

# DSRIP DY5 Master Participation Agreements

*Primary Care, Pediatrics, Family Practices, and Acute Care*

*September 18, 2019*

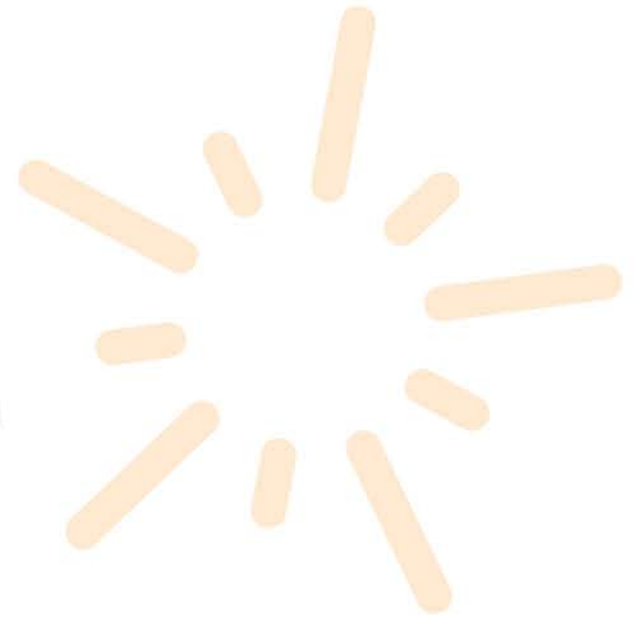


# Housekeeping

- ✦ **Please DO NOT place your phone on “HOLD”**
- ✦ **Please keep your phone line muted**
- ✦ **This webinar is being recorded**
- ✦ **We have planned time for questions at the end**
- ✦ **Please submit your questions using the chat feature in GoToMeeting**
- ✦ **These slides and the recorded webinar will be distributed after the webinar and posted on our website**

# Agenda

- ✧ About the DY5 MPA
- ✧ Incentive Components
- ✧ Next Steps
- ✧ Q&A



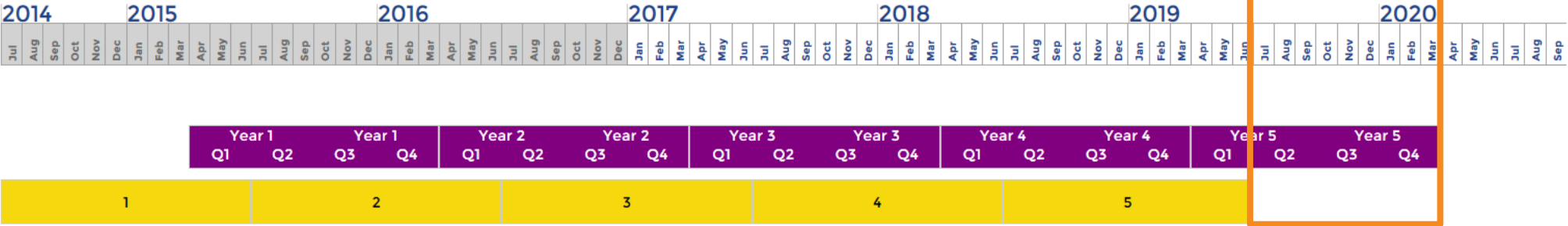
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# About the DY5 MPA

# DSRIP Calendar

This year's contract period corresponds to the remainder of DSRIP Demonstration Year 5 (DY5):  
**July 1, 2019 through March 31, 2020**

MPA  
 Period:  
**Rest of  
 DY5**  
 July 1,  
 2019–  
 March 31,  
 2020



Demonstration Year (DY)

Measurement Year (MY)

# DY5 MPA Contracting Timeline

Date	Activity
September 18, noon	MPA kickoff webinars for primary care and acute partners
September 19, noon	MPA kickoff webinar for behavioral health partners
September 24, 2PM	MPA kickoff webinar for post-acute partners
Week of Sept. 23	Millennium mails amendments, exhibits, and billing templates Relationship managers distribute electronic versions of billing templates
Late October	Deadline for partners to object to amendment (30 days from mailing)

# MPA DY5 Allocations

Provider Type	DY5 Base MPA Allocation %	DY5 Base MPA Allocation \$	DY4 Base MPA Allocation %	DY4 Base MPA Allocation \$
Primary Care	44%	\$4,620,000	44%	\$6,600,000
Behavioral Health	26%	\$2,730,000	26%	\$3,900,000
Hospitals	21.5%	\$2,257,500	21.5%	\$3,225,000
Skilled Nursing Facilities	5%	\$525,000	5%	\$750,000
Home Care Agencies	2%	\$210,000	2%	\$300,000
Maternal & Child Health	1.5%	\$157,500	1.5%	\$225,000
<b>TOTAL</b>	<b>100%</b>	<b>\$10,500,000</b>	<b>100%</b>	<b>\$15,000,000</b>

# DY5 MPA Allocations, *cont.*

Provider Type	Size Scale		
Primary care, pediatric, and family practices	Based on number of Medicaid lives	Extra Large	10,000+
		Large	5,000–9,999
		Medium	1,000–4,999
		Small	200–999
		Under 200	< 200
Behavioral health organizations	Based on Medicaid claims and audited financials	Large	2,000+
		Medium	1,000–1999
		Small	< 1,000
Hospitals	Based on number of beds and revenue	Large	500+
		Medium	125–499
		Small	<150
Skilled nursing facilities	Based on number of beds and revenue	Large	200–300+
		Medium	150–199
		Small	<150
Home care agencies	Based on number of counties served	Large	6–8
		Medium	3–5
		Small	1–2



# MPA Financial Concepts

- ✦ Allocation of funds by provider type was determined based on the following factors:
  - Number of deliverables
  - Complexity of deliverables
  - Number of total providers within each category



# Incentive Components

# DY5 Incentive Components

Provider Type	Engagement & Reporting ("ER")	Transformation ("T")	Transformation with Performance ("P")
Family Practices Planned Parenthood	15%	30%	55%
Adult PCPs	20%	15%	70%
Pediatric practices (L)	15%	30%	55%
Pediatric practices (S, M)	15%	20%	65%
Hospitals	10%	25%	65%

# Differences from DY4/MY5: Primary Care

## Added

- ✦ Compensation & Benefits survey
- ✦ Social determinants of health conference and webinar
- ✦ High utilizer management and outreach
- ✦ EMR data (L and XL only)
- ✦ VBP arrangement (M, L, and XL)

## Retained

- ✦ Workforce reporting
- ✦ Provider rosters
- ✦ Patient engagement
- ✦ Primary care access
- ✦ Controlled blood pressure

## Discontinued

- ✦ VBP/MCO attribution reconciliation
- ✦ High impact lists
- ✦ CPT II codes
- ✦ PQI-90, PDI-90
- ✦ PPV

# Differences from DY4/MY5: Hospitals

## Added

- ✦ Compensation & Benefits survey
- ✦ Social determinants of health conference and webinar
- ✦ Health home workgroup
- ✦ Data validation
- ✦ Best Practice Readmission Management
- ✦ DSRIP Best practice presentation
- ✦ High utilizer management

## Retained

- ✦ Workforce reporting
- ✦ PPR

## Discontinued

- ✦ Unadjudicated claims (moved to separate incentive)
- ✦ ED care triage
- ✦ ED diversion program
- ✦ PPV
- ✦ PQI-90

# Engagement and Reporting Deliverables

Provider Type(s)	Category	Description
Primary care, hospitals	PPS engagement	<ul style="list-style-type: none"> <li>Meet with relationship manager at least twice</li> </ul>
Primary care, hospitals	Workforce	<ul style="list-style-type: none"> <li>Submit staffing impact data via HWapps (October 15 and April 15)</li> <li>Complete Compensation &amp; Benefits Survey (due October 4, 2019)</li> </ul>
Primary care, hospitals	Social determinants of health conference	<ul style="list-style-type: none"> <li>Participate in pre-conference webinar (October 15, 2019)</li> <li>Attend conference (November 6, 2019)</li> </ul>
Primary care	Provider rosters	<ul style="list-style-type: none"> <li>Submit via WatchDox quarterly</li> </ul>
Primary care	Self-reported data via SurveyMonkey	<ul style="list-style-type: none"> <li>Primary care access</li> <li>Patient engagement (behavioral health screenings) – no patient list required</li> <li>Blood pressure control</li> </ul>
Hospitals	Data validation	<ul style="list-style-type: none"> <li>Provide monthly hospital utilization/visit counts for Emergency Department (ED) and inpatient activity</li> </ul>
Hospitals	Health home meetings	<ul style="list-style-type: none"> <li>Participate in at least one Millennium-facilitated regional health home meeting and/or webinar (Sept. 20, Dec. 20, Mar. 20)</li> </ul>

# Social Determinants of Health (SDOH) Conference and Webinar

- ✦ Summary: Participate in pre-conference webinar (Oct. 15, 2019) and attend conference (Nov. 6, 2019)
- ✦ Objective: To connect clinical providers with community-based organizations (CBOs) that address SDOH; to encourage conversations around VBP arrangements and potential partnerships
- ✦ Deliverables:
  - Pre-conference webinar attendance will be tracked by Millennium
  - Conference attendees will need to upload “passport” showing evidence of visits with at least three CBOs
- ✦ Applies to: All primary care practices and hospitals\*

# Social Determinants of Health Conference

- ✦ Wednesday, November 6, 2019
  - 9AM–3PM
  - Buffalo Grand Hotel (formerly Adam's Mark)
- ✦ All healthcare and community-based organization partners are invited
- ✦ Mission: To bring together CBOs, managed care organizations, and clinical partners to establish value-based partnerships to address social determinants of health





# SDOH Conference, *cont.*

## Why plan to attend?

- ✦ Keynote speaker
  - Denard Cummings, Director of the Bureau of Social Determinants of Health, NYS Dept. of Health
- ✦ Panel presentation on VBP
  - Hear from organizations which have made a difference by targeting specific SDOH (including community-based organizations and managed care organizations)
  - Facilitated by Milano Harden of The Genius Group, Inc.
- ✦ Community-Based Organization (CBO) Showcase
  - Meet CBO representatives at exhibit tables and learn first-hand about organizational capabilities; key services; value proposition and ultimately, why they may be the VBP partner you've been looking for to achieve your social needs goals!

# Value-Based Payment Arrangements (Primary Care)

- ✦ Summary: Enter into or continue a level 1, 2, or 3 Medicaid VBP contract during MPA term
- ✦ Deliverables:
  - Submit number of attributed members and level of associated VBP contract or communication from payer (template and detailed guidance to be provided by Millennium)
- ✦ Applies to: M, L, and XL family and adult primary care practices

Maximum Award Caps	
Medium adult/family practice	\$50,000
Large family practice	\$75,000
Extra large family practice	\$100,000

# Population Health Management (Primary Care)

- ✦ Summary: Establish monthly feed of EMR data into Cerner HealthIntent
- ✦ Deliverables:
  - Initial submission of historical data file (by 1/15/2020)
  - Data validation with 80% accuracy
  - Ongoing monthly feeds through 3/31/2020
- ✦ Applies to: L and XL primary care practices (family and pediatric)

# High Utilizer Management (Primary Care)

- ✦ Summary: Establish processes for engaging high utilizers in preventive care
- ✦ Objective: Reduce avoidable hospital utilization
- ✦ Deliverables:
  - Develop policy and workflow for managing high utilizers by 12/1/2019
  - Select 50% of patients from Millennium-supplied high-utilizer list for targeted engagement (number of patients is capped depending on size of practice)
  - Outreach to at least 50% of selected patients
- ✦ Applies to: All primary care practices

# Primary Care Access Adherence Rate (Primary Care)

- ✦ Summary: Ensure patients attend annual primary care visits
- ✦ Deliverables:
  - Establish baseline and submit quarterly reports
  - Improve adult annual visit adherence rate  $\geq 3\%$  over baseline or demonstrate overall adherence rate  $\geq 89\%$  (for family and adult practices)
  - Improve pediatric annual visit adherence rate  $\geq 3\%$  over baseline or demonstrate overall adherence rate  $\geq 89\%$  (for family and pediatric practices)
- ✦ Applies to: All primary care practices

# High Utilizer Management (Hospitals)

## ✧ Identification:

- Identify high utilizers of the ED for preventable conditions for medical and behavioral health (BH) diagnoses

## ✧ For patients with active primary care or BH connection:

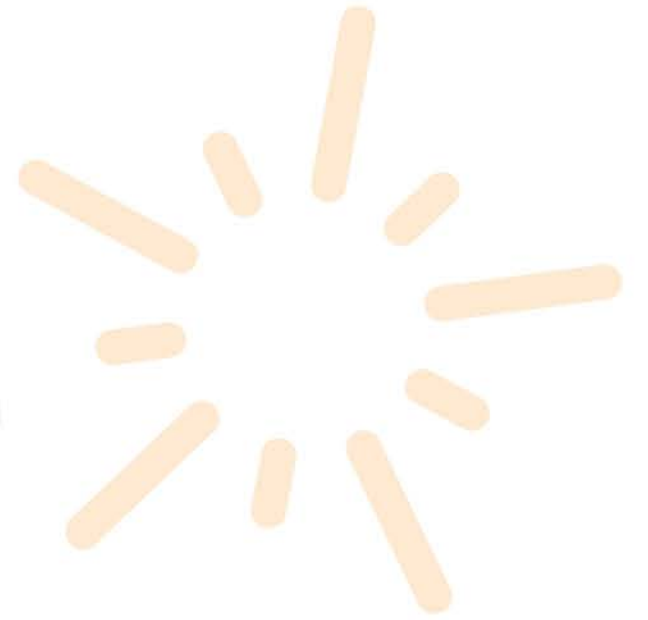
- Identify top three primary care practices and one BH organization with the most high utilizers
- Hold at least one face to face collaborative meeting with each practice to discuss high utilizer management strategies.
- Conduct outreach and develop communication workflow with high-volume practices and BH agency, including:
  - Process to confirm the appropriate attribution of the high utilizer
  - Identification of point person at each site
  - Information fields to be included on patient lists
  - Method of secure transfer of lists to and from the site
  - Frequency of ongoing/future reports
- Send high utilizer patient lists to targeted practices and BH agency

# Hospital Readmission Management (Hospitals)

- ✦ Summary: Implement evidence-based processes to assess patients' risk of readmission and redesign discharge workflows to minimize likelihood of readmission
- ✦ Objective: Reduce avoidable readmissions
- ✦ Deliverables:
  - Program implementation and oversight
  - Intensive readmission case management
  - Ongoing activity requirements
- ✦ Applies to: Hospitals

Additional details about this program will be provided in a separate webinar

# Next Steps





# Upcoming Communications

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- ✦ Additional MPA kickoff webinars:
  - Behavioral health September 19, 2019 (noon)
  - Post-acute September 24, 2019 (2:00 PM)
- ✦ Amendment, exhibit, billing template
  - Paper copies will be mailed to your organization next week
- ✦ Billing templates
  - Electronic versions of your billing templates will be emailed to you by your relationship manager
- ✦ Reporting Parameters
  - Are being updated and will be distributed by relationship managers
- ✦ *Critical Deadlines*
  - Monthly newsletter will continue around the first of each month to let you know what is due and how to submit it

# Next Steps

- ✦ Amendment automatically goes into effect 30 days from mailing date
- ✦ Millennium relationship managers will follow up with your specific organizations to provide support as needed
- ✦ Updated OMIG compliance documentation will be requested in January 2020

# Overview of Important Dates

Item	Due Date(s)	Platform
Hospital–health home workgroup meetings (hospitals)	Dec. 20, 2019 Mar. 20, 2020	In-person meeting or webinar
Workforce Compensation & Benefits Survey	Oct. 4, 2019	Email (to Rural AHEC)
SDOH pre-conference webinar	Oct. 15, 2019	Webinar
Biannual workforce staffing impact report	Oct. 15, 2019 April 15, 2020	HWapps
Quarterly self-reported performance data (primary care)	Oct. 15, 2019 Jan. 15, 2020 April 15, 2020	SurveyMonkey
Quarterly physician rosters (primary care)	Oct. 15, 2019 Jan. 15, 2020 April 15, 2020	WatchDox
SDOH conference	Nov. 6, 2019	Conference
High utilizer policy and workflow (primary care)	Dec. 1, 2019	WatchDox
Compliance certification documentation	January 2020	Email (to Laura Fleming)

# Questions?



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