



Adirondack Health Institute

DSRIP Pay for Performance FAQ

Please reference the information below in relation to the Pay for Performance Addendum your organization received.

At any time, you may send questions to AHI at the following address: DSRIPAHI@ahihealth.org

Q: My organization did not receive the Pay for Performance (P4P) addendum, how do I go about requesting the communication be re-sent?

A: Only active partners of the AHI PPS are eligible to receive the P4P addendum. Please e-mail DSRIPAHI@ahihealth.org and request that the e-mail be re-sent if your organization is in good standing with the PPS. If you have had trouble receiving e-mails in the past from AHI, please work with your IT department to whitelist the ahihealth.org domain.

Q: When is the executed addendum due back to AHI in order to receive payment?

A: AHI encourages partners to return the addendum by March 30, 2018 in order for payment to be made to partners in the next payment cycle inclusive of performance funds received through February 2018. The PPS expects to have all contracts finalized before June 30, 2018.

Q: Why is the effective date of the agreement March 1, 2018?

A: This date is the same for all partners, it allows AHI to send payments to partners for performance funds received through February 2018 once an executed addendum has been returned.

Q: Reference is made to future DSRIP Year 3-5 payment methodologies, when will these be released to partners?

A: Definitive release dates have not been set at this time, please ensure that AHI has up to date contact information for your organization. If you would like an additional contact added to DSRIP communications for your organization, please e-mail the name(s) and e-mail addresses to DSRIPAHI@ahihealth.org.



Adirondack Health Institute

Q: Will there be additional reporting requirements, besides those outlined in Exhibit A for Partners in the future?

A: The PPS may make additional requests as necessitated by New York State DOH or the AHI Board of Directors in furtherance of DSRIP's success. An example of this is the Action Plan or Organizational Strategic Plan outlined in Exhibit A that Partners will be required to provide in order to be eligible for future P4P payments. AHI will release more information ahead of such requirements and provide a template to guide partners where applicable.

Q: What will my payment be?

A: The payment methodologies are outlined in Exhibit A within the P4P addendum. Individual payment remittances will be provided to partners with the payment and will summarize the payment pool breakouts.

Q: Will I receive all 3 payment pools at the same time?

A: The PPS-Level & Participant-Level pools will be distributed upon receipt of the executed addendum. The PHN (Population Health Network) -Level pools will be distributed upon determination by the PHN and approval by the AHI BOD.

Q: Can you define what is meant by "demonstration of commitment" under *A2 Funding Eligibility Requirements* and provide some examples of documentation that participants would need to support this requirement?

A: This refers to the demonstration of commitment for organizations to work with safety net and non-safety net organizations. The concept is for partners to continue to work with one another to further foster the relationship as we transition from Fee for Service to Value Based Payment arrangements and to support the 95-5 safety net funds flow requirements.

Q: In reference to *B Distribution of DSRIP Year 3, 4, and 5 P4P Funds*, will participants who do not agree with future approved decisions have any recourse?

A: We will work with our partners to resolve any disagreements brought to our attention. Please refer to the Dispute Resolution Policy and the Master Participation Agreement for further information.



Adirondack Health Institute

Q: Can you more clearly define what the performance standards referenced under *B Distribution of DSRIP Year 3, 4, and 5 P4P Funds* are? Are these P4P metrics or some other form of performance standards?

A: Yes, these are P4P metrics. Because target goals for each metric change from year to year, the payment triggers may change as the future year plans are developed.

Q: How does a Tier 1 Community Based Organization (CBO) fit into the contracting requirements with regards to Value Based Payment (VBP)?

A: Contracting with at least one Tier 1 CBO is a requirement of level 2 and 3 VBP contracts. Further details can be obtained from the DOH website.

Q: Will county departments be considered separately?

A: AHI will continue to contract with County organizations for the P4P Agreement as we have in the past. Payments will also continue to be made as they have been in the previously, either by County organization or county department(s). Please let us know if you would prefer to change this arrangement.

Q: In the Participant-Level pool, the 4 measures being used favor adult practices. In the future, are there plans to include measures for pediatric only practices?

A: In DY3, there will be more metrics at stake that the PPS is eligible to earn. Those metrics involve some that are pediatric specific and others that are adult specific as well as more generic ones that would apply to both age groups.

Q: Are P4P activities and metrics separate from Innovation and Transformation activities and metrics or will there be overlap?

A: There are separate contract agreements for the Innovation and Transformation funds. There is some overlap in that we are looking for as many of those innovative ideas and transformation ideas to align with the metrics but they are separate contracting documents and the activities are distinct.



Adirondack Health Institute

Q: How do you anticipate Tier 1 CBOs will be included in PHN level pool payments when they do not have a direct role in achieving metrics?

A: Our PHN structure is governed by triad leadership in each one of the five PHN regions for our PPS. One of the triad leaders in each PHN is a CBO representative. The decision to include the PHN pool was largely driven around needing a mechanism to include partners that may not have a direct influence on metric performance when considering performance using an attribution or claims based formula. The PHN pool will allow for a vehicle that enables each PHN to be able to make payment considerations to include partners that would not be otherwise not be recognized through an attribution or claims based formula.

Q: Are there examples of metrics that will be used to determine CBO payments?

A: Most of the metrics that will lead to payments in the P4P agreements will be the result of the PPS achieving metrics through Medicaid Claims. Tier-1 CBO's likely would not have any attribution in the P4P metrics themselves. Typically this only applies to the Participant Level pool. CBO's therefore would likely receive all of their payment in P4P from the PPS Pool and/or the PHN Pool. The PHN Pool in particular is meant to consider partners with little or no attribution, but who still have impact in transforming healthcare in the region. Continued activity with PAM surveys and other benchmarks would be an expectation for receiving P4P payments (see Funding Eligibility Requirements section in Exhibit A of the P4P Funds Agreement) but would no longer be paid out per activity as outlined in the PPS's Pay for Reporting addenda after 3/31/2018.

Q: Will any of the P4P metrics be tied to CBO's success in coordinating activities with MCOs or Medical Providers? If so, will CBOs receive any assistance in forming those relationships?

A: The P4P agreement will not be directly tied to this. As organizations look to get into VBP level 2 arrangements they will need to partner with CBO's and it would benefit CBO's to start making those connections now. It is possible that AHI could help facilitate some of those connections but it really is not the purpose of these P4P agreements.

Q: How does a tier 1 CBO organization fit into the contracting requirements with regards to VBP?

Contracting with at least 1 Tier 1 CBO is a requirement of the level 2 & 3 VBP contracts. Inclusion of CBO's as part of the P4P contracting and payment methodology are to help prepare CBO's and other organizations for the VBP future and build relationships with organizations as they look to enter in to VPB contracts.



Adirondack Health Institute

Q: Under A2 Funding Eligibility Requirements it states participants will complete and return documents demonstrating commitment for safety net organizations to work with non-safety net organizations. Can you define what is meant by “demonstration of commitment” and provide some examples of documentation that participants would need to support this requirement?

These requirements are similar to the participant obligations currently outlined in the Master Participation Agreement. The eligibility requirements included in the P4P Agreement are a continuation of the existing expectations and are intended to further foster relationships among various partner types (CBO's, Hospitals, Primary Care Providers, etc.). Additionally, in order to meet the 95/5 safety net requirements, safety net and non-safety net organizations will need to collaborate and partner together to meet the funds flow obligations and further the DSRIP goals.