



**Department
of Health**

**Medicaid
Redesign Team**

Equity Programs (EP)

March 2017 Update Webinar

March 22, 2017

Today's Agenda

- **EP DY3 Updates**
- **EP Funding**
- **EP Document Updates**
- **Other EIP Activity Updates**
- **EP Reporting**
- **MMCOR Reporting**
- **Next Steps and Open Forum**

EP DY3 Updates

EIP DY3 Updates (April 2015 – March 2020)

- April 1, 2017 is the beginning of the **third** program year of the Equity Infrastructure Program (EIP).
 - Performing Provider Systems (PPS) have the opportunity to change some or all of their selected activities for the EIP annually.
- EIP DY3 activity changes are due by close of business Friday, March 31st, 2017.
 - Documentation noting EIP activity changes for Demonstration Year 3 (DY3), signed by both the Managed Care Organization (MCO) and PPS, must be sent to both the Department of Health (DOH) at dsrip_ssp@health.ny.gov and the Independent Assessor (IA) at dsrip_ia@pcgus.com.
 - If a PPS chooses the same activities from one EIP Activity Year to the next, although not required, DOH still advises the EP partners to submit documentation stating the same activities have been selected for the upcoming year for documentation in case of an audit by a governing entity.

EIP DY3 Updates (Continued)

- Beginning in DY3, PPS can only elect to report on EIP activities to its paired MCO on a monthly or quarterly basis.
 - PPS no longer have the option to report on a semi-annual or annual basis.
 - Therefore, reports and payments can only be submitted and distributed on a monthly or quarterly basis.

Example 1

- A PPS, which reports to their MCO monthly, may receive payments on a monthly or quarterly basis.

Example 2

- A PPS, which reports quarterly, may only receive payments on a quarterly basis.

- If the PPS is currently reporting semi-annually or annually, this updated reporting and payment frequency should be documented.

EPP DY3 Updates (April 2016 – March 2021)

- April 1, 2017 is the beginning of the **second** program year of the Equity Performance Program (EPP).
 - EPP measures are final and cannot be changed for the remainder of the program.
 - EPP reporting happens automatically through DSRIP quarterly reporting to the IA.
 - PPS and MCOs have the ability to select monthly, quarterly, semi-annual, or annual payments.
- At least one (1) of the six (6) selected EPP measures should switch from pay for reporting (P4R) to pay for performance (P4P) in either DY2 or DY3.
- DOH is currently in discussions with Centers for Medicare and Medicaid Services (CMS) to determine a methodology that will be used to calculate partial payments starting in DY2 for EPP measures that turn P4P.
 - DOH will notify EP participants when this methodology is finalized.

EP DY3 Contracting Update

- If partners choose to modify EP contracts for DY3, they must submit updated contracts **no later than Friday, March 31st, 2017.**
 - EPP measures are final and cannot be changed.
 - EIP activities may be changed annually.
 - Partners who choose to change their reporting and payment frequency should submit modified contracts or documentation of the change signed by both parties.
- MCOs must submit updated contracts or other signed documentation to the Independent Assessor (IA) at dsrip_ia@pcgus.com and DOH at dsrip_ssp@health.ny.gov and include the MCO name, PPS name, and “EP Contract Update” in the subject line.
 - Remember to copy your paired PPS.

EP Funding

EP Funding Update

- Potential annual award amounts and pairings for EP remain constant for the five (5) years of the programs.
 - Therefore, PPS have the same potential award amount for DY3 as it did in previous years of EP.
 - The EP Pairings and Award tables are included in the EP DY3 Guidance Document and are posted on the website.
- MCOs are receiving monthly payments for the rest of DY2 and should be releasing performance EP in accordance with the EP contract payment schedules once program deliverables and performance are met.

EP Rate Adjustments

- DOH continues to work with the CMS and the Division of Budget (DOB) on a set of January 2016 EIP rate adjustments, which will close the gap between actual EIP DY1 payments and expected EIP DY1 payments.
 - DOH will notify affected MCOs and PPS once the rate adjustments are approved.
- Rates will be updated and submitted annually at the beginning of the DY (April). If April rates get delayed, MCOs will continue to get the per member per month (PMPM) amounts from the previous year until the updated rates get approved.
 - MCOs will continue to receive DY2 rates until the April 2017 rate package is approved.
- Once rates are approved, there is a rate adjustment in January of the following year for any rate issue that arise.
 - There may be a January 2018 rate adjustment for rate issues that arise from April 2017 rates.

EP Document Updates

EP Document Updates

- DOH released the EP DY3 Guidance Document on Monday, March 13th, 2017.
 - The document provides information to help participants progress into DY3 including:
 - Restated DOH guidance on the purpose of EP, participant roles and responsibilities, and program requirements,
 - Explanation of DY3 updates and deadlines, and
 - Illustration of the EP timeline.
 - The document was sent to program participants and uploaded to the EP webpage at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_initiatives/supplemental_programs.htm.

EP Document Updates (Continued)

- DOH is in the process of updating evidence for EIP activities in DY3.
 - Parties should submit ideas to the Supplemental Programs inbox at dsrip_ssp@health.ny.gov with “EIP Activities and Evidence Ideas” in the subject line by March 31st, 2017.
- DOH will release updated guidance for evidence of EIP activities by Friday, April 14th, 2017.

Other EIP Activity Updates

IT TOM

- Although the formal series of Information Technology Target Operating Model (IT TOM) workshops ended in DY2 Q1, PPS can continue to participate in IT TOM as one of their four selected EIP Activities.
- As of DY2 Q2, PPS could continue IT TOM in EIP in one of two ways (participation in either is sufficient):
 1. **Conducting their own IT TOM workshop program, or**
 2. **Leveraging past IT TOM workshops**

IT TOM cont.

- DOH has developed a list of evidence PPS can provide to their paired MCOs as proof of continued IT TOM Activity (this list is not exhaustive):
 - *IT TOM Workshop Presentations*
 - *IT TOM Workshop Meeting Minutes*
 - *IT TOM Workshop Attendance Register*
 - *Current and Target State Operating Models*
 - *Updated Capability Model*
 - *Updated Context Model*
 - *List of High-level Use Cases*
 - *Finalized BRD (Business Requirement Definition) and SRS (System Requirements Specification) Reports*
 - *Finalized Requirements Traceability Matrices (RTMs)*
- DOH is working to update suggested IT TOM activities and evidence for DY3.
 - As with other EIP activities, it is ultimately up to the MCO/PPS pairing to determine what counts as sufficient evidence for this activity in their contract.

Medicaid Accelerated eXchange (MAX)

- The DY2 MAX Series (**Targeting Avoidable Readmissions for High Utilizers**) officially launched in November 2016 with and workshops began in January and February 2017.
- Train the Trainer (TTT) MAX Series
 - TTT training sessions launched in January 2017 with foundational training (focused on facilitation) and workshop prep (focused on learning and practicing delivery theories of the workshop).
- Although the formal TTT training session is currently scheduled to end in July 2017, designated trainers are encouraged to continue MAX activities in DY3 by leading trainings with their own PPS or other PPS.
 - DOH will develop additional guidance on MAX activities and evidence in DY3.

EP Reporting

DY2 Reporting

- PPS and MCOs should send reports (and supporting documentation) to the entity at the appropriate email address noted below.
 - EP Reporting Tables can be found on the EP website at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_initiatives/supplemental_programs.htm.
- The IA is scheduled to release EPP DY2 results by July 2017.

Report	Completed by	Submitted to	Frequency	Location
EP Contracts	PPS & MCO	IA & DOH	Annually	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EP Frequency Table	MCO	IA & DOH	Annually	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EIP Activity Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EIP Payment Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EPP Payment Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
PPS EIP Activity Table	PPS	MCOs	Based on EP Contracts	MCO contact emails
Supporting Documentation for EIP Activity participation	PPS	MCOs	Based on EP Contracts	MCO contact emails
Supporting Documentation for EIP Activity participation	MCO (reviewed by MCO after being sent by PPS)	IA	Based on EP Contracts	dsrip_ia@pcgus.com

MMCOR Reporting

(Overview of MMCOR reporting tables; April 2017 webinar will include a detailed walkthrough of the actual reporting tables)

MMCOR Reporting Guidance for MCOs

MMCOR reports will be used to evaluate performance in the EPs. MCOs should take note of the following within the MMCOR reports:

- Tables 6, 7-1, 7-2, 7-3, 7-4:
 - All Supplemental Program revenue will be reported within the capitation line using the PMPM rate provided on your plan's Schedule B. The accrued amounts passed on to the PPS groups are to be entered in the appropriate lines within the medical revenue section of the worksheet.
- Tables 19, 19A, 19B, 19C:
 - These tables are stand alone, Statewide only tables. They are to be completed on a year-to-date actual cash in/cash out basis. They are not tied to any other table within the report.
- Table 22A:
 - Administrative costs are to be accrued and entered in the appropriate lines on Table 22A.
 - The revenue amounts you receive are manually removed from your total premium when we are calculating your plan's contingent reserve amount. The funding you receive for the Supplemental Programs does not affect your contingent reserve or your escrow amount.

MMCOR Reporting Timeframes

Quarter	Timeline	Report Due
1	January 1 – March 31	May 15
2	January 1 – June 30	August 15
3	January 1 – September 30	November 15
4 (Annual)	January 1 – December 31	April 1 of following year

- Reporting in MMCOR and EP reporting to the IA is important as there will be a reconciliation to determine recoupment of unearned EP funds that will flow into the Additional High Performance Program (AHPP) in the next DY.
- For questions on MMCOR reporting, please contact bmcfhhelp@health.ny.gov

Next Steps and Open Forum

- The next EP webinar is scheduled for **April 26th, 2017** from 12pm – 1pm.
 - This webinar will focus on a more detailed walkthrough of MMCOR reporting and the EP Reporting Tables for IA/MCO reporting.
- After the April 2017 webinar, EP webinars will be scheduled quarterly.
 - The next EP Quarterly Update Webinar is scheduled for **Wednesday, June 28th, 2017** from 12:00 pm – 1:00 pm.
- For any further questions, please contact the Supplemental Programs inbox: dsrip_ssp@health.ny.gov.
- The remainder of this webinar is reserved for an open forum.

Thank you for your continued support with EP!