



**Department
of Health**

Equity Programs (EP)

Frequently Asked Questions and Pairing Tables

As of 4/24/2017



As of 4/26/2017
EP FAQs and Pairing Table

I. Equity Program (EP) Frequently Asked Questions

Table with 5 columns: Item #, Category, Question, Response, Date Added/ Updated. Contains 3 rows of frequently asked questions regarding EP contracting and funding.



As of 4/26/2017
EP FAQs and Pairing Table

Table with 5 columns: Item #, Category, Question, Response, Date Added/ Updated. It contains three rows of questions and answers regarding Medicaid Redesign Team (MCO/PPS) contracts and eligibility.



As of 4/26/2017
EP FAQs and Pairing Table

Item #	Category	Question	Response	Date Added/ Updated
7	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?	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. Additionally, limiting the number of activities and measures will allow PPS to focus on improving targeted areas.	3/15/17
	Metrics & Activities	Can the PPS change their EIP and/or EPP selection in later years?	<p>Once EIP activities are selected, they 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 three exceptions: if a PPS chose a reporting-based measure with an unknown baseline that resulted in a denominator less than 30, the measure could have been changed at the start of DY2. 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>DOH allowed a one time exception between DY1 and DY2 of EPP that allowed PPS the opportunity to diversify their EPP measure selections across each of their paired MCOs. This must have been</p>	



As of 4/26/2017
EP FAQs and Pairing Table

Table with 5 columns: Item #, Category, Question, Response, Date Added/ Updated. It contains 5 rows of FAQ items, including questions about EPP measure denominators, definitions, MCO requirements, and transparency.



As of 4/26/2017
EP FAQs and Pairing Table

Item #	Category	Question	Response	Date Added/ Updated
			can be found on the EP website.	
12	Metrics & Activities	Are MCOs intended to engage with the IA in order to flow payments or determine whether metrics have been met?	Besides submitting EP documentation to the IA for record-keeping purposes (submission of the EP contracts and EIP reports), there is no need for interaction between the plan and the IA. The IA will make a ruling on the performance in the regular DSRIP program that will carry over into EPP and the results will be made known to all parties involved.	
13	Metrics & Activities	How will each key activity in EIP be measured? Will it be specifically documented what evidence will be required for our participation in the initiatives listed?	DOH provided guidance for administering the Equity Programs including reporting templates for the MCOs and PPS to capture EIP, activities and funds. DOH provided suggestions for supporting documentation for EIP activities, including activities that may warrant financial substantiation. The suggestions provided are not an exhaustive. DOH expects that any potential documentation required to be submitted as part of the PPS participation in EIP activities will be communicated in each MCO-PPS contract or in a formal document signed by both the PPS and MCO.	2/16/17
14	Metrics & Activities	Could PPS negotiate an EIP activity or EPP measure not on the list?	No, the PPS cannot select an EIP activity or EPP measure that is not on the list.	



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EP FAQs and Pairing Table

Item #	Category	Question	Response	Date Added/ Updated
15	Metrics & Activities	Which EPP measures switch to P4P in DY2 or DY3?	A chart with measures is included in Section IV of this document. This chart specifies which EPP measures switch to P4P in DY2 or DY3.	8/1/16
16	Metrics & Activities	Is the measured activity of "Participation in fraud deterrence and surveillance activities" meant to be a PPS compliance plan?	<p>The activities associated with "Participation in fraud deterrence and surveillance activities" may include but are not limited to:</p> <ol style="list-style-type: none"> 1) a compliance plan 2) spending on IT or consulting spend to identify fraud, waste, and abuse (FWA), 3) monitoring and oversight by program administrators and legal <p>Further details are provided in the EIP activity guidance document.</p>	3/15/17
17	Metrics & Activities	Can a care management system count as an Electronic Health Record (EHR) system for the EHR implementation investment activity for the EIP?	A care management system cannot substitute an EHR to meet the EHR implementation investment activity for EIP. Although the two systems may be interoperable and can exchange data if they both exist in the same health system, they cannot serve as replacements to another. EIP was designed to emphasize a few key activities that will supplement DSRIP and this activity is specific to an EHR.	
18	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?	The initial MAX program was originally concluded at the end of DY2. The PPS that participated received a certificate as proof of their achieved activity, which is valid through DY2.	2/16/17



As of 4/26/2017
EP FAQs and Pairing Table

Table with 5 columns: Item #, Category, Question, Response, Date Added/ Updated. It contains three rows of information regarding EIP activities and training programs.



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Item #	Category	Question	Response	Date Added/ Updated
		gap to goal for EPP funds?	even if the measure is eligible for High Performance.	
21	Metrics & Activities	Will PPS be given an opportunity to change their EPP measure selections for each of their paired MCOs in order to diversify their selections?	PPS participating in the EP were given a one-time opportunity in August/September of 2016 to diversify their EPP measure selections. The changes to their measures were only accepted if (a) the MCO agreed to the changes and (b) the revised contract was submitted to the IA and DOH by Friday September 30th, 2016. The new EPP measure selections did not apply to DY1 of the program, but apply to DY2-DY5. There are no further opportunities for measure changes/diversification in EPP.	2/16/17
22	Metrics & Activities	Are MCOs allowed to change EPP metrics if their paired PPS is not meeting goals on a particular metric?	No, EPP measures cannot be changed for any reason past September 30 th 2016, including for poor PPS performance.	3/15/17
23	Metrics & Activities	Are PPS required to have a formal amendment when changing EIP activities?	If an EP contract specifically states that EIP activities can be updated annually, then the contract does not need to be formally amended for EIP activity changes. However, documentation summarizing activity changes must be signed by both parties and sent to both DOH and the IA. EIP activity changes will not be permitted, under any circumstance, during the program year. Activity changes must occur between program years. DOH advises all MCOs and PPS partners to document all	9/1/16



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			proceedings for both of the EP on an annual basis in case of a program audit in the future. Annually, there should be documentation for EIP activity selection, either as a contract amendment or a separate document signed by both parties, that notes selected EIP activities as well as reporting and payment frequencies (regardless of whether or not activities, reporting or payment frequency changes).	
24	Metrics & Activities	What is the basis for 4/9 EIP activities?	The number of activities was selected with the goal of shifting PPS activities and spending towards activities that generally support the DSRIP program.	3/15/17
25	Metrics & Activities	When must EPP measures must switch from P4R to P4P?	One of the six EPP measures selected must switch to P4P from P4R in DY2 or DY3. The remaining five measures can switch to P4P anytime between DY2-DY5.	9/1/16
26	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.	
27	Payment	Do the EP funds count towards a PPS VBP goal of "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.	3/15/17
29	Payment	What are the MCO-PPS Assignment and award amounts?	Please see the tables in Sections II and III at the end of this document to find the MCO-	



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			PPS pairings and award amounts.	
30	Payment	Are the values listed within the EIP and EPP pairings tables the actual amounts the MCOs and PPS should expect to receive?	The values listed with the pairings tables represent the total funding the PPS should receive from the MCO in that year if the PPS meets all of its EIP activities or EPP measures. Funding remains constant throughout the 5 years of the program. MCOs should refer to the breakout in their rate schedules for further detail on administrative and surplus amounts.	2/16/17
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 annually.	
33	Payment	PPS will not be receiving EPP payments for 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.	
34	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.	



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35	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 MY1 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.	
36	Payment	PPS's doesn't receive the full allocated funding for EIP activities completed. How are MCOs to deal with this shortfall?	There may be shortfalls due to the drop in expected member-month volume. The Department is aware of these circumstances. The Department is able to remedy such circumstances through reconciliation in a subsequent rate package. If possible, the Department suggests that Plans keep the Facilities fully funded for each period under the guarantee that Plans will be made whole by the Department via subsequent rate adjustments. The DOH is working with CMS to obtain approval for rate adjustments. Once the rates are approved, any shortfalls that may have occurred should be resolved.	3/15/17
38	Payment	Did the EPP DY1 payments retroactive to April 2016 cover the entire year or will there be other payments after December 2016?	The EPP DY1 payments from the April 2016 rate package approved in November 2016 was retroactive to April 2016. The payment amount covered April 2016 to December 2016. MCOs will receive monthly payments going forward for the rest of the year.	2/16/17
39	Payment	Is there a set time the MCOs will receive EPP payments each month?	Capitation payments are made once every month, and usually occur in the beginning of every month. Payments are usually	3/15/17



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			made the first full week of each month, but this may be dependent on where the cycle lands – as it relates to the month in question. Supplemental payments (VBP, EP, EPP, AHPP) are a component of this capitation payment, and therefore follow the same timeline.	
40	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.	
41	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.	
42	Performance	Can a large investment at one PPS partner suffice as evidence for completion of an EIP activity? For example, the installation of an EHR system for a partner that services a majority of the PPS' members.	EHR and other investments that will be used as evidence for an activity should be meaningful. While EIP awards and evidence do not need to be a 1:1 ratio, the PPS should use their judgment to interpret <i>meaningful</i> , but if they worry that the financial investment wouldn't be significant enough to pass the evidence test, the PPS should think about submitting another form of evidence. Finally, if a PPS is making a significant EHR investment in one partner and would like to use this evidence as justification for an activity, the PPS should be able state why the investment in one partner will provide PPS-wide benefit.	



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43	Performance	Assuming these EIP activities may be documented at the partner organization level, can these activities be occurring separate from their participation in a DSRIP project?	PPS participating in EIP can take on activities not related to an ongoing PPS project, but PPS participating in EPP have to choose measures tied to a current PPS project outcome.	
44	Performance	Will EPP metrics follow the same pay for reporting and pay for performance (P4R/P4P) schedule as the DSRIP performance payments for each metric?	Yes, the metrics will follow the same P4R /P4P schedule as the DSRIP performance payments. However, EPP lags behind DSRIP by 1 year, because EPP payments rely on the Measurement Year being fully complete All performance period lags, exceptions and changes made to the regular DSRIP requirements would apply to the EPP. Section VIII in this document provides a timeline for EP annual awards.	
45	Performance	Would performance be based on the entire PPS attributed population or the attributed population between the MCO and PPS?	The performance measurement criteria will be the same as in DSRIP, based on the entire PPS attributed population and gap-to-goal.	3/15/17
46	Performance	Will a PPS be able to earn partial payments for EIP activities and EPP measures?	The PPS can earn part of the payment for a period in each of the Equity Programs. A PPS can earn partial payment in two ways for EPP measures. A PPS will earn one sixth of the total allocated funding for each EPP measure the PPS fully meets. Therefore, if a PPS fully meets 4 of their 6 EPP measures the PPS will earn four sixths of the total allocated EPP funding. The PPS can then earn partial funding for each of the EPP	3/15/17



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Table with 5 columns: Item #, Category, Question, Response, Date Added/ Updated. The table contains one row of data with a detailed response regarding PPS evidence requirements and payment calculations.



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Item #	Category	Question	Response	Date Added/ Updated
48	Performance	How frequently will MCO's receive the EPP IA report for each PPS?	MCOs will receive EPP performance reports annually from the IA as part of the DSRIP PPS Q4 performance report notification.	3/15/17
49	Program Governance	What role will CMS have in the Equity Programs?	CMS will review the PMPM rates that will be used to effectuate the funds flowing from the MCOs to the PPS. In addition, CMS may review the details of the program and may request additional information as needed. Like with any other Medicaid program receiving federal funding, CMS can terminate their funding and support for this program if CMS does not feel the program meets certain stipulations. The Department does not have reason to believe that this will occur.	
50	Program Governance	Where can EP program governance be found?	The documents that should be used for Program governance by participants are the EP FAQs and the EP Guidance document, both of which are available on the EP website. As well, updates are given through monthly webinar decks available on the DOH EP website. There is no longer a formalized Governance Document required for EP.	4/25/17
51	Reporting	Are templates or guidance available for reporting standards and demonstration/ measurement of PPS' EIP activities?	Yes, reporting guidance and templates can be found at the EP website.	3/15/17



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52	Reporting	Many of the EPP measures are typically collected through annual Healthcare Effectiveness Data and Information Set (HEDIS) reports. It is not realistic to report those measure every quarter. Will NYS DOH or MCOs assist in data collection for EPP?	The measurement periods being used in the EP are the same measurement periods used in DSRIP so there is no additional data collection required. DOH will provide MCOs with the data on the EPP measures selected by their PPS partners from the DSRIP Quarterly Reports and annual HEDIS reports.	
53	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. All EIP reporting templates should be sent to the DSRIP IA at: dsrip_ia@pcgus.com and DOH at: dsrip_ssp@health.ny.gov with reference to the "Equity Programs" in the email subject line.	8/1/16
54	Reporting	In the PPS EIP reporting table provided by DOH for EIP activities, 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 an EIP 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.	



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Item #	Category	Question	Response	Date Added/ Updated
55	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 EIP 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.	
56	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.	
57	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 Activities 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	



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Item #	Category	Question	Response	Date Added/ Updated
			activity, the State asks that the parties provide explanation in their contract.	
58	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.	
59	Reporting	For quarterly MCO-to- DOH reports, is there a specific deadline/date the MCO submit this report to DOH?	The report to DOH must be received by DOH by the end of the quarter following the reporting period. This includes 30 days for a PPS to provide any required information to the MCO. An additional 30 days following PPS submission of their evidence for an MCO to review and make any necessary determinations. Lastly, 30 days for the MCO to compile and submit the report by the end of the quarter following the reporting period.	4/25/17



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Item #	Category	Question	Response	Date Added/ Updated
60	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.	
61	Reporting	What EP related information/documentation should each MCO submit to the DSRIP IA?	Please refer to the EP Reporting Frequency and Recipient chart in section VI of this FAQ Document which outlines the frequency of reporting and to whom the reports should be sent to.	3/15/17
62	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?	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.	
63	Reporting	When evaluating whether a PPS is in compliance with the 95/5 DSRIP Safety Net Rule, is spending across all programs evaluated in aggregate, or is each program (DSRIP, EIP, and EPP) evaluated separately?	The 95/5 Safety Net Rule is applied twice to each PPS – once for DSRIP, and once for State Supplemental Programs. This means that a PPS must be compliant with the 95/5 Safety Net Rule for DSRIP, and it must be separately compliant with the rule for EIP, EPP, and AHPP in aggregate.	
64	Reporting	If an MCO and PPS agree evidence must be used to support activity in the first EIP quarterly report of a year, and thereafter	This would not be in compliance with DOH guidance and may be an issue if audited	3/15/17



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		attestation is sufficient for all future quarters of the year, will it be compliant with DOH reporting requirements?	by an outside governing agency. However, the decision should be made between MCO and PPS partners. The DOH recommends documentation of evidence of EIP activities in DY2 and subsequent years be provided, but it is up to each MCO/PPS pairing to make the decision and document in their contract.	
68	Reporting	When are the changes to EIP activities for DY3 due?	For any changes in EIP activities, or changes in payment and/or reporting cadence for either EPP or EIP, the DOH & Independent Assessor needs to have this documented with formal signatures from both parties by March 31, 2017 in order to activate the change for the start of DY3.	3/15/17
65	Reporting	For EPP, DOH stated that at least one of the measures selected must be Pay for Performance (P4P) in DY2 or DY3. Does this mean other measures will be evaluated as Pay for Reporting (P4R)?	A PPS must select 6 out of the 25 available EPP measures, and one of the six measures must be a measure that transitions from P4R to P4P in DY2 or DY3. The remaining five selected measures can switch to P4P in any year. No EPP measures remain P4R for the duration of the Program. Please refer to the Equity Performance Program (EPP) Measures Chart in section IV.	8/1/16



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69	Reporting/ Payment Timing	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?	<p>Funds are tied to the performance period, if a PPS does not meet the criteria in a performance period, the PPS will not receive the funds for the performance period. If the PPS meets the criteria in the following performance period, the PPS will receive the funds for second performance period. A PPS will not receive funds for a previous performance period for meeting criteria in a subsequent performance period.</p> <p>Unearned EP funds will flow into the AHPP pool. These additional funds will only be earnable through AHPP by PPS that are participating in the EP.</p>	8/1/16
70	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 began in January 2016 and payments for EPP began in April 2016.	



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72	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, however a PPS may not be paid more frequently than it reports activities. Starting in DY3, a PPS can choose to report to its EP paired MCO for EIP activities on either monthly or quarterly basis (PPS will no longer have the option to report on a semi-annually or annually for EIP). For example, a PPS which reports to their MCO monthly may receive payments on a monthly or quarterly basis. Additionally, a PPS which reports quarterly may only receive payments on a quarterly basis.	3/15/17
73	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 or quarterly). Evidence should be distinctly from that reporting period.	3/15/17
74	Reporting/ Payment Timing	Must the evidence of participation be effective in the reporting period?	Evidence for meaningful activity must occur in the reporting time period for each of the 4 selected activities. If the reporting period quarterly, then four pieces of evidence covering the period for each report need to be provided	
75	Reporting/ Payment Timing	Can MCO's prepay the PPS or does reporting need to occur prior to PPS being paid for a given time period?	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	



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			reported on has already passed.	
76	Reporting/ Payment Timing	If an MCO is late in making payments to their paired PPS and is late submitting reports to DOH, can the PPS terminate their partnership with that MCO?	No, but DOH will do everything it can to work with the PPS and the MCO in the partnership to ensure that problems get resolved. If there is no improvement or resolution, then DOH will take further action. The DOH should be notified of any issues as soon as possible.	9/1/16
78	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.	
79	Use of Funds	What restrictions are on EP funds?	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.	
80	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	



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II. Equity Infrastructure Program (EIP) Pairing Table

PPS	MCO												Total PPS Award
	Affinity Health Plan	Amerigroup	HealthFirst	HealthNow	Health Insurance Plan	Hudson Health Plan	IHA	Metro Plus	Fidelis	Today's Options	United Health Plan	YourCare	
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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EP FAQs and Pairing Table

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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EP FAQs and Pairing Table

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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EP FAQs and Pairing Table

V. Equity Infrastructure Program (EIP) Activities

Table with 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 / behavioural 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



**As of 4/26/2017
EP FAQs and Pairing Table**

VI. Equity Programs (EP) Reporting Frequency and Recipient

Report	Completed by	Submitted to	Frequency	Location
EP Contracts	PPS & MCO	IA	Annually	dsrip_ia@pcgus.com
MCO EP Frequency Table	MCO	IA & DOH	Annually	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EIP Activity Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EIP Payment Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EPP Payment Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
PPS EIP Activity Table	PPS	MCOs	Based on EP Contracts	MCO contact emails
Supporting Documentation for EIP Activity participation	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



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EP FAQs and Pairing Table

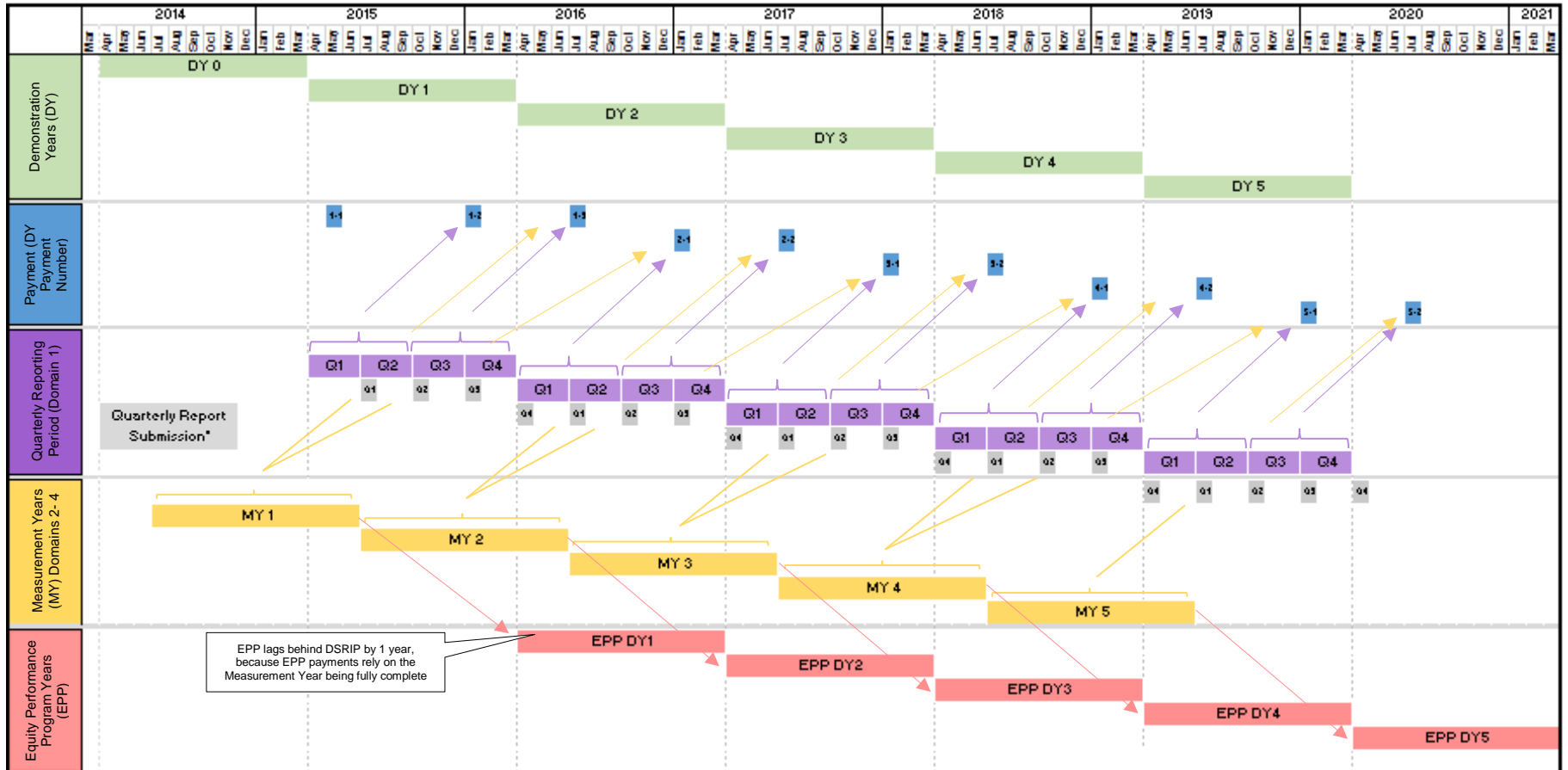
VII. Equity Programs Acronym List

Table with 2 columns: Acronym and Definition. Rows include AHPP, CMS, DOH, DSRIP, DY, EHR, EIP, EP, EPP, FAQs, FWA, HEDIS, IA, MAPP, MAX, MCO, MY, NYS, PPS, P4P, P4R, QE, RHIO, SFY, SHIN-NY, SNE, TTT.



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EP FAQs and Pairing Table

VIII. Equity Program Timeline and Annual Awards



Revised Date: January 25, 2016, Version 3.

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