NEW YORK STATE | Department of Health

# DSRIP Independent Assessor

# Mid-Point Assessment Report

## Companion Document

**November 2016**

**www.health.ny.gov**

**Prepared by the DSRIP Independent**

PCG | Health

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To the New York State Department of Health (DOH):

Public Consulting Group Inc. (PCG), as the Independent Assessor (IA) for the NYS Delivery System Reform Incentive Payment (DSRIP) program has completed the Mid-Point Assessment of Performing Provider System (PPS) which can earn incentive payments through combined state and federal funds made through the New York State Medicaid 1115 Waiver Amendment. The purpose of this engagement was to meet the requirements of the New York DSRIP Program as identified in Section VIII. 11.d. of the Special Terms and Conditions (STCs) of the 1115 Waiver that governs the DSRIP Program. The requirements of the Mid-Point Assessment are further detailed in Section VI.d. in Attachment I to the STCs. The requirements indicate that at a minimum, the following elements will be assessed:

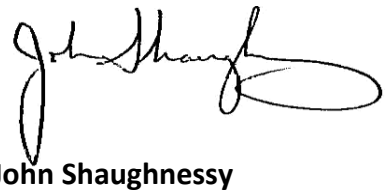
i. Compliance with the approved DSRIP project plan, including the elements described in the project narrative;
ii. Compliance with the required core components for projects described in the DSRIP Strategies Menu and Metrics, including continuous quality improvement activities;
iii. Non-duplication of Federal funds;
iv. An analysis and summary of relevant data on performance on metrics and indicators to this point in time;
v. The benefit of the project to the Medicaid and uninsured population and to the health outcomes of all patients served by the project (examples include number of readmissions, potentially preventable admissions, or adverse events that will be prevented by the project);
vi. An assessment of project governance including recommendations for how governance can be improved to ensure success. The composition of the performing provider system network from the start of the project until the midpoint will be reviewed. Adherence to required policies regarding management of lower performing providers in the network, as described in Section X of Attachment I, will be reviewed with a special focus on any action with regard to removing lower performing members prior to DYs 3, 4, and 5. (Note: Modifying coalition members requires a plan modification);
vii. The opportunity to continue to improve the project by applying any lessons learned or best practices that can increase the likelihood of the project advancing the three-part aim; and
viii. Assessment of current financial viability of all lead providers participating on the DSRIP project.

Our assessment was based on the progress made by the PPS for the eight elements described above and the resulting risk that a PPS may not meet its overall project goals and objectives resulting from any noncompliance with these elements at this stage of the PPS' like cycle.

Our assessment was based on the progress made by the PPS through the end of the second quarter of DSRIP Year 2 (DY2, Q2) towards establishing the necessary organizational foundation and towards the implementation of the project requirements consistent with the approved DSRIP Project Plan. Please note that the Mid-Point Assessment will be based on the PPS efforts through the DY2, Q2 PPS Quarterly Report to accommodate the timelines necessary to ensure the completion of all Mid-Point Assessment tasks prior to the start of DY3. Although the IA has not adjudicated the PPS' DY2, Q2 Quarterly Reports as of this report, the IA has considered and referenced the PPS progress as reported through DY2, Q2. The IA will use the progress that has been demonstrated through the DY2, Q2 PPS Quarterly Report to support the IA's recommendations and PPS will be able to use this information as a basis for the PPS responses to recommendations submitted to the IA.

This assessment provides the user of this report with an overview of the PPS' status in the DSRIP program as of October 31, 2016. The items we identified reflect potential risk areas of noncompliance, based upon the results of the procedures we performed, and information and documentation we reviewed.

This report is intended solely to meet the requirements of the New York DSRIP Program as identified in Section VIII. 11.d. of the Special Terms and Conditions (STCs) of the 1115 Waiver that governs the DSRIP Program.



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## I. Introduction

On April 14, 2014, New York State Department of Health (DOH) finalized the terms and conditions with the federal Centers for Medicare and Medicaid Services (CMS) for a Section 1115 Waiver that will allow the state to reinvest $8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms.

The Waiver included the New York DSRIP Program Funding and Mechanics Protocol as Attachment I which contains the Delivery System Reform Incentive Payment (DSRIP) program guidelines as agreed-upon by DOH and CMS. The waiver amendment dollars will address critical issues throughout the state and allow for comprehensive reform through the DSRIP program. The DSRIP program will promote community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers will be required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. All DSRIP funds will be based on performance linked to achievement of project milestones.

The $8 billion reinvestment will be allocated in the following ways:

- $500 Million for the Interim Access Assurance Fund – temporary, time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without disruption
- $6.42 Billion for Delivery System Reform Incentive Payments (DSRIP) – including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs
- $1.08 Billion for other Medicaid Redesign purposes – this funding will support Health Home development, and investments in long term care, workforce and enhanced behavioral health services

In addition, the Special Terms and Conditions (STCs) also commit the state to comprehensive payment reform and continuing New York's effort to effectively manage its Medicaid program within the confines of the Medicaid Global Spending Cap.

Included in the Waiver was the requirement that DOH have an Independent Assessor, an entity contracted to provide assistance with the Mid-Point Assessment and ongoing compliance monitoring. DOH contracted Public Consulting Group Inc. (PCG) to be the Independent Assessor. PCG created an assessment and compliance program that is utilized to measure the DSRIP project implementation progress and compliance with the requirements defined in Attachment I.

# II. Objectives, Scope and Methodology

## A. Objective

The purpose of the Mid-Point Assessment was to meet the requirements of the component of the New York State Delivery System Reform Incentive Payment (DSRIP) Program as identified in Section VIII. 11.d. of the Special Terms and Conditions (STCs) of the 1115 Waiver. The Mid-Point Assessment focused on the progress made by the Performing Provider Systems (PPS) establishing the necessary organizational foundation and the implementation of project requirements consistent with the approved DSRIP Project Plan (inclusive of DSRIP Application and DSRIP Implementation Plan). The timeframe for our review included DSRIP Year 0, beginning April 1, 2014 through DSRIP Year 2, Quarter 2, ending September 30, 2016.

The Mid-Point Assessment includes detailed, data driven analysis of the 25 Performing Provider Systems (PPS) and is an objective evaluation of the progress toward the global success and trajectory of the five year DSRIP Program.

The primary objective of the IA's work is identified in the Special Terms and Conditions (STCs) of the 1115 Waiver:

> *"The state's independent assessor shall assess project performance to determine whether DSRIP project plans merit continued funding and provide recommendations to the state. If the state decides to discontinue specific projects, the project funds may be made available for expanding successful project plans in DY 4 and DY 5, as described in the Program Funding and Mechanics Protocol (Attachment I)."*

## B. Scope

The scope of the IA's work included analyzing all available information including, but not limited to, the following, in an effort to provide the most comprehensive analysis of PPS achievement to date.

- DSRIP PPS Lead & Financial Stability Test
- 360 Evaluation Surveys
- Data from Quarterly Reports (including Achievement Values), and
- PPS Narratives

The Mid-Point Assessment also includes information and data obtained from 25 on-site visits conducted by the IA during September and October 2016.

**DSRIP PPS Lead & Financial Stability Test**

The DSRIP PPS Lead & Financial Stability Test is a comprehensive analysis of the financial condition of the PPS Lead entity. While the IA is using data from existing PPS reports and other readily available data sources to minimize additional reporting burdens on the PPS, it was necessary for the PPS to complete the PPS Lead Financial Stability Test as part of the Mid-Point

Assessment. The PPS Lead Financial Stability Test was administered consistent with the approach utilized for the DSRIP Project Plan Application.

**360 Evaluation Survey**

The IA created a 360 Evaluation Survey which gathered information from PPS network partners about their experience with the PPS. The survey included questions about the partners' experience with the PPS in the areas of engagement, communication, and effectiveness. For each of the three areas, there were four questions asking the partner to evaluate their experience in the areas of Governance, Contracting and/or Funds Flow, Performance Management, and IT Solutions.

The IA selected a sample of PPS network partners to participate via a random sample generator from the PPS Provider Import/Export Tool (PIT) report; this was done to ensure a cross-section of the partner types in the PPS network. Each question on the survey allowed the respondent to provide a comment if they chose to do so.

**Data from Quarterly Reports**

The PPS Quarterly Reports are submitted following the conclusion of each DSRIP quarter to the IA to demonstrate PPS progress towards meeting defined organizational and project milestones. The IA is the entity that is exclusively charged with conducting the reviews of the PPS Quarterly Reports and awarding Achievement Values (AVs) and the associated performance payments. To date, the IA has conducted a review of five of 20 Quarterly Reports that each PPS will have submitted over the five years of DSRIP.

Payments are made to PPS after the IA review of the second and fourth quarterly reports over the five years of DSRIP. To date, three payments have gone out to each PPS, including payment for completion of the PPS Implementation Plan in DY1, Q1. Through the end of DY1, the 25 PPS earned 99.14%, or $834,707,467.90, of the available DSRIP performance funds under the Waiver. PPS earned 99.40%, or $1,200,707,468.30, in total DSRIP funds under the Waiver and the Equity programs.

In addition to the responsibilities for the Quarterly Reports, the IA is also tasked with carrying out the Mid-Point Assessment. In conducting this effort, the IA considered several critical data elements from the PPS Quarterly Reports to inform our findings and recommendations. These data elements include the following:

***Progress Milestone Over Time Gantt Chart***

The IA has analyzed the data of each PPS project utilizing the Progress Milestone Over Time Gantt Chart. The chart represents PPS progress on each of its milestones to date, and tracks the PPS' progress of the milestones due by the end of DSRIP Years 2 and 3.

The Progress Milestone Over Time Gantt Chart coupled with Patient Engagement reporting, Partner Engagement, Funds Flow, and Project Narratives was used to determine the risk score of

each PPS project. While it was not expected that PPS would have completed all of the project requirements at the Mid-Point Assessment, it is important that the PPS demonstrate progress towards the completion of the project requirements associated with each project, specifically those with a required completion date in DY2.

***Partner Engagement***

Through the PPS Quarterly Reports, the PPS document the engagement of network partners to support the implementation of the PPS projects. PPS are expected to identify those partners they are engaging in the implementation of the DSRIP projects selected during the DRIP Project Plan Application process. While the PPS do not need to demonstrate 100% engagement of partners on a project until project milestone completion, it is important that the PPS demonstrate engagement with partners throughout project implementation efforts. As part of the Mid-Point Assessment, the IA reviewed the partner engagement data reported by project for each PPS to compare the partners engaged to the partners committed. The level of partner engagement by the PPS was used as an indicator of potential risks for the successful implementation of projects.

***Patient Engagement***

Similar to Partner Engagement, the PPS are expected to report through the PPS Quarterly Reports the level of their Patient Engagement efforts by project relative to the commitments made during the DSRIP Project Plan Application process. PPS are expected to engage at least 80% of their commitments on a semi-annual basis in order to earn the associated Achievement Values (AVs). For each PPS the IA reviewed the Patient Engagement reporting against the commitments through the DY2, Q2 PPS Quarterly Reports. The level of patient engagement by the PPS will be important to the PPS' ability to meet their DSRIP performance goals as funding shifts to Pay for Performance (P4P) and as such was used as an indicator of potential risks for the successful implementation of projects and in meeting the DSRIP goals.

***PPS Achievement Values***

The IA awards AVs on a quarterly basis following the review of the PPS Quarterly Reports and on a semi-annual basis, the AVs are used in determining the amount of DSRIP funding the PPS are eligible to receive. The IA leveraged the AV Scorecards and the PPS success in earning AVs through DY1 as an indicator of PPS performance to date. PPS that have consistently failed to earn AVs were noted as potentially being at risk for the successful implementation of DSRIP projects and for meeting DSRIP goals in future periods.

***DSRIP Funds Flow***

The IA also leveraged the PPS Funds Flow data as reported through the PPS Quarterly Reports as another measure of the PPS efforts related to the engagement of PPS network partners. The IA assessed the level of funding distributed across the PPS network partners relative to the amount of funding earned by the PPS. The IA also assessed the level of funding distributed to key partner types such as Primary Care Practitioners (PCPs) and Mental Health partners, both of which are vital to the success of the projects in Domain 3a, where substantial performance and high performance funding is available to the PPS. The funds flow distributions, when combined with

the Partner Engagement data, provide an indication of the level of engagement the PPS has with its network partners.

**PPS Narratives**

The PPS was offered an opportunity to expand upon the details of their project implementation efforts through the submission of a supplemental narrative with their DY2, Q1 PPS Quarterly Report. The narrative, at a minimum, had to detail any challenges the PPS had encountered in project implementation efforts and how the PPS is working to mitigate those challenges as well as identify any implementation approaches that the PPS would consider a best practice. PPS were allowed to use the narrative to provide additional details on their project implementation efforts to further explain their activities beyond what is documented in the PPS Quarterly Reports. The narrative was also an opportunity to address any changes to the populations that were proposed to be served through the project based on changes identified through ongoing community needs assessments.

In addition to the narratives submitted for each project, the PPS was also encouraged to submit a narrative to highlight the overall efforts of the PPS to date. This narrative was to focus on organizational efforts in areas such as Governance, Workforce, Cultural Competency and Health Literacy, Value Based Purchasing (VBP), Community Based Organization (CBO) Engagement, and Information Technology, among others. This narrative, unlike the project narratives, was not required, but many chose to do so.

**On-Site PPS Visits**

As part of the Mid-Point Assessment the IA conducted on-site visits to each of the 25 PPS, focusing on five key areas including Governance, Cultural Competency & Health Literary (CCHL), Performance Reporting, Financial Sustainability, and Expansion of Primary Care. There was also in-depth discussion of certain items sampled as part of a more thorough audit of PPS activity and reporting. The areas for discussion were explained in greater detail in an email sent to all 25 PPS on August 17, 2016, as follows:

a) Governance: PPS should be prepared to discuss the ongoing activities of the DSRIP governance structure, including monitoring of governance effectiveness, the role of sub-committees under their governance structures, and the process for capturing feedback from their partners and community.
b) Cultural Competency & Health Literacy: PPS should be able to speak to their efforts for implementing their Cultural Competency training plan across their PPS network partners.
c) Performance Reporting: PPS were asked to provide supporting documentation for DY1 PPS Quarterly Report submissions for Actively Engaged and Funds Flow. The IA provided the PPS with formal documentation requests approximately two weeks prior to the on-site.
d) Financial Sustainability: PPS were asked to be prepared to discuss their plans for assessing the financial stability of their network partners and monitoring those partners that are

identified as financially fragile. The PPS should also be prepared to discuss their plans for supporting their partners in moving towards Value Based Purchasing.

e) Expanding Access to Primary Care: PPS were asked to be prepared to discuss their efforts to assess primary care network activities, including their assessment of network partners' current PCMH status, their plans to support the move of their PCMH eligible partners to the DSRIP PCMH goals, and for monitoring the progress of network partners towards the PCMH goal.

In preparation for the on-site visits, the IA conducted a conference call on September 19, 2016 with the 25 PPS to address expectations for the on-site and sampling requests. Approximately two weeks prior to each on-site visit, the IA sent sampling requests to each PPS via the Health Commerce System (HCS) related to four areas: funds flow transactions, patient engagement reporting, workforce spending, and Community Based Organization (CBO) contracting efforts. In order to conduct sampling, the IA selected data to audit from each PPS' DY1, Q4 Quarterly Report related to all four topic areas.

The IA visited each of the 25 PPS starting on September 28, 2016, and completed its final visit on October 21, 2016. On the date of each on-site, two IA team leads met with a team of key stakeholders from each PPS. During the reviews, each PPS addressed the five areas and fielded questions from the IA, exploring the issues of whether the PPS is on a path to successfully meet its project goals, the overall DSRIP goals, and how the PPS is transforming its system.

## C. Risk Assessment Methodology

**Independent Assessor Reviews and Recommendations**

The IA conducted the Mid-Point Assessment consistent with the requirements outlined in the STCs and Attachment I. The Mid-Point Assessment focused on the progress made by the PPS through the end of DY2, Q2 towards establishing the necessary organizational infrastructure and towards the implementation of the project requirements consistent with the approved DSRIP Project Plan. This section will outline the process that will be followed by the IA in conducting the Mid-Point Assessment.

***Data Sources***

The IA conducted the Mid-Point Assessment using data sources that were available at the time of the assessment and worked to minimize the amount of additional reporting required by the PPS, beyond the PPS Quarterly Reports. The primary data sources used in the Mid-Point Assessment were:

- Approved DSRIP Project Plan Applications
- PPS Quarterly Report Submissions - DY1, Q1 through DY2, Q2
- Claims and non-claims data for P4R/P4P measures

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The IA used the available data to determine if the PPS are implementing the projects in accordance with their approved DSRIP Project Plans and to assess PPS progress towards meeting project implementation milestones.

***Mid-Point Assessment Scoring***

The IA developed a scoring process to objectively assess the PPS progress against the DSRIP Project Plan goals for each PPS as outlined in the STCs of the Waiver. In addition, the STCs established some criteria related to the Center for Medicaid and Medicare Service (CMS) requirements for DSRIP waiver plans and the role of the Independent Assessor. The STCs stated that the IA will assign a score to the overall DSRIP Project Plan for each PPS and to the individual projects in the PPS Project Plan. The scoring for the overall DSRIP Project Plan will be evaluated for compliance with requirements set forth in the STCs and Attachment I as well as the plans defined by the PPS in the DSRIP Project Plan Application. Specifically, the overall DSRIP Project Plan will be evaluated against the following criteria defined in the STCs and Attachment I:

- Compliance with the approved DSRIP project plan, including the elements described in the project narrative;
- Compliance with the required core components for projects described in the DSRIP Strategies Menu and Metrics, including continuous quality improvement activities;
- Non-duplication of Federal funds;
- An assessment of project governance including recommendations for how governance can be improved to ensure success. The composition of the performing provider system network from the start of the project until the midpoint will be reviewed. Adherence to required policies regarding management of lower performing providers in the network, as described in Section X of Attachment I, will be reviewed with a special focus on any action with regard to removing lower performing members prior to DYs 3, 4, and 5.

For each of the four areas identified in the list above, the goal was to assign the PPS a ranking in accordance with the following scale:

- 1 = fully satisfies the applicable criteria
- 2 = partially satisfies the applicable criteria
- 3 = does not satisfy the applicable criteria

The Independent Assessor constantly monitors progress against these STC goals with 25 PPS Quarterly Reports. The PPS Quarterly Reports were designed to monitor 1) Compliance with the approved DSRIP project plan, 2) Compliance with required core components for projects, 3) Non-duplication of Federal Funds, and 4) An assessment of project governance (the 4 items listed for review in the STCs). At the Mid-Point Assessment, all 25 PPS have satisfied these criteria.

The scoring for the individual projects focused on the progress the PPS has made towards the completion of project milestones and measures. While it is not expected that PPS will have

completed all of the project requirements at the Mid-Point Assessment, it is important that the PPS demonstrate progress towards the completion of the project requirements associated with each project, specifically those with a required completion date in DY2. The IA also focused their review on PPS progress towards meeting those project requirements that cross multiple projects including, but not limited to, milestones associated with the attainment of PCMH Level 3 certification and the implementation and use of EHRs to share data and track patient engagement across the PPS.

Based on the PPS efforts on project implementation activities through the end of DY2, Q2, each project was assigned a risk score on a scale of 1 - 5 as outlined in the table below.

| PPS Project Risk Score |
|---|
| **1 = Project on Track: This the lowest risk score indicating the project is more than likely to meet intended goals.** |
| **2 = Project is Very Likely to be on Track: This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.** |
| **3 = Project is Likely to be on Track: This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.** |
| **4 = Project is at risk to be on Track: This is a high risk score indicating the project may fail to meet intended goals without significant modifications or performance improvements.** |
| **5 = Project is Off Track: This is the highest risk score indicating that the project will more than likely fail to meet the intended goals, even with significant modifications or performance improvements.** |

The IA used the combination of the overall DSRIP Project Plan compliance assessment ranking and the individual PPS Project Risk Scores to inform the recommendations for the Mid-Point Assessment.

***Independent Assessor Recommendations***

The IA will release initial recommendations for an initial comment period. The initial comment period will allow for public comment as well as for responses from the PPS.

The Independent Assessor recommendations may include, but not be limited to,

- Continuation of PPS Project Plan;
- Modifications to the approved project plans, such as a change in a project or projects selected for implementation by a PPS;
- Changes to the PPS Lead entity;
- Consolidations of multiple PPS in to a single PPS;
- Discontinuation of a PPS´ Project Plan;
- Other remediation or improvements to increase the likelihood of PPS project success

- Adding new providers to PPS network to assist in meeting PPS performance goals; or
- Replication of best practices of other PPS.

***PPS Recommendations***

Once the IA has completed its Mid-Point Assessment review and released its recommendations for public comment, the PPS will have the opportunity to submit responses to the IA´s recommendations. In submitting responses to the IA´s recommendations, the PPS will be able to refute or support the recommendations of the IA. The PPS will also be able to propose alternative recommendations to those made by the IA or new recommendations that were not included in the initial recommendations made by the IA.

Recommendations from the PPS will be reviewed by the IA and considered in the development of the final recommendations to be submitted to DOH. The PPS will receive a standard format to be used in submitting recommendations for the IA´s consideration.

***Independent Assessor Recommendations to DOH***

The IA will submit a set of final recommendations to DOH based on the initial recommendations made by the IA, the public comments received through the initial comment period, and the recommendations submitted by the PPS. DOH will review all recommendations submitted by the IA and put forth a final set of recommendations for review by the Project Approval and Oversight Panel (PAOP).

***Recommendations to the Project Approval and Oversight Panel***

The Project Approval and Oversight Panel (PAOP) will convene to review the recommendations put for the by the IA for the Mid-Point Assessment. The PAOP will focus on a review of the recommendations to modify, consolidate, or discontinue DSRIP Project Plans and the PAOP will have the ability to Accept, Accept with Modifications, or Reject the recommendations made by the IA.

In addition to the review of the Mid-Point Assessment recommendations, the PAOP meetings will provide an opportunity to highlight PPS success through the first six quarters of DSRIP, as identified through the Mid-Point Assessment.

***Project Approval and Oversight Panel Recommendations to the Commissioner of Health***

Following the conclusion of the PAOP meetings to review the recommendations set forth by the IA, the final recommendations will be compiled and presented to the Commissioner of Health. PPS will have the opportunity to submit letters in support of the recommendations from the Panel or to request the reconsideration of the Panel recommendations by the Commissioner, consistent with the process for the DSRIP Project Plan Application scoring. It is anticipated that the Commissioner will be receiving the recommendations from the PAOP no later than one week following the conclusion of the PAOP meetings. PPS wishing to submit a formal request for reconsideration to the Commissioner must do so no later than five days after the close of the PAOP meetings to ensure their request is considered by the Commissioner.

***Commissioner of Health Recommendations to CMS***

Consistent with the approach implemented for the DSRIP Project Plan Application scores, the final recommendations from the Commissioner of Health will be submitted to CMS for final approval. In submitting the recommendations to CMS for approval, the Commissioner will prioritize those recommendations that are more transformative in nature, i.e. consolidation of PPS or discontinuation of a DSRIP Project Plan, to ensure sufficient time is provided for CMS review and for PPS implementation of the changes.

***PPS Mid-Point Assessment Action Plan***

Following the submission of the final recommendations from PAOP to the Commissioner, the PPS will be tasked with developing Mid-Point Assessment Action Plans (Action Plan) to address the recommendations resulting from the Mid-Point Assessment. The PPS will be required to submit their Action Plans to the IA for review and approval prior to the start of DY3. The PPS will then be monitored by the IA through the PPS Quarterly Reports to ensure that the necessary modifications have been implemented.

## III. Overview of 360 Survey Process and Results

As previously discussed, the Independent Assessor created a 360 Evaluation Survey which sought to gather information from PPS network partners about their experience with the PPS. The survey included questions about the partners' experience with the PPS in the areas of engagement, communication, and effectiveness. For each of the three areas, there were four questions asking the partner to evaluate their experience in the areas of Governance, Contracting and/or Funds Flow, Performance Management, and IT Solutions. Each question asked the responder to select one of five responses: Strongly Agree, Agree, Disagree, Strongly Disagree, or Not Applicable. Responses of Strongly Agree or Agree were considered positive results. Responses of Disagree or Strongly Disagree were considered negative results. Individual results were not shared with the PPS.

Surveys were initially sent out on August 15, 2016, and were conducted using an electronic survey product. Some partners (less than 1%) could not perform the survey electronically and were sent hardcopy surveys via US mail. Respondents were asked to return the surveys by September 15th, 2016. In order to bring the survey response rate over 50% statewide, the response deadline was extended to September 30, 2016.

The survey timeline was as follows:

- August 15, 2016: 360 survey released to selected PPS partners
- August 22 – September 30, 2016: Weekly reminders to survey participants to complete the survey
- September 15, 2016: Notification to survey participants that survey deadline was extended through September 30, 2016
- September 30, 2016: Survey responses closed

**Sampling Methodology**

The IA used participating network partners reported in each PPS' Provider Import/Export Tool (PIT) as the universe from which to draw a 95% confidence level/5% error rate sample size for the 360 survey. A stratified sampling methodology was used to capture each category of network partner in the surveyed population. By this method, a total of 1,010 network partners were selected to be surveyed.

**Data Collection**

The twelve question surveys were sent with notification that responses would be anonymously reported and instructions were given to complete all questions. The electronic version of the survey was configured to require responses for all questions 1 thru 12, with optional comments.

**Response Rates**

For the 25 PPS the IA sent out a total of 1,010 surveys, for an average of 40 surveys per PPS partner. The response rate overall was 52%, or 523 total respondents, for an average of about 21

responses per PPS. Three PPS (Finger Lakes Performing Provider System, Inc., Millennium Collaborative Care and Albany Medical Center Hospital) had survey response rates over 70% from their network partners, while three PPS (Central New York Care Collaborative, Inc., NYU Lutheran Medical Center, Maimonides Medical Center) had response rates of 31% or less.

**Response Summary**

Of the 523 responses, a majority of all questions answered, 70%, were answered positively. 20% were negative, and 10% of the questions were answered as Not Applicable. Three PPS had a positive response rate over 80%, (Staten Island Performing Provider System, LLC, Mount Sinai PPS, LLC, Albany Medical Center Hospital) with Staten Island having the highest at 94%.

Six PPS had a positive response rate less than 60%, (Adirondack Health Institute, Inc., Bassett PPS LLC, Central New York Care Collaborative, Inc., Nassau Queens Performing Provider System, LLC, Sisters of Charity Hospital of Buffalo, New York, NYU Lutheran Medical Center), with NYU Lutheran having the lowest rate at 47%.

By comparison, six PPS had a negative response rate over 25% (Westchester Medical Center, Central New York Care Collaborative, Inc., Adirondack Health Institute, Inc., Nassau Queens Performing Provider System, Sisters of Charity Hospital of Buffalo, NY, NYU Lutheran Medical Center), with Westchester and Central New York having the most negative at 30%.

**Responses by Provider Type**

In reviewing responses by provider type it is important to remember that 70% of all partner responses about their experience with their PPS were positive. When looking at these classifications, 5 provider types (Hospital, Nursing Home, All Other, Substance Abuse, Case Manager / Health Home) were greater than the 70% average. The remaining 6 provider types (Non-Primary Care Provider, Clinic, Pharmacy, Mental Health, Hospice, Primary Care Provider (PCP)) were less than 70%, with the lowest, PCPs, providing 60% positive responses. The average 360 survey score by organizational area was ranked (high to low) 1) Governance, 2) Performance Management, 3) IT Solutions, and 4) Funds Flow.

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| Partner Type | *Average Score* | | Governance | Performance Management | IT Solutions | Funds Flow |
|---|---|---|---|---|---|---|
| Hospital | *3.32* | | 3.42 | 3.39 | 3.04 | 3.28 |
| Nursing Home | *3.06* | | 3.15 | 2.93 | 2.93 | 2.79 |
| Community Based Organization | *3.00* | | 3.17 | 3.04 | 2.73 | 2.97 |
| Case Management / Health Home | *2.93* | | 2.98 | 2.87 | 2.81 | 2.75 |
| Practitioner - Non-PCP | *2.93* | | 3.03 | 2.80 | 2.64 | 2.40 |
| Clinic | *2.92* | | 2.96 | 3.03 | 2.75 | 2.66 |
| Substance Abuse | *2.91* | | 3.08 | 2.96 | 2.78 | 2.82 |
| Pharmacy | *2.87* | | 3.00 | 2.84 | 2.31 | 2.25 |
| All Other | *2.84* | | 2.92 | 2.83 | 2.63 | 2.69 |
| Mental Health | *2.81* | | 2.94 | 2.85 | 2.56 | 2.75 |
| Hospice | *2.74* | | 2.93 | 2.75 | 2.41 | 2.41 |
| Practitioner - PCP | *2.66* | | 2.68 | 2.66 | 2.61 | 2.31 |
| **Average by Organizational Area** | ***2.90*** | | **3.00** | **2.89** | **2.70** | **2.67** |

Data Source: 360 Survey Results

## IV. Overall Mid-Point Assessment Conclusion

The Independent Assessor developed a list of recommendations for the 25 PPS after the Mid-Point Assessment process. These recommendations have been organized into Organizational and Project recommendations for each PPS. Each deficiency, and the corresponding PPS response, will require a different approach. The following areas summarize some of the most frequent recommendations for both the PPS Organizational and Project areas.

***Organizational Recommendations***

- Governance – Many PPS have developed efficient and effective governance structures to implement the DSRIP initiative. A small group of PPS must focus on the challenges related to the implementation of a HUB model. Also, a small number of PPS should review their governing processes with their Board of Directors and/or management of the PMO to assure PPS project priorities are addressed.

- Financial Sustainability and VBP – The Independent Assessor is recommending that over two thirds of the PPS implement MPA Action Plans related to Financial Stability/Sustainability and VBP for its provider network. Generally, the IA found that many PPS have not focused on detailed arrangements for sustainability. Furthermore, the PPS needs to work to educate their partners as to their role with VBP in NY Medicaid.

- Partner Engagement – A majority of the PPS are behind on their Partner Engagement goals at this point in DSRIP. Most PPS need to focus their attention and funding to engage key partners.

- Funds Flow – The PMO and Hospitals have received over 70% of DSRIP funds to date across all PPS. PPS will need to fund their network partners at a meaningful level going forward. For example, the PPS must execute their plans to develop and design contracts with their downstream partners to ensure that they maximize engagement across the networks as soon as possible.

***Project Recommendations***

- 2.b.iii - ED care triage for at-risk populations
    - A number of PPS indicated issues implementing 2.b.ii. Some examples of the recommendations for 2.b.ii include,
        - The IA recommends that the PPS create a plan to continue to educate patients regarding ED use and alternative sites of care in order to successfully continue to engage patients.

- 2.d.i - Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care
    - Many PPS have not educated partners about the role and benefit of PAM. Some providers have completed limited contracting with partners. Some examples of the recommendations for 2.d.i include,

- The IA recommends the PPS develop education materials for partners that are hesitant to conduct PAM surveys.
- The IA recommends the PPS develop plan to increase outreach and education materials to partners with respect to patient activation measures.
- The IA recommends that the PPS finalize the contracts with partners participating in this project.

- 3.a.i - Integration of primary care and behavioral health services
  - Project 3.a.i is one of the most important projects in DSRIP thus it is critical that the project is implemented successfully. Some examples of the recommendations for 3.a.i include,
    - The Independent Assessor notes that the PPS has marked milestones related to EHR operability as on hold. The Independent Assessor recommends the PPS develop a plan to address interoperability requirements.
    - The IA recommends the PPS develop a plan to address the workforce challenges with licensed behavioral health specialists and care coordinators.
    - The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments.

- 3.g.i - Integration of palliative care into the patient centered medical home model
  - Project 3.g.i is one of the most implemented projects in DSRIP. Numerous PPS indicated difficulties implementing the project due to low partner engagement. Some examples of the recommendations for 3.g.i include,
    - The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors.
    - The PPS should also create a plan to continue partner engagement beyond the original training.

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## V. Independent Assessor (IA) Findings and Recommendations Table

The following table indicates the specific Independent Assessor Recommendation for all 25 PPS. The list has been organized alphabetically and numbered.

In reviewing the table below, please note that there were four PPS that did not receive any recommendations as a result of the Mid-Point Assessment; New York Presbyterian – Queens, Staten Island PPS, Montefiore Hudson Valley Collaborative, and Maimonides.

| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| 1 | Adirondack Health Institute | Project | 2.b.viii: Hospital-home care collaboration solutions | The IA recommends the PPS develop an education strategy to address the patient lack of knowledge regarding the role of various caregivers in this project and to more effectively engage patients regarding the benefits for their care |
| 2 | Adirondack Health Institute | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS develop a strategy to educate the CBOs about their role in DSRIP, the PPS and their role in this project for improved partner engagement in project implementation |
| 3 | Adirondack Health Institute | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS provide further orientation and develop education materials for partners that are hesitant to conduct PAM surveys |
| 4 | Adirondack Health Institute | Project | 3.a.i: Integration of primary care and behavioral health services | The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors. |
| 5 | Adirondack Health Institute | Project | 3.g.i (Integration of palliative care into the patient centered medical home model) | The IA recommends the PPS develop a training strategy to inform the targeted population of the role of palliative care services and the distinction between hospice care |
| 6 | Adirondack Health Institute | Project | 3.g.i (Integration of palliative care into the patient | The IA recommends the PPS develop a workforce strategy to increase the number of board |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | centered medical home model) | certified palliative care professionals to assist with training PCPs or to consider other options such as telehealth for consultation. |
| 7 | Adirondack Health Institute | Project | Cultural Competency and Health Literacy | The IA recommends that the PPS develop a strategy to address how it will measure the effectiveness of their CCHL outreach efforts across the PPS network |
| 8 | Adirondack Health Institute | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop a strategy to better address the effectiveness of the CCHL Training of its partners |
| 9 | Adirondack Health Institute | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS establish metrics that it will use to demonstrate the extent to which it is reaching and engaging Medical beneficiaries and the uninsured |
| 10 | Adirondack Health Institute | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS establish a plan to further educate and support their partners move toward VBP arrangements |
| 11 | Adirondack Health Institute | Organizational | Governance | The IA recommends that the PPS develop and provide a strategy to increase oversight and accountability of the PHNs to ensure that projects are being implemented in a timely manner |
| 12 | Adirondack Health Institute | Organizational | Governance | The IA recommends that the PPS develop a plan to ensure that all partners engaged in project implementation efforts have an executed contract by the end of DY2, Q4 to ensure the PPS is able to successfully meet project milestones, Patient Engagement targets, and the performance goals of the DSRIP Program. |
| 13 | Advocate Community Providers | Project | 2.b.iii.: ED care triage for at-risk populations | The IA recommends that the PPS create a plan to continue to educate patients regarding ED use and alternative sites of care |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | | in order to successfully continue to engage patients. |
| 14 | Advocate Community Providers | Project | 2.b.iii.: ED care triage for at-risk populations | The IA recommends the PPS develop a plan to address the current delays resulting in DY2, Q4 project milestones having a status of 'On Hold'. |
| 15 | Advocate Community Providers | Project | 2.b.iii.: ED care triage for at-risk populations | As the PPS acknowledges the technological difficulty it has incurred in connecting hospitals and PCPs to guarantee timely scheduling of PCP appointments by a patient navigator at the ED, the IA recommends the PPS address this through workflow agreed upon as part of partner agreements. |
| 16 | Advocate Community Providers | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS tailor the Financial Sustainability survey of its partners. The survey should aim to gather hard data to assess the financial state of its partnering organizations in order to determine fragility. The IA further recommends that the PPS educate its partners on the role of the PPS in terms of assisting them financially. |
| 17 | Albany Medical Center | Organizational | Community Based Organization Contracting | The IA recommends that the PPS develop a clear strategy of contracting with CBOs. |
| 18 | Albany Medical Center | Organizational | Community Based Organization Contracting | The IA recommends that the PPS finalize contracts with partnering CBOs. |
| 19 | Albany Medical Center | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop an action plan to implement its CCHL trainings to partners. |
| 20 | Alliance for Better Health Care | Project | 2.b.iii: ED care triage for at-risk populations | The IA recommends the PPS develop a training strategy to address the patient lack of knowledge regarding the shift to primary and preventive care away from the ED. |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| 21 | Alliance for Better Health Care | Project | 2.b.iv: Care transitions intervention model to reduce 30-day readmissions for chronic health conditions | The IA recommends the PPS develop a strategy to centralize the approach it is taking across the network to address care transitions and include behavioral health and psychosocial issues. |
| 22 | Alliance for Better Health Care | Project | 2.b.iv: Care transitions intervention model to reduce 30-day readmissions for chronic health conditions | The IA recommends the PPS educate their network partners about the available models of transitions of care. |
| 23 | Alliance for Better Health Care | Project | 2.b.viii: Hospital-home care collaboration solutions | The IA recommends the PPS develop a strategy in conjunction with home health agencies to align the documentation in order to prevent miscommunication and missing information. |
| 24 | Alliance for Better Health Care | Project | 2.b.viii: Hospital-home care collaboration solutions | The IA recommends that the PPS workforce committee develop a strategy to recruit home health aides. |
| 25 | Alliance for Better Health Care | Project | 3.d.ii: Expansion of asthma home-based self-management program | The IA recommends the PPS workforce committee develop a strategy to recruit certified asthma educators. |
| 26 | Alliance for Better Health Care | Project | 3.d.ii: Expansion of asthma home-based self-management program | The IA recommends the PPS develop a standard curriculum to train community health workers in asthma home-based self-management. |
| 27 | Alliance for Better Health Care | Project | 3.d.ii: Expansion of asthma home-based self-management program | The IA recommends the PPS develop a strategy to engage their patient population in this project. |
| 28 | Alliance for Better Health Care | Organizational | Community Based Organization Contracting | The IA recommends that the PPS develop an action plan to address the contracting with CBOs. |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| 29 | Alliance for Better Health Care | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop a strategy to address how it will measure the effectiveness of their CCHL outreach efforts across the PPS network. |
| 30 | Alliance for Better Health Care | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop a strategy to better address the CCHL training needs of its partners. |
| 31 | Alliance for Better Health Care | Organizational | Cultural Competency and Health Literacy | The IA recommends the PPS develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured. |
| 32 | Alliance for Better Health Care | Organizational | Financial Sustainability and VBP | The IA requires the PPS to assess the status of its network partner's involvement in VBP. |
| 33 | Alliance for Better Health Care | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS establish a plan to further educate and support their partners move toward VBP arrangements. |
| 34 | Alliance for Better Health Care | Organizational | Partner Engagement | The IA requires the PPS to develop an action plan to increase partner engagement, in particular for PCPs and Behavioral Health partners. |
| 35 | Bronx Health Access (Bronx-Lebanon) | Project | 2.a.iii: Health Home At-Risk Intervention Program | The IA recommends the PPS create a plan to develop incentives to providers in order to engage them in this project and encourage them to hire CHWs. The Action Plan should outline specific steps to engage key PCP and Mental Health partners. |
| 36 | Bronx Health Access (Bronx-Lebanon) | Organizational | Partner Engagement | The IA recommends that the PPS develop and implement a strategy for distributing funds to all partners to ensure continued engagement of those partners in supporting the PPS to be successful in reaching project milestones, performance metrics, and earning Achievement Values. |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| 37 | Bronx Partners for Health Communities (SBH) | Project | 2.a.iii: Health Home At-Risk Intervention Program | The IA recommends that the PPS create a plan to address the shortage of qualified and trained staff to engage in this project, thus improving the availability of proper care management and creating a foundation for appropriate referrals. |
| 38 | Bronx Partners for Health Communities (SBH) | Project | 2.a.iii: Health Home At-Risk Intervention Program | The IA recommends the PPS work with its partners in deciding on a vendor to provide IT solutions. The PPS will need to work with the vendor and network partners to address interoperability requirements that will enable the necessary data exchange for proper care management planning and documentation, as well as accurate patient engagement counts. |
| 39 | Bronx Partners for Health Communities (SBH) | Organizational | Partner Engagement | The IA recommends that the PPS develop a strategy to increase partner engagement across all project, with a specific focus on Mental Health patterns for Domain 3a projects. |
| 40 | Care Compass Network | Project | 2.a.i: Create Integrated Delivery Systems | The IA recommends the PPS develop a strategy to increase partner engagement to support the successful implementation of this project and in meeting the PPS' DSRIP goals. |
| 41 | Care Compass Network | Project | 2.b.iv: Care transitions intervention model to reduce 30 day readmissions for chronic health conditions | The IA recommends the PPS develop a strategy to increase partner and community engagement. |
| 42 | Care Compass Network | Project | 2.b.iv: Care transitions intervention model to reduce 30 day readmissions for | The IA recommends the PPS develop a plan to increase outreach and education materials to partners. |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | chronic health conditions | |
| 43 | Care Compass Network | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS develop a strategy to assist partners in better identifying the targeted population for this project. |
| 44 | Care Compass Network | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS develop a plan to increase outreach and education materials to partners with respect to patient activation measures. |
| 45 | Care Compass Network | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments. |
| 46 | Care Compass Network | Project | 3.a.i: Integration of primary care and behavioral health services | The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments. |
| 47 | Care Compass Network | Project | 3.a.i: Integration of primary care and behavioral health services | The IA recommends the PPS develop a plan to address the workforce challenges with licensed behavioral health specialists and care coordinators. |
| 48 | Care Compass Network | Project | 3.b.i: Evidence-based strategies for disease management in high risk/affected populations (adult only) | The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors. This Action Plan must detail how the PPS will monitor and intervene when project milestones, partner engagement, or patient engagement for this project fall behind schedule. |
| 49 | Care Compass Network | Project | 3.b.i: Evidence-based strategies | The PPS should develop a strategy to educate their partners |

| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | for disease management in high risk/affected populations (adult only) | on the value of DSRIP in order to increase their engagement. |
| 50 | Care Compass Network | Project | 3.b.i: Evidence-based strategies for disease management in high risk/affected populations (adult only) | To address the issue of partner reluctance to participate in this project due to perceived lack of reimbursement, the PPS should develop creative strategies, either in the form of services, consultation, or work with a vendor to assist the PPS in this outreach. |
| 51 | Care Compass Network | Project | 3.b.i: Evidence-based strategies for disease management in high risk/affected populations (adult only) | In order to address the issue of identifying targeted panels of patients eligible to be included in this project, the IA recommends that the PPS convene a group of stakeholders to develop a strategy to develop common solutions. |
| 52 | Care Compass Network | Project | 3.g.i: Integration of palliative care into the PCMH Model | The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors. This Action Plan must detail how the PPS will monitor and intervene when project milestones, partner engagement, or patient engagement for this project fall behind schedule. |
| 53 | Care Compass Network | Project | 3.g.i: Integration of palliative care into the PCMH Model | The IA recommends that the PPS finalize its contracting arrangements with their partners and begin flowing funds. |
| 54 | Care Compass Network | Project | 3.g.i: Integration of palliative care into the PCMH Model | To address the issue of partner reluctance to participate in this project due to perceived lack of reimbursement, the PPS should develop creative strategies, either in the form of services, consultation, or work with a |

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| # | PPS | Section | Focus Area | IA Recommendation |
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| | | | | vendor to assist the PPS in outreach. |
| 55 | Care Compass Network | Organizational | Community Based Organization Contracting | The IA recommends that the PPS accelerate finalizing contracts with its partnering Community Based Organizations in order to fully implement projects. |
| 56 | Care Compass Network | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop an action plan to roll out its trainings to its workforce and partners. |
| 57 | Care Compass Network | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured. |
| 58 | Care Compass Network | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS create an action to address the assessment of its network partners for VBP readiness. |
| 59 | Care Compass Network | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS establish a plan to further educate and support their partners move toward VBP arrangements. |
| 60 | Care Compass Network | Organizational | Partner Engagement | The IA recommends that the PPS develop a strategy to increase partner engagement throughout the PPS, particularly with Primary Care Providers and Non-Primary Care Providers. |
| 61 | Care Compass Network | Organizational | Patient Engagement | The IA requires the PPS to develop a plan to increase patient engagement across all projects. |
| 62 | Central New York Care Collaborative | Project | 2.a.iii: Health Home At-Risk Intervention Program | The IA recommends that the PPS develop a training plan to educate PCPs on the care coordination requirements for this project. |
| 63 | Central New York Care Collaborative | Project | 2.a.iii: Health Home At-Risk Intervention Program | The IA recommends that the PPS develop a care coordination resource to support PCPs. |
| 64 | Central New York Care Collaborative | Project | 2.a.iii: Health Home At-Risk | The IA recommends that the PPS establish a system for identifying |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | Intervention Program | the targeted patients to assist the PCPs for this project as part of overall PPS population health strategy in working with its network partners. |
| 65 | Central New York Care Collaborative | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends that the PPS finalize the contracts with partners participating in this project. |
| 66 | Central New York Care Collaborative | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends that the PPS increase the trainings available to assist partners in implementing this project. |
| 67 | Central New York Care Collaborative | Organizational | Community Based Organization Contracting | The IA recommends that the PPS develop a clear strategy of contracting with CBOs. |
| 68 | Central New York Care Collaborative | Organizational | Community Based Organization Contracting | The IA recommends that the PPS finalize contracts with partnering CBOs. |
| 69 | Central New York Care Collaborative | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop an action plan to roll out its trainings to partners. |
| 70 | Central New York Care Collaborative | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured. |
| 71 | Central New York Care Collaborative | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS hire a Finance Director. |
| 72 | Community Partners of Western New York (CPWNY) | Project | 2.b.iii.: ED care triage for at-risk populations | The IA recommends the PPS create a systematic process of triaging patients who are not linked to a Health Home, to a PCP in order to (1) Increase engagement of a broad patient population; (2) Meet patient engagement targets; and (3) Ensure access to services before getting linked to a Health Home. |

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| # | PPS | Section | Focus Area | IA Recommendation |
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| 73 | Community Partners of Western New York (CPWNY) | Project | 2.b.iii.: ED care triage for at-risk populations | The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project. |
| 74 | Community Partners of Western New York (CPWNY) | Project | 2.c.ii.: Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services | The IA recommends the PPS develop an action plan to shorten the credentialing process of providers in order to improve the patient and partner engagement shortcomings. |
| 75 | Community Partners of Western New York (CPWNY) | Project | 3.a.i: Integration of primary care and behavioral health services | The IA notes that the PPS has marked milestones related to EHR operability as on hold. The Independent Assessor recommends the PPS develop a plan to address interoperability requirements. |
| 76 | Community Partners of Western New York (CPWNY) | Project | 3.f.i.: Increase support programs for maternal & child health (including high risk pregnancies) | The IA recommends that the PPS explore opportunities to expand the services for this project into Erie County which is a part of the PPS service area and impacts a significant portion of the patient population. |
| 77 | Community Partners of Western New York (CPWNY) | Project | 3.f.i.: Increase support programs for maternal & child health (including high risk pregnancies) | The IA notes that the PPS has marked milestones related to EHR operability as on hold. The Independent Assessor recommends the PPS develop a plan to address interoperability requirements. |
| 78 | Community Partners of Western New York (CPWNY) | Project | 3.g.i: Integration of palliative care into the PCMH Model | The IA recommends that the PPS create an action plan to increase the presence of palliative team members in primary care practices in order to increase referrals, which will further improve patient engagement shortcomings. |
| 79 | Community Partners of Western New York (CPWNY) | Project | 3.g.i: Integration of palliative care | The PPS should also create a plan to continue partner engagement beyond the original training. |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | into the PCMH Model | |
| 80 | Community Partners of Western New York (CPWNY) | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS establish a plan to further educate and support their partners move toward VBP arrangements. |
| 81 | Community Partners of Western New York (CPWNY) | Organizational | Partner Engagement | The IA recommends that the PPS develop a strategy to increase partner engagement throughout the PPS network. The limited partner engagement across multiple projects is a significant risk to the ability of the PPS to implement its DSRIP projects and meet the DSRIP goals. |
| 82 | Finger Lakes PPS (FLPPS) | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS develop an action plan to increase CBO and other partner participation in this project. |
| 83 | Finger Lakes PPS (FLPPS) | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS develop an action plan to educate CBOs on their vital role in the DSRIP program. |
| 84 | Finger Lakes PPS (FLPPS) | Project | 3.a.i: Integration of primary care and behavioral health services | The IA recommends that the PPS develop an action plan to identify and introduce opportunities for mental health professionals to partner with primary care providers, especially in more rural parts of their region. The data in this assessment indicates that FLPPS has only engaged five Mental Health and Primary Care Providers to date. The PPS' success in implementing this project will not only impact its ability to earn performance funding but also High Performance Funds. |
| 85 | Finger Lakes PPS (FLPPS) | Organizational | Cultural Competency and Health Literacy | The IA recommends that the PPS develop an action plan to roll out its trainings to workforce and partners with specific dates. |

| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | | FLPPS must also develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured and report out on these strategies to the IA. |
| 86 | Finger Lakes PPS (FLPPS) | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS create an action plan to address the assessment of its network partners for VBP readiness, and establish a plan to further educate and support their partners' moves toward VBP arrangements. |
| 87 | Finger Lakes PPS (FLPPS) | Organizational | Partner Engagement | The IA requires the PPS to develop an action plan to increase partner engagement. The plan needs to provide specific details by each project for partner engagement. |
| 88 | Leatherstocking Collaborative Health Partners PPS (Bassett) | Project | 2.c.i.: Development of community-based health navigation services | The IA recommends the PPS develop a training strategy to educate their partners and the targeted population about community based health navigation services. |
| 89 | Leatherstocking Collaborative Health Partners PPS (Bassett) | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS develop a strategy to assist partners in better identifying the targeted population for this project. |
| 90 | Leatherstocking Collaborative Health Partners PPS (Bassett) | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS develop plan to increase outreach and education materials to partners with respect to patient activation measures. |
| 91 | Leatherstocking Collaborative Health Partners PPS (Bassett) | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments. |
| 92 | Leatherstocking Collaborative Health Partners PPS (Bassett) | Project | 3.g.i: Integration of palliative care | The IA recommends that the PPS create an action plan to increase collaboration between palliative |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | into the PCMH Model | care team members and primary care practices (either onsite or via telemedicine) in order to increase referrals, which will further improve patient engagement shortcomings. |
| 93 | Leatherstocking Collaborative Health Partners PPS (Bassett) | Organizational | Governance | The IA recommends the PPS hire a Compliance Officer who reports directly to the EGB. |
| 94 | Leatherstocking Collaborative Health Partners PPS (Bassett) | Organizational | Partner Engagement | The IA recommends LCHP strengthen their community and partner education and engagement, in particular with entities outside the lead entity, Bassett Healthcare. |
| 95 | Maimonides | N/A | N/A | No recommendations have been made by the IA at the Mid-Point Assessment. |
| 96 | Millennium Collaborative Care | Organizational | Financial Sustainability and VBP | The IA recommends that the PPS establish a plan to further educate and support their partners move toward VBP arrangements. |
| 97 | Millennium Collaborative Care | Organizational | Partner Engagement | The PPS must develop a plan for more actively engaging its network partners across all projects to ensure the successful completion of project milestones and meeting all DSRIP performance goals. |
| 98 | Montefiore Hudson Valley Collaborative | N/A | N/A | No recommendations have been made by the IA at the Mid-Point Assessment. |
| 99 | Mount Sinai PPS | Project | 3.a.iii: Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance | The IA recommends the PPS review its current plan for implementing this project and develop a plan to initiate efforts on all required project milestones. |

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| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| 100 | Mount Sinai PPS | Organizational | Partner Engagement | The IA recommends that the PPS develop a strategy to increase partner engagement across all projects being implement and across all partner categories with a specific focus on increasing the engagement of Primary Care Practitioners. |
| 101 | Nassau Queens Performing Provider System | Project | 2.a.i: Create Integrated Delivery Systems | The IA recommends the PPS develop a strategy to increase partner engagement to support the successful implementation of this projects and in meeting the PPS' DSRIP goals. |
| 102 | Nassau Queens Performing Provider System | Project | 2.a.i: Create Integrated Delivery Systems | The IA recommends that the PPS provide a detailed plan for how each Hub will implement its own PCMH recognition strategy for primary care physicians. |
| 103 | Nassau Queens Performing Provider System | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends that the PPS detail how the new vendor IT platform will accelerate the low Partner and Patient Engagement for this project. |
| 104 | Nassau Queens Performing Provider System | Project | 3.a.i: Integration of primary care and behavioral health services | The IA recommends that the PPS and its hubs detail a "train the trainer" plan between the providers with positive experiences with this project to other physicians in the Network. |
| 105 | Nassau Queens Performing Provider System | Project | 3.a.ii: Behavioral health community crisis stabilization services | The IA recommends that the PPS outline the specifics related to how the hub model will produce better results for this project. |
| 106 | Nassau Queens Performing Provider System | Project | 3.b.i: Evidence-based strategies for disease management in high risk/affected populations (adult only) (Cardiovascular Health) | The PPS narrative addressed challenges surrounding PCP engagement in this project and sought to mitigate this challenge by incentivizing providers to obtain PCMH certification. This is neither a requirement nor a barrier to implementing this project. As this project focuses on disease management for cardiovascular health the IA |

| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | | recommends that the PPS create a plan to engage the proper patient and partner types while focusing on the purpose of the project and the successful implementation of the same. |
| 107 | Nassau Queens Performing Provider System | Project | 3.c.i: Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care) | The PPS narrative addressed challenges surrounding PCP engagement in this project and sought to mitigate this challenge by incentivizing providers to obtain PCMH certification. This is neither a requirement nor a barrier to implementing this project. As this project focuses on disease management for diabetes, the IA recommends that the PPS create a plan to engage the proper patient and partner types while focusing on the purpose of the project and the successful implementation of the same. |
| 108 | Nassau Queens Performing Provider System | Organizational | Partner Engagement | The IA recommends that the PPS develop a strategy to increase partner engagement throughout its target area, with a specific emphasis on engaging Behavioral Health (Mental Health and Substance Abuse) and PCP partners. Behavioral health providers and integration with primary care are essential to realize the project goals of behavioral health integration and to be able to earn the high performance funds. |
| 109 | Nassau Queens Performing Provider System | Organizational | Patient Engagement | The IA recommends that the PPS develop a strategy to increase and consistently maintain patient engagement levels throughout its target area. This is another high risk area where the PPS has previously missed targets and associated DSRIP payments. |

## Companion Document

| # | PPS | Section | Focus Area | IA Recommendation |
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| 110 | New York Presbyterian – Queens | N/A | N/A | No recommendations have been made by the IA at the Mid-Point Assessment. |
| 111 | North Country Initiative (Samaritan) | Organizational | Financial Sustainability and VBP | The IA recommends the PPS develop a strategy to enhance partner engagement with MCOs to achieve VBP goals. |
| 112 | NYU Lutheran PPS | Project | 2.b.iii.: ED care triage for at-risk populations | As milestones due by the end of DSRIP Year 2 are currently 'On Hold' and there is a lag in partner engagement, the IA recommends the PPS create a plan to address those milestones which are 'On Hold' in order to commence implementation of those milestones. The PPS must also create a plan to engage the requisite partners needed to successfully implement the milestones. |
| 113 | NYU Lutheran PPS | Project | 3.d.ii.: Expansion of asthma home-based self-management program | The IA recommends the PPS develop an action plan to educate patients on the benefits of home-based asthma visits in order to engage patients in the project. The PPS must also create a plan to expedite the time needed to negotiate with vendors and integrate home visits into the infrastructure to engage partners in the project. |
| 114 | NYU Lutheran PPS | Organizational | Community Based Organization Contracting | The IA recommends the PPS create a plan and commit resources for the engagement of CBOs in all areas the PPS articulated in its Community Engagement Plan. |
| 115 | NYU Lutheran PPS | Organizational | Partner Engagement | The IA recommends that the PPS develop a strategy for ensuring partner engagement across all projects being implemented by the PPS. |
| 116 | OneCity Health (HHC) | Project | 2.a.i: Create Integrated Delivery Systems | The IA recommends that the PPS develop a plan to increase partner engagement to ensure the PPS I able to successfully |

| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | | meet project implementation milestones, performance metrics, and DSRIP goals. |
| 117 | OneCity Health (HHC) | Project | 3.d.ii: Expansion of asthma home-based self-management program | 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. |
| 118 | OneCity Health (HHC) | Project | 3.d.ii: Expansion of asthma home-based self-management program | The IA recommends the PPS continue to collaborate with the NYS Asthma Regional Coalitions to provide asthma education certification trainings. |
| 119 | OneCity Health (HHC) | Organizational | Funds Flow | The IA recommends that the PPS accelerate a contracting strategy to distribute funds to their partners to promote more engagement. |
| 120 | OneCity Health (HHC) | Organizational | Partner Engagement | The IA recommends that the PPS develop an action plan to increase partner engagement across all projects being implemented by the PPS. |
| 121 | Refuah Community Health Collaborative | Organizational | Cultural Competency and Health Literacy | Although the PPS is utilizing a pre- and post-test to measure provider knowledge, it is not clear what measures the PPS is using to assess the effectiveness of the cultural and linguistic training when applied by partners in the network. The IA recommends that the PPS develop measures to assess the current cultural competency of the clinical providers within its network along with the impact any cultural competency training provided to the same providers to address the effectiveness of its CCHL trainings. |
| 122 | Staten Island PPS | N/A | N/A | No recommendations have been made by the IA at the Mid-Point Assessment. |

## Companion Document

| # | PPS | Section | Focus Area | IA Recommendation |
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| 123 | Suffolk Care Collaborative (Stony Brook) | Organizational | Partner Engagement | The IA recommends that the PPS review its Partner Engagement reporting and develop a plan for engaging network partners across all projects to ensure the successful implementation of DSRIP projects. |
| 124 | The New York and Presbyterian Hospital | Project | 3.e.i: Comprehensive strategy to decrease HIV/AIDS transmission | The IA recommends that the PPS obtain long-term space for the HIV Center of Excellence (CoE) that can accommodate growth of staff and patients attributed to the program. |
| 125 | The New York and Presbyterian Hospital | Project | 3.e.i: Comprehensive strategy to decrease HIV/AIDS transmission | The PPS needs to demonstrate effective collaboration with CBOs and other resources to ensure appropriate access to substance abuse treatment. |
| 126 | The New York and Presbyterian Hospital | Project | 3.g.i: Integration of palliative care into the patient centered medical home model | The IA recommends that the PPS create an action plan to increase the presence of palliative team members in primary care practices in order to increase referrals, which will further improve patient engagement. |
| 127 | The New York and Presbyterian Hospital | Project | 3.g.i: Integration of palliative care into the patient centered medical home model | The IA recommends that the PPS develop a plan to increase outreach and education materials to partners with respect to end of life care. The plan should include ongoing support and resources with educational updates for partners and their staff. |
| 128 | The New York and Presbyterian Hospital | Organizational | Cultural Competency and Health Literacy | The IA recommends the PPS implement the strategies and execute the training on CCHL as articulated in its submitted plans. The execution of this strategy needs to articulate how the PPS will measure the effectiveness of its CC/HL outreach efforts to the target population. |
| 129 | Westchester Medical Center | Project | 2.d.i: Implementation of Patient | The IA recommends the PPS develop a strategy to assist partners in better identifying the |

## Companion Document

| # | PPS | Section | Focus Area | IA Recommendation |
|---|---|---|---|---|
| | | | Activation Activities | targeted population for this project. |
| 130 | Westchester Medical Center | Project | 2.d.i: Implementation of Patient Activation Activities | The IA recommends the PPS develop plan to increase outreach and education materials to partners with respect to patient activation measures. |
| 131 | Westchester Medical Center | Project | 3.a.i: Integration of primary care and behavioral health services | The IA recommends that the PPS develop an action plan to identify and introduce opportunities for mental health professionals to partner with primary care providers. It will be important to increase the engagement of PCP and Mental Health partners in this project to ensure the project is implemented successfully and the PPS is positioned to meet the performance metrics for Domain 3a projects. The engagement of partners to successfully implement this project is further emphasized by the additional value associated with this project through the High Performance Fund, where six of the 10 eligible measures are tied to Domain 3a projects. |
| 132 | Westchester Medical Center | Organizational | Partner Engagement | The IA requires the PPS to develop an action plan to increase partner engagement. The plan needs to provide specific details by each project for partner engagement. |