Equity Programs (EP) – Demonstration Year 2 Guidance

Last Edited:
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Purpose

The purpose of this document is to provide Equity Programs (EP) participants information to progress into the second year of the programs. The guidance included herein covers both the Equity Infrastructure Program (EIP) and the Equity Performance Program (EPP). This document is designed to be useful to both Managed Care Organizations (MCOs) and Performing Provider Systems (PPS) participating in the programs. This document should be considered as a supplement to the Department's regularly released EP FAQs.

This document includes:

1. State guidance provided to EP participants during the EP DSRIP Year (DY) 2 Webinar (held on June 17th, 2016), divided into several related themes.
2. Detailed questions and answers from the Webinar.
3. An illustrative timeline of the EP in relation to the wider Delivery System Reform Incentive Payment (DSRIP) Program.
4. The proposed MCO-PPS pairings for EP partnerships in DY2, along with their award amounts for EIP and EPP.

State Guidance

Theme	State Guidance
Program Purpose and Compliance	**Equity Programs' purpose** The purpose of the EP is to mitigate inequities in PPS' funding that arose during the DSRIP valuation process. The State designed the two programs to enhance and supplement DSRIP by creating programs that will serve to benefit the wider DSRIP program. Each program benefits DSRIP goals differently. EIP is designed to enhance a PPS' implementation of DSRIP by promoting participation in activities that are vital for DSRIP's success, although they are not specifically funded through DSRIP. EPP is designed to enhance DSRIP by placing greater emphasis on key DSRIP metrics that are significant to State's vision of healthcare transformation. **Equity Programs and compliance** The State affirms that the design of the EP and the payments made for the prior year are in compliance as implemented. The State will continue to monitor the Programs to ensure their continued compliance with State and Federal law.

Theme	State Guidance
Participant Roles	**The MCO's role in the Equity Programs** • Establish contracts with PPS. • Report measure and activity selection to the Independent Assessor (IA). • Report on funds distribution to DOH. • For EIP, direct funds to PPS that have met program requirements. • For EIP, report to DOH and IA on EIP Activities. • For EPP, direct funds to PPS that have met performance measurement criteria. **The PPS' role in the Equity Programs** • Establish contracts with MCO(s). • Meet performance requirements in order to receive program payments via MCO(s). • Distribute funds within PPS, with same restrictions (95/5 Safety Net Rule) as regular DSRIP payments. • Report on payment distribution to demonstrate that the 95/5 Rule is followed. • PPS' reporting requirements for EIP and EPP are covered below.

Theme	State Guidance
Reporting and Monitoring Requirements	**Reporting in EPP** PPS will not have to provide any additional documentation or reporting to the MCO as EPP is based on performance measures already tracked within the DSRIP program by the IA. As part of DSRIP, the IA will perform a comparison between the PPS' reported/achieved metrics and their baseline metrics and will provide the percentage difference to the MCOs through DOH. Upon receipt and review of the metric tracking information provided by the IA, MCOs will remit a payment to PPS that meet or exceed the performance target for each metric. Please note that the EPP contractual agreements between the MCO and PPS govern the reporting and payment frequency for EPP. **Reporting in EIP** PPS will be required to report on and provide evidence of their activities to the MCOs. MCOs will then remit a payment to the PPS upon the receipt and review of this evidence. Please note that the EIP contractual agreements between the MCO and PPS govern the evidence requirements as well as the reporting and payment frequency. **Attestation in EIP** Due to EIP's implementation being delayed in DY1, DOH determined that if MCOs and PPS agreed in their Equity Program contracts that PPS attestation was sufficient in DY1 for participation in EIP Activities, the MCO may forward the EIP payment based on attestation alone in that year. The PPS should retain documentation of all evidence for the DY1 EIP attestation. In DY2 onwards, attestation is insufficient, meaning actual evidence of Activity participation is required for the MCO to forward payment to the PPS. **Financial substantiation in EIP** Financial substantiation is only required for a subset of the evidence noted for the EIP activities. DOH provided guidance for EIP financial substantiation on March 28th 2016. However, DOH's guidelines are only recommendations, meaning that the ultimate requirement for evidence in EIP should be established in the contractual agreement between the MCO and PPS.

Theme	State Guidance
Reporting and Monitoring Requirements	**MCO reporting in the Equity Programs** MCOs must submit payment reports to DOH noting the amounts paid to their paired PPS for each Equity Program. In addition, MCOs must submit EIP activity reports to DOH noting their paired PPS' activities and the MCOs determination on whether the evidence supporting the PPS' completion of activities is sufficient to remit an EIP payment to the PPS. **Monitoring Funds in the Equity Programs** Like in DSRIP, once a PPS completes its activities (or achieves its metrics) it is awarded a performance payment. The MCOs are not responsible for auditing the Equity Program payments or the use of funds earned by the PPS. The MCOs' responsibility is to administrate the Equity Programs throughout their duration.
Funds Flow	**Funding for the Equity Programs** It is the State's commitment to ensure that MCOs have adequate resources to administer the program without having MCOs advance their own funds prior to receiving funding from the State. Additionally, MCOs should only forward funds once a PPS successfully meets its metrics for EPP or the PPS provides sufficient evidence to support their efforts for their selected EIP activities.
Contracting Expectations	**Equity Programs contracts and contract extensions** The State expects MCOs and PPS to either renew contracts over the course of the programs or create a contract that lasts for the duration of the programs. Ultimately, it is the responsibility of the participants to negotiate contracts that are acceptable to all parties, so that all aspects of the program can progress uninterrupted. In addition, participants should include in their contracts a remediation period, in order to resolve any disputes that may arise during the duration of the Programs. Participants should inform the Department of any expected delay between the expiration of DY1 contracts and the completion of contracts for DY2, if contracting issues arise, or if an EP partner is not meeting Program expectations. Completed contracts should be sent to the IA for filing using the following email: dsrip_ia@pcgus.com.

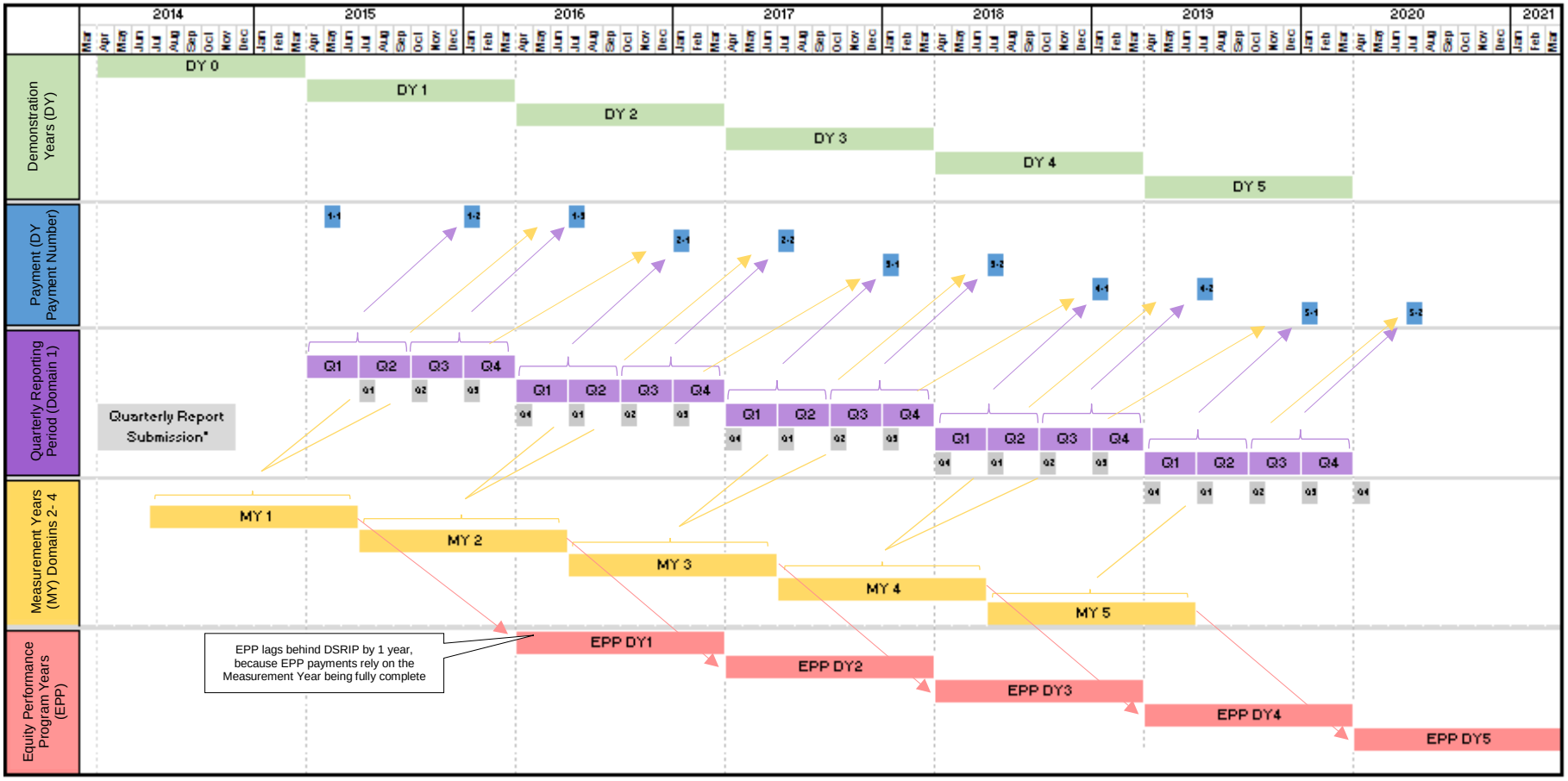
Questions and Answers

As documented from the EP DY2 Webinar on June 17th 2016.

Item #	Webinar Attendant Question	State Response
1	Will DOH provide guidance on how a PPS should report on EPP and EIP funds distribution, and whether it should align with the 95/5 Safety Net / Non-Safety Net rule?	The reporting guidance for both EIP and EPP is the same as that of DSRIP. Performance payments will be subject to the same restrictions and reporting requirements, including the 95/5 Safety Net / Non-Safety Net rule.
2	If an MCO and PPS agree that evidence must be used to support activity in the first EIP quarterly report of a year, and thereafter attestation is sufficient for all future quarters of the year, will it be compliant with DOH reporting requirements?	It is up to the agreement between MCO and PPS partners; however, this is not DOH's expectation and guidance. DOH recommends evidence documenting the completion of an activity be submitted as part of all reports in DY2 onwards.
3	For EPP, DOH stated that at least one of the measures selected must be Pay for Performance (P4P) in DY2 or DY3. Does this mean that the other measures will be evaluated as Pay for Reporting (P4R)?	A PPS must select six out of the 25 available EPP measures, and one of the six measures must be one that switches from P4R to P4P in DY2 or DY3. The remaining five selected measures can switch to P4P at any year. None of the EPP measures will remain as P4R for the entire length of the program.
4	When can PPS expect to receive the remaining EIP funds that have not yet been disbursed to MCOs?	DOH is expecting to distribute the remaining EIP funds to the MCOs in July 2016.
5	Which EPP measures switch to P4P in DY2 or DY3?	DOH identified measures that switch to Pay for Performance (P4P) in DY2 or DY3 in an email sent to all EP participants on December 21st 2015. For a complete listing of these measures, please refer to the DSRIP Measure Specification Guide. MCOs and PPS can also check the EP DY2 Guidance Webinar slides, posted on the DSRIP website,

Item #	Webinar Attendant Question	State Response
		for a table detailing all EPP measures, with the measures that shift to P4P in DY2 or DY3 highlighted red.
6	If it is specified in the contract that EIP Activities can be updated annually through a separate document, and this is agreed upon by all parties, is an amendment to the contract for each EIP Activity change still necessary?	DOH does not require a contract amendment for EIP Activity changes if specific language regarding this is included in the contract. DOH expects that changes to measures or activities are immediately communicated to both DOH and the IA. In addition, it is expected that the separate document noting the agreed upon change(s) is submitted to the IA for retention.
7	Can MCOs use reporting tables, other than the ones provided by DOH?	MCOs can report their Equity Programs activities using other tables, as long as the new tables capture the same information covered in the DOH-provided reporting tables.
8	For evaluating whether a PPS is in compliance with the 95/5 DSRIP Safety Net Rule, is spending across all programs evaluated in aggregate, or is each program (DSRIP, EIP, and EPP) evaluated separately?	The 95/5 Safety Net Rule is applied twice to each PPS – once for DSRIP, and once for State Supplemental Programs. This means that a PPS must be compliant with the 95/5 Safety Net Rule for DSRIP, and it must be separately compliant with the rule for EIP, EPP, and AHPP in aggregate.
9	What Is the EPP performance baseline for DY1?	The EPP performance baseline is the same as it is for all DSRIP performance measures. EPP DY1 performance will be based on Measurement Year (MY) 1, which was measured during DY0. For further clarification, please refer to DSRIP Measure Specification Guide and the illustrative Equity Programs Timeline below.

EP Timeline



* Quarterly reports are generally due on the last day of the month following the close of the quarter

EIP DY2 Pairings and Award Table

PPS	MCO												
		Affinity Health Plan	Amerigroup	HealthFirst	HealthNow	Health Insurance Plan	Hudson Health Plan	IHA	Metro Plus	Fidelis	Today's Options	United Health Plan	YourCare	**Total PPS Award**
	Advocate Community Providers	$2,424,076	$5,599,273	$13,649,410	$0	$0	$0	$0	$3,726,371	$7,418,074	$0	$2,143,674	$0	**$34,960,878**
	Bronx-Lebanon Hospital Center	$1,235,727	$1,002,451	$3,151,232	$0	$0	$0	$0	$1,032,479	$1,505,388	$0	$0	$0	**$7,927,277**
	Central New York Care Collaborative, Inc.	$0	$0	$0	$0	$0	$0	$0	$0	$11,414,893	$2,277,929	$3,689,524	$0	**$17,382,346**
	Maimonides Medical Center	$0	$6,269,107	$5,581,778	$0	$1,546,836	$0	$0	$2,523,976	$3,774,417	$0	$6,866,713	$0	**$26,562,826**
	Millennium Collaborative Care	$0	$0	$0	$716,613	$0	$0	$1,056,367	$0	$1,377,887	$0	$0	$803,053	**$3,953,920**
	Montefiore Medical Center	$2,062,728	$0	$0	$0	$0	$6,350,154	$0	$0	$3,771,797	$0	$0	$0	**$12,184,679**
	Mount Sinai PPS, LLC	$1,467,996	$3,984,792	$8,175,377	$0	$2,957,818	$0	$0	$2,700,514	$4,532,702	$0	$1,581,868	$0	**$25,401,068**
	Nassau Queens PPS, LLC	$676,535	$1,053,158	$1,378,090	$0	$976,786	$0	$0	$388,977	$1,329,331	$0	$1,066,532	$0	**$6,868,410**
	New York-Presbyterian/Queens	$0	$447,539	$757,571	$0	$149,270	$0	$0	$179,286	$305,165	$0	$196,998	$0	**$2,035,828**
	NYU Lutheran Medical Center	$0	$2,188,935	$992,895	$0	$391,619	$0	$0	$0	$424,775	$0	$1,545,819	$0	**$5,544,043**
	Refuah Community Health Collaborative	$0	$0	$0	$0	$0	$0	$0	$0	$2,357,889	$0	$0	$0	**$2,357,889**
	SBH Health System	$3,736,968	$1,697,415	$9,095,929	$0	$1,716,903	$0	$0	$1,801,384	$3,079,975	$0	$0	$0	**$21,128,575**
	Sisters of Charity Hospital of Buffalo, NY	$0	$0	$0	$759,587	$0	$0	$974,364	$0	$2,258,837	$0	$0	$778,548	**$4,771,336**
	State Univeristy of New York at Stony Brook University Hospital	$1,846,215	$0	$2,711,826	$0	$1,808,953	$0	$0	$0	$2,758,804	$0	$2,668,526	$0	**$11,794,324**
	The New York and Presbyterian Hospital	$962,795	$497,630	$2,522,501	$0	$0	$0	$0	$0	$742,674	$0	$0	$0	**$4,725,601**
	Total MCO Funding	**$14,413,040**	**$22,740,301**	**$48,016,610**	**$1,476,200**	**$9,548,185**	**$6,350,154**	**$2,030,731**	**$12,352,986**	**$47,052,609**	**$2,277,929**	**$19,759,655**	**$1,581,601**	**$187,600,000**

Note 1: Values in the table represent DSRIP Year (DY) 2 base amounts. Values remain constant for the five years of the Equity Programs.

Note 2: Amounts listed are PPS award amounts and do not include administrative or surplus fees.

EPP DY2 Pairings and Award Table

PPS	MCO	Affinity Health Plan	Amerigroup	Fidelis	Health Insurance Plan	Healthfirst	HealthNow	HIA	Metro Plus	MVP	Today's Options	United Health Plan	YourCare	Total PPS Award
	Advocate Community Providers	$1,616,050	$3,732,849	$4,945,383	$0	$9,099,607	$0	$0	$2,484,247	$0	$0	$1,429,116	$0	**$23,307,252**
	Bronx-Lebanon Hospital Center	$823,818	$668,301	$1,003,592	$0	$2,100,821	$0	$0	$688,319	$0	$0	$0	$0	**$5,284,852**
	Central New York Care Collaborative, Inc.	$0	$0	$7,973,519	$0	$0	$0	$0	$0	$0	$2,486,038	$2,577,202	$0	**$13,036,759**
	Lutheran Medical Center	$0	$1,459,290	$283,183	$261,079	$661,930	$0	$0	$0	$0	$0	$1,030,546	$0	**$3,696,029**
	Maimonides medical Center	$0	$4,179,405	$2,516,278	$1,031,224	$3,721,185	$0	$0	$1,882,651	$0	$0	$4,577,808	$0	**$17,708,551**
	Millennium Collaborative Care (ECMC)	$0	$0	$1,033,415	$0	$0	$537,460	$792,275	$0	$0	$0	$0	$602,290	**$2,965,440**
	Montefiore Hudson Valley Collaborative	$1,375,152	$0	$2,514,531	$0	$0	$0	$0	$0	$4,233,436	$0	$0	$0	**$8,123,119**
	Mount Sinai Hospitals Group	$978,664	$2,656,528	$3,021,801	$1,971,879	$5,450,252	$0	$0	$1,800,342	$0	$0	$1,054,579	$0	**$16,934,045**
	Nassau Queens PPS	$507,401	$789,869	$996,998	$732,590	$1,033,568	$0	$0	$291,733	$0	$0	$799,899	$0	**$5,152,057**
	Refush Community Health Collaborative	$0	$0	$1,571,926	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$1,571,926**
	SBH Health System (St. Barnabas)	$2,491,312	$1,131,810	$2,053,317	$1,144,602	$6,063,953	$0	$0	$1,200,923	$0	$0	$0	$0	**$14,085,716**
	Sisters of Charity Hospital of Buffalo, NY	$0	$0	$1,505,892	$0	$0	$506,391	$649,576	$0	$0	$0	$0	$519,032	**$3,180,891**
	Stony Brook University Hospital	$1,384,661	$0	$2,069,103	$1,356,715	$2,033,869	$0	$0	$0	$0	$0	$2,001,395	$0	**$8,845,743**
	The New York and Presbyterian Hospital	$641,864	$331,753	$495,116	$0	$1,681,667	$0	$0	$0	$0	$0	$0	$0	**$3,150,401**
	The New York Presbyterian Queens	$0	$298,359	$203,443	$99,513	$505,047	$0	$0	$119,524	$0	$0	$131,332	$0	**$1,357,219**
	Total MCO Funding	**$9,818,922**	**$15,247,964**	**$32,187,498**	**$6,597,602**	**$32,351,900**	**$1,043,851**	**$1,441,851**	**$8,267,738**	**$4,233,436**	**$2,486,038**	**$13,601,878**	**$1,121,322**	**$128,400,000**

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