



**Department  
of Health**

# New York DSRIP 1115 Quarterly Report

April 1, 2015 – June 30, 2015  
Year 1, First Quarter

**August  
2015**

**[www.health.ny.gov/dsrip](http://www.health.ny.gov/dsrip)**

**Office of Health  
Insurance Programs**

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# New York DSRIP

## Section 1115 Quarterly Report

### Year 1, 1<sup>st</sup> Quarter

## Introduction

On April 14, 2014 Governor Andrew M. Cuomo announced that New York finalized Special Terms and Conditions (STCs) with the federal government for a groundbreaking waiver to allow the New York State Department of Health (DOH) to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms. The STCs serve as the governing agreement between DOH and the Centers for Medicare and Medicaid Services (CMS) under the 1115 Waiver, also known as the Partnership Plan. The STCs outline the implementation of MRT Waiver Amendment programs, authorized funding sources and uses, and other requirements.

The waiver amendment programs address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program promotes community-level collaborations and focuses on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers are required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. All DSRIP payments are based on performance linked to achievement of project milestones.

In addition, the STCs commit DOH to comprehensive payment reform and continue New York's efforts to effectively manage its Medicaid program within the confines of the Medicaid Global Spending Cap.

## Year 1 Focus

This report summarizes the activities from April 1, 2015 through June 30, 2015, the first quarter of Year 1. This quarterly report includes details pertaining to the first quarter of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, and development of key DSRIP policies and procedures. A comprehensive DSRIP website was launched on April 14, 2014 and is available at: [www.health.ny.gov/dsrp](http://www.health.ny.gov/dsrp).

## Summary of Key Accomplishments for the Quarter

Highlights of this quarter, which are further described in the report, include:

- The state formally announced Performing Provider Systems (PPS) specific valuations for the 25 approved PPS. <https://www.governor.ny.gov/news/governor-cuomo-announces-medicaid-redesign-efforts-saving-taxpayers-billions>
- PPS submitted Domain 1 Implementation Plans inclusive of organizational components such as Governance, Workforce Strategy, Financial Sustainability, Cultural Competency and Health Literacy, and Project 2.a.i.
- The DSRIP Independent Assessor (IA), the DOH Office of Health Insurance Programs (OHIP), and DOH partner agencies including the NYS Office of Mental Health (OMH), NYS Office of Alcoholism and Substance Abuse Services (OASAS), and the NYS Office for People with Developmental Disabilities (OPWDD) reviewed the Implementation Plans, compiled recommendations and submitted feedback to PPS.
- DOH and its vendors hosted extensive stakeholder engagement activities and public events.
- DOH released the Implementation Plan and Quarterly Reporting tool on Medicaid Analytics Performance Portal (MAPP). This is the tool that PPS will use to submit completed Project Implementation Plans and to update DSRIP implementation progress through the PPS Quarterly Reports.
- The Value Based Payment (VBP) Workgroup, consisting of key stakeholders from various constituencies around the state, convened to review and refine the Roadmap to Value Based

Payment in accordance with CMS feedback.

## Stakeholder Engagement Activities, Transparency, and Public Forums

The period covering April 1, 2015 through June 30, 2015 included extensive stakeholder engagement activities detailed below:

- **April 2015:** Recurring PPS CIO Steering Committee meetings began and will continue on a monthly basis.
- **April 10, 2015:** Domain 1 Project Requirements Reporting Guidance live webinar was hosted with the subsequent release of a Question & Answer document based on the questions raised during the webinar.
- **April 21, 2015:** Domain 1 Achievement Values live webinar was hosted with the subsequent release of a Question & Answer document to address questions raised during the webinar.
- **April 21, 2015:** IT Target Operating Model (TOM) Update webinar was released to kick off a weekly series of IT workshops at 4 pilot PPS locations. These workshops continued throughout June, with a target end date in September 2015.
- **April 22, 2015:** Data and Security webinar on the Data Exchange Application & Agreement (DEAA) Addendum, which serves as the agreement between DOH and the PPS for the sharing of PHI and 2-Factor Authentication, a process to be implemented by DOH to enhance IT security for Protected Health Information (PHI), was released for PPS resource.
- **April 24, 2015:** Revised VBP Roadmap submitted to CMS.
- **April 29, 2015:** Vital Access Provider Assurance Program (VAPAP) applicant conference and webcast.
- **May 1, 2015:** Implementation Plan Submission Checklist provided to PPS.
- **May 7, 2015:** Project valuation award letters were released to PPS.
- **May 8, 2015:** PPS were offered half-day, web-based, skill-based continuing education courses Salient Interactive Miner (SIM) New Analyst training.
- **May 15, 2015:** DSRIP Integrated Service Application notification was released to PPS.
- **May 21, 2015:** DSRIP IT TOM Update teleconference was hosted to share findings from work with PPS pilot workshops.
- **May 26, 2015:** Domain 3 Perinatal Project webinar and materials, Part 1 was released.
- **June 2015:** The PPS, providers, and Qualified Entities (QEs) were engaged to participate in a survey aimed at gathering information to determine connectivity between the RHIOs and PPS partners.
- **June 2015:** A series of MAPP trainings and user guidance were provided to PPS.
- **June 1, 2015:** PPS submitted Domain 1 Implementation Plans to the IA and DOH including Project 2.a.i for initial review and feedback.
- **June 2, 2015:** A PPS Care Management and Population Health Vendor Forum was held and included participation of PPS technology officers.
- **June 9, 2015:** DSRIP Baseline webinar was released.
- **June 10, 2015:** Reference Guide for DSRIP Domain 4 Projects Implementation Planning document was released.
- **June 18, 2015:** Revised Domain 1 DSRIP Project Requirements Milestones and Metrics document was released to PPS. The document provides clarification to questions raised by PPS based on a prior version released in March 2015.
- **June 18, 2015:** All-PPS meeting was held in New York City, during which the PPS Learning Symposium (Learning Collaborative, per the STCs) and the MAX series were introduced as the DSRIP knowledge sharing conferences that will continue over the five year waiver period.
- **June 22, 2015:** Funds Flow & New Corporation (NewCo) guidance document, FAQ and webinar was released.
- **June 22, 2015:** Domain 3 Perinatal Project webinar and materials, Part 2 was released.
- **June 26, 2015:** Non-Claim Based Measures for Domain 2 & 3 webinar was released.
- **June 26, 2015:** Revised VBP Roadmap submitted to CMS to address CMS feedback/comments.
- **June 29, 2015:** Governor Cuomo announced DSRIP PPS specific valuation through an official

Press Release.

For more information visit [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrrip/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/)

## **DSRIP Program Implementation Accomplishments**

### **DSRIP PPS Valuation Awards Announced**

Following the formal approval of DSRIP Project Plans, the 25 approved PPS received final DSRIP Project Plan valuations. These valuations were announced through PPS Award Letters sent to each of the PPS on May 7, 2015. A formal announcement by way of a Press Release from Governor Cuomo was released on June 29, 2015. The Press Release is available at:

<https://www.governor.ny.gov/news/governor-cuomo-announces-medicaid-redesign-efforts-saving-taxpayers-billions>

### **DSRIP Domain 1 Implementation Plan Submission**

On June 1, 2015, the 25 PPS submitted Domain 1 Implementation Plans for review by the IA. These implementation plans focused on the organizational sections of the DSRIP Project Plans, including Governance, Financial Sustainability, Workforce Strategy, Cultural Competency and Health Literacy, and additional organizational sections prescribed by DOH and Project 2.a.i. These plans describe the activities each PPS intends to complete as they work towards completing the organizational and project implementation milestones to earn Domain 1 performance payments.

### **DSRIP Requests for New York Regulatory Waivers**

New York State Public Health Law (PHL) § 2807(20)(e) and (21)(e) authorize the waiver of regulatory requirements for DSRIP projects and capital projects that are associated with DSRIP projects by the following agencies:

- Department of Health (DOH),
- Office of Mental Health (OMH),
- Office of Alcoholism and Substance Abuse Services (OASAS), and
- Office for People With Developmental Disabilities (OPWDD)

Each of the agencies listed above will be engaged in the regulatory waiver process as needed based on the specific waivers requested.

Following the March 13, 2015 review of requests for regulatory waivers, a total of 101 were approved; conditional on the receipt of additional information or the completion of further applications.

The primary source of conditional approval was for the request to waive regulations under Mental Hygiene Law (MHL) Articles 28 (DOH), 31 and 32 (OMH & OASAS), in order to allow the co-location and integration of primary care, mental health, and behavioral health services. To facilitate this request, DOH, OMH and OASAS have determined that the requests will be processed through the Licensure Threshold Model (LTM). OPWDD regulations do not prevent Developmentally Disabled Medicaid members from receiving services at these locations. Some OPWDD providers are already co-located with primary/behavioral health providers. Based on the nature of the regulatory waiver requests, OPWDD did not engage in this round of regulatory waivers.

DOH, OMH and OASAS have established parameters for the LTM and certification of providers offering services under DSRIP Project 3.a.i Licensure Threshold. In May of 2015, PPS leads were notified of the availability of the application documents and instructions, which can be found at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrrip/regulatory\\_waivers/draft\\_appl\\_instructions.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/regulatory_waivers/draft_appl_instructions.htm)

## Roadmap to Value Based Payments (VBP)

A key requirement in the STCs governing DSRIP is the development of the state's Roadmap to VBP. In support of the state's efforts, over 25 stakeholder interviews were conducted to share preliminary VBP concepts considered by DOH, to discuss key elements of developing a VBP model, and to request feedback and suggestions for DOH consideration.

Stakeholders engaged during the interview process included New York State managed care organizations, representative organizations including the health plan associations, hospital associations, legal firms specializing in health care contracting, other state agencies, and community based providers, patient advocates, PPS and other industry experts in VBP. Key themes and challenges identified during this stakeholder engagement process were documented and reviewed throughout the development process of the VBP Roadmap.

During this quarter DOH continued to convene the VBP Workgroup, a formal group of stakeholders and expansion of the Medicaid Reform Team's Global Cap Work Group. The meetings permitted interactive input into the development and refinement of the VBP Roadmap, and the strategic vision for how the state will effectively transition toward a value based payment model for Medicaid reimbursement. DOH released the VBP Roadmap for public comment on March 2, 2015 for a period of 30 days. DOH submitted several drafts of the VBP Roadmap to CMS with the final draft submitted to CMS for review and approval in April 2015.

DOH will continue to conduct stakeholder meetings with the VBP Workgroup, as well as VBP sub-committees, to discuss the design and implementation of the VBP Roadmap.

## DSRIP COPA/ACO Application Process

During April 1, 2015 through June 30, 2015, there were no new ACO or COPA applications filed by DSRIP participating PPS. The state, with technical support from the IA, continued efforts towards making final determinations on the COPA applications by the end of the DSRIP Year 1, Third Quarter. These efforts included a presentation on market assessment to the New York Attorney General's Office, the submission of letters to the COPA applicants regarding requests for additional information or clarification in support of their application, and the creation of a white paper on requirements for state action immunity from federal and state antitrust laws.

COPA and ACO certificates of authority may or may not be appropriate, or granted in all cases. If granted, they are subject to ongoing monitoring. PPS were encouraged to explore all options and contingencies when designing their DSRIP projects.

Summaries of COPA applications received to date are available at [https://www.health.ny.gov/health\\_care/medicaid/redesign/copa/docs/copa\\_application\\_summaries.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/copa/docs/copa_application_summaries.pdf), and information regarding ACO certificates of authority is available at [http://www.health.ny.gov/health\\_care/medicaid/redesign/aco](http://www.health.ny.gov/health_care/medicaid/redesign/aco).

## Quarterly Expenditures

### Performance Payments

The first DSRIP Performance Fund payments, totaling \$866,738,947 (all funds) were made during the period April 1, 2015 through June 30, 2015, following the approval of the DSRIP Project Plans and the release of project plan valuations for the 25 PPS. Award Letters were sent to the 25 PPS on May 7, 2015. Payments were made to the Public Hospital led PPS on May 18, 2015 and to the Safety Net PPS on May 28, 2015. The payments were made in accordance with Attachment I of the STCs and represent 60% of the DSRIP Year 1 Performance Funds available. The DSRIP Project Plans were submitted in December 2014 and the approval of the plans was announced in March 2015. Please see attachment A for all DSRIP

Performance Fund payments made during this quarter.

## Other New York State DSRIP Program Activity

### DSRIP Project Management

DSRIP project management efforts were implemented throughout this quarter with the continued use of the successful MRT process and work plan format, with key DSRIP staff meeting twice weekly and reporting on DSRIP progress to New York's Medicaid Director. DSRIP project management meetings include staff from the IA and the DSRIP Support Team (DST) as well as IT vendors tasked with developing tools in support of DSRIP. Meetings will continue through DSRIP Years 1 – 5.

DOH has established additional, separate project management meetings with the IA and the DST and a joint meeting involving key staff from DOH, the IA, and the DST. These meetings allow for more in depth reviews of project deliverables with each vendor and to address any policy considerations requiring New York input.

### Additional DSRIP Support

DOH continues to support the DSRIP program and the 25 PPS through a wide range of activities and resources. During April 1, 2015 through June 30, 2015, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

### PPS Data and Performance Management

The IA supported DOH in defining DSRIP data and performance management policy and activities included the following:

- The IA analyzed PPS valuation data and developed an Achievement Value (AV) and payment distribution model for DSRIP incentive and high performance funding.
- Created a dataset of all DSRIP measures defined in Attachment J and measure specification guide to track state performance targets, measure sources, and other measure characteristics.
- Developed data collection procedures for collection of non-claims-based measures used in Domain 2-4 performance measurement.
- Analyzed PPS baseline data for visualization of baseline performance against state performance targets for use in future Dashboard functionality in MAPP.

### PPS Domain 1 Implementation Plans including Organizational Sections and Project 2.a.i Review

Upon receipt of the 25 PPS Domain 1 Implementation Plans, the IA conducted an initial completeness review to ensure all of the required information was included in the plans. Following the completeness review, the plans were provided to a team of five IA reviewers who were responsible for conducting reviews and providing feedback on the plans. Additionally, the plans were reviewed by the DOH OHIP and our state agency partners including OMH, OASAS and OPWDD and their comments were incorporated in the feedback presented to the PPS by the IA. The reviews began June 1, 2015 and feedback was provided to the PPS on July 1, 2015.

### MRT Innovation eXchange (MIX)

The MIX was created to centrally manage the development of an interactive public discussion platform for sharing ideas and insights into the DSRIP program specifically, and Medicaid reform more generally. This has proven to be a valuable resource for engaging a wide variety of stakeholders in the DSRIP program. The MIX platform was launched in October 2014. After launch, activities included promoting the MIX to new users, communicating with existing users, moderating ongoing discussions, and producing weekly newsletters. From April 1, 2015 – June 30, 2015, the MIX launched a series of challenges to further involve participants and obtain feedback on various DSRIP initiatives. Challenge

topics included Patient Engagement in DSRIP, Appreciating Social Determinants of Health and Cultural Competency, Successful DSRIP Implementation in 2020 and a Live Q & A with Jason Helgerson.

### **Information Technology (IT) strategy**

The DST IT Strategy Team held planning sessions for PPS to increase their understanding of their current and future IT system requirements. These on-site workshops involved discussions of current IT architecture, PPS gap assessment, risk matrix, workflow considerations, Regional Health Information Organization (RHIO) analysis, Health Home project assistance, and a mock-up of IT architecture future state. The IT Strategy Team continued to support PPS and CIOs through involvement with the MAPP CIO Steering committee and the related workgroups, and vendor forums through weekly check-ins and monthly formal meetings. From these meetings, the DST produced participant comment sheets, high-level vendor requirements, vendor case demonstration scripts, and aids for engaging key stakeholders throughout the process.

In addition, the IT Target Operating Model (IT TOM) group created blueprints, requirements, scenarios, and use cases for Projects 2.a.i & 3.a.i to help propel a PPS organizational, technical, and functional readiness to meet DSRIP goals. This group facilitated weekly workshops at four pilot PPS locations to help these PPS navigate through technical requirements. These workshops are projected to last until October 31, 2015.

### **Medicaid Data Support**

The DST Tiger Team worked with Salient to prepare bookmarks/collections in the Subscriber Identity Module (SIM) tool that supported PPS in their estimations of target populations at the project level under each domain. PPS also engaged the team to answer data requests that SIM-trained PPS resources (some PPS employees, other PPS consultants/third parties) sent to a DST monitored email address.

### **Direct PPS support**

The DST worked to support each PPS by providing tools, analysis, information sessions and day to day support to assist with the development of PPS DSRIP Implementation Plans. Day to day assistance included answering DSRIP related questions, clarifying DSRIP documentation and requirements, providing subject matter support, notifying PPS of upcoming releases, evaluating each PPS implementation plan approach, providing weekly status reports to DOH on PPS implementation plan progress and ensuring that PPS are appropriately equipped to meet DSRIP deadlines.

In addition, the DST is planning for a 12-month Medicaid Accelerated eXchange (MAX) series, which is a learning system that brings together a large number of teams from PPS to seek improvement and change in a focused topic area. DST deliverables will include topic selection, partnership with at least one external partner per topic, MAX series program design, three MAX face-to-face clinics per topic, ongoing support to PPS including conference calls, and a summary presentation and publication. Although the MAX series is not scheduled to officially begin until October 2015, the DST has begun to plan for the timeline and agendas, and include stakeholder participation.

## **Capital Restructuring Finance Program (CRFP) Request for Applications (RFA)**

The CRFP grant program is designed to complement awards granted through DSRIP and will support capital projects to strengthen and promote access to essential health services. The program was initialized in the 2014-15 enacted state budget and expanded in the 2015-16 enacted state budget.

The Request for Applications for the CRFP was originally released in a previous quarter. The RFA was revised and the timeline was moved forward. Applications under the revised RFA were due on May 6, 2015 and are under review. Additional information regarding the CRFP RFA will be included in subsequent quarterly reports.

More information and all other supporting materials can be found at the following:

link: <http://www.health.ny.gov/funding/rfa/1504100252/index.htm>



## Upcoming Activities

DSRIP Year 1 began on April 1, 2015. Future reports will also include updates on additional activities as required by the STCs and related attachments. The following list identifies anticipated activities for the upcoming quarter.

- **July 1:** PPS receive feedback from IA on Domain 1 Implementation Plans
- **July 22:** PPS Partner Networks posted to website
- **August 7:** PPS First Quarterly Report (4/1/15 - 6/30/15) / Domain 1 (revised) & Project Implementation Plans due from PPS
- **September 8:** PPS receive feedback from IA on PPS First Quarterly Report / Domain 1 and Project Implementation Plans; 15-day Remediation window begins
- **September 15:** Additional Regulatory Waiver Requests due from PPS
- **September 17 – 18:** PPS Statewide Learning Symposium
- **September 22:** Revised PPS First Quarterly Report / Domain 1 & Project Implementation Plans due from PPS; 15-day Remediation window closes
- **September-October:** DSRIP notice and Opt out letters mailed to Medicaid members
- **October 7:** Final Approval of the PPS First Quarterly Report / Domain 1 & Project Implementation Plans
- **October 9:** All-PPS Meeting
- **October 13:** Final PPS First Quarterly Reports / Domain 1 & Project Implementation Plans posted to website

Additional information regarding DSRIP Year 1 key dates can be found at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/timelines/index.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/timelines/index.htm)

## Additional Resources

More information on the New York State DSRIP Program is available at: [www.health.ny.gov/dsrp](http://www.health.ny.gov/dsrp).

Interested parties can sign up to be notified of DSRIP program developments, release of new materials, and opportunities for public comment through the Medicaid Redesign Team listserv. Instructions are available at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/listserv.htm](http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm)

**Attachment A – DSRIP Performance Fund Payments**

## New York State Medicaid Redesign Team (MRT) DSRIP Performance Payments Report

Quarter: April 1, 2015 - June 30, 2015

PPS	Lead Provider Name	Provider ID	Performance Payments				All Other Medicaid Payments Received by the Provider*								Total		
			Payment Date	DSRIP Total Payment Amount	FFP Amount	Funding Source (Non-Federal Share)	Base	Supplemental	UPL	VAP	DSH	Medical Home Awards	ICA	OMIG			
<b>Public:</b>																	
Millennium Collaborative Care	Erie County Medical Center	00245863	18-May	\$ 54,571,258.21	\$ 27,285,629.10	IGT	\$ 11,261,535.31	\$ -	\$ -	\$ -	\$ -	\$ 237,154.00	\$ 2,031,500.00	\$ -			\$ 68,101,447.52
The New York City Health and Hospitals Corporation	Jacobi Medical Center	246048 / all HHC	11-Jun	\$ 333,391,311.76	\$ 166,695,655.88	IGT	\$ 298,823,563.90	\$ -	\$ 599,099,607.00	\$ -	\$ 200,000,000.00	\$ 21,226,317.00	\$ 94,224,919.00	\$ 4,979.00			\$ 1,546,770,697.66
Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	02997368	18-May	\$ 127,489,507.11	\$ 63,744,753.55	IGT	\$ 15,474,425.24	\$ -	\$ -	\$ -	\$ -	\$ 670,033.00	\$ 5,714,257.00	\$ -			\$ 149,348,222.35
Westchester Medical Center	Westchester Medical Center	00274213	18-May	\$ 75,299,136.44	\$ 37,649,568.22	IGT	\$ 5,201,002.19	\$ -	\$ -	\$ -	\$ -	\$ 354,926.00	\$ -	\$ -			\$ 80,855,064.63
<b>Total Public:</b>				<b>\$ 590,751,213.52</b>	<b>\$ 295,375,606.76</b>		<b>\$ 330,760,526.64</b>	<b>\$ -</b>	<b>\$ 599,099,607.00</b>	<b>\$ -</b>	<b>\$ 200,000,000.00</b>	<b>\$ 22,488,430.00</b>	<b>\$ 101,970,676.00</b>	<b>\$ 4,979.00</b>			<b>\$ 1,845,075,432.16</b>
<b>Safety Net:</b>																	
Adirondack Health Institute	Adirondack Health Institute	03449974	2-Jun	\$ 16,917,526.21	\$ 16,917,526.21	N/A	\$ 229,670.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 17,147,196.71
Advocate Community Providers	Advocate Community Providers, Inc	04023823	28-May	\$ 32,292,614.95	\$ 32,292,614.95	N/A	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 32,292,614.95
Albany Medical Center Hospital	Albany Medical Center Hospital	03000364	28-May	\$ 12,728,689.12	\$ 12,728,689.12	N/A	\$ 16,050,615.86	\$ -	\$ 446,076.12	\$ -	\$ -	\$ 536,810.00	\$ -	\$ -			\$ 29,762,191.10
Alliance for Better Health Care, LLC (Ellis)	Alliance For Better Health Care, LLC	04025678	28-May	\$ 22,522,470.13	\$ 22,522,470.13	N/A	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 22,522,470.13
Bronx-Lebanon Hospital Center	Bronx-Lebanon Hospital Center	00476022	28-May	\$ 6,906,676.95	\$ 6,906,676.95	N/A	\$ 49,980,038.48	\$ -	\$ 2,287,134.36	\$ -	\$ -	\$ 3,629,571.00	\$ -	\$ -	\$ 31,273.14		\$ 62,834,693.93
Finger Lakes PPS	Finger Lakes Performing Provider System	04041594	28-May	\$ 50,721,698.94	\$ 50,721,698.94	N/A	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 50,721,698.94
Lutheran Medical Center	NYU Lutheran Medical Center	02996078	28-May	\$ 6,569,034.40	\$ 6,569,034.40	N/A	\$ 33,996,606.23	\$ -	\$ 1,412,118.12	\$ -	\$ -	\$ 2,146,347.00	\$ -	\$ -			\$ 44,124,105.75
Maimonides Medical Center	Maimonides Medical Center	02998736	28-May	\$ 20,827,139.48	\$ 20,827,139.48	N/A	\$ 34,488,736.75	\$ -	\$ 1,419,074.44	\$ 1,250,000.00	\$ -	\$ 518,984.00	\$ -	\$ -			\$ 58,503,934.67
Mohawk Valley PPS (Bassett)	Bassett Medical Center	03000593	28-May	\$ 6,402,475.93	\$ 6,402,475.93	N/A	\$ 3,107,839.20	\$ -	\$ 117,061.98	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 9,627,377.11
Montefiore Hudson Valley Collaborative	Montefiore Medical Center	02998167	28-May	\$ 11,695,439.45	\$ 11,695,439.45	N/A	\$ 120,747,154.33	\$ -	\$ 4,287,727.08	\$ -	\$ -	\$ 2,702,917.00	\$ -	\$ -	\$ 34,786.66		\$ 139,468,024.52
Mount Sinai Hospitals Group	Mount Sinai PPS, LLC	04022868	28-May	\$ 13,186,101.44	\$ 13,186,101.44	N/A	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 13,186,101.44
Refuah Health Center	Refuah Community Health Collaborative	01421705	28-May	\$ 2,041,287.83	\$ 1,020,643.91	IGT	\$ 4,742,098.99	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 6,783,386.82
Samaritan Medical Center	Samaritan Medical Center	03001594	28-May	\$ 7,013,376.57	\$ 3,506,688.28	IGT	\$ 1,425,235.54	\$ -	\$ 110,973.24	\$ 4,500,000.00	\$ -	\$ 113,999.00	\$ -	\$ -			\$ 13,163,584.35
Sisters of Charity Hospital aka Community Partners of WNY (Catholic Medical Partners)	Sisters of Charity Hospital of Buffalo, New York	03001705	28-May	\$ 4,122,792.46	\$ 2,061,396.23	IGT	\$ 3,706,747.95	\$ -	\$ 239,991.54	\$ -	\$ -	\$ 65,437.74	\$ -	\$ 7,417.68			\$ 8,142,387.37
Southern Tier Rural Integrated PPS (United)	Southern Tier Rural Integrated Performing Provider System	04022831	28-May	\$ 20,295,475.35	\$ 10,147,737.67	IGT	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 20,295,475.35
St. Barnabas Hospital (dba SBH Health System)	SBH Health System	00243361	28-May	\$ 16,157,743.35	\$ 8,078,871.68	IGT	\$ 19,197,656.19	\$ -	\$ 1,314,793.20	\$ -	\$ -	\$ 2,661,627.00	\$ -	\$ -			\$ 39,331,819.74
Staten Island Performing Provider System, LLC	Staten Island Performing Provider System, LLC	04021298	28-May	\$ 19,852,306.82	\$ 9,926,153.41	IGT	N/A**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 19,852,306.82
The New York and Presbyterian Hospital	The New York and Presbyterian Hospital	00243178	28-May	\$ 4,632,392.78	\$ 2,316,196.39	IGT	\$ 49,986,283.42	\$ -	\$ 2,025,091.74	\$ -	\$ -	\$ 3,622,504.00	\$ -	\$ -			\$ 60,266,271.94
The New York Hospital Medical Center of Queens	The New York Hospital Medical Center of Queens	02998992	28-May	\$ 1,102,491.23	\$ 551,245.62	IGT	\$ 17,145,779.06	\$ -	\$ 998,286.66	\$ -	\$ -	\$ 510,813.00	\$ -	\$ -			\$ 19,757,369.95
<b>Total Safety Net:</b>				<b>\$ 275,987,733.40</b>	<b>\$ 238,378,800.21</b>		<b>\$ 354,804,462.50</b>	<b>\$ -</b>	<b>\$ 14,658,328.48</b>	<b>\$ 5,750,000.00</b>	<b>\$ -</b>	<b>\$ 16,509,009.74</b>	<b>\$ -</b>	<b>\$ 73,477.48</b>			<b>\$ 667,783,011.60</b>
<b>Grand Total:</b>				<b>\$ 866,738,946.92</b>	<b>\$ 533,754,406.97</b>		<b>\$ 685,564,989.14</b>	<b>\$ -</b>	<b>\$ 613,757,935.48</b>	<b>\$ 5,750,000.00</b>	<b>\$ 200,000,000.00</b>	<b>\$ 38,997,439.74</b>	<b>\$ 101,970,676.00</b>	<b>\$ 78,456.48</b>			<b>\$ 2,512,858,443.76</b>

\*All other Medicaid payments received by the provider are based on the April-June 2015 time period.  
 \*\*N/A is a result of that PPS being a NewCo