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February 27, 2015

Jessica Woodard, Project Officer
Project Officer
Centers for Medicare & Medicaid Services
Division of State Demonstrations and Waivers
Centers for Medicaid and CHIP and Services
MS S2-01-16, 7500 Security Blvd.
Baltimore, Maryland 21244-1850

Dear Ms. Woodard:

Enclosed is the New York State Department of Health's Section 1115 Waiver First quarter report covering the period, (10/1/14 – 12/31/14) for Demonstration Year 17.

Please contact Priscilla Smith of my staff at priscilla.smith@health.ny.gov or 518-486-5890 should you have any questions.

Thank you.

Sincerely,

Gregory S. Allen, Director
Division of Program Development & Management
Office of Health Insurance Programs

Enclosure

cc: Eliot Fishman, CMS
Mike Melendez, CMS
John Guhl, CMS
Ricardo Holligan, CMS
Deanne Ripstein, NYS DOH

Partnership Plan
Section 1115 Quarterly Report
Demonstration Year: 17 (10/1/2014 – 9/30/2015)
Federal Fiscal Quarter: 1 (10/01/2014 – 12/31/2014)

I. Introduction

In July 1997, New York State received approval from the Centers for Medicare and Medicaid Services (CMS), for its Partnership Plan Medicaid Section 1115 Demonstration. The Partnership Plan Demonstration was originally authorized for a five year period and has been extended several times. The primary purpose of the initial Demonstration was to enroll a majority of the State's Medicaid population into managed care. There have been a number of amendments to the Partnership Plan Demonstration since its initial approval in 1997.

CMS had approved an extension on September 29, 2006 of New York's 1115 Partnership Plan Waiver for the period beginning October 1, 2006 and ending September 30, 2010. CMS subsequently approved a series of short term extensions while negotiations continued on renewing the waiver into 2014. CMS approved three waiver amendments on September 30, 2011, March 30, 2012 and August 31, 2012, incorporating changes resulting from the recommendations of Governor Cuomo's Medicaid Redesign Team (MRT).

New York State's Federal-State Health Reform Partnership (F-SHRP) Medicaid Section 1115 Demonstration expired on March 31, 2014. Populations in the F-SHRP were transitioned into the 1115 Partnership Plan Waiver. In accordance with the April 1, 2011 Special Terms and Conditions (STC) Number 50, a final report for the F-SHRP demonstration was submitted to CMS on June 30, 2014. The Department of Health (the Department) has contracted with Rockefeller Institute of Government (RIG) to evaluate the F-SHRP demonstration and develop a final evaluation report. A final draft evaluation was submitted to CMS on February 11, 2015. The final report is due to CMS by April 1, 2015.

On May 28, 2014, New York State submitted an application requesting an extension of the Partnership Plan 1115 Demonstration for five years. On May 30, 2014, CMS accepted New York's application as complete and posted the application for a 30 day public comment period. A temporary extension was granted on December 31, 2014 extending the waiver through March 31, 2015. Approval of the renewal request will extend the Demonstration until December 31, 2019, thus allowing New York to reinvest federal savings generated by the MRT reform initiatives, and to reinvest in the state's health care system currently authorized by the Partnership Plan.

II. Enrollment : First Quarter

Partnership Plan- Enrollment as of December 2014

Demonstration Populations (as hard coded in the CMS 64)	Current Enrollees (to date)	# Voluntary Disenrolled in Current Quarter	# Involuntary Disenrolled in Current Quarter

Population 1 - TANF Child 1 - 20 years in Mandatory Counties as of 10/1/06	**1,452,692**	**16,389**	**74,961**
Population 2 - TANF Adults aged 21 through 64 in mandatory MC counties as of 10/1/06	**278,665**	**5,272**	**18,482**
Population 3 - TANF Child 1 - 20 ('new' MC Enrollment)	**83,549**	**1,328**	**4,702**
Population 4 - TANF Adults 21 - 64 ('new' MC Enrollment)	**14,304**	**461**	**1,629**
Population 5 - Safety Net Adults	**1,100,800**	**16,700**	**33,167**
Population 6 - Family Health Plus Adults with Children	**36,861**	**3,847**	**28,844**
Population 7 - Family Health Plus Adults without Children	**71**	**0**	**15**
Population 8 - Disabled Adults and Children 0 - 64 (SSI 0-64 Current MC)	**53,971**	**1,081**	**264**
Population 9 - Disabled Adults and Children 0 - 64 (SSI 0-64 New MC)	**249,171**	**7,430**	**1,916**
Population 10 - Aged or Disabled Elderly (SSI 65+ Current MC)	**3,257**	**251**	**38**
Population 11 - Aged or Disabled Elderly (SSI 65+ New MC)	**50,200**	**2,169**	**472**

Partnership Plan Waiver – Voluntary and Involuntary Disenrollment

Total # Voluntary Disenrollments in Current Demonstration Year	**54,928 or an approximate 1% decrease over last Q**

Reasons for voluntary disenrollments include: enrollment in another plan; approved enrollee request to qualify as either exempt or excluded; relocation to residence outside county of enrollment; and Local Department of Social Services (LDSS) approval to disenroll based upon appropriate cause.

Involuntary Disenrollments	
Total # Involuntary Disenrollments in Current Demonstration Year	**164,490 or an approximate 1% decrease over last Q**

Reasons for involuntary disenrollments include: loss of Medicaid eligibility; eligibility transfers between Family Health Plus (FHPlus) and Medicaid; inappropriate enrollment and death; Family Health Plus ending.

III. Outreach/Innovative Activities

The Department, Maximus and the Local Departments of Social Services (LDSS) continue to provide education and outreach in the areas of enrollment and health plan selection to Medicaid eligible individuals that are not enrolled in managed care.

A. Mandatory Managed Care Expansion

No updates this quarter, please see 2014 fourth quarter/annual report.

B. Outreach Activities

As of the end of December 2014, 2,685,783 New York City (NYC) residents were enrolled into a managed care product. Approximately 26% or 696,050 were enrolled through New York State of Health (NYSoH).

During the 4th quarter of 2014, the New York Medicaid Choice program (NYMC) Field Customer Services Representatives (FCSRs) conducted outreach and enrollment activities within the NYC Human Resources Administration (HRA) field offices. This outreach was specifically performed at six HIV/AIDS Services Administration (HASA) sites, 12 Medicaid offices and 18 Job Centers using scheduled presentations and the Education and Enrollment Driven Referral (EED) process developed by HRA in concert with the NYMC program.

A total of 2,339 presentations were conducted by NYMC program. Of these, 547 or 23% of the presentations were observed by HRA's Contract Monitoring Unit (CMU) to ensure that consumers were given accurate and full disclosure of their managed care enrollment choices. As a result of the EED process, 12,092 consumers received personal consultation by a FCSR regarding their enrollment choices.

IV. Operational/Policy Developments/Issues

A. Health Plans

- Effective December 1, 2014, MVP Health Plan, Inc. expanded its Medicaid Managed Care contract service area to include Albany, Jefferson, Rensselaer, Saratoga, Schenectady and Warren Counties.
- Changes to Certificates of Authority (COA) :

- Independent Health Association, Inc. (IHA) - COA updated 10/01/2014
  Child Health Plus expansion into Niagara County.

- MVP Health Plan, Inc. (MVP) – COA updated 10/30/2014
  Medicaid Managed Care and Child Health Plus expansion into Albany, Jefferson, Rensselaer, Saratoga, Schenectady and Warren Counties.

B. Surveillance Activities

Surveillance activity for 1st Quarter FFY 2014-2015 (10/1/14 to 12/31/14) included the following:

- Targeted Operational Surveys were completed on three Managed Care Plans during the 1st Quarter FFY 2014-15.

  - Two of the three plans were found to be in compliance: Capital District Physician's Health Plan, Inc. (CDPHP) and VNS Choice SNP.

  - WellCare of New York, Inc. (WellCare) was issued a Statement of Deficiency and has submitted an acceptable Plan of Correction.

- Member Services Focus Surveys were completed on two Managed Care Plans during the 1st Quarter FFY 2014-15.

  - CDPHP and MVP were both found to be in compliance.

- Provider Directory Information Focus Surveys were completed on two Managed Care Plans during the 1st Quarter FFY 2014-15.

  - Affinity Health Plan, Inc. (Affinity) was found to be in compliance.

  - HealthNow New York, Inc. (HealthNow) was issued a Statement of Deficiency and an acceptable Plan of Correction has been received.

- Provider Participation Directory Focus Surveys was completed on one Managed Care Plan during the 1st Quarter FFY 2014-15.

  - HealthNow was found to be out of compliance and issued a Statement of Deficiency. An acceptable Plan of Correction has been received from HealthNow.

V. Waiver Deliverables

A. Medicaid Eligibility Quality Control (MEQC) Reviews

- MEQC 2008 – Applications forwarded to LDSS Offices by Enrollment Facilitators

No activities were conducted during the quarter. The review is involved in litigation.

- MEQC 2009 – Review of Medicaid Eligibility Determinations and Re-Determinations for Single and Childless Couple Individuals Determined Ineligible for Temporary Assistance

  With CMS approval, the Pacific Health Policy Group (PHPG), the contractor hired to assist the New York State Department of Health with multiple MEQC reviews, implemented an alternate approach for generating the necessary universes of cases. A revised approach was necessary because the availability of DOH system staff continued to be limited due to other system priorities (i.e., system work related to ACA and the NY State of Health Marketplace). Implementation of the revised approach began in September 2013. The process continued for several quarters because the alternate universe identification process was labor intensive and very time consuming.

  During the quarter, the control review process was completed. In addition, steps were taken to begin the process of providing preliminary findings to the appropriate (LDSS) offices for feedback.

- MEQC 2010 – Review of Medicaid Eligibility Determinations and Redeterminations for Persons Identified as Having a Disability

  The final summary report was forwarded to the Regional CMS Office on January 31, 2014 and CMS Central Office on December 3, 2014.

- MEQC 2011 – Review of Medicaid Self Employment Calculations

  The final summary report was forwarded to the Regional CMS Office on June 28, 2013 and CMS Central Office on December 3, 2014.

- MEQC 2012 – Review of Medicaid Income Calculations and Verifications

  The final summary report was forwarded to the Regional CMS Office on July 25, 2013 and CMS Central Office on December 3, 2014.

- MEQC 2013 – Review of Documentation Used to Assess Immigration Status and Coding

  The final summary report was forwarded to the Regional CMS Office on August 1, 2014 and CMS Central Office on December 3, 2014.

B. Benefit Changes/Other Program Changes

No updates this quarter, please see 2014 fourth quarter/annual report.

C. Federally Qualified Health Services (FQHC) Lawsuit

The Court issued a decision October 7, 2014 that granted summary judgment to the Department on several issues. The Second Circuit returned to the lower court the question of how payment denials may affect the prospective wrap payment calculation, but otherwise upheld the lower court in all respects. Presently, the Department will not be appealing this decision; however, the plaintiff filed for a rehearing and en banc review. The rehearing was

denied, it is now returned to the lower court to pursue discovery on the calculation of the wrap payment. There is a status conference scheduled for February 26, 2015 wherein the Department anticipates that the plaintiff's attorney will seek discovery on the calculation of the wrap payment and whether payments reimbursed at the full PPS rate are included in the wrap calculation.

D. Managed Long Term Care Program (MLTCP)

All MLTCP models provide a person-centered plan of care, integration of health care, environmental and social services and a supportive transition from the previous, fragmented, FFS process to coordinated managed care.

1. Accomplishments

- During the period October 2014 through December 2014, expanded MLTCP availability by approving one new certificate of authority and two service area expansions.

- New York's Enrollment Broker, NYMC, conducts the MLTC Post Enrollment Outreach Survey which contains specific questions specifically designed to measure the rate at which consumers are able to maintain their relationship with their personal care aide or home attendant. For the period October 2014 through December 2014 post enrollment surveys were completed for 373 enrollees and 66% of respondents are receiving services from the same caregivers. This survey was developed at the onset of the transition in the New York City region, and as the transition has moved into upstate regions terminology and service patterns differ. This is believed to have impacted the percent of respondents answering affirmatively. Questions will be reviewed with NYMC and revised to better capture the intent.

- During the period October 2014 through December 2014 the BML email has been more widely utilized and enhanced access to the Technical Assistance Center (TAC), enabling more effective assignment of incoming issues.

- Activity for the period October 2014 through December 2014. With CMS approval, successfully expanded to Niagara, Madison, and Oswego during October; Chenango Cortland, Livingston, Ontario, Steuben, Tioga, Tompkins, and Wayne during November; and Genesee, Orleans, Otsego, and Wyoming during December.

Enrollment

- Total enrollment in MLTC Partial Capitation Plans for the period October 2014 through December 2014 is 127,603. For that quarterly period, 6,284 individuals who were being transitioned into Managed Long Term Care from fee for service made an affirmative choice. Plan specific enrollment on a monthly basis for the period January 2014 through December 2014 is submitted as attachment 4. Total affirmative choice for that period is 29,714.

2. Significant Program Developments

- During the period October 2014 through December 2014 the Conflict Free Evaluation and Enrollment Center (CFEEC) was successfully implemented, initially in Manhattan and the Bronx, and with expansion to the remainder of New York City and Nassau County.

- During the period October 2014 through December 2014 final results of focus audit findings were delayed due to review of additional information. An additional focus audit was developed, as identified through trends and problem areas. Both the release of the initial audit findings and launch of additional focus audit anticipated during next quarter.

- During the period October 2014 through December 2014 the Independent Consumer Support Program, commonly referred to as "iCAN", was launched effective 12/1/14. The program initially became available in New York City, Nassau, and Suffolk Counties; and will expand into additional areas on a regional basis throughout 2015.

- During the period October 2014 through December 2014 initial design of the survey tool was completed. It is anticipated that further refinements will be made during the next quarter in response to areas of concern.

3. Issues and Problems

No updates this quarter, please see 2014 fourth quarter/annual report.

4. Summary of Self Directed Options

No updates this quarter, please see 2014 fourth quarter/annual report.

5. Required Quarterly Reporting

- **Critical incidents:** The electronic reporting system has been implemented and will continue to be refined as needed. There were 198 Critical Incidents reported for the period October 2014 through December 2014 as consistency in reporting has improved.

- **Grievance and Appeals Annual Summary:** Key areas of concern remain dissatisfaction with quality of home care and transportation.

- **Grievance and appeals:** The number and types of grievance and appeals for this population filed and/or resolved within the reporting quarter:

Period: 10/01/14 - 12/31/14			
Grievances			
Total for this period:		**Resolved**	**Resolved %**
# Same Day	6564	6564	100%
# Standard/Expedited	1316	1054	80%
Total for this period:	7880	7618	97%

Period: 10/01/14 - 12/31/14	
Appeals	
Total for this period:	9

Period: 10/01/14 - 12/31/14	
Grievances	
Reason for Grievances	**Total**
Dissatisfaction with quality of home care (other than lateness or absences)	**1193**
# Same Day	794
# Standard	397
# Expedited	2
Home care aides late/absent on scheduled day of service	**850**
# Same Day	727
# Standard	123
# Expedited	0
Dissatisfaction with quality of day care	**21**
# Same Day	9
# Standard	12
# Expedited	0
Dissatisfaction with quality of other covered services	**366**
# Same Day	239
# Standard	125
# Expedited	2
Dissatisfaction with transportation	**4601**
# Same Day	4203
# Standard	393
# Expedited	5
Travel time to services too long	**20**
# Same Day	14
# Standard	6
# Expedited	0
Wait too long to get appointment or service	**42**
# Same Day	27
# Standard	15
# Expedited	0
Waiting time too long in provider's office	**5**
# Same Day	2
# Standard	3
# Expedited	0

Dissatisfaction with care management	**156**
# Same Day	65
# Standard	91
# Expedited	0
Dissatisfaction with member services and plan operations	**171**
# Same Day	147
# Standard	22
# Expedited	2
Dissatisfied with choice of providers in network	**40**
# Same Day	33
# Standard	7
# Expedited	0
Misinformed about plan benefits or rules by marketing or other plan staff	**7**
# Same Day	1
# Standard	6
# Expedited	0
Language translation services not available	**1**
# Same Day	1
# Standard	0
# Expedited	0
Hearing/vision needs not accommodated	**4**
# Same Day	3
# Standard	1
# Expedited	0
Disenrollment issues	**7**
# Same Day	3
# Standard	4
# Expedited	0
Enrollment issues	**9**
# Same Day	4
# Standard	5
# Expedited	0
Plan staff rude or abusive	**22**
# Same Day	11
# Standard	9
# Expedited	2
Provider staff rude or abusive	**71**
# Same Day	57
# Standard	14
# Expedited	0
Violation of other enrollee rights	**17**
# Same Day	12

# Standard	5
# Expedited	0
Denial of expedited appeal	**9**
# Same Day	0
# Standard	0
# Expedited	9
Other:	**277**
# Same Day	212
# Standard	64
# Expedited	1
Total for this period:	**7880**
# Same Day	**6564**
# Standard	**1302**
# Expedited	**14**

Period: 10/01/14 - 12/31/14	
Reason for Appeal	**Total**
Denial or limited authorization of service including amount, type or level of service	**392**
# of Standard Filed	333
# of Expedited Filed	59
Reduction, suspension or termination of previously authorized service	**842**
# of Standard Filed	707
# of Expedited Filed	135
Denial in whole or part of payment for service	**14**
# of Standard Filed	14
# of Expedited Filed	0
Failure to provide services in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Failure of plan to act upon grievance or appeal of grievance in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Failure of plan to act upon appeal of plan action in a timely manner	**0**
# of Standard Filed	0
# of Expedited Filed	0
Other	**0**
# of Standard Filed	0
# of Expedited Filed	0

Total appeals filed for this period:	1248
# of Standard Filed	1054
# of Expedited Filed	194

Period: 10/01/14 - 12/31/14	
Fraud and Abuse Complaints Reported during Quarter	39

- **Fraud and Abuse:** Two plans reported a higher than average number of fraud and abuse complaints for the period of October through December 2014. Additional reviews are underway to determine cause and outcomes.

- **Technical Assistance Center Complaints:**
  For the period October 2014 through December 2014 the highest concentration of complaints continue to be in the following areas:
  - Billing issues related to plan subcontracted provider claims
  - Member Dissatisfaction with Home Care or Network Providers

  Number of complaints received continue to rise in correlation with the increase in MLTC enrollment and broader exposure of both the TAC toll free number and email BML address. Two plans are noted with an increase in complaints, and each is already subject of focused audit activity and development.

- **Assessments for enrollment:** The Conflict Free Evaluation and Enrollment Center (CFEEC) began October 2014, and operations will be incrementally expanded throughout regions of the State. Data collection will be adjusted to accommodate the new processes. For the period October through December of 2014 the total number of assessments for enrollment performed by the plans is 17,551, with 1479 individuals who did not qualify to enroll in an MLTC plan.

- **Referrals and 30 day assessment:** For the period October 2014 through December 2014, total assessments conducted by MLTC plans during the period is 7,127; 89% were conducted within the 30 day time frame. Data collection and reporting for this element will be refined with the expansion of the CFEEC.

- **Referrals outside enrollment broker:** The Conflict Free Evaluation and Enrollment Center began during October 2014. This data element will be evolving to coincide with the rollout of CFEEC process. During the period October through December 2014, 8,939 people were not referred by the enrollment broker and contacted the plan directly and were provided MLTC materials.

- **Rebalancing efforts:** For the quarterly reporting period of October 1, 2014 through December 31, 2014:

Period: 10/01/14 - 12/31/14	
Rebalancing Efforts	
Number of Individuals enrolled in the plan from a nursing home	**205**
Number of Enrollees admitted to a nursing home but returned to the community	**894**
Number of Enrollees permanently admitted to a nursing home	**867**

VI. Evaluation of the Demonstration

Currently under review and discussion with CMS.

VII. Consumer Issues

A. Complaints

Medicaid managed care plans reported 5,742 complaints/action appeals this quarter, an increase of 7.2% from the previous quarter. Of these complaints/appeals 164 were FHPlus complaints/appeals. The most frequent category of complaint/appeal was balance billing disputes, accounting for 29% of the total. There were 98 complaints/appeals reported by the HIV SNPs. The majority of these complaints (29) were in the category of Dissatisfaction with Provider Services (Non-Medical) or MCO Services. The Department directly received 303 Medicaid managed care complaints and two FHPlus and one SNP complaints this quarter.

The top five most frequent categories of complaints were as follows:

29% Balance Billing
14% Reimbursement/Billing Issues
9% Dental or Orthodontia
8% Provider or MCO Services (Non-Medical)
8% Quality of Care

This quarter, mainstream Medicaid managed care plans reported the following complaints and action appeals regarding long term services and supports. The Department did not identify any overall trends impacting enrollees' access to services:

Long Term Services and Supports	Number of Complaints/Action Appeals Reported
AIDS Adult Day Health Care	0
Adult Day Care	0
Consumer Directed Personal Assistant	1

Home Health Care	13
Non-Permanent Residential Health Care Facility	1
Personal Care Services	17
Personal Emergency Response System	1
Private Duty Nursing	0
Total	33

As SSI enrollees typically access long term services and supports, the Department monitors complaints and action appeals filed by this population with managed care plans. Of the 5,742 total reported complaints/action appeals, mainstream Medicaid managed care plans reported 650 complaints and action appeals from their SSI enrollees. This compares to 544 SSI complaints/action appeals from last quarter. The top five categories of SSI complaints/action appeals reported were:

Category	Percent of Total Complaints/Appeals Reported for SSI Enrollees
Quality of Care	16%
Balance Billing	14%
Provider or MCO Services (Non-Medical)	12%
Reimbursement/Billing Issues	10%
All Other Complaints	10%

The total number of complaints/action appeals reported for SSI enrollees by category were:

Category	Number of Complaints/Action Appeals Reported For SSI Enrollees
Adult Day Care	0
Advertising/Education/Outreach/Enrollment	30
AIDS Adult Day Health Care	0
Appointment Availability - PCP	2
Appointment Availability - Specialist	1
Balance Billing	93
Communications/Physical Barrier	1
Consumer Directed Personal Assistant	1
Denial of Clinical Treatment	28
Dental or Orthodontia	49
Emergency Services	24
Eye Care	5
Family Planning	0
Home Health Care	7
Mental Health or Substance Abuse Services/ Treatment	1
Non-covered Services	26
Non-Permanent Residential Health Care Facility	1
Personal Care Services	12

Personal Emergency Response System	1
Pharmacy	24
Private Duty Nursing	0
Provider or MCO Services (Non-Medical)	81
Quality of Care	101
Recipient Restriction Program/Plan Initiated Disenrollment	1
Reimbursement/Billing Issues	68
Specialist or Hospital Services	4
Transportation	19
Waiting Time Too Long at Office	4
All Other Complaints	66
Total	**650**

B. Medicaid Managed Care Advisory Review Panel (MMCARP) Meetings

The Medicaid Managed Care Advisory Review Panel (MMCARP) met on December 11, 2014. The December meeting included presentations provided by state staff and discussions of the following: third party health insurance; Managed Long Term Care and FIDA update; update on Behavioral Health Transition and Health and Recovery Plan (HARP) development; and an update on auto-assignment of enrollees.

C. Managed Care Policy and Planning Meetings

Managed Care Policy and Planning meetings were held on October 16, November 6, and December 4, 2014. The October meeting included the following presentations: an update by the Office for People with Developmental Disabilities (OPWDD) on the progress of the development of Developmental Disabilities Individual Support and Care Coordination Organizations (DISCOs), including the Certificate of Authority application and start-up grant process; MLTC and FIDA update; an update on the status of mainstream managed care and MLTC rates and finance issues; discussion and update on Delivery System Reform Incentive Payment (DSRIP); status of HIV treatment in New York and activities directed toward decreasing new HIV infections with the goal of ending the AIDS epidemic in the state; prenatal genetic testing; and an update on activities related to the implementation of adult behavioral health in managed care. The November meeting agenda included: an update on proposed language for the March 1, 2014 Medicaid Managed Care/Family Health Plus contract; finance and rate development; MLTC and FIDA update; an update on DSRIP; status of behavioral health/Health and Recovery Plan (HARP) development; and a presentation by the Managed Care Technical Assistance Center (MCTAC) regarding MCTAC's relationship to and activities on behalf of the behavioral health/managed care transition. Presentations, updates and discussions at the December meeting included: MLTC and FIDA; finance and rate development; behavioral health/HARP status; DSRIP update; and a discussion of the Integrated License Pilot Program, specifically related to managed care billing and reimbursement issues.

VIII. Quality Assurance/Monitoring

A. Quality Measurement

Child Consumer Assessment of Health Providers and Systems (CAHPS) with Chronic Care Condition (CCC) Module

DataStat administered a CAHPS® 5.0 Medicaid Child with CCC module survey to parents/guardians of children enrolled in Medicaid and Child Health Plus managed care plans. The survey was in the field between September and December 2014. Reports are being prepared for managed care plans with anticipated distribution in February 2015.

Managed Long-Term Care (MLTC) Quality Incentive Workgroup

In October 2014, the Department provided all the Managed Long-Term Care plans with preliminary rates for the quality, satisfaction and potentially avoidable hospitalization measures. These measures will be part of the 2014 Managed Long-Term Care report and a subset of the measures will also be used in the MTLC Quality Incentive.

B. Quality Improvement

External Quality Review

The current External Quality Review (EQR) contract extension with the Island Peer Review Organization (IPRO) expired on November 30, 2014. Approval was obtained for a two-month extension, through January 31, 2015. The new contract with the successful bidder of the Request for Proposals (RFP) to conduct Medicaid managed care external quality review is being finalized and should be in place in early 2015. The RFP was for a five year contract. External quality review of the Medicaid managed care program is required by the Balanced Budget Act of 1997, and CMS regulations.

Performance Improvement Projects (PIPs)

For 2013-2014, a collaborative PIP includes two parts. Part 1, the Medicaid Incentives for the Prevention of Chronic Disease (MIPCD), includes testing the effectiveness of patient incentives on improving health behaviors and outcomes in the following clinical areas: diabetes prevention and management, smoking cessation, and hypertension management. Part 2 focuses on implementing interventions to improve care in one of the four clinical areas noted above. For Part 1, MIPCD, bi-monthly individual calls with each Medicaid managed care plan were conducted to accelerate progress and facilitate obstacles/barriers. To date, 933 Medicaid recipients are enrolled in the study, of which 237 are in the diabetes prevention study arm, 418 are in the diabetes management study arm, and 278 are in the hypertension management arm. For Part 2, IPRO requested the health plans to submit written progress reports for the second year of their Part 2 PIP project. The reports were submitted, reviewed and accepted by the Medicaid managed care plans, with the exception of one plan. IPRO and the Department of Health are following up with the plan for a progress report. All plans are aware that the Final Report is due to IPRO in July 2015.

Breast Cancer Selective Contracting

Staff analyzed all-payer Statewide Planning and Research Cooperative System (SPARCS) data for 2011-2013 to identify low-volume facilities with a three year average of fewer than 30 surgeries during this period.

The process involved updating the Statistical Analysis System program, extracting data from SPARCS and running the program to identify facilities designated as high-volume, low-volume access facilities, and low-volume restricted facilities. Out of the 221 breast cancer surgical facilities statewide, 121 were identified as high-volume, 23 were identified as access facilities, and 77 were identified as low-volume restricted facilities. Low-volume restricted facilities were notified of their status in January 2015.

Managed Long-Term Care (MLTC)

The EQRO initiated a patient satisfaction survey for individuals enrolled in MLTC plans. The first mailing of the survey was sent in December 2014 to a random sample of 18,905 members from 45 health plans. The MLTC member satisfaction survey will provide the Department of Health with information on member satisfaction with the quality, accessibility, and timeliness of services provided by these plans. The field period of the study will include a second mailing and should remain open for four to six weeks following. It is anticipated to close by the middle to end of March 2015.

Patient Centered Medical Home (PCMH)

New York State has announced plans to alter the PCMH payment structure to provide a greater incentive to providers recognized as level 2 or 3 under the National Committee for Quality Assurance's (NCQA) 2014 standards. The number of providers recognized under 2014 standards is expected to grow substantially in 2015.

Providers recognized under 2008 standards will no longer be eligible for PCMH incentive payments and providers recognized as level 2 or 3 under NCQA's 2011 will be eligible for a reduced incentive. Medicaid managed care plans were notified of the upcoming change in December 2014, and the new payment schedule is slated to begin on April 1, 2015.

IX. Transition Plan Updates

No updates this quarter, please see 2014 fourth quarter/annual report.

X. Financial, Budget Neutrality Development/Issues

A. Quarterly Expenditure Report Using CMS-64

Please see attachment 1. NYS Partnership Plan Projected 1115 Waiver Budget Neutrality Impact.

B. Designated State Health Programs

No updates this quarter, please see 2014 fourth quarter/annual report.

C. Clinic Uncompensated Care

No updates this quarter, please see 2014 fourth quarter/annual report.

D. Hospital-Medical Home Demonstration

Hospital–Medical Home concluded 12/31/14. Final evaluation due to CMS by 4/30/15.

XI. Other

A. Medicaid Managed Care/Family Health Plus/HIV SNP Model Contract

On October 31, 2014, the Department responded to questions and comments received on September 19, 2014 and October 7, 2014 from CMS regarding draft contract language revisions for inclusion in the March 1, 2014 – February 28, 2019 Medicaid Managed Care/Family Health Plus/HIV SNP model contract. On December 12, 2014, CMS provided the Department with a final set of comments and questions to which the Department responded on December 16, 2014. CMS approved the finalized version of the March 1, 2014 model contract on December 29, 2014. The Department will distribute the contract to MCOs during January 2015 for MCO signature.

B. Delivery System Reform Incentive Payment Program

DSRIP is the main mechanism by which the Department will implement the MRT Waiver Amendment. DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over five years. Up to $6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health. The DSRIP quarterly report is attached as attachment 2 to this document.

Attachments:
Attachment 1- Budget Neutrality
Attachment 2- DSRIP Quarterly Report
Attachment 3- CMS 64
Attachment 4 - MLTC Partial Capitation Plans

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New York State Partnership Plan
Projected 1115 Waiver Budget Neutrality Impact Through December 2014
DY13 Actuals 21 Month Lag Final

Budget Neutrality Cap (Without Waiver)	DY 1 - 8 (10/1/97 - 9/30/06) Projected	DY 9 (10/1/06-9/30/07) Actual	DY 10 (10/1/07-9/30/08) Actual	DY 11 (10/1/08-9/30/09) Actual	DY 12 (10/1/09-9/30/10) Actual	DY 13 (10/1/10-9/30/11) Actual
Demostration Group 1 - TANF Children under age 1 through 20		$8,641,454,877	$9,086,365,132	$10,048,004,954	$11,219,968,696	$12,114,443,945
Demonstration Group 2 - TANF Adults 21-64		$3,045,582,094	$3,217,134,170	$3,856,757,531	$4,521,937,580	$4,814,348,863
Demonstration Group 6 - FHP Adults w/Children		$1,691,957,919	$1,813,935,485	$1,746,457,301	$1,872,671,502	$2,098,462,751
Demonstration Group 8 - Family Planning Expansion						
Demonstration Group 10 - MLTC Adult Age 18-64 Duals						
Demonstration Group 11 - MLTC age 65+ Duals						
W/O Waiver Total	$144,639,878,523	$13,378,994,889	$14,117,434,787	$15,651,219,785	$17,614,577,777	$19,027,255,559

Budget Neutrality Cap (With Waiver)	DY 1 - 8 (10/1/97 - 9/30/06) Projected	DY 9 (10/1/06-9/30/07) Actual	DY 10 (10/1/07-9/30/08) Actual	DY 11 (10/1/08-9/30/09) Actual	DY 12 (10/1/09-9/30/10) Actual	DY 13 (10/1/10-9/30/11) Actual
Demostration Group 1 - TANF Children under age 1 through 20		$4,006,367,977	$4,412,472,964	$4,828,196,168	$4,876,699,233	$4,992,523,254
Demonstration Group 2 - TANF Adults 21-64		$2,062,992,139	$2,222,230,858	$2,553,996,035	$2,851,097,035	$2,980,376,697
Demonstration Group 5 - Safety Net Adults		$3,017,805,826	$3,213,033,028	$3,818,572,584	$4,479,171,065	$4,970,515,310
Demonstration Group 6 - FHP Adults w/Children up tp 150%		$813,927,831	$884,575,928	$894,902,321	$976,122,527	$1,066,692,312
Demonstration Group 7 - FHP Adults without Children up to 100%		$587,725,574	$566,489,543	$412,034,961	$322,462,923	$326,033,807
Demonstration Group 8 - Family Planning Expansion		$10,471,785	$10,598,020	$11,138,799	$13,378,992	$12,358,289
Demonstration Group 9 - Home and Community Based Expansion (HCBS)		N/A	N/A	N/A	N/A	$3,699,108
Demonstration Group 10 - MLTC Adult Age 18-64 Duals						
Demonstration Group 11 - MLTC age 65+ Duals						
Demonstration Population 1: State Indigent Care Pool Direct Expenditures (ICP-Direct)						
Demonstration Population 2: Designated State Health Programs to Support Clinic Uncompensated Care Funding (ICP - DSHP)						
Demonstration Population 3: Designated State Health Programs to Support Medical Home Demonstration (DSHP - HMH Demo)						$83,344,892
Demonstration Population 4: Designated State Health Programs to Support Potentially Preventable Readmission Demonstration (DSHP - PPR Demo)						
Demonstration Population 5: Designated State Health Programs (Various)						
DSHP: Orderly Close out of Demo Group 6						
DSHP: APTC Wrap						
DSHP For DSRIP						
DSRIP						
IAAF						
With Waiver Total	$123,931,127,812	$10,499,291,132	$11,309,400,341	$12,518,840,867	$13,518,931,775	$14,435,543,668
Expenditures (Over)/Under Cap	$20,708,750,711	$2,879,703,758	$2,808,034,445	$3,132,378,919	$4,095,646,003	$4,591,711,891

New York State Partnership Plan
Projected 1115 Waiver Budget Neutrality Impact Through December 2014
DY13 Actuals 21 Month Lag Final

Budget Neutrality Cap (Without Waiver)	DY 14 (10/1/11-9/30/12) Projected	DY 15 (10/1/12-9/30/13) Projected	DY 16 (10/1/13-12/31/13) Projected	DY 17 (1/1/14-3/31/14) Projected	DY 18 (4/1/14 - 12/31/14) Projected	Current Extension Period (10/1/06 - 12/31/14) Projected	DY 1 - DY 18
Demostration Group 1 - TANF Children under age 1 through 20	$13,433,986,462	$14,853,389,777	$3,975,139,194	$3,975,139,194	$12,413,422,113	**$99,761,314,341**	
Demonstration Group 2 - TANF Adults 21-64	$5,353,555,486	$5,914,379,682	$1,579,889,213	$1,579,889,213	$4,990,265,399	**$38,873,739,230**	
Demonstration Group 6 - FHP Adults w/Children	$2,341,067,454	$2,632,237,613	$724,658,042			**$14,921,448,066**	
Demonstration Group 8 - Family Planning Expansion	$10,637,764	$1,845,361				**$12,483,125**	
Demonstration Group 10 - MLTC Adult Age 18-64 Duals	$247,394,784	$1,027,336,330	$260,284,563	$260,284,563	$811,742,494	**$2,607,042,734**	
Demonstration Group 11 - MLTC age 65+ Duals	$2,554,212,091	$10,820,566,375	$2,796,750,566	$2,796,750,566	$8,800,737,577	**$27,769,017,175**	
W/O Waiver Total	**$23,940,854,040**	**$35,249,755,138**	**$9,336,721,578**	**$8,612,063,536**	**$27,016,167,583**	**$183,945,044,673**	**$328,584,923,195**

Budget Neutrality Cap (With Waiver)	DY 14 (10/1/11-9/30/12) Projected	DY 15 (10/1/12-9/30/13) Projected	DY 16 (10/1/13-12/31/13) Projected	DY 17 (1/1/14-3/31/14) Projected	DY 18 (4/1/14 - 12/31/14) Projected	Current Extension Period (10/1/06 - 12/31/14) Projected	DY 1 - DY 18
Demostration Group 1 - TANF Children under age 1 through 20	$5,426,270,751	$5,985,938,138	$1,593,647,091	$1,592,533,954	$4,967,097,754	**$42,681,747,283**	
Demonstration Group 2 - TANF Adults 21-64	$3,265,506,591	$3,601,671,916	$961,903,933	$961,993,661	$3,045,172,437	**$24,506,941,301**	
Demonstration Group 5 - Safety Net Adults	$6,027,184,800	$7,105,677,253	$1,919,854,079			**$34,551,813,944**	
Demonstration Group 6 - FHP Adults w/Children up tp 150%	$1,194,623,323	$1,337,606,468	$366,750,083			**$7,535,200,792**	
Demonstration Group 7 - FHP Adults without Children up to 100%	$373,042,213	$423,965,223	$117,318,935			**$3,129,073,179**	
Demonstration Group 8 - Family Planning Expansion	$13,784,643	$2,435,506				**$74,166,034**	
Demonstration Group 9 - Home and Community Based Expansion (HCBS)	$3,699,108	$3,699,108	$924,777	$924,777	$2,774,331	**$15,721,209**	
Demonstration Group 10 - MLTC Adult Age 18-64 Duals	$249,276,515	$999,765,437	$249,927,129	$249,927,129	$780,984,048	**$2,529,880,258**	
Demonstration Group 11 - MLTC age 65+ Duals	$2,561,508,288	$10,403,512,554	$2,629,869,736	$2,629,869,736	$8,298,486,190	**$26,523,246,503**	
Demonstration Population 1: State Indigent Care Pool Direct Expenditures (ICP-Direct)	$14,650,000	$13,700,000	$3,400,000			**$31,750,000**	
Demonstration Population 2: Designated State Health Programs to Support Clinic Uncompensated Care Funding (ICP - DSHP)	$10,583,333	$10,583,333	$2,645,833	$2,645,833	$45,791,667	**$72,250,000**	
Demonstration Population 3: Designated State Health Programs to Support Medical Home Demonstration (DSHP - HMH Demo)	$100,000,000	$100,000,000	$25,000,000	$25,000,000	$50,000,000	**$383,344,892**	
Demonstration Population 4: Designated State Health Programs to Support Potentially Preventable Readmission Demonstration (DSHP - PPR Demo)						**$0**	
Demonstration Population 5: Designated State Health Programs (Various)			$100,000,000	$100,000,000	$300,000,000	**$500,000,000**	
DSHP: Orderly Close out of Demo Group 6				$363,417,732	$635,987,007	**$999,404,739**	
DSHP: APTC Wrap				$7,000,800	$84,009,600	**$91,010,400**	
DSHP For DSRIP					$376,000,000	**$376,000,000**	
DSRIP					$240,000,000	**$240,000,000**	
IAAF					$1,000,000,000	**$1,000,000,000**	
With Waiver Total	**$19,240,129,565**	**$29,988,554,936**	**$7,971,241,596**	**$5,933,313,621**	**$19,826,303,034**	**$145,241,550,535**	**$269,172,678,347**
Expenditures (Over)/Under Cap	**$4,700,724,475**	**$5,261,200,202**	**$1,365,479,982**	**$2,678,749,915**	**$7,189,864,548**	**$38,703,494,138**	**$59,412,244,849**

Attachment 2

Department of Health | Medicaid Redesign Team

New York DSRIP 1115 Quarterly Report

October 1, 2014 – December 30, 2014

New York State Department of Health
Office of Health Insurance Programs
Albany, New York
www.health.ny.gov/dsrip

Department of Health | Medicaid Redesign Team

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Department of Health | **Medicaid Redesign Team**

New York DSRIP
Section 1115 Quarterly Report

Introduction

On April 14, 2014, New York finalized terms and conditions with the Centers for Medicare and Medicaid Services (CMS) for a groundbreaking amendment that will allow the state to reinvest $8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms. The MRT waiver amendment amends New York's Section 1115 Demonstration, the Partnership Plan, and will transform the state's health care system, bend the Medicaid cost curve, and ensure access to quality care for all Medicaid members. The agreement authorizes funding through the current demonstration end date of December 31, 2014, with an additional three months through March 31, 2015, and will continue upon agreement of the demonstration's renewal from January 1, 2015 through December 31, 2019.

The Medicaid 1115 waiver amendment will enable New York to fully implement the MRT action plan, facilitate innovation, lower health care costs over the long term, and save scores of essential safety net providers from financial ruin. The waiver allows the state to reinvest over a five-year period $8 billion of the $17.1 billion in federal savings generated by MRT reforms.

The waiver amendment dollars will address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program will promote community-level collaborations and focus on system reform, with a primary goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers will be required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. Single providers will be ineligible to apply. All DSRIP funds will be based on performance linked to achievement of project milestones.

The $8 billion reinvestment will be allocated in the following ways:

- $500 Million for the Interim Access Assurance Fund – temporary, time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without disruption to the delivery of key health services
- $6.42 Billion for Delivery System Reform Incentive Payments (DSRIP) – including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs
- $1.08 Billion for other Medicaid Redesign purposes – this funding will support Health Home development, and investments in long term care, workforce and enhanced behavioral health services

In addition, the special terms and conditions also commit the state to comprehensive payment reform and continuing New York's effort to effectively manage its Medicaid program within the confines of the Medicaid Global Spending Cap.

Year 0 Focus

This report summarizes the activities from October 1, 2014 through December 31, 2014, the third quarter of Year 0. The agreement between New York and CMS includes a pre-implementation year, known as Year 0, which is the period between April 14, 2014 and March 31, 2015. Stakeholder education and engagement, planning activities, procurement of DSRIP contractors and development of key DSRIP policies and procedures are the main areas of focus during Year 0. An extensive DSRIP website was launched on April 14, 2014 and is available at www.health.ny.gov/dsrip. A high-level Year 0 timeline outlining key activities is available on the website and included with this report. (Attachment A).

Key Accomplishments for the Quarter:

This quarterly report summarizes the program development and implementation activities for the DSRIP program for the period from October 1, 2014 through December 31, 2014. Highlights of the quarter that are further described in the report are:

- Development and finalization of Project Plan Application incorporating public comments
- Twenty-five (25) PPS Project Plan Applications submitted on December 22, 2014
- Capital Restructuring Financing Program ($1.2 billion in NYS dollars) to support DSRIP projects request for applications (RFA) issued on November 18, 2014 with deadline of Feb. 20, 2015
- Intensive activities for stakeholder engagement and to support PPS entities in the application process

Stakeholder Engagement Activities, Transparency, and Public Forums

The period covering October 1, 2014 through December 31, 2014 included extensive stakeholder engagement activity conducted by DOH and by its selected vendors for the DSRIP Support Team and DSRIP Independent Assessor.

- DOH, with the Independent Assessor, released the Draft DSRIP Project Plan application, Project Milestones and Metrics, and Scoring Guide for public comment on September 29, 2014. Public comments on the Draft DSRIP Project Plan were due by October 29, 2014.
- The DSRIP Independent Assessor provided a webinar on the Draft DSRIP Project Plan application, Project Milestones and Metrics, and Scoring Guide on October 3, 2014.
- DOH released the DSRIP Measure Specification and Reporting Manual for public comment on October 10, 2014. The public comment period was open for 30 days.
- The DSRIP Independent Assessor hosted an operator assisted call on the DSRIP Project Plan application materials on October 28, 2014.
- DOH and the DSRIP Support Team released a 'How To' guide and webinar on PPS Governance on October 28, 2014.
- DOH and the DSRIP Support Team launched the MRT Innovation eXchange (MIX) on October 29, 2014. The MIX was created to centrally manage the development of an interactive public

discussion platform for sharing ideas and insights into the DSRIP program specifically and Medicaid reform more generally.

- The final DSRIP PPS Lead & PPS Lead Financial Stability Test was released for PPS Lead completion on October 30, 2014 and completed tests were due on November 10, 2014.
- An updated DSRIP Project Plan application along with redline versions of the DSRIP Project Plan application materials, following public comments, were posted to the web on November 14, 2014.
- DOH and the DSRIP Independent Assessor published a summary of the public comments received on the DSRIP Project Plan application materials with responses to those comments as well as a complete listing of all public comments received on November 14, 2014.
- DOH, with the DSRIP Independent Assessor and the DSRIP Support Team, released a DSRIP Project Plan Application prototype with scoring on November 14, 2014.
- A DSRIP Project Plan application Prototype Guide was released on November 18, 2014 to provide further insights to the various sections of the application and highlight key priorities and concerns of the DSRIP Independent Assessor.
- DOH and the DSRIP Support Team released webinars on Flow of Funds and Community Needs on November 19, 2014.
- DOH released updated DSRIP FAQs on November 20, 2014.
- The DSRIP PPS Lead & PPS Lead Financial Stability Test results were released on November 20, 2014.
- DOH and the DSRIP Support Team hosted an operated assisted call on November 20, 2014 to provide an overview of DSRIP updates and allow for a question and answer session with the public.
- DOH and the DSRIP Support Team released a webinar on Data Sharing and Confidentiality on November 20, 2014.
- The DSRIP Support Team IT Tiger Team and DOH IT vendor Salient provided 3 training sessions during the month of November 2014 and supported PPS staff in using the SIM tool to estimate their target populations at the project level.
- New York State Medicaid Director Jason Helgerson hosted a NYS DSRIP Whiteboard webinar on November 17, 2014 related to Project Plan Scale and Speed of Implementation.
- The DSRIP Project Plan Application Tool (Sections 1-9, except Section 4) was published and made available for PPS completion in MAPP on December 2, 2014.
- DOH and the DSRIP Support Team released webinars on Rapid Cycle Evaluation: Performance Management and on Behavioral Health on December 2, 2014.
- DOH and the DSRIP Support Team released webinars on Value Based Payments and Part II of Population Health Management on December 5, 2014.
- DOH released FAQs on COPA/ACO applications on December 8, 2014. Updated FAQs were released on December 23, 2014.
- DOH and the Center for Health Care Strategies (CHCS) presented on December 11, 2014 a live webinar and slide presentation on New York's DSRIP program to a national audience. The webinar provided timely information to states pursuing their own DSRIP programs for reforming Medicaid health care delivery.

- New York State Medicaid Director hosted a NYS DSRIP Whiteboard webinar on December 11, 2014 that provided the Final Tips before the December 22, 2014 PPS Application Due Date. The webinar presented recommendations for perfecting scale and speed, engaging the entire network, demonstrating a thoughtful process for including workforce and cultural competence strategies, and integrating behavioral health and primary care.
- DOH released a slide deck on December 17, 2014 to provide additional guidance for the completion of the Patient Engagement Speed and Scale tables of the DSRIP Project Plan Application.
- The DSRIP Project Plan Application Tool (Sections 4, 10, 11) was released for PPS completion on December 17, 2014.
- Completed DSRIP Project Plan applications were due from the PPSs on December 22, 2014. Twenty-five completed Project Plan applications were received by the DOH and the DSRIP Independent Assessor.
- During the third quarter, the DSRIP Support Team regional teams directly engaged PPSs to assist them with their project plan application throughout the DSRIP Project Plan applications process. Their activities included: answering DSRIP related questions (instantly or through DST PMO); clarifying DSRIP related documentation and requirements; providing SME support; notifying PPSs of upcoming releases (i.e., tools, guides, webinars, other communications); evaluating PPS approaches and reporting risks and issues to DOH if necessary; ensuring that PPSs were appropriately equipped to meet DSRIP deadlines; facilitating project workgroup discussions; and reviewing drafts of PPS submissions including application sections, financial stress tests, MOUs, and governance models.

For more information visit http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

Interim Access Assurance Fund

The purpose of the Interim Access Assurance Fund (IAAF), part of the DSRIP program, is to assist safety net hospitals in severe financial distress and major public hospital systems.

Five hundred million dollars in temporary funding is available in Year 0 through the IAAF, to enable recipient hospitals to work toward sustainable operations and, to maintain critical services to their community as they work with other partner providers to develop integrated PPSs eligible for DSRIP funding.

In accordance with the waiver amendment Special Terms & Conditions (STCs) the State is required to, within 10 days of initiating IAAF payments, submit a report to CMS that states the total amount of the payment or payments, the amount of FFP that the state will claim, the source of the non-Federal share of the payments, and documentation of the needs and purposes of the funds to assure CMS of non-duplication. The report must include all other Medicaid payments (e.g. base, supplemental, VAP, DSH) the provider receives to demonstrate that existing payments are not sufficient to meet the financial needs of the providers.

IAAF payments for Large Public Providers began on June 18, 2014 while IAAF payments for Safety Net providers began June 27, 2014. All of the IAAF payment reports submitted to CMS are included as Attachment B.

More information is also available on the IAAF web page (http://www.health.ny.gov/health_care/medicaid/redesign/iaaf/).

DSRIP Project Design Grants

The State made funding available to emerging PPSs to develop comprehensive DSRIP Project Plans. Forty-nine applications for the DSRIP Project Design Grants were received on June 26, 2014

The DOH announced awards on August 6, 2014, with 42 of the 49 applicants receiving awards. The DOH included conditions with awards to certain applicants including considerations for merging or partnering with other PPSs and for geographic overlap with other PPSs.

In October 2014, progress reports were due from Design Grant awardees and in November 2014, final grant payments were made to awardees (50% Safety Net). In addition, during the third quarter requests for additional Supplemental Design Grant (PDG) funding were submitted to the DOH from several emerging PPSs; the requests were considered on a case by case basis and additional funds were provided. Attachment C includes a summary of the DSRIP Project Design Grant award and supplemental award payments made in November 2014.

In December 2014, additional Design Grant funding requests were evaluated by DOH with the intent to distribute remaining design grant funds. The goal was to have the additional awards process approved and notices sent to PPSs in January 2015.

The regional map and a schedule of the DSRIP Design Grant Awards are available at the link below:

(http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/design_grant_appl.htm)

DSRIP Safety Net and Vital Access Providers

The Vital Access Provider (VAP) Exception process opened on September 29, 2014 and ended on October 24, 2014 for all Medicaid providers that did not qualify by the Safety Net Definition by calculation or by appeal. If the exception is granted, then the applicant will be qualified and can fully participate in the DSRIP program. Non-qualifying facilities are limited; they may only receive up to 5% (as a group) of their PPSs award.

On November 3, 2014 NYS submitted safety exemption recommendations to CMS and posted safety nets to the web for a 30 day public comment period. NYS recommended that CMS approve all 503 providers for DSRIP safety net status through the VAP Exception process. If these providers are not approved, it could directly impair the ability of the individual PPSs and the statewide DSRIP program to be successful.

As per the STCs, the VAP exception appeals were posted for public comment for 30 days. On December 3, 2014, the public comment period ended; a total of 28 comments were received through the BVAPR email account. DOH leadership considered all public comments prior to providing recommendations to CMS for provider safety net status. On December 5, 2014, NYS submitted 503 exception appeals to CMS.

The following link contains the VAP Exception appeals submitted to CMS, including the summary list of providers, the criteria used to determine safety net status (both through the original appeals and the VAP Exception), the Public comment listing and the backup lists by provider specific listings of exceptions received.

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/vap_exception_for_cms_review.pdf

The approval of these exception appeals is contingent upon obtaining final approval from CMS. Once approval is received from CMS, the safety net lists will be updated and posted to the web.

DSRIP Project Plan Application

The DOH, with the Independent Assessor, developed a revised DSRIP Project Plan application based upon feedback received from the public comment period in November 2014. The final DSRIP Project Plan Application Tool (Sections 1-9, except Section 4) was published and made available for PPS completion in MAPP on December 2, 2014. The DSRIP Project Plan Application Tool (Sections 4, 10, 11) was released for PPS completion on December 17, 2014. Completed DSRIP Project Plan applications were due from the PPSs on December 22, 2014. DSRIP Project Plan applications were received from 25 PPSs.

The DSRIP Independent Assessor completed an initial completeness review by December 24, 2014 and began the comprehensive evaluation of the DSRIP Project Plan applications on December 26, 2014. The evaluation of the 25 DSRIP Project Plan applications is scheduled to be completed in January 2015.

The completed DSRIP Project Plan applications can be found on the web at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_applications/.

Additional support materials for the DSRIP Project Plan application are available on DSRIP website at:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/project_plan_application_draft

Quarterly expenditures related to IAAF, DSRIP Project Design Grants, and DSRIP Fund

IAAF payments for Large Public Providers began on June 18, 2014 while IAAF payments for Safety Net providers began June 27, 2014. Subsequent IAAF payments were based on three separate categories of providers and made at the following times:

- Large Publics (excluding HHC): December 15, 2014
- Large Publics (HHC only): December 15, 2014
- Safety Net: October 27, 2014; November 24, 2014; December 15, 2014

Attachment B contains all of the IAAF payments made during the October 1, 2014 through December 31, 2014 quarter.

DSRIP Project Design Grant funds were distributed during the month of November 2014.

DSRIP Fund performance payments are scheduled to begin April 1, 2015 for approved DSRIP Project Plan Applications.

DSRIP Requests for Regulatory Waivers

PHL § 2807(20)(e) and (21)(e) authorize the waiver of regulatory requirements for DSRIP projects and capital projects that are associated with DSRIP projects by:

- the Department of Health (DOH),
- the Office of Mental Health (OMH),
- the Office of Alcoholism and Substance Abuse Services (OASAS), and
- the Office for People With Developmental Disabilities (OPWDD)
- the Office of Primary Care and Health Systems Management (OPCHSM)

A waiver may be issued:

- as necessary to allow applicants to avoid duplication of requirements and to allow the efficient implementation of the proposed projects;
- only if the waiver would not jeopardize patient safety; and
- only for the life of the project.

Stakeholder meetings were held on October 21st and 29th, 2014. A system for tracking waiver requests was developed.

New York State received over 400 requests for regulatory waivers within the DSRIP Project Plan Applications from PPSs. DOH began working with the necessary agencies including OMH, OASAS, and OPWDD to complete the reviews of the regulatory waiver requests. Reviews are expected to be completed in February 2015.

Future reports will identify outcomes and waivers granted of the regulatory waivers submitted by PPSs.

For more information refer to: https://www.health.ny.gov/health_care/medicaid/redesign/docs/reg_flex_guidance.pdf

Other New York State DSRIP Program Activity

DSRIP Project Management

DSRIP project management efforts continued into this quarter with the continued use of the successfully established MRT process and work plan format, with key DSRIP staff meeting twice weekly and reporting on progress of DSRIP activity to New York's Medicaid Director. DSRIP project management meetings have now expanded to include staff from the DSRIP Independent Assessor and the DSRIP Support Team as well as CMA, the vendor tasked with creating the DSRIP Project Plan Application web tool. Meetings will continue through the end of Year 0, and will likely continue through DSRIP Years 1 – 5.

New York has also established additional, separate project management meetings with their vendors for the DSRIP Independent Assessor and the DSRIP Support Team and a joint meeting involving key staff from New York, the DSRIP Independent Assessor, and the DSRIP Support Team. These meetings allow for more in depth reviews of project deliverables with each vendor and to address any policy considerations requiring New York input.

DSRIP Independent Assessor

New York released a Funding Availability Solicitation (FAS) for the purpose of procuring the services of an entity to serve as the DSRIP Independent Assessor on May 20, 2014. Through the FAS procurement process, New York selected Public Consulting Group (PCG) to serve as the DSRIP Independent Assessor. Notification of the award was made on July 31, 2014 and PCG began work on August 4, 2014.

The DSRIP Independent Assessor's tasks include, but are not limited to: creating an application and application review tool as well as a process for a transparent and impartial review of all proposed project plans, making project approval recommendations to the state using CMS-approved criteria, assembling an independent review panel chosen by the DOH based on standards set forth in the DSRIP STCs, conducting a transparent and impartial mid-point assessment of project performance during the third year to determine whether the DSRIP project plans merit continued funding or need plan alterations, and assisting with the ongoing monitoring of performance and reporting deliverables for the duration of the DSRIP program. State review of proposals was underway at the close of this quarter and additional detail on the contract award will be provided in future reports.

During the October 1, 2014 through December 31, 2014 quarter the DSRIP Independent Assessor performed many tasks vital to the eventual awarding of DSRIP funding to PPSs. These activities include:

DSRIP Project Plan Application and Review Tool

The Independent Assessor, developed an application process with the aid of DOH. The criteria for evaluating the application – Project Metrics and Milestones, Scoring Guide, PPS Lead Financial Stability Test – were made publically available on the DSRIP website. Public comment was collected on the application and updates and revisions were made to the application. The

application was built by CMA in a web portal for PPSs to complete their submission. The Independent Assessor and DOH accepted applications from 25 PPSs through December 22, 2014.

DSRIP PPS Lead & PPS Lead Financial Stability Test

The Independent Assessor, with DOH, released the DSRIP PPS Lead & PPS Lead Financial Stability Test on October 27, 2014 with a revised response template released on October 30, 2014. The DSRIP PPS Lead & PPS Lead Financial Stability Test was intended to assess the financial stability of the proposed PPS Lead entities. PPS Lead entities were required to submit the completed DSRIP PPS Lead & PPS Lead Financial Stability Test by November 10, 2014. The Independent Assessor completed a review and validation of the DSRIP PPS Lead & PPS Lead Financial Stability Test submissions and final results were released on November 20, 2014.

DSRIP Project Application Portal

The Independent Assessor assisted DOH and CMA in the development of the DSRIP Project Plan application functionality in MAPP. The Independent Assessor developed technical requirements to convert the DSRIP Project Plan application from a Microsoft Word document to a web based portal. The Independent Assessor also completed testing on the portal prior to its release to the PPSs for submission of their DSRIP Project Plan applications.

Evaluation of DSRIP Project Plan Applications

Upon the submission of the 25 DSRIP Project Plan applications the Independent Assessor completed an initial completeness review to ensure all of the required information was included in the Project Plan applications. Following the completeness review the Project Plan applications were provided to the team of six non-conflicted evaluators who would be responsible for conducting the evaluation and scoring of the applications. The evaluators began scoring on December 26, 2014 and are expected to complete all evaluations and scoring by January 26, 2015.

DSRIP Project Approval and Oversight Panel (PAOP)

The DSRIP program requirements outlined by CMS, required the DOH and the Independent Assessor to convene the DSRIP Project Approval and Oversight Panel (PAOP) to review DSRIP Project Plan applications scored by the Independent Assessor and to advise the Commissioner of Health whether to accept, reject or modify those recommendations. The Panel will play an important role in approving DSRIP Project Plans from all areas of the state and will serve as advisors and reviewers of PPSs status and project performance during the 5-year DSRIP duration.

The DOH and the Independent Assessor began coordinating training and outreach efforts for the Panel in December. These efforts included the development of a comprehensive training program and the scheduling of a public meeting to conduct the Panel training. The DOH also completed outreach efforts to establish the list of participating Panel members. The training for the Panel is scheduled to be completed in January 2015 with the formal presentation of Independent Assessor recommendations to the Panel scheduled for February 2015.

Implementation Plan

The Independent Assessor began work with the DSRIP Support Team and DOH on the development of a comprehensive implementation plan that will outline the PPSs approach to meeting organizational and project specific implementation milestones. This effort will continue in to the next quarter when the implementation plan template will be released for the PPSs to complete.

COPA/ACO

Public Health Law (PHL) Article 29-F sets forth the State's policy of encouraging appropriate collaborative arrangements among health care providers who might otherwise be competitors. The statute requires DOH to establish a regulatory structure allowing it to engage in appropriate state supervision as necessary to promote state action immunity under state and federal antitrust laws. The regulations establish a process for providers to apply for a Certificate of Public Advantage (COPA) for their collaborative arrangements such as mergers and clinical integration agreements. The Department will consult with the Office of the Attorney General and, if appropriate, with the OMH, OASAS, and OPWDD. In addition, the Department will consult with and receive a recommendation from the Public Health and Health Planning Council before granting a COPA.

Pursuant to Article 29-F, the Department has issued regulations establishing a process for the issuance of a Certificate of Public Advantage. Public comment was collected on COPA/ACO regulations. COPA and ACO regulations were published in the State Register and became effective December 17th and 30th, 2014 respectively

For more information refer to:
http://www.health.ny.gov/health_care/medicaid/redesign/copa/

DSRIP Support Team

New York released a Funding Availability Solicitation (FAS) for the purpose of procuring the services of a vendor to serve as the DSRIP Support Team (DST) on May 21, 2014. Through the FAS procurement process, New York selected KPMG to serve as the DST. KPMG began work on August 1, 2014.

The DST's responsibilities include, but are not limited to, under the direction of New York's DSRIP team, working with providers to strategically think through their potential DSRIP Project Plans to transition to effective and efficient high performing health care delivery systems; developing DSRIP Project Plan prototypes, "how to" guides and other tools to help providers as they prepare their Project Plan applications; and supporting providers from shortly after receipt of their DSRIP Design Grant awards through their final submission of the Project Plan applications.

During the October 1, 2014 through December 31, 2014 quarter, the DST performed a number of key functions in support of the PPSs including:

MRT Innovation eXchange

The MRT Innovation eXchange (MIX) was created to centrally manage the development of an interactive public discussion platform for sharing ideas and insights into the DSRIP program specifically and Medicaid reform more generally. This has proven to be a valuable resource for engaging a wide variety of stakeholders in the DSRIP program and for improving the ultimate outcomes of the projects. An operational version of the MIX platform was launched in October 2014. After launch, activities included promoting the MIX to new users, communicating with existing users, moderating ongoing discussions, and producing weekly newsletters.

Value-Based Payments

The DST Value-Based Payments workstream supported DOH in the strategy and development of the CMS roadmap due spring of 2015. This work included establishing Value-Based Payment subject matter teams that engage stakeholders, including members of the payor community, in the development of the roadmap. Once completed, the roadmap will also be available for public comment to solicit wider feedback.

Project Plan Application Prototype

The goal of the application prototype was to provide PPSs with an example and guidelines for the Project Plan application. The prototype was developed utilizing a variety of subject matter experts. Each section was submitted to DST for review and feedback. Those sections included: 1) the actual prototype content meant for the Independent Assessor to evaluate and score, 2) footnotes that consisted of direct guidance to PPSs to consider their unique demographic and economic circumstances when responding to questions, and 3) feedback to the Independent Assessor on where the Project Plan application could be improved, such as increasing word limits to certain responses, and clarifying the phrasing of several questions. This team is also supporting DOH to develop the implementation plan template.

IT Strategy

The DST IT strategy team held planning sessions for PPSs to increase their understanding of their current and future IT system requirements. These on-site workshops involved discussions of current IT architecture, PPS gap assessment, risk matric, workflow considerations, RHIO analysis and a mock-up of IT architecture future state.

Medicaid Data Requests

The DST Tiger Team worked with Salient to prepare bookmarks/collections in the SIM tool that supported PPSs in their estimations of target populations at the project level under each domain. PPSs also engaged the team to answer data requests that SIM-trained PPS resources (some PPS employees, other PPS consultants/3rd parties) sent to a DST monitored email address. In addition, the team supported Salient and PPSs during three SIM training sessions for the PPSs in November 2014.

Workforce Strategy

The DST workforce strategy team provided PPSs guidance on current and future state workforce needs and how to quantify retraining, redeployment, and hiring needs to support them in achieving project objectives. This guidance was provided to PPSs through templates and on-site workshops. Specifically, the team provided guidance on: training strategies (i.e. best practice methods to achieve desired results); implications of voluntary vs. mandatory training; guidance on considerations to existing HR programs (i.e. certifications, tuition reimbursement, etc.); redeployment strategies and implications; recruitment strategies; infrastructure needed to support large scale recruitment efforts; algorithms to triangulate budget requirements (i.e. as % of total project budget, as multiplier of # of impacted workforce or by population served); how to incorporate programs into overall strategy; change management and application to stakeholder engagement (i.e. communication planning); and how to engage stakeholders during application development process to maximize collaboration.

Financial Strategy

The DST finance team provided assistance to PPSs in the areas of the DSRIP program that require financial management content, or finance function input and perspective. These included, but were not limited to, Sections 2, 4, 5, 8 and 9 of the Application and approaches to funds flow and financial sustainability. This assistance was provided in the form of PPS work group meetings, conference calls and education/workshop sessions. Information and materials or documentation that the Finance Team used was referenced and supported by their understanding of published DSRIP guidance by DOH, and leading practices observed through other engagements.

Direct PPS Support

The DST regional teams directly engaged PPSs to assist them with their Project Plan application. The activities included: answering DSRIP related questions (instantly or through DST PMO); clarifying DSRIP related documentation and requirements; providing SME support; notifying PPSs of upcoming releases (tools, guides, webinars, other communications); evaluating each PPS approaches and reporting risks and issues to DOH if necessary; ensuring that PPSs were appropriately equipped to meet DSRIP deadlines; facilitating project workgroup discussions; and reviewing drafts of PPS submissions including application sections, financial stress tests, MOUs, and governance models.

The DST developed a progress reporting tool to monitor and report on PPS progress that involves two types of data collection: PPS entered and DST entered information. PPS data was entered via a bi-weekly survey, while DST data was entered weekly via a form on the progress reporting website. These two inputs were then used to create weekly progress reports provided to the DOH that included regional heatmaps, a PPS status summary, a compliance report, and additional analysis that varied from week to week.

PPSs seeking a COPA or ACO decision by April 2015 were instructed to submit their COPA/ACO applications by December 22, 2014. As of that date, DOH did not received any COPA/ACO applications from PPSs. DOH will continue accepting COPA/ACO applications beyond the December 22, 2014 due date with decisions to be made at a later date.

Future reports will include additional details regarding submitted COPA/ACO applications and the decisions on those applications.

Capital Restructuring Finance Program (CRFP) Request for Applications (RFA)

The 2014-15 New York State budget authorized the establishment of the CRFP to allow the DOH and the Dormitory Authority of the State of New York (DASNY), in consultation with the Office of Mental Health (OMH), the Office for People with Developmental Disabilities (OPWDD) and the Office of Alcoholism and Substance Abuse Services (OASAS), to make awards totaling up to $1.2 billion in state funds to support capital projects to help strengthen and promote access to essential health services, including projects to improve infrastructure, promote integrated health systems, and support the development of additional primary care capacity. Awards of CRFP funding may be made to DSRIP participating entities as well as to non-DSRIP participating entities.

The CRFP RFA was posted on the DOH website on November 19, 2014 and applications will be due on February 20, 2015. Additional information regarding the CRFP RFA will be included in subsequent quarterly reports.

Upcoming Activities

Year 0 implementation and planning activities will continue through March 31, 2015.
Future reports will also include updates on additional activities as required by the MRT Waiver Amendment and related attachments.

Year 0 implementation and planning activities will continue through March 31, 2015.

- Independent Assessor will complete the scoring of PPS Applications and develop summaries of the results in January 2015.
- Final Scale and Speed Submission completed and submitted by PPS Lead by January 14, 2015.
- DSRIP Project Plan Application PDFs posted to the web, public comment period on Project Plan Applications begins by January 15, 2015.
- Independent Assessor recommendations made public by February 2, 2015.
- Public comment period on Project Plan Applications ends by February 15, 2015.
- Independent Assessor releases the Public Comments received on the Project Plan Applications by February 17, 2015.
- DSRIP Project Approval & Oversight Panel public hearings & meetings to review Independent Assessor recommendations and make final recommendations to state from February 17-20, 2015.
- During the month of March– the Final attribution results will be released.
- Capital Restructuring Financing application due by February 20, 2015.
- Early March DSRIP Project Plan awards made.
- Implementation Plan due from PPSs by April 1, 2015.
- DSRIP Year 1 begins on April 1, 2015.
- First Year 1 Payment to PPS made by Mid-April.

Additional Resources

More information on the New York State DSRIP Program is available at: www.health.ny.gov/dsrip.

Interested parties can sign up to be notified of DSRIP program developments, release of new materials, and opportunities for public comment through the Medicaid Redesign Team listserv. Instructions are available at: http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm

Tentative MRT Waiver/DSRIP Key Dates
Year 0

2014	
April 14	**DSRIP Year 0 begins**
April 29	**Public comments** on MRT Waiver Amendment due
April 29	**DSRIP Planning Design Grant** application released
April 30	Draft **IAAF Application** released; **public comment** period begins
May 14	**Public comments** on Attachments I & J due
May 14	**Public comments** on IAAF due
May 15	Non-binding Performing Provider System **Letter of Intent** due
May 16	Final **IAAF Application** released
May 28	**Public Comments** on Toolkit due
May 30	**IAAF Applications** due
Mid-June:	**IAAF Awards** announced
June 26	**DSRIP Planning Design Grant** application due
August 6	**DSRIP Planning Design Grant** awards made
September 29	Draft **DSRIP Project Plan** application released; **public comment** period begins
October 29	**Public comments** on draft **DSRIP Project Plan** application due
October 1	Final **DSRIP Project Plan** application released
November 10	**Non-public** leads to submit intent to pursue **11th project**
November 10	DSRIP PPS Lead & PPS Lead **Financial Stability Test** due
November 12	Submit last interim partner lists for **attribution (3rd Round)**
November 12	Feedback from **DSRIP Design Grant midpoint assessment** post to web
November 12	Updated **DSRIP Project Plan Application** posted to web
November 14	**DSRIP Project Plan Application Prototype** posted to web
Mid-November	3rd Round of **initial attribution** results published
November 18	**Capital Restructuring Financing application** posted to web
November 18	DASNY **Webinar re: Tax Exempt Bonds** for PPS Leads
November 20	**Financial Stability Test** results made available
November 21	Applicant **Conference** regarding the **Capital Restructuring Financing** Program
December 1	Leads to submit **final partner lists** in Network Tool

December 1	Optional: **Project Plans Applications** completed by PPSs for DSRIP Support Team review
December 2	**Project Plan Application Tool** published (Sections 1-9, except Section 4)
December 4	**Scale and Speed of Application template** released by DSRIP Support Team to PPS Leads
(no later than) **December 16**	**Scale and Speed of Application** responses due from PPS Leads to KPMG
December 17	**Project Plan Application Tool (Sections 4, 10, 11)** published
December 19	**VAP Exception Results** published
December 22	**Project Plan Application** completed and submitted by PPS Lead **Interim Scale and Speed submission** completed by PPS Lead
2015	
January 13	Independent Assessor completes **DSRIP Project Plan checklist review** of each application
January 14	**Final Scale and Speed Submission** completed and submitted by PPS Lead
January 15	**DSRIP Project Plan Application PDFs** posted to the web, **public comment period** on Project Plan Applications begins
February 2	**Independent Assessor recommendations** made public
February 15	**Public comment period** on **Project Plan Applications** ends
February 17-20	**DSRIP Project Approval & Oversight Panel** public hearings & meetings re: IA recommendations, makes final recommendations to state
February 20	**Capital Restructuring Financing application** due
February 24	**PHI DEAA & BAA forms due** from PPSs
March 2	**New partner for Performance templates completed and submitted** from PPSs
Early March	**Final Attribution for Performance results** released
Early March	**PPS member roster released** to PPS Leads
Early March	**DSRIP Project Plan** awards made
Mid-March	**Baseline data released** to PPS Leads
Late March	**Final Attribution for Valuation results released**
April 1	**Implementation Plan** due from PPSs
April 1	**DSRIP Year 1 begins**
Mid-April	**First Year 1 Payment** to PPSs

New York State Medicaid Redesign Team (MRT) Interim Access Assurance Fund (IAAF) Payment Report

Current Report:

Date Submitted to CMS: 12/15/14

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	PDG	Total
Auburn Community Hospital	00347553	15-Dec	$ -	$ -	N/A	$ 89,349.33	$ -	$ -	$ -	$ 4,993.26	$ -	$ -	$ 184,500.00	$ 278,842.59
Bon Secours Charity Health System	00273905	15-Dec	$ 362,224.00	$ 181,112.00	IGT	$ 216,408.86	$ -	$ -	$ -	$ 70,755.44	$ -	$ -	$ -	$ 649,388.30
Brookdale Hospital	02998667	10-Dec	$ 12,623,632.00	$ 6,311,816.00	IGT	$ 3,420,731.54	$ -	$ -	$ -	$ 426,472.86	$ -	$ -	$ -	$ 16,470,836.40
Brookhaven Memorial Medical Center	00245529	15-Dec	$ 1,800,127.00	$ 900,063.50	IGT	$ 1,140,211.39	$ -	$ -	$ -	$ 69,291.30	$ -	$ -	$ -	$ 3,009,629.69
Carthage Area Hospital	03000635	15-Dec	$ 170,632.00	$ 85,316.00	IGT	$ 36,211.49	$ -	$ -	$ -	$ 5,839.28	$ -	$ -	$ -	$ 212,682.77
Cuba Memorial	00354238	15-Dec	$ 316,857.00	$ 158,428.50	IGT	$ 8,621.65	$ -	$ -	$ -	$ 337.26	$ -	$ -	$ -	$ 325,815.91
Eastern Niagara Hospital	00354389	15-Dec	$ 1,500,753.00	$ 750,376.50	IGT	$ 144,535.49	$ -	$ -	$ -	$ 35,331.84	$ -	$ -	$ -	$ 1,680,620.33
Gouverneur Hospital (Edward J Noble)	03001576	15-Dec	$ -	$ -	N/A	$ 24,690.75	$ -	$ -	$ -	$ 6,109.46	$ -	$ -	$ -	$ 30,800.21
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	15-Dec	$ 628,096.00	$ 314,048.00	IGT	$ 79,569.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 707,665.88
Interfaith Medical Center	00734336	15-Dec	$ 3,545,866.00	$ 1,772,933.00	IGT	$ 1,544,945.95	$ -	$ -	$ -	$ 313,554.92	$ -	$ -	$ -	$ 5,404,366.87
Kingsbrook Jewish Medical Center	02998745	15-Dec	$ 2,358,334.00	$ 1,179,167.00	IGT	$ 1,163,087.59	$ -	$ -	$ -	$ 67,907.90	$ -	$ -	$ -	$ 3,589,329.49
Lewis County General Hospital	03001627	15-Dec	$ 597,000.00	$ 298,500.00	IGT	$ 37,626.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 634,626.66
Massena Memorial Hospital	03001636	15-Dec	$ 4,250,000.00	$ 2,125,000.00	IGT	$ 104,411.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,354,411.82
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	15-Dec	$ 2,795,379.00	$ 1,397,689.50	IGT	$ 53,918.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,849,297.30
Montefiore New Rochelle Hospital (Sound Shore)	00274126	15-Dec	$ 2,127,280.00	$ 1,063,640.00	IGT	$ 416,399.42	$ -	$ -	$ -	$ 245,715.98	$ -	$ -	$ -	$ 2,789,395.40
Moses Ludington Hospital (Inter-Lakes)	03002375	15-Dec	$ -	$ -	N/A	$ 516,451.56	$ -	$ -	$ -	$ 528.58	$ -	$ -	$ -	$ 516,980.14
Nyack Hospital	00243967	15-Dec	$ -	$ -	N/A	$ 5,779.26	$ -	$ -	$ -	$ 190,874.29	$ -	$ -	$ -	$ 196,653.55
Orleans Community Health (Medina Memorial)	03000855	15-Dec	$ 144,299.00	$ 72,149.50	IGT	$ 926,621.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,070,920.32
River Hospital	02392854	15-Dec	$ 166,567.00	$ 83,283.50	IGT	$ 13,921.32	$ -	$ -	$ -	$ 328.70	$ -	$ -	$ -	$ 180,817.02
Rome Memorial Hospital	03001434	15-Dec	$ -	$ -	N/A	$ 136,187.69	$ -	$ -	$ -	$ 28,704.82	$ -	$ -	$ -	$ 164,892.51
St. James Mercy Hospital	00363162	15-Dec	$ 667,507.00	$ 333,753.50	IGT	$ 131,397.13	$ -	$ -	$ -	$ 58,891.84	$ -	$ -	$ -	$ 857,795.97
St. John's Episcopal Hospital	00729382	15-Dec	$ 1,000,000.00	$ 500,000.00	IGT	$ 1,690,397.79	$ -	$ -	$ -	$ 107,416.50	$ -	$ -	$ -	$ 2,797,814.29
St. Joseph's Yonkers	02999957	15-Dec	$ 1,117,752.00	$ 558,876.00	IGT	$ 587,796.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,705,548.76
St. Luke's-Cornwall Hospital	00273863	15-Dec	$ -	$ -	N/A	$ 587,272.74	$ -	$ -	$ -	$ 70,019.76	$ -	$ -	$ -	$ 657,292.50
TLC Health Network (Irving)	02995848	15-Dec	$ 644,550.00	$ 322,275.00	IGT	$ 35,732.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 680,282.42
Woman's Christian Association	00354623	15-Dec	$ 1,551,174.00	$ 775,587.00	IGT	$ 1,389,246.79	$ -	$ -	$ -	$ 576,097.26	$ -	$ -	$ -	$ 3,516,518.05
Wyckoff Heights Medical Center	02996972	15-Dec	$ 4,000,000.00	$ 2,000,000.00	IGT	$ 2,030,292.56	$ -	$ -	$ -	$ 469,550.62	$ -	$ -	$ -	$ 6,499,843.18
Wyoming County Comm. Health System	00310889	15-Dec	$ 144,940.00	$ 72,470.00	IGT	$ 60,400.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 205,340.79
Total			**$ 42,512,969.00**	**$ 21,256,484.50**		**$ 16,592,218.25**	**$ -**	**$ -**	**$ -**	**$ 2,748,721.87**	**$ -**	**$ -**	**$ 184,500.00**	**$ 62,038,409.12**

**All other Medicaid payments received by the provider are based on the November 25 - December 15, 2014 time period*

Prior Report:

Date Submitted to CMS: 7/1/2014, 8/11/2014, 9/4/2014, 9/25/2014, 10/27/2014, 11/24/2014

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	PDG	Total
Auburn Community Hospital	00347553	N/A	$ 3,845,348.00	$ 1,922,674.00	IGT	$ 1,676,207.66	$ -	$ -	$ -	$ 209,310.55	$ -	$ -	$ 184,500.00	$ 5,915,366.21
Bon Secours Charity Health System	00273905	N/A	$ 2,105,621.00	$ 1,052,810.50	IGT	$ 1,861,687.28	$ -	$ -	$ -	$ 561,581.47	$ -	$ -	$ -	$ 4,528,889.75
Brookdale Hospital	02998667	N/A	$ 50,280,433.00	$ 25,140,216.50	IGT	$ 35,488,047.05	$ -	$ -	$ -	$ 4,029,388.33	$ -	$ -	$ -	$ 89,797,868.38
Brookhaven Memorial Medical Center	00245529	N/A	$ 323,572.00	$ 161,786.00	N/A	$ 6,397,485.90	$ -	$ -	$ -	$ 635,352.71	$ 98,796.00	$ -	$ -	$ 7,455,206.61
Carthage Area Hospital	03000635	N/A	$ 7,824,794.00	$ 3,912,397.00	IGT	$ 349,162.79	$ -	$ 125,000.00	$ -	$ 63,220.92	$ -	$ -	$ -	$ 8,362,177.71
Cuba Memorial	00354238	N/A	$ 3,753,182.00	$ 1,876,591.00	IGT	$ 130,671.73	$ -	$ 157,500.00	$ -	$ 3,200.39	$ -	$ -	$ -	$ 4,044,554.12
Eastern Niagara Hospital	00354389	N/A	$ 474,833.00	$ 237,416.50	IGT	$ 1,848,486.28	$ -	$ -	$ -	$ 321,812.03	$ -	$ -	$ -	$ 2,645,131.31
Gouverneur Hospital (Edward J Noble)	03001576	N/A	$ 2,066,987.00	$ 1,033,493.50	IGT	$ 292,688.51	$ -	$ -	$ -	$ 61,525.45	$ -	$ -	$ -	$ 2,421,200.96
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	N/A	$ 2,445,639.00	$ 1,222,819.50	IGT	$ 1,416,832.22	$ -	$ 1,250,000.00	$ -	$ -	$ -	$ -	$ -	$ 5,112,471.22
Interfaith Medical Center	00734336	N/A	$ 18,877,176.00	$ 9,438,588.00	IGT	$ 17,383,105.62	$ -	$ -	$ -	$ 2,881,517.47	$ 200,826.00	$ -	$ -	$ 39,342,625.09
Kingsbrook Jewish Medical Center	02998745	N/A	$ 13,826,210.00	$ 6,913,105.00	IGT	$ 12,636,575.67	$ -	$ -	$ -	$ 561,474.81	$ -	$ -	$ -	$ 27,024,260.48
Lewis County General Hospital	03001627	N/A	$ 2,562,844.00	$ 1,281,422.00	IGT	$ 472,487.06	$ -	$ 579,399.00	$ -	$ -	$ -	$ -	$ -	$ 3,614,730.06
Massena Memorial Hospital	03001636	N/A	$ -	$ -	N/A	$ 1,042,081.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,042,081.76
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	N/A	$ 7,358,087.00	$ 3,679,043.50	IGT	$ 573,627.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,931,714.69
Montefiore New Rochelle Hospital (Sound Shore)	00274126	N/A	$ 10,537,899.00	$ 5,268,949.50	IGT	$ 5,748,728.67	$ -	$ -	$ -	$ 753,574.03	$ 706,542.00	$ -	$ -	$ 17,746,743.70
Moses Ludington Hospital (Inter-Lakes)	03002375	N/A	$ 727,228.00	$ 363,614.00	IGT	$ 7,420,151.65	$ -	$ 179,900.00	$ -	$ 5,130.47	$ -	$ -	$ -	$ 8,332,410.12
Nyack Hospital	00243967	N/A	$ 5,170,992.00	$ 2,585,496.00	IGT	$ 111,806.13	$ -	$ -	$ -	$ 932,666.21	$ -	$ 3,310.67	$ -	$ 6,218,775.01
Orleans Community Health (Medina Memorial)	03000855	N/A	$ 1,294,030.00	$ 647,015.00	N/A	$ 8,681,004.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,975,034.70
River Hospital	02392854	N/A	$ 581,964.00	$ 290,982.00	N/A	$ 185,962.71	$ -	$ 963,347.50	$ -	$ 2,628.56	$ -	$ -	$ -	$ 1,733,902.77
Rome Memorial Hospital	03001434	N/A	$ 134,342.00	$ 67,171.00	IGT	$ 1,559,546.09	$ -	$ -	$ -	$ 267,242.13	$ -	$ -	$ -	$ 1,961,130.22
St. James Mercy Hospital	00363162	N/A	$ 3,496,587.00	$ 1,748,293.50	IGT	$ 1,446,877.38	$ -	$ -	$ -	$ 561,685.15	$ -	$ -	$ -	$ 5,505,149.53
St. John's Episcopal Hospital	00729382	N/A	$ 1,044,288.00	$ 522,144.00	IGT	$ 23,145,546.55	$ -	$ -	$ -	$ 1,196,153.69	$ -	$ -	$ -	$ 25,385,988.24
St. Joseph's Yonkers	02999957	N/A	$ 1,001,035.00	$ 500,517.50	IGT	$ 7,831,673.44	$ -	$ -	$ -	$ 1,227,036.76	$ 633,529.00	$ -	$ -	$ 10,693,274.20
St. Luke's-Cornwall Hospital	00273863	N/A	$ -	$ -	N/A	$ 4,842,702.88	$ -	$ -	$ -	$ 662,741.95	$ -	$ -	$ -	$ 5,505,444.83
TLC Health Network (Irving)	02995848	N/A	$ 2,580,405.00	$ 1,290,202.50	IGT	$ 462,107.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,042,512.15
Woman's Christian Association	00354623	N/A	$ -	$ -	IGT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Wyckoff Heights Medical Center	02996972	N/A	$ 3,299,964.00	$ 1,649,982.00	IGT	$ 26,345,041.79	$ 6,871.00	$ 660,900.00	$ -	$ 4,379,667.18	$ 222,908.00	$ -	$ -	$ 34,915,351.97
Wyoming County Comm. Health System	00310889	N/A	$ 1,371,471.00	$ 685,735.50	IGT	$ 647,535.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,019,006.14
Total			**$ 146,984,931.00**	**$ 73,492,465.50**		**$ 169,997,831.50**	**$ 6,871.00**	**$ 3,916,046.50**	**$ -**	**$ 19,316,910.26**	**$ 1,862,601.00**	**$ 3,310.67**	**$ 184,500.00**	**$ 342,273,001.93**

**All other Medicaid payments received by the provider are based on the April 1 -November 24, 2014 time period*

Cumulative Report:

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	PDG	Total
Auburn Community Hospital	00347553	N/A	$ 3,845,348.00	$ 1,922,674.00	IGT	$ 1,765,556.99	$ -	$ -	$ -	$ 214,303.81	$ -	$ -	$ 369,000.00	$ 6,194,208.80
Bon Secours Charity Health System	00273905	N/A	$ 2,467,845.00	$ 1,233,922.50	IGT	$ 2,078,096.14	$ -	$ -	$ -	$ 632,336.91	$ -	$ -	$ -	$ 5,178,278.05
Brookdale Hospital	02998667	N/A	$ 62,904,065.00	$ 31,452,032.50	IGT	$ 38,908,778.59	$ -	$ -	$ -	$ 4,455,861.19	$ -	$ -	$ -	$ 106,268,704.78
Brookhaven Memorial Medical Center	00245529	N/A	$ 2,123,699.00	$ 1,061,849.50	IGT	$ 7,537,697.29	$ -	$ -	$ -	$ 704,644.01	$ 98,796.00	$ -	$ -	$ 10,464,836.30
Carthage Area Hospital	03000635	N/A	$ 7,995,426.00	$ 3,997,713.00	IGT	$ 385,374.28	$ -	$ 125,000.00	$ -	$ 69,060.20	$ -	$ -	$ -	$ 8,574,860.48
Cuba Memorial	00354238	N/A	$ 4,070,039.00	$ 2,035,019.50	IGT	$ 139,293.38	$ -	$ 157,500.00	$ -	$ 3,537.65	$ -	$ -	$ -	$ 4,370,370.03
Eastern Niagara Hospital	00354389	N/A	$ 1,975,586.00	$ 987,793.00	IGT	$ 1,993,021.77	$ -	$ -	$ -	$ 357,143.87	$ -	$ -	$ -	$ 4,325,751.64
Gouverneur Hospital (Edward J Noble)	03001576	N/A	$ 2,066,987.00	$ 1,033,493.50	IGT	$ 317,379.26	$ -	$ -	$ -	$ 67,634.91	$ -	$ -	$ -	$ 2,452,001.17
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	N/A	$ 3,073,735.00	$ 1,536,867.50	IGT	$ 1,496,402.10	$ -	$ 1,250,000.00	$ -	$ -	$ -	$ -	$ -	$ 5,820,137.10
Interfaith Medical Center	00734336	N/A	$ 22,423,042.00	$ 11,211,521.00	IGT	$ 18,928,051.57	$ -	$ -	$ -	$ 3,195,072.39	$ 200,826.00	$ -	$ -	$ 44,746,991.96
Kingsbrook Jewish Medical Center	02998745	N/A	$ 16,184,544.00	$ 8,092,272.00	IGT	$ 13,799,663.26	$ -	$ -	$ -	$ 629,382.71	$ -	$ -	$ -	$ 30,613,589.97
Lewis County General Hospital	03001627	N/A	$ 3,159,844.00	$ 1,579,922.00	IGT	$ 510,113.72	$ -	$ 579,399.00	$ -	$ -	$ -	$ -	$ -	$ 4,249,356.72
Massena Memorial Hospital	03001636	N/A	$ 4,250,000.00	$ 2,125,000.00	N/A	$ 1,146,493.58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,396,493.58
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	N/A	$ 10,153,466.00	$ 5,076,733.00	IGT	$ 627,545.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,781,011.99
Montefiore New Rochelle Hospital (Sound Shore)	00274126	N/A	$ 12,665,179.00	$ 6,332,589.50	IGT	$ 6,165,128.09	$ -	$ -	$ -	$ 999,290.01	$ 706,542.00	$ -	$ -	$ 20,536,139.10
Moses Ludington Hospital (Inter-Lakes)	03002375	N/A	$ 727,228.00	$ 363,614.00	IGT	$ 7,936,603.21	$ -	$ 179,900.00	$ -	$ 5,659.05	$ -	$ -	$ -	$ 8,849,390.26
Nyack Hospital	00243967	N/A	$ 5,170,992.00	$ 2,585,496.00	IGT	$ 117,585.39	$ -	$ -	$ -	$ 1,123,540.50	$ -	$ 3,310.67	$ -	$ 6,415,428.56
Orleans Community Health (Medina Memorial)	03000855	N/A	$ 1,438,329.00	$ 719,164.50	N/A	$ 9,607,626.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,045,955.02
River Hospital	02392854	N/A	$ 748,531.00	$ 374,265.50	IGT	$ 199,884.03	$ -	$ 963,347.50	$ -	$ 2,957.26	$ -	$ -	$ -	$ 1,914,719.79
Rome Memorial Hospital	03001434	N/A	$ 134,342.00	$ 67,171.00	IGT	$ 1,695,733.78	$ -	$ -	$ -	$ 295,946.95	$ -	$ -	$ -	$ 2,126,022.73
St. James Mercy Hospital	00363162	N/A	$ 4,164,094.00	$ 2,082,047.00	IGT	$ 1,578,274.51	$ -	$ -	$ -	$ 620,576.99	$ -	$ -	$ -	$ 6,362,945.50
St. John's Episcopal Hospital	00729382	N/A	$ 2,044,288.00	$ 1,022,144.00	IGT	$ 24,835,944.34	$ -	$ -	$ -	$ 1,303,570.19	$ -	$ -	$ -	$ 28,183,802.53
St. Joseph's Yonkers	02999957	N/A	$ 2,118,787.00	$ 1,059,393.50	IGT	$ 8,419,470.20	$ -	$ -	$ -	$ 1,227,036.76	$ 633,529.00	$ -	$ -	$ 12,398,822.96
St. Luke's-Cornwall Hospital	00273863	N/A	$ -	$ -	N/A	$ 5,429,975.62	$ -	$ -	$ -	$ 732,761.71	$ -	$ -	$ -	$ 6,162,737.33
TLC Health Network (Irving)	02995848	N/A	$ 3,224,955.00	$ 1,612,477.50	IGT	$ 497,839.57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,722,794.57
Woman's Christian Association	00354623	N/A	$ 1,551,174.00	$ 775,587.00	IGT	$ 1,389,246.79	$ -	$ -	$ -	$ 576,097.26	$ -	$ -	$ -	$ 3,516,518.05
Wyckoff Heights Medical Center	02996972	N/A	$ 7,299,964.00	$ 3,649,982.00	IGT	$ 28,375,334.35	$ 6,871.00	$ 660,900.00	$ -	$ 4,849,217.80	$ 222,908.00	$ -	$ -	$ 41,415,195.15
Wyoming County Comm. Health System	00310889	N/A	$ 1,516,411.00	$ 758,205.50	IGT	$ 707,935.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,224,346.93
Total			**$ 189,497,900.00**	**$ 94,748,950.00**		**$ 186,590,049.75**	**$ 6,871.00**	**$ 3,916,046.50**	**$ -**	**$ 22,065,632.13**	**$ 1,862,601.00**	**$ 3,310.67**	**$ 369,000.00**	**$ 404,311,411.05**

**All other Medicaid payments received by the provider are based on the April 1 - December 15, 2014 time period*

New York State Medicaid Redesign Team (MRT) Interim Access Assurance Fund (IAAF) Payment Report

Current Report:

Date Submitted to CMS: **10/27/14**

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	Total
Bon Secours Charity Health System	00273905	15-Oct	$ 30,426.00	$ 15,213.00	IGT	$ 242,017.56	$ -	$ -	$ -	$ 107,995.14	$ -	$ -	$ 380,438.70
Brookdale Hospital	02998667	15-Oct	$ 5,000,000.00	$ 2,500,000.00	IGT	$ 5,002,406.54	$ -	$ -	$ -	$ 650,932.26	$ -	$ -	$ 10,653,338.80
Brookhaven Memorial Medical Center	00245529	15-Oct	$ 323,572.00	$ 161,786.00	IGT	$ 814,365.39	$ -	$ -	$ -	$ 105,760.40	$ 0.20	$ -	$ 1,243,697.99
Carthage Area Hospital	03000635	15-Oct	$ 930,746.00	$ 465,373.00	IGT	$ 42,457.30	$ -	$ -	$ -	$ 8,912.58	$ -	$ -	$ 982,115.88
Cuba Memorial	00354238	15-Oct	$ 12,868.00	$ 6,434.00	IGT	$ 17,349.18	$ -	$ -	$ -	$ 514.76	$ -	$ -	$ 30,731.94
Gouverneur Hospital (Edward J Noble)	03001576	15-Oct	$ -	$ -	N/A	$ 42,839.46	$ -	$ -	$ -	$ 9,324.96	$ -	$ -	$ 52,164.42
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	15-Oct	$ 248,615.00	$ 124,307.50	IGT	$ 209,309.43	$ -	$ -	$ -	$ -	$ -	$ -	$ 457,924.43
Interfaith Medical Center	00734336	15-Oct	$ -	$ -	N/A	$ 2,704,180.87	$ -	$ -	$ -	$ 478,583.82	$ -	$ -	$ 3,182,764.69
Kingsbrook Jewish Medical Center	02998745	15-Oct	$ 2,270,833.00	$ 1,135,416.50	IGT	$ 1,886,922.61	$ -	$ -	$ -	$ 103,648.90	$ -	$ -	$ 4,261,404.51
Lewis County General Hospital	03001627	15-Oct	$ 683,257.00	$ 341,628.50	IGT	$ 83,324.96	$ -	$ -	$ -	$ -	$ -	$ -	$ 766,581.96
Massena Memorial Hospital	03001636	15-Oct	$ -	$ -	N/A	$ 209,218.17	$ -	$ -	$ -	$ -	$ -	$ -	$ 209,218.17
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	15-Oct	$ 284,846.00	$ 142,423.00	IGT	$ 71,792.21	$ -	$ -	$ -	$ -	$ -	$ -	$ 356,638.21
Montefiore New Rochelle Hospital (Sound Shore)	00274126	15-Oct	$ -	$ -	N/A	$ 773,865.39	$ -	$ -	$ -	$ 375,040.18	$ -	$ -	$ 1,148,905.57
Moses Ludington Hospital (Inter-Lakes)	03002375	15-Oct	$ -	$ -	N/A	$ 1,010,026.05	$ -	$ -	$ -	$ 806.78	$ -	$ -	$ 1,010,832.83
Nyack Hospital	00243967	15-Oct	$ 259,720.00	$ 129,860.00	IGT	$ 23,323.08	$ -	$ -	$ -	$ 165,234.46	$ -	$ 3,310.67	$ 448,277.54
Orleans Community Health (Medina Memorial)	03000855	15-Oct	$ -	$ -	N/A	$ 1,367,389.23	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,367,389.23
River Hospital	02392854	15-Oct	$ 257,267.00	$ 128,633.50	IGT	$ 21,611.36	$ -	$ -	$ -	$ 501.70	$ -	$ -	$ 279,380.06
Rome Memorial Hospital	03001434	15-Oct	$ 48,343.00	$ 24,171.50	IGT	$ 224,506.31	$ -	$ -	$ -	$ 43,812.62	$ -	$ -	$ 316,661.93
St. James Mercy Hospital	00363162	15-Oct	$ 902,605.00	$ 451,302.50	IGT	$ 145,923.69	$ -	$ -	$ -	$ 89,887.54	$ -	$ -	$ 1,138,416.23
St. John's Episcopal Hospital	00729382	15-Oct	$ -	$ -	N/A	$ 3,203,963.26	$ -	$ -	$ -	$ 163,951.50	$ -	$ -	$ 3,367,914.76
St. Joseph's Yonkers	02999957	15-Oct	$ -	$ -	N/A	$ 1,092,379.73	$ -	$ -	$ -	$ (2.00)	$ -	$ -	$ 1,092,377.73
St. Luke's-Cornwall Hospital	00273863	15-Oct	$ -	$ -	N/A	$ 766,841.42	$ -	$ -	$ -	$ 106,872.26	$ -	$ -	$ 873,713.68
TLC Health Network (Irving)	02995848	15-Oct	$ -	$ -	N/A	$ 61,432.49	$ -	$ -	$ -	$ -	$ -	$ -	$ 61,432.49
Wyckoff Heights Medical Center	02996972	15-Oct	$ -	$ -	N/A	$ 3,585,647.93	$ -	$ -	$ -	$ 716,682.52	$ -	$ -	$ 4,302,330.45
Wyoming County Comm. Health System	00310889	15-Oct	$ 214,012.00	$ 107,006.00	IGT	$ 98,002.25	$ -	$ -	$ -	$ -	$ -	$ -	$ 312,014.25
Total			**$ 11,467,110.00**	**$ 5,733,555.00**		**$ 23,701,095.87**	**$ -**	**$ -**	**$ -**	**$ 3,128,460.38**	**$ 0.20**	**$ 3,310.67**	**$ 38,296,666.45**

**All other Medicaid payments received by the provider are based on the September 26 - October 27, 2014 time period*

Prior Report:

Date Submitted to CMS: **7/01/2014 & 8/11/2014 & 9/4/2014 & 9/25/2014**

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	Total
Bon Secours Charity Health System	00273905	N/A	$ 1,997,108.00	$ 998,554.00	IGT	$ 1,380,203.49	$ -	$ -	$ -	$ 399,588.76	$ -	$ -	$ 3,776,900.25
Brookdale Hospital	02998667	N/A	$ 39,802,980.00	$ 19,901,490.00	IGT	$ 26,574,172.30	$ -	$ -	$ -	$ 3,052,989.94	$ -	$ -	$ 69,430,142.24
Brookhaven Memorial Medical Center	00245529	N/A	$ -	$ -	N/A	$ 4,955,581.88	$ -	$ -	$ -	$ 476,712.11	$ 98,796.00	$ -	$ 5,531,089.99
Carthage Area Hospital	03000635	N/A	$ 5,264,356.00	$ 2,632,178.00	IGT	$ 267,396.28	$ -	$ 125,000.00	$ -	$ 49,852.05	$ -	$ -	$ 5,706,604.33
Cuba Memorial	00354238	N/A	$ 3,130,283.00	$ 1,565,141.50	IGT	$ 101,344.19	$ -	$ 157,500.00	$ -	$ 2,428.25	$ -	$ -	$ 3,391,555.44
Gouverneur Hospital (Edward J Noble)	03001576	N/A	$ 2,066,987.00	$ 1,033,493.50	IGT	$ 215,579.71	$ -	$ -	$ -	$ 47,538.01	$ -	$ -	$ 2,330,104.72
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	N/A	$ 2,197,024.00	$ 1,098,512.00	IGT	$ 1,113,010.95	$ -	$ 1,250,000.00	$ -	$ -	$ -	$ -	$ 4,560,034.95
Interfaith Medical Center	00734336	N/A	$ 18,877,176.00	$ 9,438,588.00	IGT	$ 12,539,698.33	$ -	$ -	$ -	$ 2,163,641.74	$ 200,826.00	$ -	$ 33,781,342.07
Kingsbrook Jewish Medical Center	02998745	N/A	$ 9,426,736.00	$ 4,713,368.00	IGT	$ 9,360,277.17	$ -	$ -	$ -	$ 406,001.46	$ -	$ -	$ 19,193,014.63
Lewis County General Hospital	03001627	N/A	$ 1,879,587.00	$ 939,793.50	IGT	$ 330,875.04	$ -	$ 579,399.00	$ -	$ -	$ -	$ -	$ 2,789,861.04
Massena Memorial Hospital	03001636	N/A	$ -	$ -	N/A	$ 724,387.01	$ -	$ -	$ -	$ -	$ -	$ -	$ 724,387.01
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	N/A	$ 6,270,114.00	$ 3,135,057.00	IGT	$ 433,249.40	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,703,363.40
Montefiore New Rochelle Hospital (Sound Shore)	00274126	N/A	$ 8,172,539.00	$ 4,086,269.50	IGT	$ 4,102,492.08	$ -	$ -	$ -	$ 191,013.76	$ 706,542.00	$ -	$ 13,172,586.84
Moses Ludington Hospital (Inter-Lakes)	03002375	N/A	$ 727,228.00	$ 363,614.00	IGT	$ 5,667,031.75	$ -	$ 179,900.00	$ -	$ 3,920.30	$ -	$ -	$ 6,578,080.05
Nyack Hospital	00243967	N/A	$ 4,842,509.00	$ 2,421,254.50	IGT	$ 75,030.79	$ -	$ -	$ -	$ 767,431.75	$ -	$ -	$ 5,684,971.54
Orleans Community Health (Medina Memorial)	03000855	N/A	$ -	$ -	N/A	$ 6,078,681.60	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,078,681.60
River Hospital	02392854	N/A	$ 129,680.00	$ 64,840.00	N/A	$ 143,945.62	$ -	$ 963,347.50	$ -	$ 1,876.01	$ -	$ -	$ 1,238,849.13
Rome Memorial Hospital	03001434	N/A	$ 85,999.00	$ 42,999.50	IGT	$ 1,185,783.41	$ -	$ -	$ -	$ 201,523.20	$ -	$ -	$ 1,473,305.61
St. James Mercy Hospital	00363162	N/A	$ 2,258,395.00	$ 1,129,197.50	IGT	$ 1,140,237.54	$ -	$ -	$ -	$ 426,853.84	$ -	$ -	$ 3,825,486.38
St. John's Episcopal Hospital	00729382	N/A	$ 711,191.00	$ 355,595.50	IGT	$ 16,905,851.80	$ -	$ -	$ -	$ 950,226.44	$ -	$ -	$ 18,567,269.24
St. Joseph's Yonkers	02999957	N/A	$ 1,001,035.00	$ 500,517.50	IGT	$ 5,843,800.82	$ -	$ -	$ -	$ 1,227,036.76	$ 633,529.00	$ -	$ 8,705,401.58
St. Luke's-Cornwall Hospital	00273863	N/A	$ -	$ -	N/A	$ 3,557,487.59	$ -	$ -	$ -	$ 502,433.56	$ -	$ -	$ 4,059,921.15
TLC Health Network (Irving)	02995848	N/A	$ 2,580,405.00	$ 1,290,202.50	IGT	$ 336,925.54	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,917,330.54
Wyckoff Heights Medical Center	02996972	N/A	$ 3,299,964.00	$ 1,649,982.00	IGT	$ 19,774,739.79	$ -	$ 660,900.00	$ -	$ 3,304,643.40	$ 222,908.00	$ -	$ 27,263,155.19
Wyoming County Comm. Health System	00310889	N/A	$ 975,218.00	$ 487,609.00	IGT	$ 451,126.10	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,426,344.10
Total			**$ 115,696,514.00**	**$ 57,848,257.00**		**$ 123,258,910.18**	**$ -**	**$ 3,916,046.50**	**$ -**	**$ 14,175,711.34**	**$ 1,862,601.00**	**$ -**	**$ 258,909,783.02**

**All other Medicaid payments received by the provider are based on the April 1 -September 25, 2014 time period*

Cumulative Report:

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	Total
Bon Secours Charity Health System	00273905	N/A	$ 2,027,534.00	$ 1,013,767.00	IGT	$ 1,622,221.05	$ -	$ -	$ -	$ 507,583.90	$ -	$ -	$ 4,157,338.95
Brookdale Hospital	02998667	N/A	$ 44,802,980.00	$ 22,401,490.00	IGT	$ 31,576,578.84	$ -	$ -	$ -	$ 3,703,922.20	$ -	$ -	$ 80,083,481.04
Brookhaven Memorial Medical Center	00245529	N/A	$ 323,572.00	$ 161,786.00	IGT	$ 5,769,947.27	$ -	$ -	$ -	$ 582,472.51	$ 98,796.20	$ -	$ 6,774,787.98
Carthage Area Hospital	03000635	N/A	$ 6,195,102.00	$ 3,097,551.00	IGT	$ 309,853.58	$ -	$ 125,000.00	$ -	$ 58,764.63	$ -	$ -	$ 6,688,720.21
Cuba Memorial	00354238	N/A	$ 3,143,151.00	$ 1,571,575.50	IGT	$ 118,693.37	$ -	$ 157,500.00	$ -	$ 2,943.01	$ -	$ -	$ 3,422,287.38
Gouverneur Hospital (Edward J Noble)	03001576	N/A	$ 2,066,987.00	$ 1,033,493.50	IGT	$ 258,419.17	$ -	$ -	$ -	$ 56,862.97	$ -	$ -	$ 2,382,269.14
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	N/A	$ 2,445,639.00	$ 1,222,819.50	IGT	$ 1,322,320.38	$ -	$ 1,250,000.00	$ -	$ -	$ -	$ -	$ 5,017,959.38
Interfaith Medical Center	00734336	N/A	$ 18,877,176.00	$ 9,438,588.00	IGT	$ 15,243,879.20	$ -	$ -	$ -	$ 2,642,225.56	$ 200,826.00	$ -	$ 36,964,106.76
Kingsbrook Jewish Medical Center	02998745	N/A	$ 11,697,569.00	$ 5,848,784.50	IGT	$ 11,247,199.78	$ -	$ -	$ -	$ 509,650.36	$ -	$ -	$ 23,454,419.14
Lewis County General Hospital	03001627	N/A	$ 2,562,844.00	$ 1,281,422.00	IGT	$ 414,200.00	$ -	$ 579,399.00	$ -	$ -	$ -	$ -	$ 3,556,443.00
Massena Memorial Hospital	03001636	N/A	$ -	$ -	N/A	$ 933,605.18	$ -	$ -	$ -	$ -	$ -	$ -	$ 933,605.18
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	N/A	$ 6,554,960.00	$ 3,277,480.00	IGT	$ 505,041.61	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,060,001.61
Montefiore New Rochelle Hospital (Sound Shore)	00274126	N/A	$ 8,172,539.00	$ 4,086,269.50	IGT	$ 4,876,357.47	$ -	$ -	$ -	$ 566,053.94	$ 706,542.00	$ -	$ 14,321,492.41
Moses Ludington Hospital (Inter-Lakes)	03002375	N/A	$ 727,228.00	$ 363,614.00	IGT	$ 6,677,057.80	$ -	$ 179,900.00	$ -	$ 4,727.08	$ -	$ -	$ 7,588,912.88
Nyack Hospital	00243967	N/A	$ 5,102,229.00	$ 2,551,114.50	IGT	$ 98,353.87	$ -	$ -	$ -	$ 932,666.21	$ -	$ 3,310.67	$ 6,133,249.08
Orleans Community Health (Medina Memorial)	03000855	N/A	$ -	$ -	N/A	$ 7,446,070.83	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,446,070.83
River Hospital	02392854	N/A	$ 386,947.00	$ 193,473.50	IGT	$ 165,556.98	$ -	$ 963,347.50	$ -	$ 2,377.71	$ -	$ -	$ 1,518,229.19
Rome Memorial Hospital	03001434	N/A	$ 134,342.00	$ 67,171.00	IGT	$ 1,410,289.72	$ -	$ -	$ -	$ 245,335.82	$ -	$ -	$ 1,789,967.54
St. James Mercy Hospital	00363162	N/A	$ 3,161,000.00	$ 1,580,500.00	IGT	$ 1,286,161.23	$ -	$ -	$ -	$ 516,741.38	$ -	$ -	$ 4,963,902.61
St. John's Episcopal Hospital	00729382	N/A	$ 711,191.00	$ 355,595.50	IGT	$ 20,109,815.06	$ -	$ -	$ -	$ 1,114,177.94	$ -	$ -	$ 21,935,184.00
St. Joseph's Yonkers	02999957	N/A	$ 1,001,035.00	$ 500,517.50	IGT	$ 6,936,180.55	$ -	$ -	$ -	$ 1,227,034.76	$ 633,529.00	$ -	$ 9,797,779.31
St. Luke's-Cornwall Hospital	00273863	N/A	$ -	$ -	N/A	$ 4,324,329.01	$ -	$ -	$ -	$ 609,305.82	$ -	$ -	$ 4,933,634.83
TLC Health Network (Irving)	02995848	N/A	$ 2,580,405.00	$ 1,290,202.50	IGT	$ 398,358.03	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,978,763.03
Wyckoff Heights Medical Center	02996972	N/A	$ 3,299,964.00	$ 1,649,982.00	IGT	$ 23,360,387.72	$ -	$ 660,900.00	$ -	$ 4,021,325.92	$ 222,908.00	$ -	$ 31,565,485.64
Wyoming County Comm. Health System	00310889	N/A	$ 1,189,230.00	$ 594,615.00	IGT	$ 549,128.35	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,738,358.35
Total			**$ 127,163,624.00**	**$ 63,581,812.00**		**$ 146,960,006.05**	**$ -**	**$ 3,916,046.50**	**$ -**	**$ 17,304,171.72**	**$ 1,862,601.20**	**$ 3,310.67**	**$ 297,206,449.47**

**All other Medicaid payments received by the provider are based on the April 1 - October 27, 2014 time period*

New York State Medicaid Redesign Team (MRT) Interim Access Assurance Fund (IAAF) Payment Report

Current Report:

Date Submitted to CMS: **11/24/14**

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	PDG	Total
Auburn Community Hospital	00347553	17-Nov	$ 3,845,348.00	$ 1,922,674.00	IGT	$ 1,676,207.66	$ -	$ -	$ -	$ 209,310.55	$ -	$ -	$ 184,500.00	$ 5,915,366.21
Bon Secours Charity Health System	00273905	17-Nov	$ 78,087.00	$ 39,043.50	IGT	$ 239,466.23	$ -	$ -	$ -	$ 53,997.57	$ -	$ -	$ -	$ 371,550.80
Brookdale Hospital	02998667	17-Nov	$ 5,477,453.00	$ 2,738,726.50	IGT	$ 3,911,468.21	$ -	$ -	$ -	$ 325,466.13	$ -	$ -	$ -	$ 9,714,387.34
Brookhaven Memorial Medical Center	00245529	17-Nov	$ -	$ -	N/A	$ 627,538.63	$ -	$ -	$ -	$ 52,880.20	$ -	$ -	$ -	$ 680,418.83
Carthage Area Hospital	03000635	17-Nov	$ 1,629,692.00	$ 814,846.00	IGT	$ 39,309.21	$ -	$ -	$ -	$ 4,456.29	$ -	$ -	$ -	$ 1,673,457.50
Cuba Memorial	00354238	17-Nov	$ 610,031.00	$ 305,015.50	IGT	$ 11,978.36	$ -	$ -	$ -	$ 257.38	$ -	$ -	$ -	$ 622,266.74
Eastern Niagara Hospital	00354389	17-Nov	$ 474,833.00	$ 237,416.50	IGT	$ 1,848,486.28	$ -	$ -	$ -	$ 321,812.03	$ -	$ -	$ -	$ 2,645,131.31
Gouverneur Hospital (Edward J Noble)	03001576	17-Nov	$ -	$ -	N/A	$ 34,269.34	$ -	$ -	$ -	$ 4,662.48	$ -	$ -	$ -	$ 38,931.82
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	17-Nov	$ -	$ -	N/A	$ 94,511.84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 94,511.84
Interfaith Medical Center	00734336	17-Nov	$ -	$ -	N/A	$ 2,139,226.42	$ -	$ -	$ -	$ 239,291.91	$ -	$ -	$ -	$ 2,378,518.33
Kingsbrook Jewish Medical Center	02998745	17-Nov	$ 2,128,641.00	$ 1,064,320.50	IGT	$ 1,389,375.89	$ -	$ -	$ -	$ 51,824.45	$ -	$ -	$ -	$ 3,569,841.34
Lewis County General Hospital	03001627	17-Nov	$ -	$ -	N/A	$ 58,287.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 58,287.06
Massena Memorial Hospital	03001636	17-Nov	$ -	$ -	N/A	$ 108,476.58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 108,476.58
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	17-Nov	$ 803,127.00	$ 401,563.50	IGT	$ 68,586.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 871,713.08
Montefiore New Rochelle Hospital (Sound Shore)	00274126	17-Nov	$ 2,365,360.00	$ 1,182,680.00	N/A	$ 872,371.20	$ -	$ -	$ -	$ 187,520.09	$ -	$ -	$ -	$ 3,425,251.29
Moses Ludington Hospital (Inter-Lakes)	03002375	17-Nov	$ -	$ -	N/A	$ 743,093.85	$ -	$ -	$ -	$ 403.39	$ -	$ -	$ -	$ 743,497.24
Nyack Hospital	00243967	17-Nov	$ 68,763.00	$ 34,381.50	IGT	$ 13,452.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 82,215.26
Orleans Community Health (Medina Memorial)	03000855	17-Nov	$ 1,294,030.00	$ 647,015.00	N/A	$ 1,234,933.87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,528,963.87
River Hospital	02392854	17-Nov	$ 195,017.00	$ 97,508.50	IGT	$ 20,405.73	$ -	$ -	$ -	$ 250.85	$ -	$ -	$ -	$ 215,673.58
Rome Memorial Hospital	03001434	17-Nov	$ -	$ -	N/A	$ 149,256.37	$ -	$ -	$ -	$ 21,906.31	$ -	$ -	$ -	$ 171,162.68
St. James Mercy Hospital	00363162	17-Nov	$ 335,587.00	$ 167,793.50	IGT	$ 160,716.15	$ -	$ -	$ -	$ 44,943.77	$ -	$ -	$ -	$ 541,246.92
St. John's Episcopal Hospital	00729382	17-Nov	$ 333,097.00	$ 166,548.50	N/A	$ 3,035,731.49	$ -	$ -	$ -	$ 81,975.75	$ -	$ -	$ -	$ 3,450,804.24
St. Joseph's Yonkers	02999957	17-Nov	$ -	$ -	N/A	$ 895,492.89	$ -	$ -	$ -	$ 2.00	$ -	$ -	$ -	$ 895,494.89
St. Luke's-Cornwall Hospital	00273863	17-Nov	$ -	$ -	N/A	$ 518,373.87	$ -	$ -	$ -	$ 53,436.13	$ -	$ -	$ -	$ 571,810.00
TLC Health Network (Irving)	02995848	17-Nov	$ -	$ -	N/A	$ 63,749.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 63,749.12
Wyckoff Heights Medical Center	02996972	17-Nov	$ -	$ -	N/A	$ 2,984,654.07	$ 6,871.00	$ -	$ -	$ 358,341.26	$ -	$ -	$ -	$ 3,349,866.33
Wyoming County Comm. Health System	00310889	17-Nov	$ 182,241.00	$ 91,120.50	IGT	$ 98,406.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 280,647.79
Total			**$ 19,821,307.00**	**$ 9,910,653.50**		**$ 23,037,825.45**	**$ 6,871.00**	**$ -**	**$ -**	**$ 2,012,738.54**	**$ -**	**$ -**	**$ 184,500.00**	**$ 45,063,241.99**

*All other Medicaid payments received by the provider are based on the October 28 - November 24, 2014 time period

Prior Report:

Date Submitted to CMS: **7/1/2014, 8/11/2014, 9/4/2014, 9/25/2014, 10/27/2014**

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	PDG	Total
Auburn Community Hospital	00347553	N/A	$ -	$ -	IGT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bon Secours Charity Health System	00273905	N/A	$ 2,027,534.00	$ 1,013,767.00	IGT	$ 1,622,221.05	$ -	$ -	$ -	$ 507,583.90	$ -	$ -	$ -	$ 4,157,338.95
Brookdale Hospital	02998667	N/A	$ 44,802,980.00	$ 22,401,490.00	IGT	$ 31,576,578.84	$ -	$ -	$ -	$ 3,703,922.20	$ -	$ -	$ -	$ 80,083,481.04
Brookhaven Memorial Medical Center	00245529	N/A	$ 323,572.00	$ 161,786.00	N/A	$ 5,769,947.27	$ -	$ -	$ -	$ 582,472.51	$ 98,796.00	$ -	$ -	$ 6,774,787.78
Carthage Area Hospital	03000635	N/A	$ 6,195,102.00	$ 3,097,551.00	IGT	$ 309,853.58	$ -	$ 125,000.00	$ -	$ 58,764.63	$ -	$ -	$ -	$ 6,688,720.21
Cuba Memorial	00354238	N/A	$ 3,143,151.00	$ 1,571,575.50	IGT	$ 118,693.37	$ -	$ 157,500.00	$ -	$ 2,943.01	$ -	$ -	$ -	$ 3,422,287.38
Eastern Niagara Hospital	00354389	N/A	$ -	$ -	IGT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Gouverneur Hospital (Edward J Noble)	03001576	N/A	$ 2,066,987.00	$ 1,033,493.50	IGT	$ 258,419.17	$ -	$ -	$ -	$ 56,862.97	$ -	$ -	$ -	$ 2,382,269.14
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	N/A	$ 2,445,639.00	$ 1,222,819.50	IGT	$ 1,322,320.38	$ -	$ 1,250,000.00	$ -	$ -	$ -	$ -	$ -	$ 5,017,959.38
Interfaith Medical Center	00734336	N/A	$ 18,877,176.00	$ 9,438,588.00	IGT	$ 15,243,879.20	$ -	$ -	$ -	$ 2,642,225.56	$ 200,826.00	$ -	$ -	$ 36,964,106.76
Kingsbrook Jewish Medical Center	02998745	N/A	$ 11,697,569.00	$ 5,848,784.50	IGT	$ 11,247,199.78	$ -	$ -	$ -	$ 509,650.36	$ -	$ -	$ -	$ 23,454,419.14
Lewis County General Hospital	03001627	N/A	$ 2,562,844.00	$ 1,281,422.00	IGT	$ 414,200.00	$ -	$ 579,399.00	$ -	$ -	$ -	$ -	$ -	$ 3,556,443.00
Massena Memorial Hospital	03001636	N/A	$ -	$ -	N/A	$ 933,605.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 933,605.18
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	N/A	$ 6,554,960.00	$ 3,277,480.00	IGT	$ 505,041.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,060,001.61
Montefiore New Rochelle Hospital (Sound Shore)	00274126	N/A	$ 8,172,539.00	$ 4,086,269.50	IGT	$ 4,876,357.47	$ -	$ -	$ -	$ 566,053.94	$ 706,542.00	$ -	$ -	$ 14,321,492.41
Moses Ludington Hospital (Inter-Lakes)	03002375	N/A	$ 727,228.00	$ 363,614.00	IGT	$ 6,677,057.80	$ -	$ 179,900.00	$ -	$ 4,727.08	$ -	$ -	$ -	$ 7,588,912.88
Nyack Hospital	00243967	N/A	$ 5,102,229.00	$ 2,551,114.50	IGT	$ 98,353.87	$ -	$ -	$ -	$ 932,666.21	$ -	$ 3,310.67	$ -	$ 6,136,559.75
Orleans Community Health (Medina Memorial)	03000855	N/A	$ -	$ -	N/A	$ 7,446,070.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,446,070.83
River Hospital	02392854	N/A	$ 386,947.00	$ 193,473.50	N/A	$ 165,556.98	$ -	$ 963,347.50	$ -	$ 2,377.71	$ -	$ -	$ -	$ 1,518,229.19
Rome Memorial Hospital	03001434	N/A	$ 134,342.00	$ 67,171.00	IGT	$ 1,410,289.72	$ -	$ -	$ -	$ 245,335.82	$ -	$ -	$ -	$ 1,789,967.54
St. James Mercy Hospital	00363162	N/A	$ 3,161,000.00	$ 1,580,500.00	IGT	$ 1,286,161.23	$ -	$ -	$ -	$ 516,741.38	$ -	$ -	$ -	$ 4,963,902.61
St. John's Episcopal Hospital	00729382	N/A	$ 711,191.00	$ 355,595.50	IGT	$ 20,109,815.06	$ -	$ -	$ -	$ 1,114,177.94	$ -	$ -	$ -	$ 21,935,184.00
St. Joseph's Yonkers	02999957	N/A	$ 1,001,035.00	$ 500,517.50	IGT	$ 6,936,180.55	$ -	$ -	$ -	$ 1,227,034.76	$ 633,529.00	$ -	$ -	$ 9,797,779.31
St. Luke's-Cornwall Hospital	00273863	N/A	$ -	$ -	N/A	$ 4,324,329.01	$ -	$ -	$ -	$ 609,305.82	$ -	$ -	$ -	$ 4,933,634.83
TLC Health Network (Irving)	02995848	N/A	$ 2,580,405.00	$ 1,290,202.50	IGT	$ 398,358.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,978,763.03
Wyckoff Heights Medical Center	02996972	N/A	$ 3,299,964.00	$ 1,649,982.00	IGT	$ 23,360,387.72	$ -	$ 660,900.00	$ -	$ 4,021,325.92	$ 222,908.00	$ -	$ -	$ 31,565,485.64
Wyoming County Comm. Health System	00310889	N/A	$ 1,189,230.00	$ 594,615.00	IGT	$ 549,128.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,738,358.35
Total			**$ 127,163,624.00**	**$ 63,581,812.00**		**$ 146,960,006.05**	**$ -**	**$ 3,916,046.50**	**$ -**	**$ 17,304,171.72**	**$ 1,862,601.00**	**$ 3,310.67**	**$ -**	**$ 297,209,759.94**

*All other Medicaid payments received by the provider are based on the April 1 -October 27, 2014 time period

Cumulative Report:

Provider Name	Provider ID	Payment Date	IAAF Payments: Total Payment Amount	IAAF Payments: FFP Amount	IAAF Payments: Funding Source (Non-Federal Share)	All Other Medicaid Payments Received by the Provider*: Base	Supplemental	VAP	DSH	UPV	Medical Home Awards	OMIG	PDG	Total
Auburn Community Hospital	00347553	N/A	$ 3,845,348.00	$ 1,922,674.00	IGT	$ 1,676,207.66	$ -	$ -	$ -	$ 209,310.55	$ -	$ -	$ 184,500.00	$ 5,915,366.21
Bon Secours Charity Health System	00273905	N/A	$ 2,105,621.00	$ 1,052,810.50	IGT	$ 1,861,687.28	$ -	$ -	$ -	$ 561,581.47	$ -	$ -	$ -	$ 4,528,889.75
Brookdale Hospital	02998667	N/A	$ 50,280,433.00	$ 25,140,216.50	IGT	$ 35,488,047.05	$ -	$ -	$ -	$ 4,029,388.33	$ -	$ -	$ -	$ 89,797,868.38
Brookhaven Memorial Medical Center	00245529	N/A	$ 323,572.00	$ 161,786.00	IGT	$ 6,397,485.90	$ -	$ -	$ -	$ 635,352.71	$ 98,796.00	$ -	$ -	$ 7,455,206.61
Carthage Area Hospital	03000635	N/A	$ 7,824,794.00	$ 3,912,397.00	IGT	$ 349,162.79	$ -	$ 125,000.00	$ -	$ 63,220.92	$ -	$ -	$ -	$ 8,362,177.71
Cuba Memorial	00354238	N/A	$ 3,753,182.00	$ 1,876,591.00	IGT	$ 130,671.73	$ -	$ 157,500.00	$ -	$ 3,200.39	$ -	$ -	$ -	$ 4,044,554.12
Eastern Niagara Hospital	00354389	N/A	$ 474,833.00	$ 237,416.50	IGT	$ 1,848,486.28	$ -	$ -	$ -	$ 321,812.03	$ -	$ -	$ -	$ 2,645,131.31
Gouverneur Hospital (Edward J Noble)	03001576	N/A	$ 2,066,987.00	$ 1,033,493.50	IGT	$ 292,688.51	$ -	$ -	$ -	$ 61,525.45	$ -	$ -	$ -	$ 2,421,200.96
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	N/A	$ 2,445,639.00	$ 1,222,819.50	IGT	$ 1,416,832.22	$ -	$ 1,250,000.00	$ -	$ -	$ -	$ -	$ -	$ 5,112,471.22
Interfaith Medical Center	00734336	N/A	$ 18,877,176.00	$ 9,438,588.00	IGT	$ 17,383,105.62	$ -	$ -	$ -	$ 2,881,517.47	$ 200,826.00	$ -	$ -	$ 39,342,625.09
Kingsbrook Jewish Medical Center	02998745	N/A	$ 13,826,210.00	$ 6,913,105.00	IGT	$ 12,636,575.67	$ -	$ -	$ -	$ 561,474.81	$ -	$ -	$ -	$ 27,024,260.48
Lewis County General Hospital	03001627	N/A	$ 2,562,844.00	$ 1,281,422.00	IGT	$ 472,487.06	$ -	$ 579,399.00	$ -	$ -	$ -	$ -	$ -	$ 3,614,730.06
Massena Memorial Hospital	03001636	N/A	$ -	$ -	N/A	$ 1,042,081.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,042,081.76
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	N/A	$ 7,358,087.00	$ 3,679,043.50	IGT	$ 573,627.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,931,714.69
Montefiore New Rochelle Hospital (Sound Shore)	00274126	N/A	$ 10,537,899.00	$ 5,268,949.50	IGT	$ 5,748,728.67	$ -	$ -	$ -	$ 753,574.03	$ 706,542.00	$ -	$ -	$ 17,746,743.70
Moses Ludington Hospital (Inter-Lakes)	03002375	N/A	$ 727,228.00	$ 363,614.00	IGT	$ 7,420,151.65	$ -	$ 179,900.00	$ -	$ 5,130.47	$ -	$ -	$ -	$ 8,332,410.12
Nyack Hospital	00243967	N/A	$ 5,170,992.00	$ 2,585,496.00	IGT	$ 111,806.13	$ -	$ -	$ -	$ 932,666.21	$ -	$ 3,310.67	$ -	$ 6,218,775.01
Orleans Community Health (Medina Memorial)	03000855	N/A	$ 1,294,030.00	$ 647,015.00	N/A	$ 8,681,004.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,975,034.70
River Hospital	02392854	N/A	$ 581,964.00	$ 290,982.00	IGT	$ 185,962.71	$ -	$ 963,347.50	$ -	$ 2,628.56	$ -	$ -	$ -	$ 1,733,902.77
Rome Memorial Hospital	03001434	N/A	$ 134,342.00	$ 67,171.00	IGT	$ 1,559,546.09	$ -	$ -	$ -	$ 267,242.13	$ -	$ -	$ -	$ 1,961,130.22
St. James Mercy Hospital	00363162	N/A	$ 3,496,587.00	$ 1,748,293.50	IGT	$ 1,446,877.38	$ -	$ -	$ -	$ 561,685.15	$ -	$ -	$ -	$ 5,505,149.53
St. John's Episcopal Hospital	00729382	N/A	$ 1,044,288.00	$ 522,144.00	IGT	$ 23,145,546.55	$ -	$ -	$ -	$ 1,196,153.69	$ -	$ -	$ -	$ 25,385,988.24
St. Joseph's Yonkers	02999957	N/A	$ 1,001,035.00	$ 500,517.50	IGT	$ 7,831,673.44	$ -	$ -	$ -	$ 1,227,036.76	$ 633,529.00	$ -	$ -	$ 10,693,274.20
St. Luke's-Cornwall Hospital	00273863	N/A	$ -	$ -	N/A	$ 4,842,702.88	$ -	$ -	$ -	$ 662,741.95	$ -	$ -	$ -	$ 5,505,444.83
TLC Health Network (Irving)	02995848	N/A	$ 2,580,405.00	$ 1,290,202.50	IGT	$ 462,107.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,042,512.15
Wyckoff Heights Medical Center	02996972	N/A	$ 3,299,964.00	$ 1,649,982.00	IGT	$ 26,345,041.79	$ 6,871.00	$ 660,900.00	$ -	$ 4,379,667.18	$ 222,908.00	$ -	$ -	$ 34,915,351.97
Wyoming County Comm. Health System	00310889	N/A	$ 1,371,471.00	$ 685,735.50	IGT	$ 647,535.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,019,006.14
Total			**$ 146,984,931.00**	**$ 73,492,465.50**		**$ 169,997,831.50**	**$ 6,871.00**	**$ 3,916,046.50**	**$ -**	**$ 19,316,910.26**	**$ 1,862,601.00**	**$ 3,310.67**	**$ 184,500.00**	**$ 342,273,001.93**

*All other Medicaid payments received by the provider are based on the April 1 - November 24, 2014 time period

New York State Medicaid Redesign Team (MRT) Interim Access Assurance Fund (IAAF) Payment Report

Current Report:

Date Submitted to CMS: **12/15/14**

		IAAF Payments				All Other Medicaid Payments Received by the Provider*								
Provider Name	**Provider ID**	**Payment Date**	**Total Payment Amount**	**FFP Amount**	**Funding Source (Non-Federal Share)**	**Base**	**Supplemental**	**VAP**	**DSH**	**UPV**	**Medical Home Awards**	**OMIG**	**PDG**	**Total**
Auburn Community Hospital	00347553	15-Dec	$ -	$ -	N/A	$ 89,349.33	$ -	$ -	$ -	$ 4,993.26	$ -	$ -	$ 184,500.00	$ 278,842.59
Bon Secours Charity Health System	00273905	15-Dec	$ 362,224.00	$ 181,112.00	IGT	$ 216,408.86	$ -	$ -	$ -	$ 70,755.44	$ -	$ -	$ -	$ 649,388.30
Brookdale Hospital	02998667	10-Dec	$ 12,623,632.00	$ 6,311,816.00	IGT	$ 3,420,731.54	$ -	$ -	$ -	$ 426,472.86	$ -	$ -	$ -	$ 16,470,836.40
Brookhaven Memorial Medical Center	00245529	15-Dec	$ 1,800,127.00	$ 900,063.50	IGT	$ 1,140,211.39	$ -	$ -	$ -	$ 69,363.30	$ -	$ -	$ -	$ 3,009,701.69
Carthage Area Hospital	03000635	15-Dec	$ 170,632.00	$ 85,316.00	IGT	$ 36,211.49	$ -	$ -	$ -	$ 5,839.28	$ -	$ -	$ -	$ 212,682.77
Cuba Memorial	00354238	15-Dec	$ 316,857.00	$ 158,428.50	IGT	$ 8,621.65	$ -	$ -	$ -	$ 337.25	$ -	$ -	$ -	$ 325,815.90
Eastern Niagara Hospital	00354389	15-Dec	$ 1,500,753.00	$ 750,376.50	IGT	$ 144,535.49	$ -	$ -	$ -	$ 35,331.84	$ -	$ -	$ -	$ 1,680,620.33
Gouverneur Hospital (Edward J Noble)	03001576	15-Dec	$ -	$ -	N/A	$ 24,690.75	$ -	$ -	$ -	$ 6,109.46	$ -	$ -	$ -	$ 30,800.21
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	15-Dec	$ 628,096.00	$ 314,048.00	IGT	$ 79,569.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 707,665.88
Interfaith Medical Center	00734336	15-Dec	$ 3,545,866.00	$ 1,772,933.00	IGT	$ 1,544,945.95	$ -	$ -	$ -	$ 313,554.92	$ -	$ -	$ -	$ 5,404,366.87
Kingsbrook Jewish Medical Center	02998745	15-Dec	$ 2,358,334.00	$ 1,179,167.00	IGT	$ 1,163,087.59	$ -	$ -	$ -	$ 67,907.90	$ -	$ -	$ -	$ 3,589,329.49
Lewis County General Hospital	03001627	15-Dec	$ 597,000.00	$ 298,500.00	IGT	$ 37,626.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 634,626.66
Massena Memorial Hospital	03001636	15-Dec	$ 4,250,000.00	$ 2,125,000.00	IGT	$ 104,411.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,354,411.82
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	15-Dec	$ 2,795,379.00	$ 1,397,689.50	IGT	$ 53,918.30	$ -	$ -	$ -	$ -	$ 212,823.20	$ -	$ -	$ 3,062,120.50
Montefiore New Rochelle Hospital (Sound Shore)	00274126	15-Dec	$ 2,127,280.00	$ 1,063,640.00	IGT	$ 416,399.42	$ -	$ -	$ -	$ 245,715.98	$ -	$ -	$ -	$ 2,789,395.40
Moses Ludington Hospital (Inter-Lakes)	03002375	15-Dec	$ -	$ -	N/A	$ 516,451.56	$ -	$ -	$ -	$ 528.58	$ -	$ -	$ -	$ 516,980.14
Nyack Hospital	00243967	15-Dec	$ -	$ -	N/A	$ 5,779.26	$ -	$ -	$ -	$ 193,874.29	$ -	$ -	$ -	$ 199,653.55
Orleans Community Health (Medina Memorial)	03000855	15-Dec	$ 144,299.00	$ 72,149.50	IGT	$ 926,621.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,070,920.32
River Hospital	02392854	15-Dec	$ 166,567.00	$ 83,283.50	IGT	$ 13,921.32	$ -	$ -	$ -	$ 328.70	$ -	$ -	$ -	$ 180,817.02
Rome Memorial Hospital	03001434	15-Dec	$ -	$ -	N/A	$ 136,187.69	$ -	$ -	$ -	$ 28,704.82	$ -	$ -	$ -	$ 164,892.51
St. James Mercy Hospital	00363162	15-Dec	$ 667,507.00	$ 333,753.50	IGT	$ 131,397.13	$ -	$ -	$ -	$ 58,891.94	$ -	$ -	$ -	$ 857,796.07
St. John's Episcopal Hospital	00729382	15-Dec	$ 1,000,000.00	$ 500,000.00	IGT	$ 1,690,397.79	$ -	$ -	$ -	$ 107,416.50	$ -	$ -	$ -	$ 2,797,814.29
St. Joseph's Yonkers	02999957	15-Dec	$ 1,117,752.00	$ 558,876.00	IGT	$ 587,796.76	$ -	$ -	$ -	$ 0.02	$ -	$ -	$ -	$ 1,705,548.78
St. Luke's-Cornwall Hospital	00273863	15-Dec	$ -	$ -	N/A	$ 587,272.74	$ -	$ -	$ -	$ 70,019.76	$ -	$ -	$ -	$ 657,292.50
TLC Health Network (Irving)	02995848	15-Dec	$ 644,550.00	$ 322,275.00	IGT	$ 35,732.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 680,282.42
Woman's Christian Association	00354623	15-Dec	$ 1,551,174.00	$ 775,587.00	IGT	$ 1,389,246.79	$ -	$ -	$ -	$ 576,097.26	$ -	$ -	$ -	$ 3,516,518.05
Wyckoff Heights Medical Center	02996972	15-Dec	$ 4,000,000.00	$ 2,000,000.00	IGT	$ 2,030,292.56	$ -	$ -	$ -	$ 469,550.62	$ -	$ -	$ -	$ 6,499,843.18
Wyoming County Comm. Health System	00310889	15-Dec	$ 144,940.00	$ 72,470.00	IGT	$ 60,400.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 205,340.79
Total			**$ 42,512,969.00**	**$ 21,256,484.50**		**$ 16,592,218.25**	**$ -**	**$ -**	**$ -**	**$ 2,751,793.98**	**$ 212,823.20**	**$ -**	**$ 184,500.00**	**$ 62,254,304.43**

**All other Medicaid payments received by the provider are based on the November 25 - December 15, 2014 time period*

Prior Report:

Date Submitted to CMS: **7/1/2014, 8/11/2014, 9/4/2014, 9/25/2014, 10/27/2014, 11/24/2014**

		IAAF Payments				All Other Medicaid Payments Received by the Provider*								
Provider Name	**Provider ID**	**Payment Date**	**Total Payment Amount**	**FFP Amount**	**Funding Source (Non-Federal Share)**	**Base**	**Supplemental**	**VAP**	**DSH**	**UPV**	**Medical Home Awards**	**OMIG**	**PDG**	**Total**
Auburn Community Hospital	00347553	N/A	$ 3,845,348.00	$ 1,922,674.00	IGT	$ 1,676,207.66	$ -	$ -	$ -	$ 209,310.55	$ -	$ -	$ 184,500.00	$ 5,915,366.21
Bon Secours Charity Health System	00273905	N/A	$ 2,105,621.00	$ 1,052,810.50	IGT	$ 1,861,687.28	$ -	$ -	$ -	$ 561,581.47	$ -	$ -	$ -	$ 4,528,889.75
Brookdale Hospital	02998667	N/A	$ 50,280,433.00	$ 25,140,216.50	IGT	$ 35,488,047.05	$ -	$ -	$ -	$ 4,029,388.33	$ -	$ -	$ -	$ 89,797,868.38
Brookhaven Memorial Medical Center	00245529	N/A	$ 323,572.00	$ 161,786.00	N/A	$ 6,397,485.90	$ -	$ -	$ -	$ 635,352.71	$ 98,796.00	$ -	$ -	$ 7,455,206.61
Carthage Area Hospital	03000635	N/A	$ 7,824,794.00	$ 3,912,397.00	IGT	$ 349,162.79	$ -	$ 125,000.00	$ -	$ 63,220.92	$ -	$ -	$ -	$ 8,362,177.71
Cuba Memorial	00354238	N/A	$ 3,753,182.00	$ 1,876,591.00	IGT	$ 130,671.73	$ -	$ 157,500.00	$ -	$ 3,200.39	$ -	$ -	$ -	$ 4,044,554.12
Eastern Niagara Hospital	00354389	N/A	$ 474,833.00	$ 237,416.50	IGT	$ 1,848,486.28	$ -	$ -	$ -	$ 321,812.03	$ -	$ -	$ -	$ 2,645,131.31
Gouverneur Hospital (Edward J Noble)	03001576	N/A	$ 2,066,987.00	$ 1,033,493.50	IGT	$ 292,688.51	$ -	$ -	$ -	$ 61,525.45	$ -	$ -	$ -	$ 2,421,200.96
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	N/A	$ 2,445,639.00	$ 1,222,819.50	IGT	$ 1,416,832.22	$ -	$ 1,250,000.00	$ -	$ -	$ -	$ -	$ -	$ 5,112,471.22
Interfaith Medical Center	00734336	N/A	$ 18,877,176.00	$ 9,438,588.00	IGT	$ 17,383,105.62	$ -	$ -	$ -	$ 2,881,517.47	$ 200,826.00	$ -	$ -	$ 39,342,625.09
Kingsbrook Jewish Medical Center	02998745	N/A	$ 13,826,210.00	$ 6,913,105.00	IGT	$ 12,636,575.67	$ -	$ -	$ -	$ 561,474.81	$ -	$ -	$ -	$ 27,024,260.48
Lewis County General Hospital	03001627	N/A	$ 2,562,844.00	$ 1,281,422.00	IGT	$ 472,487.06	$ -	$ 579,399.00	$ -	$ -	$ -	$ -	$ -	$ 3,614,730.06
Massena Memorial Hospital	03001636	N/A	$ -	$ -	N/A	$ 1,042,081.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,042,081.76
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	N/A	$ 7,358,087.00	$ 3,679,043.50	IGT	$ 573,627.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,931,714.69
Montefiore New Rochelle Hospital (Sound Shore)	00274126	N/A	$ 10,537,899.00	$ 5,268,949.50	IGT	$ 5,748,728.67	$ -	$ -	$ -	$ 753,574.03	$ 706,542.00	$ -	$ -	$ 17,746,743.70
Moses Ludington Hospital (Inter-Lakes)	03002375	N/A	$ 727,228.00	$ 363,614.00	IGT	$ 7,420,151.65	$ -	$ 179,900.00	$ -	$ 5,130.47	$ -	$ -	$ -	$ 8,332,410.12
Nyack Hospital	00243967	N/A	$ 5,170,992.00	$ 2,585,496.00	IGT	$ 111,806.13	$ -	$ -	$ -	$ 932,666.21	$ -	$ 3,310.67	$ -	$ 6,218,775.01
Orleans Community Health (Medina Memorial)	03000855	N/A	$ 1,294,030.00	$ 647,015.00	N/A	$ 8,681,004.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,975,034.70
River Hospital	02392854	N/A	$ 581,964.00	$ 290,982.00	N/A	$ 185,962.71	$ -	$ 963,347.50	$ -	$ 2,628.56	$ -	$ -	$ -	$ 1,733,902.77
Rome Memorial Hospital	03001434	N/A	$ 134,342.00	$ 67,171.00	IGT	$ 1,559,546.09	$ -	$ -	$ -	$ 267,242.13	$ -	$ -	$ -	$ 1,961,130.22
St. James Mercy Hospital	00363162	N/A	$ 3,496,587.00	$ 1,748,293.50	IGT	$ 1,446,877.38	$ -	$ -	$ -	$ 561,685.15	$ -	$ -	$ -	$ 5,505,149.53
St. John's Episcopal Hospital	00729382	N/A	$ 1,044,288.00	$ 522,144.00	IGT	$ 23,145,546.55	$ -	$ -	$ -	$ 1,196,153.69	$ -	$ -	$ -	$ 25,385,988.24
St. Joseph's Yonkers	02999957	N/A	$ 1,001,035.00	$ 500,517.50	IGT	$ 7,831,673.44	$ -	$ -	$ -	$ 1,227,036.76	$ 633,529.00	$ -	$ -	$ 10,693,274.20
St. Luke's-Cornwall Hospital	00273863	N/A	$ -	$ -	N/A	$ 4,842,702.88	$ -	$ -	$ -	$ 662,741.95	$ -	$ -	$ -	$ 5,505,444.83
TLC Health Network (Irving)	02995848	N/A	$ 2,580,405.00	$ 1,290,202.50	IGT	$ 462,107.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,042,512.15
Woman's Christian Association	00354623	N/A	$ -	$ -	IGT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Wyckoff Heights Medical Center	02996972	N/A	$ 3,299,964.00	$ 1,649,982.00	IGT	$ 26,345,041.79	$ 6,871.00	$ 660,900.00	$ -	$ 4,379,667.18	$ 222,908.00	$ -	$ -	$ 34,915,351.97
Wyoming County Comm. Health System	00310889	N/A	$ 1,371,471.00	$ 685,735.50	IGT	$ 647,535.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,019,006.14
Total			**$ 146,984,931.00**	**$ 73,492,465.50**		**$ 169,997,831.50**	**$ 6,871.00**	**$ 3,916,046.50**	**$ -**	**$ 19,316,910.26**	**$ 1,862,601.00**	**$ 3,310.67**	**$ 184,500.00**	**$ 342,273,001.93**

**All other Medicaid payments received by the provider are based on the April 1 -November 24, 2014 time period*

Cumulative Report:

		IAAF Payments				All Other Medicaid Payments Received by the Provider*								
Provider Name	**Provider ID**	**Payment Date**	**Total Payment Amount**	**FFP Amount**	**Funding Source (Non-Federal Share)**	**Base**	**Supplemental**	**VAP**	**DSH**	**UPV**	**Medical Home Awards**	**OMIG**	**PDG**	**Total**
Auburn Community Hospital	00347553	N/A	$ 3,845,348.00	$ 1,922,674.00	IGT	$ 1,765,556.99	$ -	$ -	$ -	$ 214,303.81	$ -	$ -	$ 369,000.00	$ 6,194,208.80
Bon Secours Charity Health System	00273905	N/A	$ 2,467,845.00	$ 1,233,922.50	IGT	$ 2,078,096.14	$ -	$ -	$ -	$ 632,336.91	$ -	$ -	$ -	$ 5,178,278.05
Brookdale Hospital	02998667	N/A	$ 62,904,065.00	$ 31,452,032.50	IGT	$ 38,908,778.59	$ -	$ -	$ -	$ 4,455,861.19	$ -	$ -	$ -	$ 106,268,704.78
Brookhaven Memorial Medical Center	00245529	N/A	$ 2,123,699.00	$ 1,061,849.50	IGT	$ 7,537,697.29	$ -	$ -	$ -	$ 704,716.01	$ 98,796.00	$ -	$ -	$ 10,464,908.30
Carthage Area Hospital	03000635	N/A	$ 7,995,426.00	$ 3,997,713.00	IGT	$ 385,374.28	$ -	$ 125,000.00	$ -	$ 69,060.20	$ -	$ -	$ -	$ 8,574,860.48
Cuba Memorial	00354238	N/A	$ 4,070,039.00	$ 2,035,019.50	IGT	$ 139,293.38	$ -	$ 157,500.00	$ -	$ 3,537.64	$ -	$ -	$ -	$ 4,370,370.02
Eastern Niagara Hospital	00354389	N/A	$ 1,975,586.00	$ 987,793.00	IGT	$ 1,993,021.77	$ -	$ -	$ -	$ 357,143.87	$ -	$ -	$ -	$ 4,325,751.64
Gouverneur Hospital (Edward J Noble)	03001576	N/A	$ 2,066,987.00	$ 1,033,493.50	IGT	$ 317,379.26	$ -	$ -	$ -	$ 67,634.91	$ -	$ -	$ -	$ 2,452,001.17
Health Alliance (Benedictine - Mary's Ave. Campus)	00274020	N/A	$ 3,073,735.00	$ 1,536,867.50	IGT	$ 1,496,402.10	$ -	$ 1,250,000.00	$ -	$ -	$ -	$ -	$ -	$ 5,820,137.10
Interfaith Medical Center	00734336	N/A	$ 22,423,042.00	$ 11,211,521.00	IGT	$ 18,928,051.57	$ -	$ -	$ -	$ 3,195,072.39	$ 200,826.00	$ -	$ -	$ 44,746,991.96
Kingsbrook Jewish Medical Center	02998745	N/A	$ 16,184,544.00	$ 8,092,272.00	IGT	$ 13,799,663.26	$ -	$ -	$ -	$ 629,382.71	$ -	$ -	$ -	$ 30,613,589.97
Lewis County General Hospital	03001627	N/A	$ 3,159,844.00	$ 1,579,922.00	IGT	$ 510,113.72	$ -	$ 579,399.00	$ -	$ -	$ -	$ -	$ -	$ 4,249,356.72
Massena Memorial Hospital	03001636	N/A	$ 4,250,000.00	$ 2,125,000.00	N/A	$ 1,146,493.58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,396,493.58
Montefiore Mount Vernon Hospital (Mt. Vernon)	00274117	N/A	$ 10,153,466.00	$ 5,076,733.00	IGT	$ 627,545.99	$ -	$ -	$ -	$ -	$ 212,823.20	$ -	$ -	$ 10,993,835.19
Montefiore New Rochelle Hospital (Sound Shore)	00274126	N/A	$ 12,665,179.00	$ 6,332,589.50	IGT	$ 6,165,128.09	$ -	$ -	$ -	$ 999,290.01	$ 706,542.00	$ -	$ -	$ 20,536,139.10
Moses Ludington Hospital (Inter-Lakes)	03002375	N/A	$ 727,228.00	$ 363,614.00	IGT	$ 7,936,603.21	$ -	$ 179,900.00	$ -	$ 5,659.05	$ -	$ -	$ -	$ 8,849,390.26
Nyack Hospital	00243967	N/A	$ 5,170,992.00	$ 2,585,496.00	IGT	$ 117,585.39	$ -	$ -	$ -	$ 1,126,540.50	$ -	$ 3,310.67	$ -	$ 6,418,428.56
Orleans Community Health (Medina Memorial)	03000855	N/A	$ 1,438,329.00	$ 719,164.50	N/A	$ 9,607,626.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,045,955.02
River Hospital	02392854	N/A	$ 748,531.00	$ 374,265.50	IGT	$ 199,884.03	$ -	$ 963,347.50	$ -	$ 2,957.26	$ -	$ -	$ -	$ 1,914,719.79
Rome Memorial Hospital	03001434	N/A	$ 134,342.00	$ 67,171.00	IGT	$ 1,695,733.78	$ -	$ -	$ -	$ 295,946.95	$ -	$ -	$ -	$ 2,126,022.73
St. James Mercy Hospital	00363162	N/A	$ 4,164,094.00	$ 2,082,047.00	IGT	$ 1,578,274.51	$ -	$ -	$ -	$ 620,577.09	$ -	$ -	$ -	$ 6,362,945.60
St. John's Episcopal Hospital	00729382	N/A	$ 2,044,288.00	$ 1,022,144.00	IGT	$ 24,835,944.34	$ -	$ -	$ -	$ 1,303,570.19	$ -	$ -	$ -	$ 28,183,802.53
St. Joseph's Yonkers	02999957	N/A	$ 2,118,787.00	$ 1,059,393.50	IGT	$ 8,419,470.20	$ -	$ -	$ -	$ 1,227,036.78	$ 633,529.00	$ -	$ -	$ 12,398,822.98
St. Luke's-Cornwall Hospital	00273863	N/A	$ -	$ -	N/A	$ 5,429,975.62	$ -	$ -	$ -	$ 732,761.71	$ -	$ -	$ -	$ 6,162,737.33
TLC Health Network (Irving)	02995848	N/A	$ 3,224,955.00	$ 1,612,477.50	IGT	$ 497,839.57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,722,794.57
Woman's Christian Association	00354623	N/A	$ 1,551,174.00	$ 775,587.00	IGT	$ 1,389,246.79	$ -	$ -	$ -	$ 576,097.26	$ -	$ -	$ -	$ 3,516,518.05
Wyckoff Heights Medical Center	02996972	N/A	$ 7,299,964.00	$ 3,649,982.00	IGT	$ 28,375,334.35	$ 6,871.00	$ 660,900.00	$ -	$ 4,849,217.80	$ 222,908.00	$ -	$ -	$ 41,415,195.15
Wyoming County Comm. Health System	00310889	N/A	$ 1,516,411.00	$ 758,205.50	IGT	$ 707,935.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,224,346.93
Total			**$ 189,497,900.00**	**$ 94,748,950.00**		**$ 186,590,049.75**	**$ 6,871.00**	**$ 3,916,046.50**	**$ -**	**$ 22,068,704.24**	**$ 2,075,424.20**	**$ 3,310.67**	**$ 369,000.00**	**$ 404,527,306.36**

**All other Medicaid payments received by the provider are based on the April 1 - December 15, 2014 time period*

DSRIP Design Grant Payments

Public Hospital Design Grant Payments	Provider ID (MMIS #)	8/22/14 Payment	11/3/14 Supplemental PDG Award	11/17/14 Supplemental Award	11/20/14 Supplemental Award
Erie County Medical Center Corporation	245863	$1,000,000	$0	$0	$500,000
Nassau University Medical Center	1962156	$1,000,000	$0	$0	$0
NYC HHC		$2,000,000	$3,000,000	$0	$0
Bellevue Hospital Center	246039	$285,714	$428,571	$0	$0
Coney Island Hospital	00246066	$285,714	$428,571	$0	$0
Elmhurst Hospital Center (NYC HHC)	246075	$285,714	$428,571	$0	$0
Jacobi Medical Center	246048	$285,714	$428,571	$0	$0
Kings County Hospital Center	00246117	$285,714	$428,571	$0	$0
NYCHHC Harlem Hospital Center	246108	$285,714	$428,571	$0	$0
Woodhull Medical Mental Health Center	698866	$285,714	$428,571	$0	$0
SUNY Central		$1,000,000	$6,000,000	$0	$0
Upstate University Hospital Center	354590	$333,333	$2,000,000	$0	$0
Stony Brook University Hospital	3002260	$333,333	$2,000,000	$0	$0
SUNY Downstate Medical Center	2998694	$333,333	$2,000,000	$0	$0
Westchester Medical Center	274213	$1,000,000	$0	$0	$0
Sub-total		**$6,000,000**	**$9,000,000**	**$0**	**$500,000**
Safety Net Design Grant Payments					
Adirondack Health Institute	03449974	$445,500	$445,500	$0	$0
Albany Medical Center Hospital	03000364	$350,000	$350,000	$0	$0
Amida Care, Inc.	02191582	$250,000	$250,000	$0	$0
Auburn Community Hospital	00347553	$184,500	$184,500	$0	$0
AW Medical	03317604	$250,000	$0	$0	$250,000
Bronx-Lebanon Hospital Center	00476022	$250,000	$250,000	$0	$0
Cortland Regional Medical Center, Inc.	00279176	$248,750	$248,750	$0	$0
Ellis Hospital	00347562	$250,000	$250,000	$0	$0
Faxton St. Luke's Healthcare	00384309	$250,000	$250,000	$0	$165,000
HEALTH ALLIANCE HSP BROADWAY CAMPUS	03000213	$170,000	$170,000	$0	$0
Long Island Jewish Medical Center	00243903	$250,000	$250,000	$0	$0
Lutheran Medical Center	02996078	$250,000	$929,786	$0	$0
Maimonides Medical Center	02998736	$250,000	$429,786	$0	$0
Mary Imogene Bassett Hospital	03000593	$380,000	$380,000	$0	$0
MERCY MEDICAL CENTER	02996725	$250,000	$250,000	$0	$0
Montefiore Medical Center	02998167	$250,000	$250,000	$500,000	$0
Mount Sinai Hospitals Group	02998612	$250,000	$250,000	$0	$0
Niagara Falls Memorial Medical Center	00354467	$249,500	$249,500	$0	$0
Refuah Health Center	01421705	$250,000	$250,000	$0	$0
Richmond Universtiy Medical Center	00248820	$125,000	$125,000	$0	$0
Rochester General	00303315	$250,000	$1,250,000	$0	$0
Samaritan Medical Center	03001594	$250,000	$250,000	$0	$0
Sisters of Charity Hospital of Buffalo	03001705	$250,000	$250,000	$0	$0
St. Barnabas Hospital (dba SBH Health System)	00243361	$250,000	$750,000	$0	$0
St. Joseph's Hospital Health Center	02995893	$250,000	$650,000	$0	$0
Staten Island University Hospital	00244202	$125,000	$125,000	$0	$0
Strong Memorial Hospital-Univ. Rochester Med. Center	00279034	$250,000	$1,250,000	$0	$0
The Jamaica Hospital	00243852	$250,000	$250,000	$0	$0
The New York and Presbyterian Hospital	00243178	$250,000	$250,000	$0	$0
The New York Hospital Medical Center of Queens	02998992	$250,000	$250,000	$0	$0
United Health Services Hospitals, Inc	03004639	$247,650	$747,650	$0	$0
Sub-total		**$7,775,900**	**$11,785,472**	**$500,000**	**$415,000**

Grand Total = $35,976,372

Hospitals in yellow received a supplemental award in addition to their 2nd PDG payment on 11/3/14

Hospital in blue received a supplemental award

Hospitals in blue received a supplemental award

Allocated Budget	$70,000,000
Remaining PDG Money	**$34,023,628**

Attachment - 3

Partnership Plan - Medical Home Awards Apr -Jun 2014 CMS 64		
Designated State Health Program Claims Available		
Documented Cash Disbursements to Date		
Agency/Program		
		10/11-9/12
DOH	**Claim Period**	**DY14**
Childhood Lead Poisoning Primary Prevention	07-09/12	
	10-12/12	
	01-03/13	
	04-06/13	
	07-09/13	
Healthy Neighborhoods Program	07-09/12	
	10-12/12	
	01-03/13	
	04-06/13	
	07-09/13	
TB Treatment, Detection and Prevention	07-09/12	
	10-12/12	
	01-03/13	
	04-06/13	
	07-09/13	
TB Directly Observed Therapy	07-09/12	
	10-12/12	
	01-03/13	
	04-06/13	
	07-09/13	
General Public Health Work	07-09/12	$37,599,950
	10-12/12	
	01-03/13	
	04-06/13	
	07-09/13	
	10-12/13	
Newborn Screening Programs	07-09/12	
	10-12/12	
	01-03/13	
	04-06/13	
	07-09/13	
Total DOH Programs		$37,599,950
NET DOH		**$37,599,950**
Homeless Health Services - OTDA	07-09/12	
	10-12/12	
	01-03/13	
	04-06/13	
	07-09/13	
Total TDA		$0
Total DSHP Qualifying Expenditures		$37,599,950
** PARTIAL CLAIM		
Claim Proc on 4-6/14 CMS 64.9		**$18,799,975**
DSHP expenditures to qualify		**$37,599,950**

Partnership Plan - Medical Home Awards July-Sept 2014 CMS 64			
Designated State Health Program Claims Available			
Documented Cash Disbursements to Date			
Agency/Program			
		10/12-9/13	
DOH	**Claim Period**	**DY15**	
Childhood Lead Poisoning Primary Prevention	10-12/12		
	01-03/13		
	04-06/13		
	07-09/13		
	10-12/13		
Healthy Neighborhoods Program	10-12/12		
	01-03/13		
	04-06/13		
	07-09/13		
	10-12/13		
TB Treatment, Detection and Prevention	10-12/12		
	01-03/13		
	04-06/13		
	07-09/13		
	10-12/13		
TB Directly Observed Therapy	10-12/12		
	01-03/13		
	04-06/13		
	07-09/13		
	10-12/13		
General Public Health Work	10-12/12	$9,564,668	
	01-03/13	$61,119,273	
	04-06/13	$40,383,240	
	07-09/13	$38,932,819	
	10-12/13		
Newborn Screening Programs	10-12/12		
	01-03/13		
	04-06/13		
	07-09/13		
	10-12/13		
Total DOH Programs		$150,000,000	
NET DOH		**$150,000,000**	
Homeless Health Services - OTDA	10-12/12		
	01-03/13		
	04-06/13		
	07-09/13		
	10-12/13		
Total TDA		$0	
Total DSHP Qualifying Expenditures		$150,000,000	
** PARTIAL CLAIM			
Claim Proc on 7-9/14 CMS 64.9		**$75,000,000**	
DSHP expenditures to qualify		**$150,000,000**	

ATTACHMENT - 4

Managed Long Term Care

Partial Capitation Plans

January 2014-December 2014

Plan Name	14-Jan Enrollment	14-Feb Enrollment	14-Mar Enrollment	14-Apr Enrollment	14-May Enrollment	14-Jun Enrollment	14-Jul Enrollment	14-Aug Enrollment	14-Sep Enrollment	14-Oct Enrollment	14-Nov Enrollment	14-Dec Enrollment
Aetna Better Health	2,220	2,366	2,414	2,515	2,575	2,619	2,639	2,758	2,809	2839	2889	2950
AgeWell New York	2,466	2,609	2,766	2,909	3,103	3,234	3,355	3,471	3,601	3752	3884	3978
AlphaCare	257	288	322	376	453	554	690	774	879	1023	1195	1433
Amerigroup	2,857	2,827	2,807	2,827	2,799	2,798	2,828	2,839	2,854	2881	2899	2897
ArchCare Community Life	1,775	1,818	1,861	1,845	1,871	1,867	1,885	1,899	1,921	1921	1940	1939
CCM Select	10,002	9,995	9,865	9,713	9,650	9,370	8,919	8,601	8,130	7983	7818	7531
Centers Plan for Healthy Living	1,116	1,242	1,282	1,444	1,604	1,790	1,974	2,042	2,062	2096	2096	2081
Elant	464	508	525	550	581	611	639	670	717	740	764	778
Elderplan	11,025	10,923	10,853	10,745	10,702	10,605	10,640	10,642	10,706	10789	10834	10822
Elderserve	10,277	10,319	10,268	10,349	10,358	10,369	10,400	10,443	10,433	10430	10439	10414
ErieNiagara MLTCP	0	0	0	0	15	60	106	141	165	180	196	213
Extended MLTC	195	207	230	238	246	260	287	298	319	339	345	344
Fidelis Care at Home	7,825	7,959	8,030	8,151	8,353	8,627	8,911	9,132	9,336	9507	9699	9769
Guildnet	14,411	14,347	14,213	14,349	14,411	14,363	14,464	14,508	14,526	14515	14570	14513
Hamaspik Choice	103	116	135	186	220	301	369	419	470	516	567	612
HHH Choices	2,373	2,358	2,311	2,331	2,297	2,279	2,259	2,239	2,187	2119	26	8
HIP of Greater New York	1,351	1,364	1,364	1,379	1,363	1,338	1,330	1,327	1,343	1348	1336	1337
Independence Care Systems	5,076	5,067	5,009	5,055	5,077	5,081	5,091	5,118	5,179	5224	5290	5328
Integra	748	817	951	1,076	1,174	1,263	1,476	1,595	1,813	1949	2100	2191
MetroPlus MLTC	465	472	505	511	536	577	603	627	673	720	774	810
Montefiore HMO	86	135	194	252	299	339	381	406	444	482	495	500
North Shore-LIJ Health Plan	481	515	558	605	660	731	818	909	1,050	1180	1321	1443
Prime Health Choice	0	0	0	0	0	0	0	2	7	9	13	15
Senior Health Partners	10,924	11,011	11,019	11,177	11,222	11,242	11,360	11,455	11,665	11792	14065	14220
Senior Network Health	458	458	457	466	478	481	479	490	502	495	486	493
Senior Whole Health	668	704	781	829	885	916	1,056	1,142	1,308	1466	1608	1764
Total Aging in Place Program	119	120	125	124	127	127	139	138	136	142	144	147
United Healthcare	604	621	651	687	731	770	826	900	985	1053	1126	1139
Village Care	2,550	2,631	2,703	2,800	2,851	2,944	3,043	3,161	3,237	3333	3401	3517
VNA HomeCare Options	199	202	236	260	305	345	366	392	435	489	513	543
VNS Choice	17,683	17,688	17,399	17,641	17,729	17,571	17,360	17,107	17,014	16946	16998	16924
WellCare	5,605	5,695	5,840	6,015	6,155	6,295	6,451	6,521	6,660	6782	6883	6950
TOTAL	**114,383**	**115,382**	**115,674**	**117,405**	**118,830**	**119,727**	**121,144**	**122,166**	**123,566**	**125,040**	**126,714**	**127,603**