



## Mount Sinai

Performing  
Provider  
System

December 21, 2016

Dear DSRIP Independent Assessor:

On behalf of the Mount Sinai PPS, LLC we acknowledge the DSRIP Independent Assessor's Mid-Point Assessment Report and 360 Survey Results of Mount Sinai PPS. In response, please find below points of clarification for the report, and responses to the specific recommendations made.

### Points of Clarification:

#### **PPS Governance and Funds Flow**

These comments refer to the IA's reporting of various funds flow of the MSPPS through DY2, Q2. These specifically refer to funds earned, administrative costs, PMO costs and distributions by partner types, specifically to CBO's.

It is important to note, the funds flow noted in the IA's report only considered waiver funds. The MSPPS received substantial non-waiver funds through the EIP and EPP equity awards. In fact, over 55% of the MSPPS DSRIP award was through the equity program. The funds flow associated with these were reported in the "Flow of Funds: Non-Waiver Revenue" modules in MAPP but were omitted from consideration from the IA's report. In order to properly appreciate the funds flow of the MSPPS, non-waiver and waiver activity must be considered.

Though \$21,590,064 of DY1 waiver funds were earned, these funds were not fully received by MSPPS until DY2 Q2. This delayed the ability of the PPS to flow the associated funds out to partners.

We were unable to corroborate the amount of funds reported by the IA for "administrative cost" (\$5,198,160).

### Recommendations:

**Recommendation 1 - Partner Engagement.** The IA recommends that the PPS develop a strategy to increase partner engagement across all projects being implemented and across all partner categories with a specific focus on increasing the engagement of Primary Care Practitioners.

**Response:** Mount Sinai PPS acknowledges the IA's findings and recommendations. The PPS provider engagement was determined based on the PPS' completion of the provider import tool (PIT). To date, the Mount Sinai PPS reports both funds flow and project engagement at the partner organization level, not at the individual provider level. The results on provider engagement are therefore significantly lower than the committed amount. This method of

reporting has a direct impact on provider types – PCP, Non-PCP, Mental Health, and Substance Abuse. The PPS is planning to identify the individual providers from the partner organization that are attributed to the PPS and select them as engaged in the provider import tool. This modification of reporting will increase the number of engaged providers across all the projects. The PPS relies on the partner leadership teams to communicate clinical program requirements to the organizations’ clinicians and staff. As training initiatives ramp up the PPS will also have the ability to track provider engagement at the individual provider level. The PPS will also see an increase in the number of providers engaged in the projects, more specifically providers participating in our Hub implementation in the next quarter with the goal of matching the committed amounts. The aforementioned plans were part of the PPS next steps irrespective of the mid-point assessment report recommendations. **In relation to this recommendation, Mount Sinai PPS recommends the IA reconsider the need for an action plan. The PPS will develop a Mid-Point Assessment Action Plan, and submit it for IA review and approval by March 2, 2017, according to the final Mid-Assessment Report recommendations.**

**Recommendation 2 - 3.a.iii.** 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.

**Response:** Mount Sinai PPS acknowledges the IA’s findings and risk score regarding 3.a.iii Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance. The PPS understands this assessment is based upon not starting the milestone “Coordinate with Medicaid Managed Care Plans to improve medication adherence.” Despite the milestone status of not started, the PPS has started discussions with Managed Care Organizations on a PPS leadership level. In September 2016, the PPS clinical leadership was introduced to Healthfirst’s HARP Clinical Director. In October 2016, the PPS Medical Director met with Healthfirst’s Clinical leadership team, including the VP and Medical Director, HARP Clinical Director, and Behavioral Health Medical Director to discuss collaborations for identifying discharged patients with Behavioral Health and Substance Abuse conditions and enrolling them in Health Home and other care management programs that have medication adherence programs. The discussion also included strategies for linking these patients to primary care for addressing care gaps with screening tests and monitoring of chronic disease. As the MCO collaborations are established at the PPS leadership level the PPS approach is to add the projects’ clinical leadership, such as from 3.a.iii and other projects that have MCO related deliverables, to the collaborative meetings occurring in the upcoming quarters.

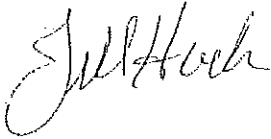
In addition to these collaborations, the PPS Board of Managers and Project 2.a.i workgroup include members from MCOs. One of this milestone’s tasks to identify MCOs and contacts could be reported as complete. Nearly half of the PPS patients are Healthfirst members, reason for initiating the MCO collaboration with this health plan. The ensuing discussions between the MCOs and the PPS demonstrate progress towards the deliverables pertaining to MCO collaboration. **In relation to this recommendation, Mount Sinai PPS recommends the IA reconsider the need for an action plan and permit the PPS to continue reporting progress on milestone via the normal quarterly reporting process. The PPS will develop a Mid-Point Assessment Action Plan, and submit it for IA review and approval by March 2, 2017, according to the final Mid-Assessment Report recommendations.**

In closing, we trust you find these points of clarification and responses helpful, and thank you for the opportunity to respond.

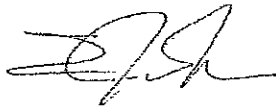
Sincerely,



Arthur A. Gianelli, MA, MBA, MPH  
President of Mount Sinai St. Luke's  
President of the Mount Sinai PPS, LLC  
Special Advisor to the President and CEO of the Mount Sinai Health System for Medicaid Strategy



Jill Huck, OTR, MPA  
Executive Director, Mount Sinai DSRIP PPS, LLC  
The Mount Sinai Health System



Edwidge J. Thomas, DNP  
Medical Director, Mount Sinai DSRIP PPS, LLC  
The Mount Sinai Health System