



**Department
of Health**

Medicaid
Redesign Team

DSRIP Implementation Progress and The Mid-Point Assessment Process

DY1Q1 through DY2Q2

Jason Helgerson,
Medicaid Director

Mid-Point Assessment Overview and Process

Mid-Point Assessment Overview

- The Mid-Point Assessment is a required component of the New York Delivery System Reform Incentive Payment (DSRIP) Program.
 - It is defined in Section VIII.11.d of the Standard Terms and Condition (STCs) of the 1115 waiver.
 - The requirements of the Mid-Point Assessment are further defined in Section VI.d of Attachment I to the STCs.
- The Mid-Point Assessment is intended to provide a review of PPS progress towards the implementation of the approved DSRIP Project Plans for compliance with the program requirements identified in the STCs and to determine any modifications necessary to ensure PPS success through the remaining years of the program.

Mid-Point Assessment – Role of the Independent Assessor

- The Independent Assessor (IA) has been tasked with conducting an independent assessment of the PPS progress to date in implementing their DSRIP project plans.
- The IA was responsible for collecting and reviewing comments from the PPS and the public following the initial release of the recommendations.
 - The IA was responsible for revising the recommendations, as applicable, following the PPS and public comment periods.
- The IA will be responsible for reviewing and approving the Mid-Point Assessment Action Plans that the PPS will develop in response to the final, approved recommendations.

Mid-Point Assessment Recommendations

- The Mid-Point Assessment could result in three types of recommendations, each requiring a different level of engagement with CMS:
 - **Recommendations for Project or Organizational Mid-Point Action Plans**
 - These recommendations could include those requiring the PPS to make modifications to their existing efforts such as implementing processes to improve partner or patient engagement efforts, to develop plans for address project implementation challenges, or to enhance organizational efforts.
 - These recommendations do not require formal CMS approval.
 - All of the IA recommendations fall in this category.
 - **Recommendations for PPS Structural Changes**
 - These recommendations could include those requiring the consolidation of PPS, the discontinuation of PPS, the discontinuation of a PPS project, or the change to a PPS lead.
 - These recommendations would require formal CMS approval.
 - There are no recommendations in this category.
 - **Recommendations for Program Modifications:**
 - These recommendations could include those requiring PPS to take action not consistent with the STCs such as directing funds to certain partners/partner types.
 - These recommendations would require a renegotiation of the 1115 waiver with CMS.
 - There are no recommendations in this category.

Mid-Point Assessment – Role of the Project Approval and Oversight Panel (PAOP) and Commissioner of Health

- The PAOP will be responsible for conducting a public review of the Mid-Point Assessment recommendations, including presentations by the IA and all 25 PPS February 1st through February 3rd.
- The PAOP will be responsible for voting to approve, approve with modifications, or reject the Mid-Point recommendations prior to submission to the Commissioner of Health.
- Commissioner of Health will review and provide finalized recommendations to CMS.

DSRIP Progress to Date

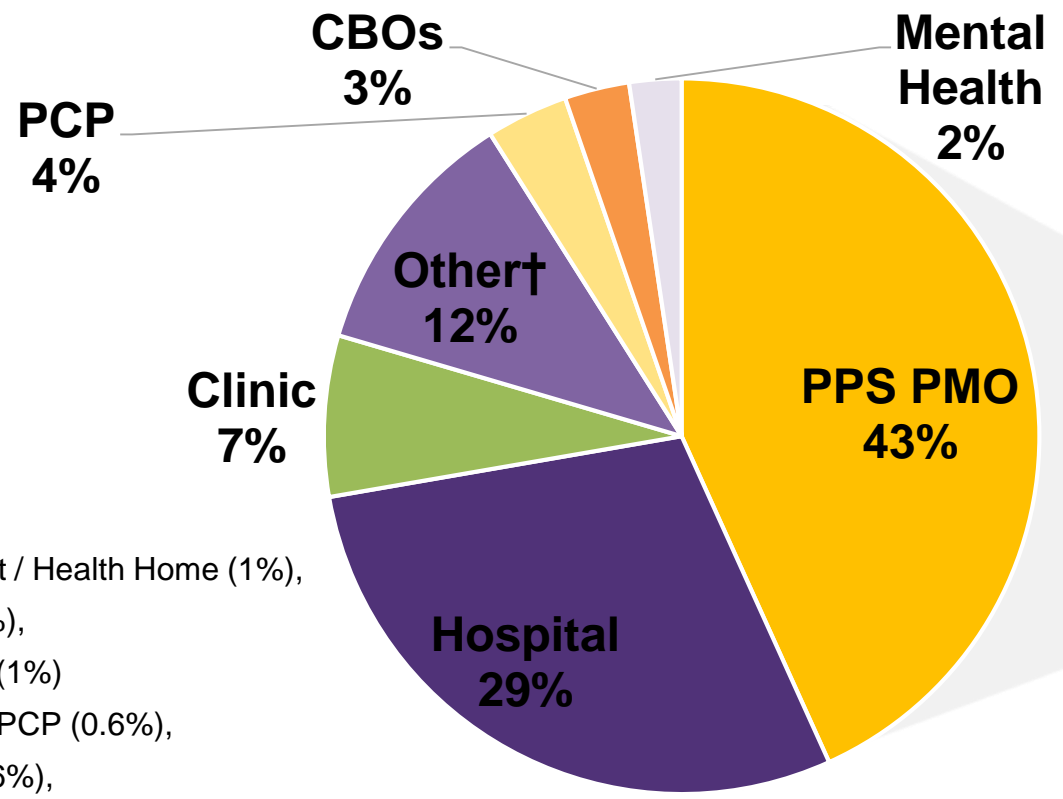
DSRIP Year 2: How are PPS performing so far?

PPS have earned 99.4% of all available funds to date!

\$1.2 billion total!

Of the \$1.2B earned, \$1.0B has been received by the PPS. DY2 Q2 payments are expected to be made to PPS in early February.

Funds Flow to Providers/Partners through DY2Q2



***Other includes:**

- All Other (6%),
- Case Management / Health Home (1%),
- Nursing Home (1%),
- Substance Abuse (1%)
- Practitioner - Non-PCP (0.6%),
- Uncategorized (0.6%),
- Additional Providers (0.5%),
- Hospice (0.2%),
- Pharmacy (0.1%)

\$1.0B
has been received by PPS



\$414M
has been distributed by PPS
to providers and partners

Patient and Provider/Partner Engagement

Patients 

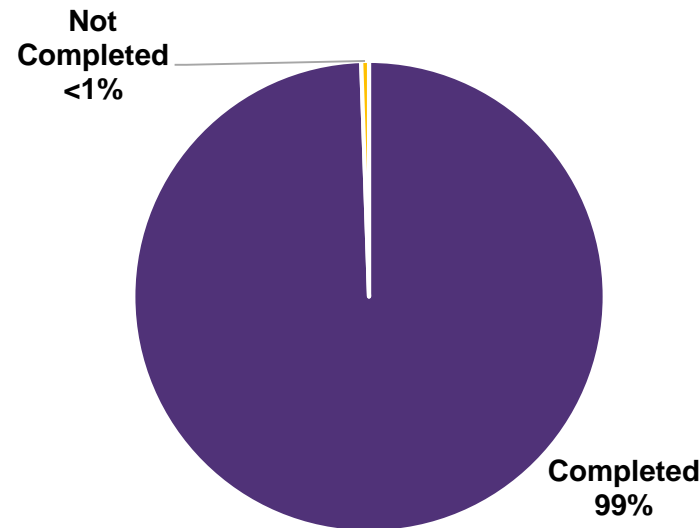
Year 1: 1,377,083
Year 2*: 1,413,731

Providers/Partners
42,015

*Represents first two quarters of DY2

Organizational Milestones

- 561 Milestones Completed
- 3 Milestones Not Completed



Project Progress

Four projects are complete!

- Nine projects were due for completion by DY2Q2
- 4 of the 5 projects not completed were with a single PPS

PCMH Accreditation

PCMH 2014 or Advanced Primary Care recognition is due March 31, 2018.

- Of the almost 6,000 PCPs in the PPS networks, 31% had any PCMH recognition in the baseline year (7/2013 – 6/2014).
- As of 12/2016:
 - Current recognition level is up to 40%, with 15 months to go.
 - 975 providers currently have 2011 PCMH Accreditation which facilitates their attainment of 2014 standards and recognition.
 - 1,380 currently have 2014 PCMH Level 3 Accreditation (23% of PCPs)

Questions

DSRIP Email:

DSRIP@health.ny.gov