NEW YORK STATE | Department of Health | Medicaid Redesign Team

DSRIP Project Approval and Oversight Panel (PAOP) Training

January 12, 2015
10:30 am- 2:00 pm

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Agenda

- Welcome & Introductions
- Overview of PAOP Charge
- PAOP Project Plan Review Process
- Delivery System Reform Incentive Payment (DSRIP) Program Overview
- Introduction to the Independent Assessor Public Consulting Group
- 30 Minute Break
- DSRIP Project Plan Overview
- DSRIP Project Plan Independent Assessor Scoring Process
- Wrap-up and Next Steps
- Question and Answers

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Welcome & Introductions
Presented By: Anne Monroe & William Toby Jr.

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Welcome & Introductions

- **Anne Monroe (PAOP Co-Chair),** President, Health Foundation for Western & Central New York
- **William Toby Jr. (PAOP Co-Chair),** Former Center for Medicare & Medicaid Services Official, MRT Brooklyn Work Group Member
- **Dr. Howard Zucker**, Acting Commissioner, NYS, Department of Health
- **Jason Helgerson**, Medicaid Director, NYS Department of Health, Office of Health Insurance Programs and Executive Director of Project Approval and Oversight Panel
- **Gregory Allen**, Director of Policy, NYS Medicaid Program Office of Health Insurance Programs
- **Peggy Chan**, Director of DSRIP, NYS Department of Health, Office of Health Insurance Programs
- **Public Consulting Group (PCG)**, NYS Department of Health, DSRIP Independent Assessor (IA)
  - Sean Huse, Manager, Matthew Sorrentino, Manager

Project Approval & Oversight Panel Members

Voting Members	
Co-Chair: Ann F. Monroe	President, Health Foundation for Western & Central New York
Co-Chair: William Toby Jr.	former Center for Medicare and Medicaid Services (CMS) official, MRT Brooklyn Work Group Member
Steven Acquario	Executive Director, NYS Association of Counties
John August	Associate Director of the Healthcare Transformation Project within Cornell University's School of Industrial and Labor Relations
Stephen Berger	Co-founder, Odyssey Investment Partners, LLC
Kate Breslin	President & CEO, Schuyler Center for Analysis & Advocacy
William Ebenstein, Ph.D.	University Dean for Health and Human Services, City University of New York
Lara Kassel	Coordinator, Medicaid Matters New York (MMNY)
Philip Nasca, Ph.D.	Dean, University at Albany, School of Public Health
Marilyn Pinsky	Immediate Past President, NYS AARP

Project Approval & Oversight Panel Members

Voting Members	
Sherry Sutler	Consumer Representative
Chau Trinh-Shevrin, DrPH	Director of the NYU Center for the Study of Asian American Health and Assistant Professor at the NYU School of Medicine
Jamie R. Torres, DPM., MS.	Former Regional Director, US Department of Health & Human Services, New York Regional Office, 2010-2014
Mary Louise Mallick,	Senate Recommendation, Former Policy Advisor to the State Comptroller
William Owens,	Former Congressman, New York's 21st Congressional District
Cesar Perales	Secretary of State of New York, appointed March 2011
Assembly recommendation	appointment pending
Behavioral Health specialist	appointment pending

Project Approval & Oversight Panel Members

Non-voting Members	
Courtney Burke	Deputy Secretary for Health
Guthrie S. Birkhead, MD.	Deputy Commissioner, NYS Department of Health, Office of Public Health
Patrick Roohan	Director, NYS Department of Health, Office of Quality & Patient Safety
Ann Marie T. Sullivan, MD.	Commissioner, Office of Mental Health
Arlene Gonzalez-Sanchez	Commissioner, Office of Alcoholism and Substance Abuse Services
Daniel Sheppard	Deputy Commissioner, Office of Primary Care and Health Systems Management
Kerry Delaney	Acting Commissioner, NYS Office for People with Developmental Disabilities
Paul T. Williams	President and CEO, Dormitory Authority State of New York

New York State Medicaid Director Jason Helgerson serves as Executive Director

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Overview of PAOP Charge
Presenter: Dr. Howard Zucker

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Detailed Discussion of PAOP Charge
Presenter: Jason Helgerson

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PAOP Roles & Responsibilities

PAOP members will have three main responsibilities under the DSRIP Program:

1. Conduct reviews and make recommendation on the scores of the *subjective* components of DSRIP Project Plans (discussed in greater detail in the scoring section of this presentation).
   - PAOP members will serve as a secondary review panel to the scoring performed and recommended by the Independent Assessor.
   - Approximately 50% of Project Plan score is subjective and therefore the PAOP can have a significant impact on the level of funding awarded to an individual PPS and a specific project.
   - Please note, any recommended changes made by the PAOP will ultimately be reviewed by the Commissioner of Health, Dr. Howard Zucker and the Centers for Medicare and Medicaid Services (CMS) for final approval.

PAOP Roles & Responsibilities

PAOP members will have three main responsibilities under the DSRIP Program:

2. Assist New York State with ongoing oversight of DSRIP Projects.
   - Serve as a continued advisor to DOH by providing ongoing oversight and monitoring of the DSRIP program.
   - Convene during DSRIP Year 3 or the DSRIP midpoint and make recommendations on changes to PPS networks and DSRIP projects.
   - Meet with PPS Leads on a rotational basis to receive updates on the status of projects and progress towards goals and objectives.
3. Conduct reviews and make recommendations pertaining to the $1.2B in state funding approved for capital projects to fund DSRIP projects and related efforts.
   - PAOP members will serve as a secondary check to the scoring performed and funding recommendations made by New York State agency staff and the IA.
   - More information to come on this process.

PAOP Expectations

- **PAOP members are expected to:**
  - Read through the DSRIP materials and become familiar with the DSRIP program and its objectives.
  - Actively participate in discussions and deliberations regarding DSRIP projects.
  - Remain free of conflict of interest.
  - Be available to attend prospective PAOP meetings.

Conflict of Interest Declaration

- In order to serve on the PAOP, each member must attest he/she is free of conflicts.
- As a reminder, a Conflict of Interest form was distributed to each panelist to sign and submit as soon as possible.
  - The COI requires that any and all relationships with DSRIP performing provider systems be disclosed and not construed as actual or potential conflicts of interest.
  - During the Demonstration Years any conflict of interest that should arise must be communicated to the state.
- Please have your form submitted by the end of today's training, or scanned and emailed to: dsrip@health.state.ny.gov as soon as possible, but no later than January 30, 2015.

Review of Media Communication Policy

- If contacted by the press, PAOP members have no communication restrictions and should feel free to communicate to members of the press.

- If PAOP members do not feel comfortable in fielding requests for information on DSRIP by the press, PAOP members may refer questions or requests for information to co-chairs and/or DOH.

Question & Answer Period

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PAOP Project Plan Review Process

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Project Plan Review Process

- PAOP members will convene February 17th to 20th for a public meeting and a formal presentation of recommended DSRIP Project Plan scores by the IA for each PPS and DSRIP Project.
- PAOP members will use their background and subject matter expertise to review and evaluate the subjective scores for each DSRIP Project Plan for each PPS.
  - The IA will identify the total subjective points that can be increased or decreased by the PAOP.
- PAOP members will participate in a voting process to Accept, Accept with Modification or Reject IA's scores.
  - As a reminder, PPS Project Plans are approximately 50% Subjective and 50% Objective scores.
  - Only subjective scores can be modified by the PAOP.

Voting Process

- After the IA presents Project Plan Score recommendations the Panel will have the following three voting options on the PPS Project Plan Scores:
  1. **Accept:**
     - The Panel can vote to accept the IA's recommendations.
  2. **Accept with Modifications:**
     - The Panel can vote to modify the subjective components of the DSRIP Project Plan scores.
     - Modifications can directly increase or decrease the points awarded, but cannot exceed the total points available.
     - Any modifications to an individual PPS score will result in a redistribution of funds for all PPSs.
       - Any increase to a PPSs score does not require a corresponding decrease (more explanation to follow later in the presentation).
     - Modifications to Project Plans will be sent to the Commissioner and CMS for final approval.

Voting Process

- After the IA makes Project Plan Score recommendations the Panel will have the following three voting options on the PPS Project Scores:
  3. **Reject:**
     - If the Panel rejects IA's recommendations this is a vote to reject the PPS Project Plan in its entirety.

Voting Process

- **The PAOP voting process will be conducted by following the below procedures:**
  - The voting process will be facilitated by the PAOP Co-Chairs.
  - The voting process will be opened to PAOP members and members will have the opportunity to make an executive motion to:
    - Accept, Accept with Modifications, or Reject the scores proposed by the IA.
  - Motion will proceed for a role call voting once a motion is “seconded” by another PAOP member.
  - Motion will pass with a simple majority role call vote.
  - Voting results will be recorded and presented to the Commissioner, including a detailed breakdown of the vote count by PPS and DSRIP project.

Question & Answer Period

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Delivery System Reform Incentive Payment (DSRIP) Program Overview

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Overview of Medicaid Redesign

- In 2010, Medicaid reform was not on the agenda.
- In 2011, Governor Cuomo changed the game by creating the Medicaid Redesign Team (MRT).
- This was the first effort of its kind in New York State.
- By soliciting public input and bringing affected stakeholders together, this process has resulted in a collaboration which reduces costs while focusing on improving quality and reforming New York's Medicaid system.

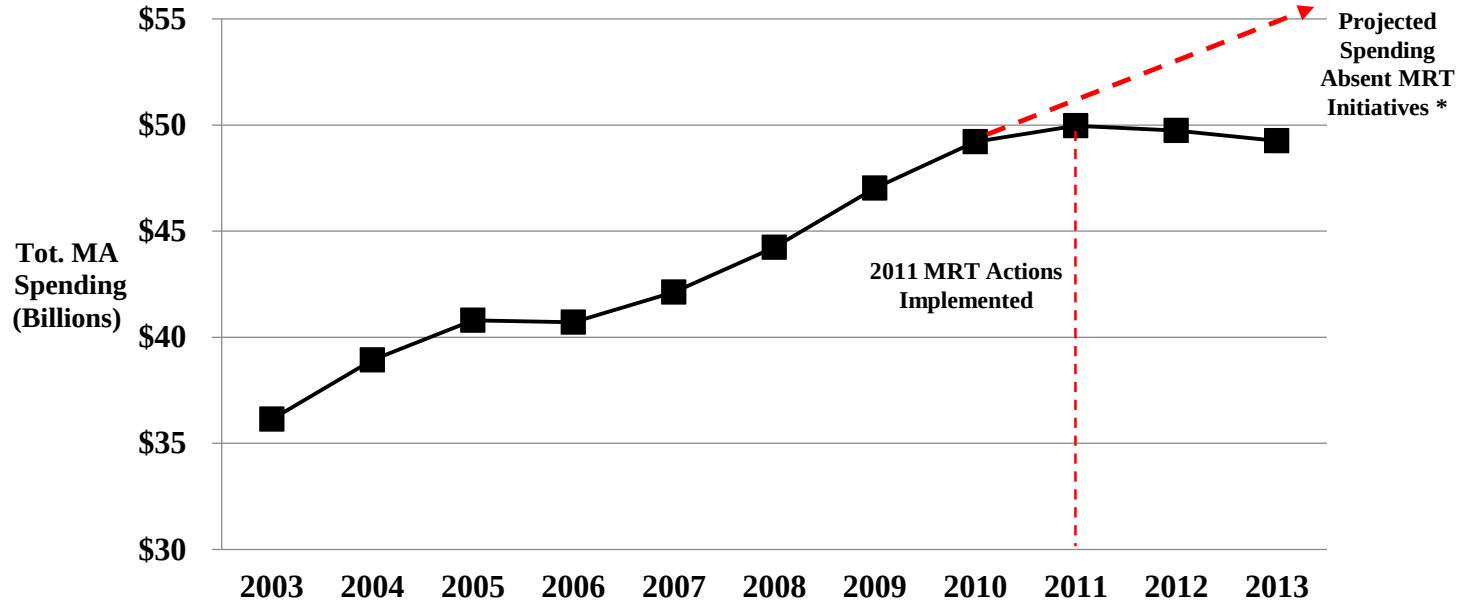
Major MRT Reforms Implemented

- Cost Control: Reduced Medicaid's annual spending growth rate from 13% to less than 1%
- Global Spending Cap: Introduced fiscal discipline to an out of control government program; focus on transparency with monthly report on spending.
- Care Management for All: Expanded existing and created new models of improved primary/coordinated care that will both improve outcomes and lower costs, moving Medicaid members from fee-for-services to managed care.
- PCMH and Health Homes: Investments in high-quality primary care and care coordination through major MRT reforms such as Patient Centered Medical Homes and the creation of Health Homes.

Fiscal Impact of MRT

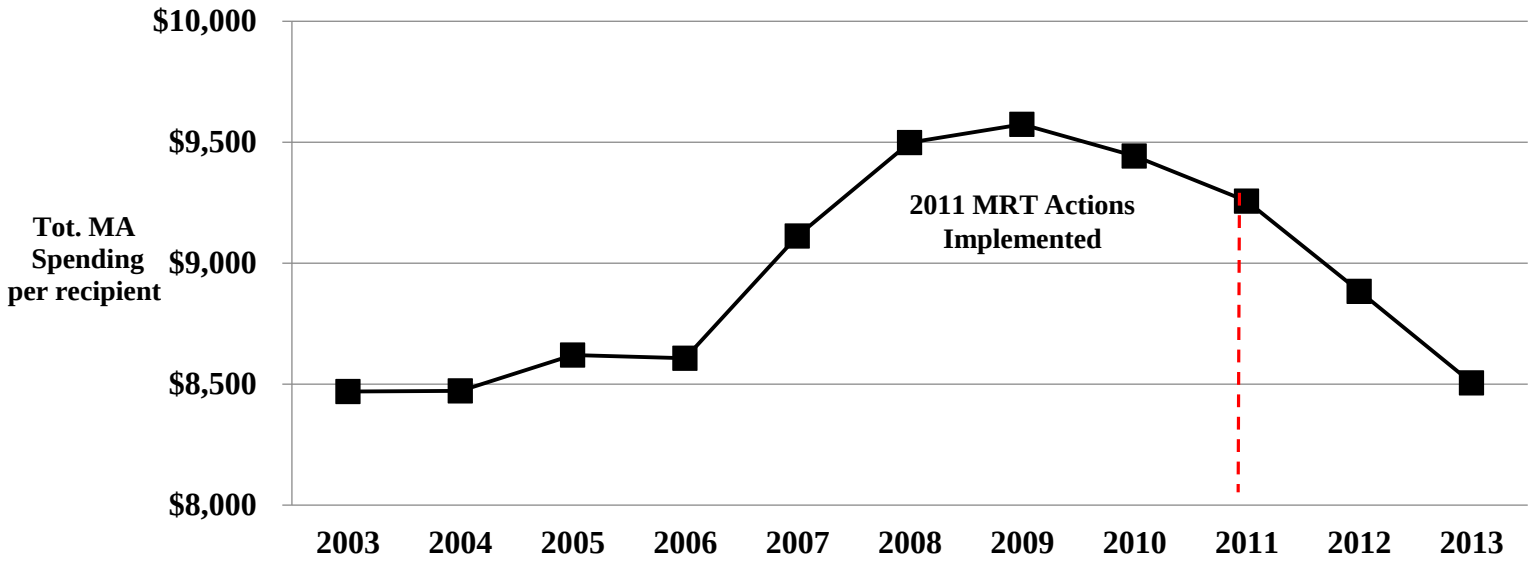
- At its core, MRT was about trying to ensure that the Medicaid program was financially sustainable.
- After years of out of control cost growth the state budget was no longer able to afford Medicaid driven budget problems.
- MRT and its approach to cost containment was to launch many initiatives simultaneously with the goal being to both generate immediate cost savings while also launching multiple systemic reforms designed to generate future cost savings.
- To date, the MRT fiscal impact has been staggering – billions of dollars have been saved.

NYS Statewide Total Medicaid Spending (CY 2003-2013)



Calendar Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
# of Recipients	4,267,573	4,594,667	4,733,617	4,730,167	4,622,782	4,657,242	4,911,408	5,212,444	5,398,722	5,598,237	5,792,568
Cost per Recipient	$8,469	$8,472	$8,620	$8,607	$9,113	$9,499	$9,574	$9,443	$9,257	$8,884	$8,504

NYS Statewide Total Medicaid Spending Per Recipient (CY 2003-2013)



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MRT Waiver Amendment

- In April 2014, Governor Andrew M. Cuomo announced that New York State and CMS finalized agreement on the MRT Waiver Amendment.
- The Waiver Amendment allows the state to reinvest $8 billion of the $17.1 billion in federal savings generated by MRT reforms
- The MRT Waiver Amendment will:
  - Transform the State's health care system.
  - Bend the Medicaid cost curve.
  - Assure access to quality care for all Medicaid members.

MRT Waiver Amendment

- This $8 billion reinvestment includes the Delivery System Reform Incentive Payment (DSRIP) Program as a major component to lead to system transformation that will:
  - Preserve essential safety net providers across the state;
  - Increase access for all New Yorkers to high-quality health care;
  - Slow the rate of growth in Medicaid spending; and,
  - Ensure that cost neutrality is maintained. (The waiver amendment's budget neutrality calculation is linked to the state's new Medicaid Global Spending Cap which is currently working to control cost growth despite sharp enrollment growth.)

Overview of DSRIP

- The MRT Waiver Amendment allows New York to reinvest $8 billion in MRT generated savings back into New York's health care delivery system. The federal reinvestment is provided in two ways:
  - $6 billion through Inter-Governmental Transfers (IGT) match.
  - $2 billion through Designated State Health Program (DSHP) match.
- Funding uses over five years:
  - $500 Million for the Interim Access Assurance Fund (IAAF) – Time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without unproductive disruption.
  - $6.42 Billion for Delivery System Reform Incentive Payments (DSRIP) – Including DSRIP Planning Grants, performance payments, and state administrative costs).
  - $1.08 Billion for other Medicaid Redesign purposes – This funding will support Health Home development, and investments in long term care workforce and enhanced behavioral health services.

DSRIP: Program Principles

Patient-Centered	• Improving patient care & experience through a more efficient, patient-centered and coordinated system.
Transparent	• Decision making process takes place in the public eye and that processes are clear and aligned across providers.
Collaborative	• Collaborative process reflects the needs of the communities and inputs of stakeholders.
Accountable	• Providers are held to common performance standards, deliverables and timelines.
Value Driven	• Focus on increasing value to patients, community, payers and other stakeholders.

Better care, less cost

DSRIP: Goals

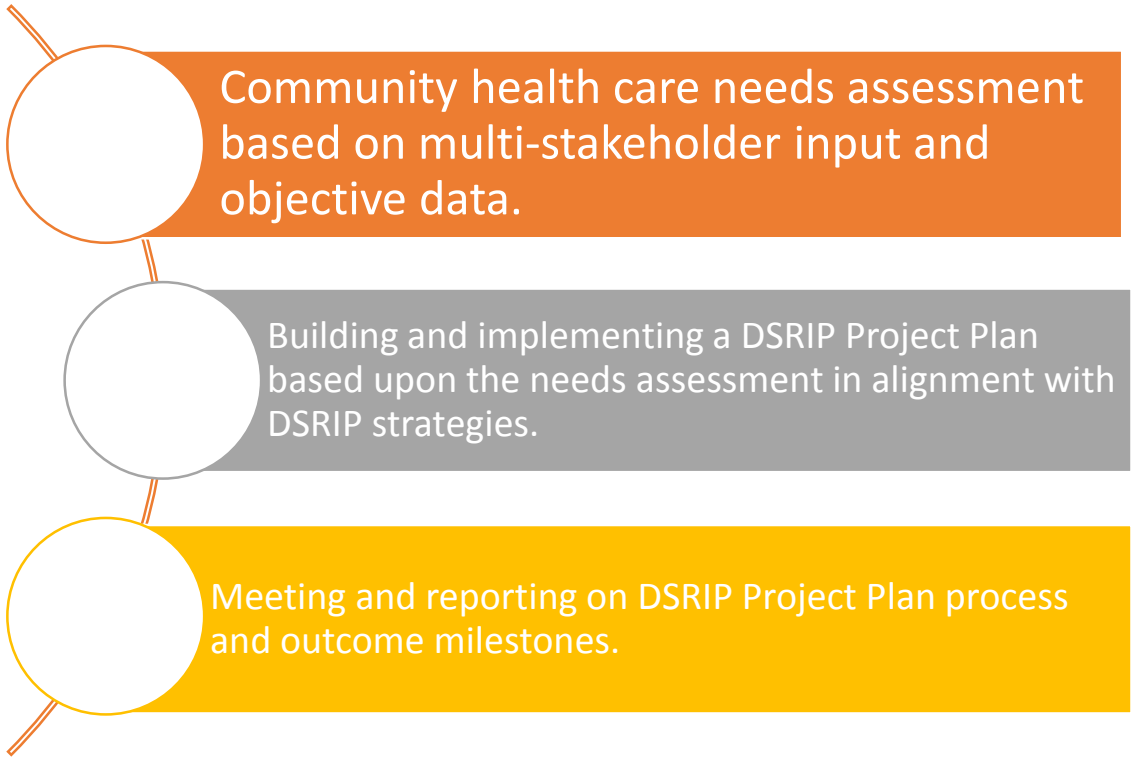
- Transformation of the health care safety net at both the system and state level.
- Reducing avoidable hospital use and improve other health and public health measures at both the system and state level.
- Ensure delivery system transformation continues beyond the waiver period through leveraging managed care payment reform.
- Near term financial support for vital safety net providers at immediate risk of closure.
- Collaboration. Communities of eligible providers will be required to work together to develop DSRIP project (networks with an anchor hospital, associated clinics, and other providers or entities).

DSRIP: Key Components

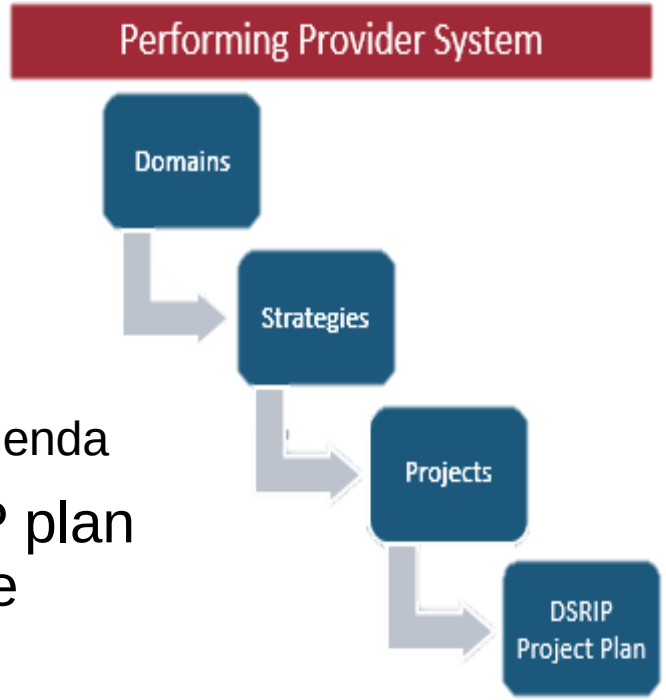
- Key focus on reducing avoidable hospitalizations by 25% over five years.
- Statewide initiative open to large public hospital systems and a wide array of safety-net providers.
- Payments are based on performance on process and outcome milestones.
- Providers must develop projects based upon a selection of CMS approved projects from each of three domains.
- Key theme is collaboration! Communities of eligible providers will be required to work together to develop DSRIP project proposals.

Local Partnerships To Transform The Delivery System

- Partners will include:
  - Hospitals
  - Health Homes
  - Skilled Nursing Facilities
  - Clinics & FQHCs
  - Behavioral Health Providers
  - Home Care Agencies
  - Other Key Stakeholders



DSRIP is Projects



- DSRIP includes 44 projects that are organized into three distinct domains.
  - Domain 2 – System Transformation
  - Domain 3 – Clinical Improvement
  - Domain 4 – Population-wide Strategy Implementation – The Prevention Agenda
- Through innovations in these four domains, the statewide DSRIP plan is designed to reduce avoidable hospitalizations by 25% over five years.

- Each project has the following components specifically tied to the goal of reducing avoidable hospitalizations:
  - ✓ Clearly defined process measures;
  - ✓ Clearly defined outcome measures;
  - ✓ Clearly defined measures of success relevant to provider type and population impacted; and
  - ✓ Clearly defined financial sustainability metrics to assess long-term viability.

DSRIP is Projects

- DSRIP includes 44 projects that are organized into three distinct domains:
  - Domain 2: System Transformation Project Focus:
    - 2.a projects focus on Creating Integrated Delivery Systems
    - 2.b. projects focus on Implementation of Care Coordination and Transitional Care Programs
    - 2.c projects focus on Connecting Settings (navigation services and telemedicine)
    - 2.d.i The 11th Project. Focused on Utilizing Patient Activation to Expand Access to Community Based Care for Special Populations
  - Domain 3: Clinical Improvement Project Focus.
    - 3.a projects focus on Behavioral Health
    - 3.b projects focus on Cardio Vascular Health
    - 3.c projects focus on Diabetes Care
    - 3.d projects focus on Asthma
    - 3.e projects focus on HIV/AIDS
    - 3.f. projects focus on Perinatal Care
    - 3.g. projects focus on Palliative Care
    - 3.h. projects focus on Renal Care

DSRIP is Projects

- DSRIP includes 44 projects that are organized into three distinct domains:
  - Domain 4: Population-wide Strategy Implementation Project Focus.
    - 4.a projects focus on Promoting Mental Health and Preventing Substance Abuse (MHSA)
    - 4.b projects focus on Prevention of Chronic Disease

**Please see accompanying handout Tab 3 labeled DSRIP Projects Summary with complete list of projects per domain.*

DSRIP Project Selection Requirements

- To Participate in DSRIP, PPS Leads must chose a specified number of projects from Domains 2, 3 and 4.

- PPS is required to select and minimum of **5 projects** and a maximum of **11 projects**.
  - **Domain 2:** PPS must select a minimum of 2 projects and a maximum of 5 from Domain 2.
    - At least one of the projects must include a 2.a project and one from 2.b or 2.c.
    - The 11th Project- Project 2.d.i is only available if a PPS has selected 10 projects.
      - Public hospitals were given the right of first refusal to implement the 11th project.
  - **Domain 3:** PPS must select a minimum of 2 and maximum of 4 projects from Domain 3.
      - At least one of the projects must include a 3.a project.
  - **Domain 4:** PPS must select a minimum of 1 and a maximum of 2 projects.

DSRIP Project Selection Requirements

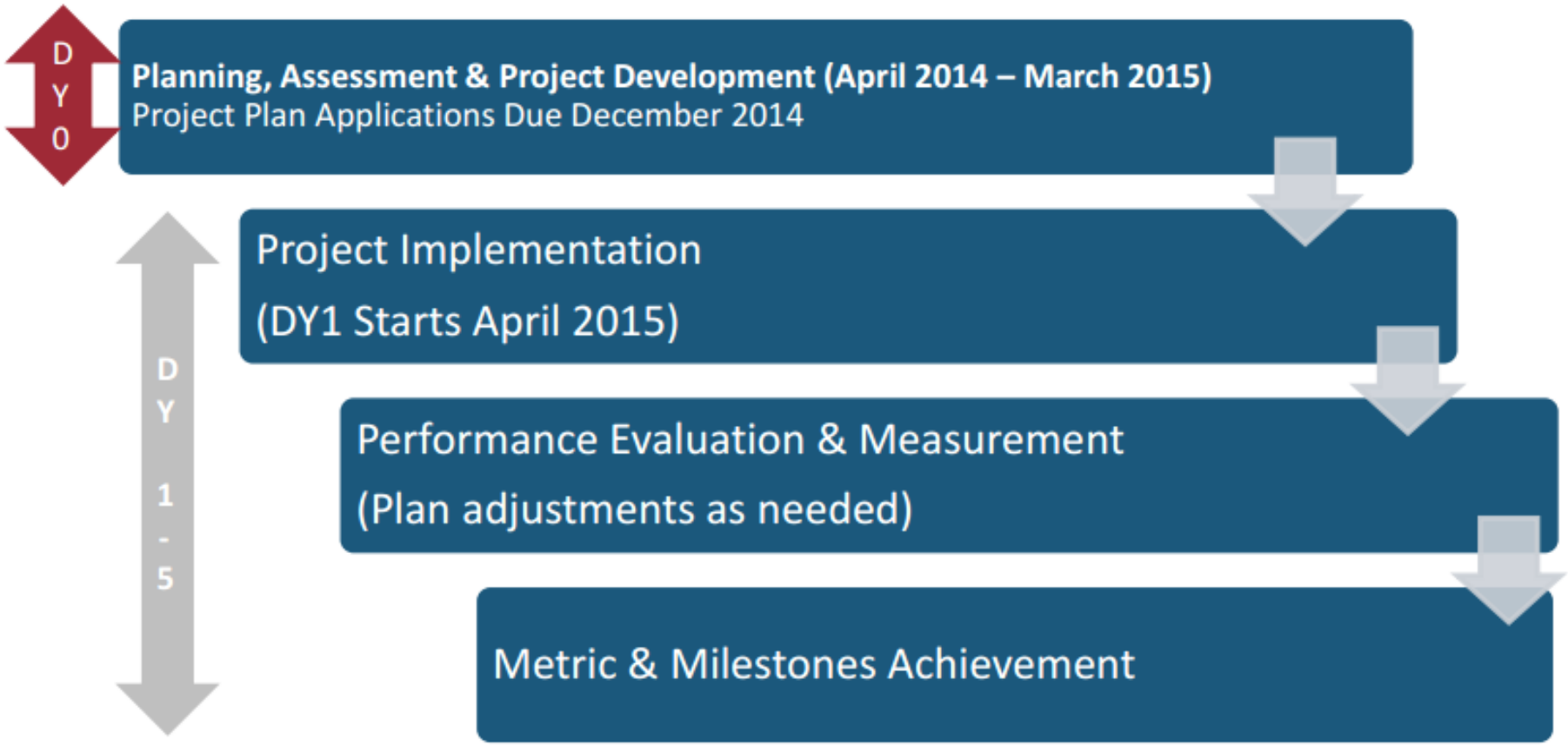
- All DSRIP projects must:
  - Include infrastructure that increases access to outpatient care and care integration.
  - Improve integration across settings.
  - Take responsibility for the overall health needs of a defined population of Medicaid and low-income New Yorkers.
  - Reduce avoidable hospital use.

- A project selected for implementation by a PPS must be:
  - A new initiative for the Performing Provider System (PPS).
  - Substantially different from other initiatives funded by CMS although it may build on or augment such an initiative.
  - Documented to address one or more significant issue within the PPS service area and be based on a detailed analysis using objective data sources.
  - A substantial, transformative change for the PPS.

DSRIP Project Plan Approval Timeline

April 14, 2014	DSRIP Year (DY) 0 began
September 29, 2014	Draft Project Plan Application released for public comment
November 12, 2014	Final Project Plan Application released
December 22, 2014	Project Plan Applications due
December 24 – 31, 2014	IA Scoring of Project Plan Applications
January 12, 2015	Project Approval and Oversight Panel Training
January 13 - February 12, 2015	Public comment period on Project Plan Applications
February 2, 2015	Project Approval & Oversight Panel will be provided with Application Materials & IA's Scoring Recommendations
February 17 – 20, 2015	Open public meetings in Albany
March 28, 2015	Final Project Plan Application report with recommendations submitted
March 31, 2015	Announcement of Project Plan Awards
DY 1-5	Approval & Oversight Panel will convene 1-2 times per year to review PPS progress

DSRIP Project Timeline



Question & Answer Period

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Introduction to the Independent Assessor
Presented By: Public Consulting Group, Inc. (PCG)

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January 2015

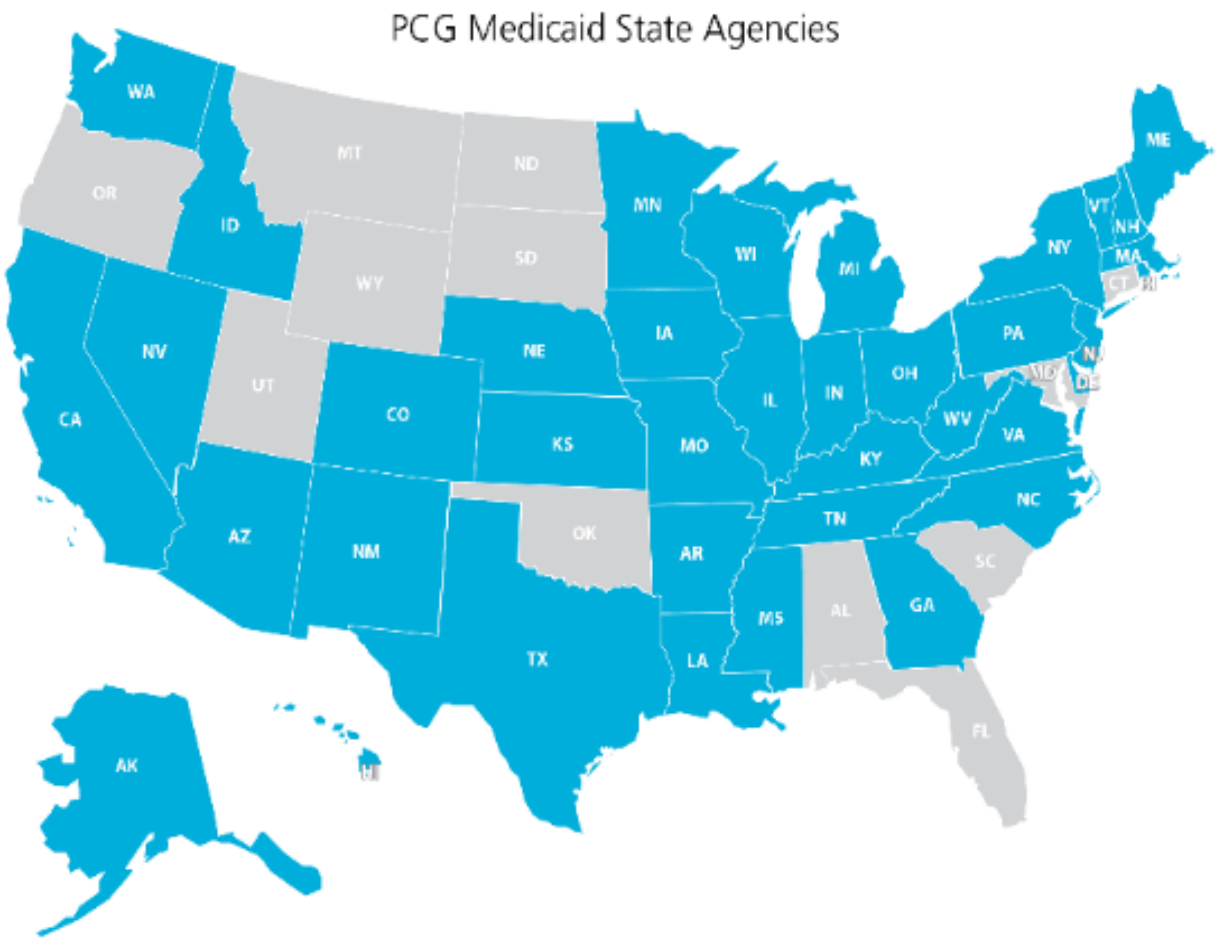
PCG: DSRIP Independent Assessor

- Public Consulting Group, Inc. is a management consulting firm that primarily serves **public sector** health, human services, education and other state, county, and municipal government clients.
  - Established in **1986** with headquarters in Boston, Massachusetts, as well as offices Albany & New York City.
  - PCG has more than **1,500 employees** and 44 offices across the United States, Canada, and the European Union.

- PCG has extensive **experience and subject matter knowledge in a range of government-related topics**, from Medicaid and Medicare policy, Temporary Assistance for Needy Families (TANF), Welfare to Work (WtW), and SNAP to special education, literacy and learning, and school-based health finance.

PCG: DSRIP Independent Assessor

- PCG has broad Medicaid programmatic expertise and experience.
  - PCG has been a trusted partner to Medicaid agencies for 28+ years
  - 37 active Medicaid clients
  - Projects include rate setting, payment reform, programmatic reviews, program integrity services, and ACA readiness and consulting services
- PCG has no contractual relationships with DSRIP providers and therefore no conflicts of interest.



PCG Roles as DSRIP Independent Assessor

- As the DSRIP Independent Assessor, PCG's tasks include, but are not limited to the following:
  - Creating an application and application review tool as well as a process for a transparent and impartial review of all proposed project plans.
  - Making project approval recommendations to the state using CMS-approved criteria
  - Assembling an independent review panel chosen by the Department of Health based on standards set forth in the DSRIP STCs.
  - Conducting a transparent and impartial mid-point assessment of project performance during the third year to determine whether the DSRIP project plans merit continued funding or need plan alterations.
  - Assisting with the ongoing monitoring of performance and reporting deliverables.
  - Assisting the Department in reviewing applications for Certificate of Public Advantage (COPA) and applications for Certificates of Authority for Accountable Care Organizations (ACOs) from Performing Provider Systems for the duration of the DSRIP program.

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30 Minute Break

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DSRIP Project Plan Overview
Presented By: Public Consulting Group, Inc. (PCG)

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DSRIP Project Plan Overview

- In order to participate in DSRIP, PPS lead entities were required to pass a Financial Stability Test in order to serve as the lead entity throughout the five year demonstration period.
  - The Financial Stability Test was a Pass/Fail exercise and only those entities that passed this test could continue to the DSRIP Project Plan.
- PPSs that successfully completed the Financial Stability Test were eligible to submit a DSRIP Project Plan.
- The DSRIP Project Plan was broken in to **two** main components:

1. DSRIP Project Plan: Organizational Components
   - The organizational components cover areas such as governance, community needs, cultural competency, and workforce that cut across all DSRIP projects.
2. DSRIP Project Plan: Project Components
   - The project components are specific to the projects selected by the PPS.

DSRIP Project Plan Overview

- PPSs were required to complete the following:
  (1) DSRIP Project Plan: Organizational Components as part of their submission.
  (1) DSRIP Project Plan: Project Components for each project the PPS intends to implement.
    - A PPS would complete a minimum of five (5) and a maximum of eleven (11) DSRIP Project Plans.
- The DSRIP Project Plan: Organizational Components are worth a total of 30% of the total DSRIP Project Plan score.
  - The DSRIP Project Plan: Organizational Components would be scored once with the score contributing to the final score for each DSRIP project.
- The DSRIP Project Plan: Project Components are worth a total of 70% of the total DSRIP Project Plan score.
  - Each DSRIP Project Plan: Project Components submission would be given its own score.

DSRIP Project Plan: Organizational Components

- The DSRIP Project Plan: Organizational Components include **ten** distinct sections that vary in value, in terms of scoring, but touch upon the core components to a PPS achieving the goals of DSRIP.
  - See table on following slide for the organizational sections and their relative value to the DSRIP Project Plan: Organizational Components score.
- Each question within the DSRIP Project Plan: Organizational Components requires a response from the PPS for the submission to be considered complete.
  - Responses to each question were subject to word limits in an effort to minimize unnecessary narrative.
  - Scored sections will be evaluated based on the extent to which the PPS has addressed the questions.
  - Pass/Fail sections will be evaluated to ensure the PPS has provided an adequate response to the questions.

DSRIP Project Plan: Organizational Components

DSRIP Project Plan: Organizational Component Section	Value (relative to total DSRIP Project Plan: Organizational Component value)
1. Executive Summary	N/A – Pass/Fail
2. Governance	25%
3. Community Needs Assessment	25%
5. PPS Workforce Strategy	20%
6. Data-Sharing, Confidentiality & Rapid Cycle Evaluation	5%
7. PPS Cultural Competency / Health Literacy	15%
8. DSRIP Budget & Flow of Funds	N/A – Pass/Fail
9. Financial Sustainability Plan	10%
10. Bonus Points	Bonus
11. Attestation	N/A – No scoring

DSRIP Project Plan: Organizational Components

1. Executive Summary (Pass/Fail)

- The Executive Summary requires the PPS to clearly articulate how the PPS will evolve in to a highly effective integrated delivery system.
  - **Section 1.1** requires the PPS to identify the goals and objectives of the PPS, explain how the PPS formulated to meet the needs of the community and healthcare disparities and provide the vision of what the delivery system will look like after 5 years and how the full PPS system will be sustainable into the future.
  - **Section 1.2** allowed the PPS to identify any regulations they were seeking relief from as part of the DSRIP Project Plan including:
    - Requests for regulatory relief
    - Identify interest in applying for COPA/ACO

DSRIP Project Plan: Organizational Components

2. **Governance (25% of DSRIP Project Plan: Organizational Components value)**
   - The Governance section provides a description on how the PPS will be governed and how the PPS will advance from an affiliated group of providers to a high performing integrated delivery system.

- The Governance section was broken in to **six** subsections:
  - **Section 2.1: Organizational Structure (20% of Section 2 points)** requires narrative on the organizational structure of the PPS, and why the structure was selected and will facilitate the success of the PPS.
  - **Section 2.2: Governing Processes (30%)** requires narrative on the members of the governing body, including roles and responsibilities; the process for selecting members of the governing body; the decision making/voting process of the governing body; and how the governing body will engage stakeholders on key and critical topics pertaining to the PPS.

DSRIP Project Plan: Organizational Components

2. Governance (25% of DSRIP Project Plan: Organizational Components value) (Cntd.)

- **Section 2.3: Project Advisory Committee (15%)** requires narrative on how the PAC was formed and its membership; the role of the PAC within the PPS organization; and how the PAC members sufficiently represent all providers and community organizations in the PPS network.
- **Section 2.4: Compliance (10%)** requires narrative on the identification of designated compliance staff and their relationship to the PPS governing body.
- **Section 2.5: Financial Organizational Structure (10%)** requires narrative on the processes that will be implemented to support the financial successes of the PPS; and the plan to establish a compliance program in accordance NYS SSL 363-d.
- **Section 2.6: Oversight (15%)** requires narrative on the process the PPS will implement to monitor performance; the process for handling poor performing member of the PPS network.

DSRIP Project Plan: Organizational Components

3. Community Needs Assessment (25% of DSRIP Project Plan: Organizational Components value)

- The Community Needs Assessment (CNA) section provides a description on how the CNA was developed, details on the availability of providers and community resources, the community demographics, the health of the population to be served by the PPS and the challenges associated with that population, identified gaps in provider and community resource availability, the process for engaging stakeholders and the types of stakeholders engaged in the CNA, and the summary of CNA findings.
- The CNA section was broken in to **eight** subsections:
  - **Section 3.1: Overview of the Completion of the CNA (5% of Section 3 points)** requires narrative on the process and methodology used to complete the CNA.
  - **Section 3.2: Healthcare Provider Infrastructure (15%)** requires the identification of the number of healthcare providers by type available to the PPS, and if the composition of available providers needs to be modified to meet the needs of the community.

DSRIP Project Plan: Organizational Components

3. **Community Needs Assessment (25% of DSRIP Project Plan: Organizational Components value) (Cntd.)**
   - **Section 3.3: Community Resources Supporting PPS Approach (10%)** requires the identification of the community resources by type available to the PPS, and if the composition of community resources needs to be modified to meet the needs of the community.
   - **Section 3.4: Community Demographics (15%)** requires narrative on the demographics of the population in the community the PPS intends to serve.
   - **Section 3.5: Community Population Health & Identified Health Challenges (15%)** requires narrative on the health of the population to be served by the PPS and the identified health challenges.

DSRIP Project Plan: Organizational Components

3. **Community Needs Assessment (25% of DSRIP Project Plan: Organizational Components value) (Cntd.)**
   - **Section 3.6: Healthcare Provider and Community Resources (15%)** requires narrative on the PPS' capacity compared to community needs.
   - **Section 3.7: Stakeholder & Community Engagement (5%)** requires the identification of the organizations included in the stakeholder and community engagement process.
   - **Section 3.8: Summary of CNA Findings (20%)** requires a summary of the community needs identified. The CNA findings will be referenced in the DSRIP Project Plan: Project Components sections.

DSRIP Project Plan: Organizational Components

5. PPS Workforce Strategy (20% of DSRIP Project Plan: Organizational Components value)

- The PPS Workforce Strategy section provides a description of the anticipated impacts on the PPS' workforce as a result of the implementation of their chosen projects.
- The PPS Workforce Strategy section consists of **seven** subsections:
  - **Section 5.1: Detailed Workforce Strategy identifying all Workforce Implications of PPS (20% of Section 5 points)** requires narrative on the anticipated impacts that DSRIP will have on the workforce including a summary of how the existing workers will be impacted, a plan to minimize workforce impact, a description of any workforce shortages, and the identification of the percent of employees that will be impacted by redeployment, retraining, and new hires.
  - **Section 5.2: Retraining Existing Staff (15%)** requires narrative on the expected retraining to the workforce including the process for identifying employees and job functions to be retrained, and the percent of retrained employees that will achieve full and partial placement.

DSRIP Project Plan: Organizational Components

5. PPS Workforce Strategy (20% of DSRIP Project Plan: Organizational Components value) (Cntd.)

- **Section 5.3: Redeployment of Existing Staff (15%)** requires narrative on the expected workforce redeployments including the process for identifying employees and job functions to be redeployed.
- **Section 5.4: New Hires (15%)** requires an itemized list of the new jobs that will be created as a result of the implementation of the DSRIP program and projects.
- **Section 5.5: Workforce Strategy Budget (20%)** requires the identification of the planned spending for workforce strategy over the five year DSRIP period by type (retraining, redeployment, recruiting and other).
- **Section 5.6: State Program Collaboration Efforts (5%)** requires narrative on any plans to utilize existing state programs in the implementation of the workforce strategy.
- **Section 5.7: Stakeholder & Worker Engagement (10%)** requires narrative on the stakeholder and worker engagement process including steps taken to engage stakeholders in developing the workforce strategy.

DSRIP Project Plan: Organizational Components

6. Data-Sharing, Confidentiality & Rapid Cycle Evaluation (5% of DSRIP Project Plan: Organizational Components value)

- The Data-Sharing, Confidentiality & Rapid Cycle Evaluation section describes the PPS plan to include provisions for appropriate data sharing arrangements while adhering to all federal and state privacy regulations as well as the PPS' plan for a rapid cycle evaluation and how it will tie in to the state's requirement to report to DOH and CMS on a rapid cycle basis.
- The Data-Sharing, Confidentiality & Rapid Cycle Evaluation section is comprised of **two** subsections:
  - **Section 6.1: Data-Sharing & Confidentiality (50% of Section 6 points)** requires narrative on the PPS' plan for appropriate data sharing arrangements among partner organizations, and how the PPS will develop an ability to share patient information in real time.
  - **Section 6.2: Rapid Cycle Evaluation (50%)** requires narrative on the component of the organizational structure that will be responsible for reporting results and making recommendations on items for further investigation, and conduct quality assessment and improvement activities.

DSRIP Project Plan: Organizational Components

7. PPS Cultural Competency / Health Literacy (15% of DSRIP Project Plan: Organizational Components value)

- The PPS Cultural Competency / Health Literacy section describes the PPS' approach to achieving cultural competence and health literacy throughout the DSRIP program.
- The PPS Cultural Competency / Health Literacy section is comprised of **two** subsections:
  - **Section 7.1: Approach to Achieving Cultural Competence (50% of Section 7 points)** requires narrative on the identified or known cultural competency challenges which the PPS must address to ensure success and the strategic plan and ongoing processes the PPS will implement to develop a culturally competent organization and a culturally responsive system of care.
  - **Section 7.2: Approach to Improving Health Literacy (50%)** requires narrative on how the PPS plans to improve and reinforce the health literacy of patients served, and how the PPS will contract with community based organizations to achieve and maintain health literacy throughout the DSRIP program.

DSRIP Project Plan: Organizational Components

8. DSRIP Budget & Flow of Funds (Pass/Fail)

- The DSRIP Budget & Flow of Funds section describes the PPS' plan to accept a single performance payment from Medicaid and allocate the performance payments among the participating providers in the PPS.
- The DSRIP Budget & Flow of Funds section is comprised of **two** subsections:
  - **Section 8.1: High Level Budget and Flow of Funds** requires narrative on the PPS' plans on distributing DSRIP funds, including how the funds will be distributed across clinical specialties and among all applicable organizations along the care continuum.
  - **Section 8.2: Budget Methodology** requires the identification of the anticipated percentage of performance payments to be distributed by budget category.

DSRIP Project Plan: Organizational Components

9. Financial Sustainability Plan (10% of DSRIP Project Plan: Organizational Components value)

- The Financial Sustainability Plan section describes the PPS plan for implementing a financial structure that will support the financial sustainability of the PPS throughout the five year DSRIP demonstration period and beyond, including strategies to pursue payment transformation.
- The Financial Sustainability Plan section is comprised of **three** subsections:
  - **Section 9.1: Assessment of PPS Financial Landscape (33.33% of Section 9 points)** requires narrative on the identification of PPS partners that are currently financially challenged and at risk for financial failure.
  - **Section 9.2: Path to PPS Financial Sustainability (33.33%)** requires narrative on the PPS' plan for financial sustainability, the plan for monitoring financial sustainability of PPS partners.
  - **Section 9.3: Strategy to Pursue and Implement Payment Transformation to Support Financial Sustainability (33.33%)** requires narrative on the PPS' vision for transforming to value based reimbursement methodologies and engage Medicaid managed care organizations in the process

DSRIP Project Plan: Organizational Components

10. Bonus Points (Bonus)

- The Bonus Points section is not a required part of the DSRIP Project Plan but provides an opportunity for the PPS to receive bonus points that will be added to the overall scoring of the application.
- Bonus Points are available for **three** separate items:
  - **Proven Population Health Management Capabilities** provides the PPS with the opportunity to receive an additional **three** bonus points for the project 2.a.i score if they can demonstrate the experience and proven population health management capabilities of the PPS Lead, particularly with the Medicaid population or how the PPS has engaged key partners that possess proven population health management skill sets.
  - **Proven Workforce Strategy Vendor** provides the PPS with the opportunity to receive bonus points is they can demonstrate that the PPS has or intends to contract with a proven and experienced entity to help carry out the PPS workforce strategy with particular emphasis on those entities that can demonstrate experience successfully retraining and redeploying healthcare workers due to restructuring changes.
  - **Election to pursue Project 2.d.i (the 11th project)** indicates that the PPS will be awarded bonus points for choosing to pursue project 2.d.i.

DSRIP Project Plan: Organizational Components

11. Attestation (No Score)

- The Attestation was required from the Lead Representative of the PPS Lead Entity as the final step in submitting the DSRIP Project Plan following the completion of all components and sections of the DSRIP Project Plan.
- The Attestation indicates that all information provided in the DSRIP Project Plan is true and accurate to the best of the knowledge of the individual completing this step.
- Upon completion of the Attestation, the PPS would certify the DSRIP Project Plan submission, indicating the submission was complete and ready for review by the Independent Assessor.

DSRIP Project Plan: Project Components

Section 4. DSRIP Projects

- Section 4 of the DSRIP Project Plan contains the DSRIP Project Plan: Project Components with sections for each of the 44 DSRIP projects a PPS could select.
- Each question within the DSRIP Project Plan: Project Components requires a response from the PPS for the submission to be considered complete.
  - Narrative responses will be evaluated based on the extent to which the PPS has addressed the questions.
  - Scale and Speed responses will be evaluated relative to the responses of all PPSs pursing the same project.
  - Responses to each question were subject to word limits in an effort to minimize unnecessary narrative.

DSRIP Project Plan: Project Components

- For all Domain 2 (except project 2.a.i) and Domain 3 projects, the DSRIP Project Plan: Project Components include **four** main sections:

- **Project Justification, Assets, Challenges and Needed Resources (20 of 100 total points for each project) –** PPS were required to provide a narrative addressing the following:
  - the identified gaps the project will fill in order to meet the needs of the community, as identified through the CNA,
  - the patient population expected to be engaged through the implementation of the project (not for project 2.a.i);
  - the current assets and resources that can be mobilized and employed to help achieve the DSRIP project;
  - anticipated project challenges or anticipated issues the PPS will encounter while implementing the project and plans to address each challenge identified; and
  - PPS plans to coordinate on the DSRIP project with other PPSs that serve an overlapping service area, if applicable.

DSRIP Project Plan: Project Components

- **Scale of Implementation (40 of 100 total points for each project) –** requires a commitment by the PPS on the number of sites they intend to fully implement the project requirements at and the volume of patients the PPS expects to engage through the project.
  - For provider sites, the PPS must indicate the total number of providers committed for the project out of the total number of providers in the PPS network and the number of committed providers that are safety net providers out of the total number of safety net providers in the PPS service area.
  - For patient engagement, the PPS must indicate the expected number of patients to be engaged through the project out of the total attributed population for the PPS.

DSRIP Project Plan: Project Components

- **Speed of Implementation (40 of 100 total points for each project) –** requires a commitment by the PPS on the period by which all committed providers will have fully implemented the project requirements and the timeline for achieving 100% engagement of the total expected number of engaged patients.
  - For provider sites, the PPS must indicate the Demonstration Year and quarter by which 100% of committed provider sites will have fully implemented all project requirements.
  - For patient engagement, the PPS must indicate the number of expected engaged patients that will be engaged by Demonstration Year and quarter to achieve 100% engagement.

DSRIP Project Plan: Project Components

- **Project Resource Needs and Other Initiatives (Not Scored) –**
  - Requires an indication from the PPS on the PPS' need for Capital Budget funding for the DSRIP project and, if so, why the capital funding is necessary for the DSRIP project to be successful.
  - Requires an indication from the PPS on whether any of the providers within the PPS are currently involved in any Medicaid or other relevant delivery system reform initiative or are expected to be involved in during the life of the DSRIP program related to the project's objective.
    - If the PPS indicates 'yes' in the response, the PPS was required to indicate the name of the entity engaged in the initiative, the name of the initiative, the state and end dates of the project, and a description of the initiative.
    - The PPS must also indicate how the proposed DSRIP project either differs from, or significantly expands upon, the current Medicaid initiative(s) identified.

DSRIP Project Plan: Project Components

- For all Domain 4 projects, the DSRIP Project Plan: Project Components includes **two** main sections:
- **Project Justification, Assets, Challenges and Needed Resources (100 of 100 total points for each project) –** required narrative on
  - The identified gaps the project will fill in order to meet the needs of the community, as identified through the CNA, with specific links to the findings from the CNA;
  - The patient population expected to be engaged through the implementation of the project;
  - The current assets and resources that can be mobilized and employed to help achieve the DSRIP project;
  - Anticipated project challenges or anticipated issues the PPS will encounter while implementing the project and plans to address each challenge identified; and
  - PPS plans to coordinate on the DSRIP project with other PPSs that serve an overlapping service area, if applicable.

DSRIP Project Plan: Project Components

- For all Domain 4 projects, the DSRIP Project Plan: Project Components includes **two** main sections:
- **Project Resource Needs and Other Initiatives (Not Scored) –**
  - Requires an indication from the PPS on the PPS' need for Capital Budget funding for the DSRIP project and, if so, why the capital funding is necessary for the DSRIP project to be successful.
  - Requires an indication from the PPS on whether any of the providers within the PPS are currently involved in any Medicaid or other relevant delivery system reform initiative or are expected to be involved in during the life of the DSRIP program related to the project's objective.
    - If the PPS indicates 'yes' in the response, the PPS was required to indicate the name of the entity engaged in the initiative, the name of the initiative, the state and end dates of the project, and a description of the initiative.
    - The PPS must also indicate how the proposed DSRIP project either differs from, or significantly expands upon, the current Medicaid initiative(s) identified.

Question & Answer Period

NEW YORK STATE | Department of Health | Medicaid Redesign Team

DSRIP Project Plan Independent Assessor Scoring Process

Presented By: Public Consulting Group, Inc. (PCG)

PUBLIC CONSULTING GROUP

January 2015

DSRIP Project Plan Scoring Overview

- The Independent Assessor has created a team of six evaluators to review the DSRIP Project Plan submissions from the 25 PPSs.
  - Each evaluator will review and score every DSRIP Project Plan submission independently.
- There will be **two** main components that will drive the development of the PPS DSRIP Project Plan Score, which include:
  - **DSRIP Project Plan: Organizational Components Scoring (30% of final DSRIP project score)**
    - Scores those components that are PPS wide responses (detailed on later slides).
    - More subjective topics, such as CNA, governance, and cultural competency.
  - **DSRIP Project Plan: Project Components Scoring (70% of final DSRIP project score)**
    - Includes **two** components, a subjective component and an objective component.
    - The objective component scores on Speed and Scale cannot be changed by the PAOP, only the subjective scores can be modified.
      - Rewards those PPS Projects that achieve milestones more aggressively (e.g. achieve NCQA PCMH certification).
      - Rewards those projects that have a greater impact towards system transformation (e.g., greater impact to the Medicaid patient population and broad involvement from the providers within the PPS network).

DSRIP Project Plan Scoring Overview

- For each scored section of the DSRIP Project Plan: Organizational Components, the six evaluators will review and score each section independently to arrive at the total DSRIP Project Plan: Organizational Component score for the PPS.
- The individual scores will be aggregated to determine the Median, Average, and Trimmed Average (adjusted for scores greater or less than 1.5 standard deviations from the mean).
  - The PPS will receive the highest value of the three (3) scores for that section.

The maximum of the median, average, and trimmed average for the six reviewer scores.

Section Points Possible			Reviewer Scores						Final Organizational Score			
#	Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Maximum Selected Score
1	Executive Summary	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	N/A	N/A	N/A	Pass
2	Governance	25	23.65	23.17	23.65	23.20	23.20	23.90	23.42	23.46	23.46	23.46

Section Points Possible			Reviewer Scores						Final Organizational Score			
#	Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Maximum Selected Score
1	Executive Summary	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	N/A	N/A	N/A	Pass
2	Governance	25	23.65	23.17	23.65	23.20	23.20	23.90	23.42	23.46	23.46	23.46
3	Community Needs Assessment	25	24.03	23.55	24.03	22.10	23.80	23.00	23.67	23.42	23.68	23.68
5	Workforce Strategy	20	19.83	19.44	19.83	18.50	18.20	18.70	19.07	19.08	19.08	19.08
6	Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	3.61	3.54	3.61	4.50	4.10	4.50	3.86	3.98	3.98	3.98
7	PPS Cultural Competency/Health Literacy	15	7.50	7.35	7.50	14.50	14.60	14.40	10.95	10.98	10.98	10.98
8	DSRIP Budget & Flow of Funds	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	N/A	N/A	N/A	Pass
9	Financial Sustainability Plan	10	10.00	9.80	10.00	8.99	9.59	8.49	9.70	9.48	9.68	9.70
	Total	100.00	88.62	86.85	88.62	91.79	93.49	92.99				**90.87**

Note that section 4 in the application represents project scores and is shown below.

The final organizational score is a sum of the maximum selected scores for each section. This score is for the PPS Organizational Application only and will be weighted by 30% in the final project valuation calculation.

DSRIP Project Plan Scoring Overview

- For each DSRIP Project Plan: Project Components submission for Domain 2 and Domain 3 projects there will be both subjective and objective scoring. Domain 4 projects will only be scored subjectively.
  - The PPS responses for Project Description and Justification will be scored subjectively based on the quality of the response.
    - This is worth 20% of the project score for projects 2.a.ii – 2.c.ii and 3.a.i – 3.g.ii.
    - This is worth 40% of the project score for project 2.a.i.
    - This is worth 100% of the project score for all Domain 4 projects.
  - The PPS responses for Speed and Scale are worth 80% of the project score (exception, 60% for project 2.a.1) and will be scored objectively based on a number of variables:
    - Total number of providers, programs, facilities, or sites that the PPS intends to include for implementation of the project;
    - Percentage of safety net providers that the PPS intends to include for implementation of the project;
    - Total expected percentage of targeted patients the PPS intends to actively engage for the project;
    - Expected timeline for achieving all project requirements; and
    - Expected timeline for engagement of targeted patients.
    - No individual scored project can receive less than 50% of the points for the objective scoring components.

DSRIP Project Plan Scoring Overview

Project Points Possible			Reviewer Scores						Selected Subjective Score				Final Project Score		
Section	Project	Subjective Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Maximum Selected Score	Scale Score	Speed Score	Total project Score
4	2.a.i	40	38.33	33.33	28.89	37.78	37.78	35.56	36.67	35.28	36.56	**36.67**	15.99	33.00	**85.66**
	2.a.iv	20	14.67	17.33	16.00	13.33	14.67	16.00	15.33	15.33	15.33	**15.33**	25.70	31.96	**73.00**
	2.b.ii	20	15.00	11.67	11.67	16.67	15.00	16.67	15.00	14.44	14.44	**15.00**	29.58	35.71	**80.29**
	2.b.iv	20	12.00	10.67	12.00	10.67	14.67	13.33	12.00	12.22	11.73	**12.22**	24.25	35.50	**71.97**
	2.d.i	20	16.67	16.67	15.00	20.00	18.33	20.00	17.50	17.78	17.78	**17.78**	30.00	40.00	**87.78**
	3.a.i	20	6.67	8.33	8.33	8.33	10.00	10.00	8.33	8.61	9.00	**9.00**	27.01	36.07	**72.08**
	3.a.ii	20	13.33	15.00	13.33	13.33	13.33	16.67	13.33	14.17	13.67	**14.17**	31.35	33.25	**78.76**
	3.b.i	20	12.00	12.00	12.00	12.00	13.33	10.67	12.00	12.00	12.00	**12.00**	29.72	33.06	**74.78**
	3.c.i	20	12.00	9.33	10.67	12.00	13.33	10.67	11.33	11.33	11.33	**11.33**	32.25	37.14	**80.73**
	4.a.iii	100	66.67	72.22	66.67	72.22	55.56	61.11	66.67	65.74	67.78	**67.78**	N/A	N/A	**67.78**
	4.b.ii	100	88.89	83.33	94.44	100.00	83.33	83.33	86.11	88.89	86.67	**88.89**	N/A	N/A	**88.89**

Reviewer scores in the project scoring include only qualitative scores for each project. Quantitative speed and scale scores are added to these scores for total project scores.

Each of these PPS project scores will be added to the objective score and then weighted by 70% in the project valuation calculation.

DSRIP Project Plan Scoring Overview

- Following the completion of scoring of the DSRIP Project Plan: Organizational Components and the DSRIP Project Plan: Project Components, the Independent Assessor will calculate a PPS Total Score for each DSRIP project selected by the PPS.
- The PPS Total Score will be calculated as:

  (0.7 * DSRIP Project Plan: Project Components Score) + (0.3* DSRIP Project Plan: Organizational Components Score)

  - The PPS Total Score will be included in the calculation of the Project Value for each DSRIP project selected by the PPS.
- The Project Value will be calculated as:

  ($ PMPM) * (# of members) * (PPS Total Score) * (# of DSRIP Months)

A	B	C	D = B*C	E	F	G	H = F+G	I	J = D*E*H*I
Project #	Project Index Score (56/60)	Valuation Benchmark	PMPM	Medicaid Beneficiaries	PPS Project Score (0.7 * 85.66%)	PPS Organization Score (0.3 * 90.87%)	PPS Total Score	# of DSRIP Months	Project Value
2.a.i	0.93	$ 4.88	$ 4.55	100,000	59.96%	27.26%	87.22%	60	$ 23,836,301.44

DSRIP Project Plan Scoring Overview

- PPSs will also have the opportunity to achieve bonus points on the application.
- The bonus points will be awarded in addition to the calculated application score.
  - For example a PPS receiving 3 bonus points for Workforce Strategies would see their PPS Total Score of 85.50% increased to 88.50%.
- PPSs cannot achieve a PPS Total Score greater than 100%.
  - Bonus points cannot push a PPS over 100 points.
- Bonus points a subjective score therefore they are open to PAOP Accept, Accept with Modification and Reject voting process.

Question & Answer Period

NEW YORK STATE | Department of Health | Medicaid Redesign Team

Wrap Up & Next Steps

PUBLIC CONSULTING GROUP

January 2015

PAOP Review Preparation

- **Early February 2015,** PCG will distribute PPS Project Plan summary reports and scoring templates to Panel Members
- Project Plan Summary reports will include the following:
  - Executive Summary of each PPS, including the PPS Lead Organization, Designated Service Areas, Attribution Results, and overall Goals of the PPS
  - Overview of the PPS' Network Composition
  - Overlapping Projects by Service Area
  - Summary of DSRIP Project Plan Scores by Project
  - Detailed Breakdown Score by Project
  - Detailed Breakdown Score for Organizational Component of Project Plan

Project Plan Scoring Template

- Please see Example PPS DSRIP Scoring Packet

Project Plan Review Process

- **February 17-20, 2015 -** public meeting and review process.
- Day 1 Public Comment.
- Day 2-4 PPS project Plans presentation and review process.
  - 5 minute presentation from PPS.
  - 15 minute presentation of Project Plans, scoring overview and recommendations from PCG's IA scorers.
  - Panel members Q&A.
  - Panel Vote: Accept, Reject or Modify IA recommendation.

QUESTIONS & ANSWERS

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