



**DSRIP Mid-Point Assessment –  
PPS Response to Independent Assessor Recommendations**  
PPS must utilize this template to respond to the Independent Assessor’s Initial Recommendations on the Mid-Point Assessment.

**PPS Name:** Bronx-Lebanon Hospital Center

**IA Recommendation #1:**

Bronx Health Access PPS has several ways in place where partners can receive funding. These are either through Direct Partner Payouts (e.g., Performance/Bonus payments for quality or implementation funding and contracting) or Indirect Partner Payouts (e.g., funding a Patient Centered Medical Home (PCMH) vendor to work with partner sites on PCMH certification). We believe that if the funds distributed to partners are accounted for correctly, it will show that, in fact, Bronx Health Access has moved a substantial amount of funds to partners. The IA’s recommendation likely stems from the limited information being recorded in the Medicaid Analytics Performance Portal (MAPP).

The PPS has created a system where 10 projects were developed with an implementation plan that drives implementation budgets and the PPS has agreed to fund these expenses by project. These project budget flows to partners who are participating within that project. We also engaged the services of a third-party to develop the algorithm to distribute bonus and performance to partners that attributed to the success of each of those 10 projects.

Bonus payments to partners, however, are subsidiary to actual expenses incurred for implementation costs and dependent on available cash received from state. If there is a significant cash flow delay between activity and receipt of funds from the state, the PPS must vary its timing and scale of these bonus distributions. With that said, the PPS plans on distribution \$9M in bonus and performance dollars before the end of DY2Q4.

As a final thought, there are many other variables that determine how much and how often a PPS can distribute funds to its partners. Above all, the PPS must maintain financial prudence in its use of funds and be diligent in maintaining financial sustainability both now and in the future. We believe that Bronx Health Access has successfully balanced its financial assets, both immediate and future, with the need to fund partners and their need to invest in infrastructure and operations to create a self-sustaining integrated system.

**IA Recommendation #2:**

The Bronx Health Access Health Home at Risk Intervention Program (2.a.iii) is actively seeking ways to improve partner engagement. The project leads are committed to reviewing program goals, assessing lessons learned, and building on successes. Best practices, such as embedding CHWs into primary care teams for warm handoffs and better communications between CHWs and providers, will be examined as key foundations for engagement and reporting to the PPS. The PPS will also examine the current workforce to assess training needs and identify ways to align with other projects to achieve population-level outcomes.