

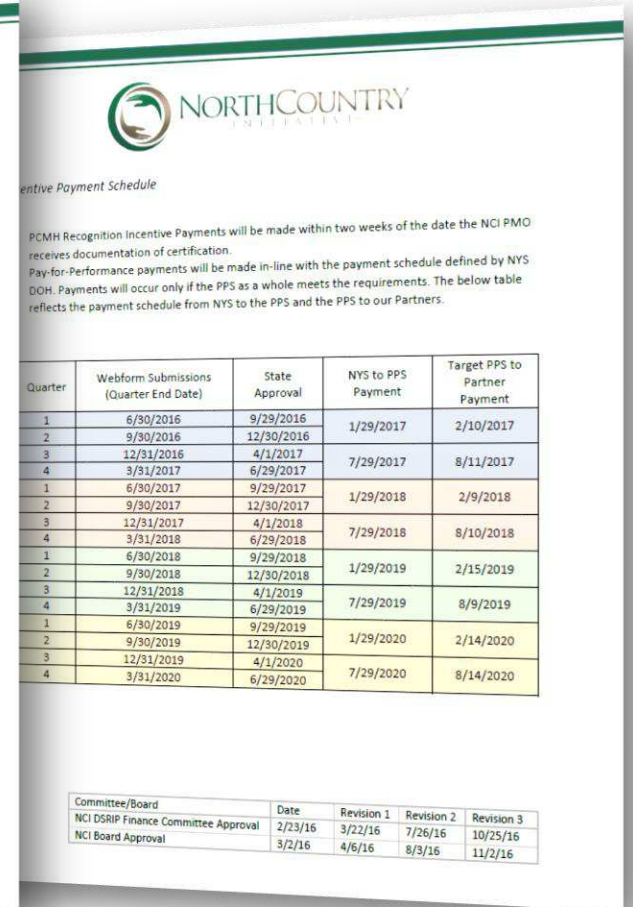
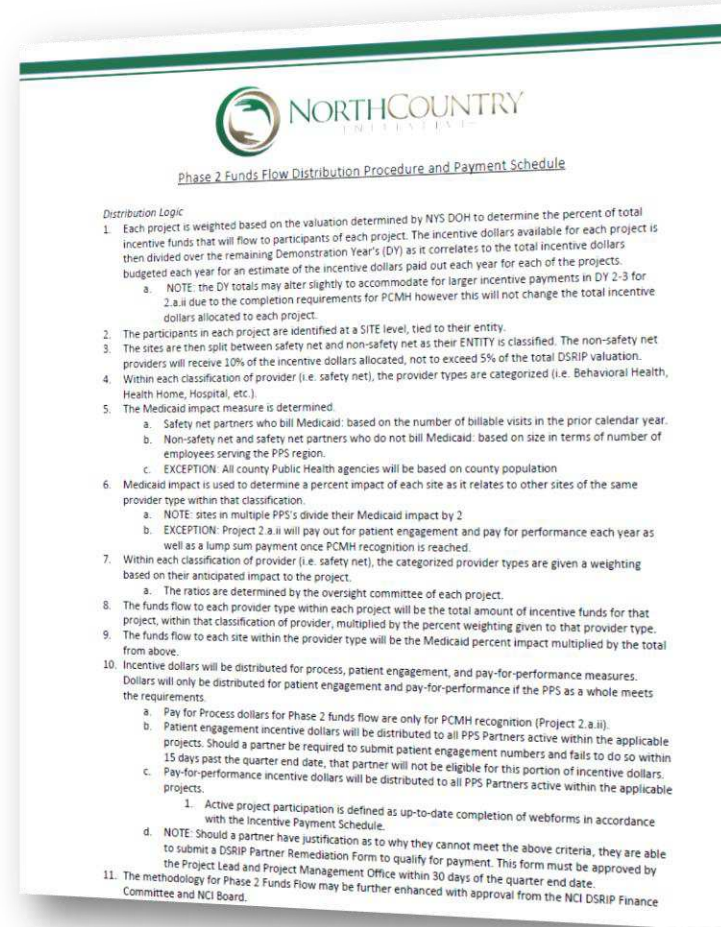
# Phase 2 Funds Flow Distribution Webinar



NORTHCOUNTRY  
INITIATIVE

# SUPPORTING DOCUMENTS

- The Funds Flow Distribution Procedure and Payment Schedule can be found on the [NCI Website](#)



# SAFETY NET VS. NON-SAFETY NET PARTNER

- A safety net entity has at least 35% of all patient volume associated with Medicaid, uninsured, or Dual Eligible individuals
  - Exemptions are CMS approved on a case by case basis
- Why it matters:
  - DSRIP rewards safety net providers by requiring a PPS to flow at least 95% of the earned valuation to safety net entities

# CALCULATING PHASE 2 FUNDING

- By project
- By entity site(s)
- Sites classified by type (i.e. mental health, hospital, etc.)
- Site type given a weighting by project
- Medicaid Impact
  - 2015 Medicaid billable visits, as defined by entity type
    - Exceptions:
      - Public Health by county size
      - Non-billing and non-safety net sites by a size scale, based on number of FT employees
    - If a site is in multiple PPS's, billable visits is divided by 2
    - Impact is converted to a percentage impact within site type

# EXAMPLE

% Medicaid Impact is the percentage impact a certain site has among like organizations. This will be the percent the site will receive from the total funds allocated to that site type.

Safety Net Entity Site	Safety Net Entity	Billable Visits	Mult PPS	Med. Impact	% Med Impact
<b>MENTAL HEALTH</b>					
Behavioral Health Clinic A	Entity A	5,000	N	5,000	50%
Behavioral Health Clinic B	Entity B	3,000	N	3,000	30%
Behavioral Health Clinic C	Entity C	4,000	Y	2,000	20%
<b>HOSPITAL</b>					
Hospital A	Entity A	6,000	N	6,000	38%
Hospital A	Entity D	10,000	N	10,000	63%
<b>PCP PRACTICE</b>					
PCP A	Entity A	4,000	N	4,000	35%
PCP B	Entity B	7,500	N	7,500	65%
<b>SITE TYPE</b>		<b># Participants</b>	<b>Ratio</b>	<b>Ratio by # Type</b>	<b>% Impact</b>
MENTAL HEALTH		3	3	9	60%
HOSPITAL		2	1	2	13%
PCP PRACTICE		2	2	4	27%
TOTAL		7		15	

Based on the committee assigned ratio; the site type is given an overall impact to the project based on the number of participants within each given type. This percentage is used to distribute the total funds for the project among each type.

# INCENTIVE PAYMENT CATEGORIES

- Pay for performance: based on achieving NYS defined measures, specific to each project
- Pay for patient engagement: based on achieving targets for patient engagement in projects 2.a.ii, 2.a.iv, 2.b.iv, 2.d.i; 3.a.i, 3.b.i, 3.c.i, 3.c.ii
- Pay for process: based on achieving PCMH if in project 2.a.ii

	Pay for Process		Pay for Patient Engagement		Pay for Performance (Measures)		Total			
DY 2	\$	1,261,188.90	37%	\$	874,738.97	25%	\$	1,295,169.17	38%	\$ 3,431,097.04
DY 3	\$	63,811.10	1%	\$	604,132.92	10%	\$	5,373,385.20	89%	\$ 6,041,329.22
DY 4	\$	-		\$	312,105.82	5%	\$	5,930,010.52	95%	\$ 6,242,116.34
DY 5	\$	-		\$	-		\$	4,092,513.05	100%	\$ 4,092,513.05
<b>Total</b>	<b>\$</b>	<b>1,325,000.00</b>		<b>\$</b>	<b>1,790,977.71</b>		<b>\$</b>	<b>16,691,077.94</b>		<b>\$ 19,807,055.65</b>

# PAY FOR PERFORMANCE

- Each project earns dollars for achieving measures, based on NYS assigned values
- If a measure is not achieved, that portion of pay for performance incentive dollars for that project will not be distributed to eligible partners
- Eligible partners are ones that are active in a project
  - Active is measured by the on time submission of webforms each quarter

# PAY FOR PATIENT ENGAGEMENT

- Each partner in a project that requires patient engagement is eligible for these incentive funds
- If a partner is required to submit patient engagement, it must be submitted to the PPS within 15 days of the quarter end date
  - If patient engagement is not submitted on time, the partner will not be eligible for that portion of their incentive payment
- Should a target not be achieved by the PPS, the patient engagement incentive payment to all partners in the effected project will not be paid out



# PAY FOR PROCESS

- Available for sites participating in project 2.a.ii
- Lump sum payment to entity once a site achieves PCMH, by March 2018
- Payment amounts approved by NCI Board
  - Safety Net: \$50,000 primary site; \$25,000 additional sites
  - Non-Safety Net: \$25,000/site
- Each Primary Care site is required to submit supporting documentation of NCQA Level 3 PCMH recognition to the PPS prior to payment



# PAYMENT SCHEDULE

DY	Quarter	Webform Submissions (Quarter End Date)	State Approval	NYS to PPS Payment	Target PPS to Partner Payment
2	1	6/30/2016	9/29/2016	1/29/2017	2/10/2017
	2	9/30/2016	12/30/2016		
	3	12/31/2016	4/1/2017	7/29/2017	8/11/2017
	4	3/31/2017	6/29/2017		
3	1	6/30/2017	9/29/2017	1/29/2018	2/9/2018
	2	9/30/2017	12/30/2017		
	3	12/31/2017	4/1/2018	7/29/2018	8/10/2018
	4	3/31/2018	6/29/2018		
4	1	6/30/2018	9/29/2018	1/29/2019	2/15/2019
	2	9/30/2018	12/30/2018		
	3	12/31/2018	4/1/2019	7/29/2019	8/9/2019
	4	3/31/2019	6/29/2019		
5	1	6/30/2019	9/29/2019	1/29/2020	2/14/2020
	2	9/30/2019	12/30/2019		
	3	12/31/2019	4/1/2020	7/29/2020	8/14/2020
	4	3/31/2020	6/29/2020		


**Webform submissions must be made by their due date to be eligible for payment**



# REMEDIATION FORM

- Should a site not complete any item on their webform due to understandable circumstances, they have the ability to submit a Remediation Form, signed off by the DSRIP Project Lead and DSRIP Director, within 30 days of the webform due date.
- If a webform is not received on time or is incomplete and without a remediation form, then that site will not be eligible for the incentive payments associated with that quarter.
- Examples:
  - Partner A submitted their quarter 1 webform late, however, was able to get their quarter 2 webform in on time. That site will receive 50% of their pay for performance incentive payment.
  - Partner B submitted both quarter webforms on time. The partner also submitted all patient engagement numbers on time except for 1 project during quarter 1. No remediation form was submitted. The partner is eligible for all incentive payments except 50% of the patient engagement incentive tied to that one project.
  - Partner C submitted webforms and patient engagement on time for both quarters. The site submitted one project as incomplete but had an approved remediation form within 30 days of the quarter end date. That site will receive 100% of their incentive payments.

# REMEDIATION FORM SAMPLE

  
DSRIP Partner Remediation Form

PPS Partner Entity: Hospital A  
PPS Partner Site (if applicable): Behavioral Health Site 1  
Date: 10/15/2016

DSRIP Project: 2.a.i  
DSRIP Project Task: Workforce- Coordinate with NCI Workforce Lead to develop training lists and action plan based on training requirements for your entity's/site's specific DSRIP projects and requirements

Explanation  
Have not been able to coordinate a time to meet with the NCI Workforce Lead.

Plan for Remediation  
Meeting scheduled for 2PM on November 2, 2016.

Timeline for Remediation  
Meeting with Workforce Lead on 11/2/16 and develop lists and action plan by 11/4/16.

	Signature	Date
DSRIP Partner Signatory		
DSRIP Project Lead		
DSRIP Director		

Date must be within 30 days of the quarter end date

Project and task as stated in the webform

# CHANGE FORM

- If a site finds that many or all project tasks can not be accomplished by their site, there is the option to remove a site from a project
- A DSRIP Change Form would be required, signed off by the entity signatory and approved by the NCI Board
- By removing a project, the site would no longer be eligible for incentive payments tied to that project



## DSRIP Project Involvement Change Form

This form will be used to add or delete a project from an entities' DSRIP involvement. If adding a project, all deliverables outlined for that project in the implementation plan will be required, and the entity will be eligible for future performance payments. If deleting a project, the entity will no longer be required to do deliverables for that project, and will not be eligible for performance payments associated with that project.

No additions or deletions of project participation will be made without approval from the North Country Initiative Board of Managers.

Entity Name:

Site Name (if applicable):

Date:

Action:  Add Project(s)

Delete Project(s)

Impacted Project(s) (check all that apply):

2.a.i       2.a.ii       2.a.iv       2.b.iv

2.d.i       3.a.i       3.b.i       3.c.i

3.c.ii       4.a.iii       4.b.ii

Explanation:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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INTERNAL USE ONLY

NCI Board approval date: \_\_\_\_\_

Project Lead sign-off: \_\_\_\_\_

Finance Director sign-off: \_\_\_\_\_

Performance Coordinator sign-off: \_\_\_\_\_

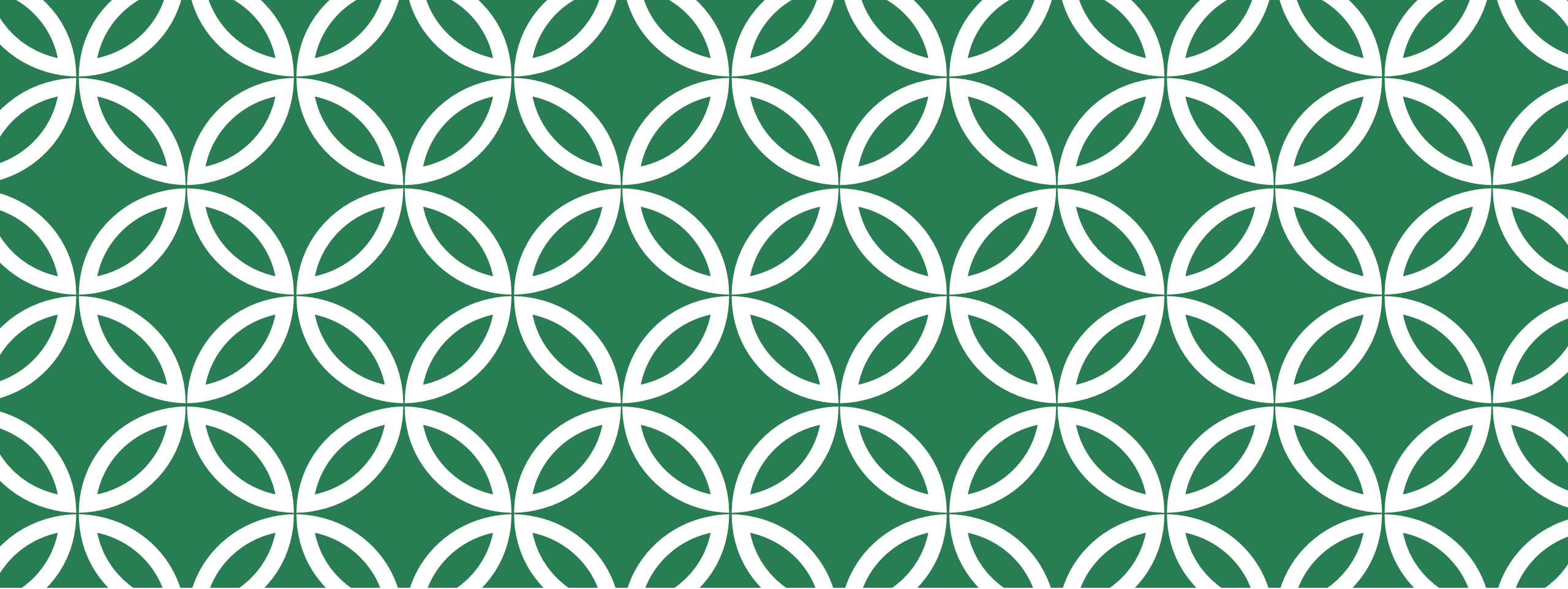


# KEY TAKEAWAYS

- Incentive payments will only be issued if:
  - Webforms are submitted on time- by the end of each quarter
  - Patient Engagement submitted on time- 15 days after the end of each quarter
  - NCQA Level 3 PCMH supporting documentation submitted to the PPS
- Be proactive! Know your tasks and communicate with your Project Leads.
- We are all in it TOGETHER to make a CHANGE!

Each one of us can  
make a difference.  
Together we make  
change.

*Barbara Mikulski*



# Questions



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