 14, 2020. The IA will review each submission and adjudicate the DY5Q4 Quarterly Reports on June 30, 2020.

### **Independent Assessor DY4 PPS Onsite Audits**

The IA conducted the DSRIP Year 4 onsite audits of each PPS between October and December 2019. The audits are a retrospective review of each PPS' activities in DSRIP Year 4. Prior to each onsite, the IA reviewed the information submitted by the PPS as part of the DY4 Quarterly Reporting cycle and prepared an IA Onsite Audit Sample Request for the areas of Patient Engagement, Funds Flow, and Workforce Spend. The IA Onsite Audit Sample Request was sent to each PPS approximately 40 days prior to their audit and the documentation was submitted by the PPS to the IA on the date of the onsite audit.

The audits provide 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 correctly received DSRIP funds. To accomplish this objective the IA will review the documentation submitted by the PPS in response to the DY4 IA Onsite Audit Sample Request to determine whether it adequately supports DSRIP activities and funding. Full audit reports from all retroactive DY4 onsite visits are anticipated to be released in April 2020.

During this quarter as part of the DY4 Onsite Audit process, the IA prepared a DY4 IA Onsite Preliminary Audit Scorecard for each PPS. The preliminary scorecard summarized any findings or issues identified by the IA and detailed any Action Item(s). The DY4 IA Onsite Preliminary Audit Scorecards were sent to each PPS on March 2, 2020. The PPS are provided the opportunity to review and submit any supplemental documentation to the IA. The PPS responses to the DY4 IA Onsite Audit Preliminary Scorecard are due May 11, 2020.

### **Audit Activities after DY5Q4 (March 31, 2020)**

Upon receipt of the PPS response to the DY4 Onsite Audit Preliminary Scorecard, the IA will perform a review of the additional documentation submitted and prepare a DY4 IA Onsite Final Audit Scorecard. The final scorecard will summarize any findings or issues identified by the IA. If the IA is unable to validate the documentation and reporting submitted by the PPS in the Quarterly Reports, the IA may recommend that the corresponding AVs be overturned, and the corresponding value will be withheld from future payment to the PPS. The IA plans to send the DY4 IA Onsite Final Audit Scorecards no later than June 30, 2020.

### **PPS Performance Payments**

During the period of January 1, 2020 through March 31, 2020, PPS received their first performance payment for DY5 totaling \$436,682,073 (all funds). This payment represents the first of two payments to PPS during DY5 and combines the results of PPS adjudicated DY5Q1 and DY5Q2 Reports for a six-month period (April – September 2019) with the Measurement Year 4 (MY4) performance results.

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

The second and final payment to PPS for DY5 is anticipated to be made in July/August 2020 and will represent the combination of the results of PPS adjudicated DY5Q3 and DY5Q4 Reports for a six-month period (October 2019 – March 2020) with Measurement Year 5 (MY5) performance results. This payment will also include the DY5 High Performance Fund earnings.

## **VI. 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. The IE has conducted these activities in DY5Q4.

#### *CMS Interim Evaluation Report*

The IE submitted the Final Interim Evaluation Report to CMS in August 2019. CMS approved the Final Interim Evaluation Report in a letter dated October 2, 2019. The report is posted on the DSRIP website here: [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/2019/docs/interim\\_eval\\_rpt.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2019/docs/interim_eval_rpt.pdf).

#### *Quantitative Research Methods*

During this quarter, the IE has received and has begun to analyze all available Medicaid claims-based data for DSRIP Measurement Years 0-5. During this quarter, specific claims-based measure nuances at the statewide, PPS and member levels have been strategically investigated and discussed. COVID-19 remote working directives in mid-March 2020 for the SUNY Albany Research Foundation team members have impacted some of the on-site strategic data analysis of member level data. Since there are finalizations of additional non-claims activities still occurring over this and next quarter, a report writing strategy has been prepared whereby statewide findings are expected to be presented in the DSRIP Preliminary Summative Evaluation report due to DOH in July and to CMS in September 2020. Thereafter, feedback received from CMS as well as more specific PPS comparison and member level demographics are anticipated for the Draft Final and Final Summative Evaluation reports to be written in the autumn 2020 and due to CMS early 2021.

#### *Qualitative Research Methods*

During DY5Q4, the DSRIP Qualitative IE team members concluded the coding and matrices of findings of research activities conducted in the summer and fall of 2019. Those activities included: key informant interviews with PPS senior leadership, focus groups of engaged providers, web-based survey of DSRIP-associated providers and PPS Measurement Year 4 CAHPS data. The Qualitative team will also be receiving and reviewing the last PPS Measurement Year 5 CAHPS data.

#### *CMS Preliminary, Draft Final and Final Summative Evaluation Reports*

The IE has begun the strategy of integrating both the final MY0-MY5 quantitative outcomes and matrices of qualitative findings. Integration of findings at the Statewide level is expected to be presented in the DSRIP Preliminary Summative Evaluation report due to CMS September 2020 and at more specific PPS levels in the final draft Summative reports to be written in the autumn 2020 and final reports to CMS spring 2021.

## **VII. New York State DSRIP Program and Operational Activity**

### **DSRIP Operations and Support**

DOH continues to support 25 PPS through a wide range of activities and resources. During the period of January 1, 2020 – March 31, 2020, 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, continued DSRIP data collection and performance measurement activities for MY5 (July 2018-June 2019) that will determine the final PPS incentive payments:



- Completed remaining calculations of monthly claims-based performance results for Measurement Year 5 (MY5), spanning claims from July 1, 2018 – June 30, 2019. PPS now have access to claims-based performance results for all 12 monthly periods in MY5.
- Vendors continued field collection for medical record reviews for MY5 non-claims-based measures.

After DY5Q4, the following activities will be conducted:

- Data collection and reporting for the non-claims-based measures will be finalized and PPS results calculated.
- Final DSRIP performance measures for all MY5 measures will be provided to the IA for final review and adjudication.

### **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). MCOs and VBP Contractors have access to Non-PHI Dashboards. Future MAPP 2.0 functionality will allow MCOs and VBP contractors to access VBP data for their appropriate populations via Dynamic Analytics Platform (DAP). Planning and security analysis for this functionality continues. Additional Health Homes data availability, new user access, and new dashboards are also being discussed to sustain beyond DSRIP.

With the COVID 19 state of emergency, PPS have been allowed to continue to get timely clinical alerts for their last attributed Medicaid members. The data alerts allow the PPS and their provider partners to continue to support and coordinate care to Medicaid members, especially those in high risk categories of chronic disease, behavioral health and/or SUD conditions.

### **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 sustainability planning activities and ensuring that PPS are appropriately equipped to meet DSRIP DY5 deadlines and wind-down activities.

### **Consumer Education Campaign**

The DSRIP STCs 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. The research was conducted by the New York Academy of Medicine who was selected through a competitive procurement process.

The campaign was to launch this quarter and the implementation plan consisted of two levels. The campaign consists of a state-tested message of “Be Your Own Health Advocate – It’s your health and your voice. Sometimes life’s stresses can impact your physical health. Talk to your health care team.” The PPS would utilize the state marketing collateral to implement a local level message with relevant community resource information such as food banks or behavioral health resources. The COVID 19 crisis has required a delay and re-evaluation of the campaign to consider potential modifications.

As described, many PPS are providing updated directories and listings to needed resources at this time in their communities and can be circulated further on the marketing collateral to be provided by the state.

### **Community Based Organization (CBO) Planning Grant**

In an effort to further support CBO participation in DSRIP projects and PPS networks, DOH issued a Request for Applications (RFA) in May 2016 to solicit applications for three regionally based planning grants to help CBO consortiums to prepare and develop business strategies to engage with PPS and potential VBP contracting. The goal of each of the three regional grants was to prepare Tier 1 CBOs (organizations

that do not bill Medicaid but provide community services) with a budget of less than \$5M for contracting with PPS, providers and MCOs.

The three regionally based CBO Planning grants were awarded to Arthur Ashe Institute for Urban Health with multiple hubs in the NYC area (March 2017), the Health and Welfare Council of Long Island which oversaw consortia in Long Island and the Hudson Valley region (November 2017), and Healthy Community Alliance which served the Rest of New York State (December 2018). The consortia focused on the development of governance structures, training, IT platforms and technical assistance for their membership. These grants were awarded at different times based on procurement and vendor selection processes and have concluded with each providing their strategic plan as the final deliverable.

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

Over 11 million letters explaining the option to opt out of DSRIP data sharing with the PPS have been sent to eligible Medicaid members throughout the DSRIP 5-year program. Over 202,000 unique Medicaid members chose to opt out over the course of the DSRIP program and, of that, 135,000 are still Medicaid eligible and remain opted out of DSRIP data sharing. DOH and the mail house vendor are preparing for the contract conclusion in August. No monthly mailings have occurred during the last two quarters. The mail house and the call center will continue to process returned mail and decreasing opt out data.

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

As stated in earlier reports, DOH received additional information from the COPA recipient last 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 PPS compliance officer. DOH has now been in active contact with the COPA recipient to determine what, if any, Active State Supervision Reports are needed for the entity.

The COPA recipient has indicated it will apply for a New York State issued COPA in the near future.

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)

## **VIII. DSRIP Activities after DY5Q4**

### **DSRIP Demonstration Wind Down**

While the DSRIP demonstration authority concluded as of April 1, 2020, several state and PPS administrative activities continue related to the DSRIP Demonstration. The STC-required Independent Assessor continues to review and adjudicate DY5Q4 quarterly reports and the MY5 data for final PPS performance and incentive payments expected in the summer of 2020. Further, PPS award letters and data agreements run through December 31, 2020 to allow wind-down activities related to the original DSRIP demonstration. These activities include PPS reports to the state, access to MY 5 data, PPS transition, final PPS payment, and then PPS payment distribution to partners based on the final payment incentive payment received. In addition, the STCs require an Independent Evaluation whose final Summative Report of the New York DSRIP demonstration is to be submitted by June 30, 2021. Throughout this time period, NYS DOH will continue providing administrative and programmatic support to the PPS, the IA and the IE in order to complete the deliverables.

### **PPS Transition Plans**

DOH has engaged with all PPS over the last two years regarding their sustainability and funds flow plans

post DSRIP to stimulate transition strategic planning and for DOH to monitor how health care transformation investments made under DSRIP will continue. The PPS are submitting their Board-approved sustainability and funds flow plans to DOH this spring. Preliminary feedback indicate all PPS have incorporated essential population health capabilities into their systems whether they are separate corporate entities or whether they are embedded in their healthcare system and that the community partner collaborations have established a critical foundation for future efforts such as VBP or public health crises. DOH will review and make the sustainability plans available on the DSRIP public website.

### Remaining DSRIP Activities Timeline

Listed below are the activities that will continue in the wind down of the NYS DSRIP program throughout the remainder of 2020 and includes the DSRIP Program Independent Evaluation draft and final Summative Evaluation reports due to CMS in March and June 2021, respectively.

Upcoming/Remaining Scheduled Activities after DY5Q4:

- **May 15, 2020:** PPS Year 5 Fourth Quarterly Report (1/1/20–3/31/20) due
- **May 15, 2020:** PPS Funds Flow Projections and Sustainability Plans due
- **May 30, 2020:** IA completes review of PPS DY5 Fourth Quarter report
- **June 14, 2020:** PPS Remediation of DY4 Fourth Quarter report
- **June 15, 2020:** Value Based Payment Tracking Report submission for the 2019 SFY Annual period (April 1, 2019 – March 31, 2020)
- **June 30, 2020:** IA approval of PPS DY4 Fourth Quarter report and DY4 IA Onsite Final Audit Scorecards sent to PPS
- **June 30, 2020:** Consumer Education Campaign Materials Distribution to PPS and Partners
- **July 15, 2020:** Preliminary Summative Evaluation report due from IE to NYSDOH for review
- **August 15, 2020:** DY5 second and final DSRIP program payment to PPS
- **September 30, 2020:** Preliminary Summative Evaluation report due to CMS
- **October 2020:** Final monthly PPS MCD files for available service dates through DY5
- **November 2020:** PPS Updated Sustainability and Funds Flow reports due
- **December 2020:** DSRIP Data Retention and Destruction Attestations due
- **January 15, 2021:** Draft Final Summative Evaluation report due from IE to NYSDOH
- **March 26, 2021:** Draft final Summative Evaluation report due to CMS
- **May 2021:** Final Summative Evaluation Report due from IE to NYSDOH for review (pending CMS comments within 60 days)
- **June 30, 2021:** Final Summative Evaluation Report due to CMS (30 days post receipt of CMS comments)

### Additional Resources

More information on the New York State DSRIP Program is available at: [www.health.ny.gov/dsrp](http://www.health.ny.gov/dsrp).

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).

## IX. Managed Long-Term Care Workforce Investment Program

The MRT Waiver Amendment, approved in April 2014 by CMS to amend the State's 1115 waiver, also made 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 that 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, funding for program year 3 was disbursed to MLTC Plans and MLTC Plans were preparing their submissions of Year 2 Q4 reporting (January 1 – March 31, 2020) for DOH review.

During the third and final year of the Workforce Investment Program, funded MLTC Plans and their Workforce Investment Organizations will continue the initiative to retrain, recruit and retain healthcare workers in the long-term care sector. DOH anticipates hosting a final Learning Series in Fall, 2020 and MLTC Plans will continue to submit quarterly reporting to DOH for 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](http://health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm).

## Appendix A: DY5Q4 Program Activity

The period covering January 1, 2020 through March 31, 2020 included extensive stakeholder engagement activities detailed below:

- **January 7, 2020:** MY5 Month 8 Data Release
- **January 21, 2020:** MY5 Month 9 Data Release
- **January 29, 2020:** CMS approved the Year 5 annual update of the VBP Roadmap
- **January 30, 2020:** PPS Year 5 Third Quarterly Report (10/1/19-12/31/19) due from PPS
- **February 4, 2020:** MY5 Month 10 Data Release
- **February 11, 2020:** MRT II Committee Working Session #1
- **February 13, 2020:** Medicaid Redesign Team (MRT) II Public Webinar
- **February 14, 2020:** MRT II Public Comment Forum
- **February 17, 2020:** MRT II Public Comment Forum – Rochester
- **February 18, 2020:** MY5 Month 11 Data Release
- **March 2, 2020:** IA completes review of PPS DY5 Third Quarter report
- **March 2, 2020:** MRT II Public Comment Forum #4
- **March 3, 2020:** MY5 Month 12 Data Release
- **March 10, 2020:** MRT II Committee Working Session #2 and Public Comment Forum – Manhattan
- **March 16, 2020:** PPS Remediation of PPS DY5 Third Quarter report
- **March 19, 2020:** MRT II Public Comment Forum – Albany
- **March 27, 2020:** DY5 first payment to PPS
- **March 31, 2020:** IA approval of PPS DY5 Third Quarter report
- **March 31, 2020:** DSRIP Demonstration year 5 ends

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

## **Appendix B: DSRIP Performance Fund Payments**

The attached table indicates all DSRIP Performance Fund payments made during DY5Q4. The payments made during this period represent the first biannual payment to PPS during DY5 and combines the results of PPS adjudicated DY5Q1 and DY5Q2 Reports for a six-month period (April – September 2019) with the Measurement Year 4 (MY4) performance results.



# New York State Medicaid Redesign Team (MRT) DSRIP Performance

Performance/Reporting Period for Payment: April 1, 2019 - September 30, 2019 (DY5, Q1 - DY5, Q2)  
 Payment Date: January 1 - March 31, 2020 (DY5, Q4)

PPS	Lead Provider Name	DSRIP Payment Earned
<b>Public:</b>		
Central New York Care Collaborative, Inc.	SUNY Upstate Syracuse	\$ 18,088,553.49
Millennium Collaborative Care	Erie County Medical Center	\$ 30,173,275.51
Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	\$ 66,302,363.32
Suffolk Care Collaborative	State University of New York at Stony Brook University Hospital	\$ 25,518,331.92
The New York City Health and Hospitals Corporation (H+H)	Jacobi Medical Center	\$ 130,987,014.03
WMCHHealth	Westchester Medical Center	\$ 44,201,042.95
<b>Total Public:</b>		<b>\$ 315,270,581.22</b>
<b>Safety Net:</b>		
Adirondack Health Institute	Adirondack Health Institute	\$ 8,823,466.43
Alliance for Better Health Care, LLC (Ellis)	Alliance For Better Health Care, LLC	\$ 12,190,196.70
Better Health for NE NY PPS (BHNNY)**	Better Health for NE NY PPS (BHNNY)	\$ 5,700,333.99
Bronx Health Access	Bronxcare Hospital Center	\$ 3,095,705.76
Bronx Partners for Healthy Communities	St. Barnabus Hospital Health System	\$ 5,763,243.97
Care Compass Network	Southern Tier Rural Integrated Performing Provider System	\$ 13,509,362.21
Community Care of Brooklyn	Maimonides Medical Center	\$ 5,950,563.37
Community Partners of WNY (Catholic Medical Partners)	Sisters of Charity Hospital of Buffalo, New York	\$ 2,402,405.77
Finger Lakes PPS	Finger Lakes Performing Provider System	\$ 20,692,330.86
Refuah Community Health Collaborative	Refuah Health Center Inc	\$ 1,102,685.95
The New York & Presbyterian - Queens	New York Presbyterian - Queens	\$ 468,098.00
Leatherstocking Collaborative Health Partners	Leatherstocking Collaborative Health Partners	\$ 3,115,390.58
Montefiore Hudson Valley Collaborative	Montefiore Medical Center	\$ 3,576,504.23
Mount Sinai Performing Provider System	Mount Sinai Hospitals Group	\$ 4,148,199.13
North Country Initiative	North Country Initiative	\$ 3,949,935.57
NYU Langone Hospital - Brooklyn Performing Provider System	NYU Lutheran Medical Center	\$ 3,674,503.45
SOMOS Community Care	SOMOS Healthcare Providers Inc	\$ 13,354,828.24
Staten Island Performing Provider System, LLC	Staten Island Performing Provider System, LLC	\$ 8,598,103.99
The New York and Presbyterian	The New York and Presbyterian Hospital	\$ 1,295,634.00
<b>Total Safety Net:</b>		<b>\$ 121,411,492.20</b>
<b>Grand Totals:</b>		<b>\$ 436,682,073.42</b>