



CARE COMPASS

NETWORK

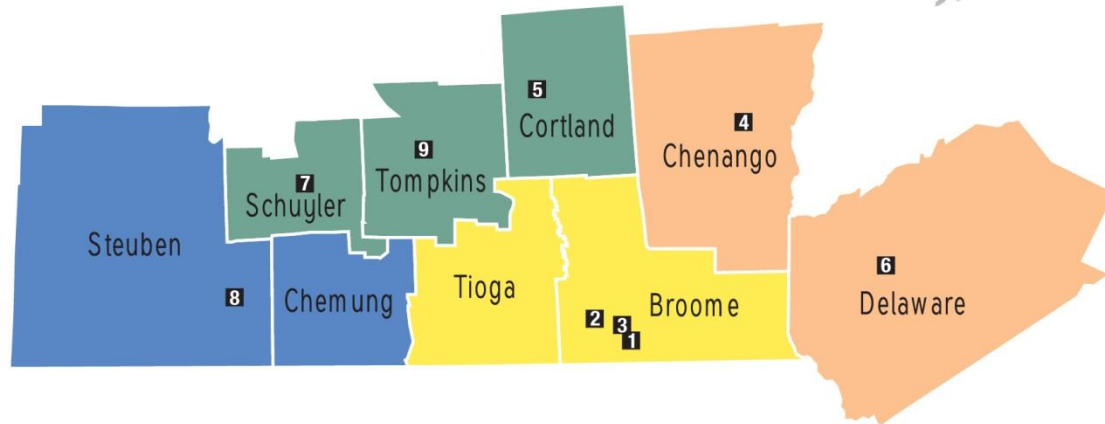
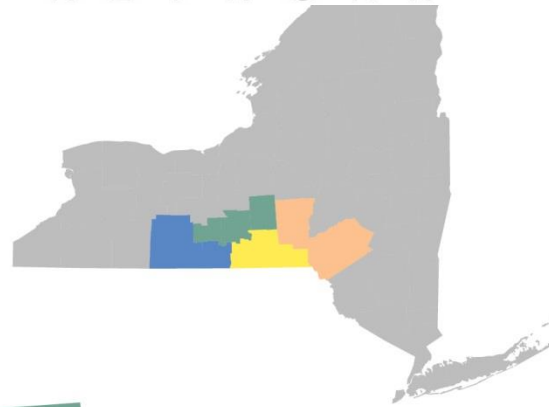
PROJECT APPROVAL & OVERSIGHT PANEL

DSRIP MEETING

November 10, 2015

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Southern Tier Rural Integrated Performing Provider System



Broome County

- 1 UHS Binghamton General Hospital
- 2 UHS Wilson Medical Center
- 3 Our Lady of Lourdes Hospital

Chenango County

- 4 UHS Chenango Memorial Hospital

Cortland County

- 5 Cortland Regional Medical Center

Delaware County

- 6 UHS Delaware Valley Hospital

Schuyler County

- 7 Schuyler Hospital

Steuben County

- 8 Corning Hospital (Guthrie System)

Tompkins County

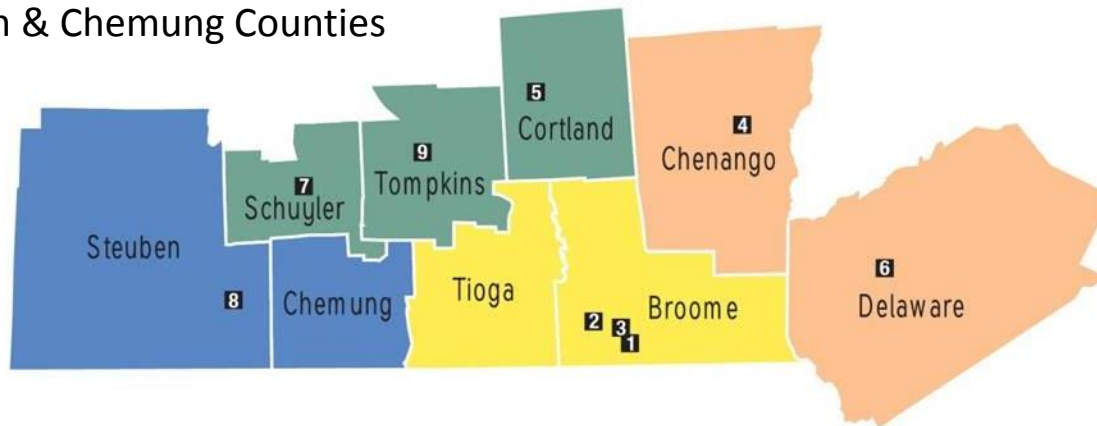
- 9 Cayuga Medical Center

THE CCN REGION ENCOMPASSES ROUGHLY 12.5 % OF NEW YORK STATE LANDMASS

The **Care Compass Network (CCN)** is a 501(c)(6) organization and includes four **Regional Performing Units (RPU's)** which will allow for execution of DSRIP related projects and efforts at a localized level. CCN has an attribution of roughly 100K Medicaid members.

PPS OVERVIEW

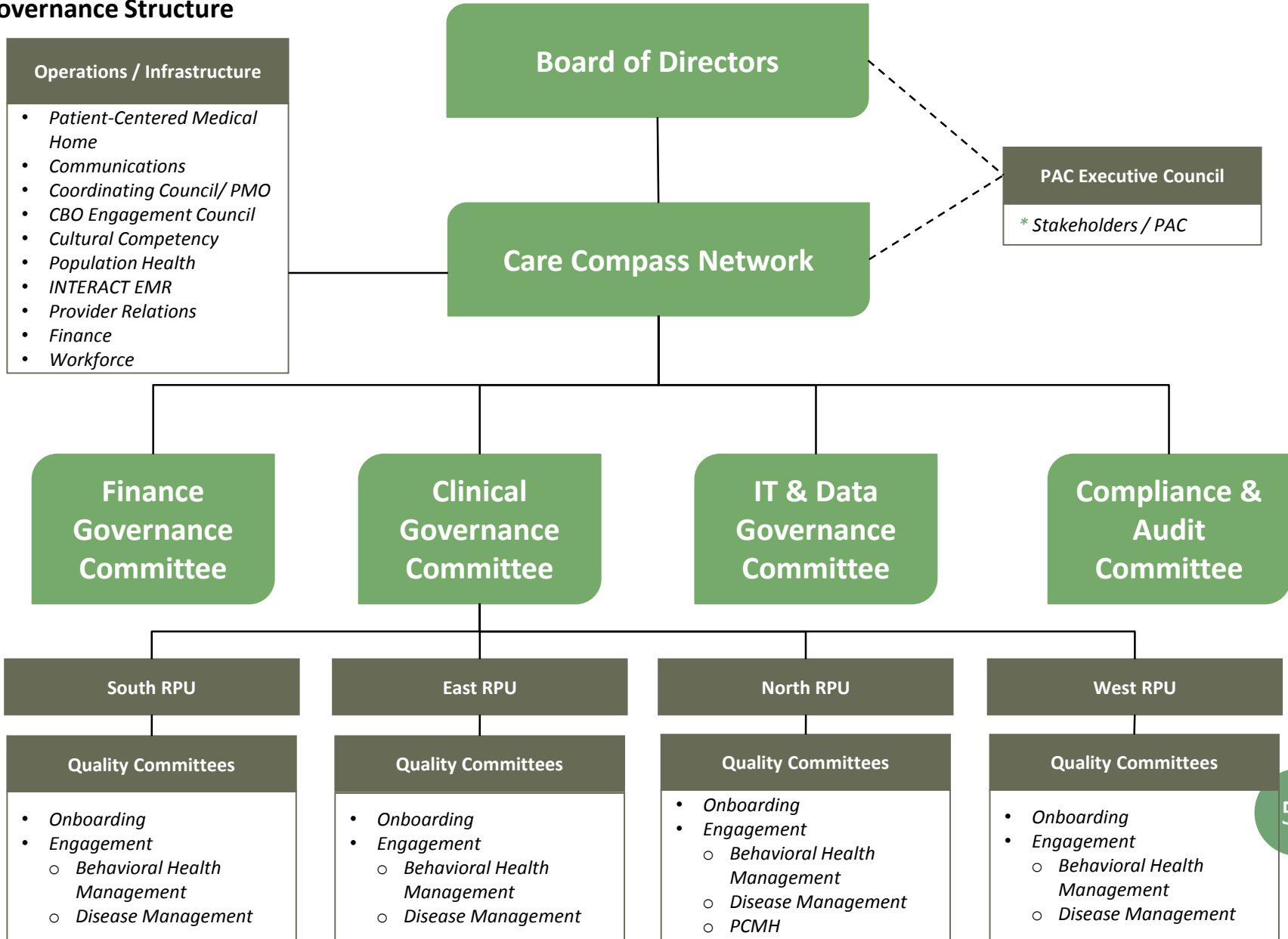
- North RPU
 - Large Population, Shared Territory
 - ~30% of entire PPS Medicaid Enrollees
 - Minor FLPPS presence
 - Tompkins, Cortland, & Schuyler Counties
- East RPU
 - Rural Population, Shared Territory
 - ~13% of entire PPS Medicaid Enrollees
 - Major Bassett PPS presence
 - Chenango & Delaware Counties
- West RPU
 - Rural, Smaller Population
 - ~11% of entire PPS Medicaid Enrollees
 - Major FLPPS presence
 - Steuben & Chemung Counties
- South RPU
 - Largest Medicaid Enrollee Population
 - ~46% of entire PPS Medicaid Enrollees
 - Broome & Tioga Counties



PARTNER OVERVIEW

- Hospitals (UHS, Lourdes, Cortland RMC, Cayuga Medical System, Guthrie)
- Health Homes
- Skilled Nursing Facilities
- Diagnostic & Treatment Centers & Federally Qualified Health Centers (FQHCs)
- Physicians & Allied Health Professionals (PCPs, Specialists)
- Behavioral Health Providers
- Home Health Care Agencies
- 130 + Community Partners (DSS, DOH, Human Service Organizations, Office of Aging etc.)

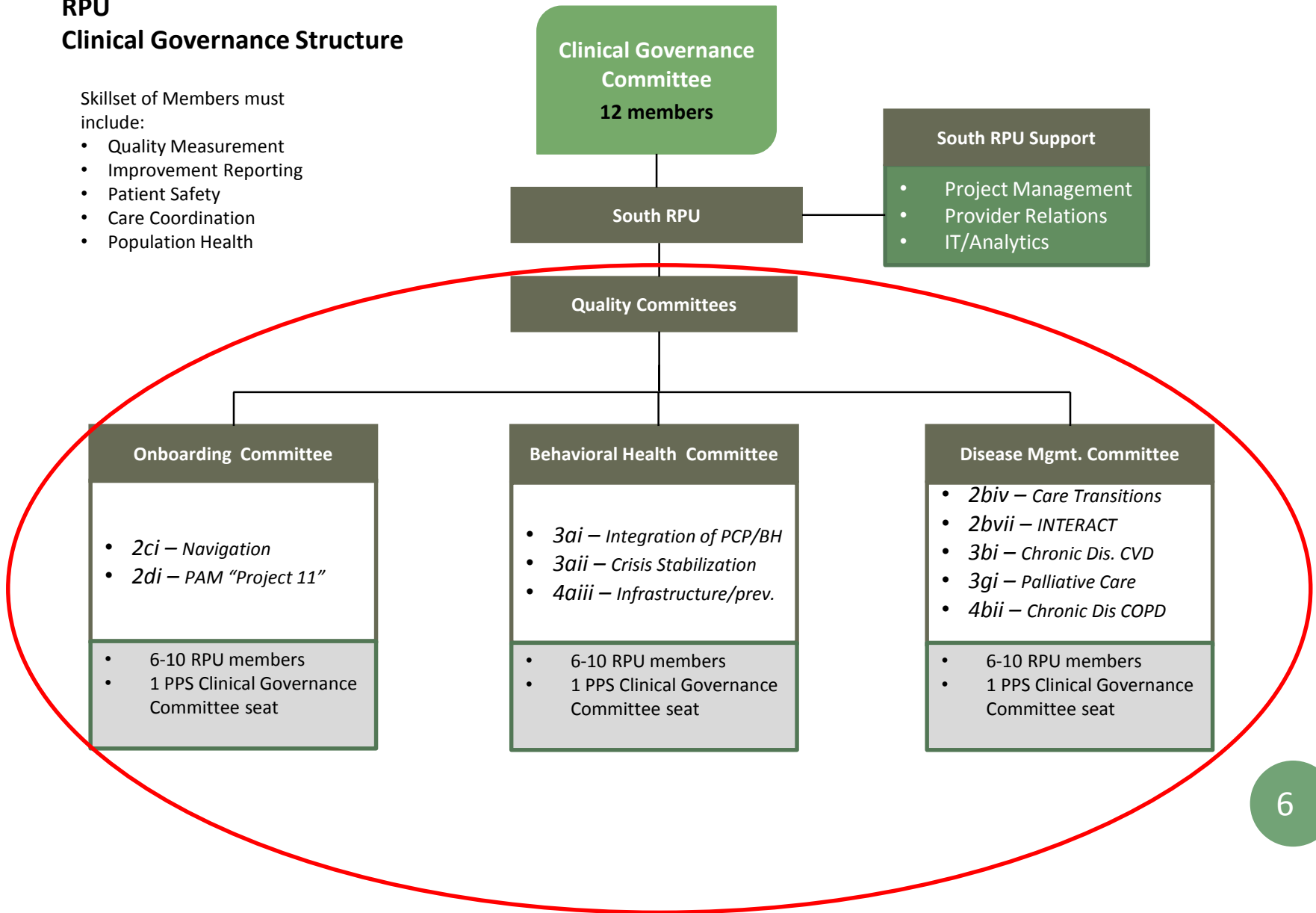
Governance Structure



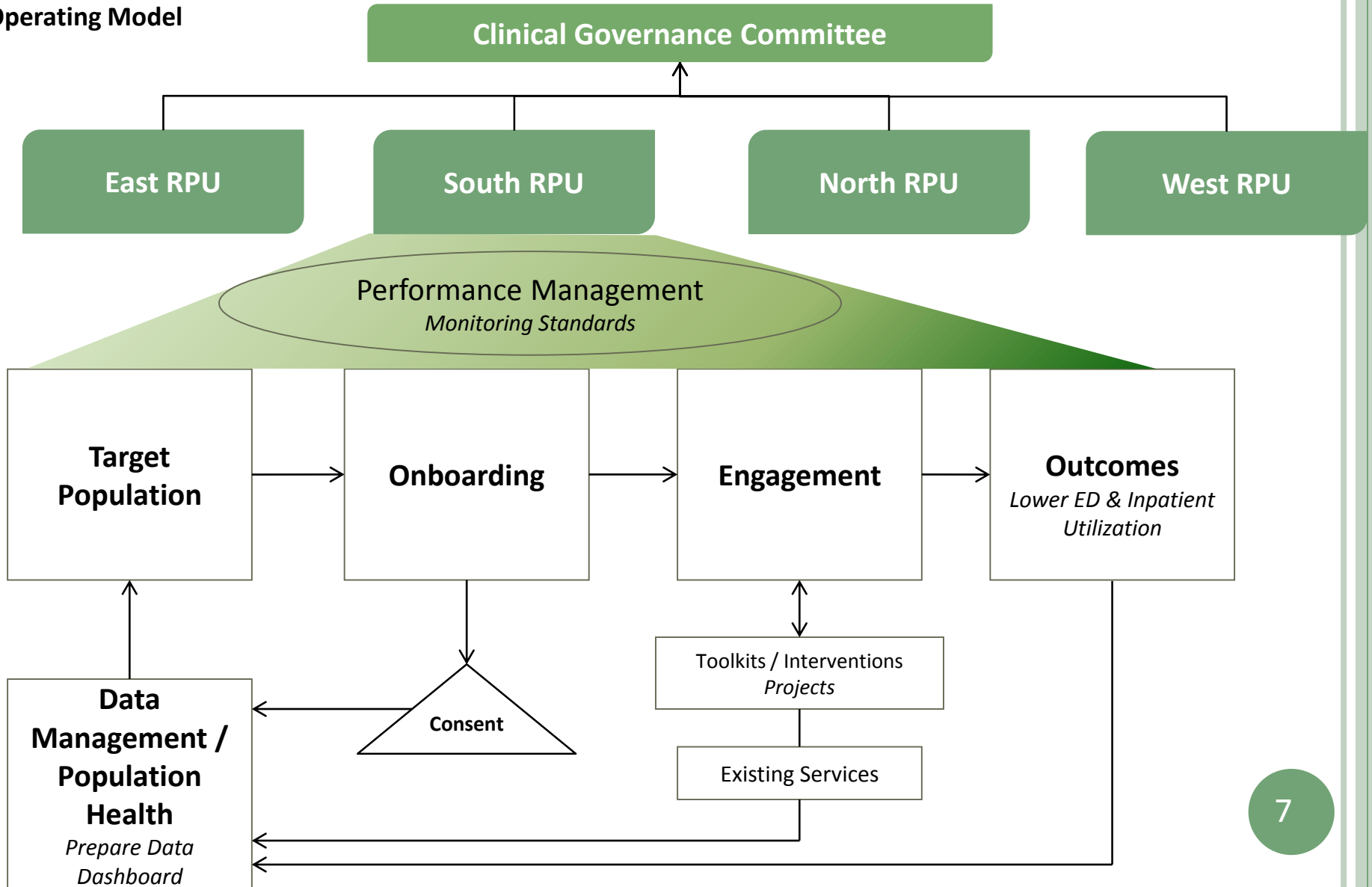
RPU Clinical Governance Structure

Skillset of Members must include:

- Quality Measurement
- Improvement Reporting
- Patient Safety
- Care Coordination
- Population Health



Operating Model



PPS COLLABORATION

- **CNYCC, FLPPS, Leatherstocking PPS, Millennium PPS**
- **Activities such as:**
 - Community Needs Assessment
 - Workforce
 - Funds Flow
 - Governance
 - Multi PPS 2di – Project 11 Planning
 - Overlapping Projects (Seven with FLPPS and Six with Leatherstocking PPS)

WORKFORCE

Community based providers actively participate in the Workforce Training and Development Committee. The PPS solicits open invitations for participation at the PAC meetings for additional CBO involvement.

○ Emerging Titles

- Titles that currently do not have defined certification/education and/or job descriptions such as community health advocate, peer support worker, care manager/coordinator, and patient or care navigator.

○ Themes

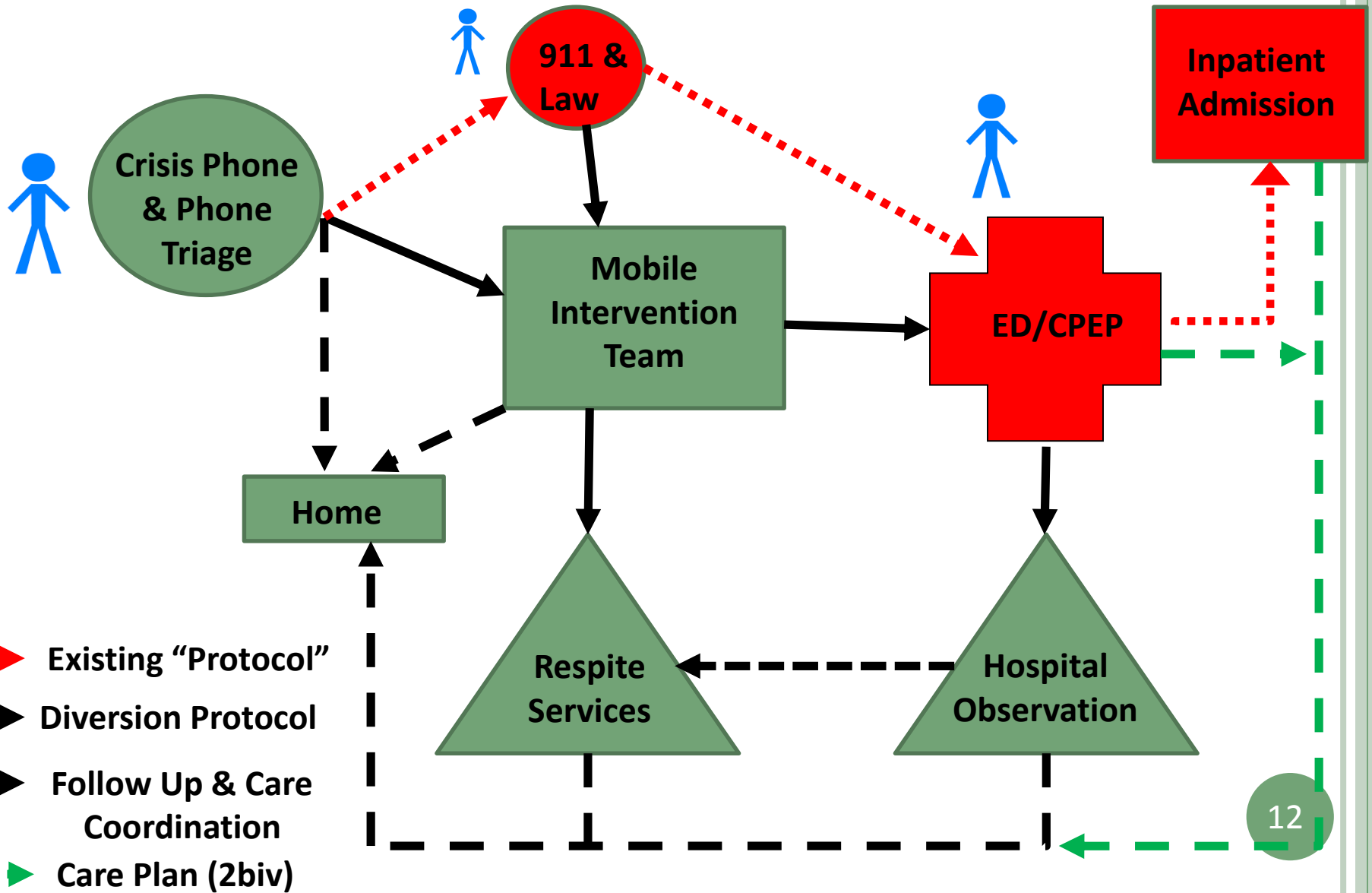
- Identify existing community resources to help worker transition to another position – job counseling services, certificate training programs.
- Identification of training needs through a reiterative process of examination of PPS wide training needs and project needs.
- Feedback through Clinical Governance, Cultural Competency, Project Leads, and workforce & surveys regarding adequacy of training in preparing staff to achieve performance outcomes.

CULTURAL COMPETENCY

- The CCN Cultural Competency Committee consists of:
 - Mother's & Babies
 - Chenango Health Network
 - Broome County Mental Health
 - Southern Tier AIDS Program (dba Southern Tier Care Coordination)
 - Upstate Medical
 - Catholic Charities of Broome County
 - United Health Systems
 - Family & Children's Society
 - Office of Mental Health
 - CCSI (Nathan Kline Institute)
 - Rural Health Network of South Central New York
 - Care Compass Network
 - Mental Health Association of the Southern Tier
 - Monroe Plan for Medical Care

BEHAVIORAL HEALTH

- Three Behavioral Health Projects, with focus on integration of primary care with behavioral health. Additionally focused on expansion of Crisis Stabilization services.
 - Models 1 and 2 pursued to integrate PCP and BH services
 - Pilot sites identified for both models

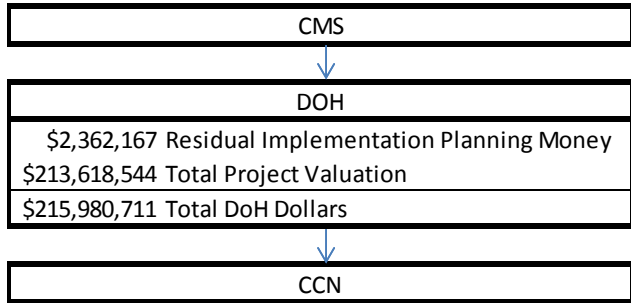


DOMAIN 4 UPDATES

- 4a iii – Strengthen Mental Health & Substance Abuse Infrastructure
- 4b ii – Increase Access to Chronic Disease Prevention Care and Management – COPD
 - Leverage of existing infrastructure
 - Consistent with statewide prevention agendas
 - CBO Engagement Council
 - Clinical Governance Committee Integration
 - Public Health Representatives imbedded throughout PPS operations, including Project Teams, Board of Directors, Stakeholders/PAC, RPU, etc.

FUNDS FLOW

Waterfall



Total

Haircut	per Budget Estimates	-\$26,363,681	0.00%
Admin	per available budget	\$20,278,759	10.69%
Cont. & Sust.	per available budget	\$9,734,375	5.13%
Project Implementation	per available budget	\$78,167,500	41.22%
Incentives	per available budget	\$20,000,000	10.55%
Revenue Loss	per available budget	\$61,436,396	32.40%

Total: **\$215,980,711**

Less: Haircut: **(\$26,363,681)**

Available Budget: **\$189,617,030 100.00%**

FUNDS FLOW DEVELOPMENT

○ Ground-Up

- Project-Based
 - Metric-Driven
 - Performance Driven

○ Top-Down

- Known Budget Categories
 - Admin
 - Revenue Loss
 - Incentives
 - Contingency & Sustainability

PROJECT BUDGET REFERENCE SHEET

2.d.i. - PAM Survey (Patient Activation Measures)

Project Description: Address patient activation measures to include uninsured, non-utilizing, and low-utilizing Medicaid patients in DSRIP projects; We must utilize Insignia as the sole source of the PAM Survey as designated by NYS DoH.

CCN Project Lead: Rachel Mott
External Project Lead: Amy Gecan

2.d.i. PAM	Budget Category	Payment Frequency	Cost Factor	Quantity	Total Cost	Who Are We Paying?	Allocation Basis	Timing Basis	Description	Source	Validator / Additional Source	Barriers / Open Items	Specific Contact	ETA
\$4,394,766														
Insignia Consulting	Operating	Hourly	\$250	2,000	\$500,000	Insignia	To Vendor	Equally Over 12 Quarters Starting DY1Q4	Implementation addressing of TBD complexities, or increased efforts related to the interface development	Insignia Contract	PMO	None	Amy Gecan	DONE
PAM Surveys	Operating	Per Survey	\$10	221,230	\$2,212,300	CBOs	MA Lives in Top 100 Orgs	Speed & Scale	Amount of time spent to administer and report on PAM Survey results (Scale & Speed), based on 3,600/25,200/66,000/89,558 for DY1/2/3/4 = 184,358 + 20% for overage	Scale & Speed	PMO	None	Amy Gecan	DONE
Train the Trainer	Operating	4 4-Hour Sessions	\$12,000	1	\$12,000	Insignia	To Vendor	Per Contract	Training offered by Insignia. We will offer it to 60 people to maximize class capacity.	Insignia Contract	PMO	None	Amy Gecan	DONE
Training	Operating	2 Hours	2 Hours @ \$65/Hour	368	\$47,840	CBOs	MA Lives in Top 100 Orgs	Equally Over 8 Quarters Starting DY1Q3	Training the Surveyors done by the Master Trainers who attended the 4-hour Insignia training (318 people) + 50 Training Sessions	Amy Gecan / PSA Tier 3	PMO	None	Amy Gecan	DONE
Training Received by Master Trainers by Insignia	Operating	60 People	3 Hours @ \$65/Hour	40	\$7,800	CBOs	MA Lives in Top 100 Orgs	DY1, Q3	Paying for those who attend the Insignia PAM training (60 People)	Amy Gecan / PSA Tier 3	PMO	None	Amy Gecan	DONE
PAM Tablets	Capital	2 per Location	\$600	200	\$120,000	H/W Vendor	To Vendor	DY2, Q1	Estimated 16GB Wi-Fi Apple iPad Air 2;	Amy Gecan	PMO	None	Rob Lawlis & WM	#####
PAM License	Capital	Overall per Contract	\$421,596	1	\$421,596	Insignia	To Vendor	Per Contract	Cost of the PAM License to be able to administer the PAM Survey over the 5-year DSRIP period.	Insignia Contract	PMO	None	Amy Gecan	DONE
PAM Interfaces for CBOs	Capital	Per Participating Partner Organization	\$5,000	100	\$500,000	Insignia	To Vendor	Equally Over 12 Quarters Starting DY1Q4	Cost for Insignia to build interfaces to integrate the PAM survey into Partner Organization's EHR	Insignia Contract	PMO	None	Amy Gecan	DONE
Subtotal:					\$3,821,536									
Project Contingency:					\$573,230									
Total Cost:					\$4,394,766									
Unallocated Budget Remaining:					\$0									
Scale & Speed:	PAM Surveys (1 eligible per person per year)													
Project Metrics:														
PAM Level														

Use of primary and preventive care services-- Percent of attributed Medicaid members with no claims history for primary care and preventive services in measurement year compared to same in baseline year (For NU and LU Medicaid Members)

ED use by uninsured
C&G CAHPS by PPS for uninsured

This meeting involves organizations which compete with each other. This meeting, including all formal and informal discussions, shall be conducted in full compliance with federal and state antitrust laws. Except for purposes of the DSRIP program, there shall be no discussion of prices or price levels, bidding or markets; there shall be no agreement or understanding between or among competing organizations to limit competition. The antitrust laws promote and protect competition. Following this meeting, each of our organizations shall continue to independently and vigorously compete with each other.

CARE COMPASS NETWORK: BEST PRACTICES

- Very Active Stakeholder Base
 - Stakeholder Strategy
 - Contracting Strategy
- Completed Governance Model
- Strong Clinical Governance
- PPS Collaboration
 - Neighboring PPSs
 - Statewide Project Discussions
- Major Hurdles Completed
 - PPS Contract
 - Funds Flow by Provider
 - Care Compass Network Staffing & Purchased Services

CHALLENGES

- Information Technology
 - Landscaping
 - Pending CRFP
- Patient Centered Medical Home
- Detailed Project Execution
 - Project 11 – NU/LU Populations
 - Project 2ci – Development of “Navigation” Infrastructure
 - Statewide Project Discussions
 - Workforce