Design Grant Webinar #2 – Q&As

Contents

General

Q: Once you save the application, can you print the entire application and display all narrative and form information?
A: You can print the application. Be aware that you may need to slightly format for the narrative spacing. Also note that the Section 2 lists are rather long so you may want to adjust the print area to only print the filled out part. All three pieces of the application (the main form, updated Section 10, and updated Section 2) must be submitted in Excel form.

Q: Given all the guidance and updates that are continuing to be issued, even into next week, is it possible that the Design Grant Application deadline will be extended beyond June 26?
A: Unfortunately due to the tight overall DSRIP timeline, no.

Q: Can a PPS be added after the application has been submitted?
A: A partner organization can be added to the PPS after the application has been submitted; however, they will not be considered in the evaluation of the Design Grant. They will be considered in the Project Plan Application due in December.

Q: What specific planning assistance will the DSRIP Support Team (DST) be providing to the PPS? We do not want to include in our budget planning that the DST will provide.

A: The DISRP support team will be providing support on an assistance level, not if an emerging PPS needs help in creating and drafting their project plan application. The support team should not be the only type of assistance that you enroll. Basically, the support team will be creating a how-to guide and will have specific knowledge on specific project plans, but expect the support team to be more of an advisor not one to write up the proposal for you; their role is more of a guide and mentor through this process.

Q: Does the excel file of the application accommodate images and graphs or only text?
A: Only include text within your application.

Q: When will we be notified if our design grant was selected? When can we expect to receive the funds requested for the budget and the capital request?
A: As indicated on the timeline on the DSRIP website, awards are expected to be made around August 1, 2014. The capital information requested in sections 9.2 – 9.4 is only for informational purposes at this time; the full capital application will be integrated with the project plan application. As noted on the timeline on the website, Design Grant awards are expected to be paid out around early August.

Q: If licensed as an Article 28 hospital by DOH, does the entity need to apply for OMH certification on the operating certificate in order to integrate primary care and mental health in the primary care setting under DSRIP?
A: At this time it is uncertain, however, you should include this in section 3.1 as potential regulations that need to be waived.

Section 1 (Lead)

Q: How can an ACO complete section 1.3 since VAP appeal is not available yet?
A: If your lead provider is planning on applying for the VAP exception, note this in Section 1.2 and leave Section 1.3 blank. Safety Net appeals are currently being processed; if your lead has applied for an appeal, note this in Section 1.2 and leave Section 1.3 blank.

Q: Can we apply as a lead PPS if our appeal for Safety Net status is pending approval?
A: Yes, indicate this in Section 1.2; leave section 1.3 blank as it is not applicable to your lead.

Q: If a lead app isn't a Safety Net provider & they lose their appeal, will the app be denied? Would it be safer to have an already approved Safety Net provider be the lead or would they have the ability to change the lead later?
A: In this case, the Department would work with the applying PPS to find a solution; potentially, the PPS would be given the opportunity to designate a new lead.

Q: If the lead agency is a single legal entity, however, that entity is a new corporation (not a safety net provider), is there any problem with that new corporation being the lead? The department did encourage the designation of a new corporation as a lead. In this scenario I would just choose "none of the above" for section 1.3 # 1 of the application. We discussed this with Greg Allen and he indicated that this sounds right.
A: So long as the lead is a single legal entity, this would be the appropriate action. Please briefly describe the new entity in Section 1.2. If a group of entities wishes to act as a lead, this may be possible in the future, however, for this Design Grant application, one entity must be designated as the lead

Q: For Section 1.4, Point of Contact, is there a preference for the secondary contact (from the Lead Organization or a Partner)?
A: Preferably the second contact would be from the Lead Organization as well.

Section 2 (Partner Organization List)

Q: How many rows are there for entering Partner Organizations? Can more be added or should an additional form be used?

A: Each tab has at least 2000 lines. If you need more space DO NOT submit an additional form – instead follow these instructions to insert additional lines:

- Decide how many rows you want to insert (you can always insert more later).
- Go to the appropriate tab that you need to add rows to.
- Use your cursor to select a row (click on the row number [not column A] on the very left of the excel file) then move your cursor down until you have highlighted the number of rows that you wish to insert.
- Right click within the highlighted area and select "Insert".
- Do not be concerned that the column A(the entry number) is blank for the inserted rows.

Q: The previous form had 80 forms. We submitted over a hundred PPS - 1 of 2 and 2 of 2. Doctors, and various categories were included, some almost completed and some fully completed. Do I need to separate and reenter PPS?
A: Yes.

Q: Is there a look-up tool or other resource to provide assistance in finding MMIS, OPCert or other identifiers? We have received a great variety of incorrect numbers and it will be very time consuming to go back to each one individually.
A: There are two website that will allow you to search for NPI numbers:

- https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do
- http://www.hipaaspace.com/Medical_Billing/Coding/National_Provider_Identifier/NPI_Number_Lookup.aspx

Otherwise, there is not a resource to provide these numbers. **Tell your partner organizations to talk to someone at their organization that is familiar with their billing to obtain the proper identifiers and ensure that they are correct.**

Eligibility/how to list

Q: How do we fit in as a Licensed Home Care Agency, but not part of any larger group currently?
A: Follow the instructions for the updated Section 2 form. Since they are not listed in 2.1, and are not a pharmacy or physician, they belong in Section 2.2.

Q: We are an FQHC. Do we list all our licensed providers under section 2.3 or is that only for private physician practices?
A: As noted in the instructions, FQHCs should be included in section 2.1. A separate entry should be made for each individual OPCert.

Q: If an organization has multiple locations, should we list every location in section 2?
A: No, one entry should be made for each organization. See instructions for the updated Section 2.

Q: As a follow-up. We only need to list the lead partner even if the other entities have their own specific NPI and operating certificate
A: You should list all partner organizations on the updated Section 2 form. If an entity has its own operating certificate, it should have its own entry.

Q: Should stakeholders such as Church entities, Senior Centers, Meals on Wheels, etc. be listed on section 2.2 at all or just understand that we will work with others to assist in attaining project outcomes?
A: Community Based Organizations such as those you describe as well as other healthcare provider types not included in Section 2.1, 2.3, and 2.4 should be included in Section 2.2.

Q: Non article 28 facilities that are hospital owned should be listed under which tab? Are they considered as separate entities and therefore partners?
A: Please read the instructions for the updated Section 2 form. If the provider type of the non-article 28 facility is listed in Section 2.1, include the partner organization on that form, otherwise, they would be included in the "other" provider category, Section 2.2.

Q: If a hospital has a SNF and LTHHC program (with separate OP certificates) should they be listed as separate partners?
A: These should be listed as separate partners.

Q: We perform care management in 3 health homes. Do we list our organizational data separately from our FQHC and separate from the Lead Health Home?
A: Yes, they should be listed separately.

Q: If we are a lead at our main location, then all of our additional sites should be included under 'partners'?
A: If they have separate operating certificates, then yes they should be included as partners.

Q: How do you handle organizations that have multiple licenses? For examples hospitals that have OMH licenses. Do you need to list them on separate lines in section 2?
A: Since they have multiple licenses, please list them each individually.

Q: My agency is NPI # exempt, so I just put our Provider # in the grid, right?
A: Correct; for NPI exempt providers, please enter your Provider Number.

Q: We have an adult day health program (Article 28) and we are an FQHC. Do we list our agency twice on the partner form?
A: It is not necessary but it would not hurt to list twice in the right provider type.

Q: For column 11 regarding provider type - what do we do with organizations that are OMH and OASAS residential providers? Should we include them by using the OMH or OASAS dropdowns? We have partners that were concerned about interpreting the article 28/32 component too literally…
A: If they are OASAS or OMH programs then they are licensed or participants in our own certified OMH programs programs so I would categorized them In OASAS or OMH or OPWDD categories from that list that are on the form already.

Q: Are OPWDD state operated certified residences considered safety net providers? I've asked this question several times, but no answer yet.
A: No; state operated facilities are not eligible to receive DSRIP dollars. Voluntary OPWDD providers are eligible to participate.

Q: What if the partner agency is a CBO that doesn't provide Medicaid services (Rural Health Network, Perinatal Network, etc.)?
A: As non-safety net providers, they are eligible to receive up to 5% of the PPS total award. They should be included in Section 2.2 of the updated Section 2 form.

Q: Are you defining CBO's as those agencies that are not safety net providers? IE agencies that do not provide billable services to Medicaid beneficiaries?
A: CBOs are non-profit organizations that provide services within a community. CBOs participating in DSRIP will work with Medicaid beneficiaries, but do not provide billable services. CBOs are limited to the non-qualifying partner organizations 5% of the total award. CBOs as well as "Other" partner organizations (both qualifying and non-qualifying) should be listed in Section 2.2 of the updated Section 2 form.

LOIs

Q: How do you know if you have submitted your Section 2 form appropriately the first time around?
A: It seems as though you are referring to the list of partner organizations from the LOI. A submission of that list does not exempt you from submitting the list of partner organizations for the Design Grant. However, if you have already filled out Section 2 *on the Design Grant* form and do not have any physicians, physician groups, pharmacies, or "Other" partner organizations (as defined in the updated Section 2 instructions), you may simply submit the completed Design Grant form since the updated Section 2 form does not apply to your member types.

Q: When did you send the reformatted LOI to the PPS'?
A: On the morning of 6/18/2014 (around 9 o'clock), the reformatted LOI partner organization lists were sent back to the representative who signed the LOI.

Q: We did not receive our LOI back how can we get a copy?
A: Formatted LOI partner organization lists were only compiled for "emerging" PPS (as seen on the DSRIP website) and sent to the representative signing the LOI. If you are an "emerging" PPS and did not receive your formatted LOI list, send an email to BVAPR@health.state.ny.us. Please include a phone number to be contacted at.

Physicians

Q: Do we need to list Physicians who are NOT independent, but are employed by an institutional partner, whose Medicaid information is already given in the "partner - general" worksheet.
A: You should **not** list non-independent physicians that are employed by institutional partners who are already listed. Physicians groups that are already included in their institutional partners reporting data (ICR, CFR, etc.) should not be listed. For example, a faculty practice plan whose data is included in its hospital's (or clinic's, etc.) cost report should not be listed on Section 2.3. However, if it reports separately, it should be listed on Section 2.3.

Q: Do you have to list the physicians if they are employed by the hospital (PPS)?
A: No, these physicians should not be included since they are included within their hospital's (or clinic's, etc.) reporting.

Q: For section 2.3, do we have to list each individual physician or can we list groups?
A: ***Read the instructions.*** You must list the group as well as its members.

Q: Should physician types be listed as individual physicians or by the practice, which may be composed of multiple individual physicians?
A: Read and follow the instructions for the updated Section 2 form; you are required to list both the physician group/practice as well as its members.

Q: Do all physicians need to be listed now? This is a large amount of information to compile in a short time frame. We have been gathering information on institutional level partners, but not on every physician practicing at those institutions.
A: You should try to compile this information before you submit your Design Grant. If you are unable to do so in time, you should enter those that you can and note something such as "More physicians to be added" in the last blank row in Section 2.3.

Q: How should large physician practices who are PPS members be listed/categorized? Do all the physicians need to be listed?
A: Read the instructions for the updated Section 2. Yes.

Section 3 (Regulations & Service Area)

Q: If we are looking for a regulatory exception or relief, is this required or completed on this application?
A: If you anticipate needing a regulatory exception or relief, please complete Section 3.1.

Q: Can individual patients' claims data be provided as part of the Design Grant phase (for the patients that the PPS lead or partner organization already is providing)?
A: No other materials will be used in evaluating the DSRIP Design Grant other than the posted Design Grant Application, the revised Section 2 (Partner Organization List), and the revised Section 10 (PAC).

Section 5 (CNA & Stakeholder Engagement)

Q: 5.5 suggested that stakeholders should not be partner organizations, but rather CBOs. Now we can include CBOs as partner organizations. Does this now mean that a CBO cannot be a stakeholder?
A: A CBO could be a stakeholder and/or a partner organization. Partner organizations play a role within a PPS related to application/project development and may contribute to stakeholder engagement. A broad set of stakeholders outside of partnering organizations must be involved in the stakeholder engagement process.

Q: Is any new information on community needs assessment and collaboration across PPS's available?
A: Community Needs assessment guidelines are posted to the DSRIP website. A webinar will be announced shortly.

Q: I was told the difference between a stakeholder and partner is that a partner is a healthcare provider and stakeholders should not be part of the PPS. Would a potential partner that offers supportive housing and some counseling qualify as a healthcare provider or a stakeholder? Are there any clearer definitions between the two?
A: Stakeholders: any group in the proposed service area that has an interest in the public's health. Partner organizations could also be considered stakeholders, however, when filling out the section about stakeholder engagement, PPSs should focus on involving the outside and community based organizations who might not be as involved in developing the Project Plan as the partner organizations are. (CBOs can also be partner organizations, however, they are limited to the 5%). Community Based Organizations are organizations within the PPS' service area that focus on directly engaging the community about healthcare issues. CBOs may include, but are not limited to, schools, churches, organizations that provide various healthcare outreach programs and other services to the public. It is likely that a PPS will interact with (1) CBOs that are non-qualifying partner organizations and (2) CBOs that are not part of the PPS, but are important to evaluating community needs and engaging stakeholders.

Section 6 (Vendors)

Q: section 6.1 - Vendors - if we know the types of vendors we are going to need, but haven't selected them yet (plan on doing RFPs after 6/26), can we describe types of vendors we are looking to use in section 6.1, but not list any specific vendor organizations?
A: Yes, we would like to know what type of vendor and what kind of work they would perform in helping your PPS to be able to submit your Project Plan Application in December; if you do not have a specific vendor identified at this time that is OK.

Q: Do Service Vendors need to be listed? Non-Hospital or Health Providers types of businesses?
A: The vendor section should include the vendors (or types of vendors) who you expect to use in developing your Project Plan Application. This should not include vendors to provide routine services to PPS, but rather vendors that will be specifically tasked with some aspect of helping your PPS develop and submit a Project Plan Application in December. This could include vendors to help with your community needs assessment, stakeholder engagement, development of governance, other advisory roles, etc.

Q: Can you hire vendors that you do not list in the application? What if you do not know what vendors you may hire? Should you list all of the possibilities or only list ones you know at this time you will hire?

A: You should list all known proposed vendors at this time. If you have a task that you anticipate needing vendor assistance with, you should include this information in Section 6 and put "TBD" for the "Organization Name" field. An updated list of vendors may be required as a deliverable in the future.

Q: Do Vendors need to be New York State Certified to participate?
A: The proposed vendors do not need to be NYS Certified at this time, however, the Department maintains the right to approve any vendor used in the DSRIP program.

Q: Will OSC contracting requirements be waived during the planning phase so that vendors can be hired to assist public hospitals with planning?
A: You should identify this in Section 3.1 as a regulation that will need to be waived. More information about this will be forthcoming.

Q: Do you require a Letter of Support for the vendors?
A: A letter of support for the proposed vendors is ***not*** required for the Design Grant Application.

Section 7 (Timeline)

Q: How do you add more lines to the timeline?
A: See Appendix E on page 21 of the Design Grant Instructions.

Section 8 (Data Request)

Q: What type of data do you anticipate that lead applicants can request?
A: We will work with PPSs going forward and provide additional details about available data. We welcome your suggestions about what data would be useful.

Q: You mentioned that claims data will be provided on individual patients to help PPSs manage their members. Will this claims data include pharmacy claims data? Will this data be coming from MEDS? How much history will be provided?
We spoke to some people at MEDS and they were not aware that they would be providing this data to PPSs as part of DSRIP (although they said they could provide the data if needed).
A: Thanks for the feedback on what data would be helpful, we'll pass it along to our data team. At this point there are no plans to release the data, however, it seems like something we may be able to do. Further updates will be posted to the DSRIP website.

Q: Link for your reference: http://www.health.ny.gov/health_care/managed_care/docs/dictionary_meds3.pdf
Alternatively, are you expecting PPSs to contract with all the Medicaid Managed Care companies to get this data directly? And if so, are you compelling those companies to provide this data?
A: We will work with Managed Care Companies and PPSs to identify what resources will need to be shared to support management of members.

Section 9 (Budget)

Design Grant Budget (operating)

Q: What costs are eligible to be included?
A: Operating (no capital) expenses that have been and are expected to be incurred in relation to developing your Community Needs Assessment, engaging stakeholders, developing your Project Plan Application and other planning expenses. The Design Grant Budget should cover the same period as the Timeline, April 14, 2014 through March 31, 2015. See the timeline section of the instructions.

Q: In the Budget, there is a section that says "Application Development" in the excel form. I'd like to get a better sense of the types of items that are acceptable to put in there. I'd also like to get a better sense of what is acceptable to put into the budget for the planning of specific projects. Are preparation activities that would need to occur this year before the program start applicable for the Design Grant Budget (such as implementing or customizing IT or analytics systems)?
A: Preparation activities that would need to occur this year before the program start are the sort of things we are looking for here; however, keep in mind that all costs entered in Section 9.1 (Design Grant Budget) must be operating costs, so this would likely exclude customizing an IT/analytics system. You may wish to identify that in your anticipated need for capital (section 9.2 - 9.4). Operating expenses are defined by Generally Accepted Accounting Principles (GAAP). We do not have any specific examples of application development costs; use your best judgment.

Q: Can budgets be for over $500,000 if you are a large PPS?
A: Yes. The Design Grant award amount will be dependent on the proposed service area and the identified planning expenses provided in the Design Grant Budget. Applicants should provide all projected planning (operating) expenses (regardless of amount) related to developing their DSRIP Project Plan Application in Section 9.1 of the Design Grant Application. Larger emerging Performing Provider Systems may be eligible for additional planning funding. Applicants that do not provide a sufficient and reasonable budget may be awarded less.

Q: Does the Operating Budget need to include (GAAP) depreciation for the Capital Budget request?
A: No.

Q: Is transportation considered a capital cost?
A: Capital is defined by Generally Accepted Accounting Principles (GAAP). You should ask your accounting department to help you identify the types for specific costs.

Q: How will changes/adjustments to the budget be handled in the future?
A: It is understood that this is a preliminary budget and actual expenses are likely to differ during the planning phase. At this time, awardees will not be required to request state approval to adjust their budget; however, all awarded funds must be used to develop the Project Plan Application. Project Design Grant Awardees must prepare and maintain documentation demonstrating the use of funds related to developing their DSRIP Project Plan Application. The documentation and planning expenses are subject to audit in the future.

Capital Needs

Q: What costs should be identified?
A: Indicate the ***anticipated*** capital expenditures, as defined by GAAP, which are ***needed for the PPS to implement the Project Plan*** (beginning in Year 1). This information is just being collected for analytical purposes at this time.

Q: How detailed a basis is required for estimating capital costs at this point?
A: Use your best estimate. The capital information being collected is purely for analytical purposes to help understand the capital needs for emerging PPSs.

Q: What is the total capital budget (state-wide)?
A: As noted in the FAQs, under Sections 8, 8-a, 8-b, and 9 of the Health Article VII bill (S.6914/A.9205) in the Governor's 2014-15 budget, the Department of Health was awarded $1.2 billion over a period of seven (7) years to Establish a Capital Restructuring Financing Program that will support capital projects in an effort to strengthen and promote access to essential health services. The majority of funding is aligned with DSRIP and will support projects that will improve infrastructure and other capital investments aimed at promoting integrated health systems and developing additional primary care capacity. Applications for capital funds will be part of the DSRIP Project Plan application due in December 2014.

Q: Can we submit capital requests now even though review will take place at a later date?
A: ***NO!*** Any capital information outside of Sections 9.2-9.4 will ***not*** be evaluated. The application for capital will be integrated with the DSRIP Project Plan application.

Section 10 (PAC)

Q: How does the alternate PAC structure work?
A: If your PPS is smaller than 20 partner organizations, you must follow the required PAC structure detailed in the FAQs posted on the DSRIP website. If your PPS is larger than 20 partner organizations (excluding physicians, pharmacies, and non-qualifying organizations), then you may propose an alternate PAC structure. Once the alternate structures have been submitted with the Design Grant Application, they will be posted on the DSRIP website for public comment.

Q: Further clarification: Are you saying that in section 10.4 only column 1 is optional, 2, 3, and 4 are required?
A: That is correct; we are not requiring individual representatives (column 1) to be personally identified for the Design Grant. Columns 2, 3, and 4 are still required.

Q: Kindly inform whether we, as the Lead PPS are required to list the names (all or known) of PAC members under section 10.4 on the planning grant application. We are proposing an alternative structure for our PAC (over 20 partnering organizations) and are still in the process of working through all of the requests for inclusion, geographic area, etc., and we believe our PPS's membership will be changing over the course of the next month or so.
A: As stated during the second webinar, we are not requiring the individual representatives (column 1) of each PAC representative; however, Columns 2, 3, and 4 are still required.

Q: Does an individual Physician have to be provided on the PAC or just provider organizations?
A: Since they are an organization under 50 employees, they fall under part 1B: "Emerging PPS partners with less than 50 employees have the option of selecting an organizational (managerial) representative to participate in the PAC."

Q: Does a Partner in a PPS over 50 employees need an organizational (managerial) representative and a worker representative and if unionized, a union representative?
A: No. If the PPS is not proposing an alternate PAC structure, and the partner organization (over 50 employees) is unionized, an organizational (managerial) and a union representative are required. If they are not unionized, an organizational (managerial) and worker representatives are required.

Technical

Q: Will the form work when utilizing OpenOffice Calc spreadsheet program?
A: Please complete the form using Microsoft Excel and submit the files as Excel attachments in an email to BVAPR@health.state.ny.us.