

Distribution of DSRIP Year 3 Funds

1. Funding Allocation Methodology

P4P Funds received through February, 2019 (anticipated), together with the High Performance Funds and Additional High Performance Funds that the PPS receives for DSRIP Year 3 (collectively, the “DSRIP Year 3 Funding”) will be distributed as follows:

PPS-Level Pool:

Nine percent of the DSRIP Year 3 Funding will be allocated to a PPS-level pool (the “PPS-Level Pool”) which is intended to assist the PPS and its participants in building the necessary infrastructure to support the transition to pay-for-performance compensation. Allocations among participants will be made by the Finance Committee and the Steering Committee of the PPS, subject to the approval of the Finance Committee and the Board of Directors of AHI, as follows: (i) Sixty-five percent of the PPS-Level Pool will be allocated among the participants based on the participant’s revenues as set forth in the most recent audited financial statements provided to AHI, with each participant being placed in one of seven budget tiers established by the Finance Committee and the Steering Committee of the PPS and approved by the Finance Committee and the Board of Directors of AHI, and (ii) thirty-five percent of the PPS-Level Pool will be allocated among the participants based on the number of patients attributed to each participant under the PPS’s scorecard attribution methodology as a percentage of all of the patients attributed all participants under the PPS’s scorecard attribution methodology. Those participants who were granted a waiver of the obligation to provide financial information will be placed into pre-determined budget tier.

PHN-Level Pool:

Fifty-one percent of the DSRIP Year 3 Funding will be allocated to a Population Health Network-level pool (the “PHN-Level Pool”) which is intended to enable each Population Health Network (“PHN”) to address PHN-specific needs. PHN-Level Pool funds will be allocated to each PHN based on that PHN’s attribution in DSRIP Year 3 as a percentage of the PPS’s total attribution in DSRIP Year 3. Allocations among participants within each PHN will be made by the Triad for each PHN, with oversight from the PPS executive directors. Final allocations will be subject to the approval of the Board of Directors of AHI.

Participant-Level Pool:

Forty percent of the DSRIP Year 3 Funding will be allocated to a participant-level pool (the “Participant-Level Pool”), and will be allocated among participants based upon the following metrics:

- Potentially Preventable ED Visit Rate (PPV)
- PPV rate for patients w/ Behavioral Health Dx
- Potentially Preventable Readmission (PPR) Rate
- % Diabetic schizophrenics w/ diabetes monitoring
- % BH discharge w timely follow up – 7 days
- % BH discharge w/ timely follow up – 30 days
- % with primary care visits, 20-44
- % with primary care visits, 45-64
- % with primary care visits, 65+
- % with primary care visits, 12 to 24 months
- % with primary care visit 25 months to 6
- % with primary care visit 7-11
- % with primary care visit 12-19
- % antipsychotic med users with diabetes screen
- % schizophrenic with antipsychotic Med adherence
- % on ADHD meds with follow up – initial (30 days)
- % on ADHD meds with follow up – continuation (9 months)
- % with antidepressant med mgmt. – acute
- % with antidepressant med mgmt. – continuation
- Change in PAM Scores

The Participant-Level Pool will be allocated to participants based on each participant’s performance with respect to each of the above metrics as well as metric improvement between DSRIP Year 2 and Year 3 and the number of patients attributed to such participant.

Distribution Method:

Funds flow to partners for DSRIP Year 3 payments will be made in two installments following the receipt of DSRIP funds. The second payment will include a reconciliation based on total dollars earned by the PPS for DSRIP Year 3.

2. Funding Eligibility Requirements

By accepting DSRIP Year 3 Funding, a participant agrees to comply with the following citizenship measures:

- Completion and return of required documents including:
 - Annual participant sustainability update
 - Annual participant financial statements (unless waived by the PPS Finance Committee)
 - Executed Master Participation Agreement and related documents, including but not limited to the Business Associate Agreement, W-9, , and such other agreements as may be required by the PPS
 - An Action or Organizational Strategic Plan showing efforts taken towards transformation
 - Demonstration of commitment for safety net organizations to work with non-safety net organizations, and for non-safety net organizations to work with safety net organizations
 - Participant profile and quarterly provider updates
 - Data with respect to patient engagement as required by the P4R Addenda
- Completion of a certain percentage of surveys required by the PPS