

Millennium Collaborative Care PPS DSRIP Year 2, Quarter 2 APPEAL

Millennium Collaborative Care PPS [Millennium] submitted an appeal requesting that the Independent Assessor [IA] reconsider and determine that Millennium satisfied the requirements of the Project 2.b.vii., Implementing the INTERACT project (inpatient transfer avoidance program for SNF), Milestone 1 for DSRIP Year 2, Quarter 2.

Required Documentation

Pursuant to the DOH DSRIP Reporting and Validation Protocols: Domain 1 Milestones, Minimum Standards for PPS Supporting Documentation and Independent Assessor (IA) Validation Process, Project 2.b.vii. Milestone 1 requires that the PPS “Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at <http://interact2.net>.” One metric the IA must review is “Nursing home to hospital transfers reduced,” and the corresponding data source the PPS must provide as part of its quarterly report is “Baseline nursing home to hospital transfer volume with periodic reports demonstrating decrease in transfers.” The IA evaluates these documents, identifies items for remediation, then gives each PPS an opportunity to submit the required documents before remediation closes. Only documentation which was submitted as part of the Quarterly Report or as part of the 15-day remediation process is considered for review.

Independent Assessor’s Initial Determination

Initial IA Determination:

FAIL

Rationale for Initial IA Determination

Project 2.b.vii. Milestone 1 requires the submission of very specific documents to substantiate successful completion of the milestone. The IA has policies and procedures which it must follow and guidelines to which it must adhere. If the PPS fails to submit any documentation before remediation closes, the IA must make an unfavorable determination.

Millennium failed to submit evidence that each of its SNFs had a decrease in nursing home to hospital transfers. As part of the initial quarterly report, the PPS submitted spreadsheets to show a change in the number of transfers from nursing homes to hospitals. These data did not show a reduction in transfers for each SNF in the PPS network.

The IA communicated the failure to submit the evidence of a reduction in nursing home to hospital transfers to the PPS during remediation. The IA provided the following comments to the PPS:

PPS did not submit documentation/report that demonstrates a decrease in nursing home-to-hospital transfer. PPS must submit baseline as well as periodic reports showing reduction.

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In response to remediation the PPS provided documentation to refute the IA's initial review. In a document titled "Baseline Data and Updates; 2.b.vii. INTERACT Implementation" the PPS stated that it used CMS claims data reported via Nursing Home Compare to demonstrate SNF 30-Day Readmission (Risk Adjusted) Baseline to Year One Comparison. The PPS stated that "the INTERACT program did not kick off in most buildings until the fourth quarter of 2015. As a result, no significant across-the-board decrease in readmissions is discernable." The PPS further states, "Only 10 out of 48 facilities showed improvement during this timeframe."

The IA found that the documentation failed to support a reduction in transfers from nursing homes to hospitals and marked the Milestone review status as "FAIL" as part of Final Adjudication, with the following comments: "The PPS did not provide documentation of the baseline nursing home to hospital transfer volume with periodic reports demonstrating decrease in transfers."

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After final adjudication, the IA participated in a conference call with the PPS on January 6, 2017, to discuss the nature of the IA determination, and the PPS subsequently filed an appeal letter dated January 9, 2017. In its request for reconsideration, the PPS made a number of points to refute the IA's decisions:

1. The IA should not apply the milestone metric, "nursing home to hospital transfers reduced," to "each" SNF in the PPS
2. At the time of its project commitment to complete this project by DY2 Q2, the PPS had not factored in the need to reduce transfers at each SNF, and therefore would not have committed at such an early date
3. The data the PPS is using to measure a reduction in nursing home to hospital transfers is not current enough to reflect the results of later adopters of the INTERACT program at several SNFs.
4. It is unlikely that 100% of SNFs implementing INTERACT can reduce nursing home to hospital transfers.

Independent Assessor's Final Determination

Final IA Determination after Appeal

As Millennium did not submit documentation necessary to support a reduction in nursing home to hospital transfers as part of Project 2.b.vii. Milestone 1, the IA must uphold its decision that Millennium failed to meet the requirements of this milestone and is therefore not entitled to earn the corresponding Partial Achievement Value.

Rationale for Final IA Determination

Pursuant to the DOH DSRIP Reporting and Validation Protocols: Domain 1 Milestones, Minimum Standards for PPS Supporting Documentation and Independent Assessor (IA) Validation Process, Project 2.b.vii. Milestone 1, metric 2, "Nursing home to hospital transfers reduced." The corresponding data source the PPS must provide as part of its quarterly report is "Baseline nursing home to hospital transfer volume with periodic reports demonstrating decrease in transfers." The spreadsheets and additional

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narrative document titled “Baseline Data and Updates; 2.b.vii. INTERACT Implementation,” failed to support a decrease in transfers at each SNF.

The PPS makes a number of arguments which the IA will address. The PPS states that the IA should not apply the milestone metric, “nursing home to hospital transfers reduced,” to “each” SNF in the PPS. The PPS states, “The word “each” does not appear in Metric 2, although it is present in Metrics 1 and 3... The fact that we did not show a decrease at each facility should not be a criterion for failure of the requirement, since the key word “each” is absent from that metric.” The IA notes that the three metrics that need to be met in order to meet this milestone lie within the Project Requirement “Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at <http://interact2.net>.” The operative phrase in this requirement is “each participating SNF.” It is a logical extension to apply that phrase to each metric. Furthermore, embedded within the Project title is the language “inpatient transfer avoidance program for SNF.” The PPS is asking the IA to approve that the PPS has completed the entire project at this time. Inasmuch that metric 2 is the only metric in any milestone within this project that speaks to the one of the primary goals of this project, the IA must view the reduction in transfers as inherently necessary.

The PPS makes the additional point that it may not have committed to have this project completed during DY2 Q2, had it been aware of the need to reduce transfers at each SNF. The PPS states in its appeal, “The outcome of this implementation (specifically Metric 2) was not part of the deal when we made our initial commitment. It wasn’t until the following summer, when the Domain 1 Project Requirements, Milestones, and Metrics were released, that the results of the implementation were surprisingly added to the implementation itself—“Nursing home to hospital transfers reduced.” Had this been part of the requirement in 2014, the PPS would have certainly contemplated a later implementation deadline.” The IA notes that the INTERACT metric “Nursing home to hospital transfers reduced” was part of the draft Domain 1 DSRIP Project Requirements Milestones and Metrics document on the DOH web site at https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/project_plan_application_draft.htm and is dated September 29, 2014, which would have been available to the PPS during the development of their project plan application. Further, the IA adds that PPS that committed to completing projects earlier were awarded higher scores than other PPS that committed to completing projects in later quarters.

The PPS asserts that the data it is using to measure a reduction in nursing home to hospital transfers is not current enough to reflect the results of later adopters of the INTERACT program at several SNFs. It states, “Most of our partners kicked off INTERACT implementation in late 2015 and all completed it by September 2016. We do not have any data for 2016: NYS hospitalization and readmission rates are not yet available, and we expect new CMS data in February 2017.” The IA again notes that the PPS that chose to complete projects earlier than other PPS were awarded higher scores than other PPS that committed to completing projects in later quarters. The obligation to submit supporting documentation to demonstrate evidence of milestone completion lies upon the PPS. If there was not readily available data from public sources, the PPS should consider alternate sources of data to demonstrate successful completion of a milestone.

Finally, the PPS states that “the primary focus of the requirement—implementation of INTERACT—was where we centered most of our efforts. We did achieve 100% implementation across all 49 SNFs, which was no

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small accomplishment. If indeed the IA is expecting a 100% rate of success for this metric, it must be pointed out that it's extremely unlikely." The IA commends the PPS for completing 9 of the 10 milestones associated with the completion of Project 2.b.vii. The IA does, however, wish to point out that INTERACT stands for **I**nterventions to **R**educe **A**cute **C**are **T**ransfers, and the reduction of transfers contained in Metric 2 is an inherent component of this project. Inasmuch that 10 of the 48 (or 49 depending on which document we can verify) PPS SNFs have reduced transfers to hospitals, the IA recognizes that the success at each facility may vary. Conversely we cannot consider this milestone complete knowing that transfers increased or stayed the same at 38 of the 48 SNFs. As there is no set number of facilities, other than "each participating SNF," by which the IA can evaluate successful achievement of this metric, we have limited opportunity to consider the milestone complete given such constraints. Had the PPS asserted that across all of their SNF partners, there was a net reduction in transfers to hospitals, the IA would have considered that argument. The PPS did not make that argument, and the documentation does not appear to support that assertion had it been made.

Millennium failed to submit evidence that each of its SNFs had a decrease in nursing home to hospital transfers.

As such, the initial IA determination is upheld.