NEW YORK STATE | Department of Health

Equity Programs (EP)

Frequently Asked Questions and Pairing Tables

As of 9/1/2016

As of 9//2016
EP FAQs and Pairing Table

I. Equity Program (EP) Frequently Asked Questions

Item #	Category	Question	Response	Date Added/ Modified
1	Contracting	How soon can a Performing Provider System (PPS)/Managed Care Organization (MCO) enter into agreements? If the MCOs are getting the per member per month (PMPM) rate retro to 4/1/15, can PPS be assured that they will receive payment for initial Demonstration Year (DY) 1 Equity Infrastructure Program (EIP) funding soon? These were originally Safety Net Equity (SNE) 'Guarantee' funds. Do these contracts need to be submitted to Department of Health (DOH) for final approval?	A PPS can enter into a contract as soon as it comes to an agreement with its MCO partner. EIP funds for the period of April to December 2015 have been disbursed to the MCOs in January 2016. A PPS can receive the payment for activities based on the time period covered in the activity report and the payment schedule agreed upon in its MCO-PPS contract. DOH does not need to approve the MCO-PPS Equity Programs contract, but a copy of the agreement should be provided to DOH in order for DOH to stay abreast on how each MCO-PPS pair plans to implement the Equity Programs. In addition, if there are any amendments to a MCO-PPS Equity Program contract (e.g., a PPS chooses to update its EIP activities), DOH should be provided with an updated contract. On behalf of DOH, Equity Program contracts should be sent to the DSRIP Independent Assessor (IA) at: dsrip_ia@pcgus.com with reference to the "Equity Program" in the email subject line. The IA will be responsible for keeping records and documents related to the equity program.	
2	Contracting	Assuming a signed agreement in place (between MCO and PPS), exactly how much time from the time when the initial EIP funding is received and the initial EIP funds will be released to the PPS?	This will depend on the plans' processing timeframe and the schedule agreed upon in the MCO-PPS contract. DOH hopes that the processing time is quick and will be working with the plans and associations to ensure payments are disbursed expeditiously. Please note that in addition to the MCO-PPS contract being in place, a PPS must submit, and have the MCO approve an EIP activities report for the period.	
3	Contracting	Are the Equity Performance Program (EPP) pairings between MCOs and PPSs the same as EIP or will MCOs get new PPS pairings for the EPP program?	The MCO-PPS pairings are the same for both EIP and EPP.	

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4	Contracting	For pairings that are the same between MCOs and PPS for EIP and EPP, will one contract be allowed for both programs?	Yes, the goal is to have one contract for both programs if pairings are the same. However, while DOH's initial calculations do not see an issue, there may be situations where multiple contracts may be needed for the different programs because of rate ceilings after Center for Medicare and Medicaid Services (CMS) review. At this time, it appears that all pairings will be the same for EIP and EPP.	
5	Contracting	The Equity Program contract template only covers EIP and EPP, what about the Additional High Performance Program (AHPP)?	DOH feedback to the plans was to make another contract for AHPP because the MCO-PPS pairings may be different for this program.	
6	Contracting	Will there be contracting guidance?	The PPS Lead will act as the primary negotiator for the contracts as they have been consistently doing for DSRIP projects. The plan and hospital associations have developed an Equity Program contract template that has been released to PPS and facilities in January 2016. As this is a template, PPS and MCOs can alter the contract template in ways that they feel will best meet the needs and goals of the partnership.	
7	Contracting	Will there be any appeals process from DOH as a mediating entity should there be any disagreement between PPS and the plans?	The Equity Programs have been constructed in such a way to reduce ambiguity. If a PPS is having a dispute with a plan over the level of participation in activities, metrics or payments, the expectation is that the MCO will work with the PPS to identify a resolution to the dispute. DOH does not expect a need for a formal appeals process, but should an issue arise for either a PPS or MCO, DOH should be informed of the dispute and, if needed, will help to resolve disputes.	

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8	Contracting	Will PPS or MCOs be able to add a remediation period related to evidence for EIP activities?	DOH hopes that MCOs and PPS will work out any differences among reporting and payments on their own in a timely manner; hence, it is fine for the PPS and MCO to have a remediation period in the case that discrepancies arise. The duration of the remediation period will be left to the MCO/PPS to agree to, but DOH recommends that the PPS & MCO resolve any disputes quickly as a long period of remediation can significantly delay payment. In addition, DOH recommends that any mediation process and timeline are clearly outlined in all MCO-PPS EP contract.	
9	Contracting	DOH has said that this program is voluntary for plans. A plan may decide it doesn't want to participate and wants to give the money back. What is the process for that?	If there is a plan that withdraws from the programs, DOH will try to move its paired PPS to another plan. It may take some time for adjustments in reporting and funding to take place after the switch.	
10	Contracting	What determines eligibility for participation in the EIP, EPP, and AHPP?	Equity Programs participation was determined by DOH from the final Delivery System Reform Incentive Payment Program (DSRIP) valuation calculation and is focused on mitigating an inequity between PPS. DOH noted an inequity with Safety Net PPS and public PPS in a sole PPS county in relation to project 2.d.i. Whereas, all PPS participating in DSRIP are eligible for AHPP.	
11	Metrics & Activities	EPP metrics are taken from DSRIP, and in DSRIP different metrics are worth different amounts. Will certain EPP metrics be worth more to a PPS than other metrics?	Though EPP metrics do match DSRIP metrics, they are not weighted in alignment with the relative weighting of DSRIP metrics. All PPS in EPP must choose 6 metrics and each of the metrics is weighed equally. This means that each year of EPP, each selected metric, if met, will award to the PPS one sixth of its total EPP payment for the year. All metrics are worth one sixth of the total annual award, no matter which metrics are chosen.	

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Item #	Category	Question	Response	Date Added/ Modified
12	Metrics & Activities	Is the PPS allowed to select more than 6 measures for EPP, is the PPS allowed to select more than 4 activities in EIP? Can the PPS change the selection in later years?	Given the fact that the activities and measures will be weighed evenly, PPS will be limited to 4 activities for EIP and 6 measures for EPP. Once they are selected, these activities and measures cannot be changed for the given DSRIP Performance Year (April - March). However, if they so choose, PPS have the opportunity to select a new set of activities for EIP at the beginning of each new DSRIP performance year. EPP measures must remain the same throughout the program, with three exceptions: if a PPS chooses a reporting-based measure with an unknown baseline that results in a denominator less than 30, the measure may be changed at the start of Demonstration Year (DY) 2. The second exception is that if DOH finds there is an issue with low denominators putting EPP measurement at risk, it reserves the right to change EPP measurement selections during the midpoint assessment. DOH has also allowed for a **one time exception** between DY1 and DY2 of EPP that allows PPS the opportunity to diversify their EPP measure selections across each of their paired MCOs. This must be done by Friday September 30th, 2016. *(Please refer to Question #31 for further clarification)* For a given PPS, the 4 EIP activities and 6 EPP measures can be the same across MCO partners. It is reasonable to ask the plans to be flexible and to help the PPS maintain one set of 4 activities for EIP and one set of 6 measures for EPP for the performance year. A PPS can also choose to have 4 different EIP activities and 6 different EPP measures across MCO partners. DOH asks for the plans to cooperate with PPS if they choose this route as well.	8/1/16

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Item #	Category	Question	Response	Date Added/ Modified
13	Metrics & Activities	If the denominator of an EPP measure selected by a PPS falls below 30 in Year 2 and beyond, what happens to the money that was scheduled to be rewarded for that measure?	If a denominator of a measure falls below 30, that sixth of the EPP money is not forfeited. Instead, that measure is deemed as invalid during any year wherein its denominator is below 30. The EPP money for that invalid measure is not lost, but is instead distributed to the remaining five measures, increasing their respective weights to make up for the invalid measure.	
14	Metrics & Activities	Will definitions for each of the EPP measures be provided?	The EPP measures are a subset of the DSRIP measures and are already defined in the DSRIP Performance Measure Specification Guide.	
15	Metrics & Activities	The state determines whether PPS make the measures in EIP and EPP and will release those funds accordingly to MCOs to distribute to PPS. Does this mean that the MCO does not need to judge performance?	The plans will not have to evaluate the EPP performance measures. The EPP measures will be evaluated the same way they are evaluated under the DSRIP program. The plans will review PPS reports (template to be provided by DOH) on EIP activities to determine whether expectations for the activities have been met.	
16	Metrics & Activities	Will it be transparent how the other PPS perform in EIP and EPP?	Yes, EPP dashboards will be available publicly. PPS performance on EIP activities can also be made available to the public.	
17	Metrics & Activities	Are MCOs intended to engage with the IA in order to flow payments or determine whether metrics have been met?	Besides submitting equity program documentation to the IA for record-keeping purposes (submission of the EP contracts and EIP reports), there is no need for interaction between the plan and the IA. The IA will make a ruling on the performance in the regular DSRIP program that will carry over into EPP and the results will be made known to all parties involved.	

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Item #	Category	Question	Response	Date Added/ Modified
18	Metrics & Activities	How will each key activity in EIP be measured? Will it be specifically documented what evidence will be required for our participation in the initiatives listed?	DOH provided guidance for administering the Equity Programs including reporting templates for the MCOs and PPS to capture EIP, activities and funds, as well as EPP funds. The reporting templates include details about program expenses and resources. DOH expects that any potential documentation required to be submitted as part of the PPS participation in EIP activities will be communicated in each MCO-PPS contract.	
19	Metrics & Activities	Is there any basis for 4/9 EIP activities?	The number of measures was selected with the goal of shifting PPS activities and spending towards activities that generally support the DSRIP program.	
20	Metrics & Activities	Could PPS negotiate an EIP activity or EPP measure not on the list?	No, the PPS cannot select an EIP activity or EPP measure that is not on the list.	
21	Metrics & Activities	Will the 6 metrics be agreed upon with the PPS and the MCOs assigned or is it anticipated that PPS will have separate conversations with each MCO?	The expectation is that each paired PPS and MCO will determine which 6 measures from the list of 25 measures provided will be used for EPP. For a given PPS, the 6 measures can be the same or different across MCO partners.	
22	Metrics & Activities	Are there other restrictions on which measures can be chosen (e.g., can a PPS choose a measure that does not pertain to one of its selected projects)?	PPS must select 6 of the 25 available EPP measures and one of the 6 measures must be a pay for performance measure in DY2 or DY3. PPS are further restricted to selecting measures that pertain to one of their ongoing projects. Based on DOH's analysis of the final 25 EPP measures, all PPS are eligible to choose from at least 13 measures based on their project choices.	
23	Metrics & Activities	Which EPP measures switch to P4P in DY2 or DY3?	A chart with measures is included in Section IV of this document. This chart specifies which EPP measures switch to P4P in DY2 or DY3.	8/1/16

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24	Metrics & Activities	Is the measured activity of “Participation in fraud deterrence and surveillance activities” meant to be a PPS compliance plan? If so, please explicitly state that as the activity. If not, please clarify what is meant.	The activities associated with "Participation in fraud deterrence and surveillance activities" may include but are not limited to: 1) a compliance plan 2) spending on IT or consulting spend to identify fraud, waste, and abuse (FWA), 3) monitoring and oversight by program administrators and legal Further details are provided in the activity guidance document.	
25	Metrics & Activities	Can a care management system count as an Electronic Hospital Record (EHR) system for the EHR implementation investment activity for the EIP?	A care management system cannot substitute an EHR to meet the EHR implementation investment activity for EIP. Although the two systems may be interoperable and can exchange data if they both exist in the same health system, they cannot serve as replacements to another. EIP was designed to emphasize a few key activities that will supplement DSRIP and this activity is specific to an EHR.	
26	Metrics & Activities	How can PPS continue to achieve activity in the Medicaid Accelerated Exchange (MAX) Series for EIP once the MAX Series ends in DY2?	The MAX Series is a limited time program that has been offered to all PPS. As of now, the MAX program is set to conclude by the end of DY2. The PPS that have participated will receive a certificate as proof of their achieved activity, which is valid through DY2. For years 1 & 2, only participation in formal Max series trainings will count as evidence for the EIP Max activity. Beyond the formal workshops, DOH is introducing the **Train the Trainer** (TTT) MAX series, which will involve training participants to host their own MAX workshops. MAX TTT recruitment begins in September 2016, with the workshops then beginning in January 2017. MAX TTT will enable PPS to continue to select MAX as an EIP Activity throughout the duration of DSRIP.	

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27	Metrics & Activities	If a PPS picks a high performance measure, is the DOH looking for 10% gap to goal or 20% gap to goal for EPP funds?	EPP is aligned with traditional DSRIP performance. Therefore, if a PPS meets standard DSRIP measure of 10%, it will meet the EPP requirement, even if the measure is eligible for High Performance.	
28	Metrics & Activities	Will PPS be given an opportunity to change their EPP measure selections for each of their paired MCOs in order to diversify their selections?	PPS participating in the Equity Programs were given a one-time opportunity in August/September of 2016 to diversify their EPP measure selections. The changes to their measures were only accepted if (a) the MCO agreed to the changes and (b) the revised contract was submitted to the IA and DOH by Friday September 30th, 2016. The new EPP measure selections would not apply to DY1 of the program, but would apply to DY2- DY5. At least one selected measure must switch to P4P in DY2 or Dy3. There will be no subsequent opportunities for measure changes/diversification in EPP.	8/1/16
29	Metrics & Activities	Are MCOs allowed to change EPP metrics if their paired PPS is not meeting goals on a particular metric?	No, EPP measures cannot be changed for any reason past September 30th 2016, including for poor PPS performance. While there are 25 EPP measures, a PPS can only select EPP measures tied to one of their selected DSRIP projects. If a PPS does not meet requirements for a selected metric, then EPP funds for that metric for the given reporting period will be forfeited**.**	9/1/16

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Item #	Category	Question	Response	Date Added/ Modified
30	Metrics & Activities	Are PPS required to have a formal amendment when changing EIP activities?	If an EP contract specifically states that EIP activities can be updated annually, then the contract does not need to be formally amended for EIP activity changes. However, documentation noting EIP activity changes must be signed by both parties and sent to both the Department and the Independent Assessor. EIP activity changes will not be permitted, under any circumstance, within the program year. EIP activity changes must occur between program years. DOH advises all MCOs and PPS partners to document all proceedings within both of the Equity Programs on an annual basis in case of a program audit in the future. Annually, there should be documentation for EIP, either as a contract amendment or a separate document signed by both parties, that notes selected EIP activities as well as reporting and payment frequencies (regardless of whether or not activities, reporting or payment frequency changes).	9/1/16
31	Metrics & Activities	Are there requirements as to when EPP measures must switch from P4R to P4P?	One of the six EPP measures selected must switch to P4P from P4R in DY2 or DY3. The remaining five EPP measures can switch to P4P anytime between DY2-DY5.	9/1/16
32	Payment	Why will the funds be disbursed via MCOs?	Funds are flowed through the MCOs to more actively engage PPS with their VBP contracting partners in uniting strategies for the health of the communities they serve.	
33	Payment	Please confirm whether or not the funds paid through the MCOs to the PPS count towards our “90% of our funds paid through contracts with the MCOs” VBP goals?	No. The funds should not be included in the numerator nor in the denominator of the total managed care spending in the state. As such this will not count towards the 90% VBP goal.	
34	Payment	When will PPS expect the first EIP payment, and will we be made whole for the loss of the first year DSRIP payment?	Payments have been flowed to MCOs for EIP in January 2016 for the April through December 2015 time period. MCOs will disburse money to PPS once equity program contracts are in place and MCOs have approved the first EIP activity reports submitted by the PPS. MCO will flow funds to PPS according to the schedule agreed upon in the MCO-PPS contracts.	

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Item #	Category	Question	Response	Date Added/ Modified
35	Payment	What are the MCO-PPS Assignment and reward amounts?	Please see the tables in Sections II and III at the end of this document to find the MCO-PPS pairings and award amounts.	
36	Payment	What is the time frame the EPP payments made to the MCOs in April 2016 cover?	The EPP payment that the DOH will make to the MCOs in April of 2016 will only be for the first month of DY1. It will not cover the entirety of DY1.	
37	Payment	Are the values listed within the EIP and EPP pairings tables the actual amounts that MCOs and PPS should expect to receive?	The values listed with the pairings tables are targeted program funding amounts that represent the total funding the PPS should receive from the MCO in that year if the PPS meets all of its EIP activities or EPP measures. MCOs should refer to the breakout in their rate schedules for further detail on administrative and surplus amounts.	
38	Payment	Will the MCO admin payments be included in the PPS' disbursement amount?	No, the administrative adjustment add-on will not come out of the amount going to the PPS. It will be a separate amount on top of the disbursement to the PPS.	
39	Payment	Will the PMPMs be separately identified so that MCOs/PPS know how much is tied to EIP vs. EPP?	DOH will provide MCOs with the award amounts for EIP and EPP, and will separately identify the amounts in the schedules they are given.	
40	Payment	Will DOH be releasing EPP MCO/PPS pairings? PPS would like to know the total dollar amount each paired MCO is scheduled to disperse to the PPS annually.	DOH presented the EPP MCO/PPS pairings table during the EP DY2 Guidance Webinar held on June 17th 2016. Values listed in the pairings tables remain constant for the duration of EP. Note, amounts in the table are PPS award amounts and do not include administrative or surplus fees. The MCO/PPS pairings tables can also be found at the bottom of this FAQ.	
41	Payment	PPS will not be receiving EPP payments for DSRIP Year 1 (DY1). Does this mean that the funds will now be divided and distributed over the course of four years?	No. Payments will still be made over five years. However, EPP payments will be distributed over five years starting in April 2016, so it would be as if there is a DY6.	
42	Payment	Are the MCOs basing the EPP payments on the quarterly achievement reports or the annual achievement reports?	MCOs should base payment reports from the IA related to PPS EPP measure achievement, so no additional measure achievement work needs to be completed on their part.	

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Item #	Category	Question	Response	Date Added/ Modified
43	Payment	Are first year EPP payments made based on MY1 data (7/14/14 - 6/30/15)?	Yes, first year EPP payments are based on Measurement Year (MY) 1 data. Since EPP aligns with DSRIP, subsequent EPP payments up to Year 5, when the Program ends, will similarly align with MY data of the corresponding year.	
44	Payment	Why are PPS receiving less than the full annual amount of funding that was allocated to them for EIP, despite submitting documentation of completion of selected EIP activities in DY1? What is the State doing to ensure PPS receive full payment? How are MCOs to deal with this shortfall?	DOH determined the source of the underfunding is that the PMPM rates for EIP were set in April 2015. In the interim months, if an MCO's enrollment dropped, the MCO received a lower EIP payment and therefore would be unable to effectuate the full payment to its paired PPS. The State calculated the variance between actual and expected EIP awards, finalized a rate adjustment between MCO and PPS pairings, received rate adjustment approval by the Department's actuary, and sent the revised rate to CMS as part of a January 2016 mid-year rate adjustment. The rates are pending CMS approval and are expected to be formally approved by October 2016. Once the rates are formally approved, MCOs will receive the remainder of the DY1 EIP funds and should disperse the missing funds to the PPS in a lump sum payment immediately. DOH expects impacted MCOs to receive the remainder of the DY1 EIP funds by October 2016 and MCOs should distribute the remaining funds to eligible PPS for completion of DY1 requirements. DOH is in the process of doing a retroactive rate adjustment back to January 2016 to clear up any short-falls, so MCOs should have the proper PMPM amounts by end of the payment year.	8/1/16
45	Payment	What action is being taken as a result of possible shortfalls that PPS may be receiving from MCO from DY1 and DY2 in relation to EIP funding?	DOH is working with CMS to obtain approval for the EIP rate adjustments retroactive to January 2016. Once the rates are approved, any shortfalls of EIP payment that may be occurring for DY1 and DY2 should be resolved.	9/1/16

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46	Performance	Would performance criteria be gap-to-goal or purely negotiated?	The performance criteria per EPP measure will be gap-to-goal as is done for the DSRIP program, and will be calculated by the DSRIP IA.	
47	Performance	Must EIP activities be centrally coordinated by the PPS or can they be undertaken independently by PPS partner organization(s)?	EIP activities can be undertaken independently by one or more PPS partner organizations, but the PPS will be held responsible for reporting on participation in EIP activities.	
48	Performance	Can a large investment at one PPS partner suffice as evidence for completion of an EIP activity? For example, the installation of an EHR system for a partner that services a majority of the PPS' members?	EHR and other investments that will be used as evidence for an activity should be meaningful. While EIP awards and evidence do not need to be a 1:1 ratio, the PPS should use their judgment to interpret *meaningful*, but if they worry that the financial investment wouldn't be significant enough to pass the evidence test, the PPS should think about submitting another form of evidence. Finally, if a PPS is making a significant EHR investment in one partner and would like to use this evidence as justification for an activity, the PPS should be able state why the investment in one partner will provide PPS-wide benefit.	
49	Performance	Assuming these EIP activities may be documented at the partner organization level, can these activities be occurring separate from their participation in a DSRIP project?	PPS participating in EIP can take on activities not related to an ongoing PPS project, but PPS participating in EPP have to choose measures tied to a current PPS project outcome.	
50	Performance	Will the metrics follow the same pay for reporting and pay for performance (P4R/P4P) schedule as the regular performance payments for each metric?	Yes, the metrics will follow the same P4R /P4P schedule as the regular performance payments. In addition, there are several exceptions to the timeline for regular DSRIP payments in terms of how performance/measurement periods align with payments, such as lags in measurement years and payments. All performance period lags, exceptions and changes made to the regular DSRIP requirements would apply to the EPP.	
51	Performance	Would performance be based on the entire PPS attributed population or the attributed population between the MCO and PPS?	The performance measurement criteria will be the same as in DSRIP, based on the entire PPS attributed population and gap-to-goal.	

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52	Performance	Will a PPS be able to earn partial payments for EIP activities and EPP measures?	While each activity and measure will be scored as achieved or not achieved, the PPS can earn part of the payment for a period in each of the Equity Programs. For example, if a PPS were to provide ample evidence for 3 EIP activities but partial/insufficient information for the 4th activity, the PPS would end up earning payments for those activities where sufficient evidence was provided in that period. Meaning, the PPS would earn 75% of the payment for that reporting period (not 87.5% [scenario where they receive partial credit for incomplete evidence] or 0% [all or nothing scenario]). Note all EIP activities and all EPP measures are weighted equally (one fourth for each EIP activity, one sixth for each EPP measure).	
53	Performance	When can PPS expect to receive a full dataset of the baseline and/or performance data? The goal is to make informed decisions on which performance measures they will select. Will the data be made available to the MCOs as well?	Baseline information for claims-based measures were sent to PPS leads on February 5, 2016. Hence, all PPS should have the information they need at the current time to begin selecting EPP claims-based measures. Should a PPS need to have their baselines resent to their DSRIP lead, please send a note via the DSRIP BML.	
54	Performance	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 MY1, which was measured during DY0. For further clarification, please refer to DSRIP Measure Specification Guide and the illustrative Equity Programs Timeline.	
55	Performance	Can the IA release the EPP DY1 performance results, as well as ongoing performance results, to both the MCOs and PPS?	Yes, MCOs and PPS will be notified when the IA makes its determinations.	8/1/16

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56	Program Governance	What is DOH's role in the governance of the Equity Programs? What role will CMS have in the Equity Programs?	DOH's role in the program governance emphasizes transparency, covers program administration and governance for MCOs, as well as program reporting for MCOs and PPS. DOH's broad responsibilities include, but are not limited to, championing this program to CMS, overseeing the program's architecture, dispersing program funding to participating MCOs, and adjusting the program structure to account for changes in attributed population and market share, as well as facilitating and considering MCO and PPS insight in the program's development. By providing some parameters for MCOs to consider in developing their plan for program governance, DOH hopes to ease the burden of developing a plan from scratch, incorporate content emphasized by the broader group of program participants, and drive consistency across the program. CMS will review the PMPM rates that will be used to effectuate the funds flowing from the MCOs to the PPS. In addition, CMS may review the details of the program and may request additional information as needed. Like with any other Medicaid program receiving federal funding, CMS can terminate their funding and support for this program if CMS does not feel the program meets certain stipulations. The Department does not have reason to believe that this will occur.	
57	Program Governance	Is there an update regarding the Equity Programs Governance Document that was referenced in the Equity Programs Experimental Timeline?	The documents that should be used for Program governance by participants are the EP FAQs and the EP DY2 Guidance document, both of which are available on the Equity Programs website. As well, updates are given through monthly webinar decks available on the DOH EP website There is no longer a formalized Governance Document in place for the Equity Programs.	8/1/16

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58	Reporting	Are templates or guidance available for the Equity Programs governance, reporting standards, and demonstration / measurement of PPS' EIP activities?	DOH developed an EP Programmatic Guidance document to MCOs in April 2016. The document includes reporting templates for MCOs to capture EIP activities and funds and EPP funds that may be submitted as proof of participation in EIP activities. Additionally, the document provides a description of what is considered an EIP activity and documentation that can be submitted as proof of participation in EIP activities.	
59	Reporting	Many of the EPP measures are typically collected through annual Healthcare Effectiveness Data and Information Set (HEDIS) reports. It is not realistic to report those measure every quarter. Will NYS DOH or MCOs assist in data collection for EPP?	The measurement periods being used in the Equity Programs are the same measurement periods used in DSRIP so there is no additional data collection required. DOH will provide MCOs with the data on the EPP measures selected by their PPS partners from the DSRIP Quarterly Reports and annual HEDIS reports.	
60	Reporting	Are the EIP activities forward-looking (so that we will be part of a MAX series, etc.)? Some of these activities cannot have been yet performed.	PPS must demonstrate that it has participated in the EIP activity during each reporting period timeframe. PPS can only report on and receive payments for activities that have been done within that period; there is no prospective reporting and payments. Hence, PPS should diversify the selection of their EIP activities to make sure that they have activities to report on through the duration of the EIP program. If it so chooses, the state will allow a PPS to select a new set of 4 EIP activities each performance year.	
61	Reporting	Where would reporting take place? In the Medicaid Analytics Performance Portal (MAPP)? Some other interface? Will there be templates?	The EPP measures are already available in MAPP (a PPS will not need to do anything more than what is done to report on measures for DSRIP performance). DOH will provide the MCOs with the EPP measurement performance data for their PPS partners from the DSRIP Quarterly Reports and Annual HEDIS reports. For EIP, DOH has provided a reporting template for the PPS to complete and submit to their MCO partners. The reporting templates are available on DOH's website. EIP reports should be sent to the DSRIP IA at: dsrip_ia@pcgus.com with reference to the "Equity Program" in the email subject line.	

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Item #	Category	Question	Response	Date Added/ Modified
62	Reporting	DOH has stated that it is providing reporting tables for MCOs and PPS to use for EIP. Can MCOs use reporting tables other than the templates provided by DOH?	MCOs can use other templates to report EP to DOHs, as long as the template used captures the same information included in the DOH-provided reporting tables. All EIP reporting templates should be sent to the DSRIP IA at: dsrip_ia@pcgus.com and DOH at: dsrip_ssp@health.ny.gov with reference to the "Equity Programs" in the email subject line.	8/1/16
63	Reporting	In the PPS EIP reporting table provided by DOH for PPS to use to report on their EIP activities each reporting period, one of the required fields is the expense related to each selected EIP activity. Are PPS required to show financial investment as evidence of participation in every EIP measure?	Although financial substantiation is not required for most activities, there are some instances where DOH recommends financial substantiation of investments should be required as part of a PPS' evidence. DOH created a financial substantiation document identifying which pieces of evidence for EIP activities DOH recommends that should be accompanied by financial supporting documentation. However, evidence of participation is left to the discretion of the MCOs and PPS as outlined in their EP contract.	
64	Reporting	If an MCO feels strongly that a piece of evidence requires financial substantiation but it is not listed in DOH's financial substantiation document, can the MCO require proof of meaningful investment beyond what is listed in DOH's document?	DOH's financial substantiation document providers a set of recommendations on which pieces of evidence that should be validated through financial substantiation, but it is up to the MCO and PPS to negotiate this amongst themselves. So long as it is agreed to by the PPS, the MCO can require additional pieces of evidence be proven through financial substantiation beyond what DOH recommends.	
65	Reporting	From one EIP activity year to the next, how does evidence of participation change? The PPS cannot provide the documentation for the same activity, correct?	DOH Medical Directors have tried to be as comprehensive without being restrictive in the type of evidence that demonstrates participation in EIP activities in the EIP Activities Guide that has been provided by DOH. For example, under Capital Spending, a PPS might submit two contractor agreements during two different reporting periods as long as the contract is not the same contract for the same work. Two projects on two different sites using the same contractor is approvable. Using the same contract each year for the same work is not.	

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Item #	Category	Question	Response	Date Added/ Modified
66	Reporting	Is the evidence listed in the DOH-provided EIP Activity Guide exhaustive, or can a PPS provide evidence that is not listed within the guide?	The evidence listed in the DOH-provided EIP Activity Guide is not exhaustive, therefore additional evidence demonstrating any of the activities listed in the guide can be negotiated in the MCO-PPS contract and submitted by the PPS. If the MCO & PPS do agree to other forms of evidence to substantiate the activity, the State asks that the parties provide explanation in their contract.	
67	Reporting	Do periodical updates and/or progress reports qualify for evidence for participation in an activity for EIP?	No, updates and progress reports do not count as evidence for participation in an activity. For example, if the evidence at hand is a contract between the PPS and another party, only the contract itself can serve as evidence, not a progress report on the to-be-completed contract. If a PPS and its MCOs agree to multiple reporting periods for EIP in a single year, a distinct piece of evidence will be required in each reporting period of the year to demonstrate activity – one piece of completed evidence after a series of progress reports will not be sufficient.	
68	Reporting	For the quarterly MCO-to-DOH report, is there a specific deadline/date within the month following the end of the quarter for the MCO submit this report to DOH?	The report to DOH (the 'grid' or reporting template) must be received by DOH within 30 days following payment to the PPS. If the payment is quarterly, DOH expects to receive reporting template quarterly. If the payment is monthly, DOH expect 12 reports; one for each payment with a month lag.	
69	Reporting	In instances when the MCO is paired/contracted with more than one PPS, what is the frequency in which the MCO should submit a report to DOH outlining the payments that were made to the PPS?	MCOs should submit reporting templates to DOH at the same frequency they submit payment or withhold payment to the PPS.	

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Item #	Category	Question	Response	Date Added/ Modified
70	Reporting	What EP related information/documentation should each MCO submit to the DSRIP IA?	MCOs should submit the following EP related information/documentation to the IA: 1. A copy of each finalized EP MCO/PPS contract on an annual basis; 2. The MCO's completed EP Reporting and Payment Frequency table (or an alternative template capturing all State requested information) on an annual basis (same as the report sent to the State); 3. The MCO's completed EIP Activity and Payment tables (or an alternative templates capturing all State requested information) on an agreed upon frequency outlined in the EP contract (same as the report(s) sent to the State); 4. The MCO's completed EPP Payment table (or an alternative template capturing all State requested information) on an agreed upon frequency outlined in the EP contract (same as the report sent to the State); and 5. All materials submitted by the PPS for EIP (copies of submitted evidence or attestation thereof) reviewed by the MCO, on an agreed upon frequency outlined in EP contract. The above referenced documentation should be emailed to DSRIP IA mailbox at dsrip_ia@pcgus.com using a subject line "Equity Programs." Please refer to the EP Reporting Frequency and Recipient chart in section VI of this FAQ Document which outlines the frequency of reporting and to whom the reports should be sent to.	

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EP FAQs and Pairing Table

Item #	Category	Question	Response	Date Added/ Modified
71	Reporting	What EP reporting information should each MCO submit to the state?	MCOs should submit the following EP related information/documentation to the state: 1. The MCO's completed EP Reporting and Payment Frequency table (or an alternative template capturing all State requested information) on an annual basis (same as the report sent to the IA mailbox); 2. The MCO's completed EIP Activity and Payment tables (or an alternative templates capturing all State requested information) on an agreed upon frequency outlined in the EP contract (same as the report(s) sent to the IA mailbox); and 3. The MCO's completed EPP Payment table (or an alternative template capturing all State requested information) on an agreed upon frequency outlined in the EP contract (same as the report sent to the IA mailbox); The above referenced documentation should be emailed to the DOH Managed Care Team at bmcfhelp@health.ny.gov using subject line "EP Payment Report". Please refer to the EP Reporting Frequency and Recipient chart in section VI of this FAQ Document which outlines the frequency of reporting and to whom the reports should be sent to.	
72	Reporting	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 EIP and EPP aligns with reporting guidance for DSRIP. Performance payments are subject to the same restrictions and reporting requirements, including the 95/5 Safety Net/non-Safety Net Rule.	

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Item #	Category	Question	Response	Date Added/ Modified
73	Reporting	When 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.	
74	Reporting	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?	Ultimately, the decision should be determined in the agreement between MCO and PPS partners. DOH recommends that documentation of evidence of EIP activities in DY2 and subsequent years be provided, but it is up to each MCO/PPS pairing to make that decision in their contract. Please note that this would not be in compliance with DOH guidance and this may be an issue if audited by an outside governing agency.	8/1/16
75	Reporting	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 a measure that transitions from P4R to P4P in DY2 or DY3. The remaining five selected measures can switch to P4P in any year. No EPP measures remain P4R for the duration of the Program. Please refer to the Equity Performance Program (EPP) Measures Chart in section IV.	8/1/16
76	Reporting	Can a PPS submit their finalized contracts to the IA instead of their paired MCO?	DOH expects that the finalized contract is submitted to the IA by the MCOs. If the contract has not been submitted yet by the MCO, DOH will reach out in order to get the contracts submitted as soon as possible. If DOH encounters significant issues in obtaining the finalized contract from the MCO, it will then reach out to the paired PPS in order to obtain the contract. DOH expects for MCOs to copy their paired PPS on the e-mails that are submitted to the IA containing the finalized contract.	8/1/16

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EP FAQs and Pairing Table

Item #	Category	Question	Response	Date Added/ Modified
77	Reporting	For PPS that report on EIP quarterly, do reports need to be submitted the day that the quarter ends or can reports be submitted within a month after the end of the quarter?	PPS are allowed to submit their reports to the MCO within the timeframe stipulated in their EP contract. A month following the quarter's end is a reasonable timeframe for payment to follow, as payment cannot be made until reporting is completed. MCOs should then submit their corresponding report to DOH and the IA within a month of receiving the report from their paired PPS. Separate from regular reporting for EIP, DOH requires all contracts, measures, and activities to be submitted to DOH and the IA by **September 30th, 2016.**	9/1/16
78	Reporting/ Payment Timing	Will the State offer guidance on how MCOs are to pay the PPS?	DOH will not offer official guidance, but it has offered suggestions. It is important to note that PPS can only get paid for activities performed and measurement targets achieved; prospective payments (or unsubstantiated payments) are not allowed in this program. The state has suggested that MCOs and PPS align EPP payments with the DSRIP performance reporting timeline to ensure that PPS payments are tied to PPS performance achievement. In addition, it is important for MCOs and PPS to agree to an EIP reporting timeframe that allows PPS to report on activities performed and MCOs to substantiate activities prior to payment.	

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Item #	Category	Question	Response	Date Added/ Modified
79	Reporting/ Payment Timing	What is the frequency of payments to the PPS? If the PPS fails initially to meet the criteria, then no payment. If the PPS subsequently meets the criteria, do they receive all of the funds received by the MCO?	The frequency of payment and the frequency of reporting must be decided between each MCO-PPS pair through their Equity Program contract. It will be important that the frequency selected gives the PPS enough time to perform the activities that will be reported on, because payment can only be tied to activities performed. The funds will be tied to the performance period, so if the PPS did not meet the criteria in the first performance period, the PPS will not receive the funds for performance period 1. If the PPS met the criteria in the second performance period, the PPS will receive the money for performance period 2. The PPS will not receive funds for a previous performance period for meeting criteria in a subsequent performance period. Hence, it is very important for each paired MCO and PPS to think about the reporting/payment period they select when contracting for both the EIP and EPP. At a minimum, PPS must submit a report prior to the next reporting period.	8/1/16
80	Reporting/ Payment Timing	What is the timeline of the Equity Programs?	The programs will run concurrent with the DSRIP program, which runs from April to March each year. Payments for EIP begin in January 2016 and payments for EPP begin in April 2016.	
81	Reporting/ Payment Timing	Does reporting need to occur on the same timeline as payments or can reporting be less frequent?	PPS and MCOs can negotiate the reporting and payment schedule and they do not have to be the same. For example, a PPS can report on EIP activities quarterly, but receive EIP payments monthly. The main thing that both parties should remember is that the PPS can only be paid for achieving reporting (for EIP or EPP P4R metrics) or performance (for EPP P4P metrics) requirements, so dollars should not follow until achievement has been met. Once the requirements of an activity has been met, payments for the reporting/performance period can flow out in a lump sum or more frequent payments. The payment schedule for each of the Equity Programs should be stated in the MCO-PPS contract (e.g., monthly, quarterly, semi-annually, or annually).	

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Item #	Category	Question	Response	Date Added/ Modified
82	Reporting/ Payment Timing	Once a PPS provides evidence of participation, does it have to continue to provide evidence or is it done for the activity year?	PPS will need to provide evidence of participation in EIP activities for each reporting period (e.g., monthly, quarterly, semi-annually, or annually). PPS are required to report on EIP activities at least once a year. If there are more reporting periods per year, more evidence on activities will need to be provided. PPS will need to report on each of the EIP activities for each reporting period in order to earn all the EIP funds. Evidence should distinctly be from that reporting period as well.	8/1/16
83	Reporting/ Payment Timing	Must the evidence of participation be effective in the activity year? Example: acceptable evidence for EHR implementation investments includes business requirement docs or payments to a 3rd party vendor. Would 2014 docs/transactions be acceptable?	Evidence for meaningful activity must occur in the reporting time period for each of the 4 selected activities. If the reporting period is only once a year, then only one piece of evidence covering the period for each activity needs to be provided. If reporting is monthly, then 12 pieces of evidence (each occurring in that reporting month) need to be provided for each of the selected activities over the course of the year. All pieces of evidence are to be reviewed by the MCO. So the earliest piece of evidence used to show engagement in an activity for the first EIP payment could come from April 1, 2015 (first day of DY1). You would not be allowed to use documentation from 2014.	

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EP FAQs and Pairing Table

Item #	Category	Question	Response	Date Added/ Modified
84	Reporting/ Payment Timing	Since the state fiscal year 2015-2016 (SFY 15-16) is almost over, we will soon have all of the EIP funding for the year and based on appropriate evidence/documentation we could pay PPS a lump sum. For the next activity year starting 4/1/16, EIP funding can be disbursed on a monthly basis If MCO and PPS pair agree on monthly reporting. If the PPS does not provide evidence of participation until month four, does that mean they only get 75% (9 months) or if they provide appropriate evidence anytime during the activity year they get paid for the full period?	Participation in the key activities is based on the reporting period selected by the MCO and PPS in their EP contract. MCO and PPS pairs must report on and provide evidence for EIP activities at least once a year. It may be less cumbersome for the MCO-PPS pair to choose longer reporting periods (like a year). The more reporting that is required (monthly/quarterly/semi-annually) the more administrative reviewing on the part of the MCO and the more evidence generating for the PPS. If an MCO-PPS pair choose annual reporting, EIP reports only need to be submitted once a year. The MCO might view this as advantageous, because it will have less administrative burden (only one report to review per year) and the PPS also see this as advantageous, because they will have more time to produce evidence to support an activity and could result in fewer for disputes over EIP evidence. However, the PPS has a lot riding on only one report per year; if the evidence isn't sufficient, the PPS could lose its annual distribution for the year for that activity. If PPS wants a steady flow of funds in DY2 (April 2016-March 2017) after receiving a lump sum for DY1, reporting/payments can be done monthly or quarterly. The MCO/PPS can choose a combination of ways to report and pay for EIP activities, the most important thing to remember is that for each report there must be evidence provided for each activity and that payments can only flow for activities in which evidence has been provided and approved by the MCOs.	
85	Reporting/ Payment Timing	Can MCO's prepay the PPS or does reporting need to occur prior to PPS being paid for a given time period?	There can be no pre-payment for either EPP or EIP. The timing of the payments have to be such that even if they are made monthly, the time period that the payment is being reported on has already passed.	

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Item #	Category	Question	Response	Date Added/ Modified
86	Reporting/ Payment Timing	Can PPS present evidence of performance/investment early in the year to receive payments?	If PPS present evidence early in the year, the PPS can begin receiving payments at that point. For example, if a PPS decides to report on EIP activities annually, the PPS could submit its one report containing all the relevant evidence for the completed activities before the end of the DY and begin receiving payments for the completed activities once the report was approved by the MCO. However, please note that the MCO might not have the ability to pay the PPS on the payment schedule the PPS and MCO had agreed to in their EP contract. Meaning, if the PPS selects annual reporting with annual payments and the PPS submits evidence for the activity in June, the MCO would only have 3-months' worth of EP funds in reserves for that year. So it is important for the PPS to accurately assess when they believe they will complete evidence requirements. However, the final decision should be captured in the contract between the MCOs and PPS.	8/1/16
87	Reporting/ Payment Timing	If an MCO is late in making EIP payments to their paired PPS and is late submitting reports to DOH, can the PPS terminate their partnership with that MCO?	This is not an immediate action the State would like to take, as rates for April 2015, January 2016, and April 2016 for EIP have already been submitted to CMS. If a partnership were to dissolve, the State would have to take back the money for each of those time periods in a subsequent rate package, and then partner the PPS with a new MCO, contract, and new rate package, in an even further period. Thus, this is not an ideal option for any party. In these cases, DOH will do everything it can to work with the PPS and MCO all problems are resolved and parties are meeting their EP obligations. If there is no improvement or resolution, then DOH will take further action.	9/1/16

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Item #	Category	Question	Response	Date Added/ Modified
88	Use of Funds	If we don't have capital awards yet, what funds can we spend for the capital infrastructure activities (the nine activities that relate to capital spend)?	If you have resources already deployed on a capital infrastructure activity, then you may want to consider selecting that activity for the EIP program. If resources are not already deployed to a capital infrastructure activity and it is not feasible to deploy resources, consider selecting another one of the 9 EIP activities. Again, there is no prospective reporting and payments in the Equity Programs.	
89	Use of Funds	These funds are not waiver funds, so they do not have those restrictions. Are there any restrictions?	Performance payments earned by PPS through EIP or EPP will be subject to the same restrictions regarding usage of funds as DSRIP performance payments under the waiver.	
90	Use of Funds	Will the 95/5 Safety Net rule apply to the initial PPS-to-provider payments for EIP and EPP?	Performance payments earned by PPS through EIP or EPP will be subject to the same restrictions regarding distribution by PPS leads to Safety Net & non-Safety Net Providers as performance payments under the main DSRIP program.	
91	Use of Funds	Once a payment is received by a PPS from an MCO for meeting an EIP activity or EPP metric, will the MCO be required to oversee that the payment is spent in a certain manner or within a certain time period.	Like in DSRIP, once PPS receive EIP or EPP performance payments they may use the funds as they see fit without further MCO oversight. That being said, there will still be oversight on EIP and EPP funds to make sure PPS follow the 95-5 Safety Net/ non-Safety Net rule.	
92	Other	Are the Equity Programs in compliance with State and Federal regulations?	Yes, the State affirms that the design of the EPs and the payments made for the prior year are in compliance as implemented. The State will continue to monitor the Programs to ensure continued compliance with State and Federal laws.	

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II. Equity Infrastructure Program (EIP) Pairing Table

	MCO												
PPS	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	**$26,562,827**
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	**$25,401,067**
Nassau Queens PPS, LLC	$676,535	$1,053,158	$1,378,090	$0	$976,786	$0	$0	$388,977	$1,329,331	$0	$1,066,533	$0	**$6,869,410**
New York-Presbyterian/Queens	$0	$447,539	$757,571	$0	$149,270	$0	$0	$179,286	$305,165	$0	$196,998	$0	**$2,035,829**
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	$1,801,385	$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	**$4,725,600**
Total MCO Funding	**$14,413,040**	**$22,740,300**	**$48,016,609**	**$1,476,200**	**$9,548,185**	**$6,350,154**	**$2,030,731**	**$12,352,988**	**$47,052,608**	**$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 5 years of the Equity Programs.
Note 2: Amounts listed are PPS award amounts and do not include administrative or surplus fees.

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III. Equity Performance Program (EPP) Pairing Table

PPS	MCO												
		Affinity Health Plan	Amerigroup	Fidelis	Health Insurance Plan	Healthfirst	HealthNow	IHA	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	$688,320	$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	$283,184	$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	$1,682,651	$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	$996,997	$732,590	$1,033,567	$0	$0	$291,734	$0	$0	$799,899	$0	$5,152,057
	Refuah 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	$1,131,610	$2,053,317	$1,144,602	$6,063,953	$0	$0	$1,200,923	$0	$0	$0	$0	$14,085,717
	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	$1,681,668	$0	$0	$0	$0	$0	$0	$0	$3,150,401
	The New York Presbyterian Queens	$0	$298,359	$203,443	$99,513	$505,049	$0	$0	$119,522	$0	$0	$131,332	$0	$1,357,218
	Total MCO Funding	**$9,818,922**	**$15,247,964**	**$32,187,497**	**$6,597,602**	**$32,351,901**	**$1,043,851**	**$1,441,851**	**$8,267,739**	**$4,233,436**	**$2,486,038**	**$13,601,877**	**$1,121,322**	**$128,400,000**

Note 1: Values in the table represent DSRIP Year (DY) 2 base amounts. Values remain constant for the 5 years of the Equity Programs.
Note 2: Amounts listed are PPS award amounts and do not include administrative or surplus fees.

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IV. Equity Performance Program (EPP) Measures Chart

EPP Measures**	
Children's Access to Primary Care – 12 to 24 months	Children's Access to Primary Care – 25 months to 6 years
Children's Access to Primary Care – 7 to 11 years	Children's Access to Primary Care – 12 to 19 years
Prenatal and Postpartum Care – Postpartum Visits	Prenatal and Postpartum Care – Timeliness of Prenatal Care
Well Care Visits in the first 15 months (5 or more Visits)	Childhood Immunization Status (Combination 3 – 4313314)
Frequency of Ongoing Prenatal Care (81% or more)	Follow-up care for Children Prescribed ADHD Medications – Continuation Phase
Follow-up care for Children Prescribed ADHD Medications – Initiation Phase	Chlamydia Screening (16 – 24 Years)
Lead Screening in Children	Med. Assist. w/ Smoking & Tobacco Use Cessation – Discussed Cessation Medication
Med. Assist. w/ Smoking & Tobacco Use Cessation – Discussed Cessation Strategies	Comprehensive Diabetes Care
Controlling high blood pressure	Diabetes screening for persons with schizophrenia or Bipolar Disease who are using Antipsychotic Medication
Comprehensive Diabetes screening – All Three Tests	Adherence to anti-psychotic medications for individuals with schizophrenia
Diabetes monitoring for persons with schizophrenia	Behavioral Health – follow up after hospitalization for mental illness (30 day)
Initiation and Engagement in Alcohol and Other Drug Dependence Treatment (IET) within 14 days of substance abuse episode	Follow-up on Alcohol and Other Drug Dependence Treatment (IET) within 44 days of initial engagement
Behavioral Health – follow up after hospitalization for mental illness (7 day)	

**EPP metrics chosen must remain the same for all five years of the Program.*
***At least one of the six EPP measures chosen must switch to P4P in DY2 or DY3. Metrics in red switch to P4P in DY2 or DY3*

As of 9//2016
EP FAQs and Pairing Table

V. Equity Infrastructure Program (EIP) Activities

EIP Activities**
Participation in IT TOM initiatives
Participation in one of the MAX Series projects
Participation in expanded HH enrolment
EHR implementation investment
Capital spending on primary / behavioral health integration
Participation in a state recognized tobacco cessation program
Participation in state efforts to end HIV/AIDS
Participation in fraud deterrence and surveillance activities
Infrastructure spending related to SHIN-NY / RHIO

**Chosen EIP Activities can be changed annually, before the start of each Demonstration Year*
*** Note that evidence for these Activities as listed in the Evidence Guide is not exhaustive, and can be expanded on by the MCO and PPS*

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EP FAQs and Pairing Table

VI. Equity Programs (EP) Reporting Frequency and Recipient

Report	Completed by	Submitted to	Frequency	Location
EP Contracts	PPS & MCO	IA	Annually	dsrip_ia@pcgus.com
MCO EP Frequency Table	MCO	IA & DOH	Annually	dsrip_ia@pcgus.com bmcfhelp@health.ny.gov
MCO EIP Activity Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com bmcfhelp@health.ny.gov
MCO EIP Payment Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com bmcfhelp@health.ny.gov
MCO EPP Payment Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com bmcfhelp@health.ny.gov
PPS EIP Activity Table	PPS	MCOs	Based on EP Contracts	MCO contact emails
Supporting Documentation for EIP Activity participation	PPS	MCOs	Based on EP Contracts	MCO contact emails
Supporting Documentation for EIP Activity participation	MCO (reviewed by MCO after being sent by PPS)	IA	Based on EP Contracts	dsrip_ia@pcgus.com

As of 9//2016
EP FAQs and Pairing Table

VII. Equity Programs Acronym List

Acronym	Definition
AHPP	Additional High Performance Program
CMS	Center for Medicare and Medicaid Services
DOH	Department of Health
DSRIP	Delivery System Reform Incentive Payment
DY	Demonstration Year
EHR	Electronic Health Record
EIP	Equity Infrastructure Program
EP	Equity Programs
EPP	Equity Performance Program
FAQs	Frequently Asked Questions
FWA	Fraud, Waste, and Abuse
HEDIS	Health Effectiveness Data and Information Set
IA	Independent Assessor
MAPP	Medicaid Analytics Performance Portal
MAX	Medicaid Accelerated Exchange
MCO	Managed Care Organization
MY	Measurement Year
NYS	New York State
PPS	Performing Provider System
P4P	Pay For Performance
P4R	Pay For Reporting
QE	Qualified Entity
RHIO	Regional Health Information Organization
SFY	State Fiscal Year
SHIN-NY	Statewide Health Information Network for New York
SNE	Safety Net Equity
TTT	Train the Trainer