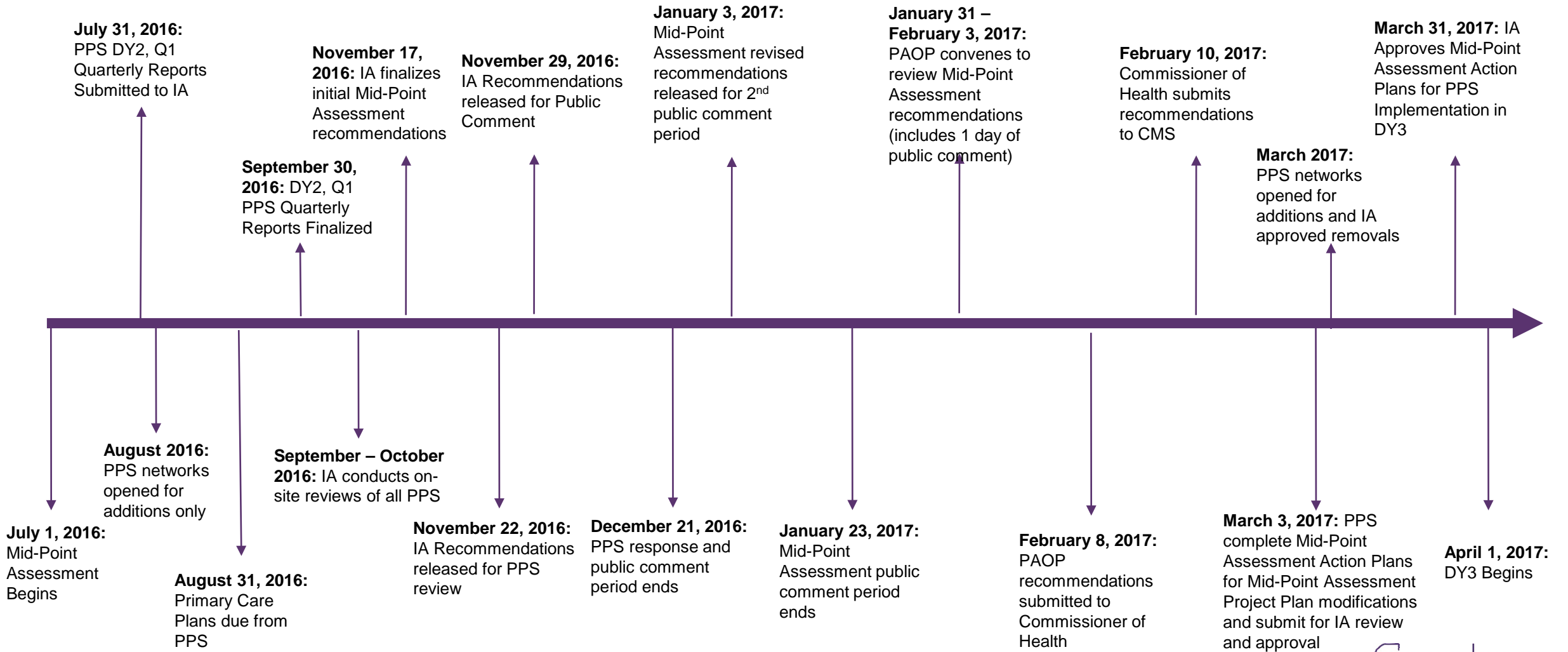# Mid-Point Assessment Updates

December 9, 2016

December 2016

Agenda

- Review Mid-Point Assessment Timeline

- Mid-Point Assessment Methodology Overview

- Mid-Point Assessment Results

- Mid-Point Assessment Comment Periods

- Project Approval and Oversight Panel (PAOP) Meetings

- PPS Reporting: 2nd Tier Funds Flow Reporting

- PPS Network Modifications

- Mid-Point Assessment Action Plans

DSRIP Mid-Point Assessment Timeline

July 31, 2016: PPS DY2, Q1 Quarterly Reports Submitted to IA

November 17, 2016: IA finalizes initial Mid-Point Assessment recommendations

November 29, 2016: IA Recommendations released for Public Comment

January 3, 2017: Mid-Point Assessment revised recommendations released for 2nd public comment period

January 31 – February 3, 2017: PAOP convenes to review Mid-Point Assessment recommendations (includes 1 day of public comment)

February 10, 2017: Commissioner of Health submits recommendations to CMS

March 31, 2017: IA Approves Mid-Point Assessment Action Plans for PPS Implementation in DY3

September 30, 2016: DY2, Q1 PPS Quarterly Reports Finalized

March 2017: PPS networks opened for additions and IA approved removals

July 1, 2016: Mid-Point Assessment Begins

August 2016: PPS networks opened for additions only

August 31, 2016: Primary Care Plans due from PPS

September – October 2016: IA conducts on-site reviews of all PPS

November 22, 2016: IA Recommendations released for PPS review

December 21, 2016: PPS response and public comment period ends

January 23, 2017: Mid-Point Assessment public comment period ends

February 8, 2017: PAOP recommendations submitted to Commissioner of Health

March 3, 2017: PPS complete Mid-Point Assessment Action Plans for Mid-Point Assessment Project Plan modifications and submit for IA review and approval

April 1, 2017: DY3 Begins

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Mid-Point Assessment Process

- The Independent Assessor has relied on the following key data sources for the Mid-Point Assessment:
  - Approved DSRIP Project Plans
  - PPS Quarterly Reports – DY1, Q1 through DY2, Q2
    - Particular focus on achievement of patient and partner engagement targets (Speed and Scale)
    - The PPS activity through DY2, Q2 to ensure that all Mid-Point Assessment tasks are completed before DY3.
  - 360 Survey of PPS Network Partners
  - PPS Project Narratives

- The Independent Assessor reviewed the PPS project plan for overall compliance and each individual project being pursued by the PPS to assess likelihood of project success.
  - The assessment of individual projects will focus on AVs earned to date and PPS progress towards required project milestones through DY2, Q2 with focus on milestones that cross multiple projects.
    - Examples include PCMH Level 3 certification and the implementation and use of EHRs to share data and track patient engagement across the PPS.

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Mid-Point Assessment Methodology

- The IA assigned a risk score to every Domain 2 and 3 project being implemented by the PPS based on the number of areas identified by the IA as being deficient.
  - Projects with identified risks in multiple areas would be assigned a higher risk score.
  - For example a project with an identified risk due to missed Patient Engagement targets and limited Partner Engagement would receive at least a risk score of 3 where a project with an identified risk due only to missed Patient Engagement targets would receive a risk score of 2.

Risk Score	Risk Score Description
1	Project on Track: This the lowest risk score indicating the project is more than likely to meet intended goals.
2	Project is Very Likely to be on Track: This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
3	Project is Likely to be on Track: This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.
4	Project is at risk to be on Track: This is a high risk score indicating the project may fail to meet intended goals without significant modifications or performance improvements.
5	Project is Off Track: This is the highest risk score indicating that the project will more than likely fail to meet the intended goals, even with significant modifications or performance improvements.

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Mid-Point Assessment Methodology

- The IA, at its discretion, assigned higher risk scores when the information from the PPS Project Narratives, the on-site visits, or the PPS Quarterly Reports indicated additional areas of risk for the successful implementation of a project.

- The IA developed Organizational and Project specific recommendations, as applicable, based on the Organizational assessment and the Project risk scores.
  - All projects receiving a risk score of 3 or higher received at least one recommendation from the IA.

- The IA also provided commentary on the organizational capacity of the PPS to support the successful implementation of the DSRIP projects to meet the DSRIP goals.

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Initial Mid-Point Assessment Results

- At this time, the IA found no evidence requiring major systemic changes, such as the discontinuation or merging of PPS, to the 25 PPS.

- The IA recommendations were focused on organizational and project improvements the PPS should make to improve the likelihood for the successful implementation of the DSRIP project plan.

- The final results of the DY2, Q2 remediation and adjudication processes may impact the final recommendations from the IA.

Mid-Point Assessment Comment Periods

- PPS received the IA's initial Mid-Point Assessment Report and Recommendations on **November 22, 2016**.
    - The reports and recommendations were released to the public on **November 29, 2016**.

- PPS will have until **December 21, 2016** to submit any comments to the IA regarding the initial report and recommendations.
    - The public will also have until December 21, 2016 to submit any comments to the IA regarding the initial report and recommendations.
    - All comments must be submitted to dsrip_midpoint@pcgus.com.

- PPS can use the initial comment period to respond to the IA's report and recommendations, including:
    - Information/data to refute the IA's recommendations,
    - Additional information/data the PPS wants noted as part of the public record for the Mid-Point Assessment,
    - PPS recommendations.

Mid-Point Assessment Comment Periods

- The IA will review all PPS and public comments received by December 21, 2016 to determine if any revisions to the initial Mid-Point Assessment report and recommendations are necessary.

- The IA will compile all comments received from the PPS and the public to include with the release of the final IA report and recommendations by **January 3, 2017**.
  - Comments received during the initial comment period will be included in the compilation of all comments received and released to the public with the IA's final report and recommendations by **January 3, 2017**.
  - All comments will be released to the public whether they result in a change to the IA's report and recommendations or not.

- The IA's final report and recommendations will be released for a second comment period from **January 3, 2017** through **January 23, 2017**.

Project Approval and Oversight Panel Meetings

- The Project Approval and Oversight Panel (PAOP) will convene from **January 31 – February 3, 2017** to review the IA's Mid-Point Assessment Recommendations and the 25 PPS.
    - Day 1 will be reserved for public comment.
    - Days 2 – 4 will consist of IA and PPS presentations to the PAOP as well as PAOP deliberation on the Mid-Point Assessment recommendations.
    - At the conclusion of the four days, the PAOP will have approved a final set of Mid-Point Assessment recommendations to be submitted to the Commissioner of Health for consideration.

Project Approval and Oversight Panel Meetings: PPS Role

- Each PPS will have a block of 10-15 minutes to make a presentation to the PAOP.
    - The IA will make a 5-10 minute presentation on the final Mid-Point Assessment recommendations for the PPS prior to the PPS presentation.
    - The PAOP will have 10 minutes for Q&A with the PPS and the IA following the PPS presentation.

- The PPS presentation can be used to:
    - Respond to the IA's final Mid-Point recommendations for the PPS.
    - Present updated information for PAOP consideration related to PPS implementation efforts to date, in particular around funds flow and partner engagement.

- PPS should also be prepared to speak to the Primary Care Plans submitted through the DY2, Q1 PPS Quarterly Reports.

PPS Reporting: 2nd Tier Funds Flow Reporting

- The IA has received feedback from the PPS regarding the ability of the PPS to completely reflect the distribution of DSRIP funds to partners through the existing reporting functionality in IPP.

- Feedback has primarily focused on the lack of functionality to allow for PPS reporting of 2nd tier funds flow to partners.
  - 2nd tier funds flow is defined as funds distributed by network partners to other partners engaged in supporting the DSRIP efforts of the PPS.
  - PPS are currently restricted to reporting only the 1st tier funds flow, or funds distributed directly from the PPS to a network partner, through the PIT in IPP.

- The IA has developed a template that can be used by the PPS in reporting any 2nd tier funds flow distributions.
  - The submission of the 2nd tier funds flow distributions will not be a quarterly reporting requirement, however, may be used by PPS as a mechanism to officially document these funds distributions.

PPS Reporting: 2nd Tier Funds Flow Reporting

- The 2nd Tier Funds Flow Reporting template can be submitted as part of the PPS response to the Mid-Point Assessment by **December 21, 2016.**

- The template can also be submitted with each PPS Quarterly Report, however, it is not required.

- The complete template with instructions will be distributed to the PPS with the PPS Lead email communication on **December 12, 2016.**

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PPS Reporting: 2nd Tier Funds Flow Reporting

PPS Identification Information			Partner Information						Partner Funds Flow Data		
PPS ID	PPS Name		Partner Category	Entity ID	MMIS ID	NPI	Partner Name		DY2, Q2 Quarterly Amount Update	Funds Flow DY2 - YTD	Funds Flow All DSRIP Periods
21	Westchester Medical Center						ABC Community Partners				

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PPS Network Modifications

- As part of the Mid-Point Assessment, PPS will have the ability to modify their networks through both additions and deletions.

Activity	Timeline
Network Partner Removal	12/12/2016 – 1/20/2017
Network Partner Additions	3/1/2017 – 3/15/2017
Safety Net Status Reviews	1/23/2017 – 3/31/2017

- All modifications made during this period will be reflected in the PIT for funds flow and partner engagement reporting purposes for the start of DY3 on April 1, 2017.

- Modifications will not be reflected in the PPS performance data until the start of MY4 on July 1, 2017.

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PPS Network Modifications

- Partner Removal Process
  - PPS can remove up to 10% of their PPS network partners as part of the Mid-Point Assessment.
    - The 10% is calculated based on the total number of partners currently included in the PPS network tool.

  - PPS must provide justification for the removal of a network partner.
    - The justification may include the documented non-performance or non-engagement by the network partner.
    - The justification may also include a PPS partner requesting removal from the PPS network.

  - PPS will use the existing PPS Network Tool to facilitate the removal process.
    - Please look for technical process companion document in the 12/12/16 PPS weekly communication.

  - PPS will download the Provider Network Tool and indicate on that tool those partners the PPS wishes to remove and the justification for the removal.
    - PPS will not be required to submit documentation to support the justification for removal at this time, however it is the responsibility of the PPS to maintain this documentation in the event of an audit by the IA, DOH, or OMIG.

  - PPS will return the Provider Network Tool with the partners selected for removal clearly indicated and the justification for removal noted to the IA by **January 20, 2017**.
    - Submissions should be sent to dsrip_midpoint@pcgus.com with the subject indicating "[PPS Name] Network Partner Removal."

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PPS Network Modifications

- Partner Addition Process
  - PPS will also be able to add partners to assist the PPS in addressing the recommendations from the Mid-Point Assessment and in meeting its DSRIP goals.

  - The Provider Network Tool will be opened on **March 1, 2017** to allow for the PPS to add new partners to the PPS network.

  - PPS will download their network from the Provider Network Tool.

  - PPS will indicate any additions and import the file back in to the Provider Network Tool by **March 15, 2017**.

  - Please look for technical process companion document in the 12/12/16 PPS weekly communication.

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PPS Network Modifications

- Safety Net Status Review
  - As part of the Mid-Point Assessment, the IA is conducting a review of the Safety Net Status for partners that are not currently designated as Safety Net.
    - This review will not change the status of any partners that were already designated as Safety Net during the initial Safety Net determinations, the Safety Net appeal process, or the VAP exception process.

  - The process will be conducted consistent with the original Safety Net determinations using more recent cost report data.
    - There will not be a Safety Net appeal of VAP exception process.

  - The process will only include provider types for which cost/utilization report data is available through the state.
    - This list of provider types will include, at a minimum, hospitals, mental health, substance abuse, and clinics.
    - PCPs will not be included in this analysis as the process for PCP Safety Net determinations is currently under review with CMS.

  - PPS will not be required to submit any specific requests for the review of any partner as all non-Safety Net partners within the defined provider types will be reviewed.

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Mid-Point Assessment Action Plans

- PPS will be expected to develop Mid-Point Assessment Action Plans to document the process the PPS will follow to implement the final Mid-Point Assessment recommendations.
  - The Action Plans will also indicate the proposed timeline to complete the implementation of the Mid-Point Assessment recommendations.

- The PPS will be required to submit the Action Plans to the IA by **March 3, 2017**.

- The IA will review the Action Plans and work with the PPS to finalize the plans by **March 31, 2017**.

- It is expected that all Actions Plan activities are completed by no later than **September 30, 2017**, the end of DY3, Q2.

Mid-Point Assessment Action Plans

- The Action Plans will be completed in a template that mirrors the structure of the PPS work plans in IPP for the PPS Quarterly Reports.

- The IA approved Action Plans will be added to IPP and PPS will be required to provide updates through the PPS Quarterly Reports on the progress towards completing the efforts to address the Mid-Point Assessment recommendations.

- The IA will monitor PPS activity against the approved Action Plans and may require additional activities of the PPS to ensure the PPS is on track for meeting its DSRIP goals or elevate non-compliant PPS to DOH.

Mid-Point Assessment Action Plans

Mid-Point Assessment Recommendation #1:	
PPS Defined Milestones/Tasks	**Target Completion Date**
1. INSERT MILESTONE 1	
Task 1	
Task 2	
[Please add additional tasks based on your plan and timeline]	
2. INSERT MILESTONE 2	
Task 1	
Task 2	
[Please add additional tasks based on your plan and timeline]	
Mid-Point Assessment Recommendation #2:	
PPS Defined Milestones/Tasks	**Target Completion Date**
1. INSERT MILESTONE 1	
Task 1	
Task 2	
[Please add additional tasks based on your plan and timeline]	
2. INSERT MILESTONE 2	
Task 1	
Task 2	
[Please add additional tasks based on your plan and timeline]	

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Questions and Comments

Questions can be directed to the Independent Assessor at:
dsrip_ia@pcgus.com

Responses to the Mid-Point Assessment should be submitted to:
dsrip_midpoint@pcgus.com