



Advocate Community Providers Physician Engagement Meeting September 15, 2015

**Astoria World Manor
Astoria, NY**

AGENDA

I. ACP Welcome and Update

II. ACP DSRIP Incentives

III. DSRIP Physician Engagement



Advocate Community Providers

DSRIP Update & Progress



DSRIP Update & Progress

- ACP successfully submitted the DSRIP Implementation Plan to DOH
- ACP successfully completed quarterly reporting requirement to DOH
- PPS Network opening mid-October to add new Partners and Providers
- Implementation **began April 1, 2015!**

DSRIP Incentive



DSRIP Implementation Incentive

- ACP disbursement of DSRIP incentives for implementation to providers
- Incentives are based on DOH-approved DSRIP application:
 - 22% - Primary Care Physicians
 - 5% - Specialist Physicians
- DOH will audit ACP's distribution model
 - Required Compliance screening
 - Complying with terms and completion of participation package

DSRIP Incentive

To receive incentive your DSRIP incentive, please complete and submit the following:

- Participating Provider Agreement (p. 12)
- Implementation Certification Checklist
- W-9



Participating Provider Agreement

SIGNATURE PAGE FOR THE COALITION PARTNER

IN WITNESS WHEREOF, the undersigned's signature on this Coalition Partner Signature Page evidences the undersigned's agreement to be bound (i) by the foregoing Advocate Community Providers, Inc. Terms and Conditions as a Coalition Partner (referred to in the Agreement as "you") and (ii) by each other document referenced therein.

Name of Practice

Legal Name of Coalition Partner

dba Name of Coalition Partner

Tax ID used for MEDICAID BILLING

Coalition Partner FEIN

Street Address

City, State, and Zip Code

Telephone Number

Email Address

Fax Number

Physician Signature

Signature (on behalf of Coalition Partner)

Name of Physician

Name of Signatory

Title of Signatory

Date Signed

Implementation Certification Checklist

- Completion of Provider Participation Agreement and Participation in ACP DSRIP Project Requirements, including Participation/Consent in the Health Information Exchange (HIE)
- Comply with DOH DSRIP Reporting Requirements for ACP and Periodic Audits using Practice Management Software/EMR/HIE
- Completion of DOH mandated surveys, including workforce, IT, financial sustainability
- Completion of all requested Compliance Training and Certifications
- Practice must use certified Electronic Medical Record (EMR) or commitment to EMR conversion by September 30, 2016
- Achievement of 2014 PCMH Level 3 certification by Primary Care Physicians by December 31, 2017

DSRIP Incentive Parameters - Physicians

**2 phases of
DSRIP
Incentives**

Implementation Parameters (Attribution/Participation based):

- *Attribution (PMPQ) – Based on DOH panels*
- *Participation/Reporting*
- *Connectivity/EHR Readiness*

Future Performance Parameters (Performance/Metric based):

- *Engagement/Reporting*
- *Connectivity/EHR Readiness*
- *Performance: based on number of patients engaged*
- *First term reporting April 1st - September 30th*

DSRIP Incentive Parameters – Years 3-5

Performance Parameters (Performance/Metric based):

- *Performance – based on Utilization volumes and established metrics*
- *Quality -*
- *2014 Level 3 PCMH Recognition – achieving PCMH 2014 prior to 12/31/17 deadline*

DSRIP Implementation Incentive – PCP Model

| | 1 Practice (4,500 attributed patients) | 2 Practice (600 attributed patients) | 3 Practice (200 attributed patients) |
|--|---|---|---|
| DOH Attribution <i>(PMPQ: \$12.74)</i> | \$57,328.29 | \$7,643.77 | \$2,547.92 |
| Participation/ Reporting | \$1,276.10 | \$1,276.10 | \$1,276.10 |
| Connectivity/ EHR Readiness | \$1,276.10 | \$1,276.10 | \$1,276.10 |
| TOTAL | \$59,880.49 | \$10,195.97 | \$5,100.12 |

DSRIP Implementation Incentive – Specialist Model

| | 1 Practice (800 attributed patients) | 2 Practice (200 attributed patients) | 3 Practice (50 attributed patients) |
|--|--|--|---|
| DOH Attribution <i>(PMPQ: \$14.26)</i> | \$11,405.26 | \$2,851.32 | \$712.83 |
| Participation/ Reporting | \$408.92 | \$408.92 | \$408.92 |
| Connectivity/ EHR Readiness | \$408.92 | \$408.92 | \$408.92 |
| TOTAL | \$12,223.10 | \$3,669.16 | \$1,530.67 |

DSRIP Physician Engagement

ACP PPS REQUIREMENTS

ACP PPS Goals

- Implementing collaborative models of patient care
- Enhanced care coordination and care management models
- Monitoring specific performance measures
- Adherence to evidence-based protocols
- Adherence to standardized processes across the PPS
- EDI and PCMH level 3 certification

ACP Projects

2.a.i Integrated Delivery System

2.a.iii Health Home At-Risk
Intervention Program

2.b.iii ED care triage for at-risk
populations

2.b.iv Care Transition

3.a.1 Integration of Primary Care
& Behavioral Health

3.b.1 Cardiovascular Disease
Management

3.c.1 Diabetes Disease
Management

3.d.iii Asthma Management

4.b.i Tobacco Use Cessation

4.b.ii Increase Access to High
Quality Chronic Disease
Preventive Care and
Management in both
Clinical and Community
Settings



DSRIP Process

- DSRIP is a new program, and as with all new programs, ACP will be continuously improving to make sure all goals and metrics are achieved.
- The proposed methodologies are intended to make tracking easier when reporting is due to the State – providers must be willing to allow access to this information
 - Procedure Codes are developed by ACP and should be posted but not necessarily billed.

Paper vs EMR

- DSRIP requirement that all physicians must be EMR and 2014 PCMH Level 3 Certified
- CMS Penalties for not having EMR

| Paper | EMR |
|---|---|
| <ul style="list-style-type: none">• Add the codes to your superbills and submit to your biller for posting☐ Need to begin conversations on how to receive this information electronically• Portal option - in development• Some codes do not need to be billed - others have close quality care gaps and should be billed. | <ul style="list-style-type: none">• Include the codes in CPT Codes (via Order Set)• Planning to include functionality for flags for some EMRs - future state☐ Some codes do not need to be billed - others have close quality care gaps and should be billed. |

Project Implementation and Patient Engagement



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2.a.i Integrated Delivery Systems

Target: All patients and providers

Engagement: Every patient has a signed ACP HIE consent form

Action: Enter “HIE01” into CPT field

DSRIP Update & Progress

ACP is developing the following:

- Provider portal to enter DSRIP activities -
Website functionality to submit suggestions to
ACP (www.acppps.org)
- Internal HIE and interfaces so we are able to
effectively and efficiently report on DSRIP
progress

2.a.iii Health Home At-Risk Intervention Program

Target: Patients with one progressive chronic disease, serious mental illness or traumatic brain injury

Engagement: Every patient has a documented comprehensive care plan

Action: Enter “CP001” into CPT field

2.b.iii ED Care Triage for At-risk Populations

Target: Every patient seen in the ED

Engagement: Every patient is given an appointment with their PCP or Health Home

Action:

- Availability of PCP for appointment setting
- Leaving ED with appointment in hand

2.b.iv Care Transitions to Reduce 30-day Readmissions

Target: Every patient with a hospital admission

Engagement: Every patient has a pre-discharge planning and transitional care visit 7 - 10 days in office or at home

Action: Enter “PD001” into CPT field

3.a.i Integration of Primary Care and Behavioral Health

Target: Every patient seen by the PCP

Engagement: Every patient receives a PHQ2
and if positive a PHQ9

Action:

- Implement IMPACT Model
Depression care manager
- Use G8431 when screening patient

3.b.i Evidence Based Strategies for Cardiovascular Disease

Target: Patients with Cardiovascular disease or Hyperlipidemia

Engagement: Every patient must have life style modification documented

Action:

- Implement Million Hearts Campaign
- Enter “LSM01” into CPT field

3.c.i Evidence Based Strategies for Diabetes

Target: Patients with Diabetes

Engagement: Every patient must have a documented HgbA1C

Action:

- Monitor HgbA1C
- Life Style Modification/Nutrition

3.d.iii Evidence Based Medicine Strategies for Asthma

Target: Every patient with Asthma

Engagement: Every patient must have a Asthma action plan in place

Action:

- School/Work and Home Asthma action plan in place
- Enter “AST01” into CPT field

4.b.i Tobacco Use Cessation

Target: All smokers

Engagement: Every patient must be screened for tobacco use

Action:

- Cessation counseling
- Referral to NY QUITs documented
- Provide educational material

4.b.ii Chronic Disease Prevention

Target: All patients

Engagement: Document and Prescribe Colorectal cancer screening, Mammogram, Pap Smear, Prostate exam, HPV Vaccination, Safe Sex Education

Action:

- Provide educational material

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Q & A



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