

August 22, 2016



COMMUNITY CARE  
OF  
BROOKLYN

NEWSLETTER

Dear Colleagues –

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

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### **Certificate of Need for Capital Restructuring Financing Program (CRFP) Awards**

For organizations that received an award from the New York State Department of Health for the Capital Restructuring Financing Program (“CRFP”), please note that the deadline for Certificate of Need (CON) applications is August 31, 2016. As specified in the addendum to the award letters, all CON applications, if required, must be submitted to the Office of Primary Care and Health Systems Management for review within 180 days of receipt of the letter and must be contingently approved within 365 days of receipt of the letter. The CON, if required, must also be approved in order for DOH to execute a grant contract or reimburse for any incurred costs associated with the CRFP project.

- If you have reasonable assurance that no CON is required for your project or the Department has already confirmed this for you, then no action is needed.
- If you need an extension to the deadline and have not otherwise received one, please submit a request to the following email address: [CRFP@health.ny.gov](mailto:CRFP@health.ny.gov). Please supply detailed information regarding your project and the need for an extension, the anticipated date you expect to file the CON, and include CRFP-CON in the subject line as well as the project number referenced in your grant award letter.
- If you have any questions regarding the need for a CON for your specific project or how to file it, please email [CRFP@health.ny.gov](mailto:CRFP@health.ny.gov). Please mark CRFP-CON Question in the subject line, and provide the contract number and specific details regarding your project and question.
- If you have already filed a CON, please respond to this email with the CON number(s) assigned to each project under your award.

### **Mid-Point Assessment 360° Survey**

As part of the DSRIP Mid-Point Assessment, the DSRIP Independent Assessor (IA) will be sending a survey to selected partners from each PPS in mid/late August 2016. This survey is intended to obtain feedback from the selected partners on their experience thus far working with the PPS. The selected survey participants will receive either an email from the IA with the survey link or a letter from the IA with the survey. Further details will be communicated to the selected survey participants, but it is expected that the surveys will be completed no later than September 15, 2016.

### **GNYHA Briefing on MACRA**

On the morning of August 9th, LaRay Brown, President and CEO of Interfaith Medical Center, hosted a presentation by Elisabeth Wynn, Senior Vice President Health Economics & Finance from Greater New York Hospital Association on the *Medicare and CHIP Reauthorization Act of 2015* (“MACRA”). The presentation was attended by physicians and hospital leadership from Interfaith Medical Center, Kingsbrook Jewish

Medical Center, Wyckoff Heights Medical Center, as well as by leadership of the Maimonides Central Services Organization.

MACRA replaces the flawed Sustainable Growth Rate formula for clinician payment in Medicare with a new approach to paying clinicians for the value and quality of care they provide. MACRA also combines a number of varied Medicare quality reporting programs, such as the Physician Quality Reporting System, the Value Modifier Program, and the Medicare Electronic Health Record (EHR) Incentive Program. While focused on Medicare payments, the themes of MACRA are well-aligned to DSRIP: supporting participation in value-based payment models; measuring and improving the quality of care; focusing on containing costs; improving information exchange; and emphasizing clinical practice improvement through activities such as Patient-Centered Medical Home (PCMH) recognition, care coordination, integration of behavioral health and primary care, and population management. Proposed rulemaking to implement MACRA was released by the Centers for Medicare & Medicaid Services (CMS) in April 2016. CMS would begin measuring performance for doctors and other clinicians through in January 2017, with payments based on those measures beginning in 2019.

In the coming months, CCB plans to release additional information on MACRA and how participation in DSRIP efforts should help practices meet these new requirements. For more information on MACRA, please see the references below.

CMS MACRA Website:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program.html>

CMS Fact Sheet:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/NPRM-QPP-Fact-Sheet.pdf>

### Community Asset Mapping Project

On Thursday, August 11, members of the CCB Community CVD Workgroup met at ARTs East New York to discuss the Participatory Action Research (PAR) project underway in Brownsville and East New York. They were joined by Paul Francis, Deputy Secretary of Health and Human Services, and RuthAnne Visnauskas, Executive Deputy Commissioner for Housing Development of NY State Homes and Community Renewal. The overall goal of the PAR project is to map community assets and survey residents on needs and opportunities related to improving the health of the community. Two residents of Brownsville who are part of the PAR team provided an update on the project, which led into a group discussion of firsthand perspective and discussed potential collaborative projects that could address community cardiovascular and nutritional health. The Workgroup, working collaboratively with the community will be utilizing the data from the PAR to inform the development of any projects in the future.

### Updates on Value Based Payment (VBP) Efforts

The second of three VBP Bootcamp sessions for the New York City region (region 3) was held on Wednesday, August 17th at Bronx Community College. Attendees included a number of CCB Participants and staff from the Maimonides Central Services Organization. The VBP Bootcamp series is intended to ensure that the health plans, providers and community-based organizations have the information that they will need to support the successful transition to a value-based system of care delivery and payment, and this particular session focused on VBP contracting, strategies and techniques for managing financial risk, setting target budgets, and more. The final VBP Bootcamp session for region 3 will be held on September 12th and will focus on performance management in VBP, including the how performance results will impact target budgets and shared savings/losses, and provide demonstrations of the State's analytic platforms to support VBP. Registration for the next session is available now. For more information, to register, or to view slides from VBP Bootcamp sessions, [click here](#) to visit the NYSDOH VBP Bootcamp website.

In late July, DOH released the results from the VBP Baseline Survey. As reported on Calendar Year 2014 data from the Medicaid Managed Care Organizations, the VBP Baseline Survey found that 25.5% of the payments in CY 2014 were in VBP Levels 1 or greater. These results are the starting point in achieving the statewide goal of 80-90% of managed care payments to providers using value-based payment methodologies (greater than Level 1 VBP) by DY5. Additional survey results can be found here: [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_library/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm)

DOH recently released the latest installment in its NYS Value Based Payment video series called "VBP For Providers". The video highlights how VBP will reshape our healthcare system and the important role providers play within VBP. The video is available in both English and Spanish and can be viewed at: <https://www.youtube.com/watch?v=mvfd5GXvvs> (English)

or

<https://www.youtube.com/watch?v=ubrHIKKc1Cs> (Spanish)

Additional information on VBP can be found on the DOH website:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/vbp\\_reform.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/vbp_reform.htm)

## CCB Network Opening

Over the next few weeks, CCB is able to add providers and organizations to our PPS as part of the DSRIP Mid-Point Assessment. If your organization has any new providers and/or you know of any organizations that are interested in joining the CCB network, please reach out as soon as possible to the CCB Support team at [Support@CCBrooklyn.org](mailto:Support@CCBrooklyn.org) or at (718) 355-9693.

## Maimonides CSO Recruitment

We are looking to fill a number of positions in the Maimonides Central Services Organization. Open positions and requirements are listed below. Interested candidates should email a resume and cover letter to [CSOTalent@maimonidesmed.org](mailto:CSOTalent@maimonidesmed.org).

### **Director, Provider Engagement**

Reporting to the Chief of Clinical Programs and Network Development, the Director, Provider Engagement has primary responsibility for developing and overseeing the implementation of provider engagement strategies and education to maximize provider participation in DSRIP programs. Will collaborate with the Associate Medical Director and other members of the CSO leadership team to assist clinicians in partner organizations with implementation of clinical initiatives in asthma, cardiovascular disease and palliative care.

Requires an advanced degree in a clinical discipline (MD, Nurse Practitioner, PharmD, Psychologist) with a minimum of seven (7) years of healthcare experience, ideally including experience in practice or clinic management and/or health plan network development. Superior interpersonal and communication skills required.

### **DSRIP Controller / Deputy Finance Officer**

Reporting to the Chief Administrative and Financial Officer, the DSRIP Controller/ Deputy Finance Officer has primary responsibility for the development and implementation of internal controls for the CSO and for oversight of the development of annual and project-specific budgets for the Maimonides PPS, Community Care of Brooklyn. Responsible for financial reporting, including preparation of both interim and annual financial statements for the CSO and for the PPS and for collaboration with outside auditors.

Bachelor's degree required; Master's in accounting, business or related discipline preferred; CPA highly desirable. Requires a minimum of ten (10) years of experience in accounting and financial management, ideally including experience in the not-for-profit and healthcare provider organizations. Superior analytic and strong communication skills required.

### **Director, DSRIP Communications**

Reporting to the Chief Administrative and Financial Officer, and working closely with other members of the CSO leadership team, the Director, DSRIP Communications will play a key role in developing and overseeing implementation of communications strategies in support of the Maimonides PPS and the DSRIP program. The Director, Communications will provide strategic, creative, and operational leadership for internal and external communications and stakeholder engagement activities for CCB. The Director, Communications will create engagement tools and communication platforms, using traditional and new media, tailored to meet the needs of different constituencies including patients and their families; community and facility-based providers of care and services; local, regional and Statewide leaders and elected officials.

Bachelor's degree required; Master's degree in Healthcare Management, Business, Public Administration, Journalism, Communications or a related field highly desirable. Requires seven (7) years of progressively responsible experience, ideally including work in a health-related field and an emphasis on strategic communications and management of inter-organizational relationships. Outstanding oral communication and writing skills and experience communicating with both internal and external audiences.



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