



**Department
of Health**

Equity Programs (EP) – Demonstration Year 3 Guidance

**Last Edited:
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Document Purpose

The purpose of this document is to provide Equity Programs (EP) participants information to progress into Demonstration Year (DY) 3. 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, slides, and guidance documents.

This document:

1. Restates DOH guidance on the purpose of the EPs, roles and responsibilities of program participants and program requirements.
2. Explains DY3 updates and deadlines.
3. Illustrates the timeline of the EP in relation to the wider Delivery System Reform Incentive Payment (DSRIP) Program.



Overall State EP Guidance

Theme	State Guidance
<p>Program Purpose and Compliance</p>	<p>Equity Programs’ purpose</p> <p>The purpose of the EPs 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.</p> <p>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.</p> <p>Equity Programs and compliance</p> <p>The State reaffirms that the design of the EP and the payments made for prior years are in compliance as implemented. The State will continue to monitor the Programs to ensure their continued compliance with State and Federal law.</p>
<p>Timeline</p>	<p>Equity Infrastructure Program (EIP): April 1, 2015 – March 31, 2020</p> <p>Equity Performance Program (EPP): April 1, 2016 – March 31, 2021</p>



Theme	State Guidance
Participant Roles	<p>The MCO's role in the Equity Programs</p> <ul style="list-style-type: none"> • Establish contracts with PPS. • Report measure and activity selection to the Independent Assessor (IA). • Report on funds distribution to DOH. • Ensure that reporting and funding cadence is appropriate and current. • For EIP, work with PPS to ensure that selected activities and potential pieces of evidence are still appropriate. • For EIP, direct funds to PPS that have met activity requirements. • For EIP, report to DOH and IA on EIP Activities. • For EPP, direct funds to PPS that have met performance measurement criteria. <p>The PPS' role in the Equity Programs</p> <ul style="list-style-type: none"> • Establish contracts with MCO(s). • Meet program 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. • For EIP, work with MCO to ensure that selected activities and potential pieces of evidence are still appropriate. • Abide by PPS' reporting requirements for EIP and EPP (covered below).



Theme	State Guidance
<p>Reporting and Monitoring Requirements</p>	<p>Reporting in EPP</p> <p>The EPP is a performance-based program and funds should only flow from the MCO to the PPS when EPP performance objectives have been met. 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 the PPS' baseline metrics for a given reporting period. A report will be provided to the PPS and MCO documenting the IA's assessment of the PPS' performance. Upon receipt and review of the IA's report, MCOs can begin payment to PPS that meet or exceed the performance target for each metric. Please note EPP contractual agreements between the MCO and PPS govern the payment frequency for EPP.</p> <p>Reporting in EIP</p> <p>Like EPP, EIP is a performance-based program and funds should only flow from the MCO to the PPS when EIP activities have been completed. PPS will be required to report on and provide evidence of their activities to the MCOs. DOH has provided guidance and examples of appropriate evidence for each EIP project. However, DOH's guidelines are only recommendations and the ultimate requirement for evidence in EIP should be agreed upon between the MCO and the PPS. The list of agreed upon activities and requirements may be included in the partner's contractual agreement. MCOs will then remit a payment to the PPS upon the receipt, review, and approval 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.</p> <p>Financial substantiation in EIP</p> <p>Financial substantiation is only required for a subset of the evidence noted for the EIP activities. DOH has provided guidance for EIP financial substantiation, which is available on the website. 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.</p>



Theme	State Guidance
<p>Reporting and Monitoring Requirements</p>	<p>MCO Reporting in the Equity Programs</p> <p>MCOs must submit the following reports to the DOH at DSRIP_SSP@health.ny.gov:</p> <p>Quarterly Reports</p> <ul style="list-style-type: none"> EIP Activity Table – Report to document a MCOs determination of whether the evidence supporting the PPS’ completion of activities is sufficient. A PPS must report on and provide evidence of their activities to the MCOs within 30 days of the end of the reporting period. Within 30 days of a PPS submitting their evidence to the MCO the MCO must make a determination on if the evidence is sufficient. The EIP activity table must be provided to the DOH by the end of the quarter following the reporting period. EIP Payment Table – Payment report to DOH noting the expected and actual revenue for the reporting period and the amount paid to each of their paired PPS. The EIP Payment table must be provided to the DOH by the end of the quarter following the reporting period. EPP Payment Table – Payment report to the DOH noting the expected and actual revenue for each quarter and the amount paid to each paired PPS. The EPP Payment table must be provided to the DOH by the end of the quarter following the reporting period. MMCOR submissions – Financial report occurring quarterly. Please note this is a separate report from the EIP and EPP Payment Tables. <p>Annual Report</p> <ul style="list-style-type: none"> EP Reporting and Payment Frequency Table – Report documenting payment and reporting frequency for each of an MCOs paired PPS for both Equity Programs. The EP Reporting and Payment Frequency Table must be provided to the DOH by March 31st prior to the start of the Demonstration Year (DY). <p>Monitoring Funds in the Equity Programs</p> <p>Like in DSRIP, once a PPS completes its activities (or achieves its metrics) it is awarded a performance payment. 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 by making sure programmatic objectives are met.</p>



DY3 Guidance Document

Theme	State Guidance
<p>Reporting and Monitoring Requirements</p>	<p>DY3 EIP Activity Selection</p> <p>For each new EP Demonstration Year, PPS have the opportunity to change some or all of their selected activities for the Equity Infrastructure Program. If an EP contract specifically states 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, signed by both the MCO and PPS must be sent to both the Department and the Independent Assessor (dsrip_ia@pcgus.com) by March 31st, 2017. Please note that if a PPS chooses the same activities from one EIP Activity Year to the next, although not required, DOH still advises the EP partners to submit documentation stating the same activities have been selected for the upcoming year for documentation in case of an audit by a governing entity.</p> <p>DY3 Reporting and Payment Frequency Updates</p> <p>Along with the opportunity to select new EIP activities, a PPS may also elect to change the frequency in which it reports evidence for its selected activities. If a PPS chooses to change EIP activities or reporting frequency EP Partners should document the change in a contract or a separate document signed by both parties..</p> <p>* Please note, a PPS may not be paid more frequently than it reports activities. Starting in DY3, a PPS can choose to report to its EP paired MCO for EIP activities on either <u>monthly or quarterly</u> basis (PPS will no longer have the option to report on a semi-annually or annually for EIP). Hence, reports and payments may only be submitted and distributed on a monthly or quarterly basis. Example 1: A PPS which reports to their MCO monthly may receive payments on a monthly or quarterly basis. Example 2: A PPS which reports quarterly may only receive payments on a quarterly basis.</p> <p>EPP Pay for Performance Measures</p> <p>As of DY2, EPP measures are “locked” and cannot be changed for the remainder of the program. As a requirement to participate in the Equity Performance Program, at least one of the PPS’ six selected measures for each paired MCO must switch from P4R to P4P in either DY2 or DY3. Meaning, for the upcoming Demonstration Year (DY3), all PPS will have at least one measure for each contract where a performance requirement must be achieved in order to earn the funds. All unearned EPP funds will flow to the AHPP pool and PPS will have the opportunity to potentially earn more dollars (See ‘Unearned EP Funds and AHPP’) through meeting AHPP requirements.</p>
<p>Funds Flow</p>	<p>Funding for the Equity Programs</p> <p>The EP award amounts for each program by PPS are listed on pages 11 and 12. The amounts listed are DY annual base amounts and will remain the same for the 5 years of 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.</p>



Theme	State Guidance
Funds Flow	<p>Rate Calculation and Reconciliation</p> <p>Rates are set at the beginning of the Demonstration Year (April) for both EIP and EPP, and in July for AHPP based on enrollment projections. Throughout the Demonstration Year, there may be reconciliations in the form of rate adjustments. Plans will be paid the most recently adjusted rate. However, all reconciliations must go through DOB review and CMS approval. It can take a very long time for CMS to approve rate adjustments, so we ask that participants be patient as the process progresses.</p> <p>Unearned EP Funds and AHPP</p> <p>Unearned EP funds will be held in a separate portion of the AHPP pool that can be earned by EP-eligible PPSs only. EP-eligible PPSs may earn payments from this pool if they meet the AHPP performance thresholds for that year (a PPS must earn achievement values for at least 50% of its AHPP measures to receive its AHPP payment). EP-eligible PPSs that meet their AHPP requirements will earn a portion of the regular AHPP pool—\$50 million annually, distributed across all PPS that meet AHPP performance in that given year—as well as a portion of the unearned EP funds set aside for EP-eligible PPS. Unearned EP funds will be distributed proportionally, based on the relative award weightings of the PPS within EP. Participants should note that while unearned EIP DY5 funds will flow into AHPP Year 5, unearned EPP DY5 funds will not flow into AHPP the following year and will be lost. Please also note that the AHPP requirements differ from EPP requirements, such that EPP measure achievement does not necessarily ensure that PPS will earn AHPP payments,</p>
Contracting Expectations	<p>Equity Programs contracts and contract extensions</p> <p>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.</p> <p>Contract Modifications</p> <p>If partners choose to modify EP contracts for DY3, they must submit updated contracts no later than Friday, March 31st, 2017. While EIP activities, reporting and payment frequencies may be altered, EPP measures are final and cannot be changed for the remainder of the program. MCOs must submit updated contracts to the IA at dsrip_ia@pcgus.com and DOH at dsrip_ssp@health.ny.gov with the MCO name, PPS name, and “updated EP contract” in the subject line. Additionally, MCOs should copy their PPS partners on the email.</p>



DY3 Guidance Document

Theme	State Guidance
Partial Payment	<p>EPP Partial Payments</p> <p>For P4P metrics (DY2-DY5), DOH is currently in discussions with CMS to determine the methodology that will be used for calculating partial payments. DOH will send notice to participating facilities as soon as this process becomes finalized.</p>

EP Helpful Resources

DOH has developed helpful EP resources and other information that is housed at the Supplemental DSRIP Program website at https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/vbp_initiatives/supplemental_programs.htm. Resources include:

- Frequently Asked Questions (Updated for DY3)
- EIP Financial Substantiation Guidance (Updated for DY3)
 - EIP IT TOM Guidance
 - EIP Health Home Enrollment Additional Guidance
- Reporting Table Templates
- Measure / Activity Selections
- Annual Performance Results
- EP Webinar Slides



EP Reporting

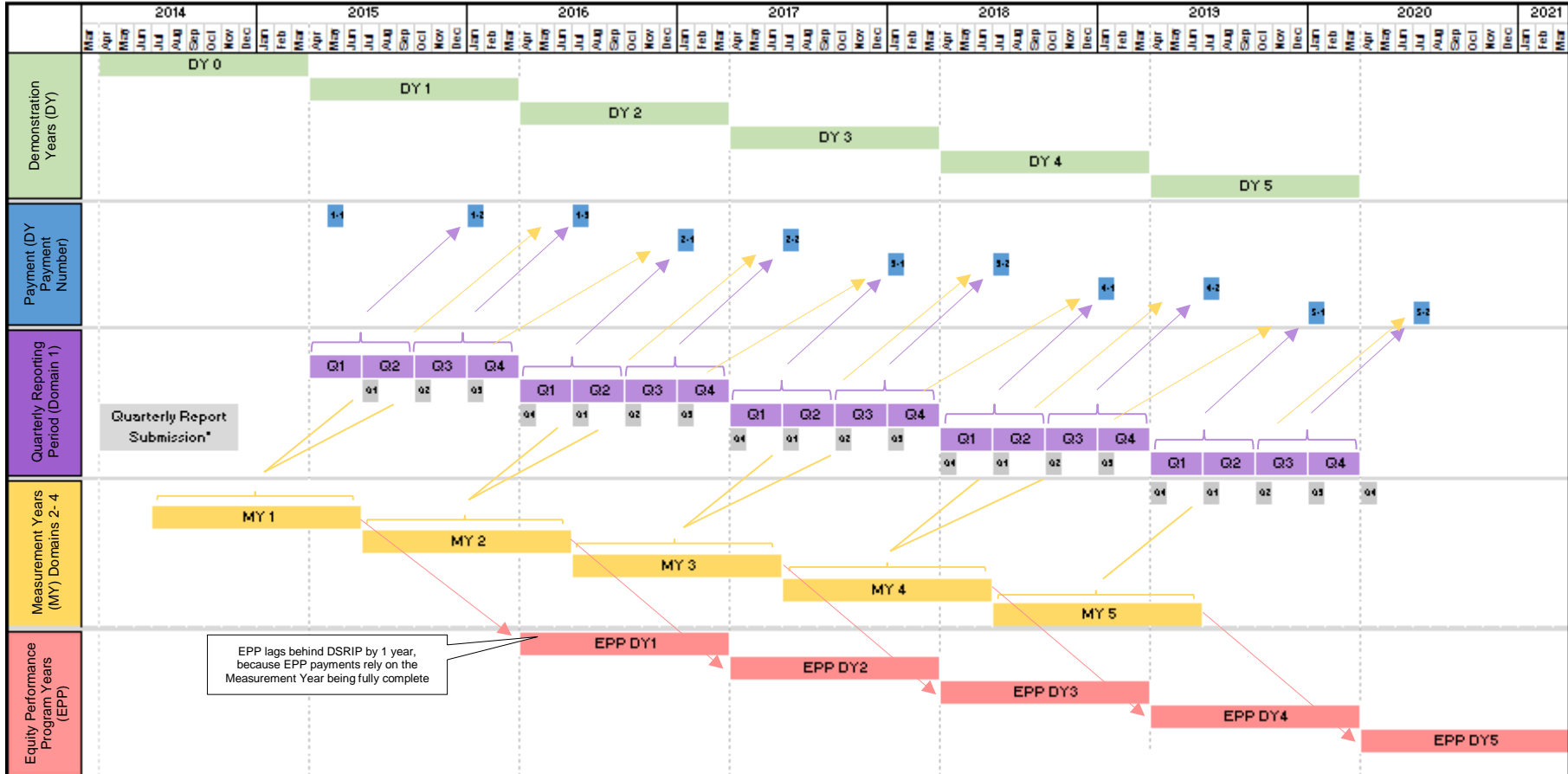
MCOs and PPS should be reporting at the frequency defined at the table below.

Report	Completed by	Submitted to	Frequency	Location
EP Contract Modifications	PPS & MCO	IA & DOH	Annually, as Needed	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
EP Reporting and Payment Frequency Table	MCO	IA & DOH	Annually, March 31st	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
EIP Activity Table	MCO	IA & DOH	Quarterly	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
EIP Payment Table	MCO	IA & DOH	Quarterly	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
EPP Payment Table	MCO	IA & DOH	Quarterly	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
Supporting Documentation for EIP Activity participation/PPS EIP Reporting Table	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
MMCOR Submission	MCO	DOH	Quarterly	Health Commerce System



EP Timeline and Annual Awards

EP Timeline



Revised July 2019
 * Quarterly reports are generally due on the last day of the month following the close of the quarter



Equity Programs

DY3 Guidance Document

EIP Pairings and Annual 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 University 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 DY annual 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.



Equity Programs

DY2 Guidance Document

EPP Pairings and Annual Award Table

MCO														
	Affinity Health Plan	Amerigroup	Fidels	Health Insurance Plan	Healthfirst	HealthNow	HA	Metro Plus	MVP	Today's Options	United Health Plan	Your Care	Total PPS Award	
PPS	Advocate Community Providers	\$1,616,050	\$3,732,849	\$4,945,383	\$0	\$9,099,807	\$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	\$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	\$2,486,038	\$2,577,202	\$0	\$13,036,759	
	Lutheran Medical Center	\$0	\$1,459,290	\$283,183	\$281,079	\$661,930	\$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 (EQ/MO)	\$0	\$0	\$1,033,415	\$0	\$0	\$637,460	\$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	\$4,233,438	\$0	\$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
	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	\$1,131,810	\$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	\$606,391	\$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	\$2,001,396	\$0	\$8,845,743
	The New York and Presbyterian Hospital	\$641,864	\$331,753	\$495,116	\$0	\$1,661,667	\$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	

Note 1: Values in the table represent DY annual 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.