



**Department
of Health**

Medicaid
Redesign Team

Additional High Performance Program (AHPP)

Introductory Webinar

September 2016

Today's Agenda

- Program Overview
- Program Design
- Next Steps

Program Overview

What is the AHPP?

- The Additional High Performance Program (AHPP) is an extension of the federally funded Delivery System Reform Incentive Payment (DSRIP) High Performance Fund (HPF).
- The program is designed to award \$250 million of State-funded performance-based payments to all 25 Performing Provider Systems (PPS).
- AHPP is the third program of the New York State Supplemental Programs, following the Equity Infrastructure Program (EIP) and Equity Performance Program (EPP).
- It was made to further incentivize PPS participating in the DSRIP program to maximize achievement of a set of key measures.
- AHPP is a five year program, starting on April 1, 2016 and ending on March 31, 2021.
 - AHPP payments are based on the prior year's DSRIP performance. Hence, AHPP Year 1 payments (April 2016-March 2017) are based upon DSRIP Demonstration Year (DY) 1 (April 2015 –March 2016) performance.
 - AHPP lags behind the DSRIP program by one year.

AHPP Roles

DOH Role	<ul style="list-style-type: none"> • Provide Managed Care Organizations (MCOs) with criteria for funds distribution • Monitor and oversee the distribution of funds from MCOs to PPS • Fund the program through an increase in the per member per month (PMPM) rate to participating MCOs; inclusive of an administrative fee • Provide contractual and programmatic guidance when requested by the MCOs
MCO Role	<ul style="list-style-type: none"> • Contract with PPS for AHPP • Distribute earned AHPP awards to high performing PPS as defined by the program and determined by the IA based on PPS achievement of AHPP measures. • Report to DOH on the flow of AHPP funds to PPS.
PPS Role	<ul style="list-style-type: none"> • Contract with MCOs • Work towards the achievement of metrics relevant to AHPP

AHPP Roles (continued)

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Program Design

Traditional High Performance Fund Measures

Projects	Measure Name	P4P Timing	AV
2.a.i-2.a.v	Potentially Preventable Emergency Department Visits (All Population)	DY3	1
2.a.i-2.a.v	Potentially Preventable Readmissions (All Population)	DY3	1
3.a.i-3.a.iv	Antidepressant Medication Management - Effective Acute Phase Treatment	DY2	0.5
3.a.i-3.a.iv	Antidepressant Medication Management - Effective Continuation Phase Treatment	DY2	0.5
3.a.i-3.a.iv	Cardiovascular Monitoring for People with CVD and Schizophrenia	DY2	1
3.a.i-3.a.iv	Diabetes Monitoring for People with Diabetes and Schizophrenia	DY2	1
3.a.i-3.a.iv	Follow-up after hospitalization for Mental Illness - within 30 days	DY2	0.5
3.a.i-3.a.iv	Follow-up after hospitalization for Mental Illness - within 7 days	DY2	0.5
3.a.i-3.a.iv	Potentially Preventable Emergency Department Visits (BH Population)	DY2	1
3.a.v	Antipsychotic Use in Persons with Dementia (SNF Long Stay Residents)	DY2	1
3.b.i-3.b.ii	Tobacco Cessation - Discussion of Cessation Strategies	DY4	1
3.b.i-3.b.ii	Controlling Hypertension	DY4	1

Indicates measures are combined in the traditional DSRIP High Performance Fund, meaning the measures is worth 0.5 AV.

AHPP Measures

- AHPP is designed to further incentivize performance target achievement for 9 of the measures in the High Performance Fund (HPF).

	Projects	Measure Name	Pay For Performance (P4P) Timing
AHPP and HPF Measures	2.a.i-2.a.v	Potentially Preventable Emergency Department Visits (PPV) (All Population)	DY3
	2.a.i-2.a.v	Potentially Preventable Readmissions (PPR) (All Population)	DY3
	3.a.i-3.a.iv	Antidepressant Medication Management - Effective Acute Phase Treatment	DY2
	3.a.i-3.a.iv	Antidepressant Medication Management - Effective Continuation Phase Treatment	DY2
	3.a.i-3.a.iv	Cardiovascular Monitoring for People with Cardiovascular Disease (CVD) and Schizophrenia	DY2
	3.a.i-3.a.iv	Diabetes Monitoring for People with Diabetes and Schizophrenia	DY2
	3.a.i-3.a.iv	Follow-up after hospitalization for Mental Illness - within 30 days	DY2
	3.a.i-3.a.iv	Follow-up after hospitalization for Mental Illness - within 7 days	DY2
	3.a.i-3.a.iv	Potentially Preventable Emergency Department Visits (Behavioral Health (BH) Population)	DY2
HPF Measures Only	3.a.v	Antipsychotic Use in Persons with Dementia (SNF Long Stay Residents) **	DY2
	3.b.i-3.b.ii	Controlling Hypertension **	DY4
	3.b.i-3.b.ii	Tobacco Cessation – Discussion of Cessation Strategies **	DY4

In AHPP, all measures are valued equally. This differs from the HPF program which assigns separate Achievement Values for each measure.

*** 3 of the HPF measures are not applicable to all PPS based on their DSRIP project selections, and are therefore **not** part of the AHPP.*



How is Performance Achieved Under the AHPP?

- All AHPP measures are weighted evenly and are measured once per year.
 - Each metric is evaluated as either achieved or not achieved for the year.
 - Each year, the IA will determine whether each PPS achieved each of its AHPP metrics. If a metric meets either of the two requirements below, it is considered achieved for the year:
 - The PPS meets or exceeds a reduction in gap to goal for an AHPP metric by 10% or more within the annual measurement period; or
 - The PPS performance in the metric reaches and stays within the statewide performance goal.
- Note:** PPS do not need to meet both requirements for the metric to be considered achieved.*
- If a PPS achieves at least half (50% or more) of its available AHPP metrics in a given year, then has met its performance requirements to receive its AHPP payment.
 - If the denominator of an AHPP measure for a PPS falls below 30, the achievement value associated with the measure is removed from the base AHPP calculation for the next two years (hence achievement of 4 out of 8 AHPP measures (50%) will be needed to qualify for an AHPP award).

How is Payment Allocated Under AHPP?

- AHPP is based on the relative weighting of lives from Attribution for Performance (A4P) within each PPS.
- DOH will distribute AHPP awards to each of the AHPP MCOs on a monthly basis through a PMPM rate.
- Unearned payments will be re-allocated to PPS that meet their AHPP performance goals for the measurement year.
 - Re-allocation of unearned AHPP performance funds will be proportional based on successful PPS' relative award weightings **within AHPP**.
- The full annual allocation of the original AHPP funds will be paid out each year. Unearned AHPP amounts will not be carried over into later years of the program.

AHPP MCO – PPS Pairings

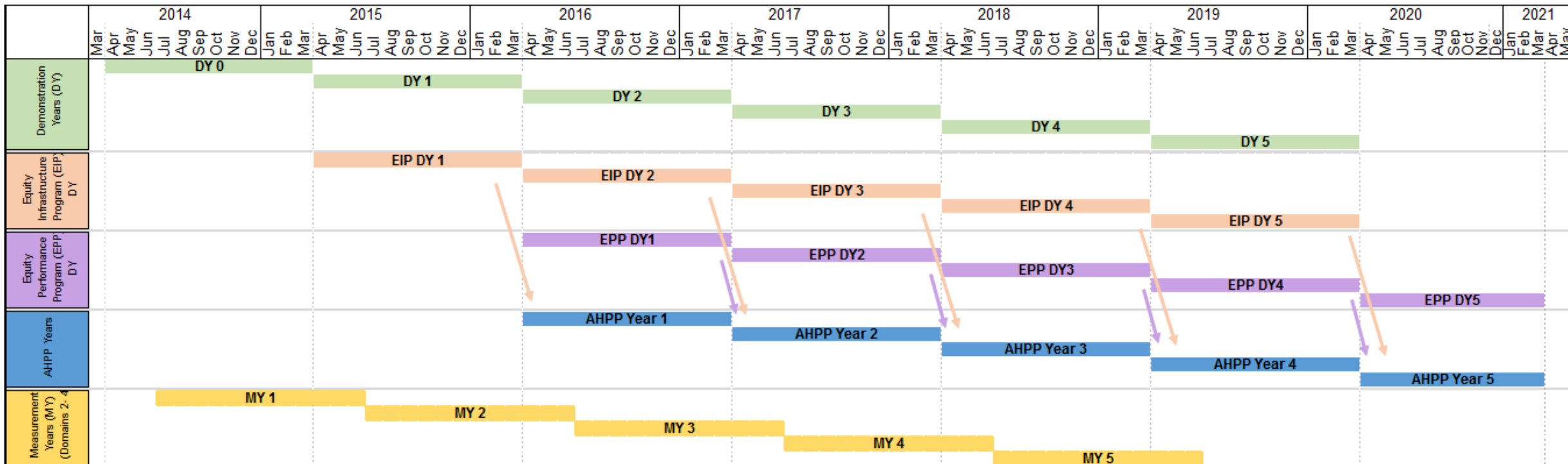
						AHPP Annual Award
		NYS Catholic Health Plan Inc	Health First PHSP Inc	United Healthcare of NY Inc	Amerigroup New York LLC	
PPS	Adirondack Health Institute	\$ 767,436	\$ -	\$ -	\$ -	\$ 767,436
	Advocate Community Providers	\$ -	\$ 6,103,489	\$ -	\$ -	\$ 6,103,489
	Albany Medical Center Hospital	\$ 661,373	\$ -	\$ -	\$ -	\$ 661,373
	Alliance for Better Health Care (Ellis)	\$ 1,168,653	\$ -	\$ -	\$ -	\$ 1,168,653
	Bronx-Lebanon Hospital Center	\$ -	\$ 1,346,085	\$ -	\$ -	\$ 1,346,085
	Central New York Care Collaborative	\$ 1,767,346	\$ -	\$ -	\$ -	\$ 1,767,346
	Finger Lakes PPS	\$ 2,801,440	\$ -	\$ -	\$ -	\$ 2,801,440
	Lutheran Medical Center	\$ -	\$ 1,099,822	\$ -	\$ -	\$ 1,099,822
	Maimonides Medical Center	\$ -	\$ -	\$ 4,299,479	\$ -	\$ 4,299,479
	Millennium Collaborative Care (ECMC)	\$ 2,391,904	\$ -	\$ -	\$ -	\$ 2,391,904
	Mohawk Valley PPS (Bassett)	\$ -	\$ -	\$ 394,800	\$ -	\$ 394,800
	Montefiore Hudson Valley Collaborative	\$ 2,167,361	\$ -	\$ -	\$ -	\$ 2,167,361
	Mount Sinai Hospitals Group	\$ -	\$ 3,498,247	\$ -	\$ -	\$ 3,498,247
	Nassau Queens PPS	\$ -	\$ -	\$ -	\$ 3,948,024	\$ 3,948,024
	New York City Health and Hospitals Corporation	\$ -	\$ 6,412,413	\$ -	\$ -	\$ 6,412,413
	Refuah Community Health Collaborative	\$ 399,192	\$ -	\$ -	\$ -	\$ 399,192
	Samaritan Medical Center	\$ -	\$ -	\$ 376,478	\$ -	\$ 376,478
	SBH Health System (St Barnabas)	\$ -	\$ 3,382,663	\$ -	\$ -	\$ 3,382,663
	Sisters of Charity Hospital of Buffalo (Catholic Medical)	\$ 807,072	\$ -	\$ -	\$ -	\$ 807,072
	Southern Tier Rural Integrated PPS (United Health)	\$ 968,840	\$ -	\$ -	\$ -	\$ 968,840
	Staten Island PPS	\$ -	\$ -	\$ -	\$ 721,545	\$ 721,545
	Stony Brook University Hospital	\$ 2,009,085	\$ -	\$ -	\$ -	\$ 2,009,085
	The New York and Presbyterian Hospital	\$ -	\$ -	\$ 849,366	\$ -	\$ 849,366
	The New York Hospital Medical Center of Queens	\$ -	\$ -	\$ -	\$ 284,535	\$ 284,535
	Westchester Medical Center	\$ 1,373,350	\$ -	\$ -	\$ -	\$ 1,373,350
	Total	\$ 17,283,054.22	\$ 21,842,717.68	\$ 5,920,123.79	\$ 4,954,104.30	\$ 50,000,000

Note: Highlighted PPS are part of the Equity Programs (EP). These PPS are eligible to receive supplemental AHPP payments from unearned EP awards.

Equity Programs (EP) Participants in AHPP

- Unearned EP funds will be held in the AHPP pool on an annual basis.
- These additional funds will only be earned through AHPP by PPS that are also participating in EP.
- Unearned EP payments will be disbursed only to EP eligible AHPP participants that meet the AHPP performance thresholds for that year.
 - Disbursement amounts will be distributed proportionally, based on the relative award weightings of the PPS **within EP**.

AHPP Unearned EP Funds Flow Timeline



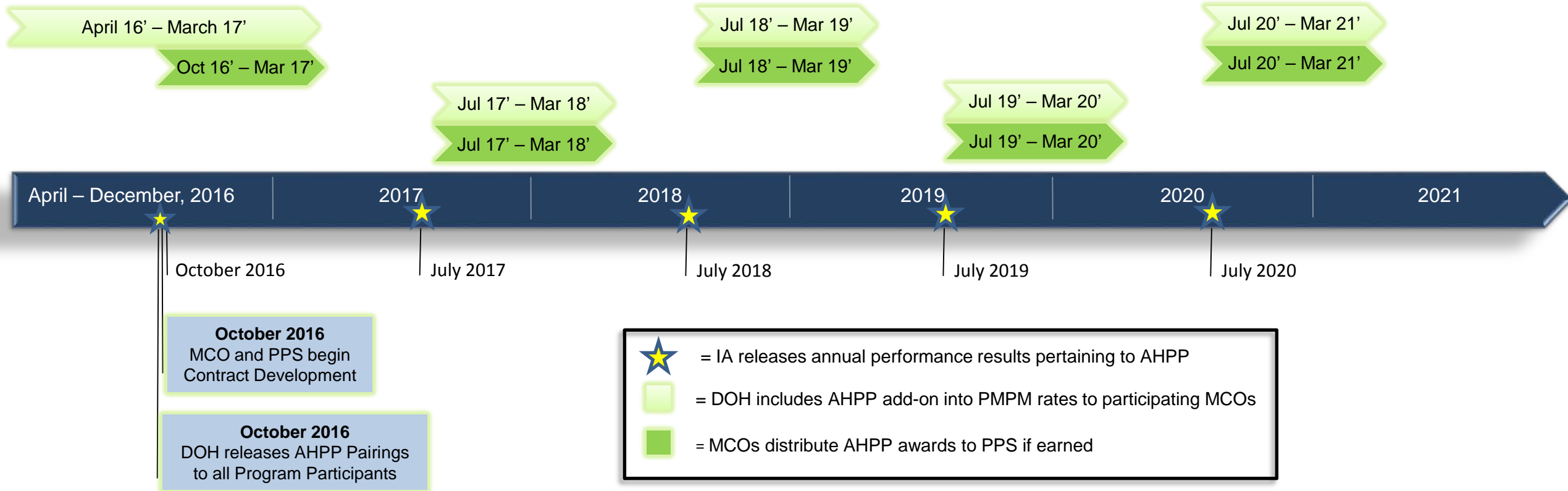
Participants should note that the different timelines between EIP, EPP, and AHPP affect the timing of the flow of unearned EP funds into AHPP. In AHPP Year 1, only unearned EIP funds flow, because EPP DY1 is not complete. In AHPP Year 2, unearned EPP DY1 funds and EIP DY2 funds flow into the program.

While unearned EIP DY5 funds will flow into AHPP Year 5, unearned EPP DY5 funds never flow into AHPP the following year and will be lost.

AHPP Timeline

Milestone	Due Date
DOH releases AHPP pairings to all Program participants	October 2016
Paired MCOs and PPS develop AHPP contracts	October 2016 – December 31, 2016
IA releases annual performance results pertaining to the AHPP	AHPP Yr. 1 Results Released: October 2016 AHPP Yr. 2 Results Released: July 2017 AHPP Yr. 3 Results Released: July 2018 AHPP Yr. 4 Results Released: July 2019 AHPP Yr. 5 Results Released: July 2020
DOH includes AHPP add-on into PMPM rates to participating MCOs: <ul style="list-style-type: none"> • AHPP Year 1: Funds added in April 2016 rates • AHPP Years 2-5: Funds added in July rates <p><i>Due to CMS delays in rate approval process, the funds flow process at the beginning of each year may be delayed. Once approved, payments will be retroactive to the AHPP Year's start date.</i></p> <ul style="list-style-type: none"> • Full award amounts will be paid out over 12 months in AHPP Year 1 and over 9 months in Years 2-5 	AHPP Yr. 1 Payments: April 2016 – March 2017 (12 months) AHPP Yr. 2 Payments: July 2017 – March 2018 (9 months) AHPP Yr. 3 Payments: July 2018 – March 2019 (9 months) AHPP Yr. 4 Payments: July 2019 – March 2020 (9 months) AHPP Yr. 5 Payments: July 2020 – March 2021 (9 months)

AHPP Timeline (continued)



Next Steps

Next Steps

Below are the priority actions that can and should commence following today's discussion:

What should AHPP participants be doing?

- Once the contract template has been released (October 2016), AHPP partners should work to develop AHPP contracts.
- PPS should continue working towards the achievement of metrics relevant to AHPP
- Participants should check the AHPP website for program resources

AHPP Webpage

- The AHPP webpage on the DSRIP website is up and running!
 - [DSRIP Homepage → For Providers and Professionals → Additional High Performance Program \(AHPP\)](#)
- The AHPP website will contain the following information:
 - Programmatic Guidance
 - PPS/MCO Pairings
 - AHPP Contract Template
 - Webinars
 - FAQs

Questions?

Comments?

For any further questions, please contact the AHPP inbox:

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