Comment Number	Section:	Theme:	Comment:	Who?	Modify I?	Modify J?	Modify Toolkit?	Comment:
1	I	Attribution	Ensure attribution is transparent; clarify how duals will be handled; provide clarification of initial attribution and true up process; avoid attribution issues as in HH; address LTC provider in attribution; clarify attribution for providers in more than one PPS; solicit active participation and input from PPS for final attribution	HANYS (Summary listed here; multipage specifics)	x			On all attribution items we will take comments into consideration as part of a revise we are doing to attribution to break out attribution rules by population (BH, DD, LTC, Other).
2	I	Attribution	Uninsured need to be attributed to PPS, not just Medicaid; there are data sources	Medicaid Matters	x			
	I	Attribution	Uninsured need to be attributed to PPS, not just Medicaid; there are data sources	J. Wessler	x			
3	I	Attribution	Individual preferences and differences are not considered in PPS designation;	New York Immigration Coalition	x			
4	I	Attribution	Does not include the uninsured	New York Immigration Coalition	x			
5	I	Attribution	Uninsured need to be attributed to PPS, not just Medicaid; there are data sources	Commission on the Public's Health System	x			
6	I	Attribution	add school based health utilization into the attribution algorithm	Montefiore	x			
7	I	Attribution	Concerns that attribution methodology will allow cherry picking; affect small primary care practices not in PPS	NYC Dept. of Health Mental Hygiene	x			
8	I	Attribution	Should be adjusted for each measure to align with population affected by the measure	Westchester Medical Center	x			
9	I	Attribution	Section 2.c. PPS should have time to review the final attribution after the MCO input	Westchester Medical Center	x			
10	I	Attribution	Should include those in LTC- section II.c.	Continuing Care Leadership Coalition	x			
11	I	Attribution	Wants hospital outclinics that meet safety net threshold be permitted to join PPS even when hospital does not meet goal; concerns with Plans reviewing attribution -- wants state to have plan to validate the MCOs' decisions	GNHA	x			
12	I	Attribution	Wants PCMHs to receive preferential service priority when attributing patients--should be first priority	CHCANYS	x			
13	I	Attribution	Role of MCO in reviewing attribution needs to be further defined and specific criteria listed that they will use;	CHCANYS	x			
14	I	Attribution	Wants those with disabilities /living in supervised residences be attributed to the PPS	AHRC Nassau	x			
15	I	Attribution	Wants clearer definition of care management to insure implications of the methodology are transparent to providers and clients; not clear Nurse Family Partnership Clients are in the care management attribution	Public Health Solutions	x			
16	I	Attribution	Exclusion of members who have plurality of services from non-PPS provider should be revisited; should be reviewed with PPS to see if should be included; work with the involved non-participating providers to see if can bring into PPS;	NYAPRS	x			
17	I	Care coordination	Need clarity on the definiton of case management	NYAPRS	x			
18	I	Community Needs Assessment	Should include social determinants of Health; should include assessment of disabilities; should be a requirement infulfillment of Olmstead	Medicaid Matters	X			Community needs assessment needs to consider institutionalized; C.J. persons
19	I	Community Needs Assessment	Should include individuals in institutions and the community; include the disabled; should be required to include providers who serve the disable;	NYAPRS	X			Community needs assessment needs to consider institutionalized; C.J. persons
20	I	Community-based Groups	Clear delineation of process for including CBO is needed	New York Immigration Coalition				Already included in PPSs and part of community needs assessment; clarify in FAQs
21	I	Compliance with Civil Rights Law	PPS should be assessed for their compliance with non-discrimination laws.	Center for Independence of the Disabled, NY	x			Add specific language to I

22	I	Confidentiality Issues	Confidentiality is the cornerstone of reproductive health care services. Concerns re: sharing of health information re: this topic, most particularly for adolescents; asks to have added on page 12, # 11 : "all privacy protections contained in HIPAA and New York Law"	Family Planning Advocates of NYS	X			add "and New York Law"; Federal law has less protections for adolescents
23	I	Consumer concerns	Nothing is stated about the welfare of individual patients	NYS Public Employees Federation	x			Add more emphasis on consumer engagement
24	I	Consumer engagement	State should implement a strategic plan to educate and involve Medicaid members; include multilanguage materials	Schuyler Center	x			1) Will use some administation funds to do consumer education campaign/RFP process; 2) PPS will be required to provide multilanguage materials based upon community
25	I	Consumer engagement	Consumer feedback should be solicited in mid-point assessment	Schuyler Center				CAHPS will provide this feedback.
26	I	Consumer engagement	Need the Medicaid director and staff to tour the state and sit down with Medicaid members to solicit input in the same way as done with MRT	Medicaid Matters				After final applications are received, will do Medicaid member focus groups in at least 5 locations
	I	Consumer engagement	Community residents and organizations could/should be involved in PPS and planning; will not work unless ongoing involvement of consumers and workers	J. Wessler	x			Community involvement will occur with community needs assessment, consumer involvement with Quality Council, and consumer invovlement with Learning Collaborative. PAC will include labor/workers.
27	I	Data	Wants more information on the portal	CHCANYS	x			Will be provided in future Webinars
28	I	DOH Staffing	Need more state staff for this project; state should publicly offer a strategic plan to transform and integreate state systems in alignment with MRT	Medicaid Matters				Staffing in progress.
29	I	DOH Staffing	Need more state staff for this project; state should publicly offer a strategic plan to transform and integreate state systems in alignment with MRT	Commission on the Public's Health System				Staffing in progress.
	I	DOH Staffing	The State Health Department has been losing staff, yet it has a major role in planning, data development, technical assistance, monitoring, and evaluation of DSRIP/PPS	J. Wessler				Staffing in progress.
30	I	DSRIP Funding	Language appears to favor voluntary hospitals at the expense of the resources for public facilities --50 -50,	New York Immigration Coalition				Will provide clarity in webinars; misinterpretation
31	I	DSRIP Funding	Public hospitals must receive their fair share of funding	Commission on the Public's Health System				Will provide clarity in webinars; misinterpretation
32	I	DSRIP Funding	Public hospitals must receive their fair share of funding	NYS Public Employees Federation				Will provide clarity in webinars; misinterpretation
	I	DSRIP Funding	Issues with public hospitals and funding; lack of clarity that they will have access to the full share of the public hospital funding	J. Wessler				Will provide clarity in webinars; misinterpretation
33	I	DSRIP Goals	Concerned that 25% reduction in unnecessary hospital admissions is equated to reducing actual capacity by 25%; unnecessary is not defined	NYS Nurses Association				Understand the concern; no equation for specific bed reduction; can provide clarity in webinars
34	I	DSRIP Reivew Checklist	Want the following added: -Marketing component for outreach and motivating beneficiaries to take advantage of new integrated health care system; -the plan demonstrates that the current assets and systems in place of collaborating providers are beneficial in achieving successful outcomes; -the plan describes current database systems providers are using to collect and analyze data, to maximize results; -the plan supports opportunities to partner with educational institutions to research results and performance improvement options	NYC Dept. of Health Mental Hygiene				Noted; not clear changes are necessary
35	I	FQHC	Should be part of the process	Commission on the Public's Health System				Are already part of process; webinar can clarify members of PPS

36	I	Governance	Should include representatives of community based providers and consumers	Schuyler Center				Add one Medicaid member to the PAC
37	I	Governance	the evolution of the PPS into a highly effective integrated delivery system should be resisted; suggests a mandate which goes beyond both federal and state statute	NYS Public Employees Federation				Comment noted
38	I	Governance	Wants to ensure community based safety net providers are included in governance	CHCANYS				No change required; will clarify in webinar
39	I	High performance Fund	wants clarity on how this will used/awarded/do all metrics have to be top performing to achieve this/etc	GNHA				No change required; will clarify in webinar
40	I	High performance Fund	Wants a condition to be incorporated that some of the money to be used to facilitate front line staff's ability to participate in Learning Collaboratives	Next Wave				Noted; not clear changes are necessary
41	I	IAAF	Safety net definitoin is too broad and results in supporting hospitals with minimum Medicaid service; make decision making process open to the public;	New York Immigration Coalition				No changes will be considered to safety net definition.
42	I	IAAF	No funding in IAAF to expand community based ambulatory services	New York Immigration Coalition				No changes in eligiblity at this time
43	I	IAAF	$ should be immediately available and go to health facilities in high need areas	Commission on the Public's Health System				No changes in eligiblity at this time
44	I	IAAF	Issues with eligibility for IAAF; feels too broad and may support hospitals that have consistently failed to meet state quality standards; should include public disclosure of assets; public review and comment on IAAF applications with state-wide stateholder panel reviewing final recommendations; committement of IAAF applicants to engage in a full internal audit of care delivery, etc; independent analysis of any and all psychiatric treatment facilities based on quality control and ethical treatment; IAAF should be held to higher degree of scrutiny in designing their PPS with full DOH participation at all area meetings as PPS emerges; PPS design process for each IAAF should be fully public with mandatory inclusion of community members	NYAPRS				Noted; No changes will be considered to safety net definition; process will be consistent for all applying PPSs.
45	I	IAAF	The requirement that the public hospitals develop special projects in order to access funding for this special pool is an unfair burden that is not placed on the non-public hospitals; funding should also be available to out-patient settings	District Council 37 AFSCME AFL-CIO				Noted; No changes will be considered to eligibility
46	I	IAAF	Feels IAAF eligibility requirements will exclude most safety net providers	NYS Nurses Association				Noted; No changes will be considered to eligibility
47	I	Independent Assessor	Should not be from NY and should not be chosen from a list of state contracted consultants; community based advocates should participate in the development of criteria for the IA and IE and must be involved as they complete their task.	Commission on the Public's Health System				Noted; no change
48	I	Independent Assessor	definition of IA should be straightforward -- no existing ties to any applicants nor any existing commerical ties for similar work with the state.	NYS Public Employees Federation				Noted; no change
49	I	Labor relations	Labor/management collaboration should be recognized in all domains of I and J, tied to scoring(project index score) and award amount allocated	NYS Public Employees Federation				PAC developed to ensure labor involvement
50	I	Labor relations	Wants amendment to show that union representatives must participate in planning, development and implementation; that nothing shall contravene collective bargaining agreements; if not involved, project should be devalued; labor should be included in goverance; PPS that is providing IGT must be the lead	NYS United Teachers; United Univeristy Professions				PAC developed to ensure labor involvement

51	I	Learning Collaboratives	Should be made public and involve community stakeholders	Commission on the Public's Health System	x			Add language to I
52	I	Learning Collaboratives	GNYHA wants to be included in this process	GNHA	x			Add language to I
53	I	LGU	Wants local government to consult with state during review of DSRIP plans	NYC Dept. of Health Mental Hygiene				Noted
54	I	MCO	Wants clarify on alignment of MCOs with DSRIP	CHCANYS				Noted; can be webinar topic
55	I	MCO	Require MCOs that contract with DSRIP PPS to reimburse home health services on an episodic basis as has been the state's process	VNSNY/MJHS				State reimbursement issue; noted
56	I	Payment Reform	Should begin in year 1; should be accelerated and should prioritize primary care-- need road map for amending Medicaid Managed care contract terms--form of payment and adequacy must be addressed	Primary Care Development Corporation				Noted
57	I	Payments	Ensure that payment strategy of incentives gets to the providers who are responsible for the activity and not to the largest entities	CHCANYS	X			Modify I to include reference to state issuing guidance on models distribution of downstream dollars.
58	I	Planning Grants	Should be commensurate with the size of the organization	Westchester Medical Center				Reviewed; would disadvantage rural networks; no change anticipated
59	I	PPS	There is lack of clarity in what defines a hospital's relationship to the community in order to qualify as a DSRIP provider; need community involvement in planning	Commission on the Public's Health System				Noted; can address in webinar
60	I	PPS	Require a comprehensive primary care plan of each DSRIP PPS	Primary Care Development Corporation	X		X	Add to Domain 2 as requirment (IDS)
61	I	PPS	Clarify that appropriate primary care practices and networks can serve as lead coalition provider	Primary Care Development Corporation				No language limiting them;
62	I	PPS	Solo and independent group PCPs are not being considered by the PPSs; Need a comprehensive PCP plan for each PPS	NYC Dept. of Health Mental Hygiene				Noted; will address during planning; Support teams will ensure addressed
63	I	PPS	Concerns some Brooklyn hospitals will be at unfair disadvantage because of financial status, but do care for a large number of Medicaid,etc.	NYC Dept. of Health Mental Hygiene				Noted; IAAF will assist
64	I	PPS	Data management will be burdensome; plan to incorporate a third party to help	NYC Dept. of Health Mental Hygiene				Noted; Support teams can help address this issue
65	I	PPS	Section 2.b. re: waivers-- State and CMS should confer the same set of waivers approved for other value based purchasing arrangements	Westchester Medical Center				Noted
66	I	PPS	State should describe and develop plans to communicate with beneficiaries regarding their participation in DSRIP	Westchester Medical Center				Will use some administation funds to do consumer education campaign/RFP process
67	I	PPS	Should include long term care and be scored higher based on this; LTC should include specialty care such as HIV, etc	Continuing Care Leadership Coalition				Noted; will consider for clarification in project valuation
68	I	PPS	Should include a minimum number of persons in LTC	Continuing Care Leadership Coalition				Noted
69	I	PPS	Wants responsibilties of lead to be more clearly defined	GNHA	x			
70	I	PPS	PCP patients should be attributed to more than one PPS so as not to disadvantage PCPs	CHCANYS				Understand issue of PCPs admitting to more than one hospital, but not feasible to do this with attribution, metrics
71	I	PPS	Wants to ensure the review process for PPS will look for missing community/social service organizations	Next Wave	x		x	Review of PPS will include this issue
72	I	PPS	AHECs should be included in the PPS for the role they play in supporting health professional education.	AHEC			x	Added to list of Community Partners in Community Needs Assessment already; can note in IDS
73	I	PPS	Regions -- concerns re: geographic regions of the PPS are overly broad to facilitate local engagement--should assess relative to more local regions -Regional Health Improvement Collaboratives	Next Wave				Noted; PPS will essentially drive the geographic/service area they serve.

74	I	Primary Care Services	There is no designated funding to expand primary care services. (LKH Note --another provider put this under the IAAF--not sure if this is where it is meant to be by this org.)	Commission on the Public's Health System				No change required; addressed through DSRIP projects as well as other funding streams in waiver
	I	Primary Care Services	There is no designated funding to expand community based ambulatory care services; issue with medically underserved communities lacking priamry care resources.	J. Wessler				No change required; addressed through DSRIP projects as well as other funding streams in waiver
75	I	Primary Care Technical and Operational Assistance	Restore this money	Primary Care Development Corporation				Noted; Not able to do
76	I	Primary Care Technical and Operational Assistance	Restore this money -- concerns with reach PCMH Level 3/2014 standards and RHIO connectivity if money is not funded	NYC Dept. of Health Mental Hygiene				Noted; Not able to do
77	I	Project Achievement	Section 7. wants quarterly reporting and payment to smooth cash flow	Westchester Medical Center				Not consistent with STCs
78	I	Project Plan	Streamline the reporting process to reduce burden on the PPS; provide clarification of service areas; remove duplicative requirements related to documenting safety net status; better characterize regional planning as community planning; eliminate unnecessary and inconsisten budgeting requirements since DSRIP is performance based; engage with HANYS and others on governance structure; provide multiple template governance agreements as voluntary guidelines to the PPSs.	HANYS (Summary listed here; multipage specifics)	x			Several comments from this group will be picked up in I changes.
79	I	Project Plan	Duplication of effort for the PPS to have to provide more support for safety net status when state has done it already; feels detailed budget is not necessary since payments are not based upon the budget	GNHA	x			
80	I	Project Plan Review	Ensure ongoing dialogue and review prior to mid-point assessment; permit PPS appeal of independent assessor reviews; provide technical assistance to under performing PPSs.	HANYS (Summary listed here; multipage specifics)	x			State will engage Medicaid members in focus groups and consult with PPS and state associations as part of mid point assessment and ongoing dialogue/are we going to address question of appeal
81	I	Project Plan Review	Project plans should reflect networks relative to other state health transitions including Managed care; HHs, IPAs; regional centers of excellence for behavioral health; project include assessment of social health determinants and inclusion of providers not in Medicaid but who provide socially necessary services; should include how these providers will have financial needs met; 5 year projection of necessary changes ot the PPS to ensure value-based projects are also rehabiliation and recovery oriented specifically for persons with disabilities;	NYAPRS	x		x	Will work recovery/community support terminology into projects
82	I	Project Review	Section 6.b - wants PPS to have the opportunity to review comments of IA and be able to provide corrective changes	Westchester Medical Center				Noted; will discuss in webinar
83	I	Project Review	Wants details on termination process	Westchester Medical Center				Noted; will discuss in webinar
84	I	Project Valuation	Ensure a transparent process with full details provided to each PPS; improve calibration for discounting PPS project selections; disclose scoring details and ability to appeal; consider front-loading annual project value in early years to reflect need for upfront funding; all partial credit/not just pass/fail.	HANYS (Summary listed here; multipage specifics)	x			Transparency language?
85	I	Quality Council	Should include consumers representation	Schuyler Center	x			Will add
86	I	Quality Council	Want LGU representative on Quality Council	NYC Dept. of Health Mental Hygiene	x			Will add
87	I	Quality Council	Want PPS representation	Westchester Medical Center				Determined this would be a conflict of interest

88	I	Reporting Requirements	streamline and simplify reporting to avoid duplication; use Core Measure Vendors as a possible model; expand the breadth of learning collaboratives; develop a method to distribute performance measure payments more than once a year; provide clarification of interim and summative evaluation standards; reconcile real time reporting to the annual performance data; accelerate development of the portal	HANYS (Summary listed here; multipage specifics)	x			Add specificity on flowing payments between the years. Tie the project valuation amounts to the annual DSRIP fund targets from STCs.
89	I	Safety Net Definition	Should be limited to organizations that have substantial responsibility for uninsured/Medicaid/Duals	NYS Public Employees Federation				Safety net definition in STCs; no changes will be requested.
90	I	Safety Net Definition	Too broad -- needs to change	Commission on the Public's Health System				Safety net definition in STCs; no changes will be requested.
	I	Safety Net Definition/IAAF	Safety net definition is too broad and results in supporting hospitals that do not need the funds; This is make decision making process open to the public; This is particularly a problem since decisions about this funding is solely in the hands of the State Health Department (Governor) during an election year. In other states with a DSRIP programs limit funding to a true public and voluntary providers. We know that hospitals maintain different sets of financial information, so that even the financial status of a hospital can be reported in different ways. This is undoubtedly true within large hospital systems, where money can be moved around. Redefine safety net. Make decision making process for distribution of funds open to the public for IAAF.	J. Wessler				Safety net definition in STCs; no changes will be requested.
91	I	Safety Net Definition	wants adjustments for those providers who see far more of Medicaid, uninsured, duals than allowed for currently	NYC Dept. of Health Mental Hygiene				Safety net definition in STCs; no changes will be requested.
92	I	Safety Net Definition	Should be changed to 50% Medicaid, uninsured and dual eligible	District Council 37 AFSCME AFL-CIO				Safety net definition in STCs; no changes will be requested.
93	I	SHIP	Ensure integration of DSRIP and SHIP/ a clear chain of authority for managing these two interrelated initiatives should be clearly stated	Primary Care Development Corporation				State level issue; will address in webinar
94	I	State level review process	Who would qualify as a public stakeholder?	GNHA	x			
95	I	State Performance	How are managed care payments handled?	GNHA				Can clarify in webinar after managed care plan completed
96	I	Valuation	Fairest approach is to create a formula that takes into consideration each facilities' relative proportions of Medicaid/uninsured/dual eligible; actual funding should not be solely on PMPM but further adjusted for payer mix to ensure institutions with greater need get more money;	NYS Nurses Association				Valuation Comments will be taken into account as part of overall changes to valuation being discussed with CMS.
97	I	Valuation	PMPM of $15 is arbitrary; all project values appear to be arbitrary; free of evidence grounded in clincial or organizational experience	NYS Public Employees Federation				
98	I	Valuation	Does not agree with different value scores for creating a medical village in hospitals vs. nursing homes	Eva Eng				
99	I	Valuation	State should raise valuation benchmarks in line with the $15 pmpm. Should not be discounted based upon projects	Westchester Medical Center				
100	I	Valuation	Wants pass/fail process with pass being give 100%	Westchester Medical Center				
101	I	Valuation	Wants partial credit for improving metric; not pass/fail	Westchester Medical Center				
102	I	Valuation	SNF projects are valued less than hospital	Continuing Care Leadership Coalition				
103	I	Valuation	Wants valuation to consider the risk of the population; also wants to use average selected project score	GNHA				

104	I	Valuation	Wants application score criteria be more clearly defined	CHCANYS				
105	I/J	Community-based Groups	State should create a designated "Office of Technical Assistance" within the DOH with special representatives for community groups to enhance opportunities for non-traditional providers	Medicaid Matters				Learning Collaboratives and Support Teams are available to provide this assistance
106	I/J	Community-based Groups	Need an Office of Technical Assistance for community groups	Health People				Learning Collaboratives and Support Teams are available to provide this assistance
107	I/J	Disparities	Projects focused on disparities are not seen as high priority as they are scored lowed in the metrics.	Commission on the Public's Health System			x	Noted; addressing disparities is included in all projects; will review in Toolkit to ensure clarity on this.
108	I/J	Metrics	Provide a reporting waiver for areas affected by natural disasters; use risk adjusted measures where possible; appropriately weight the potentially avoidable services; provide separate behavioral health measures for the preventables; revise the clinical improvement metrics for DM (Remove PQI # 3 and replace with PQI # 14)	HANYS (Summary listed here; multipage specifics)		x		Noted re: issue of natural disasters and will identify a solution; will review the metric again-note the concern
109	I/J	Metrics	Wants adjustments of performance measure for socio-demographic status	Next Wave				Noted; no changes anticipated in measure evaluation
110	I/J	Metrics	State should provide potentially avoidable hospital measures for most SNF ; encourage SNF partnership	Continuing Care Leadership Coalition	x		x	Ensure SNF partnership in PPS
111	I/J	Workforce strategy; Projects	Include Community Health Workers and use of Peers in the PPS workforce strategy and milestones	Schuyler Center		x	x	Add CHW and assistance with outreach and health navigation to IDS
112	J	Care coordination	Issues raised about role of care management such as in HH vs. that in MMCP; Better define care management; clarify if voluntary; delineate safeguards for consumer confidentiality; clarify if consumers can choose a care manager; clarify service suite allowed; eligibility; appeals; description of staff qualifications for care management and structure for each model/definition of care; set case load limit policies; define process for client feedback; define how consumers can file a grievance; explain the interrelationship between disease management and case management and coordination between relevant providers	Medicaid Matters				Noted; can addres in webinar; some of this is addressed from Medicaid Managed Care regulations and Health Home policy
113	J	Data	Concerns around standardization of data; wants reporting through RHIOs	NYC Dept. of Health Mental Hygiene				Portal will address this issue.
114	J	Data	Consideration has to be given for data issues from Hurricane Sandy	NYC Dept. of Health Mental Hygiene				Noted
115	J	Disparities	People with disabilities are not mentioned	Elizabeth Berka				Are addressed in community needs assessment
116	J	Disparities	Addressing disparities not adequately evaluated by metrics; Metrics do not capture effect of SES	Fingers Lakes Health Systems Agency				Data will be provided that can be sorted by disparities for use by PPS; small cell size and lack of standards limit use for the state as a whole
117	J	Disparities	Inadequate evaluation of disparities; PPS should identify race, ethnicity, etc of population they serve so they can comply with all civil rights laws; Domain 4 metrics should better capture all health disparities not just the few listed.	Center for Independence of the Disabled, NY		x		Data will be provided that can be sorted by disparities for use by PPS; small cell size and lack of standards limit use for P4P or P4R for the state as a whole
118	J	Disparities	Measures should track disparities by age, race/ethnicity/gender	Schuyler Center		x		As above
119	J	Disparities	Inadequate evaluation of disparities; PPS should identify race, ethnicity, etc of population they serve so they can comply with all civil rights laws; Domain 4 metrics should better capture all health disparities not just the few listed.	Medicaid Matters				Data will be provided that can be sorted by disparities for use by PPS; small cell size and lack of standards limit use for the state as a whole

120	J	Disparities	Racial and disability disparities are not measured and tracked	New York Immigration Coalition		x		Data will be provided that can be sorted by disparities for use by PPS; small cell size and lack of standards limit use for the state as a whole
		Disparities	Racial and disability disparities are not measured and tracked	J. Wessler		x		Data will be provided that can be sorted by disparities for use by PPS; small cell size and lack of standards limit use for the state as a whole
	J	Attribution	Individual preferences and differences are not considered in PPS designation; unclear how race and ethnicity, primary language and disability are considered, if at all	J. Wessler	x			
121	J	HIV	Syringe exchange programs were not included in Project 3.e.i HIV/AIDS	NY Academy of Medicine			x	
122	J	Metrics	'Avoidable ED algorithms' use will yield underestimated truly avoided visits. Suggest using algorithms initially, but follow with rate adjusted for identifiable impacts	Fingers Lakes Health Systems Agency				Noted; concerns with standardized measure over the years of the project;
123	J	Metrics	PQI is very limiting as many avoidable admissions are not measured.	Fingers Lakes Health Systems Agency				Noted; these are standardized measures with baselines for comparison; could look at PPA as broader.
124	J	Metrics	Allow flexibility for exceptions to the project list; utilize NY Medicaid data to set performance targets; provide clarification on baseline data updates and impact on performance targets; avoid use of a moving target for performance evaluation	HANYS (Summary listed here; multipage specifics)				Will not be adding new projects
125	J	Metrics	No metric to measure quality of care for persons with LEP	Schuyler Center				Noted; Data will be provided that can be sorted by disparities for use by PPS; small cell size and lack of standards limit use for the state as a whole
126	J	Metrics	State should measure the physical access challenges for members and how providers are addressing; need a metric	Schuyler Center				This is be done through the NYS Capital funding
127	J	Metrics	Need more flexibile approach to metric selection with flexibility to propose additional metrics outside of the proposed list and to select limited subset from proposed metrics	Montefiore				No change planned
128	J	Metrics	Clarification needed on establishment of metric targets; must the state always chose between state and national or can DOH use discretion? Wants discretion	GNHA				Additional information on baselines and targets will be provided in webinar
129	J	Metrics	Do some metrics require medical record review?	GNHA				Yes; no changes required
130	J	Metrics	Move base year so does not include disruption by Sandy	Next Wave				Noted; under consideration
131	J	Metrics	Technical corrections were submitted internally to correct	Lindsay Cogan		X		Internal technical corrections done
132	J	Project	Projects should be developed locally and not by state	NYS Public Employees Federation				Noted
133	J	Project	System transformation - nothing inherently valuable in any of the listed tasks; PCMHs have not improved care	NYS Public Employees Federation				Noted
134	J	Project	Domain 3 Top down planning is inefficient; planning based on sloganeering will be ineffective; and dissipation of funds will lead to inequity; measure stewards listed do not have any supporting documentation or are proprietary;	NYS Public Employees Federation				Noted
135	J	Project	Domain 4 measures have not apparent basis in any analysis and only the general basis references to source; suffers from imprecision in definition, inattention to demonstration of the relevance of the measure to improvement in public health , lack of linkage to any peer reviewed or well accepted evidence;	NYS Public Employees Federation				Noted
136	J	Project	Project 2.a.v --more flexibility should be given to SNF to reduce bed capacity while developing alternate resource use at a different site	Eva Eng				Noted

137	J	Project	Domain 2 should not be capped at four projects; should be able to do 8	Eva Eng				Noted
138	J	Project	Medical village--"we would like to underscore the importance of having channels for repurposing inpatient capacity for other, non-inpatient uses such as urgent care and want to clarify that this type of activity will be fully supported	Montefiore			x	Noted; will clarify in toolkit can discuss further in webinar
139	J	Project	Project 2.a.i -- concerns expressed re: this will increase in primary care; provide projections of primary care capacity; concerns re: supporting electronic HR-- need mechanism for relief if do not meet due to factors out of control of the PPS; NCQA 2014 Level 3 is too aggressive; NYS Medicaid pays an incentive on 2011 so PCPs may stay with that to gain that money;100% RHIO connectivity by year 3 should be revised if affected by factors out of control of PPS;	NYC Dept. of Health Mental Hygiene				Noted; in discussion with Office of Quality and Patient Safety; no changes in J or toolkit
140	J	Project	Project 2.a.iii-- change to patients eligible for but not enrolled in HH; many people already eligible for HH but not enrolled	NYC Dept. of Health Mental Hygiene				Changes intent of project; no changes anticipated
141	J	Project	2.B.ix -- observation programs - if such programs become more standard, patients may incur charges from insurance companies that don't cover them	NYC Dept. of Health Mental Hygiene				Noted;
142	J	Project	Domain 2 concerns about timely access to data	NYC Dept. of Health Mental Hygiene				Noted; portal will enhance access to state available data
143	J	Project	How will PPSs be protected from being inappropriately penalized for high hospital readmission rates?	NYC Dept. of Health Mental Hygiene				Noted
144	J	Project	Domain 2 - Wants BMI added to this list since all adults should be screened for theirBMI	NYC Dept. of Health Mental Hygiene				Noted; recognize the importance of BMI; not clear fits Domain 2; collection difficulties
145	J	Project	Domain 2- Want rates of incarcertaion and/or arrest be considered an avoidable event to measure transformaton	NYC Dept. of Health Mental Hygiene				Good idea; data availability is an issue
146	J	Project	Domain 3 wants to use NQF #0028 instead of #0027; used in MU	NYC Dept. of Health Mental Hygiene				This was a discussion with CMS; #0027 was agreed on
147	J	Project	Domain 4 - wants percentage of mothers exposed to intimate partner violence; rates of tobacco use at the end of pregnancy and three months postpartum based on results of NYC Preg. Risk Assessment Monitoring System	NYC Dept. of Health Mental Hygiene				Noted; will continue alignment with Prevention Agenda; adding additional metrics not collected on a state-wide basis
148	J	Project	MOLST should be specifically called out in palliative care projects; in 3.g.i, more than IHI's "Conversation Ready" should be allowed	CompassionAndSupport.org			x	Agreed; will add
149	J	Project	Wants definition of eligible providers for RHIO, etc to allign with meaningful use	Westchester Medical Center				Already is aligned; can clarify in FAQs
150	J	Project	For Domain 2, C. connecting systems, does not want all metrics from A and B to apply; wants a subset	Westchester Medical Center				Noted; no change warranted
151	J	Project	Domain 3 clinical improvement; wants PPS to be able to propose specific metrics; their project for prenatal is one year but the metrics are for two years	Westchester Medical Center				Noted; no change warranted
152	J	Project	Palliative Care issues with using UAS	Westchester Medical Center				Noted; no change warranted
153	J	Project	Wants more flexibility in picking Domain 2 projects	Continuing Care Leadership Coalition				Noted; no change warranted
154	J	Project	Confusion on the use of project in two ways	GNHA				Terminology from CMS; no change is planned
155	J	Project	For Article 40 hospices to work with behavioral health clients, there is need for regulatory relief; is this being considered	Hospice and Palliative Care of St. Lawrence Valley				Called this provider and advised him this is possible; will need to provide the information for review
156	J	Project	Wants DOH to expand upon definiton of evidence based home visiting to include other successful models in addition to NFP such as HFNY	Public Health Solutions			x	Noted; will add in toolkit
157	J	Project	Want an additional project that exclusively focuses on increasing access to and use of contraceptive methods with a focus on long-acting reversible contraceptives	Public Health Solutions				No additional projects will be added

158	J	Project	Modifications: 2.a.v--expand to psychiatric facility, congregate housing unit or other institution that may be modified to offer community based services and housing supports; 2.b.iii-ED care triage for at risk populations--before and after admission to transition to appropriate community supports;	NYAPRS			x	will work language into toolkit -- cannot change 2.a.v without significant change in intent;
159	J	Project	Add: 2.c.iii--expand transportation access for health and non-health related appointments for at-risk populations; 3.a.vi -- Outreach and engagement to behaviorally at risk populations in underserved communities; 3.e.ii --Behavioral health interventions for persons with HIV/AIDS	NYAPRS			x	will work language into toolkit; new projects are not added, but reviewing to ensure concepts are captured in toolkit
160	J	Project	Wants more expansive definition of medical village using alternative site	Continuing Care Leadership Coalition				Noted
161	J	Project	Palliative care issues with using UAS; wants more points for integration into the community	Continuing Care Leadership Coalition				Noted
162	J.	Project	Renal Care -- wants different metrics	Westchester Medical Center				Note the concern; was addressed when J was written