



Dear Colleagues –

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State Medicaid Director Weighs in on Impact of Presidential Election

While the effect of the 2016 Presidential election on the healthcare system at large is unclear, Jason Helgerson, NYS Medicaid Director, sent a message to PPS leads on November 11th to provide clarification specific to DSRIP. Responding to concerns triggered by talk of 'undoing Obamacare,' Mr. Helgerson noted that "DSRIP is not part of the Affordable Care Act (ACA) and would not be affected by legislative attempts related to the ACA." He emphasized that DSRIP is governed by terms of a waiver agreement between NYS and CMS, and that it is authorized through March 2020. Mr. Helgerson reiterated that the movement towards "Value Based Payment" will continue – noting the industry-wide acceptance of VBP as a key driver of improved quality and sustainability. He referenced commitments by Medicare and commercial payers to value-based arrangements. While uncertainty abounds, please know that we will continue to track key developments affecting the CCB network as they unfold.

Release of the "Brooklyn Report"

Related to and affecting our commitment to the transformation of the healthcare delivery system to improve the lives of Medicaid beneficiaries in Brooklyn, on Thursday, November 17th Northwell Ventures released "*The Brooklyn Study: Reshaping the Future of Healthcare*," which outlines 37 recommendations for restructuring healthcare and transforming care in central and northeastern Brooklyn. The hospitals referenced in the report include three CCB Participant hospitals: Interfaith Medical Center, Kingsbrook Jewish Medical Center, and Wyckoff Heights Medical Center, along with Brookdale University Hospital and Medical Center, and University Hospital of Brooklyn (part of SUNY Downstate). *The Brooklyn Study* recommends the formation of one governance structure for four of the hospitals (excluding University Hospital), alignment of clinical services across facilities, development of shared services infrastructure, and the significant expansion of ambulatory care services. The role of the Maimonides PPS is referenced positively as key to ensuring that the implementation is well aligned to the goals of the DSRIP program. To learn more about the recommendations,

The Brooklyn Study is available here:

<https://www.northwell.edu/about/our-organization/northwell-ventures/brooklyn-study>.

DSRIP Mid-Point Assessment Recommendations

The results of the DSRIP mid-point assessments for all 25 PPS are available for public review and comment on the New York State Department of Health's DSRIP website (see link below). The DSRIP Independent Assessor (IA) made recommendations to each PPS regarding organizational and/or project-specific implementation efforts. CCB is one of four PPS statewide who have no recommendations from the IA. The

IA completed the final component of its mid-point assessment last month when they met with several CCB Participant organizations, members of the CSO leadership team and key staff on-site to address a series of questions concerning the PPS structure, challenges and achievements to date (through the end of DY1) relative to agreed-upon targets. The IA's assessment also considered the content of the quarterly reports; a "360 review" survey administered to a sample of each network's partners; a review of the level of partner engagement; organizational and project narratives on progress and challenges to date; and an update of the original PPS Lead & Financial Stability Test. The public review and comment period will end December 21, 2016, with final recommendations scheduled for delivery to the NYS Commissioner of Health in February.

Link to Mid-Point Assessment Timeline and IA Recommendations:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/mid-pt_assessment/

CCB's 2016 Participant Survey – Informational Webinar Scheduled

The CCB 2016 Participant Survey is now available in CCB's online Resource Portal. Access to the Participant Survey is limited to those individuals designated to complete the survey for each organization. Authorized respondents have been notified by email. If you are unsure as to the individual designated to complete the Survey for your organization, please contact the CCB support team (see below).

All CCB Participants who signed a Master Services Agreement (MSA) are expected to complete the CCB Participant Survey, and a completed Participant Survey is a prerequisite to release DSRIP payments.

For organizations who completed the Survey in 2015 (or whose data was imported from the 2015 OneCity Health PRAT survey), your 2015 responses are pre-populated in the 2016 Survey, to make reviewing and updating faster and easier.

Dates to remember:

Wednesday, December 7, 10:00-11:00 AM

2016 Participant Survey webinar (repeat) [CLICK HERE TO REGISTER](#)

Tuesday, January 31, 2017

Deadline for completing the 2016 Participant Survey

Please contact the CCB Support team at Support@CCBrooklyn.org or (718) 355-9693 with any questions related to the 2016 Participant Survey.

Patient-Centered Medical Home (PCMH) Technical Assistance

Technical assistance for primary care practices working to implement the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) standards is well underway across the CCB network. Currently, more than 45 practice sites are receiving CCB-sponsored technical assistance from one of three technical assistance vendors: the NYC Primary Care Information Project (PCIP), the Primary Care Development Corporation (PCDC), and Complete Medical Services Solutions (CMS Solutions).

CCB will be making a new resource available to for practices not yet receiving technical assistance. CCB is contracting with HealthTeamWorks, a non-profit with significant experience in assisting providers with NCQA PCMH standards, to provide technical assistance via an online library of webinars, templates, gap analysis tools and other resources. This resource will be made available to eligible primary care practices to help prepare for NCQA PCMH recognition, advance team-based care, improve the patient and staff experience, streamline patient flow, and otherwise support practice transformation efforts. Partner practices eligible for HealthTeamWorks technical assistance support will receive enrollment information within the next few weeks.

PCMH+ Initiative Implementation Updates

CCB is supporting primary care transformation efforts across our network. In addition to providing technical assistance to help practices gain NCQA 2014 PCMH recognition, CCB organized five of its DSRIP projects into an initiative called "PCMH+" through which partner organizations are provided with information and support for specific CCB interventions, all based on evidence-based guidelines and best practices. Patients who are at risk for Health Home-level care coordination needs, cardiovascular disease, asthma, mild/moderate depression and/or palliative care needs are being engaged as part of the PCMH+ Initiative. Following are updates related to projects being addressed as part of the PCMH+ Initiative:

Health Home at-risk intervention program: We are providing training for medical assistants and MA equivalents at CUNY Kingsborough Community College to become Health Coaches. Important new members of the health care team, Health Coaches engage patients, communicate with patients

between visits on self-management goals, provide lay education, and work to address on population health management goals.

Integration of primary care and behavioral health services: Schedule B agreements to support behavioral health care managers as part of the implementation of the IMPACT model for collaborative care are in development and will be released in the very near future.

Evidence-based strategies for managing adults with cardiovascular disease: We are developing resources associated with the “Million Hearts Campaign” and finalizing steps for a pilot of a home blood pressure monitor loan program.

Expansion of asthma home-based self-management program: We are streamlining the referral process to the Wyckoff and a.i.r.NYC programs. Both organizations offer home-based environmental assessment; education and mitigation, including referrals for integrated pest management; care coordination for patients with asthma; and support for patient self-management and medication adherence efforts.

Integration of palliative care into the PCMH model: We launched CME-credited webinars that use a curriculum developed in collaboration with CCB network providers. Patient education materials developed by MJHS’s Institute for Palliative Care are also currently available and we are preparing to implement the integrated palliative care outcome survey (IPOS).

MACRA Final Rule Released

On October 14th, the Centers for Medicare & Medicaid Services (CMS) published a final rule to implement key provisions of the *Medicare Access and CHIP Reauthorization Act of 2015* (“MACRA”) through the Quality Payment Program. MACRA replaced the Sustainable Growth Rate formula for clinician payment in Medicare (often cited as flawed) with a new approach to paying clinicians for the value and quality of care they provide.

The Quality Payment Program applies to clinicians that Medicare pays under the Physician Fee Schedule and includes two tracks: 1) the Merit-Based Incentive Payment System (MIPS) and 2) the Advanced Alternative Payment Model (APMs). MIPS consolidates components of three existing Medicare quality/payment programs: the Physician Quality Reporting System, the Value-based Modifier Program, and the Medicare Electronic Health Record (EHR) Incentive Program. APMs are value-based payment approaches, such as certain kinds of Accountable Care Organizations, that provide payment to providers based on quality measures, require the use of Certified EHR Technology, and require that providers bear more than a nominal amount of risk for monetary losses. Payments under the Quality Payment Program will begin in 2019, based on performance of physicians and other clinicians beginning in 2017. The first year of the program will be considered a transition year, so there are various options for reporting in 2017 that could help to avoid negative payment adjustments in 2019.

While focused on Medicare payments, the themes of the Quality Payment Program 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. As such, we will continue to release additional information on MACRA and how participation in DSRIP efforts should complement provider efforts to meet these new requirements. For more information on the Quality Payment Program, please see some helpful resources below.

CMS Quality Payment Program Website: <https://qpp.cms.gov/>

Greater New York Hospital Association: <http://www.gnyhaventures.com/macra/resources.html>

Kaufman Hall & Associates: <http://www.kaufmanhall.com/macra>

American Medical Association’s MACRA Assessment:
<https://www.ama-assn.org/practice-management/medicare-payment-delivery-changes>

CCB Funds Flow Update

As of the end of DY2 Quarter 2 (September 30, 2016), there were more than 120 MSA Schedule B agreements with CCB Participants to support the implementation of DSRIP projects and transformation of the Brooklyn healthcare delivery system. Included in this total are agreements with care management agencies, community-based organizations, community-based primary care practices, Federally-Qualified Health Centers, IPAs, hospitals, hospital clinics and other CCB partner organizations. The number of Schedule B agreements released since September 30, 2016 includes 20 agreements pertaining to the release of Bonus

Payments for Participants' contributions in DY1. All told, these agreements commit a total of \$17.5 million in payments to Participants and, as of September 30th, over \$7.7 million in funding had been released. Additional Schedule B agreements are under development, so stay tuned for updates.

CCB Compliance Program

CCB conducts 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 in 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.

As part of CCB's effort to assess compliance risk, we are seeking to identify those partner organizations with compliance programs of their own already in place. Each CCB Participant organization to which a Schedule B agreement has been issued should have recently received a survey via DocuSign that asks three specific compliance-related questions, including, "Is your organization required to have a NYS Mandatory Provider Compliance Program Certification?" Surveys should be completed and submitted by December 31, 2016. For any questions regarding this Survey, please contact us at Contracts@CCBrooklyn.org.

Critical Time Intervention (CTI) Training

On November 16th and 17th, CCB welcomed more than 35 attendees, including ED Patient Navigators, Health Home Care Managers, Transitional Care Nurses, and Transitional Care Managers, to Critical Time Intervention (CTI) training, which was facilitated by the Center for Urban Community Services (CUCS). CTI is an evidence-based intensive care management program that has been proven effective in managing vulnerable populations, including those with serious mental illness, supporting the successful transition to community-based care. CTI is focused on helping patients develop and strengthen formal and informal community supports over a nine month period. CCB will be providing support to trained CTI teams, who will begin accepting referrals in early January 2017.



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