



**Department
of Health**

Medicaid
Redesign Team

Domain 1 Project Requirements Reporting Guidance

April 2015

Agenda

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Overview of Domain 1 Reporting Guidance Document

- Following the release of the *Domain 1 Project Requirements Milestones and Metrics* document on Friday, March 20th, the Department of Health (DOH) as well the Independent Assessor (IA) received a number of questions from PPSs on how to apply the new project level, provider-level reporting as well as the project requirement timeframes to their previous speed and scale commitments and implementation plan submission.

Some of the questions we will seek to answer today include:

- *The impact of the newly assigned provider and project level requirement designations on previous scale & speed commitments*
- *How a PPS should complete the speed and scale table in the implementation plan due May 1st*
- *How the newly assigned provider and project-level requirement designations as well as the implementation timeframes fit together*
- *How the PPSs should complete the implementation plan speed and scale table for provider-unit level project requirements associated to Safety Net providers*

Project Requirement Completion: Timelines

Completion of project requirements fall into three key timeframes:

1

Project System Changes Due by DY2

The first two years will be utilized to implement major system changes related to the project. The project requirements that fall into this time period cohort, for example, include system approaches like developing clinical protocols, training for care coordinators, the identification of key project personnel, performing population health management activities, or using EHRs or other technical platforms to track patients engaged in the project.

2

Project Requirements Requiring Completion by DY3

These project requirements include, for example, safety net providers actively sharing medical records with RHIO/SHIN-NY by the end of DY 3 or PCPs achieving Level 3 PCMH certification by the end of DY 3.

3

Completion by Project Speed and Scale Commitment timeframes

These requirements include components like implementing open access scheduling, deploying a provider notification/secure messaging system, or converting outdated or unneeded hospital capacity.

Project Requirement Completion: Unit Level for Reporting

Reporting and Completion of project requirements fall into two unit levels:

1. Project-Unit Level Reporting

These are Domain 1 requirement metrics/deliverables which will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall project performance and success. These are requirements not specific to individual provider but rather are requirements that must be organized and administered by the PPS lead through the PPS' participating providers and partners. Some of these requirements include performing population health management activities, monthly meetings with MCOs, establishing partnerships between primary care providers and participating Health Homes, and developing materials meeting the cultural and linguistic needs of the population.

2. Provider-Unit Level Reporting

These are Domain 1 requirement metrics/deliverables for which performance and success must be demonstrated at the provider level. Some of these requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.

Proposed AV Timeline Project Requirement Ramp-up and Reporting

PPSs will achieve AVs for each project based on:

- Completion of Major System Change project requirements by the end of DY2
- Completion of project requirements requiring completion by the end of DY3
- Completion of project requirements consistent with submitted speed and scale commitments made via Project Plan application

PPSs will be required to submit the following information to demonstrate project implementation progress:

- Demonstration of progress towards project and provider-level project requirements will be required for each project in each reporting period. The PPS will be required to show progress by demonstrating completion of work steps they identified in the project implementation plans.
 - For example, a PPS proposing 500 PCPs achieving NCQA 2014 Level 3 PCMH standards by Q3 of DY4 must provide a detailed plan identifying the work steps the PPS must accomplish in order to meet this requirement at the time committed in their speed and scale submission.
- The PPS will be required to submit a quarterly reporting of PCPs meeting this requirement. However, the AV will not depend the PPS meeting their provider ramp-up goals.
- AVs will be dependent on meeting the work step timelines indicated in the project implementation plans.

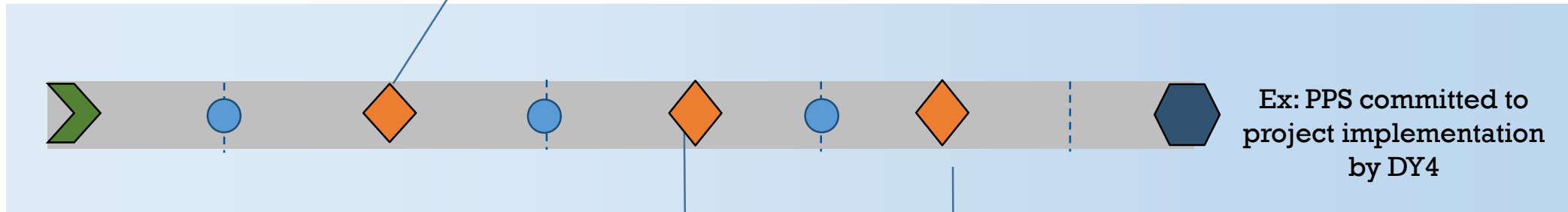
Proposed AVs Available by DSRIP

AV Category		DY1 Pmt 3	DY2 Pmt 1	DY2 Pmt 2	DY3 Pmt1	DY3 Pmt2	DY4 Pmt1	DY4 Pmt2
Organizational	Governance	1	1	1	1	1	1	1
	Workforce	1	1	1	1	1	1	1
	Cultural Competency / Health Literacy	1	1	1	1	1	1	1
	Financial Sustainability	1	1	1	1	1	1	1
Project	Quarterly Progress Reports & Project Budget & Flow of Funds	1	1	1	1	1	1	1
	Patient Engagement Speed	1	1	1	1	1	1	1
	Project <i>Implementation</i> Speed	N/A	N/A	N/A	1	N/A	NA	1
	Project System Change Implementation (DY2) (NEW)	N/A	1	N/A	N/A	N/A	N/A	N/A
Total AVs		6	7	6	7	6	6	7

Example of AV Timeline for 2.a.i Project Requirements

2.a.i has 11 project requirements

4 Major System Change Requirements must be completed within first two years. These represent significant up front investment of time and resources to ensure project success. To support these efforts, an AV was added in year 2 independent of other project AVs.



3 Project requirements requiring completion by DY3 are project requirements with timelines for completion included.

4 Project Requirements Adhering to Speed and Scale address project requirement completion which are at the discretion of the PPS, however they must remain consistent with the commitments made in the speed and scale of the approved application by the PPS.

Key:



AV can be achieved in reporting period



Non-AV: Demonstration of progress towards project requirements

How the Unit-Level for Reporting and Timelines Fit Together

For **Project 2.a.i**, the PPS will have to demonstrate the achievement of the combination of the 11 project requirements: *Four major system changes, three project requirements for completion by DY3 and four project requirements adhering to speed and scale committed in the PPS Project Application. (in this example, the PPS indicated all project requirements will be completed by DY4 Q3).*

Project Requirement	DY 1	DY2	DY3	DY4	DY5	Unit Level Reporting
1) All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Completion Adhering to Speed and Scale Commitments					Project
2) Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving to an IDS.	Major System Changes Due by DY2					Project
3) Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.						Project
4) Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of DY3.	Project Requirements for Completion by DY3					Project & Provider
5) Ensure that EHR systems used by participating safety net providers meet Meaningful Use and NCQA 2014 PCMH Level 3 standards by the end of Demonstration Year 3.						Project & Provider
6) Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.						Project
7) Achieve 2014 Level 3 PCMH primary care certification for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.						Project & Provider
8) Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.						Project
9) Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.						Project
10) Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.						Project
11) Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.						Project

Reconciling Application S&S with IP S&S Table: 3.a.i Example

- An illustration of **3.a.i, PR#1**, *co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3*, follows.
- There were six specific provider categories that are listed in the project implementation *Total Committed* table, however the *Domain 1 Project Requirements Milestones and Metric* document has identified only one project requirement that the IA will expect the PPS to report provider-level ramp-up for primary care physicians (PCPs) and behavioral health (BH) providers.
- This project requirement includes targeted completion date within the project requirement itself requiring completion by DY3.
- Only this project requirement, for **Project 3.a.i (Model 1)** will be reconciled to the PPS quarterly reports and speed and scale commitments related to provider-specific ramp-up and 100% project requirement completion.

1	Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	Provider (PCP)
		Behavioral health services are co-located within PCMH practices <u>are available</u> during all practice hours.	Provider (BH)

Example of Implementation Plan S&S Table: 3.a.i (Model 1)

- Even though the project implementation *Total Committed* table included six specific provider categories, the *Domain 1 Project Requirements Milestones and Metric* document has identified only one project requirements that the IA will expect the PPS to report provide-level ramp-up, primary care physicians (PCPs) and behavioral health (BH) providers.

Project Implementation Speed 3.a.i (Model 1)		No. of providers per category meeting 100% of project requirements per quarter										
<i>Total # providers committed (as per project plan application)</i>		DY1, Q2	DY1, Q3	DY1, Q4	DY2, Q1	DY2, Q2	DY2, Q3	DY2, Q4	DY3, Q1	DY3, Q2	DY3, Q3	DY3, Q4
Primary Care Physicians	350	0	0	0	0	50	75	100	125	175	225	350
Non-PCP Practitioners												
Clinics												
Health Home / Care Management												
Behavioral Health	60	0	0	0	0	0	0	20	40	60		
Substance Abuse												
Pharmacy												
Community Based Organizations												
All Other												
All Committed Providers	410	0	0	0	0	50	75	120	165	235	285	410

- Only those project requirements which have been identified as pertaining to a specific provider classification should be included in the PPS' implementation plan speed and scale table (except for 2.a.i) and identified in the *Domain 1 Project Requirements Milestones and Metrics* document.

Reconciling Project Application and Domain 1 PR Provider Classifications

- The project application's *Total Committed* table did not include provider classifications specific to safety net providers. However, the IA has identified certain project requirements specific to safety net provider classifications.
- Project 2.b.i, Ambulatory ICUs** is the expected number of Ambulatory ICUs established was the application's *Total Committed* scale, however of the 10 individual project requirements, the IA has identified two requirements requiring provider-level unit ramp-up reporting.

Project Requirement	Metric/Deliverable	Unit Level
PR#5: Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.	EHR meets connectivity to RHIO's HIE and SHIN-NY requirements	Provider (SN: PCP, Non-PCP, Hospitals, BH)
	PPS uses alerts and secure messaging functionality.	Project
PR#6: Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards.	EHR meets Meaningful Use Stage 2 CMS requirements	Project
	PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider (SN: PCP)

- In these situations, the PPS will provide ramp up of safety net providers based on the total number of safety net providers identified in the safety net table in the project application.

Additional Domain 1 Guidance Questions

Q: Can the IA clarify how an individual project requirement must be reported at both the project and provider level?

A: As Domain 1 DSRIP Project Requirements Milestones and Metrics illustrates, an individual project requirement may have multiple metrics/deliverables the IA has developed in order to demonstrate project requirement achievement. The IA assigned unit level reporting (project or providers) in accordance with the metric(s) for each PR.

Q: Can the IA clarify why in one project all participating PCPs are required to achieve 2014 PCMH Level 3 by end of DY3 but the time period for completing the same project requirement isn't consistent across all projects?

A. The DOH did not intend to make all project requirement consistent across all projects. Consistent with the approved CMS NY DSRIP Toolkit, some project requirements have clear time periods by which they must be completed, while similar project requirements in other projects do not have the same level of completion specificity.

Additional Domain 1 Guidance Questions

- Q. *Can the Independent Assessor explain how a PPS should reconcile project requirements which must be completed within the first two Demonstration Years against comparable milestones required in the organizational implementation plan that do not include minimum target completion dates assigned?*
- A. The achievement of individual project requirements determined to be “major system changes” will drive payment and will be necessary for a PPS to complete according to the timeframe required. These individual requirements should be appropriately included in a broader PPS plan to achieve specific organizational implementation plan milestones.

In developing the necessary work steps and target dates for the organizational implementation plan, it is expected that the PPS will consider the relevant project requirements that must be achieved based on the *Domain 1 DSRIP Project Requirements Milestones and Metrics* guide.

In other words, the individual project requirements for each project selected by the PPS which overlap with *organizational implementation plan milestones* should be the basis for the PPS’ work steps and timeline.

Instructions for Completing Implementation Plan for Project 2.a.i

Demonstration of progress towards project requirements will be required for each project in each reporting period. The PPS will be required identify specific work steps for each project requirement in the 2.a.i. implementation plan. In order to earn an AV for project implementation, via quarterly progress reports, the PPS will demonstrate completion of work steps.

	Project Requirement	Metric/Deliverable	Data Source(s)	Unit Level
1	All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Provider network list; Periodic reports demonstrating changes to network list; Contractual agreements.	Project
7	Achieve 2014 Level 3 PCMH primary care certification for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Status reporting of recruitment of PCPs, particularly in high-need areas; Demonstration of improved access via CAHPS measurement	Project
		All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	List of participating NCQA-certified practices; Certification documentation	Provider (PCP)
		EHR meets Meaningful Use Stage 2 CMS requirements	Meaningful Use certification from CMS or NYS Medicaid	Project
6	Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Sample patient registries; EHR completeness reports (necessary data fields sufficiently accurate to conduct population health management)	Project

- The following slides are intended to provide high-level guidance to the PPSs in completing the implementation plan work steps for these three requirements of project 2.a.i.

Example of PR #1 Implementation Plan: Work Steps

PPS committed in project application S&S by DY4

1. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY4, Q3
Identify IDS steering group leadership and membership	DY1 Q2
Initiates discussions on the development MOUs or service agreements with all IDS participant	DY1 Q2
Identify metrics and performance targets to achieve meaningful clinical practice improvement across the continuum of care	DY1 Q4
Develop RFR for employee training consultant	DY2 Q2
Develop strategy to actively engage and expand the network of quality-driven providers across entire the continuum of care	DY2 Q3
Contract with employee training consultant	DY2 Q4
Develop provider and staff training on integrated delivery system protocols and processes	DY3 Q1
Review and revise existing provider compensation and performance management systems	DY3 Q2
Determine rapid cycle evaluation schedule, process and information pathways to participating providers and partners	DY3 Q2
IDS steering group develops draft operating standards, clinical "best practices" and work flows	DY3 Q3
Develops final MOUs, contracts or service agreements with community-based organizations	DY3 Q4
Finalize IDS operating standards, clinical "best practices" and work flows	DY3 Q4
Conduct internal assessment of strategy to actively engage and expand the network of quality-driven providers	DY4 Q1
Finalize IDS operating standards, clinical "best practices" and work flows	DY4 Q1
Complete all required training across IDS workforce	DY4 Q1
Complete all partner system agreements and/or contracts/MOUs with all participating provider and partners	DY4 Q1
100% Completion of Project Requirement	DY4, Q1

Example of PR #7 Implementation Plan: Work Steps

Project requirement must be completed by DY3

7. Achieve 2014 Level 3 PCMH primary care certification for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of Demonstration Year (DY) 3.	DY3, Q4
Complete assessment of which PCP practices will be become NCQA Level 3 certified	DY1, Q4
Establish PCMH Certification Working Group – to be responsible for assessing current state with regard to PCMH 2014 Level 3 certification, identifying key gaps and developing overarching plan to achieve Level 3 certification	DY1, Q2
Determine phased strategy for extending hours of PCP practices and clinics	DY1, Q2
Finalize PCP recruitment and retention strategy	DY1, Q3
PPS PCMH Certification Working Group to finalize PPS wide roadmap for achieving Level 3 certification in all relevant providers	DY1, Q4
Review Stage 2 Meaningful Use Requirements against all PCPs in PPS	DY1, Q3
Review PCMH 2014 Level 3 Standards and Requirements	DY1, Q3
Identify PCP lead for wave one NCQA 2014 certification	DY1, Q4
Identify wave one of primary care physicians for NCQA certification	DY1, Q4
Conduct in-depth assessment of all practice capabilities against standards and requirements	DY1, Q4
Develop and finalize policies, procedures and processes which must be in place prior to survey submission	DY2, Q1
Determine which baseline data, goals for improvement and actions to achieve improvement must be collected	DY1, Q4
Utilize NCQA’s Interactive Survey System (ISS) software to document wave one PCPs meet PCMH 2014 requirements	DY2, Q1
Purchase licenses for the electronic ISS Survey Tool and document each practice’s medical home features.	DY2, Q1
Identify PCP lead for wave two NCQA 2014 certification	DY1, Q4
Identify wave two primary care physicians for NCQA certification	DY1, Q4
Develop and identify policies, procedures and processes which must be in place prior to survey submission	DY3, Q2
Complete the NCQA PCMH survey application for wave two of PCPs	DY3, Q3
100% Completion of Project Requirement	DY3, Q3

Example of PR #6 Implementation Plan: Work Steps

Project requirement must be completed by DY2

6. Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY2, Q4
Conduct internal assessment of current EHR and other IT systems across all PPS providers	DY1, Q2
Identify population health management leadership and organizational infrastructure	DY1, Q2
Identify necessary data sets with individual demographic, health, and community status information, to supplement data available through the MAPP tool	DY1, Q2
Develop care guidelines for providers on priority clinical issues; establish metrics for each clinical area to monitor progress in managing population health	DY1, Q3
Develop outcome measures, including risk factors, disease prevalence, costs, length of life, and quality of life	DY1, Q3
Commence renegotiation of existing IT vendor	DY1, Q2
Commence procurement of qualified population health vendor	DY1, Q2
Complete procurement of IT/population health vendor	DY1, Q4
Expand EHR capabilities to collect information on behaviors, socioeconomics, demographics, and geo-codable neighborhood characteristics	DY2, Q3
Devise and Track outcome measures to guarantee that the action steps result in improved health or cost controls	DY2, Q2
Develop monthly reports on patient-level chronic condition indicators.	DY2, Q3
Enhance EMRs to collect and exchange information between internal clinical system and DSRIP pay-for-reporting population health measures	DY2, Q3
Track and quantify population of patients engaged in the project	DY2, Q4
Create a dashboard to periodically update the program planning and individual care management database and registries, available for easy access by all participating providers	DY2, Q4
<i>100% Completion of Project Requirement</i>	DY2, Q4

Next Steps and Future Guidance

- The IA will work with the DOH to develop an enhanced *Domain 1 Project Requirements Milestone and Metrics* document that will provide additional clarification the metrics/deliverables as well as the data sources the IA will accept for validation of each project requirement.
- The IA will prepare a follow-up guidance document and webinars/operator assistor calls, as necessary, to provide PPSs the clarity in terms of the process for certification, how the documentation the IA will require to demonstrate completion of Domain 1 project requirements shall be submitted.
- The IA will also develop a guidance document and webinars/operator assistor calls to walk the PPSs through how the AVs will be rewarded throughout the DSRIP reporting period (from an approved implementation plan through completion of PPS' speed and scale commitments).