<div align="center">**Design Grant Questionnaire**</div>

Please answer each of the following questions thoughtfully and concisely. Note that you will only be able to enter your responses within the grey form fields, and that many, if not all, of these forms have word limits.

Contact Information
Please provide contact information for the individual completing this questionnaire. Note that as this questionnaire will be used to assist NYS DOH in determining whether your PPS will receive the second design grant award payment, please note that the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel.

Date: October 15, 2014

Provider Name**:** New York and Presbyterian Hospital

Contact Name: David Alge

Contact Email: daa9020@nyp.org

Contact Phone: 646-697-9973

PPS Status
The following questions relate to whether your PPS is continuing to finalize formation, and intends to complete your own DSRIP Project Application due on December 16, 2014.

1) Does your PPS plan to submit a DSRIP Project Plan application as a standalone PPS on December 16, 2014*?* If your PPS does not intend to continue operating as standalone PPS (e.g., your PPS has dissolved due to merger with another PPS or has decided to cease participation in the DSRIP program), your answer to this question should be 'No'. *If 'Yes', please skip the next two questions and complete the rest of the Design Grant Questionnaire. If 'No', please continue to the next question in this section.* (*3 character limit*)

   Yes

2) Is your PPS merging with another PPS? If yes, please explain in detail your plan to integrate and support the merged PPS (e.g., please describe specific projects and activities). If awarded a second design grant payment, please provide a narrative explaining your intentions with the funding awarded. If your PPS is not merging with another PPS and is planning to cease participation in the DSRIP program, please answer 'No' to this question and answer the next question. *(3,000 character limit)*

   N/A

3) If your PPS has elected to cease participation in the DSRIP program, please provide an explanation as to why your PPS has made this decision. *(3,000 character limit)*.

N/A

Note: If your PPS has elected to merge with another PPS or has elected to cease participation in the DSRIP program as a standalone PPS, please contact the NYS DOH for further discussion.

Award Letters Conditions
The following questions relate to award conditions stated on the August 6, 2014, if applicable to your PPSs.

1) Did your award letter include a condition which must be addressed prior to receiving the second award payment? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue onto Question 2. If 'No', please move onto Question 3. (3 character limit)*

   No

2) Have you addressed your award condition? Please describe the steps taken to address the award condition. (2*,000 character limit)*

   N/A

3) If you have not fully addressed your award condition, please provide an explanation as to why the condition has not yet been addressed, and plans to satisfy the condition prior to November 3, 2014. Please also reference communication you have had with NYS DOH about this condition to date. (*2,000 character limit)*

   N/A

Network updates and attestation
The following questions relate to compliance regarding each PPSs DSRIP Network Tool submission and attestation and data sharing requirements.

4) **A.** Has your PPS met the October 1, 2014 deadline to update your partner organization list using the DSRIP Network Tool? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue on to Question 5. If 'No', please move onto Question 4B. (3 character limit)*

   Yes

   B. If you have not met the deadline, please provide an explanation as to why this deadline has not been met and what your plans are to remediate. (*2,000 character limit)*

   N/A

5) **A.** Has your PPS maintained a file of signed partnership agreements from all partner organizations, which can be made available to the State and/or CMS upon request? *If 'Yes', please continue on to Question 6. If 'No', please move onto Question 5B. (3 character limit)*

No

B. If you have not completed this requirement, please provide an explanation as to why it has not been completed and provide your plan to remediate. (*2,000 character limit*)

Given the late guidance of the State that we must collect notarized partnership agreements, we have not yet required our partners to submit a notarized document. Prior to receiving this guidance, we have been archiving our written and email communication with partners as a declaration of consent for the initial attribution pass. We are now working with our partner organizations to complete the NYS-required forms and will have them completed in-time for the required November 24th submission.

6) **A.** Has your PPS executed a Data Exchange Application and Agreement ("DEAA") with the State for data available in the DSRIP portal, and any data sharing outside of the portal? *If 'Yes', please continue on to Question 7. If 'No', please move onto Question 6B. (3 character limit)*

Yes

B. If you have not completed the above, please provide an explanation as to why these activities have not been completed and provide your plan to remediate. (2*,000 character limit*)

N/A

Contract attachments
The following questions relate to contracts submitted to NYS DOH by PPSs regarding renewed grant amounts, for which PPSs were required to resubmit to NYS DOH with the updated grant amounts.

7) Has your PPS returned all contract attachments that need to be completed? If not, please provide a brief status update on your current progress and remediation steps. The required attachments are listed below for your reference. (2*,000 character limit*)

- **APPENDIX A** - Standard Clauses as required by the Attorney General for all State contracts
- **STATE OF NEW YORK AGREEMENT**
- **APPENDIX B-3** - Award Letter
- **APPENDIX B-2** - Webinar 1 and 2
- **APPENDIX B-1** - Questions and Answers 1 and 2
- **APPENDIX C** - Proposal
- **APPENDIX E-1** - Proof of Workers' Compensation
- **APPENDIX E-2** - Proof of Disability Insurance Coverage
- **APPENDIX H** - Federal Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("Agreement")

Yes

Community Needs Assessment
The following questions address your PPSs progress in completing your Community Needs Assessment ("CNA").

8) Please provide a status update on your CNA's progress versus the timeline stated on your design grant application. (2,*000 character limit)*

    The Community Needs Assessment project, under our DSRIP program, represents a collaboration led by NewYork-Presbyterian Hospital with participation from multiple departments across the Columbia Mailman School of Public Health and the Department of Healthcare Policy and Research at Weill Cornell Medical College. This team meets on a regular basis to review progress, address barriers, and coordinate the development of the various components of the assessment. At this time the CNA team has not experienced any delays in meeting the proposed needs assessment timeline and is on target to meet the deadline as described in the design grant application.

9) Please describe your stakeholder and community engagement process. (*2,000 character limit*)

The community needs assessment has engaged several key stakeholders, gathering expertise from clinical teams, hospital administration, health information technology specialists, public health and health services researchers, and community leaders. The process has included several regular interactions among these stakeholders, as well as numerous informal meetings. For example, the community needs assessment was a regular topic of discussion at weekly DSRIP meetings at NewYork-Presbyterian Hospital lead by hospital leadership, and attended by clinical leaders, researchers, and IT specialists. The health services research team held regular meetings to organize the various portions of the required documents. Preliminary quantitative findings were shared with community leaders at the September 29th project advisory committee meeting.

In addition, the PPS distributed an online survey to PAC participants to supplement the CNA with additional qualitative information to better understand community concerns and resources, including (but not limited to) environmental risk factors, socioeconomic risk factors, challenges for persons with disabilities, city polices that might improve health, and concerns about access to primary and/or specialty medical care.

10) Please describe your needs assessment methodology, specifically regarding data collection and reporting. *(2,000 character limit)*

    We have used multiple sources to complete the requirements of the community needs assessment. Broadly, our sources included New York City and New York State websites, internal billing data, Medicaid claims data, and qualitative feedback and survey data from community leaders. On the web, we reviewed hundreds of sites to collect information about health care and community resources, which we gathered together and categorized. We also used several data sources available online, including the DSRIP website, as well as other local, state, and national sources of health statistics. Internally, several queries of the NYP billing data provided important information. Our research partners provided several important analyses of claims data. And our community partners provided in person and online advice through email, one-on-one discussions, group meetings, and a detailed web-based survey. These data were collected, put into tables and

figures, described with narration, and organized into reports, which will be shared among the PPS's stakeholders.

11) Please describe any challenges and/or significant deviations encountered during the completion process of your CNA. (*2,000 character limit*)

Our largest challenge has been working through the distinction between the health of a geographically defined population, and the health of a group of attributed patients. This is particularly challenging in New York City, where a large number of patients may not seek care in the hospital nearest to their home, or may seek care across multiple providers. We have resolved this issue by reviewing internal billing data, and by approximating the proposed DSRIP attribution logic on a de-identified abstract of Medicaid claims data. In addition, we are continuing to collect several of the domain 2 and 3 metrics. However, baseline data is not readily available for many of these metrics.

Cultural Competence and Health Literacy
The following questions address your PPSs progress achieving cultural competence and improve health literacy.

12) Please provide a status update on your process to identify cultural competence challenges and achieve a culturally competent organization that targets the needs of your community. (*2,000 character limit*)

As we progress through the Community Needs Assessment, our project management office and project planning teams are quickly realizing the breadth of New York City's population that will be potentially served by the NYP PPS. This includes Bronx residents (many of Latin, Caribbean, and African backgrounds) travelling to both our Washington Heights-Inwood (NYP/Columbia) hospital and outpatient clinics and our Upper East Side (NYP/Weill Cornell) hospital and clinics, significant Asian populations travelling to both our NYP/Weill Cornell and NYP/Lower Manhattan hospital and local physician collaborators, as well as the broad population of Manhattan-residents visiting our institution and collaborators. This diversity will create distinct challenges as our PPS attempts to further integrate and centralize the new services provided to the attributed populations - while it may make most sense to centralize many of our newly-formed interventions, it will be important to maintain culturally-tailored programs and educational materials at the frontline. Fortunately, NYP and its community collaborators have significant experience serving and collaborating with a diverse community. In NYP's Washington Heights-Inwood Regional Health Collaborative, NYP has developed 7 level-3 PCMHs, an enhanced intensive care management program for high-risk patients, and several community health worker (CHW) programs that leverage the strengths of community-based organizations. The Regional Health Collaborative was the basis for NYP's Medicaid Health Home and its lessons learned are currently being replicated on the Weill Cornell campus (Upper East Side). NYP's Vice President of Community Health, Dr. Emilio Carrillo, is also the author of several resident training programs on 'navigating cultural differences.' These programs are currently being used at Harvard Medical School, Mayo, Boston University Medical School, and Mount Sinai; these best practices will be restructured for the PPS's use.

13) Please provide a status update on your approach to improving the health literacy of patients who will be served by your PPS. (*2,000 character limit*)

Building on the strengths of NYP's Regional Health Collaborative (described in question 12), many of the NYP PPS's proposed projects have identified community-based care management staff (nurses, social workers, and community health workers) as a necessary resource for their targeted populations. As is now practiced across NYP's inpatient and ambulatory care network, these staff will be trained in 'teach back' and other motivational interviewing techniques for assessing patients' and families' health literacy, developing this literacy, and re-assessing to learn if patients have completely, consistently understood instructions and other health information.

As we continue to develop our projects and workforce strategy, we will continue to identify the necessary educational material (or develop novel material, if necessary) and integrate the necessary staff training to ensure our attributed patients develop the necessary skills to manage their health condition.

Project Advisory Committee
The following questions relate to your activities in forming your Project Advisory Committee ("PAC"), structure of your PAC, activities undertaken, and future plans.

14) Please provide a status update of PAC activities to date. For example, please address PAC projects and activities undertaken, as well as frequency of PAC meetings. (*2,000 character limit*)

The initial NewYork-Presbyterian Hospital PAC meeting was on Monday, September 29th in Northern Manhattan. The attendees included representatives of our community-based partners and providers, Hospital representatives, and community groups from the geographies to be served by the NYP PPS. The initial meeting was used for introductions, to review initial results from the NYP Community Needs Assessment, and to discuss the internal-PPS process to develop projects and relationships with community-based organizations.

The next meeting is scheduled for October 21st to discuss progress on the eleven tentatively selected projects. The meetings will be held monthly through December.

Governance Structure
The DSRIP FAQs contain specific guidance such as ensuring the Governing Committee is regionally representative, includes subject-matter experts, and includes union and worker representation, among other recommendations. Please ensure that you address each of the suggestions in the FAQs. The following questions relate to the structure of your Governing Committee.

15) The DSRIP FAQs and the design grant application provide direction on how to form PACs using an alternate structure. Specifically, PPSs are encouraged to form a smaller Governing Committee of no more than 25 members, which is then supported by subcommittees. How many representatives comprise your PPSs Governing Committee? (*10 character limit*)

60

16) Please list all of the subcommittees that fall under your Governing Committee, and briefly
explain how the Governing Committee and sub-committees currently collaborate within your
PAC structure. *Please list your subcommittees in the table below and provide your collaboration
explanation in the text field below the table.* (*2,000 character limit*)

#	Subcommittee
1	Project Management Office (PMO)
2	DSRIP Projects Workgroup
3	Data and Information Technology Workgroup
4	Community Needs Assessment Workgroup
5	Partners and Collaboration Workgroup
6	Structure and Governance Workgroup
7	
8	
9	
10	
11	
12	
13	
14	
15	

For the duration of the design period, the NYP PPS has developed a centralized governance structure to
plan for the submission of the DSRIP Planning Application and the eventual implementation (April 2015).
The process is overseen by a Steering Committee (consisting of several Senior Leaders), a PMO
(consisting of a VP, an application writer, and project managers for each of the 5 sub-committees), and
the five sub-committees detailed above (2-6). The PMO focuses on ensuring that the sub-committees
and PPS overall are moving toward completing the necessary deliverables for the December submission.
The Projects Workgroup (comprised of multidisciplinary teams of clinicians and Hospital management) is
focused on developing the necessary care models, budget, and relationships for the 11 projects. The
Data/IT Workgroup focuses on assessing, planning, and budgeting for IT solutions to support the PPS.
The CNA workgroup (comprised of Hospital ambulatory staff and researchers from Weill Cornell and
Mailman School of Public Health) is focused on conducting the necessary analyses and community-
based surveys to identify the unmet needs in the community and support project development. The
Partners/Collaborators Workgroup is managing the PAC and relationships with all community partners
and providers. The Structure and Governance Workgroup (comprised of Senior Leaders and legal
counsel) is developing the governance, funds flow, and quality methodology to support the PPS and the
Integrated Delivery System (2.a.i).

Throughout the planning period, the NYP PPS PAC will be used in an advisory role to review and provide
input on the strategic direction and activities of the NYP PPS. This group includes 60+ representatives
from community-based organizations and providers, community boards, religious groups, the NYSNA
and 1199 SEIU unions, and representatives from the Hospital and its ambulatory clinics. The next
meeting is October 21st.

Design Grant Funding Spend
The following questions address how your PPS has spent the first payment of design grant funds and plans for the second payment. NYS DOH is interested in determining whether your PPS has spent the funds in accordance to what was submitted in the design grant application, and ensure PPSs are on track to finalize their Project Application. You are not expected to provide a detailed list of funds spent.

17) Please provide an overview of how the first grant payment was used to assist your PPS during the design phase in preparing for your Project Application. Please ensure your response addresses the budget and narratives submitted in your design grant application. (*2,000 character limit)*

    Our original submission was for a budget of $2,150,000; this has now been pared down to be commensurate with the $500,000 award. The initial allocation of funding has been committed to the following activities:

    Community Needs Assessment ($250,000 committed) - NYP has contracted with the Weill Cornell Department of Healthcare Policy and Research (claims and EHR data analysis, community resource mapping, and qualitative surveys of Weill Cornell and Lower Manhattan community) and the Columbia University Mailman School of Public Health (qualitative surveys of Northern Manhattan community) to oversee/perform the CNA. This will be paid out upon completion of the CNA (November).

    Project Management Support (~$70,000 expensed to-date) - NYP has enlisted a consultant to oversee/guide the internal Projects Workgroup and Partners/Collaboration Workgroup. The consultant is committing 100% effort to our PPS.

    DSRIP Application Support (~$10,000 expensed to-date) - NYP has also enlisted a consultant to oversee/draft the response to the DSRIP Planning Application.

    Project Advisory Committee (~$400 expensed to-date) - These funds were used to supply food and materials for the first PAC meeting (September 29th).

18) Please provide a percentage estimate of how much of the design grant award first payment has been spent to date. (4 *character limit)*

    32%

19) Please describe any challenges and/or significant deviations encountered since you submitted your design grant application, as well as how they were addressed. (*2,000 character limit)*

    To-date, the biggest challenge has been navigating the NYS requirements of formalizing our relationship with our collaborators to support the attribution and network adequacy evaluation processes. We have archived our initial conversations with our collaborators as an initial consent for the initial submission and have begun collecting formal, notarized agreements with collaborators for the late November attribution.

20) What projects and activities will the second award payment be used for, if applicable? (*2,000 character limit*)

The second award payment will be used to continue the activities described in question 17 (community needs assessment, project management, application support, and the PAC) as well as support individual project development costs within NYP and across our community collaborators. For example, this may include bringing on subject matter experts to consult on the development of our community-based behavioral health crisis intervention.

21) Please list all DSRIP projects that are either confirmed or currently still being considered for implementation by your PPS. Indicate the statuses of each by selecting either "Confirmed" or "Considered" from the drop-down list under the Status column. (*Minimum five projects, maximum fifteen in cases where multiple proposals are still being considered.*)

#	DSRIP Project	Status
1	2.a.i	Considered
2	2.b.i	Confirmed
3	2.b.iii	Considered
4	2.b.iv	Confirmed
5	3.a.i	Confirmed
6	3.a.ii	Confirmed
7	3.e.i	Confirmed
8	3.g.i	Considered
9	4.b.i	Confirmed
10	4.c.i	Considered
11	2.a.ii	Considered
12		Select One
13		Select One
14		Select One
15		Select One

Completion

Please select "Yes" or "No" from the check box provided and in the space provided, input the name of and title of the person making this certification. As stated in the introduction of this questionnaire, the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel. An electronic signature below is sufficient; a signed and dated copy is not required.

I hereby certify that the information and data on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of my responses.

Name: Phyllis Lantos

Title: Executive Vice President, Chief Financial Officer & Treasurer, NYP Healthcare System

Check box with yes or no: Yes: ☒ | No ☐