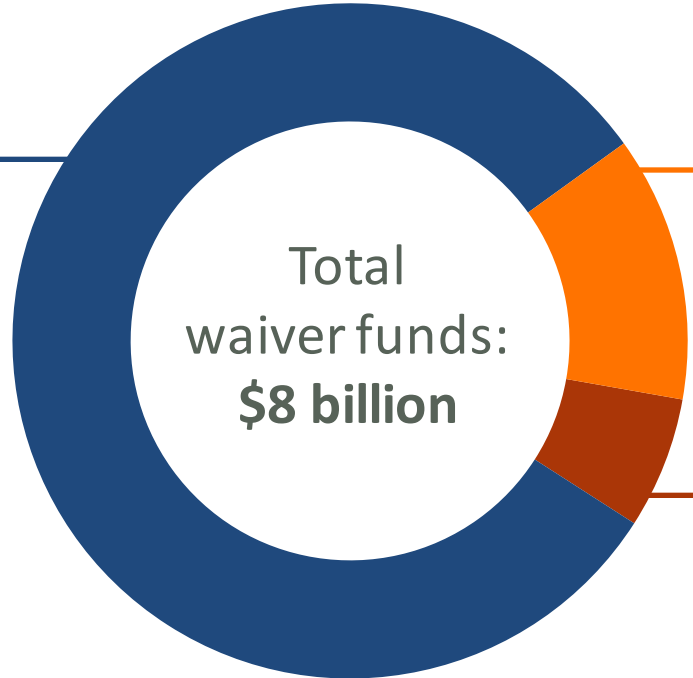


Distribution of New York's 1115 Waiver Funds

\$6.42 billion

DSRIP program funding

- Planning grants
- DSRIP funding
- Administrative costs



\$1.08 billion

Medicaid redesign funding

- Health home development
- Long-term care services
- Home- and community-based services

\$500 million

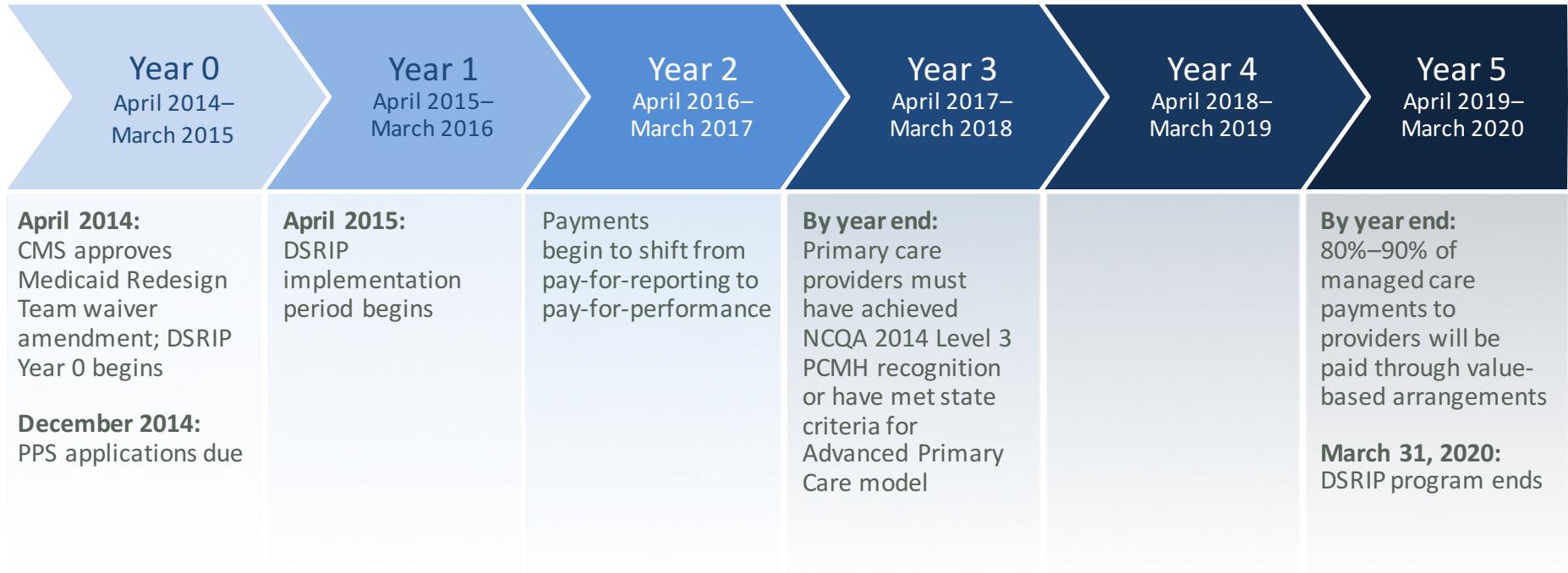
Interim Access Assurance Fund

Time-limited funding for safety-net providers

Note: The federal Centers for Medicare and Medicaid Services and the state allocated an additional \$1.83 billion to DSRIP, bringing total DSRIP funds to \$8.25 billion. The state also is funding a \$1.5 billion Capital Restructuring Financing Program for DSRIP.

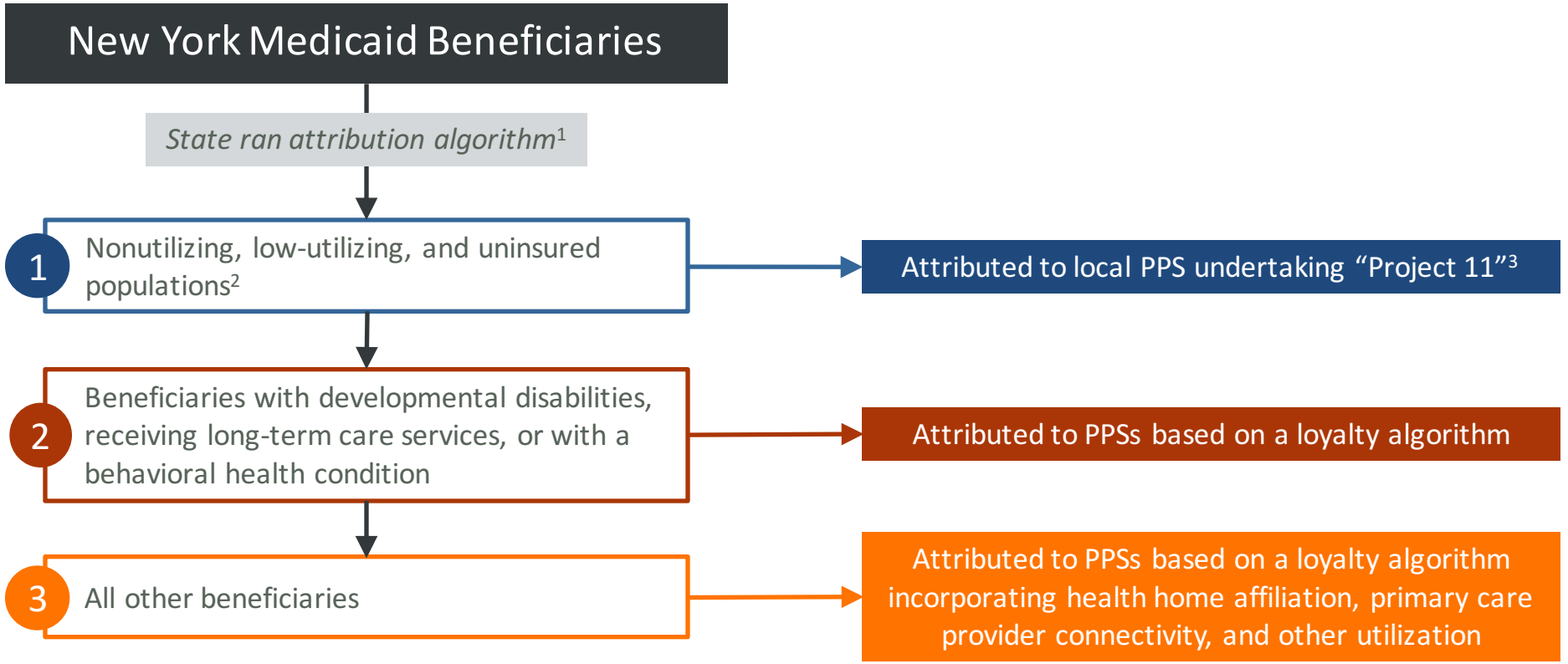
Sources: Centers for Medicare and Medicaid Services, *New York Partnership Plan Special Terms and Conditions*, March 31, 2016; New York State Department of Health, *Final DSRIP Valuation Overview*, June 2015; and New York State Department of Health, *Capital Restructuring Financing Program*, April 2015.

Key DSRIP Dates



Sources: New York State Department of Health, DSRIP Timelines, Jan. 2016; and New York State Department of Health, DSRIP Frequently Asked Questions (FAQs), Aug. 2015.

Performing Provider System Attribution Methodology



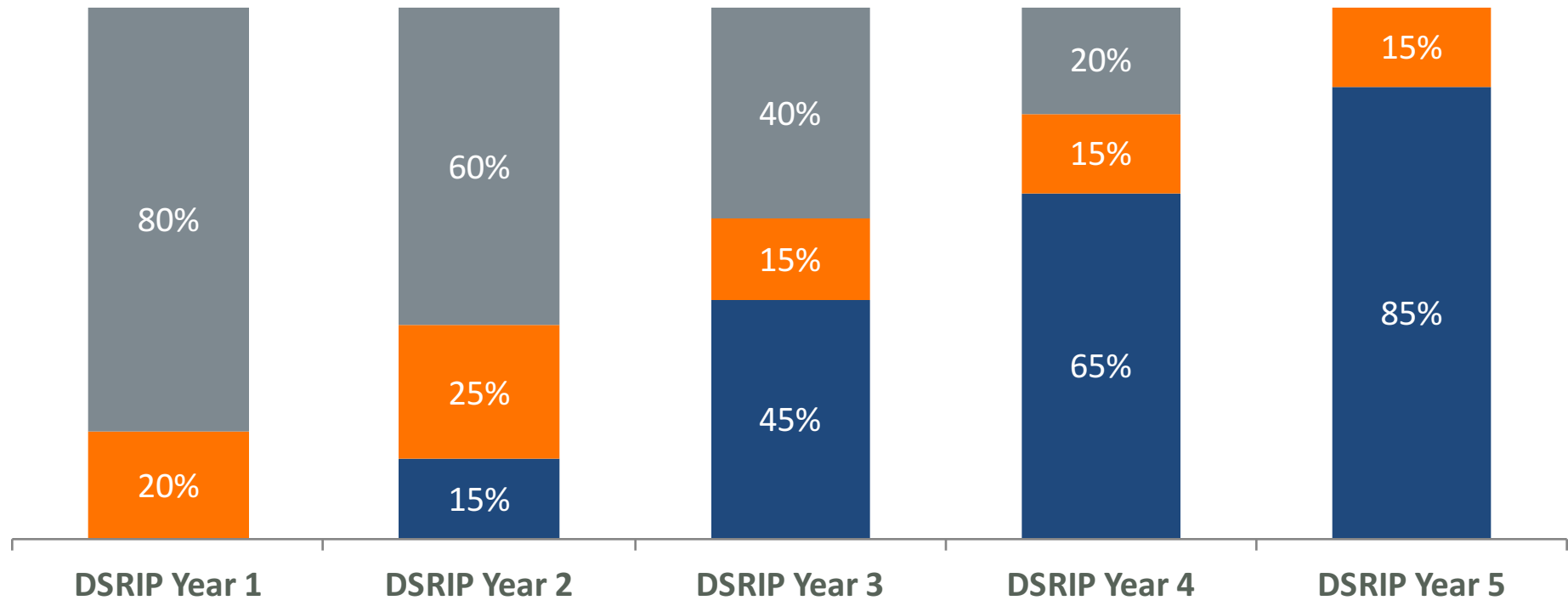
Note: This exhibit describes the process for attribution for valuation, which is “the highest possible financial allocation a PPS can receive for their plan over the duration of their participation in the DSRIP program.” The state distinguishes between attribution for valuation and attribution for the purpose of performance.

¹ If a PPS is the only one in a county, its attribution includes all beneficiaries receiving a plurality of services in that county.
² Nonutilizing members are defined as enrolled in Medicaid but have not used services in a given year. Low-utilizing members are defined as utilizing three or fewer services per year and having no relationship with their primary care provider or care manager.
³ Project 11 is an optional DSRIP project targeted primarily toward public hospitals. The goal of Project 11 is to increase patient self-management and access to coverage through linking the uninsured population to insurance coverage and those who are non- or low-utilizers to their primary care providers.

Sources: New York State Department of Health, DSRIP Frequently Asked Questions (FAQs), Aug. 2015; and New York State Department of Health, DSRIP Update: New Project, Attribution & Valuation, Aug. 2014.

Shift from Pay-for-Reporting to Pay-for-Performance

■ Project progress milestones ■ Pay-for-reporting ■ Pay-for-performance



Note: As part of a December 2015 waiver amendment request to the federal Centers for Medicare and Medicaid Services, New York is seeking to slightly modify these percentages.

Source: New York State Department of Health, Attachment I—NY DSRIP Program Funding and Mechanics Protocol, April 2014.

Key Value-Based Payment Dates in DSRIP Timeline



Note: MCO = managed care organization.

Source: New York State Department of Health, A Path Toward Value-Based Payment: New York State Roadmap for Medicaid Payment Reform Annual Update, March 2016.