



Department
of Health

Equity Programs (EP)

Frequently Asked Questions and Pairing Table

As of 7/12/2016



As of 7/12/2016
EP FAQs and Pairing Table

I. Equity Program (EP) Frequently Asked Questions

Table with 4 columns: Item #, Category, Question, Response. Contains 3 rows of frequently asked questions regarding MCO-PPS contracts, funding, and program pairings.



As of 7/12/2016
EP FAQs and Pairing Table

Table with 4 columns: Item #, Category, Question, Response. Contains 7 rows of FAQs regarding contracting for EIP and EPP programs.



As of 7/12/2016
EP FAQs and Pairing Table

Table with 4 columns: Item #, Category, Question, Response. Contains 5 rows of data regarding EIP activities, remediation periods, withdrawal processes, eligibility criteria, and contract amendments.



As of 7/12/2016
EP FAQs and Pairing Table

Item #	Category	Question	Response
12	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 PPSs 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.
13	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?	<p>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.</p> <p>EPP measures must remain the same throughout the program, with two 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.</p> <p>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.</p>



As of 7/12/2016
EP FAQs and Pairing Table

Table with 4 columns: Item #, Category, Question, Response. Contains 5 rows of FAQ items (14-18) regarding EPP measures, denominators, and MCO engagement.



As of 7/12/2016
EP FAQs and Pairing Table

Table with 4 columns: Item #, Category, Question, Response. Contains 5 rows of FAQs regarding EIP activities, metrics, and PPS selection.



As of 7/12/2016
EP FAQs and Pairing Table

Table with 4 columns: Item #, Category, Question, Response. Contains 3 rows of FAQ items (24, 25, 26) regarding EPP measures, fraud deterrence activities, and EHR implementation.



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EP FAQs and Pairing Table

Item #	Category	Question	Response
27	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?	<p>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.</p> <p>DOH is exploring the opportunity to extend the MAX activity as part of EIP by offering new MAX series. In addition, DOH is also exploring the ways in which it can give credit to PPS for continuing the efforts and teachings of the formal MAX series, in years 3-5 by introducing new MAX Initiatives for the PPS to participate in, in order for the PPS to get credit for the EIP MAX series Activity. DOH will provide further guidance in DY2.</p>
28	Metrics & Activities	There are measures that flip to P4P for DY2 Payments according to the DSRIP Measure Specification Manual. Are first year EPP payments impacted by measures that flip to P4P for DY2 payments?	The first year measure will not be impacted by any flip. DOH will only use the first year data to calculate if a measure has been met; meaning, if you report, you meet the measure.
29	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.
30	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.
31	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.
32	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.



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EP FAQs and Pairing Table

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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.
35	Payment	How do we get paid before the annual EPP measurement is collected?	The EPP performance measures have to be submitted before those payments are disbursed. It is suggested that MCO-PPS pair will contract to pay out for EPP on a time frame that aligns with DSRIP performance reporting, so that payments can flow once performance achievement has been confirmed.
36	Payment	PMPM add-on is to the 4/1/15 rates. Will this funding continue with 4/1/16 rates?	Yes.
37	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..
38	Payment	The EIP funding by the 4/1/15 PMPM add-on is projected to fall short of the total MCO funding on the EIP draft pairings document. How are MCOs to deal with this shortfall?	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.
39	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.
40	Payment	Are the values listed within the EIP pairings table the actual amounts that MCOs and PPS should expect to receive?	The values listed with the pairings table 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. MCOs should refer to the breakout in their rate schedules for further detail on administrative and surplus amounts.



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41	Payment	Will the first EPP payment to MCOs in April 2016 operate in a similar way to the first EIP payment to MCOs in January 2016? That is to say, the January 2016 EIP is retroactive to April 2015, making that single payment equivalent to 10 months of EIP payment. Is the April 2016 EPP payment to MCOs retroactive to April 2015?	Unlike EIP, EPP did not begin in DSRIP Year 1(April 2015). Instead, EPP begins as a program at the start of DSRIP Year 2 (April 2016). The first EIP payment to MCOs was retroactive to the program's beginning. For EPP, the first payment to MCOs will start at the same time as the program itself, therefore there is no large retroactive payment involved. The EPP payment to MCOs for April 2016 will therefore be a normal monthly payment, not a payment covering all of DY1 (because EPP did not operate in DY1).
42	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.
43	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.
44	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.
45	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 17 th 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.



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Item #	Category	Question	Response
46	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?	<p>DOH determined the source of the underfunding is 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.</p> <p>The rates are pending CMS approval and are expected to be formally approved by July 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 mid-July 2016 and MCOs should distribute the remaining funds to eligible PPS for completion of DY1 requirements.</p>
47	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.
48	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.



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Table with 4 columns: Item #, Category, Question, Response. It contains four rows of questions and answers regarding EIP activities, performance metrics, and population attribution.



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Item #	Category	Question	Response
53	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 waited equally (one fourth for each EIP activity, one sixth for each EPP measure).
54	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.
55	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.



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Table with 4 columns: Item #, Category, Question, Response. Row 56: Program Governance, Question about DOH's role in Equity Programs, Response detailing DOH's role and CMS review. Row 57: Program Governance, Question about MCOs' role in governance, Response detailing MCO implementation and oversight.



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EP FAQs and Pairing Table

Table with 4 columns: Item #, Category, Question, Response. Contains 3 rows of questions and answers regarding EIP activities and reporting.



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Item #	Category	Question	Response
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. In the near future, EIP reporting will be made available in MAPP.
62	Reporting	How will each EPP metric be measured? What evidence will we be required to submit to our MCOs to receive payment?	Since EPP measures are a subset of the DSRIP measures, no additional reporting beyond what is already reported for DSRIP is required from the PPS. DOH will provide the MCOs with the EPP measurement performance data for their PPS partners from the DSRIP Quarterly Reports and Annual HEDIS reports.
63	Reporting	Who is responsible for the additional reporting (potentially through MAPP)? If DOH is responsible for reporting a claims measure, will the PPS need to report anything to receive Equity payments?	The PPS will not need to report on anything outside of the measures already reported on as part of the main DSRIP program through the Quarterly Reports for the EPP measures. DOH will disseminate the measurement information reported in the Quarterly Reports to the MCOs.
64	Reporting	DOH has stated that it is providing reporting tables for MCOs and PPS to use for EIP. What if the MCO and PPS do not want to use the table provided?	MCOs can report to DOH using another template or table that captures the same information on meeting activities as in the DOH tables. All EIP reporting templates should be sent to the DSRIP IA at: dsrip_ia@pcgus.com with reference to the "Equity Programs" in the email subject line.
65	Reporting	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.



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66	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.
67	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 provides 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.
68	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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69	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.
70	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.
71	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.
72	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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EP FAQs and Pairing Table

Table with 4 columns: Item #, Category, Question, Response. Row 73: 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... 2. The MCO's completed EP Reporting and Payment Frequency table... 3. The MCO's completed EIP Activity and Payment tables... 4. The MCO's completed EPP Payment table... 5. All materials submitted by the PPS for EIP... The above referenced documentation should be emailed to DSRIP IA mailbox at dsrip_ia@pcgus.com using a subject line "Equity Programs."



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Item #	Category	Question	Response
74	Reporting	What EP reporting information should each MCO submit to the state?	<p>MCOs should submit the following EP related information/documentation to the state:</p> <ol style="list-style-type: none"> 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); <p>The above referenced documentation should be emailed to the DOH Managed Care Team at bmcfhhelp@health.ny.gov using subject line "EP Payment Report".</p>
75	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?	<p>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.</p>



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EP FAQs and Pairing Table

Table with 4 columns: Item #, Category, Question, Response. Contains 3 rows of FAQs regarding PPS compliance, reporting requirements, and EPP measures.



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EP FAQs and Pairing Table

Item #	Category	Question	Response
79	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.
80	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.
81	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.



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Item #	Category	Question	Response
82	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).
83	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.
84	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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85	Reporting/ Payment Timing	<p>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?</p>	<p>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 entire payment on that activity for the year.</p> <p>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.</p>
86	Reporting/ Payment Timing	<p>Can MCO's prepay the PPS or does reporting need to occur prior to PPS being paid for a given time period?</p>	<p>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.</p>



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87	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 piece of evidence for the completed activity before the end of the DY and begin receiving payments for that completed activity once 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.
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.



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Item #	Category	Question	Response
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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EP FAQs and Pairing Table

II. Equity Infrastructure Program (EIP) Pairing 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	\$26,562,827
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 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	\$4,725,600
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



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V. Equity Infrastructure Program (EIP) Activities

Table with 1 column and 10 rows listing 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