



**Department
of Health**

Equity Programs (EP) – Reporting Guidance

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**Department
of Health**

**Medicaid
Redesign Team**

Equity Programs

DY2 Guidance Document

Document Purpose

The purpose of this document is to provide Equity Programs (EP) participants detailed instructions on EP reporting requirements. 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 includes:

1. Detailed instructions on completing each of the required EP reports
2. Explanation of reporting deadlines
3. Reporting documents for MCOs
 - EIP Activity Table
 - EIP Payment Table
 - EPP Payment Table
 - EP Payment and Reporting Frequency Table
4. Optional reporting document for PPS
 - PPS EIP Activity Table



EIP Activity Table – Quarterly Report

The purpose of the EIP Activity Table is to document a MCO's determination of whether the evidence supporting the PPS' completion of activities is sufficient. A PPS must 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 an MCO must make a determination on if the evidence is sufficient. An MCO must then submit an EIP activity table to the DOH for each of their paired PPS by the end of the quarter following the reporting period. For example, an MCO must submit their second quarter EIP Activity Tables to the DOH by the end of the third quarter.

The report should be provided to the DOH and IA via: DSRIP_SSP@health.ny.gov and DSRIP_IA@pcgus.com using the subject line 'Equity Payment Reports'.

EIP Activity Table

The following report template should be used by MCOs to track and report their evaluation of EIP Activity achievement for their paired PPSs to DOH. In the case of PPSs not achieving EIP activities, this report should be used to explain the MCO's reasoning behind evaluating the PPS's evidence as insufficient.

The MCO should perform the following steps to complete this form:

- 1) Select the MCO filling out the report in cell F11.
- 2) Select Demonstration Year in cell F12.
- 3) Select the quarter being reported in cell G13.
- 4) Select the EIP activities chosen by the PPS in the dark orange cells (columns E-H) for each PPS listed.
- 5) Identify whether the PPS achieved the activity in the reporting period under each of the selected EIP activities (columns E-H).
- 6) Explain all instances of PPS EIP activity non-achievement in the cell under 'Explanation for Activity Non-Achievement'.

When this document is completed, please send it to DOH via the email address: DSRIP_SSP@health.ny.gov using the subject line 'Equity Program Reports'. For recordkeeping purposes, please also send this completed document, along with a copy of all Activity evidence submitted by all paired PPS, to the Independent Assessor via [redacted].

PPS1	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Achievement Count (out of 4)	Explanation for Activity Non-Achievement (if less than all 4 Activities were achieved)
NYU Lutheran Medical Center						
PPS2	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Achievement Count (out of 4)	Explanation for Activity Non-Achievement (if less than all 4 Activities were achieved)
Community Care of Brooklyn						
PPS 2	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Achievement Count (out of 4)	Explanation for Activity Non-Achievement (if less than all 4 Activities were achieved)
Mount Sinai LH						

Select the MCO filling out the report	Emblem Health		
EIP Demonstration Year	DY3 (Apr 2017-Mar 2018)		
Select Demonstration Year	Q1		
PPS1	Activity 1 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)
NYU Lutheran Medical Center			

1. Select the name of the MCO filling out the report from the drop-down menu in cell F11. The table will automatically populate the names of each of the MCOs paired PPS.
2. Select the Demonstration Year during which the reporting period takes place in cell F12.
3. Select the reporting period from the drop-down menu in cell G13.
4. The orange cells in columns E through H contain drop down menus which list each of the available EIP activities. Select the four activities chosen by each PPS.
5. The MCO will then document their determination of PPS participation in each of their activities in columns E through H in the cell underneath the activity name.

Select the MCO filling out the report	Emblem Health			
EIP Demonstration Year	DY3 (Apr 2017-Mar 2018)			
Select Demonstration Year	Q1			
PPS1	Participation in IT TQM initiatives	Participation in one of the MAX Series projects	Participation in expanded HH enrolment	Participation in expanded HH enrolment
NYU Lutheran Medical Center	Yes	No	Yes	Yes



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EP Activity Table

The following report template should be used by MCOs to track and report their evaluation of EP Activity achievement for their paired PPSs to DOH. In the case of PPSs not achieving EP activities, this report should be used to explain the MCO's reasoning behind evaluating the PPS's evidence as insufficient.

The MCO should perform the following steps to complete this form:

- 1) Select the MCO filling out the report in cell F11.
- 2) Select Demonstration Year in cell F12.
- 3) Select the quarter being reported in cell F13.
- 4) Select the EP activities chosen by the PPS in the dark orange cells (columns E-H) for each PPS listed.
- 5) Identify whether the PPS achieved the activity in the reporting period under each of the selected EP activities (columns E-H).
- 6) Explain all instances of PPS EP activity non-achievement in the cell under 'Explanation for Activity Non-Achievement'.

When this document is completed, please send it to DOH via the email address: CSR_P_SIP@health.ny.gov using the subject line 'Equity Program Report'. For recordkeeping purposes, please also send this completed document, along with a copy of all Activity evidence submitted by all paired PPS, to the Independent Assessor via [redacted].

Select the MCO filling out the report: **Empire Health**

EP Demonstration Year: **DY2 (Apr 2017-June 2018)**

Select Demonstration Year: **Q1**

PPS	Activity Achieved?				PPS Activity Achievement Count (out of 4)	Explanation for Activity Non-Achievement (if less than all 4 Activities were achieved)
	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)		
NW Lutheran Medical Center					3	
PPS2					4	
Community Care of Charlotte					4	
PPS2					4	
Maver New LLC					4	

PPS Activity Achievement Count (out of 4)	Explanation for Activity Non-Achievement (if less than all 4 Activities were achieved)
3	

6. The table will calculate the number of completed activities in the purple cells in column I labeled 'PPS Activity Achievement Count'. If the activities achieved is less than 4, the MCO must provide a narrative for why a non-achievement determination was made in the 'Explanation for Activity non-achievement' column (column J).



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EIP Payment Table – Quarterly Report

The EIP Payment table serves 2 purposes, (1) to document expected and actual revenue received by an MCO for the reporting period, as well as, (2) the amount paid to each of their paired PPS. This report will not only track any variances between actual vs. expected EIP funds paid to the MCO by the DOH but also track the variance between funds received by the MCO vs. funds paid out to the PPS for EIP performance. The EIP Payment table must be provided to the DOH by the end of the quarter following the reporting period and should be provided at the same time as the EIP Activity Table.

The report should be provided to the DOH and the IA via: DSRIP_SSP@health.ny.gov and DSRIP_IA@pcqus.com using the subject line “Equity Payment Report”.

EIP Payment Table

The following report template is to be used by MCOs to track EIP-related payments made to PPSs. In the case of variance between DOH/MCO payment and subsequent MCO/PPS payment, this report should also be used to explain that variance.

The MCO should perform the following steps to complete this form:

- Select the MCO filling out the report in cell G11.
- Select the EIP Demonstration Year in which the EIP activities occurred in cell G12.
- Select the quarter being reported in cell G13.
- List the total EIP disbursement amount from the DOH to the MCO for the DY under the Actual Revenue Received for the Reporting Period (column H) for each PPS.
- Select the EIP metric chosen by the PPS in the dark orange cells (columns I-N) for each PPS listed.
- List the EIP payment amount paid out to the PPS for each measure selected for its EIP measures (Note: each metric in EIP is weighted equally at 1/4th of the total payment).
- Explain any variance between the payments received from DOH and payments made to each PPS for the reporting period under the Explanation of Variance Between Revenue Received and Total Performance Payments.

When this document is completed, please send it to DOH via the email address: DSRIP_SSP@health.ny.gov using the subject line “Equity Payment Report”.

Select the MCO filling out the report		HealthFirst	
EIP Demonstration Year		DY1 (Apr 2015- Mar 2016)	
Select Reporting Period		Q1	
Revenue Received by the MCO			
PPS 1	Expected Revenue Received from the DOH	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance
Advocate Community Providers	\$3,412,352.50		

Select the MCO filling out the report		HealthFirst	
EIP Demonstration Year		DY1 (Apr 2015- Mar 2016)	
Select Reporting Period		Q1	
Revenue Received by the MCO			
PPS 1	Expected Revenue Received from the DOH	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance
Advocate Community Providers	\$142,291.50		
Activity Payments			
PPS 2	Expected Revenue Received from the DOH	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance
BronxHealth Access PPS	\$79,368.00		
Activity Payments			
PPS 3	Expected Revenue Received from the DOH	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance
NYU/Lincoln Medical Center	\$141,233.75		

Select the MCO filling out the report		HealthFirst	
EIP Demonstration Year		DY1 (Apr 2015- Mar 2016)	
Select Reporting Period		Q1	
Revenue Received by the MCO			
PPS 1	Expected Revenue Received from the DOH	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance
Advocate Community Providers	\$3,412,352.50		

1. Select the name of the MCO filling out the report from the drop-down menu in cell G11. The table will automatically populate names and expected EIP funds for each of a MCOs paired PPS.
2. Select the EIP Demonstration Year from the drop-down menu in cell G12.
3. Select the reporting period from the drop-down menu in cell G13.
4. Input the actual revenue received during the reporting period in column G under 'Actual Revenue Received for the Reporting Period'.



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BP Payment Date

The following report template is to be used by MCOs to track EIP-related payments made to PPSs. In the case of variance between DDMACC payment and subsequent MCO-PPS payment, this report should also be used to explain that variance.

The MCO should perform the following steps to complete this form:

- Select the MCO filing out the report in eARTS.
- Select the BP Demonstration Year in which the EIP activities occurred (2022).
- Select the quarter being reported in eARTS.
- Use the total EIP distribution amount from the DDM to the MCO for the Q1 under the Actual Revenue Received for the Reporting Period (column K) for each PPS.
- Select the EIP metrics chosen by the PPS (or the dropdown cells (columns L-N) for each PPS (row).
- List the EIP payment amount paid out to the PPS for each measure selected for its EIP measures (Note: each metric in EIP is weighted equally at 1/RP of the total payment).
- Explain any variance between the payments received from DDM and payments made to each PPS for the reporting period under the Explanation of Variance Between Revenue Received and Total Performance Payments.

When this document is completed, please send it to DDM via the email address: DDM_PP@health.ny.gov using the subject line: Equity Payment Report.

Select the MCO filing out the report: Health First
 BP Demonstration Year: D1Y (2021-2026)
 Select Reporting Period: Q1

PPS ID	Revenue Received by the MCO			EIP Activity Payments				PPS Activity Payment Total	Revenue Activity Payment Variance	Explanation of Variance Between Revenue Received and Total Performance Payments
	Expected Revenue Received from the DDM	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)			
Advanced Community Providers	\$142,915.00							\$0.00	\$0.00	
PPS 2								\$0.00	\$0.00	
BrookHealth Access PPS	\$70,269.00							\$0.00	\$0.00	
PPS 3								\$0.00	\$0.00	
NYU/Lincoln Medical Center	\$281,223.75							\$0.00	\$0.00	

Activity Payments			
Activity 1 (select from list)	Participation in one of the MAX Series projects	EHR implementation investment	Capital spending on primary / behavioral health integration
Activity 1 (select from list)	Participation in IT TOM initiatives	\$75,844.33	\$39,659.00
Activity 1 (select from list)	Participation in one of the MAX Series projects		\$37,764.21
Activity 1 (select from list)	Participation in expanded HH EHR implementation investment		
Activity Payments			
Activity 1 (select from list)	Capital spending on primary / behavioral health integration		
Activity 1 (select from list)	Participation in a state recognized program		
Activity 1 (select from list)	Participation in state efforts to expand telehealth		
Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	

- The orange cells in columns I through L contain drop down menus which list each of the available EIP activities. Select the four activities chosen by each PPS.
- Underneath each activity, the MCO will enter the total dollars paid out for demonstration of activity participation during the reporting period.



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EP Payment Table

The following report template is to be used by MCOs to track EP-related payments made to PPSs. In the case of variance between DOH/MCO payment and subsequent MCO/PPS payment, this report should also be used to explain that variance.

The MCO should perform the following steps to complete this form:

- 1) Select the MCO filing jurisdiction in cell B11.
- 2) Select the EP Demonstration Year in which the EP activities occurred G11.
- 3) Select the quarter being reported in cell G12.
- 4) List the total EP disbursement amount from the DOH to the MCO for the 27 under the 'Actual Revenue Received for the Reporting Period' (column H) for each PPS.
- 5) Select the EP metrics chosen by the PPS in the dark orange cells (columns I-N) for each PPS listed.
- 6) List the EP payment amount paid out to the PPS for each measure selected for its EP measure (Note: each metric in EP is weighted equally at 1/4th of the total payment).
- 7) Explain any variance between the payments received from DOH and payments made to each PPS for the reporting period under the 'Explanation of Variance Between Revenue Received and Total Performance Payments'.

When this document is completed, please send it to DOH via the email address: SSRP_PJP@health.ny.gov using the subject line 'Equity Payment Reports'.

Select the MCO filing jurisdiction: Health First
 EP Demonstration Year: 0711 (2015-16)
 Select Reporting Period: Q1

PPS	Revenue Received by the MCO		Activity Payments					PPS Activity Payment Total		Explanation of Variance Between Revenue Received and Total Performance Payments
	Expected Revenue Received from the DOH	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Payment Total	Revenue/Activity Payment Variance	
Adirondack Community Providers	\$142,300.50							\$0.00	\$0.00	
Bronx Health Access PPS	\$70,000.00							\$0.00	\$0.00	
NY Lutheran Medical Center	\$140,220.71							\$0.00	\$0.00	

PPS Activity Payment Total	Revenue/Activity Payment Variance	Explanation of Variance Between Revenue Received and Total Performance Payments
\$198,068.75	\$0.00	

7. The table will calculate the total payments made to the PPS by the MCO during the reporting period in the purple cell under 'PPS Activity Payment Total' in column M. The table will also calculate any variance between the 'PPS Activity Payment Total' and the 'Actual Revenue Received for the Reporting Period' and display the variance in the purple cell in column N under 'Revenue/Activity Payment Variance'. The MCO must provide an explanation for variance between 'PPS Activity Payment Total' and 'Actual Revenue Received for the Reporting Period'.



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EPP Payment Table – Quarterly Report

The EPP Payment table serves 2 purposes, (1) to document expected and actual revenue received by an MCO for the reporting period, as well as, (2) the amount paid to each of their paired PPS. This report will not only track any variances between actual vs. expected EPP funds paid to the MCO by the DOH but also track the variance between funds received by the MCO vs. funds paid out to the PPS for EPP performance. The EPP Payment table must be provided to the DOH by the end of the quarter following the reporting period.

The report should be provided to the DOH and the IA via: DSRIP_SSP@health.ny.gov and DSRIP_IA@pcqus.com using the subject line 'Equity Payment Reports'.

EPP Payment Details

The following report template could be used by MCOs to track their EPP-related payments made to PPSs. In the case of a variance between DOH/MCO payment and subsequent MCO/PPS payment, the report could also be used to explain that variance.

The MCO should perform the following steps to complete this form:

- 1) Select the MCO filling out the report in cell G11.
- 2) Select the EPP Demonstration Year for which EPP Payments were made in cell G12. For example, An MCO should select DY1 (2016-2017) for EPP payments made in April - June of 2017.
- 3) Select the quarter being reported in cell G13.
- 4) Confirm the EPP dollar amount received by the MCO from the DOH for the 2Q under the MCO Actual Revenue Received for the Reporting Period (column G) for each PPS.
- 5) Select the EPP metric chosen by the PPS in the data source cell (column I). Note: each PPS used.
- 6) Confirm the EPP payment amount paid to the PPS for each measure selected for its EPP measures (Note: each metric in EPP is weighted equally in 50% of the total payment).
- 7) Explain any variance between the payments received from DOH and payments made to each PPS for the reporting period under the 'Explanation of Variance Between Revenue Received and Total Performance Payment'.

When this document is completed, please send it to DOH via the email address: DSRIP_SSP@health.ny.gov using the subject line 'Equity Payment Reports'.

Select the MCO filling out the report		Emblem Health	
EPP Demonstration Year		DY1 (Apr 2016-May 2017)	
Select Reporting Period		Q1	
Revenue Received by the MCO			
PPS 1	Expected Revenue Total	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance
NYU Lutheran Medical Center	\$37,904.75		

Select the MCO filling out the report		Emblem Health	
EPP Demonstration Year		DY1 (Apr 2016-May 2017)	
Select Reporting Period		Q1	
Revenue Received by the MCO			
PPS 1	Expected Revenue Total	Actual Revenue Received for the Reporting Period	Expected/Actual Revenue Variance
NYU Lutheran Medical Center	\$37,904.75		

1. Select the name of the MCO filling out the report from the drop-down menu in cell G11. The table will automatically populate names and expected EIP funds for each of a MCOs paired PPS.
2. Select the EPP Demonstration Year for which EPP Payments were made in Cell G12.
3. Select the reporting period from the drop-down menu in cell G13.
4. Input the actual revenue received during the reporting period in column G under 'Actual Revenue Received for the Reporting Period'.



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EPP Payment Details

The following report template could be used by MCOs to track their EPP-related payments made to PPSs. In the case of variance between COH-MCO payments and subsequent MCO-PPS payments, hereupon could also be used to explain the variance.

The MCO should perform the following steps to complete this form:

- Select the MCO filing out the report in cell D1.
- Select the EPP Demonstration Year for which EPP Payments were made on CalGIS. For example, An MCO should select 'DY10216-2017' for EPP payments made in the April - June of 2017.
- Select the quarter being reported in cell D2.
- List the total EPP Allocation amount from the COH in cell D3 and under the MCO Actual Revenue Received for the Reporting Period (column O) for each PPS.
- Select the EPP services chosen by the PPS for that quarter with (column I - N) for each PPS based.
- List the EPP payment amount paid out to the PPS for each measure selected for its EPP measures (Note: each metric on EPP is weighed equally at 1/6th of the total payment).
- Explain any variance between the payments received from COH and payments made to each PPS for the reporting period under the Explanation of Variance Between Revenue Received and Total Performance Payments.

When this document is completed, please send this COH via the email address: CSBP_SSP@health.ny.gov using the subject line 'Equity Payment Report'

PPS	Revenue Received by the MCO			Performance Payments						PPS Performance Payment Total	Revenue/Performance Payment Variance	Explanation of Variance Between Revenue Received and Total Performance Payments
	Expected Revenue Total	Actual Revenue Received for the Reporting Period	Equivalency Adjusted Revenue Variance	Metric 1 (select from list)	Metric 2 (select from list)	Metric 3 (select from list)	Metric 4 (select from list)	Metric 5 (select from list)	Metric 6 (select from list)			
PPS 1 Berkshire Medical Center	\$97,908.71									\$9.00	\$9.00	
PPS 2 Community Care of Brooklyn	\$38,761.00									\$9.00	\$9.00	
PPS 3 Mount Sinai HHC	\$73,474.33									\$9.00	\$9.00	
PPS 4 Beacon Health PPS	\$84,795.53									\$9.00	\$9.00	
PPS 5 MCC												

Performance Payments				
Children's Access to Primary Care - 26 months to 6 years	Children's Access to Primary Care - 7 to 8 years	Prenatal and Postpartum Care - Postpartum Visits	Comprehensive Diabetes Care	Lead Screening in Children
\$402,145.00	\$500,007.20	\$250,000.00	\$175,000.30	\$125,000.00
Follow-up for Alcohol and Other Drug Dependence Treatment (ET) within 30 days of initial assessment				
Diabetes screening for patients with adherence to anti-diabetic				
Diabetes monitoring for patients with adherence to anti-diabetic				
Behavioral Health - Follow-up on Alcohol and Other Drug Dependence Treatment				
Performance Payments				
Metric 1 (select from list)	Metric 2 (select from list)	Metric 3 (select from list)	Metric 4 (select from list)	Metric 5 (select from list)

- The orange cells in columns I through N contain drop down menus which list each of the available EPP measures. Select the six activities chosen by each PPS.
- Underneath each measure, the MCO will enter the total dollars paid out for EPP performance during the reporting period.

EPP Payment Details

The following report template could be used by MCOs to track their EPP-related payments made to PPSs. In the case of variance between COH-MCO payments and subsequent MCO-PPS payments, hereupon could also be used to explain the variance.

The MCO should perform the following steps to complete this form:

- Select the MCO filing out the report in cell D1.
- Select the EPP Demonstration Year for which EPP Payments were made on CalGIS. For example, An MCO should select 'DY10216-2017' for EPP payments made in the April - June of 2017.
- Select the quarter being reported in cell D2.
- List the total EPP Allocation amount from the COH in cell D3 and under the MCO Actual Revenue Received for the Reporting Period (column O) for each PPS.
- Select the EPP services chosen by the PPS for that quarter with (column I - N) for each PPS based.
- List the EPP payment amount paid out to the PPS for each measure selected for its EPP measures (Note: each metric on EPP is weighed equally at 1/6th of the total payment).
- Explain any variance between the payments received from COH and payments made to each PPS for the reporting period under the Explanation of Variance Between Revenue Received and Total Performance Payments.

When this document is completed, please send this COH via the email address: CSBP_SSP@health.ny.gov using the subject line 'Equity Payment Report'

PPS	Revenue Received by the MCO			Performance Payments						PPS Performance Payment Total	Revenue/Performance Payment Variance	Explanation of Variance Between Revenue Received and Total Performance Payments
	Expected Revenue Total	Actual Revenue Received for the Reporting Period	Equivalency Adjusted Revenue Variance	Metric 1 (select from list)	Metric 2 (select from list)	Metric 3 (select from list)	Metric 4 (select from list)	Metric 5 (select from list)	Metric 6 (select from list)			
PPS 1 Berkshire Medical Center	\$97,908.71									\$9.00	\$9.00	
PPS 2 Community Care of Brooklyn	\$38,761.00									\$9.00	\$9.00	
PPS 3 Mount Sinai HHC	\$73,474.33									\$9.00	\$9.00	
PPS 4 Beacon Health PPS	\$84,795.53									\$9.00	\$9.00	
PPS 5 MCC												

PPS Performance Payment Total	Revenue/Performance Payment Variance	Explanation of Variance Between Revenue Received and Total Performance Payments
\$1,462,532.50	\$125,006.00	PPS did not meet the performance goal for metric 6

- The table will calculate the total payments made to the PPS by the MCO during the reporting period in the purple cell under 'PPS Performance Payment Total' in column O. The table will also calculate any variance between the 'PPS Performance Payment Total' and the 'Actual Revenue Received for the Reporting Period' and display the variance in the purple cell in column P under 'Revenue/Performance Payment Variance'. The MCO must provide an explanation for variance between 'PPS Performance Payment Total' and 'Actual Revenue Received for the Reporting Period'.



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EP Reporting & Payment Frequency Table – Annual Report

The purpose of the EP Reporting and Payment Frequency Table is to document payment and reporting frequency for each of an MCOs paired PPS for both Equity Programs for the upcoming Demonstration Year (DY). The EP Reporting and Payment Frequency Table must be provided annually to the DOH prior to the beginning of the DY.

The report should be provided to the DOH and the IA via: DSRIP_SSP@health.ny.gov and DSRIP_IA@pcqus.com using the subject line “Equity Payment Reports”.

EP Reporting & Payment Frequency Table

The purpose of this table is to document the selected activities in the Equity Infrastructure Program (EIP), the reporting frequency in the EIP, the payment frequency in the EIP, and the payment frequency in the Equity Performance Program (EPP).

When this document is completed, please send it to DOH via the email address: DSRIP_SSP@health.ny.gov using the subject line 'Equity Payment Reports'

The MCO should perform the following steps to complete this form:

- 1) Select the MCO filling out the report in cell F11.
2) Select the DSRIP Year for this set of reports in cell F13.
3) Select the EIP Activities for each PPS (columns E-H).
4) Select the reporting and payment frequencies from the drop down menu for each PPS for the two programs (columns I, and L).

Main data table with columns: PPS Group, Activity 1-4, Reporting Frequency, Payment Frequency. Rows include Advocate Community Providers, Bronx Health Access PPS, Montefiore Hudson Valley Collaborative, Mount Sinai LLC, Nassau Queens PPS, Bronx Partners for Healthy Communities, Suffolk Care Collaborative, The New York and Presbyterian Hospital.

Selection interface showing dropdowns for 'Select the MCO filling out the report' (Affinity Health Plan) and 'Select the DSRIP Year for this report' (DY3 (Apr 2017-Mar 2018)).

- 1. Select the name of the MCO filling out the report from the drop-down menu in cell F11. The table will automatically populate the names of each of the MCOs paired PPS.
2. Select the reporting period from the drop-down menu in cell F13.



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EP Reporting & Payment Frequency Table

The purpose of this table is to document the selected activities in the Equity Infrastructure Program (EIP), the reporting frequency in the EIP, the payment frequency in the EIP, and the payment frequency in the Equity Performance Program (EPP).

When this document is completed, please send it to DOH via the email address: DSRIP_SSP@health.ny.gov using the subject line 'Equity Payment Reports'

The MCO should perform the following steps to complete this form:

- 1) Select the MCO filling out the report in cell F11.
- 2) Select the DSRIP Year for this set of reports in cell F13.
- 3) Select the EIP Activities for each PPS (columns E-H).
- 4) Select the reporting and payment frequencies from the drop down menu for each PPS for the two programs (columns I, J, and L).

Select the MCO filling out the report Affinity Health Plan

Select the DSRIP Year for this report DY3 (Apr 2017-Mar 2018)

PPS Group	EIP Activities				Equity Infrastructure Program (EIP)		Equity Performance Program (EPP)
	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	Reporting Frequency	Payment Frequency	Payment Frequency
Advocate Community Providers							
Bronx Health Access PPS							
Montefiore Hudson Valley Collaborative							
Mount Sinai LLC							
Nassau Queens PPS							
Bioto Partners for Healthy Communities							
Suffolk Care Collaborative							
The New York and Presbyterian Hospital							

PPS Group	EIP Activities				Re
	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	
Advocate Community Providers	Participation in IT TOM initiatives	Participation in expanded HH enrollment	Capital spending on primary / behavioral health integration		
Bronx Leabanon Hospital Center				Participation in IT TOM initiative Participation in one of the MA) EHR implementation investment Capital spending on primary / I	
Montefiore-Hudson Valley Collaborative				Participation in a state recom Participation in state efforts to	

3. The orange cells in columns E through H contain drop down menus which list each of the available EIP activities. Select the four activities chosen by each PPS.



Equity Programs
DY2 Guidance Document

EP Reporting & Payment Frequency Table

The purpose of this table is to document the selected activities in the Equity Infrastructure Program (EIP), the reporting frequency in the EIP, the payment frequency in the EIP, and the payment frequency in the Equity Performance Program (EPP).

When this document is completed, please send it to DOH via the email address: DSRIP_SSP@health.ny.gov using the subject line 'Equity Payment Reports'

The MCO should perform the following steps to complete this form:

- 1) Select the MCO filling out the report in cell F11.
- 2) Select the DSRIP Year for this set of reports in cell F13.
- 3) Select the EIP Activities for each PPS (columns E-H).
- 4) Select the reporting and payment frequencies from the drop down menu for each PPS for the two programs (columns I, J, and L).

Select the MCO filling out the report: **Affinity Health Plan**

Select the DSRIP Year for this report: **DY3 (Apr 2017-Mar 2018)**

PPS Group	EIP Activities				Equity Infrastructure Program (EIP)		Equity Performance Program (EPP)
	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	Reporting Frequency	Payment Frequency	Payment Frequency
Advocate Community Providers							
Bronx Health Access PPS							
Montefiore Hudson Valley Collaborative							
Mount Sinai LLC							
Nassau Queens PPS							
Bronx Partners for Healthy Communities							
Suffolk Care Collaborative							
The New York and Presbyterian Hospital							

Equity Infrastructure Program (EIP)		Equity Performance
Reporting Frequency	Payment Frequency	Payment Frequency
Quarterly	Quarterly	
		Monthly Quarterly

4. The MCO will then fill out the selected reporting and payment frequencies for EIP, as well as the payment frequency for EPP, as specified in the contract (shown above).



PPS EIP Reporting Table – Optional Report Format

The PPS EIP reporting table is provided by the DOH as a tool which can be used by the PPS to report on EIP performance to their paired MCO. The PPS EIP Reporting Table is not required to be used. The purpose of the report is to document participation in each of a PPS' chosen EIP activities, identify what documents demonstrate participation, and identify any expenses related to participation, if applicable. A PPS must provide their evidence of EIP activity participation to their paired MCOs within 30 days of the end to the reporting period.

PPS EIP Activity Details

The following report template could be used by PPSs to track and report their EIP Activities for a given reporting period to their paired MCOs. This report would serve as a 'cover page' of a report package that would also include all of the supporting documentation that would be used to prove that EIP Activities took place.

In order to complete the form, the PPS should perform the following steps:

- 1) Select the PPS filling out the report in cell G11.
- 2) Select the four EIP activities the PPS participated in for the period in Column F.
- 3) Columns G and H will give the PPS space to report to the MCOs on whether each Activity was participated in over the reporting period and the name of the accompanying supporting documentation
- 4) Report expenditures made towards participation in each selected EIP Activity in the reporting period in Column I. (Note: there is no expectation that EIP expenses should match EIP payments from the MCO. Additionally, only certain Activities require financial investment as part of their participation, as can be found in the EIP Activity Guide)

When this document is completed, please send it to your paired MCO for review.

Select the PPS filling out the report: **Advocate Community Providers**

EIP Activities	Select chosen Activities (must select 4)	Did participation in selected Activity occur?	If "Yes," write out the title of the attached documentation supporting this claim this below. If "no," provide a brief explanation below.	Expense Amount related to Activity participation (Only if applicable to the Activity)
Participation in IT TOM initiatives				
Participation in one of the MAX Series projects				
Participation in expanded HH-enrollment				
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				
TOTAL	<i>Must Select 4</i>			\$0.00

Select the PPS filling out the report	Advocate Community Providers
EIP Activities	Select chosen Activities (must select 4)
Participation in IT TOM initiatives	
Participation in one of the MAX Series projects	

Advocate Community Providers
 Bronx-Lebanon Hospital Center
 Central New York Care Collaborative
 Lutheran Medical Center
 Maimonides Medical Center
 Millennium Collaborative Care
 Montefiore Hudson Valley Collaborative
 Mount Sinai Hospitals Group

1. Select the name of the PPS filling out the report from the drop-down menu in cell G11.
2. Using the drop-down menu in column F to mark which EIP activities have been selected. At least four activities must be marked 'selected' or an error message will remain underneath the column.
3. Using the drop-down menu in column G mark if participation in the selected activity occurred.
4. If participation did occur, enter the title of the appropriate attachment(s) in column H.
5. List expenditures for each EIP activity in column I (if applicable).



EPP Payment and Reporting Timeline (April – September 2017)

April	May	June	July	August	September
EPP Year 2 Q1			EPP Year 2 Q2		
Monthly EPP Payments to MCOs					
PPS DSRIP Y2 Q4 Reports Due					
			Monthly EPP Year 2 Payment	Monthly EPP Year 2 Payment	Monthly EPP Year 2 Payment
		MCOs Receive EPP Achievement for DSRIP Y2			
		MCO-to-DOH EPP Payment Report	MCO-to-DOH EPP Payment Report		



EIP Payment and Reporting Timeline (April – September 2017)

April	May	June	July	August	September
EIP Year 3 Q1			EIP Year 3 Q2		
Monthly EIP Payments to MCOs					
PPS Provides DY2 Q4 EIP Evidence to MCO			PPS Provides DY3 Q1 EIP Evidence to MCO		
	MCO Reviews Evidence and Makes Payment			MCO Reviews Evidence and Makes Payment	
		MCO-to DOH EIP Activity and Payment Reports			MCO-to DOH EIP Activity and Payment Reports



EP Reporting EPP Payment and Reporting Timeline

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