

## **Attachment L – DSRIP Quarterly Report Guidelines**

As written within these STCs, the state is required to submit quarterly DSRIP progress reports to CMS. The purpose of the quarterly report is to inform CMS of significant demonstration activity from the time of approval through completion of the demonstration. The reports are due to CMS 60 days after the end of each quarter. The first quarterly report will be due on September 30, 2014.

The following report guidelines are intended as a framework and can be modified when agreed upon by CMS and the state 30 days after award. In particular, the reporting elements may change to take advantage of new reporting via automated data systems that will support the transmission of data through data portals and other electronic reporting channels.

A complete quarterly progress report must include the budget neutrality monitoring workbook.

### **REPORT FORMAT**

#### **I. Introduction**

- A. Letter from the State Medicaid Director – overview of the report
- B. Information describing the goal of the demonstration, what it does, and key dates of approval and operation. (This should be the same for each report.)
- C. State Contact(s) - Identify individuals by name, title, phone, fax, and address that CMS may contact should any questions arise concerning quarterly reports.

#### **II. Title**

- Title Line One – New York DSRIP  
Title Line Two - Section 1115 Quarterly Report

#### **III. Interim Access Assurance Fund (IAAF)**

The state will provide information on the number and type of participating providers who will qualify for IAAF funding.

- **Provider Requirements (IAAF)**
  - Report of infrastructure created to ensure providers have met the criteria to qualify as a DSRIP performing provider including methodology for review.
  - Total number of providers who have met the criteria to receive a provider IAAF payment for IAAF funds including total number of requests, approvals, and denials.
  - Evidence of submissions to the state from providers on how providers will restructure its operations, increase its revenue, reduce its costs, or take other action that will result in the provider experiencing no net fiscal deficit by the provider's third fiscal year.
  - Evidence that the state has provided compliance in posting the provider's plan on their public websites soliciting comments from the public.
  - Plan for ongoing compliance with monitoring provider compliance with requirements; including describing the frequency with which aggregate reports will be submitted.

- State will make available data/supporting documentation and data sources to CMS.

#### **IV. DSRIP Project Design Grant**

The state will provide a list of providers who are interested in participating in DSRIP. Details will include provider's application, list of activities, timeline, metrics/milestones to be achieved, process by which plans can be amended. State will supply a summary with any new plans or updates to plans.

- **Provider Requirements (DSRIP Design Grant)**
  - Report of infrastructure created to identify "Performing Providers".
  - Total number of providers and list of providers who have met the criteria described in Attachment I.
  - Evidence of review that the "performing provider is either eligible because of association with a major public general hospital or is considered a safety net provider.
  - Evidence of state review of providers to assure compliance with requirements; including a report of planned internal audits to ensure ongoing compliance with requirements.
  - Report of those electing to collaborate on a DSRIP project through coalition of "performing providers" and evidence that coalition has met the required conditions.
  - Plan for review of projects to ensure they are consistent with the goals identified in the Special Terms and Conditions within the specified amount of time for the design period.
- State will make available data/supporting documentation and data sources to CMS.

**V. DSRIP** - For all approved plans, the state will provide a status update on DSRIP projects in reaching project progress milestones, system transformation and financial milestones, clinical improvement milestones, population-wide outcome milestones. Any table or metric must be accompanied by analysis on successes and obstacles to achieving goals in the DSRIP plans. The state's should also provide providers with rapid cycle feedback and provide CMS with a summary of activities. The state will supply a narrative of any findings each quarter.

State will make available data/supporting documentation and data sources to CMS. This section should highlight any activities or events that occurred or will occur to implement the most recent phase of the demonstration. Issues would be included here even if they might ordinarily be covered elsewhere if events were extraordinary or have attracted unusual attention. A description of press releases and issues covered by the press should be included, as should activities of advocacy groups.

#### **VI. Enrollment**

State will make available data/supporting documentation and data sources to CMS.

## VII. State Agency's Activity

- **Activities Overview**

- This section should highlight any activities or events that occurred or will occur to implement the most recent phase of the demonstration. Issues would be included here even if they might ordinarily be covered elsewhere if events were extraordinary or have attracted unusual attention. A description of press releases and issues covered by the press should be included, as should activities of advocacy groups.
  - Goals, processes and activities;
  - Role details
  - Administrative structures to address delegated functions,
  - Mechanisms to assure and oversee quality
  - Partnership Agreements
  - Key personnel;
  - Travel, training, outreach and marketing;
  - IT infrastructure to accommodate the reporting requirement
- This section should also include problems or other issues that the state wishes to raise. It would include a discussion of problems that arose as well as solutions the state devised to deal with them.
- IAAF and implementation activities including the development of data usage agreements and creation of infrastructure to receive provider information for purposes of this demonstration.
- Demonstration of engagement of stakeholders, including minutes and all stakeholder concerns, including concerns received from: 1) providers; 2) beneficiaries; and 3) advocacy groups.
- Review and presentation of internal and external audits.
- Report of potential, pending, and active lawsuits.
- Legislative developments.
- Operational and performance concerns.
- Rate Setting
- Monitoring and Evaluation Plans for DSRIP
- Timeline

**VIII. Transparency and Public Forums** – For any public forums (Coalition, providers, beneficiaries, advocates, associations, or general public), the state will submit a summary of participants, issues and concerns addressed, status report of follow up items as a result, report of how the state has notified the public of opportunities to engage, and make available meeting minutes on the state's website.

The state will also catalog a list of the quarters activities related to Tribal Consultation and Partnership Transparency requirements related to the renewal, administrative record or post award forums as outlined in *STC #*

**IX. Events affecting health care delivery during the current quarter.** Overview of significant events across the state affecting health care delivery during the current quarter

This section is a statewide overview of the effect, or impact, of changes – positive, negative or with neutral effect – happening in the current quarter that are noteworthy because they reflect trends, major policy modifications or planned or unforeseen occurrences that affect:

- **The demonstration goals** of better health, better care, and lower costs as reflected in measures of efficiency, value and health outcomes;
- **A substantial portion of the delivery system;** or
- **A substantial portion of beneficiaries.**

Each category identifies data sources and whether there is a documented impact on the delivery system or beneficiaries. This table also shows interventions, or actions, the state may take or require remedying, sustaining or improving an outcome, as appropriate.

- **Detail on impacts or interventions**
- **Complaints and grievances – statewide report -- all categories of DSRIP complaints and grievances for the current quarter**

See [http://www.health.ny.gov/health\\_care/managed\\_care/appextension](http://www.health.ny.gov/health_care/managed_care/appextension) for quarterly reports of complaints and grievances for individual DSRIPs providers and Performing Provider Systems.

**NOTE:** A grievance is any written or verbal complaint by an provider regarding the provider's issues related to the DSRIP Program rules, application process and limitations as provided by the terms and conditions related to project selection and/or administration.

- **Appeals and hearings – statewide report – all categories of DSRIP appeals and contested case hearings for the current quarter**

**NOTE:** Appeals and Contested Case Hearings are based on “actions” or denials, limited authorization, reduction, termination or suspension of funds; or when payment is denied when a DSRIP has failed to act within specified timeframes.

- **Trends (Narrative):**
- **Interventions (Narrative):**
  
- **Summary – DSRIP Incentive Payments**
- **Statewide Workforce development**
- **Significant DSRIP/MCO network changes during current quarter**
- **Summary of promising practices statewide during current quarter**

- **Measures of effectiveness** - These items will be reported in a qualitative, narrative fashion based on quality, access and cost data and other progress reports submitted by DSRIPs and reviewed for statewide impact.
- **Legislative activities during current quarter**
- **Litigation status**

**X. Status of Corrective Action Plans (CAP)** that addresses any policy, administrative, or budget issues identified by CMS, the State, or a regulatory entity that impacts the demonstration.

**XI. Rapid cycle evaluation activities and interim findings**

Primarily narrative section focusing on the levers that are expected to drive quality improvement and cost trend reduction under the waiver, and results available to date regarding progress toward demonstration goals.

Reporting and discussion will include both DOH and DSRIP actions and may make reference to data presented in other sections of the quarterly report or in other documents

Discussion of progress to date on waiver goals: reducing per-member cost growth, and improving quality, access, member experience and health outcomes.

**XII. Public Forums** – For any public forums held during the quarter, include public comment and summary report

**XIII. Appendices**

- Quarterly enrollment reports that report:
- Complaints and Grievance reports by sub-categories
- Neutrality reports:
  - Budget monitoring spreadsheet
  - Identify all significant developments/issues/problems with financial accounting, budget neutrality, and CMS 64 reporting for the current quarter. Identify the state’s actions to address these issues.
- DSHP Tracking
- New York Measures Matrix for Quarterly Reporting

**XIV. Enclosures/Attachments:**

Identify by title any attachments along with a brief description of what information the document contains.