Dear Colleagues –

We are pleased to release this final edition of the CCB Newsletter for 2015. Topics addressed in today’s issue are as follows:

- NYSDOH timelines and updates of note
- Community engagement, cultural competence and health literacy
- Report on CCB implementation planning and budgeting for DY1-DY2
- DSRIP Compliance Program
- CCB network development and new CCB website

Best wishes for a healthy, happy and successful new year!

NYSDOH Updates

Safety Net Equity Programs
The NYSDOH has established two new programs through which DSRIP funds for Safety Net PPSs will flow. The Equity Infrastructure Program (EIP) and Equity Performance Program (EPP) will involve collaboration with a number of Medicaid managed care plans – in CCB’s case, a total of six different managed care plans – and will replace the Safety Net Equity Guarantee and Safety Net Equity Performance funds, respectively. These programs will account for approximately half of CCB’s DSRIP funding. The NYSDOH conducted a webinar for Medicaid managed care plans and PPS leads on December 21, 2015. We are now reviewing a draft agreement documenting what CCB will need to do to earn EIP and EPP payments, and how and when we will be paid. The CCB Finance Committee will continue to monitor and oversee revisions to the DY1-DY2 cash flow budget, as necessary, to reflect the impact of delays in the release of the funds previously ‘guaranteed’ to arrive in early DY1.

Capital Restructuring Financing Program (CRFP)
Despite earlier indications that CRFP awards would be announced after the DSRIP Project Approval and Oversight Panel (PAOP) meeting in Albany on November 9th and 10th, there has been no information released to date. We understand that the applications have been reviewed and scored, but we have no additional information with respect to the timing of awards. Please stay tuned….

Quarterly Report Feedback
On October 30th, CCB submitted its DSRIP Year 1, Quarter 2 report to NYSDOH. CCB reported on progress made in achieving key milestones, including the creation of governance committees and project implementation workgroups. We are pleased to report that CCB achieved all required milestones for the quarter, and that feedback received from the Independent Assessor (IA) in early December was overwhelmingly positive. We anticipate final approval of the report in the near future. When approved, the report will be made public on the NYS DSRIP website (available here).

DSRIP Project Approval Oversight Panel (PAOP)
As a reminder, the PAOP is an independent advisory group charged with overseeing implementation of the DSRIP program and in assessing PPS performance over time. The PAOP
received reports from a number of (mainly) upstate PPS leads at its meeting in November, and CCB and other downstate PPSs have been invited to present updates at the next meeting, which will be held in NYC in late January. Given feedback to date on CCB’s governance structure and process, network development efforts and quarterly reports, we look forward to the meeting as an opportunity to showcase examples of CCB’s work to date and address questions from the panel with respect to near term goals and priorities.

Community Engagement, Cultural Competency and Health Literacy

Understanding and addressing community needs is at the core of CCB’s work, and we are pleased to report that the CCB Community Engagement Advisory Committee has been formed and begun its consideration of the challenges associated with implementation of DSRIP projects within the diverse communities of Brooklyn. Reporting to the CCB Executive Committee and comprised of individuals from a broad range of community-based organizations serving constituencies from across the borough, this group will play a key role in identifying needs and assessing unique opportunities to meet those needs, taking advantage of the depth and breadth of the CCB network. The health disparities highlighted in the recently released NYC Community Health Profiles for Brooklyn neighborhoods (available here) indicate the need for focused attention of CCB on this topic.

Under leadership from the Arthur Ashe Institute for Urban Health, and working with members of the Community Engagement Advisory Committee, CCB has developed a Cultural Competency and Health Literacy Strategy. Presented to and approved by the CCB Executive Committee at its meeting on December 18, 2015, the Strategy was informed by the Brooklyn Community Needs Assessment conducted in October 2014 and initial findings from key stakeholder interviews. The Strategy adopts and aligns to the federal CLAS standards (Culturally and Linguistically Appropriate Services) and highlights CCB’s intent to integrate CLAS standards wherever possible throughout CCB’s projects and trainings. Additionally, the Strategy will help inform future CCB deliverables for training and community engagement.

Implementation Planning and Budgeting for DY1-DY2

The development of program plans and budgets to support implementation of CCB’s DSRIP projects is well underway, with the focus to date on those projects tied to near-term deliverables. Program plans and budgets are documented in 'Schedule B' (of the Master Services Agreement) and are consistent across Participant types, projects, payment types (at this point, CCB is focusing on Implementation Funds only) and periods (i.e., the number of months covered.) Schedule B’s include a standard monthly report / payment voucher which will serve to document progress made towards the achievement of agreed upon goals for each DSRIP project.

DSRIP Compliance

One of the key goals of the CCB compliance effort is to ensure that DSRIP funds are not distributed to providers excluded from participation in the Medicaid program. To this end, CCB is conducting monthly sanction checks to verify that none of the Participants in the CCB network (or individual practitioners affiliated with the organizations in the network) is excluded from participation in the Medicaid program. When a provider affiliated with a Participant organization appears on an exclusion report, CCB follows up with a representative (typically a credentialing or compliance professional) to determine whether a name that appears to match entries in one or more of the databases included in the SanctionCheck review is indeed a match.

CCB Network Development

In late October, the NYSDOH opened PPS networks for a limited time period to allow for additions and corrections, and CCB took advantage of that opportunity to add more than 1,000 lines to its PPS network in the MAPP tool. Included among the additions were:
• a total of 32 organizations (including health and social service providers, CBOs and others)
• more than 1,100 physicians and other providers added to the staffs at CCB network hospitals subsequent to the initial network filing
• two large physician groups – Advantage Care Physicians and CAIPA, and
• two FQHCs – Betances Health Center and Community Health Initiative, Inc.

While the additions have no impact on attribution for valuation (i.e., funding for CCB), they will help with the achievement of our ‘speed and scale’ commitments.

CCB’s efforts to secure signed Master Services Agreements (MSAs) and encourage our partners to complete the CCB Participant Survey continue. To date, a total of 548 Participants are covered by signed MSAs, while a total of 108 have completed the Participant Survey. Signed MSAs and successful completion of the CCB Participant Survey are essential prerequisites to the release of Schedule B payments – so, if your organization has not yet returned a signed MSA or completed the CCB Participant Survey, please do so soon!

If you have questions about or need assistance with completion of the survey tool in Salesforce, please contact our support team at (718) 355-9693 or support@CCBrooklyn.org.

Lastly, we are pleased to announce that the new CCB website is alive and well at www.CCBrooklyn.org. Please be sure to share any feedback, as the website will evolve with additional resources as we continue with implementation of the DSRIP projects.