The following document contains OneCity Health PPS' responses to the NYS Department of Health Independent Assessor's (IA) recommendations contained within the Mid-Point Assessment Final Report.

Attachments:

1) OneCity Health Mid-Point Assessment Action Plan Template
    a. OneCity Health MPA Implementation Plan Template (Partner Engagement, 2.a.i)
    b. OneCity Health Partner Engagement
    c. OneCity Health Funds Flow

Mid-Point Assessment Recommendation:

Written in response to the following IA Mid-Point Assessment Partner Engagement Recommendations for OneCity Health:

1. **2.a.i** – The IA recommends that the PPS develop a plan to increase partner engagement to ensure the PPS is able to successfully meet project implementation milestones, performance metrics, and DSRIP goals.
2. **Partner Engagement** – The IA recommends that the PPS develop a plan to execute increased partner engagement across all projects being implemented by the PPS.

Note – The Q&A companion document to the March 1, 2017 MPA Action Plan Web-Ex allowed PPS to submit one narrative in response to overlapping recommendations. The narrative below and accompanying partner action plan and engagement table has been completed to address both the IA's 2.a.i and Partner Engagement recommendations regarding the development of a plan for increased partner engagement. Partner engagement, as defined by the IA on the webinar, should reflect those partners with which OneCity Health has executed contracts.

OneCity Health Action Plan Narrative:

Summary

OneCity Health recognizes the importance of full partner engagement throughout the PPS and as part of the DSRIP initiative. As stated during the public comment period, the PPS believes that partner engagement as reflected in the Mid-Point Assessment was understated due to the reporting mechanisms provided to the PPS.

To reassess historical engagement efforts, OneCity Health revised its approach to completing the Provider Import/Export Tool (PIT) in DSRIP Year 2 Quarter 3 (DY2 Q3) whereby participation in projects was based on provider type applicability for a given project. Identifiers/records associated with a given partner were considered as "participating" based on the projects for which the partner was contracted (eligible to receive funds flow) during DY2 Q3. This approach was applied based on new learning of a common PIT methodology used by other PPS. Using this revised methodology of enumerating participation, OneCity Health's most recent submission (not yet validated by the IA) achieved 120% of the total committed 2.a.i partner engagement target.

We appreciate that the IA and the New York State Department of Health gave consideration to PPS feedback and developed a new method to allow flexibility in reporting partner types (and funds flow) that more accurately reflects our approach to engaging partners in contracting and network development.

Going forward, OneCity Health has developed a DY3 plan that will engage partners in an upcoming phase of contracting through a sustained flow of information, expansion of training opportunities, and provision of technical assistance for community primary care and community-based social services providers as outlined in the following sections below:

1) Phase II (beginning April 1, 2017) contracting engagement and education;
2) Community-based organization (CBO)-provided strategic advisory services and capacity building
3) Engagement for and provision of workforce training
4) Implementation of social services and non-social services referral platform for non-clinical partners
5) PCMH technical assistance for eligible primary care

Each of these strategies is designed to increase partner engagement; either directly through contracting or indirectly by positioning partners to successfully meet PPS goals. As detailed below, planning for these activities is well underway, with key components of the plan set for completion before September 30, 2017.

Phase II Contracting Engagement and Education

OneCity Health began partner engagement and education in December of 2016, through a series of presentations to both the Business Operations & IT Committee and the Executive Committee, comprised of fiduciary and network partner membership. In February, the Executive Committee approved an up to $85 million allocation for the next phase of partner contracting and funds flow. This next phase, Phase II, is a nine-month period covering April 1 – December 31, 2017 and is expected to include over 200 partners.

OneCity Health will provide detailed instructions and companion documents to facilitate partners' understanding of Phase II requirements and anticipated support from OneCity Health. Proactive outreach to partners has begun by the PPS to provide more detailed information and answer questions. Further targeted effort will begin the week of March 20 and continue through the signing of the contract by deadline of May 15. Additional support to partners will be ongoing throughout the contract year. As in Phase I, contracting information and support will also be provided to partners during monthly webinars, bi-weekly newsletters, targeted e-mail communication, and via Project Advisory Committees (PACs). PACS are designed to obtain partner input on projects and other PPS initiatives while offering partners an opportunity to network. Phase II contracts were discussed at the March 8 PAC meeting, and will continue to be on the agenda for the next meeting for as long as needed. Additional details regarding the communication strategy is provided in Table 1 below. All partners will continue to have access to the OneCity Health Support Desk for any questions or other support weekdays from 9-5pm. Engagement focused on supporting partners in understanding and beginning initial work on Phase II contract deliverables is scheduled to continue through July.

Table 1.

Strategic Communication (with links)	Frequency	Description	Planned Communication Dates (Mar-Sep 2017)
Newsletters	Bi-weekly and as needed	Contracting related discussions include: reporting support; project implementation; performance management; new contracting opportunities; cultural competency/health literacy activities	3/17, 3/31, 4/7, 4/21, 5/5, 5/19, 6/2, 6/16, 6/30, 7/14, 7/28, 8/11, 8/25, 9/8, 9/22
Webinars	Monthly and as needed		3/14, 4/11, 5/9, 6/13, 7/11, 8/8, 9/12
PAC meetings	Quarterly		3/8, June, September

CBO-Provided Strategic Advisory Services and Capacity Building

Realizing the importance of Community-Based Organizations to the sustainability of the network, OneCity Health contracted with four CBO partners to advise the PPS on future CBO engagement efforts, develop a network build strategy, and provide direct assistance to other CBOs for value-based payment readiness. As an output of the advisement, in March, we began the process of obtaining PPS governance approval of a legal-medical partnership with the New York Legal Assistance Group to provide legal services to PPS patients in hospital facilities. Contracted services are expected to begin in April.

In February, one of the four CBOs was also contracted to complete a PPS network assessment of available non-clinical social services across the geographic areas within the PPS. This assessment contained measures of community need, a summary of the services provided by provider type and population, a map of social service sites, and a directory of services. Feedback from the network assessment represented a direct opportunity for CBOs to engage with the PPS and inform future PPS decisions for interventions and activities in DY3 and beyond.

The CBO-provided strategic advisory activities described above represent the first phase in our partnership. We plan to continue to leverage CBO's expertise through additional DY3 contracting engagements aimed at identifying and addressing the social service needs of our PPS patients.

Engagement for and Provision of Workforce Training

In November 2016, twenty five partners were contracted to complete the cultural competency self-assessment which includes the C-CAT survey tool to interview staff members, clients/patients, and executive leadership. The C-CAT is One of the objectives of the survey was to identify strengths and target areas for improvement, and develop a plan to implement strategies for increased patients and provider engagement. The survey is being conducted across 57 sites. In addition, seven partners were contracted in February to facilitate focus groups comprised of underserved populations and/or super users of services. Surveys and focus groups are expected to be completed by July with a summary of findings finalized in September.

We are currently on track to meet our commitment in DSRIP workforce strategy spending through a variety of mechanisms. For example, in March, we expect to obtain PPS governance committee approval to contract with two partners (1199TEF and Metropolitan Jewish for up to $2.7 million in DY3. We will issue additional Project Participation Opportunities to identify additional partners who are well-positioned to provide training to other partners. These trainings are meant to supplement existing trainings provided by our partners. We will continue to issue project participation opportunities to identify additional partners with expertise in particular subject matter areas who can deliver trainings and/or technical assistance.

Implementation of Social Services and Non-Social Services Referral Platform for Non-clinical Partners

On January 10, the PPS held an in person meeting with a group of non-clinical partners from to participate in the demonstrations potential referral platforms that could facilitate the coordination of social and non-social services and better position all partner types to refer and track patients. Successful implementation of this system would facilitate provider access to CBO services and build enhanced linkage and information sharing across organizations resulting in enhanced care for patients. Participants provided feedback and made recommendations to inform requirements of the referral platform. The PPS is currently working on the release of and RFP to identify a vendor that is able to meet the requirements of PPS partners. Anticipated selection of

the vendor is to be completed by May, with an initial pilot launch of the software tool expected in September. Subsequent phased roll out, monitoring and evaluation, and continued training and support is expected to continue into 2018.

PCMH Technical Assistance for Eligible Primary Care

Our approach to contracting involves direct investments in centralized services that help to support partners in reaching DSRIP goals. Accordingly, OneCity Health is providing individualized technical assistance through contracted vendors with PCMH expertise to help 52 sites work toward achieving 2014 PCMH Level 3 recognition. OneCity Health is also subsidizing application fees for eligible partners that apply by January 2018. In conjunction, the PPS hosts PCMH Learning Collaboratives designed to wrap around technical assistance efforts and give partners the opportunity to prepare partners to transition to a value-based payment system (VBP). These events represent additional opportunities for partners to engage with the PPS and develop collaborative relationships with one other. PCMH Learning Collaboratives began October 2016 and occur on a quarterly basis. The next meeting will take place on April 21, with future follow-ups scheduled for July and October. We are planning to release an RFP in the fall for community primary care technical assistance to help practices expand access and prepare for VBP. This support is to be provided by a vendor with experience working with primary care practices and would further enhance the capacity of community partners in achieving DSRIP goals.

Methodology for completing the Partner Engagement Table

The Partner Engagement table represents all partners that were engaged in Phase I (DY2) contracting and will be engaged in Phase II (first nine months of DY3) contracting at OneCity Health. Engagement is defined as a partner receiving a contract for DSRIP project-related activities. Partners were grouped into the 16 Partner Categories detailed in the attached table reflecting partner self-reported provider types (see mapping in Table 2 below). Note that a single partner can appear in more than one Partner Category. Project applicability was then matched to each partner type. “CBO (Other)” and “Other” Partner Categories were added. This yielded the final table of Partner Category engagement per project partners were engaged in for Phases I and II contracting. Note that for MHSA (4.a.iii), the PPS has contracted with the Jewish Board. Even though Jewish Board is a partner, this contract was structured as a vendor agreement and has been reported in the PMO category to date. In future reporting, the MHSA contract with the Jewish Board will be reported as a partner contract.

Table 2.

Mapping: Partner-defined Partner Type to State-defined Partner Category

Practitioner Primary Care
Family Medicine
General Practice
Geriatrics
Internal Medicine
Pediatrician
Practitioner Non Primary Care
Cardiologist
Dental Clinic
Dentist
Endocrinologist
Immunologist
Nephrologist
Neurologist
Obstetrics & Gynecology (OB/Gyn)
Oncologist
Perinatology
Psychiatrist
Psychologist
Pulmonologist
Surgeon
Health Home

Lead Health Home
Hospital Inpatient/ED
Emergency Department/ Stand Alone ED
Inpatient Services
Hospital Ambulatory
Hospital Ambulatory
Clinic
Ambulatory Surgery Center
Diagnostic and Treatment Center (D&TC)
Dialysis Center
Federally Qualified Health Center (FQHC)
HIV/AIDS Clinic
Non-FQHC Clinic
Urgent Care
Women's Health Clinic
Mental Health
Assertive community treatment (ACT) program
Behavioral Health Services
Comprehensive psychiatric emergency program (CPEP)
Hospital for mentally ill persons
OPWDD (Article 16) Provider
Outpatient (non-residential) program - Clinic
Outpatient (non-residential) program - Continuing Day Treatment
Outpatient (non-residential) program - Day Treatment
Outpatient (non-residential) program – Intensive Psychiatric Rehabilitation Treatment
Outpatient (non-residential) program - Partial Hospitalization
Outpatient (non-residential) program - personalized recovery oriented services (PROS)
Psychiatric inpatient unit in a general hospital
Residential (housing) facility such as a community residence or apartment program
Residential treatment facility for children and youth

Substance Abuse
Detox & Treatment Services
OASAS (Article 32) provider
Rehabilitation facility
Substance Abuse Services
Case Management
Case Managers
Community Base Organization (Tier 1)
Community Base Organization (Tier 1)
Nursing Home
Assisted Living Facility
Nursing Home Services
Skilled Nursing Facility
Pharmacy
Inpatient Pharmacy
Outpatient Pharmacy
Hospice
Hospice services
Palliative Services
Home Care
Certified Home Health Agency (CHHA)
Home Health Services
Long-term Care Services
Community Base Organization (Other)
Church/Other Spiritual
Education
Food
Housing
Medical Services
Transportation
Other
Chiropractic Services
Dietician
Occupational Therapy
Physical Therapy Services
Social Worker

Mid-Point Assessment Recommendation:

Written in response to the following IA Mid-Point Assessment Asthma Project Recommendations for OneCity Health:

1. **3.d.ii** – The IA recommends the PPS continue to pursue workforce solutions through its identified workforce partners to foster workforce pipeline for necessary workers with appropriate skillsets.
2. **3.d.ii** – The IA recommends the PPS continue to collaborate with the NYS Asthma Regional Coalitions to provide asthma education certification trainings.

Note – During the March 1 MPA Action Plan Web-Ex the IA stated that PPS were allowed to submit one narrative in response to multiple recommendations related to one project. The narrative below addresses the IA's two 3.d.ii recommendations regarding the continued pursuit of workforce solutions through identified partners and the ongoing collaboration with the NYS Asthma Regional Coalitions.

OneCity Health Action Plan Narrative:

Pursuing Workforce Solutions through Identified Partners

OneCity Health appreciates the opportunity to update stakeholders on its workforce-related project implementation activities within the asthma project (3.d.ii), which have increased significantly since the submission of the DSRIP Year 2 Quarter 1 (DY2 Q1) report.

Beginning in August, 2016 OneCity Health contracted with Community-Based Organizations (CBOs) that provide Community Health Worker (CHW) services and through them have matched CHWs to 15 participating NYC Health + Hospitals facilities and 13 community partner sites. The PPS expects all participating partners to have onsite CHWs, as appropriate, by the end of April. Contracting for CHWs was done to support the goal of Project 3.d.ii by means of implementing or expanding home-based services. OneCity Health contracted with CBO partners to place and manage CHWs with partners implementing Project 3.d.ii for the purposes of providing CHW services in the home for pediatric patients for uncontrolled asthma during DY2, which began April 1, 2016 and ends in March 31, 2017.

Staff-training activities have concurrently intensified since the DY2 Q1 report and are planned to continue throughout the various implementation phases. Through the end of January, 61 individuals received CHW training modules and 248 people from clinical teams were trained in the CHW referrals process via the care management platform, GSI. These trainings were largely in person, with some supplemented by online training. Training modules are developed within GSI, and support key components of the various DSRIP projects. Through GSI, OneCity Health is able to track key process measures such as number of patients enrolled in CHW services and number of patients who have received home visits. Performance reports are in development to track other data in GSI, such as the inclusion of Asthma Action Plans with referrals from primary care to CHW agencies. Additionally, October, 2016 marked the first month in which the Provider Asthma Care Education (PACE) trainings launched. These five-hour in-person, in-depth trainings are targeted at physicians – with a prime focus on pediatricians – and cover National Health, Lung, and Blood Institute evidence-based asthma management guidelines and are planned to be provided to all pediatricians in the network. A total of 138 providers were trained as of the end of January. All trainings are on-going as partner project sites continue their implementation efforts.

OneCity Health is actively engaging with PPS partners and other key stakeholders in New York City on the development of CHW workforce pipelines. Examples include our active involvement with the NYC Department of Health and Mental Hygiene "NYC Peer Consortium" which is engaging many community stakeholders in working towards the development of both peer and CHW pipelines. We are in active partnership with City University of New York and New York Alliance for Careers In Healthcare (NYACH) and other local experts around workforce development to develop pipelines, train and place workers, inclusive of CHWs, in our partners' sites.

Ongoing Collaboration with the NYS Asthma Regional Coalitions

Our PPS has staff and partners who are attending (beginning August 2016), and will continue to attend as feasible, meetings of NYS Asthma Regional Coalitions in the Bronx, Queens and Brooklyn. Continued collaboration around asthma education certification trainings is ensured by our training and workforce staff and our clinical asthma project team. Many partners and OneCity Health staff also receive regular Coalition e-mail updates that include announcements and opportunities to participate in New York State Department of Health programs. The consortiums are considered a key reliable source of information for community partners focused on asthma at the community/population health-based training level. Since November 2016, the PPS has also offered certified asthma education trainings as part of the PPS Workforce Training Strategy.

Mid-Point Assessment Recommendation:

Written in response to the following IA Mid-Point Assessment Funds Flow Recommendations for OneCity Health:

1. **Funds Flow** – The IA recommends that the PPS accelerate a contracting strategy to distribute funds to their partners to promote more engagement.

Note – The narrative below accompanies the MPA Action Plan Funds Flow Table.

OneCity Health Action Plan Narrative:

Summary

As an update to the DSRIP Year 2, Quarter 2 (DY2 Q2) funds flow information contained in the Mid-Point Assessment Report, partner payments totaled $9.4 million in DY2 Q3 (awaiting validation by the IA). This represents a 16-fold increase from the previous quarter ($580,000). As partners continue to implement and complete contractual obligations, payments are expected to increase quarter over quarter.

OneCity Health recognizes the importance of supporting our partners so that they may fully engage with the PPS and successfully participate in projects. Our contracting approach for increasing partner engagement is multi-pronged and includes 1) direct payments to contracted partner, and 2) investments in centralized PPS services that support the entire network.

Direct Partner Payments

In February, the PPS Executive Committee approved the allocation for $85 million in partner funds flow for the first nine months of DY3 (Phase II), a substantial increase over the $55 million allocated in DY2. In addition, we recognize the need for making early payments, and have included payment of 10% of partners' overall contracted amount upon contract signing. Our PPS continues to look at ways to further streamline our payment process from beginning to end, while balancing our fiduciary responsibilities. Currently, the average payment period is 30 days upon invoice approval. In September 2016, OneCity Health also created a web-based partner portal to facilitate invoice submission and efficiently issue associated payment. CBO partners in Project 11 invoice on a monthly basis.

Investments in Centralized PPS Services

As noted in OneCity Health's presentation at the Project Advisory and Oversight Panel in February, the OneCity Health PMO budget contains investments in centralized services. For DY3, OneCity Health is planning to allocate (pending governance approval) approximately $8 million as an investment in PCMH technical assistance, cultural competency and health literacy programs, care management software, a closed-loop referral system for social and non-social services, a Learning Management System (LMS) for workforce training, and other activities, much of which is directed to support partners' contributions to achievement of DSRIP goals. These and other investments in our partners' success and viability are not captured within the current funds flow reporting mechanism, and represent our efforts to support our entire network, including Community-Based Organization (CBO) partners.

We are on track to issue 200+ Phase II Comprehensive Schedules B during the week of March 20, which partners must sign by May 15 and will be issuing additional Distinct Schedules B in ensuing months (e.g., for training, legal-medical services, etc.). We are have also begun planning for Phase III contracting (contract period starting January 1, 2018) and have incorporated metrics in Phase II contracts due in June that will inform this next iteration. As with Phase II contracting, the Phase III contracting framework and amount will be reviewed for recommendation and approval through the appropriate OneCity Health governance committee channels. That process is expected to begin by September 2017.

Funds Flow Table Completion Methodology and Assumptions

To report funds flow against the 17 Partner Categories, we started with the 12 Provider Categories in the existing budget used for baseline and PIT reporting and mapped them to the 14 categories listed in the attached MPA Funds Flow Table. A "CBO (other)" category was created to differentiate between organizations in "CBO (Tier 1)". An "Other" category was also added to align with previous reporting. Finally, as instructed, a "PMO" category was also included.

We assigned percentages for new categories that were created by the State's introduction of sub-groups. For example, the "Hospital" category, is now split between "Hospital Inpatient/ED" and "Hospital Ambulatory". The same methodology was used with Case Management/Health Home. Funds distributed through DY2 Q3, funds flow through DY2, and projections for "% of DY3" and "% of DY4-5" were applied using this methodology.

State of New York
Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Mid-Point Assessment Action Plan - Implementation Plan

Mid-Point Assessment Recommendation #1: (2.a.i.) The IA recommends that the PPS develop a plan to increase partner engagement to ensure the PPS is able to successfully meet project implementation milestones, performance metrics, and DSRIP goals.

Mid-Point Assessment Recommendation #5: (Partner Engagement) The IA recommends that the PPS develop a plan execute increased partner engagement efforts across all projects being implemented by the PPS.

PPS Defined Milestones/Tasks	*Target Completion Date*
(2.a.i) Develop a plan to increase partner engagement to ensure the PPS is able to successfully meet project implementation milestones, performance metrics, and DSRIP goals **(Partner Engagement) Develop a plan to execute increased partner engagement across all projects being implemented by the PPS.**	9/30/2017
Task 1 - Create a plan for engaging each partner to ensure each partner has opportunity to review PPS contract, implementation support and have any questions answered by PPS	3/1/2017
Task 2 - Complete CBO engagement project including working with a small number of well-established organizations within the PPS community to perform a CBO network assessment, engage community partners, and obtain input/feedback from CBO partners about the PPS' contracting process	9/30/2017
Task 3 - Continue to conduct Project Advisory Committee (PAC) meetings and webinars to engage partners and provide opportunities for partners to further participate in project design, support project implementation, share best practices and to provide input and feedback to the PPS	9/30/2017
Task 4 - Conduct PCMH Learning Collaboratives to provide education/information while enhancing partner engagement and peer support in project implementation, identification and sharing of best practices in building primary care capacity and enhancing partner ability to better serve the needs of PPS patients	9/30/2017
Task 5 - PPS to offer Technical Assistance Services to interested partners with goal of helping partners expand access to services and become better prepared for success under value based payment models	9/30/2017

Task 6 - PPS to engage CBOs and Primary Care partners to participate in workgroup meetings to identify a single referral platform to be used across the PPS to allow providers to make referrals to CBOs for services and for CBOs to provide feedback to referring providers	3/31/2017
Task 7 - PPS to fund providers to complete a Cultural Competency self-assessment designed to help partners identify opportunities to improve cultural competency	9/30/2017
2. INSERT MILESTONE 2	
Task 1	
Task 2	
[Please add additional tasks based on your plan and timeline]	

State of New York
Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Mid-Point Assessment Action Plan - Partner Engagement

		Partner Engagement										
Partner Category		***Integrated Delivery System***	***HHAR***	***ED Care Triage***	***Care Transitions***	***Project 11***	***PCBH***	***CVD***	***Asthma***	***Palliative Care***	***MHSA***	***HIV***
		2.a.i	***2.a.iii***	***2.b.iii***	***2.b.iv***	***2.d.i***	***3.a.i***	***3.b.i***	***3.d.ii***	***3.g.i***	***4.a.iii***	***4.c.ii***
Practitioner - Primary Care		62	12	0	0	0	29	24	19	15	0	17
Practitioner - Non-Primary Care		109	0	0	0	0	0	0	0	13	0	0
Hospital - Inpatient/ED		11	0	3	2	0	0	0	2	5	0	0
Hospital - Ambulatory		2	2	0	0	0	2	2	2	2	0	2
Clinic		57	0	0	0	0	27	20	12	11	0	19
Mental Health		98	0	15	6	0	53	0	0	12	0	0
Substance Abuse		62	0	0	5	0	27	0	0	8	0	0
Case Management		113	0	0	7	0	0	0	18	14	0	0
Health Home		3	3	0	0	0	0	0	0	0	0	0
Community Based Organization (Tier 1)		22	0	0	0	5	0	0	0	1	0	2
Nursing Home		33	0	0	0	0	0	0	0	7	0	0
Pharmacy		16	0	0	0	0	0	0	0	5	0	0
Hospice		25	0	0	0	0	0	0	0	9	0	0
Home Care		66	0	0	0	0	0	0	0	0	0	0
Community Based Organization (Other)		98	0	0	0	18	0	0	0	14	0	22
Other		124	0	0	5	18	0	0	1	14	0	19

State of New York
Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Mid-Point Assessment Action Plan - Funds Flow

		Funds Flow (all funds)			
Partner Category		***Funds Flow through DY2, Q3***	***Projected Funds Flow through DY2***	***% of Earned Dollars Planned for Distributio n DY3***	***% of Earned Dollars Planned for Distributio n DY4 - DY5***
Practitioner - Primary Care		$ 301,086.56	$ 417,635.93	1.9%	1.8%
Practitioner - Non-Primary Care		$ 251,297.15	$ 337,630.50	1.7%	1.5%
Hospital - Inpatient/ED		$ 1,163,499.40	$ 1,557,751.16	10.3%	9.4%
Hospital - Ambulatory		$ 2,231,021.84	$ 2,993,424.16	20.0%	18.3%
Clinic		$ 1,168,187.74	$ 1,609,409.87	8.4%	7.7%
Mental Health		$ 946,579.52	$ 1,283,981.87	6.1%	5.6%
Substance Abuse		$ 104,339.55	$ 145,205.04	0.8%	0.7%
Case Management		$ 860,153.15	$ 1,267,278.44	5.6%	5.1%
Health Home		$ 1,009,526.75	$ 1,350,401.72	10.0%	9.1%
Community Based Organization (Tier 1)		$ 221,809.50	$ 401,124.50	1.6%	1.5%
Nursing Home		$ 229,071.23	$ 316,544.77	2.3%	2.1%
Pharmacy		$ 61,030.35	$ 80,149.53	0.5%	0.5%
Hospice		$ 81,428.86	$ 109,816.51	0.7%	0.7%
Home Care		$ 308,460.41	$ 411,817.94	2.5%	2.3%
Community Based Organization (Other)		$ 448,394.21	$ 611,102.87	2.8%	2.5%
Other		$ 884,491.28	$ 1,193,067.68	5.8%	5.3%
PMO		$ 21,554,719.00	$ 30,199,521.00	19.0%	26.0%
Total		**$ 31,825,096.50**	**$ 44,285,863.50**	**100%**	**100%**