



**Department
of Health**

Medicaid
Redesign Team

Final DSRIP Valuation Overview

June 2015

Agenda

1.Overall Valuation Results

2.Supplemental DSRIP Programs

June 2015

Overall Valuation Results

Total 5 Year Program Net Funding – All PPSs

PPS	Project Valuation	High Performance Program (3%)	Additional HP Program	Equity – Quality Improvement Program (E QIP)	Equity – Performance Improvement Program (E PIP)	Total Valuation
Publics						
Central New York Care Collaborative (CNYCC aka CNY)	\$ 158,402,178	\$ 3,695,521	\$ 8,836,732	\$ 86,911,728	\$ 65,183,796	\$ 323,029,955
Millennium Collaborative Care (ECMC)	\$ 191,461,931	\$ 5,001,472	\$ 11,959,522	\$ 19,769,602	\$ 14,827,201	\$ 243,019,729
Nassau Queens Performing Provider System, LLC	\$ 447,293,833	\$ 8,255,318	\$ 19,740,118	\$ 34,347,048	\$ 25,760,286	\$ 535,396,603
New York City Health and Hospitals-led PPS	\$ 1,169,695,304	\$ 13,408,356	\$ 32,062,065	\$ -	\$ -	\$ 1,215,165,724
Stony Brook University Hospital	\$ 181,115,320	\$ 4,200,998	\$ 10,045,427	\$ 58,971,622	\$ 44,228,717	\$ 298,562,084
Westchester Medical Center	\$ 264,185,188	\$ 2,871,675	\$ 6,866,752	\$ -	\$ -	\$ 273,923,615
Publics Total	\$ 2,412,153,754	\$ 37,433,340	\$ 89,510,616	\$ 200,000,000	\$ 150,000,000	\$ 2,889,097,710
Safety Nets						
Adirondack Health Institute	\$ 178,064,187	\$ 4,814,128	\$ 3,837,181	\$ -	\$ -	\$ 186,715,496
Advocate Community Providers	\$ 339,893,561	\$ 38,287,186	\$ 30,517,445	\$ 174,804,392	\$ 116,536,261	\$ 700,038,844
Albany Medical Center Hospital	\$ 133,974,888	\$ 4,148,794	\$ 3,306,866	\$ -	\$ -	\$ 141,430,548
Alliance for Better Health Care, LLC (Ellis)	\$ 237,058,615	\$ 7,330,962	\$ 5,843,267	\$ -	\$ -	\$ 250,232,844
Bronx-Lebanon Hospital Center	\$ 72,695,724	\$ 8,443,988	\$ 6,730,423	\$ 39,636,387	\$ 26,424,258	\$ 153,930,779
Finger Lakes PPS	\$ 533,867,539	\$ 17,573,436	\$ 14,007,202	\$ -	\$ -	\$ 565,448,177
Lutheran Medical Center	\$ 69,141,892	\$ 6,899,181	\$ 5,499,108	\$ 27,720,214	\$ 18,480,143	\$ 127,740,537
Maimonides Medical Center	\$ 219,214,536	\$ 26,970,632	\$ 21,497,395	\$ 132,814,132	\$ 88,542,755	\$ 489,039,450
Mohawk Valley PPS (Bassett)	\$ 67,388,793	\$ 2,476,583	\$ 1,974,002	\$ -	\$ -	\$ 71,839,378
Montefiore Hudson Valley Collaborative	\$ 123,099,494	\$ 13,595,859	\$ 10,836,807	\$ 60,923,394	\$ 40,615,596	\$ 249,071,149
Mount Sinai Hospitals Group	\$ 138,789,348	\$ 21,944,502	\$ 17,491,234	\$ 127,005,338	\$ 84,670,226	\$ 389,900,648
Refuah Health Center	\$ 21,485,426	\$ 2,504,130	\$ 1,995,959	\$ 11,789,444	\$ 7,859,629	\$ 45,634,589
Samaritan Medical Center	\$ 73,818,783	\$ 2,361,647	\$ 1,882,391	\$ -	\$ -	\$ 78,062,821
Sisters of Charity Hospital aka Community Partners of WNY	\$ 43,394,151	\$ 5,062,760	\$ 4,035,358	\$ 23,856,680	\$ 15,904,454	\$ 92,253,402
Southern Tier Rural Integrated PPS (United)	\$ 213,618,544	\$ 6,077,532	\$ 4,844,199	\$ -	\$ -	\$ 224,540,275
St. Barnabas Hospital (dba SBH Health System)	\$ 170,067,148	\$ 21,219,444	\$ 16,913,314	\$ 105,642,873	\$ 70,428,582	\$ 384,271,362
Staten Island Performing Provider System, LLC	\$ 208,954,006	\$ 4,526,254	\$ 3,607,726	\$ -	\$ -	\$ 217,087,986
The New York and Presbyterian Hospital	\$ 48,757,912	\$ 5,328,074	\$ 4,246,831	\$ 23,628,005	\$ 15,752,003	\$ 97,712,825
The New York Hospital Medical Center of Queens	\$ 11,604,191	\$ 1,784,890	\$ 1,422,677	\$ 10,179,141	\$ 6,786,094	\$ 31,776,993
Safety Nets Total	\$ 2,904,888,738	\$ 201,349,982	\$ 160,489,385	\$ 738,000,000	\$ 492,000,000	\$ 4,496,728,105
Safety Nets + Publics Grand Total	\$ 5,317,042,492	\$ 238,783,322	\$ 250,000,000	\$ 938,000,000	\$ 642,000,000	\$ 7,385,825,815

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Supplemental DSRIP Programs

High Performance Fund

- 3% of the total funds from DY 2-5 have been set aside to reward high performance (in excess of target outcome measures) (STCs allow for up to 10%)
- Unrealized performance payments (from PPS surrendering performance payments due to lack of achievement) are also deposited to the High Performance Fund
- PPS that achieve 20% gap-to-goal or the 90th percentile of the statewide performance for the high performance metrics are eligible for additional payment from this program
- **The planned High Performance Fund (and any \$'s forfeited from unrealized performance payments) enables a PPS to earn funds in excess of their total project valuation, up to a maximum of 130% of their project valuation**

High Performance Fund

\$238,783,322

Additional High Performance Program

- The Additional High Performance Program is appropriated from state funds
- This will provide supplemental high performance funding against the same DSRIP measures already identified for high performance payments

Additional High
Performance Program

\$250,000,000

Public Lead Sole PPS Equity Programs

- Public lead PPS support some of the non-Federal portion of the DSRIP program which can result in inequities between the Public PPS and Safety-Net PPS in single PPS counties
- To mitigate this inequity, a “Public Sole PPS Equity Program” was created. This program contains an additional \$350 million in potential performance payments to public leads that are the sole PPS in a given county.

Public Sole PPS Equity Program
(\$350,000,000)

\$200,000,000

Equity – Quality
Improvement Program
(E QIP)

\$150,000,000

Equity – Performance
Improvement Program
(E PIP)

Safety Net Lead PPS Equity Program

- As DSRIP valuation was finalized, it became apparent that inequity exists between safety net lead PPS pursuing project 2.d.i and safety net lead PPS who are not approved for project 2.d.i
- To mitigate this inequity, a “Safety Net PPS Equity Program” was created. This program contains an additional \$1.23 billion in potential performance payments to safety net leads not approved for project 2.d.i.

Safety Net PPS Equity Program
(\$1,230,000,000)

\$738,000,000

Equity – Quality
Improvement Program
(E QIP)

\$492,000,000

Equity – Performance
Improvement Program
(E PIP)

Supplemental DSRIP Programs

- No existing VAP funds are used to support these programs—neither committed or uncommitted VAP funds (both state and federal shares) are utilized to fund the supplemental programs
- No additional risk to the Medicaid global cap has been introduced by creation of these programs
- The DSRIP performance measures required for payment from the relevant performance based programs are the same measures already identified for high performance payments (schedule of payments still needs to be finalized)
- Because these supplemental DSRIP programs are not utilizing waiver funds, they do not have all waiver-related restrictions. They will still need to be used for DSRIP purposes but will be more flexible than waiver funds – more information forthcoming