

May 20, 2016



Dear Colleagues –

In this newsletter, you will find updates on the following:

1. [Upcoming meeting of the CCB Project Advisory Committee \(PAC\)](#)
2. [Ongoing roll-out of DSRIP projects and CCB initiatives](#)
3. [Community engagement efforts](#)
4. [Safety Net Equity Programs](#)
5. [NYS Electronic Health Record Incentive Program](#)
6. [NYS planning grants to assist consortia of CBOs](#)

CCB Project Advisory Committee (PAC) Meeting - June 9, 2016

The next meeting of the PAC is confirmed for **Thursday, June 9, 2016**. We will meet from **4 - 5:30pm** in the Schreiber Auditorium at Maimonides Medical Center, 4802 Tenth Avenue, Brooklyn, New York. As a reminder, the PAC is comprised of a representative from each Participant in the CCB network and serves as a forum for the review and discussion of PPS-wide issues and updates. We welcome your participation and look forward to seeing you at the upcoming PAC meeting. If there are issues or questions that you would like to be sure we address, please send them to support@ccbbrooklyn.org and we will follow up.

CCB Initiatives / DSRIP Projects

For project 2.b.iv, focusing on reducing readmissions within the 30-day period following hospital discharge, all six hospitals in CCB's network have engaged in this effort under schedules to their MSA with CCB. As a result of these efforts, CCB Participants have already developed nearly 2,000 30-day care plans for discharged patients. There are now Health Home Coordinators on site at Interfaith, Wyckoff, Kingsbrook, Maimonides, and Methodist hospitals to help screen and enroll individuals into Health Homes. CCB has established a Care Transitions Workgroup with individuals from the emergency departments, hospital inpatient units, care management agencies, skilled nursing facilities, and community-based organizations, with the goal of improving transitions and facilitating referrals between organizations. CCB conducts monthly conference calls with transitional care teams from all six hospitals; we share best practices, present case conferences, and discuss patients shared between the facilities.

Project 2.b.iii, the ED Care Triage project, will embed a Patient Navigator in the Emergency Department to target patients in need of connection to primary care providers (PCPs) and specialists in the community and to follow-up with patients post-discharge to confirm scheduling of a PCP follow-up appointment, answer any questions, and ensure adherence to discharge instructions. MSA schedules have been initiated with 5 hospitals and introductory meetings with hospital clinical leadership are underway.

The "PCMH+ Initiative" includes CCB's work on a number of fronts, all related to efforts to strengthen the network of primary care providers. MSA schedules have been released to FQHCs, hospital-based clinics, highly-engaged primary care practices, and Independent Practice Associations (IPAs), focused

on the achievement of DSRIP project deliverables, including achieving NCQA 2014 PCMH Standards. Health Coaches have begun working with patients at primary care sites, and two additional cohorts of Health Coach training will run from May through August, 2016. As part of the primary care/behavioral health integration project, many primary care practices applied for the Mental Health Service Corps through NYC DOHMH, and are awaiting the final apportionment of fully-funded mental health providers for their sites. CCB is contracting with PMCH technical assistance consultants to work with practices beginning in June.

CCB is participating in cross-PPS collaborative efforts to support work on two DSRIP 'domain 4' projects focused on addressing specific population health goals. For project 4.c.ii, expanding access to and engagement in HIV care, CCB will be launching its inaugural HIV workgroup in partnership with Housing Works on Monday, May 23rd. The workgroup will bring together front-line clinicians, care management providers, and payers from across the CCB network to adapt and create a model of screening, enrollment, and retention in HIV care based on *The Undetectables* model pioneered by Housing Works. For project 4.a.iii, increasing access to Mental Health and Substance Abuse services, CCB, along with three other PPS, has engaged the Jewish Board of Family and Children's Services (JBFCS) to serve as lead for implementation of a project in partnership with NYC public high schools, focusing on the provision of services.

As we move into DSRIP Year 2 (DY2) and CCB's project implementation hits its stride, the volume of agreements issued to our Participants has greatly increased (more than two dozen have been issued to Participants in the last 30 days alone). As of today, CCB has issued 83 MSA schedules with a total value of nearly \$14 million, including agreements with six hospitals, seven care management agencies, five FQHCs, and 46 community-based and IPA-affiliated primary care practices, among others. CCB continues to enhance and refine the procedural and system controls that allow us to monitor progress on contracts with our Participants. CCB is able to review and approve monthly reports, which serve as payment vouchers, and issue electronic payments and remittance notifications in a controlled and efficient manner. In the coming months, we will introduce online reporting to our Participants through the CCB Resource Portal.

Community Engagement Update

The Community Cardiovascular Disease Workgroup has approved a preliminary plan to conduct an in-depth community survey and mapping of two zip codes in Brownsville and East New York. The goal is to foster a dialogue within the two communities about cardiovascular disease, specifically the impacts of nutrition and the physical environment on heart health. The survey and mapping will be developed and conducted by a cohort of educational institutions, community-based organizations, and community residents this summer. Gathered information will inform the development of community-based interventions aimed at reducing community-specified cardiovascular health concerns. CCB's Community Engagement Committee is developing a Community Engagement Plan and a training strategy that will inform how we incorporate the tenets of cultural competency and health literacy throughout our activities and across our network.

Safety Net Equity Programs

As reported previously, nearly half of the DSRIP award for CCB is to be provided through the Equity Infrastructure Program (EIP) and Equity Performance Program (EPP), two new programs that will be administered via contracts with six managed care organizations (MCOs) with which the Maimonides PPS has been 'paired'. CCB participation in certain EIP 'activities' will help to ensure that we receive what were formerly known as the Safety Net Equity Guarantee Funds; the extent to which CCB is able to earn Safety Net Equity Performance Fund monies will be based on the PPS's performance relative to 6 measures selected from a list provided by the NYSDOH.

CCB's leadership team collaborated with a number of other PPS leads to develop an Equity Programs Agreement that governs both the EIP and EPP, and establishes a standard approach to reporting and payments across MCOs and PPS, thus simplifying and streamlining communications and documentation all around. The chart below illustrates the status of the Equity Programs Agreement as of this date.

Managed Care Organization (MCO)	Equity Programs Agreement Executed?	Initial (DY1) EIP Payment Received?
EmpireBCBS HealthPlus	YES – 4/27/16	YES
Fidelis	YES – 4/26/16	YES
Healthfirst	YES – 4/26/16	YES
HIP (Emblem)	YES – 4/28/16	pending
MetroPlus	YES – 5/5/16	pending
United	YES – 5/10/16	pending

EIP activity reports will be submitted on a quarterly basis going forward, with the report on activities during DY2 Q1 submitted in early July. EPP measures are under review, with the expectation that CCB will select its 6 measures that will be monitored over the balance of the DSRIP program and used as the basis for release of EPP funds beginning in DY2 (and running through and beyond the end of the DSRIP program.)

Electronic Health Record (EHR) Incentive Program

The New York Medicaid Electronic Health Record (EHR) Incentive Program provides financial incentives to eligible professionals and hospitals to promote the adoption and meaningful use of EHR technology. Providers who practice using EHRs are in the forefront of improving quality, reducing costs and addressing health disparities. Since December 2011, more than \$757 million in EHR incentive funds have been distributed to New York State Medicaid providers. **This is the last year that Eligible Professionals (EPs) may begin participating in the program.** Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC)
- Doctors of Optometry

Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), *OR*
- Practice predominantly in a FQHC and have at least 30% patient volume to needy individuals.

Providers must register via the CMS system at <https://ehrincentives.cms.gov/hitech/login.action> by no later than **December 31, 2016**. For additional information and program details, please contact hit@health.ny.gov.

NYS Planning Grants for Consortia of Community-Based Organizations (CBOs)

The New York State Department of Health, Office of Health Insurance Programs has announced the availability of funds to support strategic planning for Community Based Organizations to facilitate their engagement in DSRIP activities. The program is designed to provide funding to non-Medicaid billing Community Based Organizations (CBOs) who provide services that address the social issues than have been found to affect health status and the well-being of communities.

The Request for Applications (RFA) for this program seeks applications for grants to assist CBO Consortia in planning activities to formulate strategies to support ongoing engagement with PPSs in

DSRIP projects, and over time, position themselves for participation in value based payment and contracting arrangements as appropriate. In its announcement of the RFA, the DOH noted its intent to award one grant of up to \$2.5M for each of the three regions outlined in the RFA: (1) New York City, (2) Long Island and Mid-Hudson, and (3) Rest of State. Key dates and deadlines are as follows:

- Questions due to OHIPContracts@health.ny.gov **by 4:00pm on 6/17/16**
- Anticipated release of answers to questions: **6/30/16**
- Applications due: **by 4:00pm on 8/16/16**
- Anticipated contract term: **12/1/16 – 11/30/17**

For additional information, please go to the NYS Grants Gateway at the following web address: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx. To locate the opportunity on Grants Gateway, search by the opportunity name: Community Based Organization (CBO) Planning Grant.

Reminder

The execution of a Master Services Agreement (MSA) and completion of the CCB Participant survey are essential prerequisites to the development of project-specific schedules, and to the release of funds to support your involvement in CCB's DSRIP projects and initiatives. **If your organization has not yet executed the CCB Master Services Agreement, please sign and return immediately to contracts@ccbbrooklyn.org or fax to (718) 355-9735.** And please also be sure to complete the CCB online Participant survey at your earliest convenience.



www.CCBrooklyn.org (718) 355-9693 support@CCBrooklyn.org